

# Mental Health Issues in United Kingdom Higher Education Students

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**Abstract** Higher Education (HE) Students are increasing diverse, with larger numbers participating from non-traditional backgrounds. Factors such as: finance, employment commitments, family and carer responsibilities, academic pressures and coping with student life, all impact on a student's mental health. Higher Education Institutions (HEI) offer support services to students, for both moral and legislative reasons. This article explores from the academic literature, the factors that students face, and how HEI support students with mental health issues. The analysis uses a UK university to investigate how support is incorporated in practice. It further recommends a research project should be undertaken, into level 4 students, and their perceptions of MHI in students, and support services provided by HEI. From the finding of this research more effective ways of engagement with students can be considered.

**Key words:** mental health, higher education, support, stigma

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## Introduction

The Department of Health (2017) report on mental health issues (MHI) within the United Kingdom (UK), the 'Five year Forward View for Mental Health' (FYFVFMH) recommends an inclusive and joined up approach to tackle mental health, where everyone shares responsibility. The Adult Psychiatric Morbidity Survey (2014) found that 37 per cent of 16-74 year olds surveyed within England were accessing mental health treatment services with conditions such as anxiety or depression. The first year at University (level 4) is challenging, personal, financial, and academic issues can negatively impact on student's mental health and contribute to drop out rates. High drop-out rates can impact on a University's finances and leave students with debts and no qualification (Tobin, 2016). This article will discuss policies that influence and guide Higher Education Institutes (HEI) and how they support and

assist their students. It will further research the factors that cause MHI in students. An anonymous University in England will be used as a case study.

## Legislative Issues

There are two types of legislation that guides MHI in HEI, that which applies specifically to HEI concerning their responsibility to students with MHI, and that which guides policy for the whole of UK society. The Special Educational Needs and Disability Act (SENDA) (2001) extended the Disability Discrimination Act (DDA) (1995) to include education. Consequently, HEI have a legal responsibility to students with disabilities, including those with MHI. Students can seek legal redress if 'reason adjustments' are not made. Further they have a positive duty of care to promote equality for students and staff with disabilities (Royal College of Psychiatrists 2011). Wisker *et al.* (2008) suggests that SENDA (2001) has renewed interest in Mental Health (MH) and Higher Education (HE).

Population wide (specifically England) policies, include the FYFVMH (2017) and the Preventing Suicide in England (PSE) (2017). Both are intended to provide cross government and multi-agency strategies to tackle MHI and suicide prevention. Consequently these overlap to create a joined up approach, FYFVMH e.g. requires all local authorities to have multi agency suicide prevention plans in place by 2017. However, PSE e.g. is tasked with reducing suicide rates in high risk groups such as young and middle aged men, and people with a history of self-harm.

### **Epidemiology**

Establishing the size and nature of student MHI is a contentious issue, some research projects focus in-depth on a particular HEI and others in less depth, across many HEI e.g. Holt and Powell (2017) research from one HEI, found from 3663 respondents 1015 had emotional or MHI, 756 were female and 255 males. Most common medications students used were anti-depressants and anxiety medication. Fewer respondents sought help, than those who identified that they had MHI. Reasons that were given were stigma and a lack of information, debt was also an issue. Although this research project provided an insight into the nature and scope of the problem it was only one university and its findings may not, be transferable to other settings.

However, by comparison a more extensive study by the American College Health Association (2011) had 90666 participate from 141 institutions found: 36.3% experienced sadness; 35.1% loneliness; 31.6% overwhelming anxiety; 24% hopelessness and 15.5% experienced depression that impaired functioning (American College Health Association, 2011).

Some interventions in countries culturally similar to the UK, such as this research, can be used to inform practises. Conley *et al.* (2013) concluded from their research, that to reach a broad audience in HEI, interventions need to be systematic and integrated into the structure and organisation of (HEI) and support from staff, students and administrators is essential. To improve the success of interventions it is necessary to recognise that not all students are the same; they are not one homogenous group. This will be explored in more detail.

### **Student Diversity**

A student's suitability for a course needs to be considered. Research into attrition rates of mental health students in Scotland found that older students were more able to cope, act more maturely, and be more self-aware with emotional challenges (Camber, 2010). Nolan and Smojkis (2003) recommend identifying maturity and self-awareness in potential recruits is important and suggests they should be screened and trained to determine whether they could be vulnerable to MHI. Further to this Ibrahim *et al.*, (2013) suggests that, universities should introduce confidential screening for MHI and that support should be provided. This diagnosis at the beginning of courses, could aid prevention of student MHI. Although Cambers (2010) research identified age as a positive factor in course progression, there are other differences such as socio-economic status and stigma that need investigating.

### **Socio-economic Status Issues**

Low socio-economic status is linked to depression; students with higher perceived control, more highly education mothers, and those from wealthier backgrounds were less likely to suffer from depression. Depression impacts on students learning, and their quality of life, and progression rates. More depression occurs in the final year: due to academic demands; rising debts; future unemployment considerations; and career choices. Schemes to widen participation need to include safeguard mechanisms to protect student's mental health (Ibrahim *et al.*, 2013). Alternatively, Baker *et al.* (2006) identified that education had included extensive social policy, it is charged with keeping people healthy, strengthening families, creating independent and confident individuals, and tackling exclusion. Yet university graduates are often debt ridden, and unable to secure well paid employment. Widening participation to include lows socio-economic status students is immoral, if there not supported with their MHI, and therefore to unable to academically progress, and find employment.

### **Stigma Issues**

Better progression rates can be achieved when students are encouraged to seek support. Stigma is a major barrier and should be tackled first, as it prevents student's engagement with mental health support services. Often they feared discrimination effecting their studies and employment opportunities. They are often penalised and

disempowered for missing standards, deadlines, and seek support from family and friends. Subsequently, students who did disclose often had better outcomes and the university offered them counselling, and disability support. The Student Union was often involved, securing extensions for assessments. There is often a 'perception' of discrimination rather than 'actual' discrimination (Martin, 2009) (Quin *et al.*, 2009). One solution is clear and open guidelines regarding information when a declaration of MHI is made, students will have more confidence if they are aware how it is stored and used (Quin *et al.*, 2009).

By comparison Australian research found a demographic dimension to stigma, it was more prevalent in males, a younger age group, those born outside Australia, the less well educated, and those less likely to recognise depression. Therefore, mental health interventions need to target more these groups (Reavley *et al.*, 2011). Stigma can also be inter-related to the issue of social anxiety. Russell and Topman (2012) suggest it is a persistent hidden disability that affects learning and wellbeing. Engagement in public speaking and group work can develop confidence which can tackle stigma. The supportive role and pedagogy of staff, is vital to achieve this and improve participation and attendance. There is general agreement within academic literature, that stigma is an important barrier that needs to be tackled to improve students' MHI outcomes, any intervention needs to recognise these differences within the student groups it seeks to support. Academic literature suggests that no two HEI have the same makeup of students.

### **Changing Demographics**

More research is needed to establish the diversity of HE students, to make mental health services more efficient: as students are young, socially and culturally diverse, and increasing numbers are from groups with traditionally low rates of participation. International students face unique issues, their numbers have increased recently, they face additional challenges e.g. inadequate English, infrequent visits home, and not meeting their own and their family's expectations. These epidemiological issues mean studies from 10-15 years ago, are not an accurate reflection of current students (RSP, 2011). Without a detailed picture of student diversity, what support they need, and services will never be able to deliver efficient tailored support they require.

Further, questions need to be asked about the type and scope of research carried out. It is often small in scale, qualitative, content specific studies, where the participants have little power over policy and practise (Ennals *et al.*, 2015). This can give a distorted view of the nature and size of the issues faced. Ibrahim *et al* (2013) suggests that there are few research studies into socio-economic status and its role in HE student outcomes. Little research has been carried out into the effectiveness of student counselling services e.g. Connell *et al.* (2008) research found an average of 70% of clients showed improvement. However, this was only for attendees, those who would not use the services, and those who failed to complete, were the most at risk, yet why clients failed to attend was unknown. To know why people do not attend services or complete is difficult to investigate as they are not there, yet to improve attendance this information is vital. Research into attendance and use of mental health services suggests that a lack of service awareness, accessibility of service, trust in services and service providers, cultural competence of services, racism, perceptions of self-reliance, socio-economic status and gender differences are all barriers to engagement with services (Worrell *et al.*, 2009). To investigate these barriers focus groups and in depth and semi-structured interviews could be carried out with service users who do attend, to establish the reasons why other students may not attend. According to Jacobsen (2012) using a select group of informants and these data collection methods, and using the approaches of Phenomenology, Grounded Theory and Ethnography, an understanding of theories and cultural perspectives of different groups can be established. From this research, interventions can be developed to tackle these barriers for both those who are not attending, and those who find barriers when they do attend.

### **Professional Support Staff**

The role of staff in delivering these services is important. Administrative, academic and medical staffs, who range from NHS psychiatric, to HEI counsellors, deliver support services. In the UK 4% of students are seen by counsellors and Mental Health Advisors, who may refer students to psychiatric services (RSP, 2011). Whilst stakeholders work together, they do not do so in a universal manner, thus further investigation is required to understand this lack of coordination.

It is important to be aware of the role of HE staff can play. They can identify students at risk, be sympathetic to build trust, be aware of problematic learning issues, and provide academic support. Tutors should be sensitive to an individuals' learning style. However HE staff, need to be aware of boundaries, e.g. contact times and how they can assist their students, so that students do not become to dependant. Although developing basic counselling skills can be useful, it is also important to be able to signpost students to more specialist services when necessary (Wisker, 2008). Martin (2009) suggests staff need to develop knowledge and understanding of about MHI including signs and symptoms such as: poor health, poor hygiene, and tiredness, Quin *et al.* (2009) further suggests poor attendance was a sign of possible MHI and should be monitored to aid intervention. Policies need to be clearer within universities on how they intend to support students and staff at all levels. A clear attendance policy could be beneficial to students able to attend, and staff to monitor, yet discriminatory to those who are carers and unable to attend. Draconian policies can do more harm than good, being student focused is important to avoid this. Halpern (2007) supports this view point, and suggests a more effective policy is to target the most 'at risk' students in terms of their propensity to achieve. The attendance policy of institutions should make students aware of the benefits of attendance on attainment, and that it is not worthwhile for institutions enforce strict policies on attendance.

### **Students Service Preferences**

How services are delivered determine their effectiveness. Often students want results rather than knowledge Tzotzoli *et al.* (2016) research into student's service preferences found the majority wanted a technique to cope with their difficulties rather than understanding them, and preferred online support systems. Holt and Powell (2017) further identified the university website and email as the preferred method of receiving information about services and make appointments for mental health services. Yet most students had heard of these services through an induction or welcome week. This suggests that using mixed methods of delivering information is still important. Often if students are gathered in a HEI setting MHI messages can be delivered effectively.

### **University Setting**

In fact, universities should be where health promotions using the 'setting approach' are carried out. Creating healthy, supportive, and sustainable learning, working, and living environments for students, staff and visitors should be a priority. Health should be at the university's core business: its learning; research; and knowledge exchange, contributing to the health, wellbeing, and sustainability of the wider community (RSP, 2011) (Martin, 2009). HE as a setting is also important as the 18 – 25 age range is where signs of MHI are most likely to occur, and university life has stress factors (Wisker *et al.*, 2008). However due to widening participation some students fall outside this age range according to the Higher Education Statistics Agency (2014) in 2012-13, 6.3% of UK domiciled entrants to HE were aged 25 to 29 years and 13.2% are over 30 years.

Alternatively Quin *et al.* (2009) recommends a formal link between the NHS and HEI support services to improve student experiences. This has advantages of a more interconnected service for students and staff reducing communication barriers. However, this co-operation maybe difficult, due to a resource constrained environment, and no common definitions of mental health. Practitioners use different definitions, some refer to mental health: issues; illness; problems; difficulties; and effects, which then affect how information is analysed. Issues of transfer of confidential information between organisations could also be an issue. Despite these barriers NHS and HEI should seek ways to work together (RSP, 2011). Subsequently the majority of academic research supports the need for co-operation and co-ordination between services due to the increased efficiency of support services and better outcomes experienced by the students, e.g. a student who is stigmatised by MHI would only have to potentially disclose once in a joined up service, in a familiar and secure setting.

### **An analysis of a UK university**

Using a UK based university as a case study, how support services seek to assist students with MHI in practise can be analysed further. To comply with SENDA (2001) procedures to tackling MHI are incorporated into several of this university policies, for example in its Equality and Diversity Policy, it concurs with the legal definition of disability, including mental impairment. Secondly also, this university has a specific policy giving advice to staff

on how to deal with student critical incidents, mental health crisis's and concerns. This gives guidance to staff for supporting students with MHI, a legal framework, procedures and emergency contact details. Its aim is to increase accessibility, retention and enabling all students to maximise their potential. This is an example of how national policy is incorporated into an individual HEI setting. This is also in accordance with Universities UK (2015) the representative organisation for the UK's universities whose advice, recommends institutions need robust policies and procedures for supporting students and their mental health matters.

The university has a Mental Health and Wellbeing Co-ordinator, their role includes signposting advice, help, and providing information to students and staff, raising awareness and liaising with specialist agencies and training staff. Guidance and advice is also provided for meeting criteria for the Disabled Students' Allowances (DSA). This is evidence of the university meeting policy objectives in FYFVFMH (2017) to improve co-ordination. By comparison it also meets the SENDA (2001) requirement to positively promote equality.

The university also provides counselling services for both staff and students and has link counsellors to aid communication between the different faculties and the service. Areas of focus are: student difficulties and appropriate referral; facilitate initiatives; and providing workshops for both students and staff. Counselling services are confidential with a policy for data storage, which conforms to the Data Protection Act (1998). For students and staff individual counselling is provided. On the main campus this is available throughout the year in office hours, two days a week. However, on the less populous campus, this is restricted to two days a week in term time only. It is an example of how constrained resources, are dealt with in practise. Workshops, self-help leaflets and computer aided programmes are also available. The evidence from the literature review supports the view that co-ordination is essential. The clearly defined Data Storage policy demonstrates to students the priority given to its importance.

The university's Student Enabling Centre also provides support for a range of student's different needs and special learning requirements, 230 students who had disclosed a MHI were supported in 2014 – 2015 which was a 36% increase from the

previous year. This is another example of a student focused support service where ease of access is prioritised. The increase in numbers is important, however no explanation was provided. This gap in knowledge requires further investigation to identify whether MHI are increasing, or more disclosure is happening.

All these activities that support students are outlined in the University UK (2015) guidelines which sets out HE institutions responsibilities, recommending they should have an holistic approach including the wider student experience, from admission to graduation and beyond, including areas such as tuition, assessment, support and accommodation. The examples discussed previously in this article show how policy, procedures, and resources are allocated to both comply with legislation and are applied in practise. Further research into the experiences of both students and staff is required to establish the effectiveness of MHI services.

### **Recommendations**

A small scale study is recommended with level 4 students and their perceptions of MHI in students, and support services available. Suggested inclusion criteria for the research would be level 4 Health Studies students, from a widening participation university. This would provide a diverse population, mainly from none traditional HE participating groups, in their first year of university, which many find a challenge to adapt to. A qualitative approach would be recommended, Jacobsen (2012, p.34) suggests a qualitative approach "seeks to understand how individuals and communities perceive and make sense of the world and their experiences". The aim of this research would be to establish what these experiences are, and what are, the underlying factors that influence them. Semi structured focus groups would be undertaken to collect data from students and staff. Prompt questions would be asked, and the feedback would be voice recorded and transcribed to identify key themes.

A quantitative approach would also be used allowing for wider student participation; this would allow from the sample population, inferences to be made about the whole population from the results of this smaller sample (Hickson, 2008). Data collection from students would consist of a questionnaire survey about student's awareness of MHI and support services experiences. This would be applied to larger numbers, as there are more students than

staff and the research focuses more on student's perceptions.

Data triangulation would then be used, as more than one method of data collection has been included. Methodological triangulation using a combining of quantitative and qualitative approaches would help improve validity (Robson, 2011).

### Conclusion

MHI in HE is of increasing concern, from this literature review the following issues have been identified. Stigma must be tackled first before any effective intervention can be made. Policy and legislation is essential to ensure organisations and staffs have the necessary guidance to comply with. There needs to be further research into the nature and size of the problem based on establishing the demographics, and diversity of the students, for issues such as socio-economic status. Greater consistency is required into what mental health definitions are used, across all organisations supporting HE students. This needs to be both within individual institutions and the external organisations that offer specialist services. There needs to be more co-ordination between different agencies and support providers. HEI Staff need to be better trained, services need to be more student focused, and delivered with their preferences in mind. Universities as settings are ideal places to co-ordinate and deliver a broad ranging approach to promoting mental health, for both staff and students, and the wider community.

### Reference List

American College Health Association (2011) *American College Health Association–National College Health Assessment II: Reference Group Data Report Spring 2011*, Hanover, MD: American College Health Association.[online] [ Accessed 15 August 2017] Available at: <[http://www.acha-ncha.org/docs/ACHA-NCHA-II\\_ReferenceGroup\\_ExecutiveSummary\\_Fall2011.pdf](http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Fall2011.pdf)>

Baker, S. Brown, B.J. and Fazey, J.A. (2006) Mental Health and Higher Education: mapping field, consciousness and legitimation, *Critical Social Policy* [online] 26(1).[Accessed 4 March 2017] Available at:<<http://journals.sagepub.com.ezproxy.wlv.ac.uk/doi/abs/10.1177/0261018306059765>>

Camber, W. (2010) Recruitment and Retention of mental health students nurses: high attrition rates and the impact on higher education providers and the clinical areas, *Mental Health Nursing*,[online] 30(1): [Accessed 5 March 2017] pp.8-11 Available at:<<http://search.proquest.com.ezproxy.wlv.ac.uk/doi/cview/366071750?pq-origsite=summon>>

Connell, J. Barkham, M. and Mellor-Clark, J. (2008) The effectiveness of the UK counselling services: an analysis using the CORE System, *British Journal of Guidance and Counselling*, [online] 36(1) February 2008, [Accessed 5 March 2017] pp.1-18, Available at: <<http://www.tandfonline.com/doi/ref/10.1080/03069880701715655?scroll=top>>

Connell, C.S. Durlak, J.A. and Dicken, D.A. (2013) An Evaluative Review of Outcome Research on Universal Mental Health Promotion and Prevention Programs for Higher Education Students, *Journal of American College Health* [online] 61(5), [Accessed 1 March 2017] Available at: <<http://www.tandfonline.com/doi/abs/10.1080/07448481.2012.754757?journalCode=vach20>>

Department of Health (DOH) (2017) *The Five years Forward View for Mental Health*, HM Government, London: January 9<sup>th</sup>. [Online] [Accessed 1 March 2017] Available at: <<https://www.gov.uk/government/publications/five-year-forward-view-for-mental-health-government-response>>

Ennals, P., Fossey, E.,and Howie, L., (2014) Postsecondary study and mental ill-health: a meta-synthesis qualitative research exploring students lived experiences, *Journal of Mental Health*, 2015, 24(2) [Accessed 1 March 2017]\_ pp.111-119 [online] Available at: <<http://www.tandfonline.com/doi/abs/10.3109/09638237.2015.1019052?journalCode=ijmh20>>

Halpern, N. (2007) Attendance in Higher Education: does it matter? Investigations in university teaching and learning [Online] [Accessed 17<sup>th</sup> August 2017] Available at: <<http://eprints.londonmet.ac.uk/226/1/InvestigationsInUniversityTeachingAndLearning%20v4n2%20p7-13.pdf>>

Hickson, M. (2008) *Research Handbook for health care professionals*, Oxford: Blackwell Publishing

[78 Psychological Problems Among Nursing Staff in a Hospital](#)

Higher Education Statistics Agency (2014) *Introduction - Students 2012/13* [Online] [Accessed 15<sup>th</sup> August 2017] Available at : <https://www.hesa.ac.uk/data-and-analysis/publications/students-2012-13/introduction>

Holt, M. and Powell, S. (2016) Healthy Universities: a guiding framework for universities to examine the distinctive health needs of its own student population [online] [Accessed 2 March 2017] Available at: <http://journals.sagepub.com/doi/pdf/10.1177/1757913916659095>

Ibrahim, A.K., Kelly, S.J. and Glazebrook, C., (2013) Socioeconomic status and the risk of depression among UK higher education students, *Social Psychiatry, psychiatric Epidemiology* 48: [Accessed 2 March 2017] pp.1491-1501 [online] Available at: <http://link.springer.com/article/10.1007/s00127-013-0663-5>

Jacobsen, K.H. (2012) *Introduction to Health Research Methods, a Practical Guide*, London: Jones and Bartlett Learning International

Martin, J. M. (2009) Stigma and Students; mental health in higher education, *Higher Education Research and Development*, 29(3), June 2010, [Accessed 2 March 2017] pp.259-274. Available at: <http://www.tandfonline.com.ezproxy.wlv.ac.uk/doi/abs/10.1080/07294360903470969>

Neale, J. Worrell, M. and Randhawa, G. (2009) *Breaking down barriers to accessing mental health support services - a qualitative study among young South Asian and African-Caribbean communities in Luton*, *Journal of Public Health*, 09/2009, 8(2) [Online] [Accessed 16<sup>th</sup> August 2017] Available at: <https://www.deepdyve.com/lp/emerald-publishing/breaking-down-barriers-to-accessing-mental-health-support-services-a-9jGJb4cxF?key=emerald>

Nolan P, Smokis M (2003) The mental health of nurses in the UK. *Advances in Psychiatric Treatment* 9:374-9. [Online] [Accessed 15 August 2017] At available <https://www.researchgate.net/publication/2362056>

Quin, N. Wilson, A. MacIntyre, G. and Tinklin, T. (2009) 'People look at you differently': students' experience of mental health support within Higher Education, *British Journal of Guidance and Counselling*, V37(4), November 2009, [Accessed 2 March 2017] pp.405 – 418, Routledge. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/03069880903161385?needAccess=true>

Reavley, Y.N, McCann, T.V. and A. F. Jorm (2011) Mental health literacy in higher education students, *Early Intervention in Psychiatry*, 6: pp.45-52 [online] [Accessed 1 March 2017] Available at: <https://bmcpyschology.biomedcentral.com/articles/10.1186/s40359-015-0069-0>

Robson, C. (2011) *Real world Research, A resource for Users of Social Research Methods in Applied Settings*, 3<sup>rd</sup> ed, John Wiley & Sons Ltd: Chichester  
Royal College of Psychiatrists (RCP) (2011) *College Report CR166 Mental Health of students in higher education* [online] [Accessed 1 March 2017] Available at: <http://www.rcpsych.ac.uk/publications/collegereports/cr/cr166.aspx>

Russell, G. and Topman, P. (2012) The impact of social anxiety on student learning and well-being in higher education, *Journal of Mental Health*, August 2012 21(4) [Accessed 2 March 2017] pp.375-385 [online] Available at: <http://www.tandfonline.com/doi/abs/10.3109/09638237.2012.694505?journalCode=ijmh20>

The Adult Psychiatric Morbidity Survey (2014): *Survey of Mental Health and Wellbeing, England* [Online] [Accessed 15 August 2017] Available at: <http://content.digital.nhs.uk/catalogue/PUB21748>

Tobin, C. (2016) So you feel like dropping out of university. What are the options? *The Guardian*, [online] 2 December [Accessed 4<sup>th</sup> March 2017] Available at: <https://www.theguardian.com/education/2016/dec/02/dropping-out-of-uni-university>

Tzotzoli, P., Papadatou-Pastou, M., Goozee, R., Ohlsen, R., Barley, E., and Haddad, M., (2016) *The*

*development and evaluation of an online intervention, 'MePlusMe', supporting mood, wellbeing, studyskills, and everyday functioning in students in higher education, Biomed Central* [online] [Accessed 4<sup>th</sup> March 2017] Available at: <http://pilotfeasibilitystudies.biomedcentral.com/articles/10.1186/s40814-015-0029-8>

Wisker, G. Exley, K. Antoniou, M. and Ridley, P. (2008) *Working One to One with Students, Supervising, Coaching, Mentoring, and Personal Tutoring*, London: Routledge