
HE Update

Student Mental Health

January 2019



Background

Mental health provision is a general concern across all of higher education, often taking centre stage in political and higher education sector debates, both in the UK and beyond. The World Health Organisation has highlighted the lack of resources. Universities are under increased pressure from the government, media and public to enhance their performance in this area. Sam Gyimah, until recently the Minister of State for Universities, Science, Research and Innovation, stated that universities must simply do more regarding mental health.¹ This partly reflects media attention to the worst outcome cases. The Office for National Statistics has estimated that, although students remain less likely to resort to suicide than the general population of similar age, the annual number of higher education suicides has almost doubled since the start of the millennium.² Suicide represents the most extreme and tragic mental health outcome. There are, of course, other metrics in place that can be used to highlight the rise of mental health challenges (such as withdrawal records, GP referrals). 81% of Universities recognise a significant increase in demand for student services.³

In this briefing note, we summarise the main debates in this area, highlight emerging trends of good practice (while including our own critical view), and illustrate some of the main problems within the topic. In the absence of a national framework, we will try to identify emerging trends, and to provide insights into the complex debates.

1. Mental Health and Wellbeing

Many current approaches in the sector focus on improving student wellbeing to promote good mental health. This is consistent with much of the national advice provided by the NHS, which suggests that by staying active and positive, people can help protect themselves against risks to mental health such as anxiety and depression.⁴ One institution cited an example whereby students presenting for mental health support can be offered a referral to the sport centre for access to a 12 week supportive physical activity programme, designed to improve mood, resilience and coping ability. The impact of this programme on the student's disposition is then measured as an indicator of their mental health.

The big debate in this area is just how far wellbeing can drive good mental health. While there is evidence and general support for the argument that increased activity can support mental health,

¹ http://www.who.int/mental_health/evidence/atlas/atlas_2017_web_note/en/ 5/11/2018

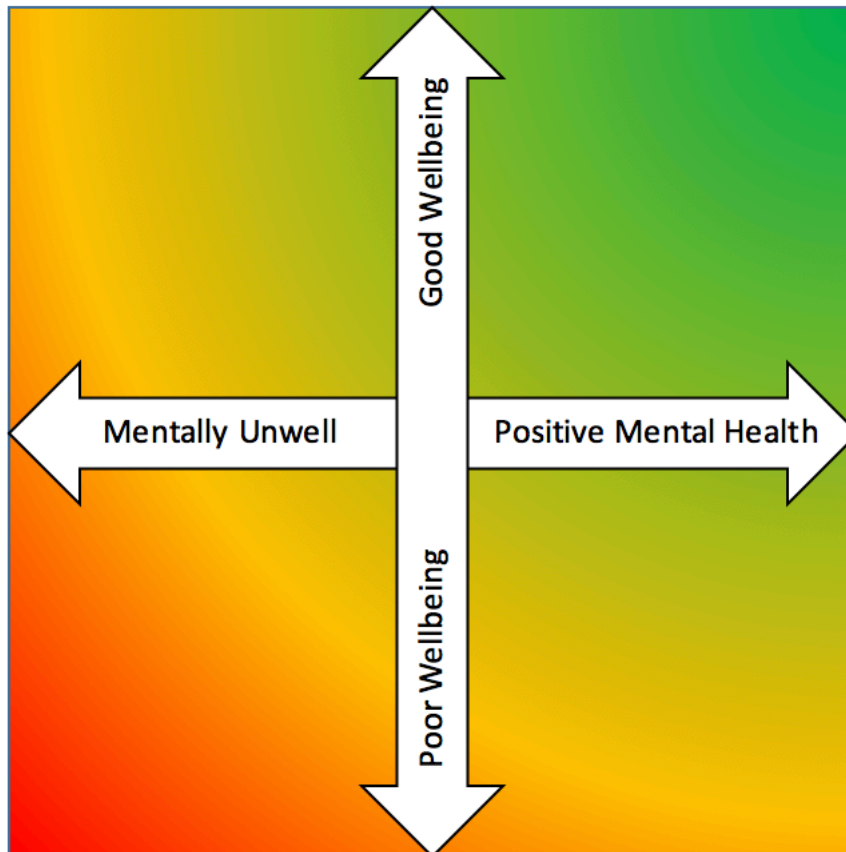
² <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimating-suicideamonghighereducationstudentsenglandandwalesexperimentalstatistics/2018-06-25> 5/11/2018

³ https://www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf 43 6/11/2018

⁴ <https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/> 5/11/2018



clearly not all mental ailments can be treated in this way and so solely focusing on wellbeing won't work for everyone. Equally, intervention only in times of critical need is also deemed ineffective. Policies should address the whole range of mental health issues, rather than focusing on a single aspect. The Higher Education Policy Institute supports ideas such as this, arguing that mental health and wellbeing are not synonymous and should not be treated as such.⁵ In a similar vein, the Institute for Public Policy Research (IPPR) argues that mental health and wellbeing should be seen as different axes on a continuum.⁶ An example is shown below in Figure 1. In this scenario, there also needs to be an understanding of universities' capability along the continuum, and of the point when professional services should be engaged.



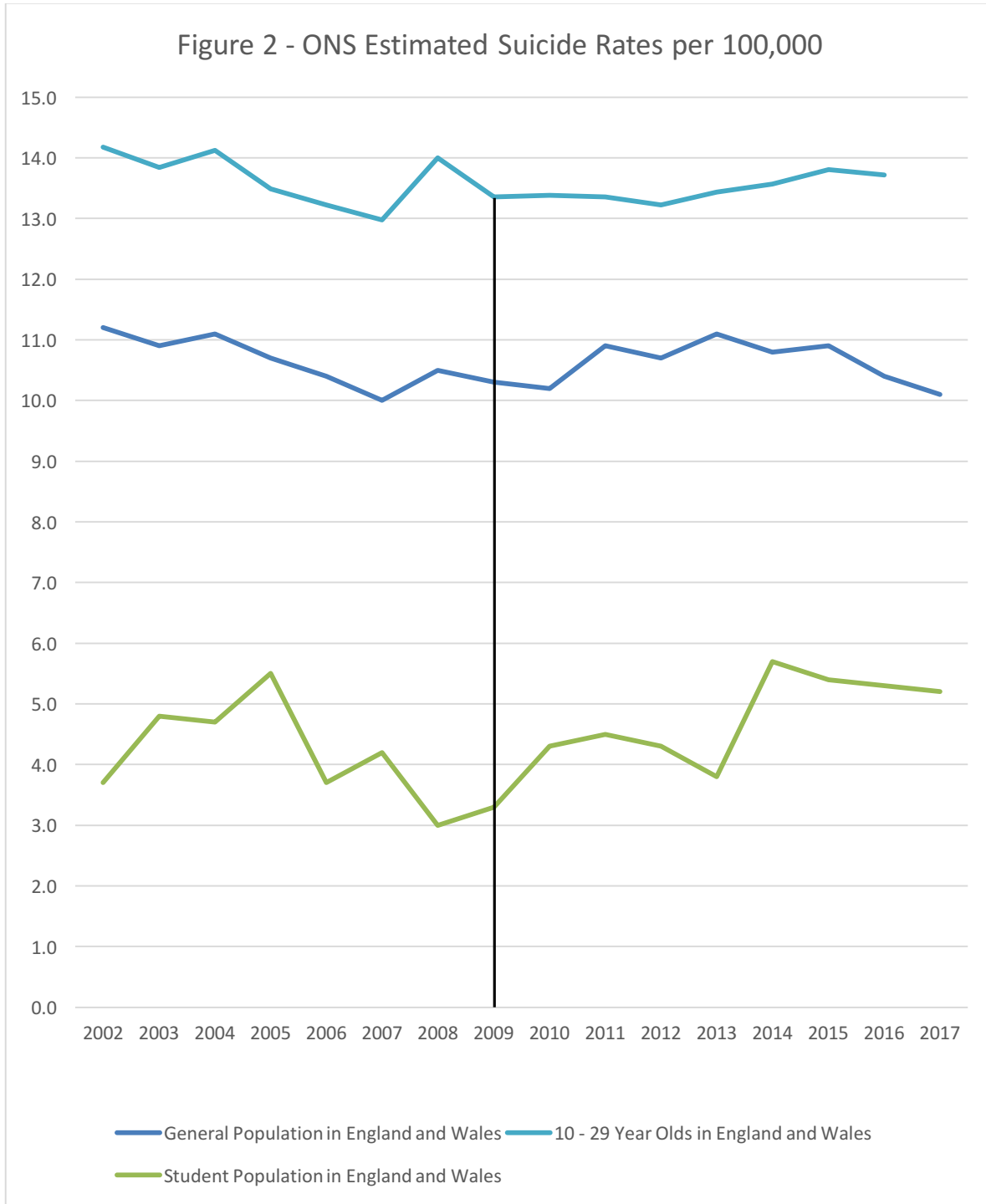
2. Is it a particular problem in universities?

Although there has been considerable media focus on student suicide, and what universities are doing to respond, suicide is but one part of the complex picture of mental health problems. Instances of suicide can to some extent be used to gauge the state of mental health in the HE sector, and, of course, suicide tends to be a significant driver for scrutiny of mental healthcare provision in general. The latest figures released by the Office for National Statistics suggest that the suicide rate at universities in England and Wales is lower than that of both the general population and the age-

⁵ <https://www.hepi.ac.uk/wp-content/uploads/2016/09/STRICTLY-EMBARGOED-UNTIL-22-SEPT-Hepi-Report-88-FINAL.pdf> 5/11/18

⁶ https://www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf p9 5/11/18

matched cohort of 10-29 year olds (see figure 2 below). It is notable, though, that unlike the general population and the age matched cohort of 10-29 year olds, student suicide rates have shown an underlying gradual upward trend between 2002 and 2017. Clearly, these comparisons across population groups have limitations as we don't have the supporting data to control for any variations in characteristics between students and the general population, but this data, combined with sector-wide reports of an overall rise in mental health problems at universities, highlights the need for support provision in the sector to match growing demand.



For many, the transition to student life coincides with early adulthood, the stage when most mental health problems become apparent. 75% of people with poor mental health have this recognised



before the age of 24.⁷ In addition, academic, social and financial⁸ pressures increase dramatically with the transition into university life, and so may increasingly strain students' emotional wellbeing, and aggravate any underlying undiagnosed mental conditions.

An argument can be made that adverse trends in student mental health mirror society in general rather than being specific to universities. Recent disability cuts and increased awareness and reporting are potential causal factors. Higher education statistics may particularly reflect students being a relatively liberal, forward-thinking group for whom societal stigmas surrounding openness about mental health are being eroded and that there is greater willingness to explore new approaches to tackling problems.

3. In Loco Parentis?

Across the sector, Sam Gyimah's comment that universities should act 'in Loco Parentis' has been met with some criticism, not least because the vast majority of students are legally adult. This may be more contestable than we might at first think. Some research argues for an extension of adolescence, into the early to mid-twenties age bracket.

We suggest institutional reliance on not having a duty to act in loco parentis potentially distracts from the fact that mental health is very much an adult 'problem': 36 to 64 year olds represent the most significant age group receiving mental health treatment.⁹ As noted above, early adulthood is an important point when mental health problems may begin to appear. If we are to find anything problematic about Sam Gyimah's comment, it is that it arguably diminishes the support role that universities can play. That said, universities can only offer support up to a point, and beyond this they should make referrals to appropriate specialists. However, *where* to draw the line on this remains a contentious issue. Best practice would be for Universities to have a clearly formulated policy setting out what is and what isn't within their remit, and articulate this to students. Students who remain registered to GPs at their home address, particularly where this is some distance away, represent a particular constituency whose needs must be considered. Therefore, it is important to ask what provisions are being made to address this issue.

4. Duty of Care

University duty of care is an important question, and it is difficult to explicitly map boundaries. Do universities have moral and legal obligations to look after students, to ensure their safety and facilitate their own care of mental health? Assuming an implicit moral duty of care, universities might be expected to provide a level of service and support that facilitates effective student participation. This also reduces reputational risk.

A university that has not exercised due diligence to ensure student safety could find itself legally exposed – but in the absence of a specific legal requirement to look after students' general wellbeing, there is ambiguity. A further layer of complication is added by universities' obligations to respect the privacy of students and their data and to ensure that monitoring and interventions respect personal liberties.

⁷ <https://www.universitiesuk.ac.uk/minding-our-future> 6/11/2018

⁸ Ippr – 38 onwards 6/11/18

⁹ <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06988> 5/11/18



An AMOSSHE (Association of Managers for Student Services in Higher Education) report about universities' duty of care to students concludes that the legalities and conventions are too complex to allow a definite answer.¹⁰ They suggest that this area requires further discussion in order to create a consistent framework that can be applied as a benchmark to guide universities, whilst allowing enough freedom to reflect moral and individual circumstance.

Much of the argument regarding duty of care reflects political stances beyond the sector. Government comments that universities must do more can be interpreted as simply shifting responsibility and symptomatic of unwillingness to provide funding.¹¹ On the other hand, there is a legitimate argument that the level of support needed for mental health requires collaboration across society. The NHS has openly admitted its inability to deal with this (although again, this can be read as a criticism of service cuts).¹² The government recently announced an annual investment of £2bn in mental health services, but this was accompanied with the caveat that the budget was Brexit deal dependant, so at the time of writing it is unclear whether this will come to fruition.

For now, we believe that universities should aim to be sector leaders in supporting good mental health. This may be met with some reluctance by universities, on the basis that too much success may attract more students, leading to extra strain on resources. We believe that universities should engage in spite of this, and that any potential overload arising from good practice should be treated as evidence that the approach is working effectively. This will include championing collaborative approaches and facilitating work across the sector. We believe that this area is too important to leave for others to tackle. However, there must be boundaries to universities' responsibilities – and in some circumstances it will be appropriate to expect that the NHS and/or the wider community will play a part. We believe it would be best practice for negotiation between these areas to occur, and both partnerships and clearly articulated boundaries and crossover points to be formed.

5. Sector Approaches

We highlight two collaborative approaches: the development of a university mental health charter by the charity 'Student Minds' (supported by the OfS) and Universities UK's creation of the #stepchange framework represent two notable sector-wide initiatives to raise awareness and improve provision of mental health services.

The university mental health charter is being developed in partnership with providers across the sector, and aims to recognise and reward examples of good practice.¹³ The #stepchange framework outlines specific institutional objectives for mental health provision, orientated towards universities' adoption of mental health as a strategic imperative.¹⁴ The Student Minds charter is still in consultation and not yet published. While the UUK #stepchange framework is now available, there are a couple of issues to acknowledge within it. First, there is the broad debate as to whether or not the segregation of duties that it advocates is the right way to go with provision in general, with some

¹⁰ <https://www.amosse.org.uk/futures-duty-of-care-2015> 5/11/2018

¹¹ <https://twitter.com/SamGyimah/status/1041248336953663488> 6/11/2018

¹² <https://www.england.nhs.uk/blog/the-nhs-cant-achieve-the-mental-health-revolution-by-itself-developing-the-long-term-plan-for-mental-health/> 6/11/2018

¹³ <https://www.studentminds.org.uk/charter.html> 5/11/2018

¹⁴ <https://www.universitiesuk.ac.uk/stepchange> 5/11/2018



arguments suggesting that providing base support across the institution would be more helpful. However, at a more specific level, ideas such as creating a dedicated suicide intervention and prevention team are problematic, as they suggest the implication of a single point of failure in the event of a crisis. That said, both initiatives are intended to promote a defined framework and guidance to support student mental health, and we believe that this is a step in the right direction, but may need some refinement through collaboration with other bodies across the sector. The Office for Students has endorsed the message that mental health should be adopted as a strategic imperative, but has not made any further specific pronouncements on mental health.¹⁵ We hope that the Student Minds Charter will address how to successfully integrate mental health provision with community services and the NHS.

Beyond these recent initiatives, established university networks such as AMOSSHE (Association of Managers of Student Services in Higher Education) and MWBHE (Mental Wellbeing in Higher Education Working Group) organise projects to tackle debates within the sector.¹⁶

6. Is a single policy approach the right way forward?

The UUK #stepchange framework suggests that the best practice in the sector will involve universities adopting an institution-wide approach, led by a strategic team, covering the risks and systems of providing support. We see evidence that universities adopting this approach have been praised for their provision and level of care. For instance, UUK has publicly praised Brunel University, highlighting its strategy as a step in the right direction and citing it as an example of good practice. It is important to acknowledge that this sort of approach requires support given across every level of the institution. Support should be given through training to ensure that everyone in the organisation can provide students with the support needed, or signpost them to the specialist services required. This is especially important for any student-facing staff.

Other institutions have also been identified as examples of good practice, without having a single university-wide approach. Instead they have a range of advice systems that are applied on a case by case basis. This works well as it provides extremely nuanced, individual provision, and provides a high quality of care; however, the efficiency of this system can be questioned. There is a line to be found between an efficiency that will ensure students are identified and helped in adequate time, and between a care that provides a quality, helpful service to students in need. This sort of approach is taken by the University of Birmingham, which uses a bank of resources to provide support on a case-specific basis. This is supported by the University's transformative project 'investing in a mentally resilient generation', which posits that the way Universities deal with mental health issues at current is damaging, as it only provides short term relief, and doesn't equip students with the long-term skills to tackle mental health issues in the future.

7. Data and GDPR

Data can be used to develop preventive or protective strategies to support student mental health, to target intervention, and to plan the level of provision. The University of the West of England is a pilot site for Step Change. User engagement with online learning resources is monitored to identify risk

¹⁵ <https://www.officeforstudents.org.uk/news-blog-and-events/our-news-and-blog/adopting-mental-health-as-a-strategic-imperative/> 5/11/2018

¹⁶ <https://www.amoshe.org.uk/insight-2016-17-mind> 5/11/2018



of withdrawal and risks to wellbeing. While at first sight this seems helpful, it may be a problematic conflation, as there could be a variety of other factors that affect student engagement. A similar approach was employed at Nottingham Trent, though here the focus is mainly on performance.

Ideally, we suggest, such monitoring should be in the context of a wider suite of measures. We also need to acknowledge the implications of creating personal data. Though it is important to acknowledge that while GDPR does create issues, there is a fine line between compliance and the impact that support can have for students

Anonymised data is also important: for example, numbers accessing support services, and associated trends and peer / sector comparisons. Performance and outcome data is also useful – waiting times, and links between attainment and students access, in order to identify potential red flags. Best practice would be for this data to be transparent, and publicly available. Similarly, there should be data provided about the types of student accessing the support service, in order to identify problems within the student cohort.

8. Students

One challenge is the extent to which the student body can be seen as an homogenous group, or whether mental health support needs to be tailored to address quite distinct constituencies – for example, whether international students or postgraduate students have particular risk factors and particular support needs. Various subgroups of the student body are themselves an atypical, mobile population, as is acknowledged in the MWBHE (Mental Well Being in Higher Education) report ‘minding our future’. Perhaps the simplest message is that the level of complexity and flux associated with the student population is such that there is a strong case for individualised (or at least nuanced) approaches.

Non-EU students pay an immigration health surcharge as part of the visa application process, entitling them to NHS treatment. They also generally pay higher tuition fees. Flowing from this, we believe this implies an obligation to ensure international students enjoy the same level of specialised care that is provided for home students. We also suggest that universities should endeavour to help overseas students work across any cultural barriers affecting access to the NHS.

Complexities may also arise where university recruitment materially affects local demography; for example, campus based universities in rural settings, bring an increase in population to the area, stretching local NHS capacity. Unquestionably the NHS has certain statutory duties, but sometimes universities may need to be proactive and supportive in facilitating NHS provision that allows students access-appropriate services alongside provision for the local population.

9. How Can We Help Students to Engage With the Support Provided?

So far we have focused on universities’ support for student mental health. However to serve any purpose, support needs to be matched by student engagement.

Tailored, rather than generic, solutions are more likely to meet individual needs and so promote engagement. Publicity and training is also helpful to raise awareness and understanding both of mental health issues and of the support services that are available and how they can be accessed. The inclusion of mental health within university disability services, may be a barrier to access by students that refuse to self-diagnose. Although much has been done recently to reduce stigma, some reluctance may remain.



To challenge these barriers, universities should implement systems to advertise and articulate the services that they provide. Student led initiatives, that approach mental health from “clients” perspectives, should also be encouraged. We believe that student consultation is a key ingredient for universities to developing a helpful, proactive and successful mental health strategy.

Conclusion

We have highlighted the breadth of issues that arise from student mental health. There is no clear answer to what universities can and should be doing, but we believe there is a case for universities to be leaders in the provision of support services. Hopefully this will cause other areas of society to follow suit, and allow for collaboration and partnerships.

Discussion is developing around this complex topic. However, we believe that more needs to be done to deal with the issues substantively. In particular, much of the literature confines itself to a particular part of the mental health spectrum, such as emotional wellbeing, or the extreme tragedy of suicide cases. Frustratingly, much of the literature tends to advocate particular “solutions” when the breadth of mental health is such that a single approach will rarely satisfy.

Student Minds’ development of a student mental health charter represents the sort of active approach that is to be encouraged. We believe that this should be supported and that universities should use their own experiences to support the development of helpful insights into student mental health. We also believe that more needs to be done in terms of taking an holistic approach to management of, and support for, the wellbeing/mental health continuum. This should be expressed through clear university policies, which define actions that fulfil a clear remit to supporting student wellbeing, with specialised mental health problems being signposted to the right external services. Similarly, more work needs to be done to formalise universities’ duty of care and ensure it is widely understood by staff. This may be met with some resistance from institutions but we believe in the long term it is the right step forward. The sector also needs to recognise that demand for provision is growing exponentially, and universities need to adapt their support frameworks to deal with this.

How can we help?

For further information on how we can help or any other aspect of Uniac’s internal audit and assurance service please do get in touch.



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