University: The Best Time of Our Lives?

A call to action to address the declining mental health of UK students
Foreword:

During their university years, young people should be exploring academic interests in depth, making life-long friends, and attaining new levels of independence—with joy.

Yet according to our new study, conducted in partnership with Cibyl, many are struggling with the pressure to achieve, finding it hard to make good friends and experiencing challenges with their mental health. The pandemic made an already difficult situation even worse.

There’s no doubt that university leaders throughout the UK want to support student mental health and have taken steps to do so. However, our research revealed that the half of our students didn’t feel their mental health was supported at university and many are reluctant, or unable, to access the care they need. We must work smarter to help these young people—our future parents, workers and leaders—achieve and sustain better mental health.

In that spirit, we present our findings and we also propose five specific interventions. Our hope is to help universities better understand student mental health, and accordingly, change the way they support student wellbeing, so that students are equipped to realise their most promising futures.

Barbara Harvey
Global Research Lead for Workplace Equality and Executive Sponsor for Mental Health and Wellness, UK at Accenture
At Cibyl, we are delighted to support this important research. It’s a privilege to be able to utilise our market position and student reach to empower positive and much needed change in students’ mental health. With a sample of over 12,000 students from 140 universities, we are confident our findings are nationally representative.

It’s been fantastic to benefit from Accenture’s expertise in designing the research and producing the final report. It’s clear that feeling connected and supported has a significant impact on students’ mental wellbeing and universities are well positioned to create a healthier culture and improve their students’ resilience.

We hope that the findings and recommendations of this report inspire action from both universities and employers to better understand, educate and support their students and graduates, and to continue conversations about mental health to tackle stigma head on. At Cibyl, we look forward to supporting further projects on wellbeing, diversity and inclusion to help our partners and clients drive change for the better.

Dasha Karzunina
Head of Research at Cibyl
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The best time of our lives?

Almost half of young people in the UK now go to university, and it’s a time that should bring the chance not only to learn but also to build life-long friendships, enjoy new experiences, and develop more independence. But according to our new study, based on a survey of more than 12,000 students across 140 universities, the reality is too often quite different.
Mental health challenges are playing an increasing role in the student experience.

Fifty five percent of our respondents said they feel lonely daily or weekly and said that their mental health has declined since starting university, and more than half had at least seven symptoms of poor mental health over the last year.¹

The pandemic has played a significant role in students’ mental wellbeing (we conducted our study during 2020). However, this trend preceded Covid-19—and it is not likely to recede as the pandemic comes under control. In fact, even in a year when Covid-19 was never out of the news, students were more likely to be worrying about not doing well enough (73% frequently worried about this), exam and course deadlines (68%) and the pressure of studying for long hours (65%) than about theirs or others’ health (47%). Burnout was the third most common mental health condition that students reported.
Universities are well aware of the need to provide mental health support, and virtually all of them do. In fact, during the pandemic, many expanded the range and reach of their offerings. A consortium of organisations, funded by the Office for Students (the independent regulator of higher education in England), also piloted the University Mental Health Charter Award, a voluntary accreditation programme designed to help universities improve their student mental health supports. By and large, we also found that most students are aware, at least generically, that certain supports exist. Yet, as our survey participants revealed:

- awareness of services doesn’t necessarily lead to student’s knowing how to access what they need (or doing so);

- the services most commonly used are not necessarily the most effective ones; and

- half of the students in our survey said they did not feel that their mental health was well supported overall at university.
Compounding the issue is that university generally coincides with the point at which young people who had been receiving treatment through CAMHS (children and adolescent services) for mental health challenges must transition to adult services.

Half of adult mental health conditions arise by the age of 14 and 74% by the age of 24, and the importance of early and effective treatment for mental health conditions has been proven. Yet at university, more of the onus for arranging care suddenly falls on the student’s shoulders just at the time when many are living away from home for the first time and also having to navigate unfamiliar academic and social territory. The possibility of falling through the net in this context is all too real.

To help ensure that students who need care are fully supported—with the goal of helping to improve student mental health at university overall—we examined the state of student mental health, and the contributors to poor mental health among students at university in the UK. In this report, we detail our findings, including the barriers that are keeping students from getting the support they need.

We also outline the ways in which universities can improve their approach to student mental health.
Stepping up matters: When students feel supported at university, they are three times less likely to say that their mental health has declined while there. Our report calls for action on five fronts:

Know:
Understand the mental health risk profile of students before they arrive and proactively target interventions.

Support:
Provide the right level of support, making it easy and a natural act to access it. Technology-led solutions are scalable, accessible and offer anytime-support and anonymity to this tech-savvy generation.

Teach:
Educate students in what good mental health is, how to maintain it, the value of seeking help early and how to support themselves and others. Educate staff to watch for early warning signs and have the confidence to lean in.

Connect:
Help students to adapt to university life, forge meaningful friendships and reduce loneliness: there is a strong correlation between feeling connected and wellbeing.

Culture:
University Chancellors should adopt the principles enshrined in the Hippocratic Oath: do no harm and prevention is better than cure.
Student mental health: A troubling picture

At the point when we surveyed them, between October and December 2020, 35% of students said that they were currently facing a mental challenge.

A further 25% were unable to describe their state of mind and only 16% said with certainty that they had never experienced a mental health challenge. It’s clear that these young people are no strangers to poor mental health and for more than one in ten (14%) the situation they faced was serious enough for them to describe themselves as having a long-term illness, condition, or disability.
Moreover, while one in four students experienced poor mental health for the first time at university, most of those facing mental health challenges there (62%) were experiencing symptoms beforehand. This is no surprise when you consider that the onset of most adult mental health conditions happens by the time people reach their late teens. Among those with conditions serious enough to be described by the student as a long-term illness or disability, 58% said their mental health has declined since starting university. That was the highest rate of decline we saw among all the groups in our study and almost 50% higher than the average (39%) across all students. This worryingly suggests that universities are failing the young people with the most serious conditions.
Looking at students who report experiencing mental health challenges we see again the complexity of student mental healthcare needs.

Trans students, students with physical disabilities, gay and lesbian students, and those from lower socioeconomic groups reported the highest levels of poor mental health. Women were more likely to report poor mental health than their male peers. Among non-domiciled African Caribbean students, the reported level of poor mental health was low, just seven percent, but a third (34%) were unable to describe their state of mind—suggesting significant unidentified (and unmet) need among these students and highlighting the need for a culturally sensitive approach. Perhaps surprisingly, given the stress we associate with starting at university, it’s those in their second and final years who report it more often, again implicating the role of pressure in students’ declining mental health.

Chart 1: There are clear differences between groups of students in terms of the decline in their mental health while at university

Mental health decline after starting university

- Long-term mental health condition: 58%
- Neurodiverse: 49%
- Students with Disabilities: 45%
- Women: 43%
- Gay: 42%
- Low socioeconomic group: 42%
- Lesbian: 41%
- African Caribbean (UK): 41%
- Average: 39%
- Transgender: 36%
- Asian (UK): 36%
- All overseas students: 35%
- Men: 32%

Base: All students. N=9,829
One of the strongest drivers for improving mental health at university has been the increase in the number of suicides among students.

The Office of National Statistics reported 95 deaths by suicide among students in 2017—that’s one every four days and the number appears to rising. Suicidal ideation (having thoughts or feelings about ending your life) is worryingly common among young people. In Accenture’s 2019 study, which focused on employees in the UK, 48% under the age of 30 experienced suicidal thoughts at some time and we see similar levels of ideation—42%—among students.

Base: All students. N=10,954

Chart 2: How students described their mental health

Currently experiencing a mental health challenge

<table>
<thead>
<tr>
<th>Category</th>
<th>Currently Experiencing</th>
<th>Unsure how to describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender</td>
<td>58%</td>
<td>19%</td>
</tr>
<tr>
<td>Students with Disabilities</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>Neurodiverse</td>
<td>57%</td>
<td>19%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>56%</td>
<td>21%</td>
</tr>
<tr>
<td>Gay</td>
<td>50%</td>
<td>18%</td>
</tr>
<tr>
<td>Women</td>
<td>40%</td>
<td>25%</td>
</tr>
<tr>
<td>Second Year</td>
<td>37%</td>
<td>26%</td>
</tr>
<tr>
<td>Final Year</td>
<td>37%</td>
<td>25%</td>
</tr>
<tr>
<td>Average</td>
<td>35%</td>
<td>25%</td>
</tr>
<tr>
<td>African Caribbean (UK)</td>
<td>31%</td>
<td>26%</td>
</tr>
<tr>
<td>First Year</td>
<td>31%</td>
<td>24%</td>
</tr>
<tr>
<td>Asian</td>
<td>28%</td>
<td>26%</td>
</tr>
<tr>
<td>Men</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td>African Caribbean (Overseas)</td>
<td>7%</td>
<td>34%</td>
</tr>
</tbody>
</table>
Most students (73%) experienced these thoughts for the first time before coming to university, 24% experienced them for the first time as students, and 16% said that they’d had the urge to hurt or harm themselves in the past 12 months. Our figures highlight the need for targeted support and interventions for transgender and LGBQ students; most (81% and 67% respectively) will have had thoughts of suicide at some time in their lives. Students from lower socio-economic backgrounds also show higher rates of suicidal ideation (47%).

Across all age groups, it is men who are most likely to take their own lives and this remains true for students. Analysis by Top Universities puts the ratio as 2:1. Studies repeatedly report on men’s relative reluctance to speak about and seek help for poor mental health and again the need for targeted, relevant actions is clear.
In terms of conditions, anxiety and depression were the most commonly reported (in line with what you might see in the general population), but the high incidence of burnout signals one of the potential contributing factors to the high levels of poor student mental health.

Chart 3: Mental health conditions among students

What kind of mental health challenge/condition did you experience/are you experiencing?

- Anxiety: 72%
- Depression: 53%
- Burnout or ‘nervous breakdown’: 36%
- Panic attacks: 25%
- Eating disorder: 16%
- Self-harm: 8%
- Another formally diagnosed condition: 8%
- Alcohol or drug dependence: 7%
- None of these: 7%
- Phobia: 5%
- Any other condition (please describe): 4%
- Prefer not to say: 4%

Base: Students experiencing poor mental health (now or previously), who are unsure how to describe their mental health and/or who say their mental health has declined. N=9,263
Covid-19: A bad situation made worse

Of course, our study was conducted in an unprecedented climate, in a year when students worked largely online, lived in socially isolated bubbles or even from home, where freshers’ week was cancelled, and where the milestone of graduation passed without traditional fanfare. Across the world we have seen Covid-19 erode young peoples’ wellbeing and our students, too, felt its impact, with 80% saying it contributed to their poor mental health. And despite almost constant media coverage of the impact of the pandemic on young peoples’ mental health shockingly few students—just over a third—felt that the actions taken by their universities’ to help them (personally) maintain good mental health during the pandemic were effective. One in four of students experiencing poor mental health for the first time attributed their mental health challenges fully to Covid-19, with first years feeling more of the impact than those in their final year (15% versus 11%).
However, it would be dangerously wrong to place the blame for poor mental health among students on the pandemic and leave it at that.

Chart 4: Eighty percent of students said their mental health challenges were related to Covid-19 but only 13% said it was the sole cause.

To what extent would you attribute these challenges/changes to your mental health challenges?

- Not at all: 17%
- Somewhat: 67%
- Fully: 13%
- Don’t know: 3%

The problem of mental health challenges in our young people in general and our students in particular is neither new, resulting entirely from the pandemic, nor over with the relaxation of lockdown.
Factors affecting students’ mental health

In fact, our findings confirmed that several dominant—and perennial—factors affect student mental health:

Preparedness

Only one in ten students felt there were completely prepared for the reality of university life. And when students are less well prepared, they are less likely to thrive. Those that felt less prepared were more likely to report mental health challenges (44% versus 32%). They were also more likely to feel lonely and to report not having any friends (32% versus 24%). Perhaps most significantly, they were 1.6 times more likely to see their mental health decline since starting university (54% vs 33%).
Pressure
Even in a year when Covid-19 was never out of the news, students were more likely to be worrying about not doing well enough in exams, course deadlines and the pressure of studying for long hours than about theirs or others’ health. Considering that burnout is the third most frequently cited mental health condition, this raises the question of the balance needed between fixing workloads and course structures and helping students develop resilience.

Chart 6: Students worried more often about their performance and future than their health

<table>
<thead>
<tr>
<th>Worrying about not being good enough/doing well enough</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely/Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worrying about exams or other key deadlines</td>
<td>73%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Studying for long hours</td>
<td>68%</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Worrying about finding a graduate job</td>
<td>65%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Dealing with negative emotions due to not seeing friends or family</td>
<td>61%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Worrying about your mental health</td>
<td>56%</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Worrying about money</td>
<td>53%</td>
<td>21%</td>
<td>26%</td>
</tr>
<tr>
<td>Worrying about physical health</td>
<td>47%</td>
<td>24%</td>
<td>28%</td>
</tr>
<tr>
<td>Worrying about the health of someone close to you</td>
<td>47%</td>
<td>25%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Base: All students. How frequently students had worried about these issues in the 12 months prior to our survey. N=10,550
Loneliness

Of the five-plus lifestyle factors measured in our survey, loneliness was most strongly correlated with mental health outcomes of the five-plus lifestyle factors measured in our survey.

The relationship between loneliness and poor mental health has been well documented. Having a mental health condition can lead to loneliness as feelings of low self-esteem, anxiety and depression cause people to withdraw from the activities they enjoy and from their friends. And loneliness itself can lead to poor mental health. The charity MIND has explored this negative cycle, and cites starting university as one of the times when loneliness can be a trigger.

While we may think of university as a time for play as well as work, we found the levels of loneliness among students shocking, with more than half (55%) saying they felt lonely every day or every week and 45% saying they had been avoiding socialising in person or online with others.

Again, we might look to Covid-19 and the resulting social distancing and lockdowns as the root cause of students’ loneliness—and yes, the pandemic did make the situation worse—but our figures are just 11 percentage points higher than those found in a 2019 Cibyl study, Only the Lonely, where 68% of students reported feeling lonely on at least a monthly basis.
Chart 7: More than half (55%) of students felt lonely daily or weekly

2020: How often have you felt lonely in the last 12 months?

- Daily: 16%
- Weekly: 39%
- Monthly: 24%
- Once or twice a year: 14%
- Never: 7%

Base: All students. N=11,491

The isolation felt by LGBTQ students (89%) stood out among the groups we looked at. Women were more likely than their male peers to feel frequently lonely.
Unsurprisingly, friendships and a sense of belonging are positive influences on young people’s mental health. Both the number and depth of friendships correlate with mental health outcomes in equal measure. In other words, it’s not sufficient to have a large group of friends that you don’t feel close to or to have one really good friend—the winning combination is to have multiple, good friendships.

Students who reported being satisfied with the quality of their friendships were 1.4 times less likely to be currently experiencing mental health challenges than students who reported being dissatisfied. Meanwhile, students who said they have a large or a small group of friends at university were 1.3 times less likely to be experiencing mental health challenges than those who don’t consider themselves to have any real friends. Those with a large group of friends, rather than a small one, were 1.5 times less likely to be experiencing mental health challenges. Hence, there are clear correlations between number and quality of friendships and mental health outcomes.
Given the positive influences that friendships have, it is worrying that even in years two and three 20% feel they don’t have any real friends at university. And out of those who have friends, over a third aren’t satisfied with the quality of their friendships. When asked whether they feel they have ‘someone to call on if they wanted company or to socialise’, a third (29%) of students either disagree or are unsure.

Again, these figures shine a light on students who may find making friends more difficult. Young carers—those who identified themselves as having caring responsibilities—were among those struggling the most to build friendships (31% versus 25% of noncarers). As were those living with parents in 2020 (35% of whom were among those struggling the most to build friendships).
What universities offer

The landscape for student mental healthcare is complex. Most universities offer—either directly, through the NHS, or through other organisations—a range of support from general (GP-led) health centres to dedicated mental wellness centres and crisis services such as Nightline that are run by the students themselves.

What’s clear is that when students access these services, the majority find them effective. And there are reasonable levels of awareness among students that services exist to support their mental health (60% say they know where to get help for themselves or a friend and only seven percent were not aware of any of the support services we asked about).
But 17% of students speak to no-one about their mental health. And most students who experience mental health challenges do not access any services (that’s 60% of those who have a current mental health challenge, who are unsure how to describe their mental health and/or who say their mental health has declined since starting university).

Among the services used by students, the most popular were not the most effective. Mentor/buddy programmes, for example—offered and run by universities—were used by only 14% of students accessing services but were ranked as the most effective service by those users.

Chart 8: Most students spoke to friends or family rather than to medical services or staff

- A friend or a colleague: 57%
- A family member: 45%
- Someone from the university’s medical services: 21%
- I HAVEN’T sought advice from anyone: 17%
- Someone else: 13%
- A telephone or online advice service: 11%
- A member of the support staff: 11%
- A member of the academic/teaching staff: 9%
- Prefer not to say: 4%

Base: All students. N=9,263
Chart 9: The most commonly used services were counselling and GP services

- Counselling services: 35%
- GP services: 33%
- University wellbeing support: 30%
- Self-help resources: 20%
- Disability advisory and support: 18%
- Mental health advisers: 15%
- Mentor/buddy: 14%
- Daily drop-in sessions: 7%
- Stress-management workshops: 6%
- External not-for-profit support: 6%
- Overnight support: 4%
- Suicide intervention team: 1%

Base: Students who used one or more services to support their mental health while at university (multicode). N=8,324
Mentors and buddies top the list when it comes to the effectiveness of service (80% of users rate them as effective), outperforming more traditional (and more popular) services such as GPs (61% effectiveness) and wellbeing support services (63% effectiveness). Mental health advisers and stress management workshops were rated as second and third most effective services (72% and 71% effectiveness, respectively).

Just under half of the students—with or without a mental health condition—said that their university was doing well when it comes to supporting students with their mental health in general. However, students who saw their university as one that supported good mental health in general (as well as during the pandemic) and who knew how to access help were nearly three times less likely to say their mental health had declined since starting there. These same students were half as likely as others to be experiencing poor mental health at the moment.

The chart is referring to the effectiveness of mentors & buddies.
These findings signal the importance of a holistic effort—one that aligns with the University Mental Health Charter (see box). One of the Charter’s guiding principles is in fact the need for a whole-university approach. The importance of this is borne out by the fact that most students (57%) talk to their friends. Student services, academic support, careers services, and the Students’ Union are each used for mental health support by at least one in ten students. Seen together with the effectiveness of mentors and buddies, our findings indicate that there is a clear case for all students and staff to have training in mental health awareness and to learn how to support a fellow student or colleague.

We created an index to compare how supported students feel. It combines their views on the effectiveness of university mental health support in general and related to Covid-19 along with how empowered they felt to work in a way that supported good mental health and awareness of where to go for help. We then compared the mental health and wellbeing outcomes of those who felt supported (positive responses) and unsupported (negative responses). Base: All students. N=12,014

Chart 10: The impact of feeling supported on student mental health and wellbeing

<table>
<thead>
<tr>
<th>unsupported</th>
<th>supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>49% I’m currently experiencing mental health challenges</td>
<td>23%</td>
</tr>
<tr>
<td>70% I’d rate my overall happiness 0-5 on a scale of 1-10</td>
<td>25%</td>
</tr>
<tr>
<td>60% My mental health has declined since starting university</td>
<td>18%</td>
</tr>
<tr>
<td>22% I haven’t sought advice about my mental health</td>
<td>11%</td>
</tr>
</tbody>
</table>
University Mental Health Charter

The University Mental Health Charter was launched in 2019 in response to pressure from students and parents to address the gap in the care of students with mental health challenges and in particular to prevent suicides among the student population. It was developed under the direction of Student Minds and in partnership with universities and students (the voice of the student is very much at the heart of the Charter’s guiding principles).

The Charter framework is set out under four themes:

- **Learn**: Understanding students’ needs as they transition into university and throughout their time at the institution, including leave of absence and placements. Ensuring the learning environment is supportive of good mental wellbeing.

- **Support**: Ensuring resources are safe, effective, accessible, and responsive to immediate and future needs; enabling collaboration between the university, students, families and support services; preventing suicide.

- **Work**: Addresses the mental health of university employees.

- **Live**: Building a university culture that supports positive mental health and making it safe for students and staff to raise concerns and know where and how to access support.

In 2020, the University Mental Health Charter launched a voluntary accreditation programme to encourage and enable cross-university collaboration to promote problem solving and share best practices. While it is too soon to assess the Charter’s effectiveness, it is a welcome initiative with the potential to grow into an important benchmark.
The challenge universities face is that creating a supportive environment is not a straightforward task.

Students from the same university don’t always report the same sense of being supported; how supported someone feels is a complex interaction between the individual (including their background, experiences, knowledge and ability to build trusted friendships) and their university (support services, outreach, knowledge of individual staff, accommodation and much more).
The barriers keeping students from the support they need

In common with many studies into mental health, our data shows how few students seek professional help for their mental health. Most do talk to friends or family but a worrying 17% (32% of men and 20% of ethnic minority students) talk to no-one.
Language and understanding: When directly asking affected students why they don’t seek mental health support at university, the majority (42%) said it’s simply a case of not knowing what to say or how to express their feelings.

A quarter of students, when asked to describe their mental health, chose the response ‘I’m not sure how to describe my own personal mental health’. They did not have the certainty to say they didn’t have a concern, but neither were they sure anything was wrong. Our data suggests that this uncertainty is particularly high among overseas African Caribbean students—as noted earlier, among this group 34% aren’t sure how to describe their mental health.
Thinking no-one can help: The negativity around mental health and the widely reported difficulties of accessing support for mental health may be contributing to a sense of hopelessness of seeking treatment. Almost all mental health conditions respond to the right treatment and early intervention leads to more positive outcomes more quickly.

Shame and embarrassment: Despite years of campaigning—and considerable progress—the stigma that surrounds seeking help for mental health concerns remains and many still believe that asking for help would be seen as a weakness.

Trust: Students are fearful as to how the disclosure of a mental health concern would be handled; they worry about confidentiality and they worry that disclosing might affect their academic results.

Access and awareness: While awareness of university support services was reasonably high, our findings showed that still, 7% of students did not know where to go for help and 16% had difficulty securing an appointment. Timely, seamless access to the right support is critical to avoid mental health deteriorating further and ultimately to save lives.
Chart 11: Barriers to access

What prevented you from using mental health support services?

- Not knowing what to say, how to express what’s happening: 42%
- Feeling that there’s nothing anyone could do to help you: 34%
- Feeling ashamed or embarrassed talking about mental health: 31%
- Not trusting that your concerns would be handled in the right way: 27%
- Not knowing where to go for help/advice: 21%
- Worrying that it might affect your academic success/progress: 21%
- Worrying that you’d be seen as weak: 20%
- Difficulty securing an appointment: 16%
- None of the above: 11%

Base: All students who have a current mental health challenge, who are unsure how to describe their mental health and/or who say their mental health has declined since starting university. N=7,542
The path forward: Reimagining mental health provision, support and resourcing

The introduction of a charter for mental health among universities has been an important first step. And the development of an impartial standard against which universities could be assessed and held accountable would do much to make the efficacy of mental health services and the culture of these institutions more transparent and, ultimately, a better fit for purpose. We also agree wholeheartedly that experience and voice of the student should be at the heart of every action.

With all this in mind, we propose a framework that calls out five specific interventions to address the findings of our study:
**Know:** Understand the mental health risk profile of students before they arrive—and proactively target interventions.

- Understand whether students are entering university with existing challenges or are in vulnerable groups so that appropriate actions can be taken to support their wellbeing. With input from existing students, establish a trustworthy protocol so that new students can feel safe disclosing their concerns and needs, as well as details about their current treatment plans.

- As part of the above, ensure that students who were previously receiving mental health treatment through CAMHS have support to transition successfully into adult services, as well as different regional services, upon arriving at university.

- Partner with students so that all processes respect student confidentiality. Respect the principles laid out in the Mental Capacity Act on the right to make ‘unwise’ decisions while recognising the role of the family in supporting students as they move from adolescence to adulthood. Adopt a scheme (such as the one offered by Bristol University and taken up by 93% of students) that allows students to nominate a trusted person who can be contacted should there be serious concerns about their wellbeing.

- Invest in and target interventions to more vulnerable groups; understand the support different student groups need; and monitor whether supports are working for them. Tailored, proactive support based on regular interaction with each student is key. Assess the extent to which existing services are effective by gathering real-time student feedback; this cannot be a ‘check the box’ task.
Why targeted supports matters: key differences by group

- **LGBQ**: These students report high levels of poor mental health and suicidal ideation; they are among the least happy and more likely to report a decline in their mental health while at university. They are more likely to seek help than others. However, for those who do not seek help, the barriers include a lack of language to describe what they are feeling and what they may need, a sense that no one can help and lack of trust in how the situation would be handled.

- **Trans**: This is the most isolated and unhappy group of students; they report high levels of poor mental health and suicidal ideation. They are less likely to report that their mental health has declined than other groups, however, suggesting their challenges are not triggered by university. This vulnerable group needs significant levels of appropriately targeted support.

- **Ethnic Minorities**: At face value, our data might suggest that Black, Asian and Mixed Ethnic Minority students experience fewer challenges with their mental health than others; however, a deeper look hints at issues of recognition, a lack of language and a reticence in seeking help. Overall, these students were more likely to select ‘prefer not to say’ when it comes to commenting on their mental health. And African Caribbean students from overseas stood out as the least equipped to recognise poor mental health. Working with students from these groups to understand the issues, integrate actions with wider programmes tackling racism, establish the right channels for education and support and to build trust is essential.
Why targeted supports matter: key differences by group

- **Lower socioeconomic background:** Individuals in this group are among those most likely to report poor mental health and less likely to have had any training on taking care of their mental health before coming to university. They have fewer coping strategies, are less prepared for university life and more likely to opt for online sources of support. Universities have the opportunity to level the playing field for these students and better equip them for work and life. Integration is key.

- **Students with disabilities:** This is the most likely group of students to be experiencing poor mental health and to have their mental health decline while at university. However, they do seek more support for their mental health than other groups, and uptake of disability support services is good. This is one of the minority groups that has had support services tailored to their needs for some time and the strategy shows positive signs.

- **Gender:** Female students (in common with women in general) report higher levels of poor mental health than men but the differences we see between genders may reflect understanding and stigma as much as mental health itself. Campaigns that target men and women in different ways are essential; strong role models for men may help tackle stigma especially in the competitive environment of sport. For students who identify as non-binary we see a significantly higher incidence of poor mental health and ideation.
Support: Provide the right level of support, making it easy and a natural act to access it. Technology-led solutions are scalable, accessible and offer anytime-support and anonymity to this digital-savvy generation.

- Providing the right level and type of support is critical with an emphasis on timely access to services in the knowledge that students are young adults away from the support of their families for the first time.

- To improve support universities could learn from the experiences of large companies who are increasingly providing dedicated support through Employee Assistance Programmes (EAP) and technology-led solutions.

- Technology-led solutions such as Shout 85258 are under-used by universities and offer scalable, accessible support that’s available anytime, anywhere. In Accenture’s 2018 report on Technology & Mental Health, 81% of students said they were willing to turn to tech for advice and support and it offers a familiar, anonymous way to seek help.

- Overnight support was the lowest rated of all the support services (57% said it was ineffective) and needs to be specifically addressed.

- Explore ways to further the power of peer support. Many workplaces—including Accenture—have adopted mental health ally or champion programmes that equip employees to support their colleagues. And we know that students often turn first to their friends—and that mentoring programmes appear to be extremely effective. Adapting a workplace-like ally programme to a university setting will help leverage the power of what already works well.

- Check in with students about their wellbeing and mental health proactively—when students are reluctant to reach out, taking the first step will make a big different in opening up the dialogue and helping to tackle stigma around discussing mental health challenges.
Teach:

Educate students in what good mental health is, how to maintain it, the value of seeking help early and how to support themselves and others. Educate staff to watch for early warning signs and have the confidence to lean in.

- Tackle stigma, build trust, and help students find the language to talk about mental health. As our research shows, it’s not lack of awareness of services that’s preventing students from using them but rather concerns around stigma and the inability to discuss one’s mental health. Hence, anti-stigma campaigns and role models are needed to address that head on.

- Help students build life-long resilience skills (consider technology to help scale and manage costs).

- Give students a way to speak about mental health with a medical professional (the charity Mind has a Find the Words campaign, for example).

- Target specific training to the groups such as overseas students, black students and those from lower socio-economic backgrounds who arrive at university with less understanding of mental health.

- Partner with student groups and societies (African Caribbean, South East Asian, LGBTQ, for example) to help deliver messages in a culturally relevant way.
Connect: Help students to adapt to university life, forge meaningful friendships and reduce loneliness.

- In partnership with schools and UCAS, ensure students are prepared for the realities of university life before they start. Consider offering or expanding on a summer induction programme, offering self-help resources, and integrating information on how to cope with university pressures into Freshers’ Week.

- Help students make meaningful connections and relationships through building local communities and encouraging involvement in extra-curricular activities, seeing as loneliness is one of the key contributors to poor mental health and having a strong social group is particularly important for wellbeing of university students. Universities typically offer an enviable range of sport and interest groups that bring like-minded students together but students must take the initiative to join such groups or participate in these activities; explore ways to expand on that approach and reach out to students as well; perhaps learning from the online Freshers’ activities that were introduced in 2020.
5 Culture: University Chancellors should adopt the principles enshrined in the Hippocratic Oath: do no harm and prevention is better than cure.

- Work with your students to understand the unique pressures they’re experiencing and how you can better support them—this needs to be a collaborative process of listening and responding, that leads to a system where students can fast-track their concerns, for example, to a dedicated counselling service.

- Tackle pressure at its source—the research shows that many students are struggling with the pressure of work and the expectation to excel. Hence, universities need to address pressures internally and externally by equipping students with skills to manage the pressures and by reviewing academic schedules to ensure that students are not overwhelmed and can have more balanced lives. We recognise that different students respond very differently to similar workloads and to the experience of leaving home; that’s why this is a process of improvement; it won’t necessarily be possible to get it right for everyone.

- In the workplace, flexibility (the ability to have some control over where, when and how you work) has proven critical to employees’ ability to thrive and to achieve (for example, see Accenture’s work on gender and LGBTQ employees). Consider how flexibility could be applied to the delivery of courses and assessments at university and ensure that behaviours such as working through the night are strongly discouraged.
• Provide resilience and mental health training—this could be part of the induction for students arriving at university to help them recognise signs of mental health challenges as they arise and know when to seek help as well as to build more helpful ways of thinking, and prevent mental health conditions from developing in the long run.

• Adopt an open approach that enables leaders to act quickly, learn and adapt in the tragic event of a student’s or staff member’s suicide or attempted suicide. Policies must be in place that immediately enact support for friends, family and staff affected.

• Re-examine the ways in which the university helps students prepare for the working life. It’s clear that feeling prepared for the next step leads to greater resilience and better mental health outcomes, hence educating students on the working life as well as supporting them in securing the right graduate opportunity will be effective. Ask: What support do we offer now and how successful are we at encouraging students to leverage support?
Moving on

Accenture’s 2019 study into young workers’ mental health found that by the time they are 30, 95% of employees in the UK will have been touched by mental health challenges—either their own or those of a friend, family member or close colleague. Our new study shows just how early their experience with poor mental health begins and the risk of it declining further when they are students. Thirty eight percent of the 1,125 recent graduates in our 2020 study describe themselves as currently having a mental health challenge; around the same level that we see while they are at university. Like school leavers heading for university, graduates too feel unprepared for this next phase of their lives and four out of ten start work without receiving any training or advice on taking care of their mental health.
The burden of poor mental health in terms of human suffering is almost immeasurable and the economic burden immense; when it comes to the workplace it costs UK business up to £45B every year. But experience with workplace mental health has shown that investing in support for employees brings significant financial returns—an estimated £5 return on every £1 spent by business—and this study has shown how support at university can significantly reduce the human cost (as evidenced by the three fold decrease in the decline of students’ mental health when they feel supported).

The next generation entering university will have lived through 18 months of a pandemic. They will begin their advanced studies with perhaps more experience of poor mental health than the class of 2020 and 2021 did. For these young people, one might expect that the mental health provisions at the universities they choose would rank high on their list of criteria; however, we found that 64% don’t think it’s an important factor in their decision about where to go.

Indeed, it should be something students don’t have to think about because it should be a basic and universal offering: All universities should be providing the supports and environment needed to promote good mental health and address mental health challenges, concerns, and conditions.

If we are to support our students, and grow them into future workers and citizens who will thrive emotionally as well as academically, then universities need to act now to reimagine accessible, tailored mental health provisions and support on campus, in such a way that these offerings are useful, and well used.
Methodology

The research behind this report was conducted by Cibyl using Cibyl’s database of 1.5 million UK students. Those we contacted were at, or recently graduated from, universities across the UK.

The survey was conducted online between October and December 2020 and was completed by 12,014 students (10,332 current students and 1,682 who graduated in the last three years) from 140 universities. Our data was weighted by gender and university to ensure the results were representative of the national student body.

Our data included...

- 39% of Mixed Ethnic Origin or other Ethnic Minority students
- 8% of students were Black
- 23% of students were Asian
- 18% identified as LGBTQ
- 21% identified as having a long-term illness or disability
- 25% from lower socio-economic groups
We welcome this research and its timely publication when students need support with their mental health more than ever.

It’s vital that universities provide the right level and type of support for their students and staff and regularly communicate what is available. This is demonstrated by the finding in this report that students who saw their university as one that supported good mental health and who knew how to access help, were nearly three times less likely to say their mental health had declined since starting there. We hope this research provides further insight into how best to support students at such an important stage in their lives.

Robyn Guillaume-Smith, Programme Manager, Mentally Healthy Universities Programme at Mind
About Cibyl

Cibyl is a leading market research consultancy firm in the UK and Ireland. We provide employers, universities, professional bodies and researchers with unparalleled insights into students’ career thinking. Our work supports attraction, equality, diversity, brand, virtual engagement, talent management and career service planning. Working with a pool of 1.5 million school and university students and graduates from all year groups and regions, we provide some of the largest and most representative samples in the UK. Cibyl is the new name for Trendence and is a part of Group GTI.

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Acknowledgements

Authors
Barbara Harvey, Accenture
Dasha Karzunina, Cibyl

Project Team
Joan Moore, Accenture
Regina Maruca, Accenture
Lisa Marris, Cibyl

References

i. We showed respondents a list of 13 symptoms that can be warning signs of poor or declining mental health. More than half of the students (6411) answered yes to at least seven of those.


iv. Lord Ralph Lucas presented a Bill to parliament in May 2021 that would make this law in the UK

v. "It’s not 1 in 4; it’s all of us" Accenture and This Can Happen 2019

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