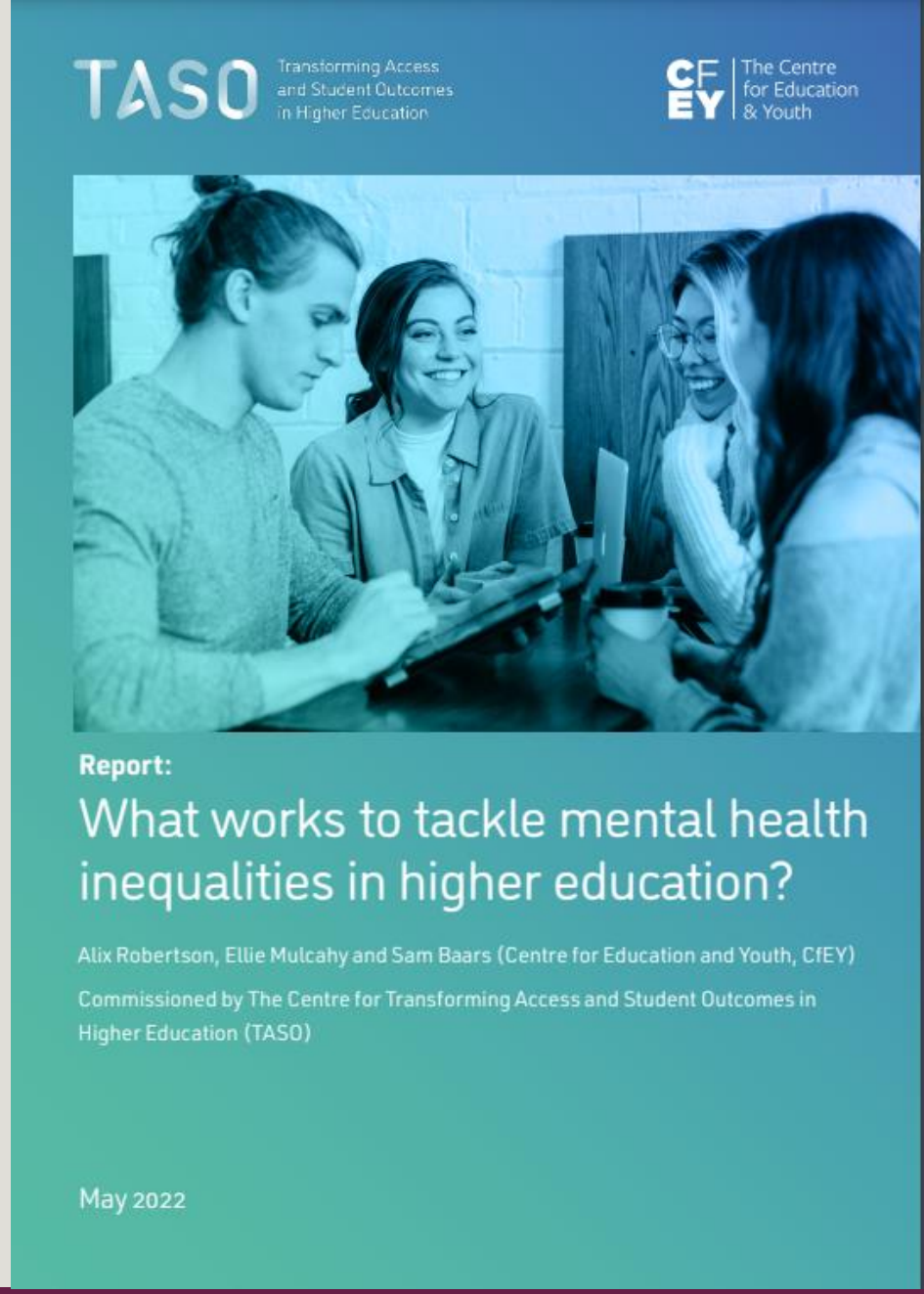
What works to support student mental health in higher education (HE)?

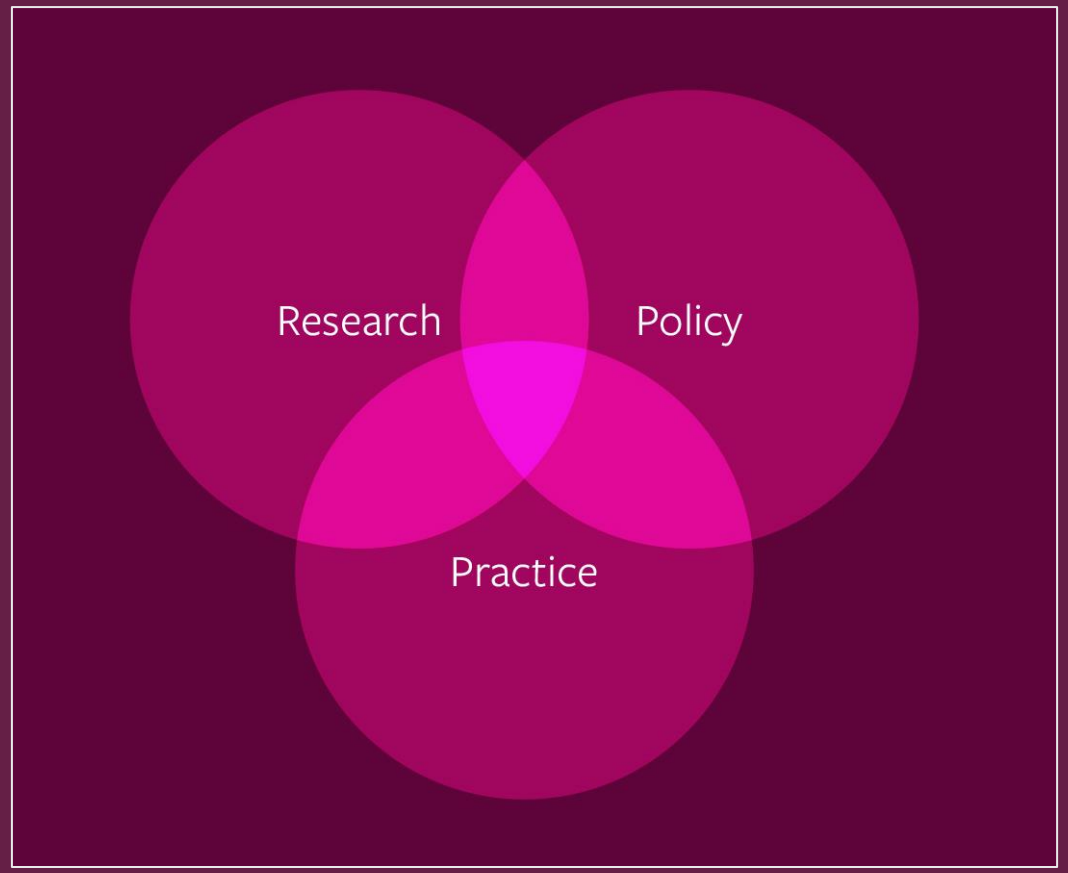
The Centre for Education and Youth
in collaboration with
The Centre for Transforming Access and Student Outcomes in Higher Education



Who are we?

The Centre for Education and Youth is a **think** and **action-tank** that provides timely and accessible research, support and tools for policymakers, organisations and practitioners supporting young people.

With our team of former teachers, youth workers, academics and civil servants, CfEY sits at the intersection of research, policy and practice.



The Centre for Education & Youth

What do we do?

Our mission is to ensure society provides young people with the support they need to make a fulfilling transition to adulthood.

- We provide clear information and evidence that supports impact for young people
- We enable clients to make informed decisions
- We talk directly to young people and practitioners

We work with a wide range
of partners including:

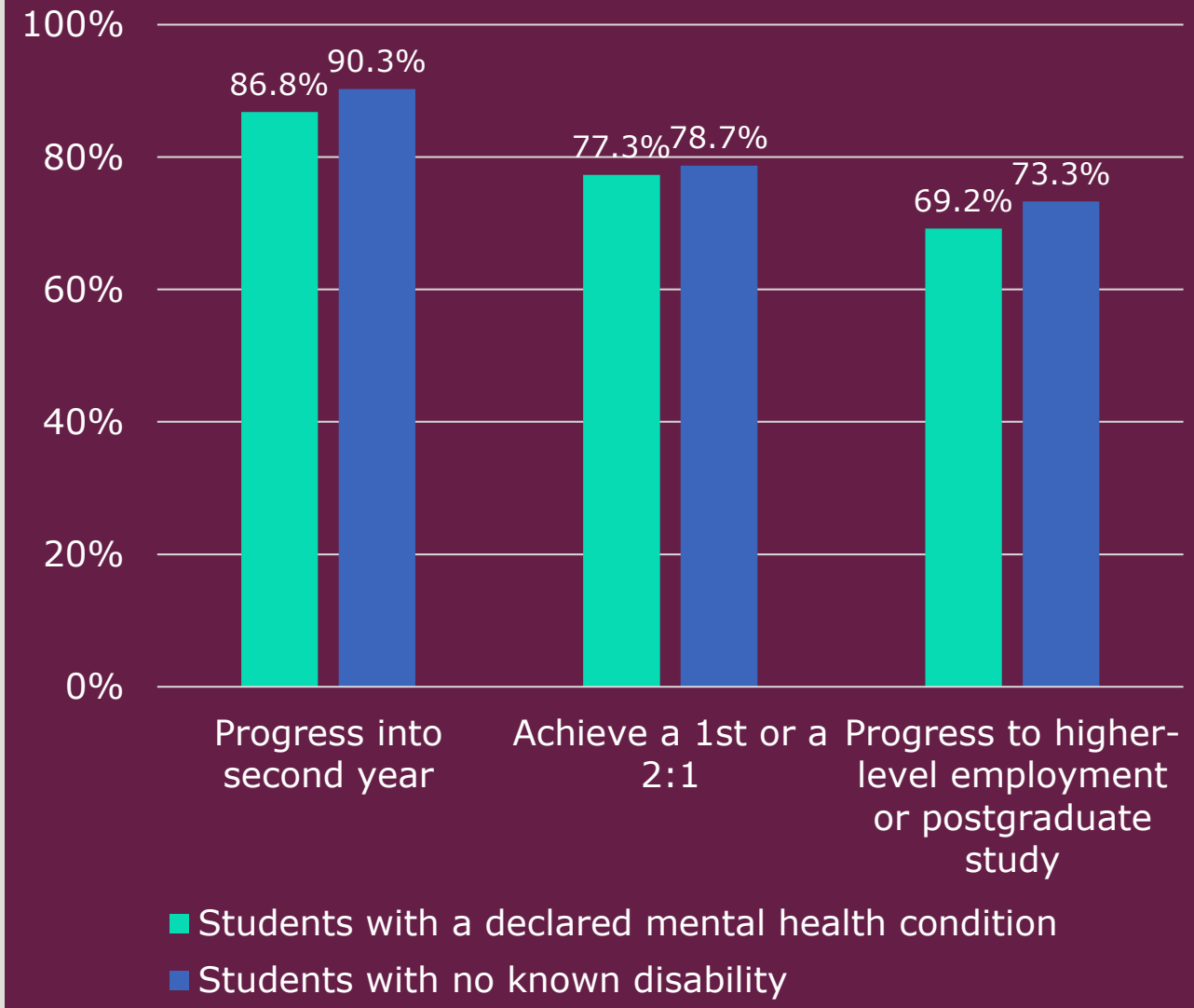
- **Third sector organisations**
- **Businesses**
- **Government**
- **Universities and schools**

Context

- 2010 → 2020: Proportion of HE students disclosing a mental health issue to their university rose sixfold
  (Office for Students, 2020)

- Students with a declared mental health condition are:
  - more likely to drop out of HE
  - less likely to achieve a 1st or a 2:1
  - less likely to secure high-level employment or progress to postgraduate study
  (Office for Students, 2019)

Outcomes for students with a declared mental health condition and students with no known disability (OfS, 2019)

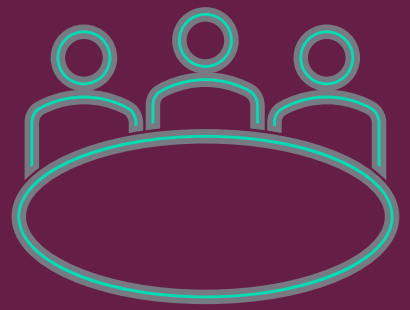


Methodology

1. Evidence review of literature examining the impact of interventions to improve students' mental health, including:
    - factors that can trigger or exacerbate mental health issues
    - the experiences of groups of students at greater risk of experiencing poor mental health
    - predictive or protective factors
    - how mental health issues may further drive existing HE inequalities

Overall there is a shortage of high-quality evidence looking at interventions targeted at marginalised groups

2. Mixed-method consultation with key stakeholders from different types of HEP (including FE settings), to gain more detailed, practice-based insight, including:
    - a survey
    - five online roundtable consultations
    - interviews with students and stakeholders unable to attend roundtables

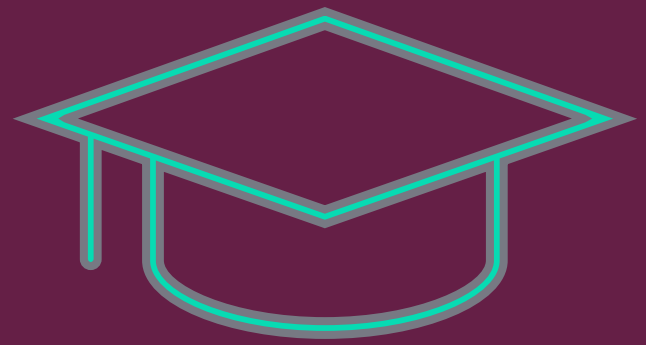


Evidence review: at-risk groups

- Students from low socioeconomic-status households
- Students from Black, Asian and minority ethnic (BAME) backgrounds
- Mature students, in particular students aged 21–25, and to a lesser extent students aged 25–29
- Lesbian, gay, bisexual, transgender, queer and other (LGBTQ+) students
- Care-experienced students

These at-risk groups also experience poorer HE outcomes, including:

- lower entry rates
- higher dropout rates
- lower attainment
- a reduced likelihood of progressing into employment or further study



Evidence review: predictive or protective factors

Predictive factors include:

- exposure to childhood trauma before university
- over-controlling parenting styles
- previous mental illness/a family history of poor mental health
- low levels of mental health literacy
- poor help-seeking behaviours
- poor social skills
- negative self-perception

Protective factors include:

- satisfaction of basic needs
- an optimistic outlook, including a focus on gratitude and hope
- a sense of belonging, including social support from family, friends and others
- a positive stress mindset and resilience-building skills
- social media – quality online interactions
- Implementing pre-departure strategies before attending HE, such as developing expectations about being away
- educational satisfaction
- work–life balance

Evidence review: what works?

- Psychological interventions (including cognitive-behavioural interventions) and mindfulness-based interventions → improvements evidenced in relation to students':
    - empathy
    - positive mood
    - self-efficacy
    - self-compassion
    - anxiety
    - depressive symptoms
- Peer support initiatives

Consultation: Covid-19

- Higher anxiety, stress and loneliness, driven by uncertainty and disruption to learning
- Additional mental health support was made available to students → more online provision
- Some students were particularly affected:
  - young carers
  - students from low-socioeconomic backgrounds
  - international students
  - LGBTQ+ students
  - students on particular courses e.g. nursing and teacher training

"We've seen it across the board – anxiety, depression, loneliness, the amount of students coming to us presenting with suicidal ideation and self-harm. Eating disorders are a lot higher because students have had to find other ways to cope with everything in terms of the disruption to life in general, but definitely the disruption to schooling and what that's meant in terms of … the developmental experiences that they've lacked."
Consultation participant, Russell Group university

Consultation: at-risk groups

- Consultation participants highlighted additional at-risk groups:

  - Refugees and asylum seekers
  - Parents or carers
  - International students
  - Postgraduate or research students
  - Commuter students
  - Students regularly on placement
  - Trauma sufferers
  - Students on creative courses
  - Students from military families
  - Returning students

Consultation: disclosure

- Just under half of practitioners responding to the survey said that they use UCAS disclosure data e.g. to target mental health support or offer a consultation with a Mental Health Adviser
- 83% reported that some groups of students are less likely to disclose a mental health issue than others, particularly:
    - students from BAME backgrounds
    - males
    - mature students
    - refugees and asylum seekers
- Reasons included stigma, cultural barriers and fear of losing opportunities

"Everyone in our university, they promote mental health so much that we don't feel restricted. We don't feel judged at all … back in India, people mostly judge you … they mark it as [a] weakness. But here, I was quite happy to see the way they were dealing with everything. They were telling us about how to cope [with] all this stuff."

Student interviewee

Consultation: support for at-risk groups

- Many HEPs advocate an 'inclusive by design' approach to mental health support
- But the majority also offer a variety of targeted support for specific student groups, such as:
  - male BAME support networks
  - earlier transition support for care-experienced students
  - peer-led targeting through trained well-being ambassadors
- They also highlighted that targeting must account for intersectionality

"Genuine inclusivity doesn't mean putting on specific things for specific groups of students, necessarily … if you were getting your inclusivity stuff right you would probably need a lot less of that specific work."
Consultation participant, mental health charity

Consultation: evaluation

- HEPs are evaluating their mental health support but this mainly takes the form of:
  - tracking student outcomes
  - conducting interviews with students
  - feedback surveys
- These provide correlational evidence, but causal evidence is lacking
- HEPs cite many challenges to conducting a robust evaluation of their practice, including:
  - a lack of skills and resources
  - Small datasets from small and specialist providers
  - data protection concerns
  - limited timeframes to conduct studies with students

"What I always say is we can make a really big impact on the small number of students that we have and we can probably demonstrate on an individual basis, but we couldn't do that externally because of data protection."
Consultation participant, small and specialist provider

Main themes from the evidence review and consultation

1. Personalisation
2. Universal versus targeted support
3. A whole-institution approach
4. Institutional constraints (size, courses offered, funding, resources)
5. Links to HE outcomes – hard to measure

Recommendations

- More longitudinal studies are needed to establish the longer-term impact of psychological and mindfulness-based interventions on students' mental health and well-being, and on HE-specific outcomes.

- Psychological and mindfulness-based interventions should be tailored more closely to specific student groups and their needs.

- More causal studies are needed to examine interventions supporting the mental health and well-being of at-risk groups, in particular the experiences of students who are BAME, LGBTQ+, mature or care-experienced.

- More research focusing on interventions that encourage male and BAME students to disclose and seek support would be valuable.

- Further work should be completed to evaluate peer-led interventions.

Recommendations

- Research should explore how the framing and language around mental health and well-being interventions could be adjusted to reduce stigma and facilitate disclosure.

- Further research is required to understand how students in particular subgroups accessed and experienced online and blended mental health interventions during the pandemic, and the impact of such interventions on mental health, well-being and HE outcomes.

- Future work could also examine the disconnect identified by consultation participants between the services that students request and their uptake of these interventions.

- Further guidance on how to conduct robust evaluations of mental health interventions is needed for HEPs. In addition, existing examples of good practice within HEPs needs to be pooled to maximise impact and better serve students.

Any questions?

Keep in touch!

alix@cfey.org

@AlixHRobertson

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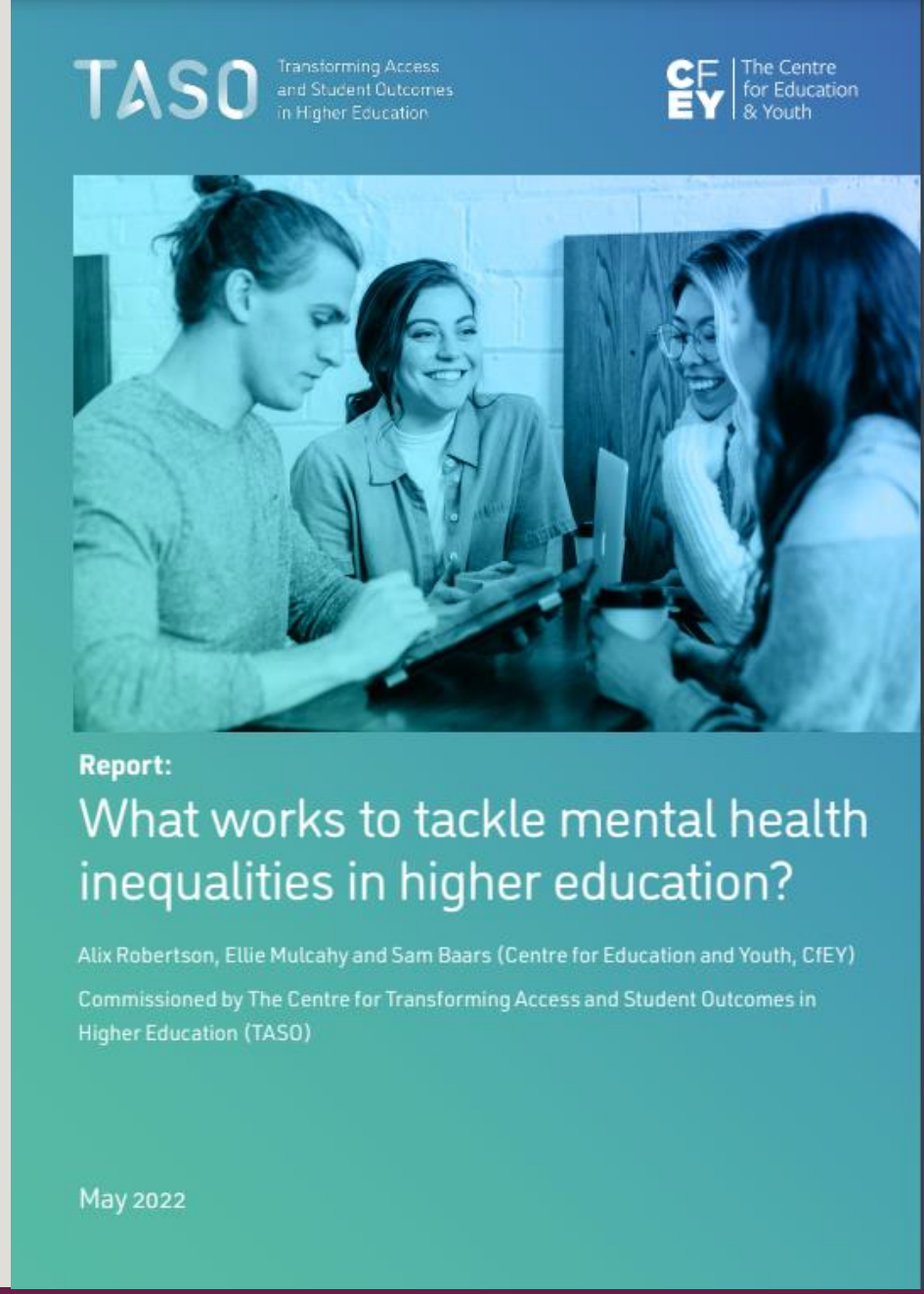

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