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The**Insight**Network

The Insight Network and Dig-In:

University Student Mental Health Survey 2017

—

A large scale study into the prevalence of student mental illness within UK universities.

The Insight Network is a team of therapists and psychiatrists that provide treatment and therapy for a wide range of mental illnesses. Beyond treating patients, TIN is also involved in research and service delivery work within the field of mental health and wellbeing.

Dig-In Box provides the official student welcome box to over 130 UK universities and accommodation providers. Dig-In Box is part of a student's university life from day one, and as such, Dig-In are passionate about capturing insights on the issues most important to the student population.

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Achieving clarity through insight

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Get involved:
If you would like to be part of future surveys, please contact Help@TheInsightNetwork.co.uk to express your interest. We also welcome any questions, feedback and any suggestions for future surveys.

The 2018 Student Survey will take place in September.

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Foreword

Starting university is a major period of transition in the lives of young adults and although many view it as a positive, exciting time in their life, for some, the reality of becoming a student does not always mirror expectations.

Mental health conditions are as prevalent amongst students as they are within the general population. One in four people experience a mental illness each year and this is closely reflected in the student population. Students may be at increased risk of developing mental illness due to factors that affect young people, as well as university-specific triggers; the stressors that are present during this time in a young person's life should not be downplayed or go unnoticed. Mental illness can have devastating effects if left unacknowledged and untreated, and to provide appropriate services it is important to understand the scale of the mental health crisis within the UK student population.

Our aim for this research was to undertake the largest survey into student mental health ever carried out, with the intention to uncover the prevalence of mental illness amongst the UK student population. By obtaining an extremely large sample we have been able to explore the risk factors that may lead to mental illness among students, and identify specific at-risk groups.

The findings of this study have highlighted the striking number of students who are suffering with mental health conditions in our UK universities and indicate an urgent need for more support for young adults. Mental health issues can be managed effectively if individuals are able to access the right treatment and importantly, if this treatment can be accessed rapidly.

These stark findings should serve as a call to action for the UK to invest more in mental health care provision and for universities and schools to ensure ease of access to critical services. In a more positive light, the results may hopefully provide comfort to those students suffering with mental illness as they can see they are not alone. Mental health issues can affect anyone, at any point in their life, and it's only through continued awareness and education that progress in care provision can be made.

For universities, it is hoped this research can help provide a starting point for understanding just how many students may enrol at their university with mental health conditions and which student groups are 'at-risk'. Additionally, it highlights how progress needs to be made in increasing awareness of university support.

**Dr Stephen Pereira,
Director, The Insight Network
Consultant Psychiatrist**

Foreword

Dig-In provides the official student welcome box to over 130 universities and accommodation providers. In 2017 380,000 students arrived at university to find a Dig-In Box waiting for them in their room.

The box provides a unique point of contact with new students in the very first few minutes of their time at university. We sought to use this opportunity to highlight an area of growing concern.

University life is most often associated with fun, and it follows that brands linked with students will often focus on this aspect. Dig-In, however wanted to explore an issue that is less often talked about when thinking of university, mental health.

Having experienced the challenges of a mental health issue myself, and the cause therefore being close to my heart, we set out as a business to conduct the largest ever study of this type, in collaboration with our research partner, The Insight Network.

On completion of the Dig-In Fresher Survey, students were further invited to anonymously take part in our mental health study, thereby answering a series of 14 questions. Over an eight week period, we were able to gather responses from over 19,500 students.

Our aim was to explore the current scale of mental illness amongst the UK student population, the risk factors, the stigma, and those most affected.

By conducting the largest survey in this field, we hope to raise the profile of mental health issues in students, showing that it is a real problem that needs real solutions.

University is a fantastic time in a young person's life and it is crucial that we tackle issues surrounding mental health so that students can reach their full potential.

**Christopher Platt,
Founder and CEO,
Dig-In Box**

Executive Summary

The Insight Network and Dig-In Box sought to carry out the largest survey into student mental health in the UK. This research surveyed over 19,500 students and explored the prevalence of mental illness within the student population. Our intention was to further existing literature in this area, through obtaining the largest ever student sample and surveying students from enrolment through to graduation.

Our findings show that students are arriving at university with poor mental health and this may continue throughout their education. We explored risk factors including previous history of mental illness, self-harm and substance use and used self-harm as an indicator for suicide. Associations were found between these factors with those that had a previous history of mental illness and those that had misused substances being more likely to self-harm.

Results also uncovered at-risk groups and we found that younger students, females, white and UK students to be the highest proportions experiencing mental illness, having thoughts of self-harm and substance misuse. Although our findings highlight the groups above, we also discuss the issue of non-disclosure with regards to protecting those who are less likely to inform institutions of their mental illness, for example men and those from minority groups.

> **We hope that this research can add further evidence to the scale of mental illness in the UK student population and highlight the seriousness of the issue faced.**

Access to services is key to ensuring students with mental health problems get the right treatment at the right time, therefore we explored awareness of and barriers to support. Awareness of university support was not high amongst students and suggests a need for universities to increase information on available services. We found many students had concealed their symptoms to friends and family, thus identifying stigma as an additional barrier to accessing support.

We hope that this research can add further evidence to the scale of mental illness in the UK student population and highlight the seriousness of the issue faced. Our findings highlight risk factors and risk groups and it is hoped that these results can go some way to helping universities develop essential support services so that students can get the help they need.

■ Key Findings

Prevalence of mental illness amongst students is high

- 33% of students had a previous personal, emotional, behavioural or mental health problem that they felt needed professional help
- 69% of students had suffered with worry or anxiety
- 60% of students knew a friend or family member who had suffered a mental health problem in the last 12 months

Previous history of mental illness and substance misuse may predict those at-risk of suicide

- 'Thoughts of self-harm' was used as an indicator for suicide
- 24% of students had experienced thoughts of self-harm
- Self-harm was significantly associated with previous history
- Self-harm was significantly associated with substance misuse

69% Have suffered with worry or anxiety

Students who most commonly report symptoms of mental illness are female, younger students, white students and UK students

- These groups reported the highest proportions of a previous history of mental illness, experiencing worry and anxiety, and having thoughts of self-harm and substance misuse

Male, Asian students and Overseas students were significantly less likely to report having symptoms or risk factors for mental illness

- Although these students may be less at risk of developing mental illness, non-disclosure could explain this finding and indicate that these students are more at risk

Have experienced thoughts of self-harm **24%**

Awareness of university support services is low amongst those with mental health problems

- 37% of students who had experienced symptoms of mental illness were aware of support

Have concealed their symptoms due to stigma **34%**

Stigma may be a key barrier to accessing support for students

- 34% of students who had experienced risk factors had concealed their symptoms due to stigma

A rapid, online service may help break down barriers to accessing support

- 60% of students would use online psychological help

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Introduction

Mental illness within the student population is an area of increasing interest; the pressures faced during this transitional period, combined with problems facing young people in general, are contributing to the development of poor mental health in students. Recent surveys in this area have explored mental health within students, but few have obtained very large samples. The current research aims to further existing findings by carrying out the largest ever survey into the prevalence of mental health problems within UK students, combining both a large student sample (over 19,500 participants) and a sole focus on mental health. The survey also spans students from applicants through to third year and beyond, allowing a baseline of mental health to be obtained at enrolment to university, as well as levels at exit.

Increase in student mental illness

Recent large-scale surveys by the NUS and Unite have shown the prevalence of mental illness amongst students. In 2013, NUS carried out an online mental distress survey to understand mental health amongst students and the support that was in place. They surveyed 1,200 current students and found that 20% of students had a mental health condition. Unite (2016), included emotional resilience and mental health as part of their annual student experience study and surveyed over 8,000 students, including 6,504 current students and 2,169 applicants. They found that 12% had a mental health condition with anxiety and depression most commonly reported.

With the above research in mind, our current study aimed to go above and beyond existing student surveys. Not only do we focus heavily on mental health and risk factors surrounding this, we obtained the largest student sample to be surveyed only on mental health, with over 19,000 participants taking part, including applicants and current students.

> 20% of students have a mental health condition
> *(NUS, 2013)*

Causes of student mental illness

University may be a particularly stressful time for some, and this itself could lead to mental illness. Nightline (2013) found that 75% of students had experienced emotional distress during their time at university, whilst Unite (2016) reported that 62% of students surveyed had felt stressed or worried. As such, we aimed to investigate the prevalence of risk factors for mental distress such as worry and anxiety amongst our sample.

> 75% of students had experienced emotional distress during their time at university
> *(Nightline, 2013)*

On the other hand, young people may be affected before they arrive at university, contributing to mental illness in students. Thorley (2017) identified that a rise in the number of children and adolescents experiencing mental illness may mean that those entering university are more likely to have had a pre-existing mental health condition.

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Thorley also points towards digital technology and social media as key influences in creating mental distress in young people, with increased use of social media impacting self-esteem, life satisfaction and wellbeing.

Certain students may be predisposed to developing mental illness due to their family history. It has been found that when a biological parent or other relative has a mental health condition, the likelihood of a child developing one is higher and risks are elevated not only in developing the illness that the relative has, but mental illness in general (Mattejat and Remschmidt, 2008). With this in mind, those students who do have a family history of mental illness, present an increased risk of either already having a mental health condition on entry to university, or developing one during their time there, therefore, within this research we investigated whether students knew family members with a mental health condition to determine the level of at-risk individuals at UK universities.

Taking these factors into account, it may be useful for universities to understand not only the risk factors that students may come across during their time at their institution, but existing risks that students enrol with. As a result, this is the largest study of university enrolments ever undertaken with an aim of examining the prevalence of mental illness in those starting university and the impact of risk factors such as previous history, family history and use of social media.

Student suicide-risk factors

The most devastating outcome for those suffering mental illness is suicide and in 2013, Nightline found that 8% of students had experienced suicidal ideation. Risk factors for suicide include previous history of mental illness, active thoughts of self-harm and suicide and substance misuse.

> 8% of students have experienced suicidal ideation
> *(Nightline, 2013)*

Evidence that shows the relationship between mental illness and suicide comes from Curran et al (2009). They reported an association between mental health problems and suicidal ideation and found that depression and a lack of social support increased the chances of suicidal ideation. Therefore, in our survey we wanted to examine thoughts about self-harm and the relationship with previous history of mental illness, as risk factors for suicide.

Research has also found that problematic relationships with alcohol are related to suicide, and as university is often associated with alcohol use it is important to consider the impact of substance abuse on students. Lamis and Malone (2011) and Lamis et al (2010) found that alcohol-related problems are significantly and positively correlated with suicide proneness in students. We wanted to examine those students who used drugs and alcohol and the relationship with thoughts of self-harm and mental illness as a predictor for suicide.

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Student suicide- 'at-risk' groups

It is important to identify certain groups that are at higher risk of suicide. When looking at differences in gender, UK suicide statistics show that within the general population, male rates of suicide are much higher than those of females and in 2015 were three times higher (Samaritans, 2017).

> Male rates of suicide were three times higher than females
> *(Samaritans, 2017)*

Findings have also indicated that students from minority groups may be at greater risk of suicide compared to their peers. Wong (2013) found that international students face additional risk factors that may increase the likelihood of suicide within this student group and Shadick et al (2015) found that those who identified as lesbian, gay or bisexual had a higher suicide risk compared to heterosexual students. Shadick et al (2015) also showed that belonging to multiple marginalized groups was linked to increased suicide risk.

The research above shows that certain groups have an increased risk of suicide and in the current study we wanted to examine differences in these groups by obtaining not only a large overall sample size but a large international sample to examine differences in ethnicity

Awareness of services

The ability to access support is crucial for those experiencing mental illness and suicidal ideation, however, previous research has found that those with mental health conditions may be reluctant to access support. Westefeld et al (2005) found that in a sample of 1,865 students, only 26% were aware of campus resources for help with suicide and in a qualitative study by Shaikh and Deschamps (2006), students reported not using student health services because there was a lack of information or they were difficult to access.

> Only 26% were aware of campus resources for help with suicide
> *(Westefeld et al, 2005)*

In contrast, other students suffering with mental illness may be aware of services but the barrier to access comes from the individual not wanting to use the support. Stanley et al (2007) reported that students who had committed suicide were unwilling to use university or NHS services. This theme is further reflected in the research of Biddle et al (2004) on help-seeking in those with mental distress and suicidal ideation. Their findings showed that within those who experienced suicidal ideation, less than 1 in 5 had consulted a GP.

Universities not only have the task of raising awareness of available support, but also of increasing student engagement with services. In this study we aimed to explore differences in awareness of university services and the potential uptake of an online support service.

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34% of those with a career in mind anticipated disclosing their mental health condition
(HEPI, 2017)

Barriers to access: stigma

The decision to access a service may be affected by stigma. Thorley (2017) found that university students reported not disclosing mental health problems for several reasons relating to stigma, including fear they may be subjected to institutional stigma or prejudice and that they may be thought 'less of' by peers. Thorley also discussed how students with mental health conditions may feel disclosure may limit their future opportunities, with 34% of those with a career in mind anticipating disclosure (HEPI, 2017). For international students, stigma may be an even greater barrier to accessing services due to cultural differences (Wong, 2013).

Non-disclosure due to stigma can have a severe negative impact on those with a mental health condition as it means that individuals may not receive much needed support. We wanted to measure the proportion of students with a mental illness that have concealed their symptoms due to stigma, to assess the scale of this problem within students.

The current study

Within the current study we aimed to conduct the largest ever student survey on mental health, combining both applicants and current students to identify the scale of mental illness within UK universities. The survey covers a range of areas relating to mental health including, previous history, self-harm, stigma, substance misuse and social media to identify associations between risk factors and 'at-risk' groups. Awareness and access to support services is also assessed in order to inform universities on provision of support.

Methodology

A quantitative online survey was carried out on 19,631 students from 130 universities across England, Scotland and Wales. The survey was carried out from August to November and students were invited to participate once they had signed up to Dig-In. The survey lasted 3 to 4 minutes and consisted of 14 questions that explored:

- Worry and anxiety
- History of mental illness
- Thoughts of self-harm
- Concealing symptoms due to stigma
- Awareness of university support
- Use of substances to aid sleep
- Knowing friends or family members with mental illness
- Use of social media when stressed or depressed
- Use of online psychological help

Following completion of the survey, a contact email address was provided (Help@TheInsightNetwork.co.uk) for any students who wanted to request help.

Sample

Gender

Of the students surveyed, 11,419 (58%) were female, 8,093 (41%) male and 119 (0.6%) other. A thematic analysis was carried out on the 119 participants who identified as 'Other' to explore the most common responses of those who do not identify with either male or female gender. Four main groups were identified:

Non-binary (40%)

Non-binary was most often stated within 'other' gender. Non-binary is an umbrella term used for a person who does not identify with the traditional binary classification that an individual is either male or female. As such this could include any of the 'other' gender identities that were found within the sample.

Agender (17%)

Of those who gave greater detail as to their gender identity, 20 participants stated they were agender. This category encompasses agender, gender neutral, genderless or 'no' gender. Agender is the term used to describe those who have no connection to a traditional gender and sometimes see themselves as existing without a gender.

Genderfluid (13%)

Genderfluid was the third most common response to 'other' gender. those who identify as genderfluid describe themselves as having identities that may change or shift over time, a dynamic mix of male or female.

Transgender (8%)

Transgender was also a common theme, with this category including trans, transfemale, transgender and transwoman. those who identify as transgender live as a member of a gender other than which they were born.

Other, less common responses included: Androgynous, Bigender, Genderqueer, Non conforming, not specified. A small number of those who had chosen 'other' for gender said they were uncertain or undecided, whilst others said they would prefer not to say.

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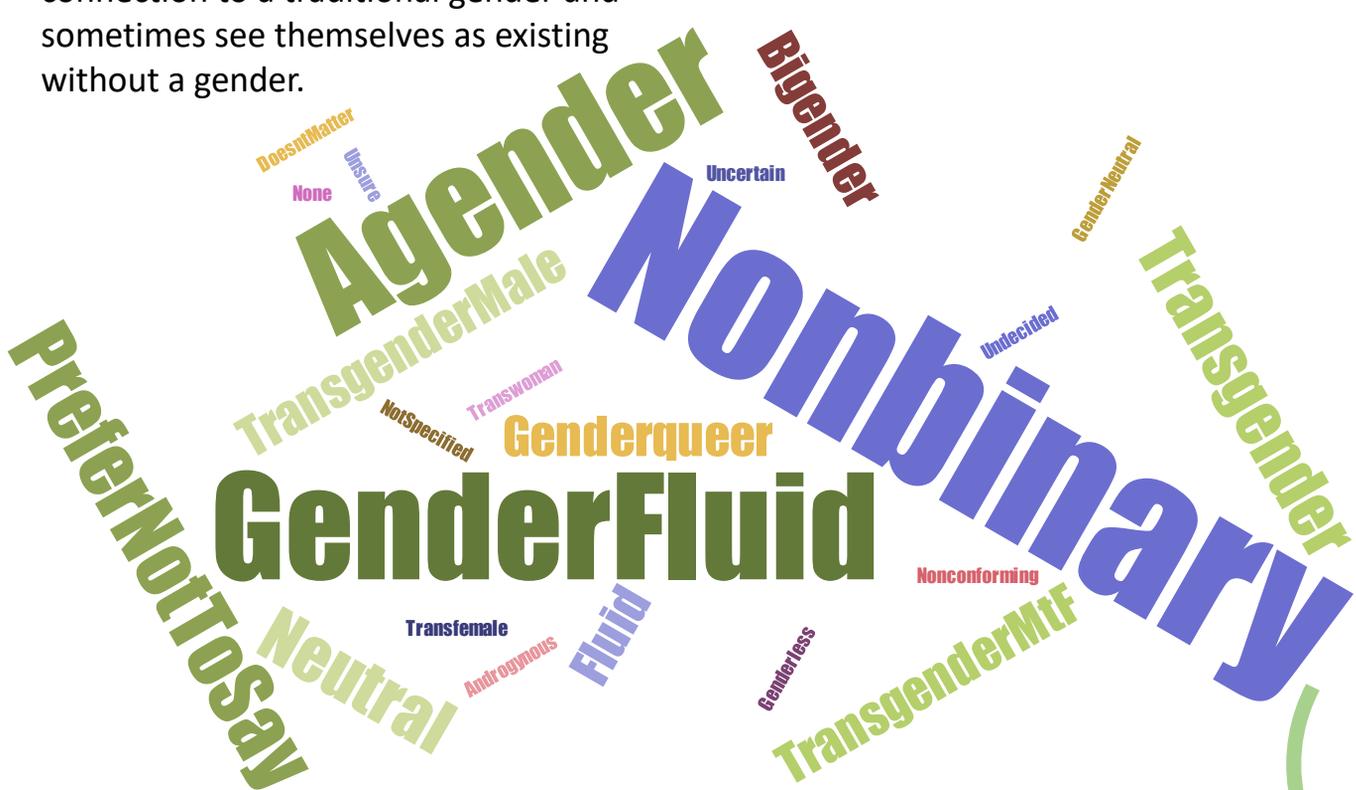
Sample

Age

Students surveyed ranged from '17 years or younger' to '22 or older'. The breakdown of number of students per age group can be seen in Table 1 below.

Table 1: Age of participants

Age					
17 or younger	18 years	19 years	20 years	21 years	22 or older
377 (1.9%)	6894 (35.1%)	4414 (22.5%)	2561 (13%)	1704 (8.7%)	3681 (18.8%)

University start date

The survey reached students from first year to third year and beyond. The largest group of participants were those who started university in 2017:, first years.

Table 2: Year in which participants started university

University start date			
2014 and earlier	2015	2016	2017
2596 (13.2%)	1799 (9.2%)	2131 (10.9%)	13105 (66.8%)

Table 3: Number of UK vs Overseas students

UK vs Overseas	
UK	Overseas
12273 (62.5%)	7358 (37.5%)

UK vs Overseas students

Due to the large sample surveyed, there was a great number of international students as well as UK students, allowing for comparisons to made between home and overseas students.

Ethnicity

Within the sample, the largest ethnic group was White (70.3%). Ethnicity was checked against 2011 Census data to ensure it gave a true representation of the UK student population.

Table 4: Ethnicity of students in comparison with 2011 Census data

	Ethnicity				
	Asian	Black	White	Other	Prefer not to answer
Student Survey	13.6%	5.6%	70.3%	1.4%	2.9%
2011 Census	12.6%	7.1%	75.4%	7.7%	N/A

Results

A chi-square analysis was carried out to determine whether there were significant associations between demographic factors (age, gender, university start date, ethnicity, and UK or Overseas) and mental health factors. To investigate significance, standardised residuals were used, and Phi and Cramer's V symmetric measures were used in the analysis.

'Other' was omitted from all gender analysis due to the small sample size.

Previous history of mental illness

Students were asked whether they had ever had a serious personal, emotional, behavioural or mental health problem for which they felt they needed professional help. Almost one-third of participants (33%) said they had experienced one of the above problems in the past. Within those who had a previous history, the highest proportions of students were: female (69%), 18 years old (32%), first-year (64%), UK (69%) and White (75%).

Previous history was significantly associated with gender, age, university start date, whether a student was from the UK or Overseas and ethnicity (see Tables 5 and 6 in Appendix A, pages 26 and 27).

33%
of students had a previous personal, emotional, behavioural or mental health problem

- Gender: Males were significantly less likely to report having a previous history of mental illness $\chi^2(1) = 402.12$, $p < .001$
- Age: Students that were 18 years old were significantly less likely to report having a previous history of mental illness $\chi^2(5) = 69.09$, $p < .001$
- University start date: Those starting university in 2016 (second-year students) were significantly more likely to have a previous history of mental illness $\chi^2(3) = 56.56$, $p < .001$
- UK vs Overseas: Overseas students were significantly less likely to report having a previous history of mental illness $\chi^2(1) = 169.58$, $p < .001$
- Ethnicity: Asian students were significantly less likely to report having a previous history of mental illness $\chi^2(4) = 150.98$, $p < .001$

Worry and anxiety

When asked whether they had suffered from worry or anxiety, over two thirds (69%) of students said they had. Within those who had experienced worry or anxiety, the highest proportions of students were: female (65%), 18 years old (35%), first-year (66%), UK (67%) and White (74%).

Significant associations were found between worry and anxiety and gender, age, university start date, whether a student was from the UK or overseas, and ethnicity (see Tables 5 and 6 in Appendix A, pages 26 and 27).

Results

69%
of students had suffered with worry or anxiety

- Gender: Males were significantly more likely to report not suffering from worry or anxiety $\chi2(1) = 816.04$, $p < .001$
- Age: 22-year-old students were significantly more likely to report not having suffered from worry or anxiety $\chi2(5) = 41.72$, $p < .001$
- University start date: Those starting in 2016 (second-year students) were significantly less likely to report not experiencing worry or anxiety $\chi2(3) = 26.97$, $p < .001$
- UK vs Overseas: Overseas students were significantly more likely to report not suffering from worry or anxiety $\chi2(1) = 322.31$, $p < .001$
- Ethnicity: Asian students were significantly more likely to report not suffering from worry or anxiety $\chi2(4) = 251.64$, $p < .001$

Friends and family mental health
Participants were asked if they knew any friends or family members who had suffered from a mental health problem in the last 12 months and 60% of participants reported that they did. Of those who reported knowing a friend or family member with a mental health problem, females (65%), 18-year-olds (37%), first years (68%), UK students (72%) and White students (78%) were the highest proportions.

Having a friend or family member with a mental health problem was significantly associated with gender, age, university start date, whether a student was from the UK or Overseas and ethnicity (see Tables 5 and 6 in Appendix A, pages 26 and 27).

- Gender: Males were significantly more likely to report not knowing a family member or friend with a mental health problem $\chi2(1) = 446.31$, $p < .001$
- Age: 22-year-old students or older were significantly more likely to report not knowing friends or family members with a mental health problem $\chi2(5) = 153.61$, $p < .001$
- University start date: Those starting university in 2014 or earlier (fourth-year students or beyond), were significantly more likely to report not knowing a family member or friend with a mental health problem $\chi2(3) = 46.13$, $p < .001$
- UK vs Overseas: Overseas students were significantly more likely to report not knowing a family member or friend with a mental health problem $\chi2(1) = 1035.5$, $p < .001$
- Ethnicity: Asian students were significantly more likely to report not knowing a family member or friend with a mental health problem $\chi2(4) = 951.78$, $p < .001$

60%
of students reported knowing a friend or family member that had suffered a mental health problem

Results

Self-harm

Just under a quarter of participants (24%) said that they had experienced thoughts of self-harm. Of those that had, the highest proportions of students were: female (71%), 18 years old (37%), first-year(69%), UK (73%) and White (77%).

Significant associations were found between thoughts of self-harm and gender, age, university start date, whether a student was from the UK or Overseas and ethnicity (see Tables 5 and 6 in Appendix A, pages 26 and 27).

24%
of students had experienced thoughts of self-harm

- Gender: Males were shown to be significantly less likely to report having thoughts of self-harm $\chi^2(1)$ = 375.98, p < .001
- Age: Students aged 22 years or older were significantly less likely to report thoughts of self-harm $\chi^2(5)$ = 103.4, p < .001
- University start date: Those starting university in 2014 or earlier (a fourth year or beyond) were significantly less likely to report having thoughts of self-harm $\chi^2(3)$ = 49.75, p < .001

- UK vs Overseas: Overseas students were significantly less likely to report having thoughts of self-harm $\chi^2(1)$ = 306.37, p < .001
- Ethnicity: Asian students were significantly less likely to report having thoughts of self-harm $\chi^2(4)$ = 168.16, p < .001

- *Self-harm and previous history*

There was a significant association between those that had thoughts of self-harm and those with a previous history of mental illness; $\chi^2 (1)$ = 4853.50, p < .001. Those who had reported thoughts of self-harm were significantly more likely to report having a previous history of mental illness.

Of those who said they had thoughts about self-harm, 74% also said they had experienced a problem in the past that they felt needed professional help (see Figure 1).
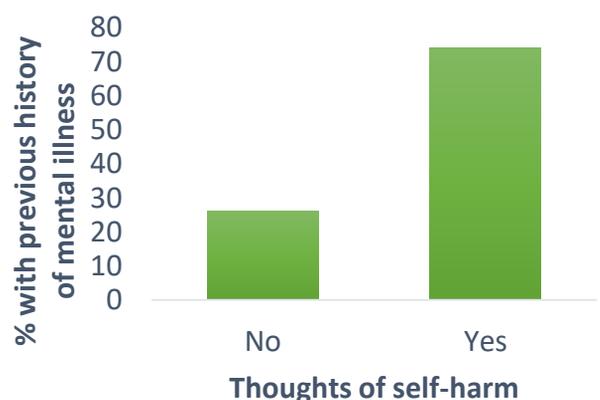

Figure 1: Percentage of students with previous history compared with those experiencing thoughts of self-harm

Results

Substance use

To assess substance misuse, participants were asked whether they used pharmaceuticals, drugs or alcohol to fall asleep at night. A very small proportion of participants had used substances to aid sleep (7%). The highest proportions of students that did use substances were: female (67%), 18 years old (25%), first-year students (59%), UK students (65%) and White (72%).

Significant associations were found between substance misuse and gender, age, university start date and whether a student was from the UK or Overseas (see Tables 5 and 6 in Appendix A, pages 26 and 27).

- Gender: Males were significantly less likely to report using substances to aid sleep $\chi^2(1) = 39.38$, $p < .001$
- Age: 18-year-old students were significantly less likely to misuse substances $\chi^2(5) = 70.77$, $p < .001$
- University start date: First years were significantly less likely to report using substances, whereas, those starting in 2016 (second year), were significantly more likely $\chi^2(3) = 48.14$, $p < .001$
- UK vs Overseas: A small significant association was found, with Overseas students being significantly less likely to report using substances to aid sleep $\chi^2(1) = 4.02$, $p = .045$
- Ethnicity: No significant association found $\chi^2(4) = 8.47$, $p = .76$

- *Substance use and previous history*

A significant association was found between those that had a previous history of mental illness and those that had used substances to aid sleep $\chi^2(1) = 1321.67$, $p < .001$, with those who used substances being significantly more likely to report having a previous history of mental illness.

Among those who had used substances to aid sleep, 76% had also experienced a previous history of mental illness (see Figure 2).
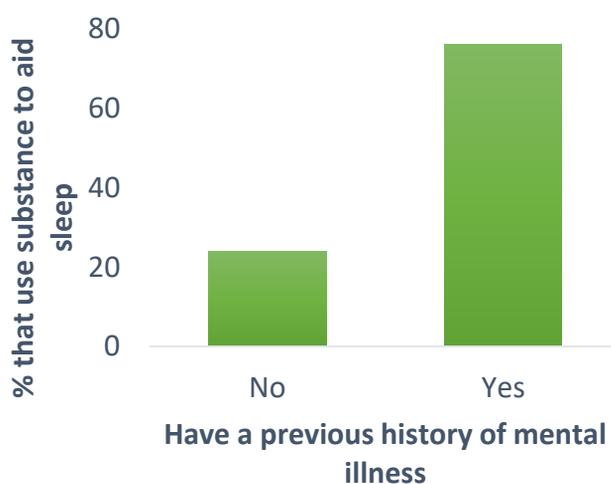

Figure 2: Percentage of students that use substances to aid sleep compared with those with previous history of mental illness

Results
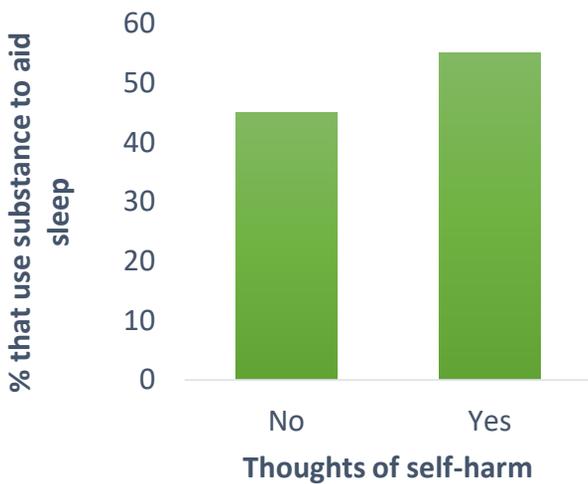
Figure 3: Percentage of students that use substances to aid sleep by those experiencing thoughts of self-harm

- *Substance use and thoughts of self-harm*

A significant association was also found between those that had experienced thoughts of self-harm and those that have used substances to aid sleep; $\chi2(1) = 856.53$, $p < .001$. Those who had used substances were significantly more likely to report thoughts of self-harm.

Over half of participants (55%) who had used substances to aid sleep had also had thoughts of self-harm (see Figure 3).

Social media use

Participants were asked whether they use social media less, about the same, or more when they feel stressed or depressed. The largest proportion of participants used social media the same amount (42%) and there was little difference between those who used it more (29%) or less (29%). Within those who used social media more when stressed or depressed, the highest proportions of students were: female (62%), 18 years old (36%), first-year (66%), UK (64%) and White (71%).

Significant associations were found between social media use and gender, whether a student was from the UK or Overseas and ethnicity (see Tables 5 and 6 in Appendix A, pages 26 and 27).

- Gender: Males were significantly more likely to report using social media the same amount when stressed or depressed $\chi2(2) = 243.86$, $p < .001$
- Age: No significant association was found $\chi2(10) = 10$, $p = .441$
- University start date: No significant association was found $\chi2(6) = 3.12$, $p = .793$
- UK vs Overseas: Overseas students were significantly more likely to use social media the same amount when stressed or depressed $\chi2(2) = 7.16$, $p = .028$
- Ethnicity: Black/African/Caribbean/Black British students were significantly more likely to report using social media less when stressed or depressed $\chi2(8) = 67.79$, $p < .001$

University support services

Participants who had suffered from worry or anxiety, had a previous history or had thoughts of self-harm, were asked about their awareness of university or school mental health support services. Awareness of support was not high amongst this group, with 37% saying they were aware and the largest proportion of students reporting 'not-applicable' (42%). Within those who were aware, the largest proportions of students were: female (64%), 18 years old (35%), First-year (62%), UK (71%) and White (76%).

Results

Awareness of university support was significantly associated with gender, age, university start date whether a student was from the UK or Overseas and ethnicity (see Tables 5 and 6 in Appendix A, pages 26 and 27).

- Gender: Males were significantly more likely to answer 'not applicable', to awareness of university support, $\chi2(2) = 326.18$, p < .001
- Age: Students aged 22 years old or older were significantly less likely to report being aware of support services, $\chi2(10) = 102.42$, p < .001
- University start date: Those starting university in 2016 (second years) were significantly more likely to say that they were aware of support $\chi2(6) = 181.1$, p < .001
- UK vs Overseas: Overseas students were significantly less likely to be aware of university support $\chi2(2) = 391.45$, p < .001
- Ethnicity: White students were significantly more likely to report being aware of support $\chi2(8) = 244.48$, p < .001

37%
of students who had experienced risk factors were aware of support

Stigma
Participants who had suffered from worry or anxiety, had a previous history or had thoughts of self-harm were asked if they had concealed their symptoms from friends, family or colleagues due to fear of stigma. Around one-third of participants said they had concealed their symptoms due to stigma (34%). The largest proportion of students were those reporting 'not-applicable'(39%).

34%
of students who had experienced risk factors had concealed their symptoms due to stigma

Within those who had concealed their symptoms, the highest proportions of students were: female (68%), 18 years old (37%), first-year (68%), UK (72%) and White (77%).

Results

Concealing symptoms due to stigma was significantly associated with gender, age, university start date whether a student was from the UK or Overseas and ethnicity (see Tables 5 and 6 in Appendix A, pages 26 and 27).

- Gender: Males were significantly less likely to report concealing their symptoms due to stigma, $\chi2(2)$ = 450.96, p < .001
- Age: 22-year-old students were significantly less likely to report concealing symptoms due to stigma $\chi2(10)$ = 97.58, p < .001
- University start date: Those starting university in 2014 or earlier (a fourth year or beyond) were significantly less likely to report concealing symptoms due to stigma $\chi2(6)$ = 63.52, p < .001
- UK vs Overseas: Overseas students were significantly less likely to report concealing symptoms due to stigma $\chi2(2)$ = 440.97, p < .001
- Ethnicity: Asian students were significantly less likely to report that they had concealed symptoms due to stigma $\chi2(8)$ = 274.25, p < .001

Access to online psychological help

Participants were asked whether they would make use of online psychological help, with 60% saying they would. Of those who would use online support, the highest proportions of students were: female (63%), 18 years old (35%), first-year (66%), UK (65%) and White (71%).

60%
of students would use online psychological help

Significant associations were found between use of online psychological help and gender, university start date, whether a student was from the UK or Overseas and ethnicity (see Tables 5 and 6 in Appendix A, pages 26 and 27).

- Gender: Males were significantly more likely to report not making use of online support $\chi2(1)$ = 248.42, p < .001
- Age: No significant association found $\chi2(5)$ = 3.88, p = .567
- University start date: Second-year students were significantly more likely to report making use of online support, $\chi2(3)$ = 9.27, p = .026
- UK vs Overseas: Overseas students were significantly more likely to report that they would not make use of online support, $\chi2(1)$ = 68.93, p < .001
- Ethnicity: Those that responded 'Prefer not to answer' were significantly more likely to report that they would not make use of online support $\chi2(4)$ = 26.57, p < .001

Discussion

The current study surveyed over 19,500 students on the topic of mental health, thus achieving the aim of carrying out the largest student survey into the prevalence of mental illness. This research has gathered data from a very large sample of students, from applicants through to final year, and solely examines topics surrounding mental health, therefore extending the existing literature. It was expected that results would reflect previous findings in the field of student mental health.

Prevalence of mental illness within students

Our findings indicate that mental illness amongst the UK student population may be higher than previous studies have shown. Both levels of worry and anxiety, and previous history were high and the number of students with a previous history of a personal, emotional, behavioural or mental health problem were slightly higher than figures found in other large studies. This potential increase in student mental health problems may reflect the growing similarity between the student and general population, with students more closely representing the demographic makeup of the wider society. As such, mental illness within this group may be on the rise due to increases found in the overall population.

> **The prevalence of mental illness amongst the UK student population may be higher than previously shown.**

Previous work has identified that young people may be at greater risk of mental illness, and as such may be entering university with pre-existing conditions (Thorley, 2017). We found that older students, aged 22 years or older, were less likely to report having many of the risk factors measured, whilst second year students were more likely to report having a previous history of mental illness, thus showing a pattern that younger students may be more at risk.

> **Young people may be at greater risk of mental illness, and as such may be entering university with pre-existing conditions.**

Associations within university start date also revealed that age may play an important part in the development of mental illness within students. Despite second year students showing more likelihood of having a previous history of mental illness, this group were less likely to show risk factors for mental illness. This may be explained in terms of transitional periods in students' lives, with first year students moving away from home, meeting new people and starting a new chapter of their life and third year students preparing to move on from university and planning their path in to the world of work.

Discussion

Our results indicate that age does influence likelihood of mental illness. Younger students may be at greater risk of developing mental illness due to them entering university with pre-existing conditions and being in a transitional phase of their life. Additionally, it is important to consider the influence of transition on the mental health of third year students.

We have described above how our findings support evidence that student mental illness is increasing due to factors specific to young people. Nevertheless, there is one area in which our findings were not consistent with this theory. Existing research has suggested that social media may have an influence in the development of mental illness in young people. However, our results did not reflect this, as students' social media use was not influenced by feelings of stress or depression.

The prevalence of mental illness within our student population may also be affected by predisposing factors, such as genetics. The number of students who knew a friend or family member who had suffered a mental health condition was high and indicates that a large proportion of students may be entering university with an existing vulnerability to developing mental illness. Although we did not distinguish between friends and family members, we may still be able to associate our findings with high levels of mental illness within students.

> " **Students may be entering university with an existing vulnerability to developing mental illness.** "

The 'friends' with a mental health condition may be of similar age and as such, likely to be attending university, and those who know a family member may be at increased risk of developing a mental illness themselves. Together, this makes for a large group of students who are 'at-risk' in UK universities.

Student suicide

Suicide is an extremely sensitive topic to research and due to our methodology, we felt it inappropriate to directly measure suicidal ideation. Instead, within the current research, 'thoughts of self-harm' was used as an indicator for suicide. Taking this into account, it is not surprising that our figures for self-harm were dissimilar to student suicide rates specified in previous literature.

> " **Self-harm may provide a useful indication for groups that are at-risk of suicide.** "

Despite not directly examining suicide itself, our findings on self-harm may still provide a useful indication for at-risk groups. Associations were found between self-harm and two risk factors for suicide, previous history and substance misuse, indicating that self-harm could be a useful construct for determining risk of suicide, and thus supporting our decision to use this in our survey instead.

Discussion

At-risk groups

Within our findings we found that certain groups were significantly less likely to report having symptoms and experiencing risk factors of mental illness. These groups were Asian students, Overseas students and Male students. Although it could be that these groups simply do not suffer from mental health problems as much as other groups of students, these findings raise some concerns, as in previous research it has been found that males and those from marginalised groups may in fact be at greater risk of suicide.

Non-disclosure may be able to explain the differences between our findings and previous results. Thorley (2017) found that less than half of students with a mental health condition have disclosed it to their university and those who are most likely to disclose include females, undergraduates and full-time students. Of those less likely to disclose, men and marginalized groups have been identified. Figures from the Higher Education Statistics Agency, showed that in 2015/16, 2.5% of female students disclosed a mental health condition whereas male rates were significantly lower at 1.4% (Thorley, 2017) and for minority groups, Wong (2013) identified that cultural differences can act as barrier to accessing support for international students. Taking this evidence into account, non-disclosure may explain why the 'at-risk' groups for suicide found in previous literature were not identified in our results and why these groups were in fact less likely to report symptoms and risk factors overall.

> **Non-disclosure may explain why the 'at-risk' groups for suicide found in previous literature were not identified in our results .**

Non-disclosure can mean that universities have difficulty gaining a clear picture of how many of their students suffer with mental health conditions. For those who are 'at-risk' of suicide, low rates of disclosure raise even greater concerns. Under-reporting of mental illness is important for universities to consider when developing support services; provision cannot be based purely on numbers of reported mental health conditions, as those who are most at risk may miss out on the vital help they need.

Accessing support

As expected, awareness of university support was not high amongst those showing symptoms of mental illness and suggests that universities have significant work to do to ensure mental health services are made known to students. That being said, awareness is not the only barrier faced in getting students to access support; creating services that students want to access is also an important consideration. Within our results, stigma was shown to influence willingness to disclose mental health conditions and therefore may act as a barrier to accessing services, as is established in existing literature.

■ Discussion

"

Provision cannot be based purely on numbers of reported mental health conditions, as those who are most at risk may miss out on the vital help they need.

"

To explore ways of breaking down barriers to services, our research investigated potential interest in a rapid, online service that provided expert psychological help. Our findings indicate that this may be of use to a large proportion of students and therefore could help resolve some of the issues students currently have with accessing support.

Within those who have low levels of both knowledge of support and willingness to access it, we identified the groups discussed above:, Overseas students and males. If non-disclosure is the real reason why these groups are showing fewer symptoms and less risk, universities need to consider how services can target these groups and increase awareness and uptake, so that at-risk groups do not miss out on critical support.

"

Universities need to consider how services can target at-risk groups so they do not miss out on critical support.

"

Further research

When asked to identify their gender, 119 students selected 'other' rather than male or female. Although not a high proportion within the total sample of this study, it is a large sample size for LGBTQ groups in student samples. The data on these students was omitted from further gender analysis, however in future research it will be useful to examine whether there are any key differences between the student population as a whole and LGBTQ students as it will provide valuable information when developing mental health services for minority groups.

There was a small proportion of students within the sample that were aged '17 years or younger', which raised concern that there may be children attending UK universities. As the survey was conducted during the summer before university term started, it is possible that these students were soon to turn 18 and had August birthdays. However, as we asked for age group and not year of birth, it is difficult for us to confirm whether this is the case or whether there are students who are still by law children. If so, there are additional safeguarding issues to consider when developing mental health provisions within universities and in further iterations of the student survey, we will endeavour to investigate this area further to uncover whether children are attending university, and if so, what measures need to be in place to effectively support them and keep them safe.

Discussion

Limitations

One limitation of the current research centres around refining the questioning for international students and ethnic groups. We were able to gain an extremely large and diverse sample, but due to data collection methods, results from these groups may lack some validity. To allow comparison between UK and Overseas students, participants were asked to identify the country in which they were born. Those who responded 'UK' were grouped as 'UK students' whereas participants who indicated that they were not born in the UK were categorised as 'Overseas students'. This means that those born overseas but living in the UK before attending university may have been incorrectly grouped as 'Overseas', thus creating a smaller 'UK students' category.

For ethnicity, methodological constraints meant that we were not able to use traditional ethnic group categories, and this meant that data had to be re-coded to match ethnic groups used for census data. For future iterations of the student survey, re-defining these categories would ensure greater validity and allow for further analysis of cultural differences.

Another limitation of the study surrounds the investigation of student suicide. As previously discussed, student suicide was not measured directly in this study, and 'thoughts of self-harm' was used as an alternative to measure this construct. Although it was linked with risk, it was difficult to assess whether thoughts of self-harm were truly associated with those who may be at risk of committing suicide. To collect more robust data in the future, we will ask specifically about suicide.

Conclusion

The present research outlines the current situation for student mental health in the UK. The prevalence of existing mental illness and symptoms of poor mental health is high amongst students and it is not only the pressures of university life that are at the core of this; young people may be entering university with existing vulnerability to mental health conditions. Universities must be aware of the triggers and at-risk groups to ensure that there is suitable support in place. Poor mental health that is not detected early and is left untreated can have devastating consequences and for some, mental illness leads to suicide.

The at-risk groups that universities should be aware of are younger students, Females and UK students. However, Male, Asian and Overseas students must also be considered to be at-risk; non-disclosure means that these groups of students may hide their mental health problems, and marginalised groups have been identified in previous literature as most likely to commit suicide. For universities to provide effective services, they are faced with several tasks. Firstly, they need to identify their at-risk groups and tackle issues surrounding students who do not disclose their mental illness. Secondly, they face challenges in providing services that students are aware of and more importantly, want to access.

" **Universities face challenges in providing services that students are aware of and more importantly, want to access.**

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Appendix A

Table 5: Gender, UK vs Overseas and Ethnicity analyses

	Gender**									UK vs Overseas							Ethnicity												
	Female		Male		Other		Total		χ² Test	UK		Overseas		Total		χ² Test	Asian		Black/African/Caribbean/Black British		White		Other		Prefer not to answer		Total		χ² Test
	N	%	N	%	N	%	N	%		N	%	N	%	N	%		N	%	N	%	N	%	N	%	N	%	N	%	
Have suffered with worry or anxiety	8738	65	4634	34.7*	104	0.8	13372	69	χ2(1)=816.04, p<.001	8990	67	4486	33.3*	13476	69	χ2(1)=322.32, p<.001	1579	11.7*	664	4.9	9909	74	1005	8	319	2.4	13476	69	χ2(4)=251.64, p<.001
Have had a serious personal, emotional, behavioural or mental health problem which they felt needed professional help	4324	69	1963	31.2*	83	1.3	6287	32	χ2(1)=402.12, p<.001	4396	69	1974	31.0*	6370	33	χ2(1)=169.58, p<.001	639	10.0*	290	4.6	4803	75	488	8	150	2.4	6370	33	χ2(4)=150.98, p<.001
Have had thoughts about self-harming	3232	71	1326	29.1*	73	1.6	4558	23	χ2(1)=375.98, p<.001	3399	73	1232	26.6*	4631	24	χ2(1)=306.37, p<.001	417	9.0*	198	4.3	3576	77	343	7	97	2.1	4631	24	χ2(4)=168.16, p<.001
Concealed symptoms from family of friends in fear of stigma	4420	68	2087	32.1*	78	1.2	6507	33	χ2(2)=450.96, p<.001	4770	72	1815	27.6*	6585	34	χ2(2)=440.97, p<.001	633	9.6*	287	4.4	5068	77	471	7	126	1.9	6585	34	χ2(8)=274.25, p<.001
Aware of university mental health support services	4649	64	2573	35.6*	70	1	7222	37	χ2(2)=326.18, p<.001	5202	71	2090	28.7*	7292	37	χ2(2)=391.45, p<.001	772	10.6*	307	4.2	5567	76	513	7	133	1.8	7292	37	χ2(8)=244.48, p<.001
Use pharmaceuticals, alcohol or other drugs to fall asleep at night	932	67	470	33.5*	15	1.1	1402	7.2	χ2(1)=39.38, p<.001	921	65	496	35.0*	1417	7.2	χ2(2)=4.018, p=.045	158	11.2	78	5.5	1022	72	114	8	45	3.2	1417	7.2	χ2(4)=8.47, p=.076
Know friends or family who have suffered with mental health problems in the last 12 months	7567	65	4147	35.4*	101	0.9	11714	60	χ2(1)=446.31, p<.001	8455	72	3360	28.4*	11815	60	χ2(2)=1035.50, p<.001	1082	9.2*	477	4	9221	78	822	7	213	1.8	11815	60	χ2(4)=951.78, p<.001
Use social media more when feeling stressed or depressed	3550	62	2142	37.6*	43	0.7	5692	29	χ2(2)=243.86, p<.001	3648	64	2087	36.4*	5735	29	χ2(2)=7.16, p=.028	853	14.9	253	4.4*	4060	71	424	7	145	2.5	5735	29	χ2(8)=67.79, p<.001
Would use online expert psychological help	7381	63	4324	36.9*	82	0.7	11705	60	χ2(1)=248.42, p<.001	7645	65	4142	35.1*	11787	60	χ2(2)=68.93, p<.001	1583	13.4	669	5.7	8337	71	917	8	281	2.4*	11787	60	χ2(4)=26.57, p<.001

*Indicates significant result

** Chi-square analysis for 'Gender' does not include 'other' due to small sample size. Data can be seen for 'Other' before it was removed from further analysis.

Appendix A

Table 6: Age and University start date analyses

Age

	17 or younger N	%	18 N	%	19 N	%	20 N	%	21 N	%	22 or older N	%	Total N	%	χ² Test
Have suffered with worry or anxiety	236	2	4722	35	3142	23	1797	13	1176	9	2403	17.8*	13476	69	χ2(5)=41.72, p<.001.
Have had a serious personal, emotional, behavioural or mental health problem which they felt needed professional help	107	2	2012	31.6*	1514	24	935	15	602	10	1200	18.8	6370	33	χ2(5)= 69.09, p<.001
Have had thoughts about self-harming	88	2	1698	36.7	1163	25	642	14	399	9	641	13.8*	4631	24	χ2(5)= 103.4, p<.001
Concealed symptoms from family of friends in fear of stigma	124	2	2431	36.9	1581	24	876	13	574	9	999	15.2*	6585	34	χ2(10)= 97.58, p<.001
Aware of university mental health support services	104	1	2555	35	1700	23	1058	15	697	10	1178	16.2*	7292	37	χ2(5)= 102.42, p<.001
Use pharmaceuticals, alcohol or other drugs to fall asleep at night	30	2	359	25.3*	335	24	223	16	140	10	330	23.3	1417	7.2	χ2(5)= 70.77, p<.001
Know friends or family who have suffered with mental health problems in the last 12 months	208	2	4331	36.7	2773	24	1591	14	1012	9	1900	16.1*	11815	60	χ2(5)= 153.61, p<.001
Use social media more when feeling stressed or depressed	124	2	2055	35.8	1301	23	744	13	485	9	1026	17.9	5735	29	χ2(5)=10.0, p=.441
Would use online expert psychological help	218	2	4097	34.8	2672	23	1531	13	1023	9	2246	19.1	11787	60	χ2(5)=3.88, p=.567

University start date

	2014 or earlier N	%	2015 N	%	2016 N	%	2017 N	%	Total N	%	χ² Test
Have suffered with worry or anxiety	1744	12.9	1277	9.5	1551	11.5*	8904	66.1	13476	69	χ²(3)= 26.97, p<.001
Have had a serious personal, emotional, behavioural or mental health problem which they felt needed professional help	840	13.2	665	10	804	12.6*	4061	63.8	6370	33	χ²(3)= 56.56, p<.001
Have had thoughts about self-harming	476	10.3*	423	9.1	556	12	3176	68.6	4631	24	χ²(3)= 49.75, p<.001
Concealed symptoms from family of friends in fear of stigma	708	10.8	647	9.8	769	11.7*	4461	67.7	6585	34	χ²(6)= 63.52, p<.001
Aware of university mental health support services	943	12.9	829	11	983	13.5*	4537	62.2	7292	37	χ²(6)=181.10, p<.001
Use pharmaceuticals, alcohol or other drugs to fall asleep at night	219	15.5	167	12	201	14.2	830	58.6*	1417	7.2	χ²(3)=48.14, p<.001
Know friends or family who have suffered with mental health problems in the last 12 months	1406	11.9	1112	9.4	1317	11.1*	7980	67.5	11815	60	χ²(3)=46.127, p<.001
Use social media more when feeling stressed or depressed	748	13	534	9.3	643	11.2	3810	66.4	5735	29	χ²(6)=3.12, p=.793
Would use online expert psychological help	1578	13.4	1070	9.1	1339	11.4*	7800	66.2	11787	60	χ²(3)=9.27, p=.026

*Indicates significant result