

Promoting Student Mental Health

SUMMARY

Research suggests that prevalence and severity of mental illness in university students is increasing and that students have poorer health than the non-student population. The Mental Health Foundation commissioned researchers to:

- Provide an overview of current mental health policy and practice initiatives related to student mental health.
- Identify the views of student mental health held by students and university staff.

This paper summarises the main research findings and implications.

BACKGROUND

- In a recent survey, possible clinical anxiety was recorded in 46% of male and 64% of female students, with possible clinical depression in 12% and 15% respectively. This compares unfavourably to lower levels reported in 1987 where between 1-25% of students showed 'significant emotional disturbance'.
- University counsellors report increases in the proportion of students with severe mental health problems. Although this may represent greater awareness or availability of services, student suicides have risen from 2.4 per 100,000 (1983/84) to 9.7 (1993/94).
- Depression, suicide, suicidal behaviours, and substance misuse have all increased among young people in the general population. However, students appear to have poorer psychological and physical health than non-students of the same sex and age: a survey at two London universities showed that 30% of the sample had poorer General Health Questionnaire scores and 44% had poorer social functioning scores.
- Increases in student mental illness have been linked to inter-related factors centred on government policy of widening access to higher education without real spending increases. This has led to a larger proportion of students requiring support, alongside increasing debt, longer working hours and less support for students through higher staff-student ratios and university staff work overload. Outside the university system, increased family instability and inadequate community mental health resources may contribute.

THE RESEARCH

- An overview of mental health policy and practice initiatives was obtained via database searches (e.g. British Education Index, MEDLINE). Information about government legislation and policies and activities of relevant agencies (e.g. Higher Education Funding Council for England [HEFCE]) was also accessed via websites and personal contact.
- Students' views of mental health were drawn from focus groups at one 'new' university (i.e. established after 1992 from existing polytechnics) and one 'old' university. Students had varied backgrounds (e.g. degree subject and year, ethnicity, accommodation status). Staff views of student mental health were obtained from interviews with 'old' and 'new' university staff, e.g. counsellors, academic staff, nurses, accommodation and student union staff.

THE FINDINGS

Current mental health policy and practice initiatives

- There is growing interest in student mental health as shown by recent policy documents and practice initiatives purporting to deal with this area. For example, the first national guidelines on mental health policies and procedures for higher education have been produced this year by the Committee of Vice Chancellors and Principals; a £6 million HEFCE initiative has supported many student mental health projects, and the National Union of Students works with mental health agencies.
- The university, as an organisation within which to promote health, is emphasised in the recent development of the Health Promoting University movement. This approach conceptualises the university as 'an important setting for the protection, promotion and maintenance of well-being' and is consistent with the settings-based health promotion highlighted in the government's health strategy, *Our Healthier Nation*. The focus on healthy settings indicates a new policy approach linked to the promotion of positive mental health as opposed to the early detection of mental illness.
- Despite growing interest in student mental health, the primary focus is on early detection of mental illness. There is little policy or practice emphasis on promoting mental health as proposed by the Health Promoting University movement. Most research appears descriptive, adopting either a symptoms approach (i.e. identifying prevalence of psychological disorder), or a stressors approach (i.e. identifying factors, such as accommodation, which students report as causing difficulties). There has been little attempt to examine the relationship between stressors and symptoms and few longitudinal studies of students' mental health before and after arrival at university.

The views of student mental health held by students and university staff

- Students saw their mental health as influenced by inter-related issues, particularly accommodation; fitting in and making new friends; finances, and university systems. Problems related to partners, employment, academic issues, travelling to college and onsite facilities seemed more common among, but not exclusive to, the 'new' university students. Students identified groups with special needs: mature students, disabled students, and those from minority ethnic backgrounds and overseas.

- Students' comments suggest they adopt a 'stressors' approach to mental health: problems are linked to resources (e.g. finance) and juggling their daily lives.
- Students identified family and friends as their main sources of help. There was a general feeling that university support systems were ineffective in solving practical problems and reluctance to consult mental health professionals.
- Staff views of student mental health were mostly framed in terms of mental illness, and usually emphasised early detection of 'mental health difficulties'. In general, only health and counselling staff showed an understanding of mental health promotion and the broader determinants of mental health.
- Staff described students' main problems as depression, cultural differences, bereavement, accommodation and competing demands of university and employment. Although staff generally identified the same stressors as students, most made no overt links between such structural issues and their effect on mental health nor did they see it as the university's role to play a part in solving such problems. Many staff saw the causes of student mental health problems as lying within the individual student's behaviour such as being anxious, generally unable to cope, or misusing drugs. Indeed, some considered higher education was used as a 'dumping ground' or therapy for those with mental illness.
- In general, academic and support staff saw university health and counselling services as responsible for student mental health although, again, this usually reflected responsibility for mental illness. There was a reluctance for staff outside health and counselling services to take responsibility for student mental health, and some saw students with mental health problems as an additional burden.

IMPLICATIONS

- This research supports the view that large numbers of students experience mental health problems. There are many commendable initiatives within higher education although the focus remains mainly on symptoms and stressors, which can be equated with a secondary and tertiary prevention approach to mental health. Within this approach, further work is needed to identify the relationships between stressors and symptoms and to establish the extent to which mental health problems persist when students leave university. As more people with mental health problems are reported to be entering higher education, a campaign to destigmatise mental ill-health may be appropriate.
- Further work should investigate primary prevention strategies. This can be linked to the settings approach advocated by the Health Promoting University movement in order to develop good models of practice in promoting positive mental well-being.
- The model(s) of mental health underpinning proposed initiatives need to be explicit. Primary prevention and positive models may find greater acceptance among staff who feel unable to accept responsibility for student mental health.
- The heterogeneity of university populations is clear e.g. mature students' needs differ from those of students entering university from school. Moreover, staff and students appear to hold different, although overlapping, views of the causes of student mental health problems. Therefore, research should identify the needs of particular groups to enable possible targeting of initiatives.

For further details of the research, contact:

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Further reading

Committee of Vice-Chancellors and Principals (2000) *Guidelines on student mental health policies and procedures for higher education*. London: CVCP.

Dooris, M. (1999) 'The Health Promoting University' as a framework for promoting positive mental well-being. *International Journal of Mental Health Promotion*, 1 (4) 34-39.

Heads of University Counselling Services Working Group (1999) *The impact of increasing levels of psychological disturbance amongst students in higher education. Final Report of the Heads of University Counselling Services Working Group*. Rugby: British Association of Counselling.

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