



## THE MENTAL HEALTH OF STUDENTS

**W**hen a person becomes a student they are often subject to a vast number of life changes in a short amount of time. For many people this will be their first time living away from home (possibly a substantial distance from their home and family). Unsurprisingly, this can put a number of students at risk of suffering poor mental health. This leaflet will briefly discuss how much of a problem students are having with mental health conditions, why they may be suffering, what they may be suffering from, and what to do to help them. It is important to remember that many conditions that students may present with are common life problems, and as such, don't fall under the category of mental health conditions. However, there are many conditions seen in students that will be discussed here.

(We appreciate that 'university' in the UK is called 'college' in the USA. For the purposes of this leaflet we will use 'university' to refer to both. Whilst university education is open to all ages and many people take time out before attending, we are largely referring to people aged between 17 and 25 years old when we refer to undergraduates.)

## How many students are suffering?

Worldwide it appears that there is a significant problem with students in higher education suffering from mental health problems, as well as concerns that students are not accessing the help that they need. It also seems that the prevalence of mental health problems in this population is increasing, with one UK study finding that, over a three-year period in one group of institutions, the number of students using counselling increased by approximately 9000 to 43,000. Other research has found that 4% of UK university students use university counselling services every year. Other UK-focused research has found that approximately 25% of undergraduates have a mental health problem, with significantly more females being affected than males. This figure continues to rise when looking at LGBT students, where research suggests that 45% are suffering from a mental health condition in UK universities, compared to 22% of their heterosexual counterparts. UK-based research into when the mental health problems arise show an increase when students begin their studies, followed by fluctuations throughout the year; but the figures don't return to their pre-study levels. Another study found that the highest level of psychological distress was found midway through the second year of study.

As we mentioned, this is a global problem. German researchers have found that 12% of their student sample were suffering from a psychological condition.





However, in contrast to the UK findings, the German researchers found that self-reported symptoms had actually decreased over the decade prior to the study. Australian researchers have also been interested in this problem and have found that university services are dealing with substantially more cases of elevated distress than medical services in the general population. Other studies suggest that universities deal with double the amount of distress than the general population services. When looking at the students themselves and not service use, studies have found that 83.9% of students have reported elevated distress levels, which is a startlingly high figure. However, it is important to note that elevated distress is not a mental health condition and the figure for diagnosable conditions is likely to be significantly lower.

American researchers have also looked into this problem with some findings suggesting that over a third of the student population have a mental health problem. They also found that, over a two year period, 60% of the people retained their mental health problems, suggesting a more sustained long-term issue. The findings also found that a high proportion of students did not seek help. This is concerning as other findings suggest that mental health problems are associated with lower educational outcomes, which may explain why findings suggest that 5% of the USA university population, or 4.29 million people, terminated their studies early due to mental illness.

These statistics show that this is a global problem. Whilst some countries may have a higher prevalence than others, most countries could improve on the way mental health in the student population is dealt with in order to relieve the daily suffering of a great number of people.

## Why are people suffering?

As we have mentioned, moving to university triggers a number of lifestyle changes. Any one of these changes (e.g. leaving home, parting from loved ones, moving into shared accommodation etc.) can cause significant psychological distress. So consider the impact of all these changes happening at once.

One area that has received a great deal of focus is finances. In most countries, going to university is an expensive venture. While there are loans available, university can often lead to financial hardship. It is thought that the rising costs of education are a great cause of mental distress, especially in countries (including the UK) where tuition prices, in some instances, have tripled in recent years.

Some findings suggest this has led to a 28% increase in people using university counselling services. However, it has been pointed out that due to variations in institutions' pricing, this cannot be the sole cause. Other UK-based research has suggested there is a link between this financial hardship and risk of depression and alcohol abuse. It creates a vicious cycle; having a mental health condition may result in reduced educational attainment, resulting in the retaking of modules, which then creates a bigger financial burden. Result: greater levels of distress. This can become a very difficult cycle to break free from. In fact, studies have found that 84.8% of students with mental health disorders reported financial stress, which was double the rate of those not reporting mental health problems. Those students who have considered leaving university because of financial reasons have also been found to have poorer mental health than their peers, despite the fact they chose to stay, indicating the long-term impact of financial stress.

There are conflicting reports regarding the effect of anticipated debt and mental health. One UK-based study found no relationship between these issues in final year students, but another British and Finnish study found that it was actually higher financial concern (and not current debt) that related to lower mental health scores. This highlights a potential need for long term plans for financial relief for graduates, although due to the conflicting findings, it would be worth looking into these factors further.

The situation at home can be its own source of stress and can impact the financial situation of those who are relying on their parents to support their studies. In recent years, there has been an increase in separations and divorces. Not only does this disrupt the support network of the student, it also means that family resources are now divided and there is less money available to support education. This means that the student is facing the prospect of family turmoil and financial distress at the same time, making them more susceptible to mental illness. This is also occurring at the same time as university work is being completed – which is, according to 70% of students surveyed, the main source of stress. This creates a prime environment for a mental illness to develop in.

Globally there has been a rise in the number of students choosing to study abroad. Whilst this does create a great deal of opportunity and experience, it also brings a number of additional risk factors for mental illness. Not only do international students have to deal with the points previously mentioned, they also face new obstacles ... When arriving at university they are immediately met with cultural differences that they need to adjust to, and they are often also met with a language barrier. This inability to communicate their feelings can make a person feel socially isolated, leading to an increased risk of mental illness. Luckily, many student unions host groups for international students and themed nights to help them meet people who are in the same condition to nurture social support.

## Common mental health problems

### Anxiety and Depression

In recent years, university services have reported that there has been a change in the way they are being utilised. In the past, it was thought that these services were primarily used to deal with issues resulting from moving to university, such as being homesick, and the breakup of relationships. Now the primary use of these services has moved to deal with conditions such as anxiety and depression. The reasons for this are unclear; it could be due to the inability to access services in the general medical field, or it could be due to an increase in the instances of these conditions.

Anxiety and depression are the most common mental health conditions and they can occur separately, but also commonly occur together. In fact studies suggest that three quarters of students suffering with a mental health problem report both anxiety and depression. Referring to these conditions as common may be an understatement, as evidence suggests that, of the students who suffer from a condition, 77% were suffering from depression and 74% were suffering from anxiety. To put this in perspective, the next commonly occurring condition is eating disorders with estimates around 14%.

When looking at depression on its own one USA-based report has found that in a given year, a third of undergraduates felt so depressed that they found it difficult to function. Another USA-based study put the overall prevalence of depression at approximately 14% of undergraduates, and 11% for postgraduates. This is not a problem unique to the USA as one Lebanon-based study looked specifically at medical students and found a depression rate of 28%. The focus on medical students was continued in a Pakistan-based study which found that female medical students had a depression rate of 19.5%. Australian researchers have also highlighted depression as a problem, finding depression rates of approximately 8%. Canadian research further demonstrates how common a condition



depression is; their study showed that 18.5% of students surveyed found it difficult to function due to depression in their last year. The problem with depression appears to peak around the second year of university, according to UK researchers, and rates of depression are higher when they leave university than when they start. This peak in the second year may provide evidence for more targeted help in future. However these interventions may struggle to succeed as it has been found that in one sample, of those who were positively screened for major depression, only 36% had received medication or therapy in the last year, despite multiple accessible avenues. This suggests that more needs to be done to promote the use of services as well as promoting their availability.

Anxiety disorders are often less common than depression but still affect a substantial number of people. One study out of Newcastle, England put rates of anxiety at approximately 13% with Australian researchers finding approximately the same figure. USA-based research has put this estimate slightly lower, with one study finding 4.2% of undergraduates and 3.8% of postgraduates were affected by anxiety. As with depression, there is a substantial problem with people accessing services to help treat their anxiety. These estimates, when combined with those for depression suggest that between 37% and 84% of students suffering do not seek the help they need. Again this is not thought to be due to the lack of available services, but rather because of a lack of perceived need, and a scepticism about treatment. This again shows that more needs to be done to highlight the usefulness of treatment when dealing with anxiety disorders, especially as such a high volume of students are suffering.

### **Schizophrenia and Bipolar Disorder**

Schizophrenia and bipolar disorder can both have an early onset. This is especially the case for schizophrenia in males, where onset often coincides with the age of undergraduates. It has also been found that taking drugs can promote psychosis onset in those with a family history and, as discussed below, drug usage is often high at university, putting people at greater risk. Research into schizophrenia also suggests that it contributes to lower income and achievement, due to the limiting nature of the illness. Consequently, it might not be seen as frequently in the university population than the general populous.

However, with steps being taken worldwide to make university more accessible to everybody, increased rates of schizophrenia in the university setting would not be unexpected.

Whilst the age of onset of bipolar disorder is one risk factor for undergraduates, another great risk is the finding that excellent school performance is associated with a four-times higher risk factor than having average grades. This unsurprisingly puts university students at risk, as they are in the highest achieving people in their age group.

### **Eating Disorders**

Due to the age of most undergraduates they are unfortunately highly susceptible to eating disorders such as bulimia nervosa, binge eating disorder and anorexia nervosa. The students that may be at a heightened risk have been found to be those studying ballet and those who are in competitive sports clubs. This increased susceptibility to eating disorders appears to be



a global issue and has been seen in many countries worldwide. Whilst we will only look into eating disorders as a whole, it is important to note that a number of studies have found that anorexia nervosa does not tend to appear in the university student population. (A Mexican study found no students meeting the criteria in 1995 and again in 2002.) In reality, it's likely that there will be cases of anorexia nervosa in the student population, but these findings show it is not as frequently occurring as the other disorders in this disorder group.

When looking at eating disorders overall, Spanish researchers suggest a prevalence of 6.4% in the student population, whilst Mexican researchers found a range between 0.49% and 1.15%, and rural Turkish researchers found a rate of 2.2%. These estimates are relatively low compared to Australian researchers who found a prevalence of 12.5% and UK researchers who had a rate of 14%. Whilst there is some discrepancy over the exact prevalence of these disorders, the figures do show that it is problematic in the university sample and appears to transcend cultures.

### **Substance and Alcohol Misuse**

When looking at alcohol and substance problems in mental health literature, we tend to focus on dependency. However, for the most part, students at university have not been consuming these substances long enough for them to have developed a dependency. We shall therefore be looking at non-dependency related misuse of substances and alcohol.

This does not mean that this is an issue to be taken lightly as misuse of substances and alcohol can still lead to negative outcomes including potential ejection from the institution, personal injury, and physical and mental health impacts. Some surveys have found that substance misuse was associated with physical victimisation of men and sexual violence against women.

In one 2008 study, alcohol misuse was found to be the most prevalent disorder in students, affecting approximately 20% of the studied sample. However, both UK and Australian studies found that harmful drinking was lower than this estimate, with studies in these countries providing estimates nearer 8%. Further studies in the North of the UK and Scotland found that, whilst between 9% and 11% of students reported no alcohol use, in many instances over half of students reported exceeding sensible limits. In these same studies between 5% and 15% of people reported hazardous drinking and 28% reported binge drinking. A USA-based study found problematic alcohol and drug use in undergraduates



but were concerned that only a small number of these students recognised this as a problem or sought help. This highlights an issue with the current approach, and suggests that universities and students' unions need to take a larger role in preventing these hazardous behaviours. One way to do this would be to reduce the number of events that solely revolve around reduced-price alcohol, or imposing more stringent limits on the sale of alcohol to those who are inebriated.

When looking at substance misuse one study out of Aberdeen, Scotland has found that 17% of undergraduates were regular users of marijuana, with this being the most commonly used drug by a large margin. They also found that 22% of undergraduates had tried the drug at least once. When looking at other drugs and their regular use, the researchers found that 3% stated they had used ecstasy and 3.7% of undergraduates had used amphetamines regularly. When looking at these figures it is important to note that, as the use of these substances is illegal in Scotland, the percentages may be under-representative due to fears of legal retribution. The concerns associated with drug use are well known, and students know they can face ejection from university if they are found in possession.

Drugs have also been found to be detrimental to existing mental health problems and can exacerbate many symptoms including psychosis.

**If you are reading this and are currently experiencing suicidal thoughts then we implore you to seek medical help immediately**

With the increasing competitiveness of university and the global graduate jobs market, there has also been an increase in the misuse of prescription drugs aimed at improving concentration and attention. Drugs, such as those aimed at treating ADHD, are increasingly being used by those without prescriptions to increase their ability to study. In fact, findings show that a third of people who have

been legitimately prescribed these medications have given them to another person at least once. This is not thought to be a small problem, as USA-based research found that 55% of students of surveyed students admitted taking this medication when it was not prescribed. As with recreational drugs, taking these medications without prescription is illegal in most regions, and may result in a student being removed from their university. There are also risks associated with these tablets, and people need to be evaluated by a medical professional before a prescription is provided. Clearly those who take them illegally are not evaluated and may be putting their health at risk.

### **Self-Harm and Suicide**

Unfortunately statistics suggest that there is an increasing risk of students partaking in self-harming and suicidal behaviours. If you are reading this and are currently experiencing suicidal thoughts then we implore you to seek medical help immediately.

In the USA, a national survey has found that 10% of university undergraduates had seriously considered suicide in the year prior to the survey. This finding was unfortunately supported by another North

American study out of Canada that reviewed over 43,000 post-secondary school students. This study found that 7.9% of students had seriously considered suicide in the year prior to the study, with 1.4% having made a suicide attempt. This study also found that 4.9% of the sample had intentionally self-harmed in the year prior to the study. Another study out of the USA has found that, when looking at the month prior to the study, 2.5% of undergraduates and 1.6% graduate students had had suicidal thoughts, with one student having attempted suicide in this time frame. They also found that 42.8% of those reporting suicidal thoughts also reported major depression.

This study highlights the need for institutions to promote the use of their mental health services to help prevent the deterioration of conditions to the point of suicide attempts. We do also have to note that these statistics are likely to be under-representative as they cannot accommodate the people who unfortunately succumb to suicide in the time periods covered by the study. What we can say is that these figures are startlingly high, and more work needs to be done to help prevent these issues.

## What to do if you are suffering

When a person feels they are suffering from a mental health problem they often try to conceal it from friends and family and hope that the problem goes away on its own. Whilst in some cases this happens, in many other cases some form of external input will be needed to get a person back to their healthy self. Early intervention is important in many conditions so we encourage any person reading this, who feels they may be suffering, to contact their local services as soon as possible. These services can then assess whether they think that what you are experiencing requires further input or more self-help related treatments. When we suggest contacting your local services, that does not simply mean your regular physician, although you can contact them. Many universities now

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provide mental health counsellors and services, both through the university itself, or through student unions which are free to use for both undergraduates and postgraduates. These services can vary greatly and may involve appointments with a professional or provide a safe space to talk to other dedicated students about your problems. In certain cases, these services may recommend you seek further

treatment and they should be able to highlight local services for you. These services are especially important at universities where people have moved away from home (and their regular physician). Unfortunately estimates show that less than 20% of students tend to make use of university mental health services.

Early intervention is not just important to prevent the progression of illnesses, but it also reduces the risk of dropping out of university, and ensures that you can join waiting lists for services as soon as possible, if required. This may not seem like a big problem, but the reality is that, globally, there is a big problem of specialist services for mental health being limited and/or oversubscribed, leading to lengthy waiting periods. These services are not adapted for student life and so getting on waiting lists early can help prevent service access clashing with important university events, such as exams and assignments.







If you are unsure if you are suffering then there are some warning signs you can look out for. Mental health problems can often disrupt sleeping patterns, so if you notice that you are having difficulties sleeping or if you are oversleeping, then you may be suffering. You may also find yourself becoming socially isolated and more anxious than usual. You may also find that your weight is fluctuating and your personal hygiene is declining. Regarding your university work, you may find be at risk if you stop attending lectures, or even if you have started to overwork. If you notice any of these symptoms, or if somebody points them out to you, then you may benefit from meeting with a school counsellor. It is important to note that these symptoms can all be explained in a number of other ways, so if you have read this and are experiencing some of these symptoms it doesn't necessarily mean that you are definitely suffering from poor mental health.

## What to do if you know somebody who is suffering

If you know somebody who is suffering then the most important thing you can do is be supportive and listen to their problems, if they choose to share them with you. Having a person to talk to can be a great help in overcoming a mental health problem. If a friend does choose to confide in you, it is important to keep this information confidential and to treat their concerns with respect. Whilst you can put forward ideas for change and solutions, it is important not to belittle the problems they are facing, as this can make the person become more closed-off and isolated. The only time where confidentiality should be broken is if you feel your friend is in immediate danger of hurting themselves or others. At this stage, you should contact a medical professional or the local emergency services immediately.

If you want to know what else you can do to help your friend, take a look at the section above on what to do when you are suffering. This will give you an idea of the options the person may have; allowing you to help them research and access these options. You may also choose to research the condition to try to understand what the person is going through. Whilst this may be beneficial, it is important to remember that you yourself are not a counsellor, and so you should be aware of your limitations. If you feel the problems the person is sharing with you are too complex for you to help with, you should encourage them to seek professional help.

## Becoming a student with a diagnosed mental health condition

If you have a diagnosed mental health condition, you may feel that attending higher education may not be possible for you. However, this is far from the truth. In fact, attending university can have some beneficial effects for people with a number of conditions. For instance, further education may provide motivation to achieve a goal, and can provide numerous chances to overcome social isolation and to meet new people, with similar interests to yourself.



It is important to be aware that moving to university is a big step in anybody's life and involves big changes, e.g.: changes in accommodation, changes of social support, and financial concerns. These affect all new students but may be especially impactful on somebody who is already suffering. It is therefore important to plan ahead, and to especially plan your mental health care in advance of your move to university. This is especially important when many services have lengthy waiting lists, as you need to ensure continuity of care, and a smooth transition to ensure you have the best chance

at university. This is also something to keep in mind before planning extended periods back home, for instance during university vacations. Planning ahead for your care will allow you to become familiar with your health advisors and counsellors, which many universities now provide. These people will not only be able to provide you support during your transition, but they may also be able to inform you of any adjustments that might help you. For example, some conditions may mean you are entitled to extra time for assignments and exams. Knowing this from the outset will save any unnecessary stress around the exam period. They may also be able to inform you of any financial assistance your university may provide for long term mental health conditions, which will again help to relieve financial stress.

If you do attend university but then have to take an extended period away due to a deterioration in your health, this should not be seen as a failure. Moving to university and dealing with mental health problems can be very difficult, and attempting to tackle both these things at the same time is especially difficult.

If you do have to take time away then many universities will have guidelines in place to allow you to return when you are feeling healthier.

If you would like more tips about living with  
mental illness then please visit our website:  
[www.shawmind.org](http://www.shawmind.org)



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