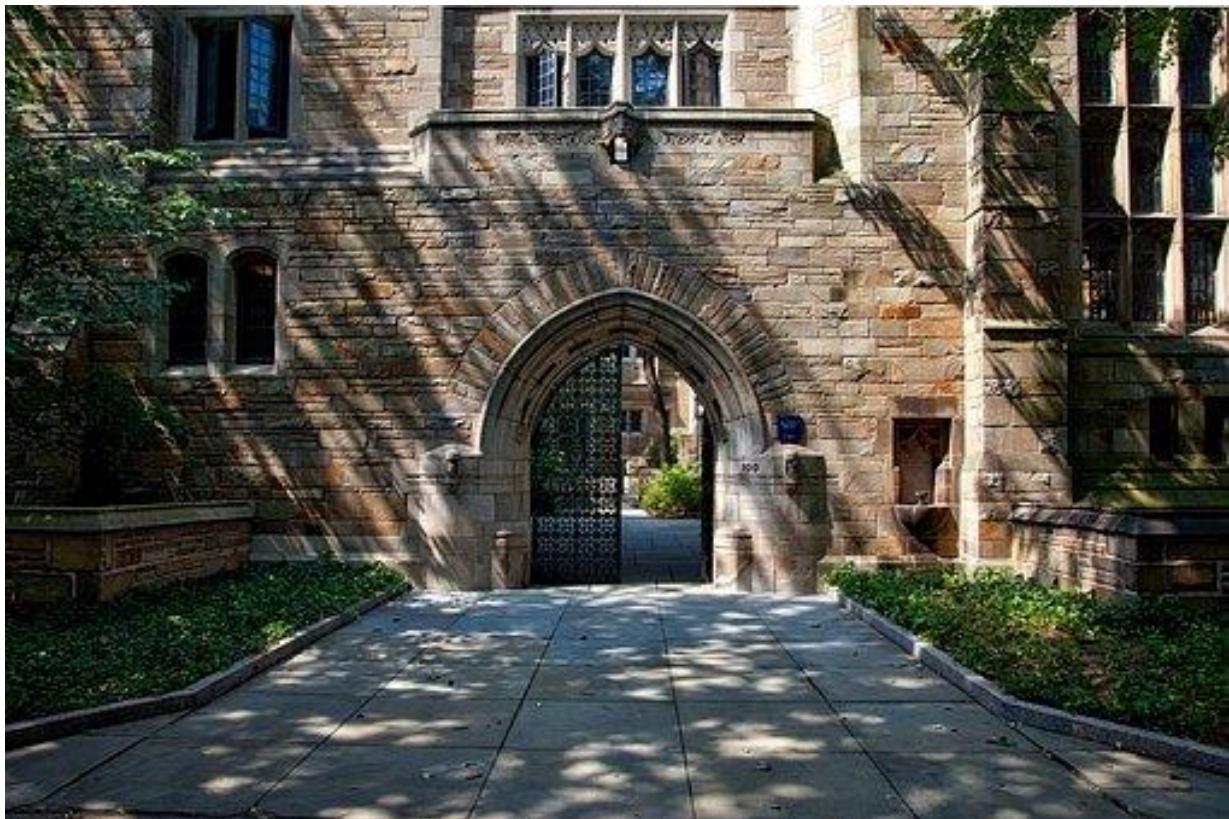


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A Degree of Support

*The Prevalence of Poor Mental Health and the Availability of Support in English Universities
Before and During Covid-19*

About Author



Danny Bowman is Head of Campaigns at Parliament Street, Vice Chair at the male eating disorders charity MaleVoicED and a Fellow at the Royal Society of Arts in London. Danny has previously worked in the roles of Director of Mental Health and as a Mental Health Spokesperson at the think-tank. He has already produced a range of pieces of newsworthy research on the impact of mental health on the police, the NHS and within educational settings. He remains committed to improving the lives of people experiencing mental health problems through his research.

Before joining Parliament Street in 2016, Danny spoke about his own experience of poor mental health on a local, national, and international level. He has appeared on numerous television shows including This Morning, Daybreak, ABC News, Fox News, Sky News and Good Morning Britain. He has delivered speeches at conferences, business and charity events across the UK and beyond. His work has been recognised through the bestowing of the National Lottery Legend Award, a Fellowship at the RSA and the UK Prime Ministers Touch of Light Award.

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Executive Summary

The aim of this report is to provide a theoretical and operational perspective of the prevalence of poor mental health at universities across the United Kingdom, and the availability of timely interventions within these higher education institutions before and during the Covid-19 pandemic. This report aims to understand the impact of the pandemic on student mental health whilst also considering the wider relationship between mental health need and waiting times at universities. Through a comprehensive review of the pre-existing literature, this report summarises some of the key conceptual understandings of the occurrence of mental health problems in students and the main causations associated with such issues. The consensus amongst academics and policymakers in the field, is that mental health issues are becoming increasingly common amongst students, and therefore appropriate measures must be taken to enable students to access comprehensive awareness and support activities within their universities. The most common period for the development of psychological disorders is between the ages of 14-25, placing the transition into higher education at the centre of probability for the development of a mental health disorder, increasing the importance of comprehensive and timely access to a range of support avenues. The common occurrence of poor mental health around this age can be amplified through the transition to higher education through the social, financial, and academic pressures of the modern university experience. These central issues may have been amplified due to the impact of the Covid-19 pandemic on socialisation, jobs, and the overall academic experience.

The second part of the report outlines research conducted by the think-tank on mental health need and waiting times for counselling intervention before and during the Covid-19 period across UK universities. The results of this research showed that a large constituency of students attempted to access counselling support before and during the Covid-19 crisis with substantial variations in waiting times for such interventions across different universities and the four

nations of the United Kingdom. Whilst a continuation of high mental need can be found, the total number of students accessing mental health interventions fell by 10% in England during the period of Covid-19 with overall average waiting times remained unchanged. In comparing the four nations of the United Kingdom on mental health need and waiting times during the Covid-19 period, English and Welsh universities displayed much higher mental health need and waiting times than Scottish and Northern Irish institutions.

The second phase of analysis looked at the relationship between the two variables (total number of students accessing counselling support and average waiting times for intervention) studied. Our central hypothesis that as mental health need increased, waiting times would increase too was disproven. The findings suggest that there remained only a small relationship between the two variables. This may suggest that alternative developmental reasons for such variations in outputs and outcomes. Our research also grouped universities for both years based on their average mental health need and waiting times. This is presented in a scatter plot matrix (based on the mean) creating four clusters. Whilst the youngest universities represented high waiting times but lower mental health need, the more developed Russell Group institutions exhibited high mental health need and high waiting times.

Key Findings

- **1 in 16 students accessed mental health support during the academic year 2018/2019 (before pandemic) whilst 1 in 18 required interventions in 2019/2020 (during pandemic) in English universities. Huge variations existed between different universities throughout the two-year period.**
- **The average waiting times for mental health support remained consistent at 3 weeks for English universities. Huge variations were visible between different higher education institutions in waiting times for counselling support.**

- The relationship between total mental health need and waiting times was tested showing there was only a small correlation between the two variables. This may suggest alternative developmental reasons to explain the large variations in student mental health between different institutions.
- The clustering of universities based on their total mental health need and waiting times for intervention (based on mean) created four distinct groupings. The youngest universities represented low mental health need and high waiting times, whilst the more developed Russell Groups demonstrated high need and waiting times for intervention.
- The highest mental health need and waiting times were experienced in English and Welsh universities with Scottish and Northern Irish institutions displaying much lower outputs and outcomes.
- The collection of data on mental health remained poor across UK universities causing a major barrier for the comprehensiveness of our research.

Overall, the research confirms high prevalence of mental health need and substantial variations in waiting times for counselling interventions. The research experienced significant limitations based on the limited collection of data by universities in the UK. Such limitations have informed one of our main recommendations for higher education mental health reform. Our recommendations include the mandatory collection of mental health data, the development of student-informed mental health strategies and the creation of mental health educational partnerships to improve the coordination of universities and local stakeholders.

Background/Introduction

The importance of mental health within local, national, and international policy communities has increased significantly over the last two decades. A recognition of the high prevalence of psychiatric illness across the globe has led policymakers to increase their focus on improving the organisation and delivery of mental health interventions. The recent Global Burden of Disease Study (2017) showed that around 970 million people across the globe suffer from a mental health disorder. In regions such as Europe, it is estimated that around 1 in 6 people experience psychiatric illnesses in any given year (See OECD, 2019), whilst in England alone, rates are projected at 1 in 10 for children and 1 in 4 for adults (NHS Digital, 2014). The most common periods of onset of mental health problems have been projected around the ages of 14 and 24. A recent piece of research by Kessler et al (2005) suggested that around 50% of all mental health disorders are established by the age of 14, whilst a further 25% by the age of 24.

The most common ages of onset of mental health disorders fall within the period of the life course where engagement in education is deemed imperative to promote the cognitive and social development of the individual. In recognition of the high prevalence and impact of poor mental health on this age-group, educational institutions such as schools, colleges and universities have started to develop guidance, support, and interventions to foster recovery. The modicum of support provided by these institutions however remain extremely mixed in their quality and comprehensiveness. Whilst institutions have started to recognise the importance of such services, the inequitable development of such provisions have maintained historical inequalities faced by students with psychiatric illnesses within the contemporary setting. Furthermore, the untimely nature of many of these interventions may contribute to the intensification of mild disturbances or youth intricacies into more acute symptoms common of psychiatric illness. Reference has also been made within the academic and policy literature to educational environmental factors playing a considerable role in the development of such

illnesses. These considerations have led to further research on the impact of such disturbances on outcomes for young people within the education system.

Numerous inequalities such as lower educational attainment, high rates of exclusion, absenteeism and stigma and discrimination have been cited throughout the emerging academic and policy literature on mental health within the educational setting. Recent research carried out by the [Evidence Based Practice Unit \(2019\)](#) examined the impact of mental health difficulties on educational attainment and absenteeism in schools. The research concluded that as mental health difficulties became more acute amongst the studies sample of young people, the levels of absenteeism increased, and school attainment decreased. Further research on absenteeism has been conducted by [Finning et al \(2019\)](#) who found similar findings amongst children and young people with common mental health problems. This study found that school-aged pupils experiencing anxiety and depression were at much higher risk of being absent from education. The high prevalence of absenteeism and lower educational attainment amongst this constituency is partnered with increasing rates of exclusion. A study conducted by the [Institute for Public Policy Research \(2017\)](#) found that half of all permanent exclusions from schools in England were of pupils with mental health disorders. This is even more problematic when considering that only 1 in 100 excluded pupils achieve 5 good GCSE's (See IPPR, 2017). Therefore, it is unsurprising that there is such a high representation of this constituency within the NEET population (not in education, employment, or training). The most recent [NEET statistics annual brief \(2019\)](#) showed that the percentage of 16-24-year olds with mental health problems not in education, employment or training has increased from 11.7% in 2012 to 23.9% in 2019. The literature and data provide an insight into the staggering disparities in outcome between those young people with, and those without mental health disorders. The implications of this can be dire for those unable to gain a formal secondary education, reducing their life chances considerably. The role of early intervention has often been cited as a useful response

in irradiating such outcomes, however as discussed earlier, such responses require the facilitation and development of comprehensive service provision inside and outside educational institutions. It must be acknowledged that not all young people with mental health problems experience such harsh inequalities in early or secondary education. Many young people with experience of psychiatric illness achieve the required grades to move on to higher education. However, there remains certain continuities in the organisational underdevelopment of mental health support between schools and university institutions. The similarities in provisional development can lead to the experience of comparable outcomes for students with mental health problems.

Research by the [IPPR \(2017\)](#) found that around 15,000 first year undergraduates reported experiencing poor mental health, whilst around 17% of disability disclosures were mental health-related in 2016 compared to 6% in 2006. The rates of poor mental health at universities have more recently come to reflect the prevalence of psychiatric illness within wider society. As Scanlon et al (2010) suggests, this may be explained by the increased accessibility of university, creating a more representative cohort that reflects the demographics of the wider population. However, whilst that can be acknowledged as one potential explanation for increased rates of psychiatric illness amongst university students, other social, financial, and academic causations can be considered. The transition between school to higher education is considered one of the most exciting and equally problematic times of an individual's life even without a mental health disorder. As considered by [Scanlon et al \(2010\)](#), the immense modicum of change that occurs when an individual enters this new stage of educational development can be difficult to navigate. The pressures of making new friends, moving to a new environment, studying at a higher level, and dealing with new financial responsibilities have all been identified as contributors to the development and intensification of poor mental health.

Whilst most students can manage these pressures, others find the transition from school to university much more problematic. The implications of a poor transition into university life can lead to the experience of loneliness, academic stress, and financial instability.

A recent study carried out by Wonkhe (2019) on student mental health found that issues such as loneliness, academic doubt and financial insecurity were common. In the case of loneliness, the study discovered that around 15% of students within their representative sample experienced such feelings daily, whilst the prevalence increased to 32% on a weekly basis. In addition, around 1 in 6 participants disclosed that they had no ‘true friends’ at university ([Wonkhe, 2019](#)). Whilst the study did find on average that 75% of students felt they could turn to someone if they wanted to socialise, it remains evident that a high proportion of participants within this study felt isolated from their cohort. The importance of friendship building, particularly within the first year of university has been considered by [Raffo and Reeves \(2010\)](#) as imperative to a student developing a sense of control. Scanlon et al (2010) has added to this by suggesting that such relationships enable a student to formulate an identity within the realms of their new environmental context. The consequences of not building meaningful human connection within a new environmental setting can be dire for an individual’s mental health. As [Mushtaq et al \(2014\)](#) noted, the relationship between loneliness and the development of psychiatric illness is strong. Loneliness partnered with the experience of an ill-formulated identity could be considered very problematic for the cognitive wellbeing of a student. Furthermore, as universities become more populated, the occurrence of such phenomena may become more common.

The phenomena of loneliness on university campuses can be compounded by the experience of other insecurities prevalent within this period of the life course. [The Royal College of Psychiatrists \(2011\)](#) identified academic stress as a common cause of poor mental health amongst the student population. The prevalence of academic stress has been illustrated in a

recent poll conducted by the [National Union of Students \(2015\)](#) which found that 9 in 10 students were experiencing such discomfort whilst studying their academic discipline. A more recent survey conducted by [Wonkhe \(2019\)](#) showed that over 50% of participating students felt that the central cause of their anxieties was based on their ability to deal with the pressures of their academic course. Whilst such stresses are common within academia and are expected to a certain degree, they can lead to the experience of poor mental health whilst at university. The introduction of new and complex theoretical and practical processes can leave some students feeling overwhelmed, stressed, and isolated. Therefore, such common trivialisation should be replaced with understanding and intervention to avoid further escalation from occurring. Whilst academically generated stress remains a primary concern of students engaging in higher education, the financial strain of pursuing such studies continues to add an extra element of concern for this constituency.

The fiscal strain of the modern university experience has placed further pressures on student mental health. Continues inflation in the cost of university life has left many students worried about the financial implications of undertaking their studies. A recent piece of research conducted by the NUS, commissioned by Future Finance (2016) showed that 64% of students were concerned about their finances. The research also found that 36% of students were so concerned about their financial situation that it started to have implications for their mental health. In consideration of the financial realities of engaging in higher education, some students undertake employment activities whilst studying. While such activities are not inherently negative if conducted in a sensible manner and by choice, many students undertake such work as a necessity, simply to survive whilst at university. Research by the NUS (2015) showed that 38% were willing to undertake employment activities that were detrimental to their mental health in the pursuit of financial security whilst studying. The consequences of engaging in such activities could be dire for their psychological wellbeing, placing a further need for the

availability of comprehensive mental health support on campuses. Earlier research by Cooke et al (2004) has shown that the likelihood of feelings of anxiety were higher for those with increased financial strain accumulated from their studies, arguably placing this constituency at increased risk of the development of emotional issues. In combining the findings of the NUS and Cooke et al, it can be acknowledged that all students to a degree experience stress and anxiety that can be attributed to the financial implications of higher education, placing them at increased risk of poor mental health. These feelings however are amplified for those who face higher financial concerns, due to the increased stress of juggling university life with employment and pursuing employment activities that could be considered detrimental to their mental health.

The combination of the social, academic, and financial pressures of higher education can be linked to the experience of poor mental health on university campuses. Such pressures have been amplified during the current Covid-19 period. The limits on socialization possibilities, increased academic stress of moving degrees from in-person to online learning and the reduced employment opportunities will have only intensified feelings of stress, anxiety, and loneliness. Therefore, such pressures must be met with increased support from universities, and augmented collaboration between higher education institutions and relevant stakeholders such as the NHS and charitable organisations. Failure to implement such collaborative responses could lead to a generation of student's mental health deteriorating further, only intensifying pre-existing inequalities.

The increased need for psychological interventions on university campuses prior to the pandemic was neatly illustrated in research carried out by the IPPR (2017) which indicated that there had been a 94% increase in the number of students attempting to access counselling support on campuses across the UK. This need is likely to have increased throughout the pandemic, however the ability to capture such an increase can be difficult based on the

availability of collected data. Therefore, data collection of such important indicators such as the number students accessing support and waiting times for such interventions remain relatively sparse amongst UK universities. Consideration must also be made to the fact that many students will not disclose or seek mental health support on campus therefore not captured within the official collection of data by a university. This has been further outlined by the Equality Challenge Unit (2015) who acknowledged that the data collected by higher education institutions may underestimate the true experience of poor mental health on campuses. This, however, is the only information available to go off, and whilst it may underestimate the true number of students experiencing such difficulties, it does enable a brief insight into the situation before and during the Covid-19 pandemic.

As considered in this lengthy introduction, there is an increasing focus and concern for student mental health at every stage of the education system. This research conducted on behalf of the Parliament Street think-tank will focus on the mental health impact on higher educational institutions before and during the Covid-19 pandemic. The research will aim to provide a foundational quantitative understanding of the historical and contemporary situation in relation to the prevalence of mental health need, and the availability of support on university campuses. The prime geographical focus of this report will be English higher education institutions; however, it will refer to universities within the other nations of the United Kingdom. This report hopes to contribute to the general discussion on the impact of Covid-19 on student mental health, whilst also considering the environment prior to the emergence of the global pandemic.

Methodology

The aim of this research was to understand the prevalence of poor mental health on university campuses and the degree of support available to students who require psychological interventions. The quantitative methods used within this research allow a clear, concise, and visual awareness of the research questions. The questions considered over the two academic years (2018/2019 and 2019/2020) were:

- 1) *What is the prevalence of poor mental health on university campuses in England (2018/2019) and UK-wide (2019/2020)*
- 2) *What are the average waiting times for counselling interventions across universities in England (both years) and UK-wide (2019/2020)?*
- 3) *What impact has the Covid-19 pandemic had on the prevalence of poor mental health and average waiting times for counselling interventions on university campuses in England?*
- 4) *What is the relationship between student mental health need and waiting times, and what is the strength of that relationship across English universities and UK-wide (2019/2020 only).*

To answer the questions posed within this research project, data was collected using the Freedom of Information Act 2000. Requests for data on the number of students accessing counselling support and waiting times for such interventions were sent to all 106 universities in England for, both academic years 2018/2019 and 2019/2020 covering periods before the pandemic and during it. The collection of data on these chosen indicators was expanded to include all universities in the United Kingdom for the academic year 2019/2020. The research was originally just going to cover English universities, hence the collection for both years, and remains the focus of this research. However, in recognition of the occurrence of the Covid-19 pandemic, this research thought it necessary to go beyond just comparing English universities for the selected academic years. We therefore expanded our choice of universities to UK-wide,

to enable an added comparison of the prevalence of poor mental health amongst students in England, Scotland, Wales, and Northern Ireland and the ableness of universities in these states to provide timely and adequate support during the Covid-19 pandemic.

The methods of analysis used in presenting the findings of this research included bar charts, scatter plots, and the performing of bivariate correlations to test the strength of the relationship between mental health need and waiting times for intervention. The bar charts were used to display universities with the highest need and waiting times in England (for both academic years) and for the UK (2019/2020 academic year). The use of bar charts also enabled this research to directly compare the differences in need and waiting times for universities in England who provided data for both years. Scatter plots were utilised to compare the mental health need and waiting times for both years in England and included all UK universities for the academic year 2019/2020. The scatter plots were further transformed through the application of reference lines, both vertically and horizontally based on the mean of the data. This enabled the research to place universities into four distinct clusters: *high mental health need/high waiting times, low mental health need/high waiting times, high mental health need/low waiting times, and low mental health need/low waiting times*. The creation of these four clusters has allowed a clear illustration of the current state of student mental health and mental health support at individual universities. The application of lines of best fit were also applied to scatter plots for separate entries to enable the relationship between mental health need and waiting times to be tested. To allow the strength of the relationship to be tested between mental health need and waiting times, the bivariate correlation was conducted. This enabled the research to further consider the strength of the relationship between the two indicators.

The choice of method and presentation used in this research has enabled the prevalence of poor mental health at universities and the availability of support to be considered. It has allowed a

clear presentation of the rates of poor mental health in both academic years for England and academic year 2019/2020 in the case of universities UK-wide. Through the utilisation of scatter plots, and further transformations including the application of reference lines (based on the mean) and lines of best fit, the research has been able to create four distinct clusters of universities based on their performance on need and waiting times for intervention whilst also considering the nature of the relationship between the two indicators. The strength of the relationship was also considered through the application of the bivariate correlation.

There are a few limitations to this research regarding data availability and collection issues. The level of data collected by universities can only provide this study with the number of students accessing support on campuses, not inclusive of students that may be experiencing psychological difficulties but for several reasons are not engaging with services. This is problematic to the extent that the quantitative results of this study will almost certainly be an underestimation of the total prevalence of poor mental health in higher education. The second limitation is related to data collection issues. There remains an issue of data collection on mental health-related issues at UK universities meaning that only some of the sample contacted could provide valid and usable information for this study. This had significant implications for the comprehensiveness of the sample, however enough universities responded to enable this research to capture key trends within the data.

Research Findings

This research aimed to capture the prevalence of poor mental health and availability of counselling interventions on university campuses for two academic years (2018/2019 and 2019/2020). These two academic years hold an increased importance due to their placing before and during the Covid-19 pandemic. This has enabled the research to consider the implications of the pandemic on the chosen indicators. Universities in England have remained the central sample of this study over the two academic years, however higher educational institutions in Scotland, Wales and Northern Ireland were added for the second academic year (2019/2020) to enable a wider comparison to be undertaken on the impact of the pandemic on the prevalence of student mental health and intervention availability.

The presentation of the research findings will be broken up into four sections – *section one will examine the results for 2018/2019 and 2019/2020 in English universities, section 2 will compare the results of these two academic years in English universities and section 3 will examine the prevalence of poor mental health and availability of interventions in UK-wide higher educational institutions for 2019/2020*. Every section will outline the key trends found within the data, whilst also considering the findings for individual universities.

Section One: Prevalence of Counselling Need and Availability of Counselling Support at English Universities in the Academic Year 2018/2019

The first stage of freedom of information requests were submitted in August 2019 to all 106 English universities. A total of 68 out of the 106 universities in England (64%) that responded to our request for information were able to provide relevant and usable data on the total number of students accessing counselling support, whilst 48 out of 106 (45%) were able to provide relevant and usable data on average waiting times for this type of intervention. The data showed that the total number of students accessing counselling support on university campuses was 69,625. This equates to 1 in 16 or 6.1% of the student population (1,133,310) based on the 68 universities that provided relevant and usable data.

Highest Percentages of Students Accessing Counselling Support in the Academic Year 2018/2019 (Universities in England)

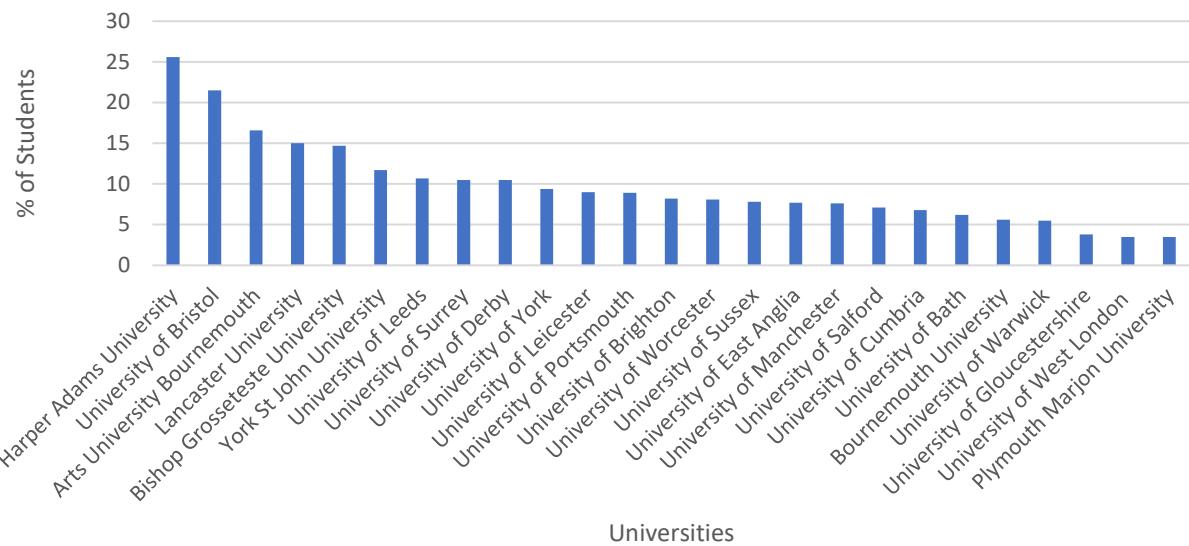


Chart 1 - Percentage of Students Accessing Counselling Support for Academic Year 2018/2019 (Highest 25 Universities in England)

The chart above shows universities with the highest % of students accessing counselling support based on their total student population. The universities with the highest % of students accessing counselling support were Harper Adams (25.6%), Bristol (21.5%), Arts Bournemouth (16.6%) and Lancaster University (15%). Within the sample of universities representing the greatest number of students requiring counselling support there were five Russel Group (world-class, research-intensive universities) members including the University of Bristol (21.5%), Leeds (10.7%), York (9.4%), Manchester (7.6%) and Warwick (5.1%). The average % of students accessing counselling support for all universities was 6.9% with results spanning from 0.6% to 25.6%.

Highest Average Waiting Times (Weeks) for Counselling Support in the Academic Year 2018/2019 (Universities in England)

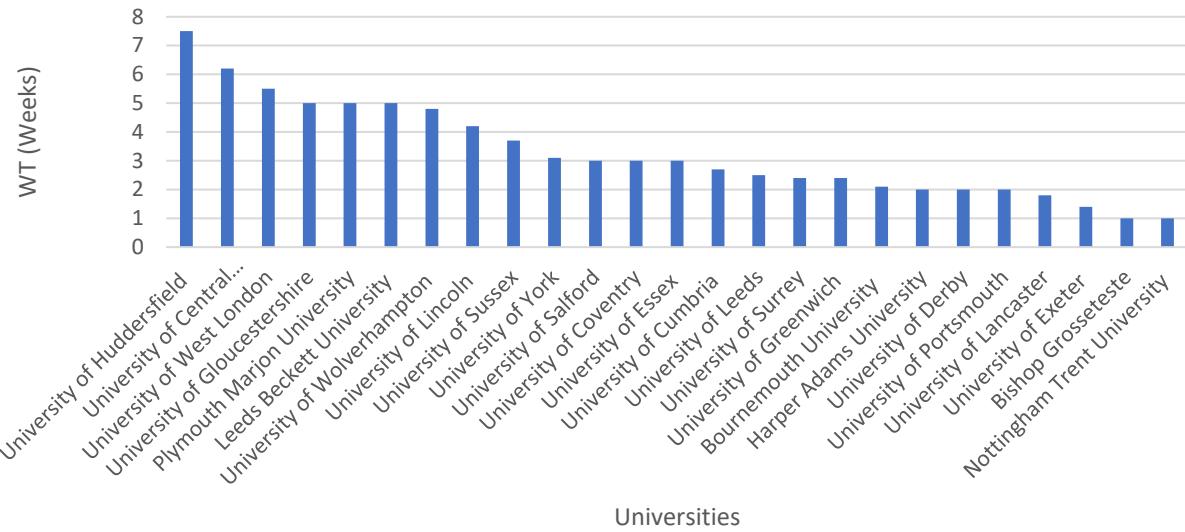


Chart 2 - Highest Average Waiting Times (Weeks) for Counselling Support in the Academic Year 2018/2019 (Universities in England)

The data shown in chart 2 on waiting times for counselling support at universities in England showed huge variations in delay. Waiting times spanned from same day support at London School of Economics and City, University of London up to 7 weeks at the University of Huddersfield. This represents the prevalence of a postcode lottery in the availability of timely provision for psychological issues on university campuses. Whilst most universities were able to offer some level of support within one month of contact, others were unable to meet such standards. The highest waiting times were experienced at the universities of Huddersfield (7.5 weeks), Central Lancashire (6.2 weeks), West London (5.5 weeks) and Gloucestershire (5 weeks). The average waiting time for all universities (45%) that responded to our request for information was 4.8 weeks. The key finding from this section of the research however was found within the collection stage, where of the 106 universities contacted, only 45% were able to provide data on waiting times for mental health interventions. This exemplifies the poor

standard of data collection on mental health-related issues within these institutions. The lack of data availability continues to hinder the identification of individual and country-wide trends on waiting times and inevitably is preventing progress from being made in this area. Therefore, better data collection must be achieved to enable service provision to improve.

The relationship between the total percentages of students accessing counselling support at individual universities and waiting times for such interventions have been tested. An expectation was formed prior to the study that as need increased, so would the average waiting times. The strength and direction of the relationship between mental health need and counselling waiting times is shown below through the utilisation of the bivariate correlation and the application of a line of best fit.

Correlations

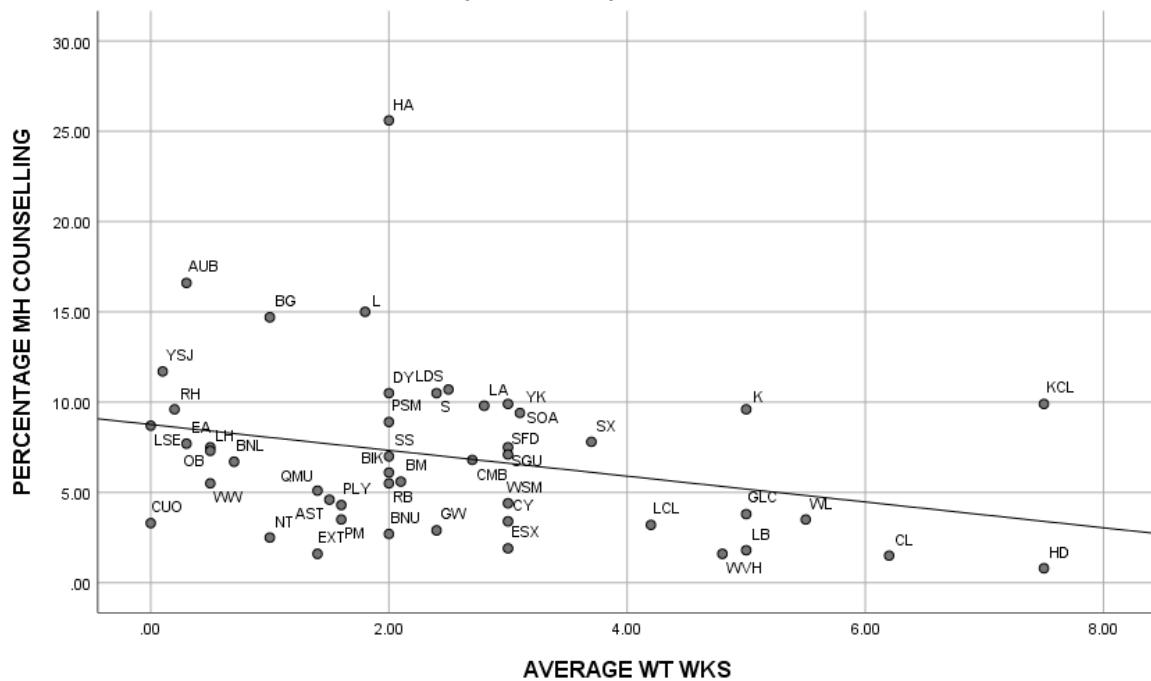
		PERCENTAGE	WKS
PERCENTAGE	Pearson Correlation	1	-.287*
	Sig. (2-tailed)		.048
	N	48	48
WKS	Pearson Correlation	-.287*	1
	Sig. (2-tailed)	.048	
	N	48	48

*. Correlation is significant at the 0.05 level (2-tailed).

Table 1 - Bivariate Correlation - % Counselling and Waiting Times – 2018/2019

Through the application of the bivariate measure, we can consider the strength of the relationship between the two indicators. Any score between -0.29 to -0.1 is classified as a weak negative correlation, meaning that there is some relationship between the two indicators however this relationship is only minor. The table above shows that between the two indicators in question, the pearson r score was -0.287 which represents a minor relationship.

% of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (line of best fit) Correlation

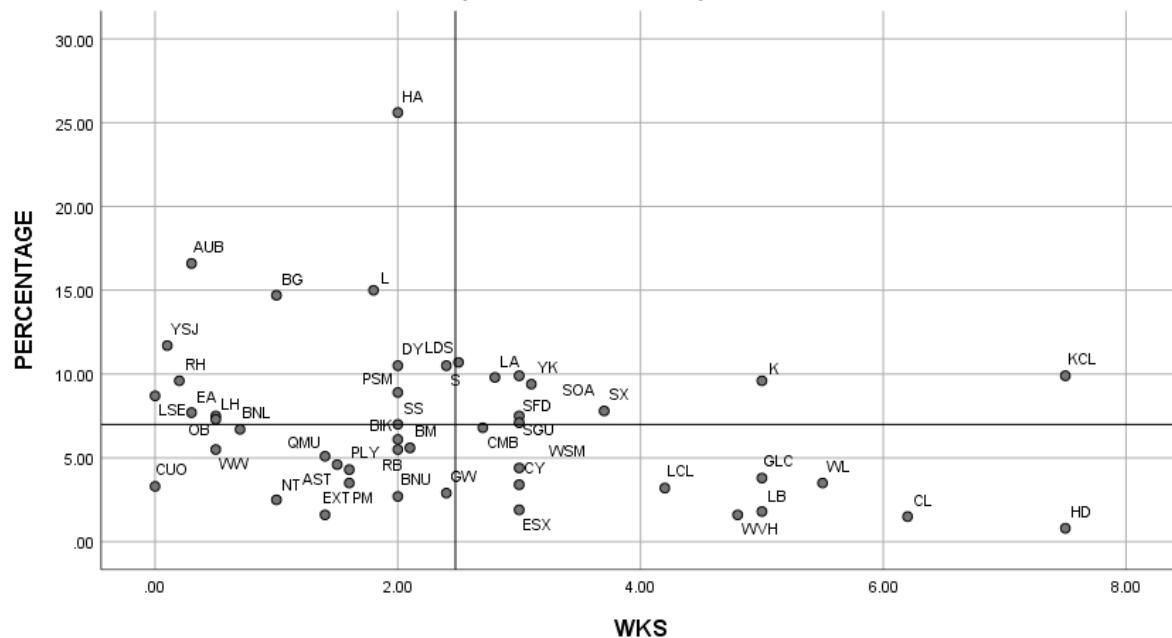


Scatter Plot 1 - % of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (line of best fit) Correlation

The application of the line of best fit as considered in the scatter plot above shows that the direction of the relationship is negative. This formulates into a weak negative correlation, meaning that there is only a minor indication that as need for counselling increased, waiting times decreased, however this finding is not representative of the whole sample.

In further considering the relationship between levels of need for counselling support and average waiting times at individual universities, this study applied reference lines based on the mean to the X and Y axes. This created a matrix which allowed the study to create four distinct clusters of universities based on the results of the two indicators. The four clusters were defined as: high rates of counselling need/low waiting time (Cluster 1), low rates of counselling need/high waiting times (Cluster 2), high rates of counselling need/high waiting times (Cluster 3), and low rates of counselling need/low waiting times (Cluster 4).

% of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (reference lines added) Matrix



Scatter Plot 2 - % of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (reference lines added) Matrix

Cluster 1 – High Rates of Counselling Need and Low Waiting Times

The first cluster represents universities that have a high need for counselling support however have positively low waiting times to access such interventions. Universities in this cluster are *Harper Adams (HA), Arts University Bournemouth (AUB), University of Lancaster (L), Bishop Grosseteste (BG), York St John University (YSJ), Royal Holloway University (RH), University of East Anglia (EA), London School of Economics (LSE), Oxford Brooks University (OB), Liverpool Hope University (LH), University of Derby (DY), University of Leeds (LDS), and University of Portsmouth (PSM)*.

Cluster 2 – Low Rates of Counselling Need and High Waiting Times

This cluster represents universities with a high prevalence of need for counselling but even with such low rates of need, maintain high waiting times for support. The universities within this cluster include the *University of Cumbria (CMB)*, *University of Westminster (WSM)*, *University of Coventry (CY)*, *University of Essex (ESX)*, *University of Lincoln (LCL)*, *University of Gloucestershire (GLC)*, *Leeds Beckett University (LB)*, *University of Wolverhampton (WVH)*, *University of West London (WL)*, *University of Central Lancashire (CL)*, and the *University of Huddersfield (HD)*. These universities may not have the relevant infrastructure to support the low number of students requiring interventions, however such interventions even with such a small constituency of need are nevertheless important.

Cluster 3 – High Rates of Counselling Need and High Waiting Times

This cluster represents universities with high prevalence's of need for counselling support and equally high waiting times. The high waiting times could signify inadequate levels of human resources and infrastructure to deal with the great need for counselling interventions. Therefore, universities within this cluster may need to further develop their staffing levels and infrastructure to enable waiting times to fall and the need to be met. Universities within this cluster include *Leeds Arts University (LA)*, the *University of York (YK)*, *SOAS*, *University of London (SOA)*, *University of Salford (SFD)*, *University of Sussex (SX)*, *University of Surrey (S)*, *University of Keele (K)*, *Kings College London (KCL)* and *St George's, University of London (SGU)*.

Cluster 4 – Low Rates of Counselling Need and Low Waiting Times

The universities within this cluster arguably represent the most favourable outcomes with low prevalence's of need for counselling interventions and low waiting times. This means that unlike cluster 2, where need is low but waiting times are high, these universities provide timely interventions even though they had a comparably smaller constituency requiring them. The

universities within this cluster include *City, University of London (CUO), University of Warwick (WW), Brunel University (BNL), Nottingham Trent University (NT), Aston University (AST), Queen Mary, University of London (QMU), University of Exeter (EXT), Plymouth Marjon University (PM), University of Ravensbourne (RB), University of Bournemouth (BM), University of Plymouth (PLY), Southampton Solent University (SS), University of Greenwich (GW), Birkbeck University (BIK), and Buckinghamshire New University (BNU)*.

These findings help divide universities into distinctive clusters which enable an indication of their need and their capabilities in meeting that need. Some assumptions can be made from these findings such as universities in Clusters 2 and 3 may need to upgrade their levels of human resources and counselling infrastructure to reduce waiting times and need. Whilst universities in Clusters 1 and 4 can be considered from the available data as providing adequate levels of timely interventions to their constituencies in need. There are limits to what the data can show, for example it cannot show how good the support on individual campuses is, or the comprehensiveness of such interventions. However, the discussion following the findings section will endeavour to offer further insight into the different standards of provision within some of these universities. The next section will examine the 2nd round of Freedom of Information requests sent out in August 2020 which followed identical lines of questioning.

Section Two: Prevalence of Counselling Need and Availability of Counselling Support at English Universities in the Academic Year 2019/2020 (Partly During the Covid-19 Pandemic)

The second round of Freedom of Information requests were sent to all 106 universities in England in August 2020 with identical questions asked. The academic year 2019/2020 holds important relevance for students due to the occurrence of the Covid-19 pandemic. Therefore, this section will outline how prevalent poor mental health was throughout each university's population and the abilities of these universities to respond to such need. In this round of FOI's 50/106 (47%) universities responded to our requests for information. Of those 51 universities

31 (29%) were able to provide information on both indicators (number of students accessing counselling support and average waiting times for counselling). The total number of students requiring counselling support during the academic year 2019/2020 was 51,105. This equates to 1 in 18 or 5.4% of students in England accessing counselling support based on the total student population of the universities that responded to our request (930,442).

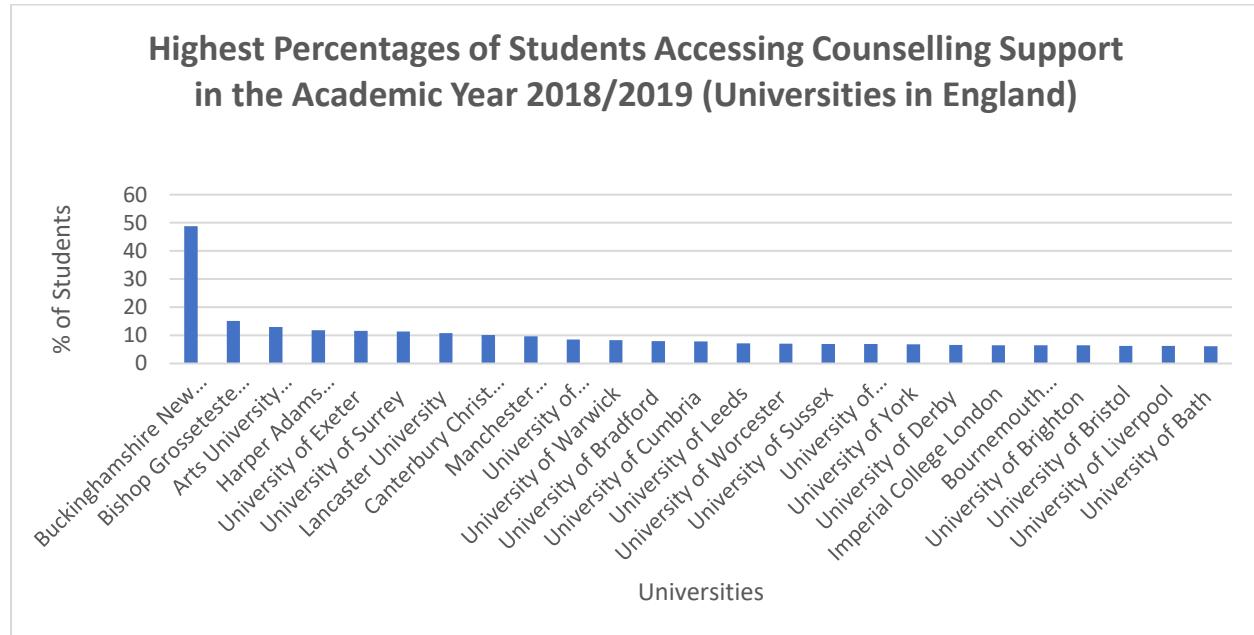


Chart 3 - Highest Percentages of Students Accessing Counselling Support in the Academic Year 2019/2020 (Universities in England)

The chart above shows the universities with the highest %'s of students accessing counselling support based on their total student population. The universities with the highest %'s of students accessing counselling support included Buckinghamshire New University (48.8%), Bishop Grosseteste (15.1%), Arts University Bournemouth (13%) and Harper Adams University (11.8%). The list also included members of the Russell Group (world-class, research-intensive universities) with the universities of Exeter (11.6%), Warwick (8.3%), Leeds (7.2%), Manchester (6.9%), York (6.8%), Imperial College London (6.5%), Bristol (6.3%) and Liverpool (6.2%) representing some of the highest numbers of students accessing counselling in England. Universities such as York, Leeds, Bristol, Manchester, and Warwick

have now appeared in the list of the highest student counselling rates in England for the second year running, posing further concerns about the causation of this outcome. In the case of Warwick and Exeter, rates of need for counselling have increased by 3% for the former and 10% for the latter, whilst the other universities have seen a fall in rates. Either way, such world-class universities must consider investigating the causation of such high rates of need for counselling support within their institutions and correct any negative factors contributing to this outcome.

In the case of waiting times, very few universities were able to provide adequate and clear responses to this question. A high number of universities did not record this information or were unable to quantitatively break it down to present it in a clear format. The total number of universities that provided responses that were adequate for presentation was 31 (29%) of all institutions in England. The highest waiting times were experienced at the University of Wolverhampton (8 weeks), University of Huddersfield (7.9 weeks), Bath Spa University (7.8 weeks) and the University of Greenwich (7.1 weeks).

Highest Average Waiting Times (Weeks) for Counselling Support in the Academic Year 2019/2020 (Universities in England)

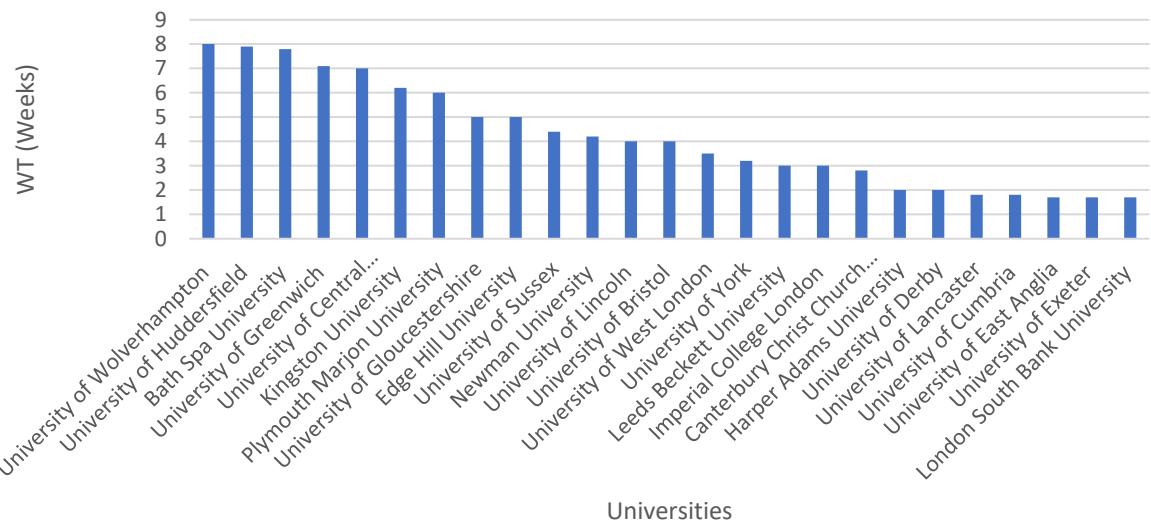


Chart 4 - Highest Average Waiting Times (Weeks) for Counselling Support in the Academic Year 2019/2020 (Universities in England)

There was some representation of Russell Group universities within this chart including the universities of Bristol, York, Imperial College London, and Exeter. These universities were also found to have high %'s of need for counselling (See Chart 3). The appearance of high counselling need partnered with high waiting times pose further concerns about the abilities of these world-class universities to provide adequate and comprehensive counselling interventions for students who are struggling. More must therefore be done to further develop the counselling infrastructure and human resources at these universities. In the case of the universities of Wolverhampton, Huddersfield, Bath Spa and Greenwich who represented the highest waiting times, attention must be made to the relative newness of these institutions. These institutions were only awarded university status within the 28 years which may explain the potentially undeveloped nature of their counselling infrastructure and human resources. It would be hoped that as these institutions mature, waiting times for counselling support will

reduce. However, as considered in the cases of Bristol, York, Imperial College London and Exeter, such development is not a given.

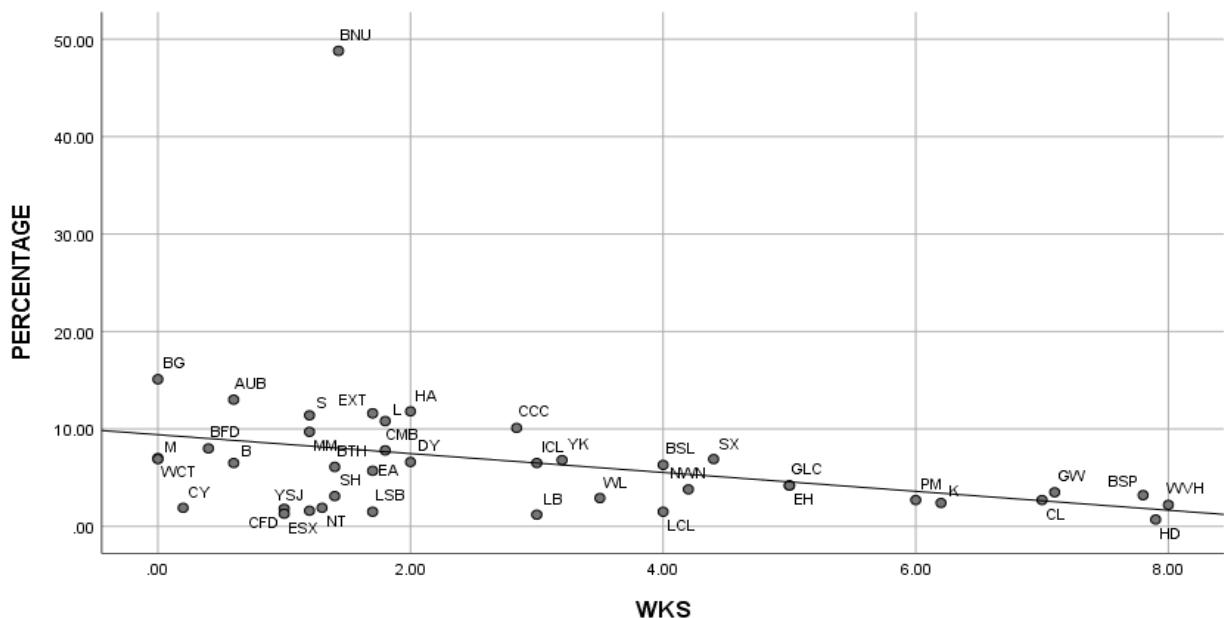
As applied in the last section of this report, the relationship between the two indicators will now be tested again for the academic year 2019/2020. The general hypothesis as noted in the last section was that as counselling need increased, waiting times would rise too.

Correlations

		PERCENTAGE	WKS
PERCENTAGE	Pearson Correlation	1	-.300
	Sig. (2-tailed)		.057
	N	41	41
WKS	Pearson Correlation	-.300	1
	Sig. (2-tailed)	.057	
	N	41	41

Table 2 - Bivariate Correlation - % Counselling and Waiting Times - 2019/2020

% of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (line of best fit) Correlation



However, through the application of the best line of fit we can concede that as counselling need increased in the sample, the average waiting times decreased. A Pearson r score of 0.300 as shown in the table above signifies that the relationship between the two indicators is a negative one. This equates to a weak negative correlation between the counselling need and waiting times for such interventions.

The final part of this section will consider how universities that provided information for both indicators in the academic year 2019/2020 fit within a scatter plot matrix. As utilised for the academic year 2018/2019, the same matrix function will now be applied to the universities for the following academic year based on their % need for counselling support and their waiting times for such interventions.

% of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (reference lines added) Matrix

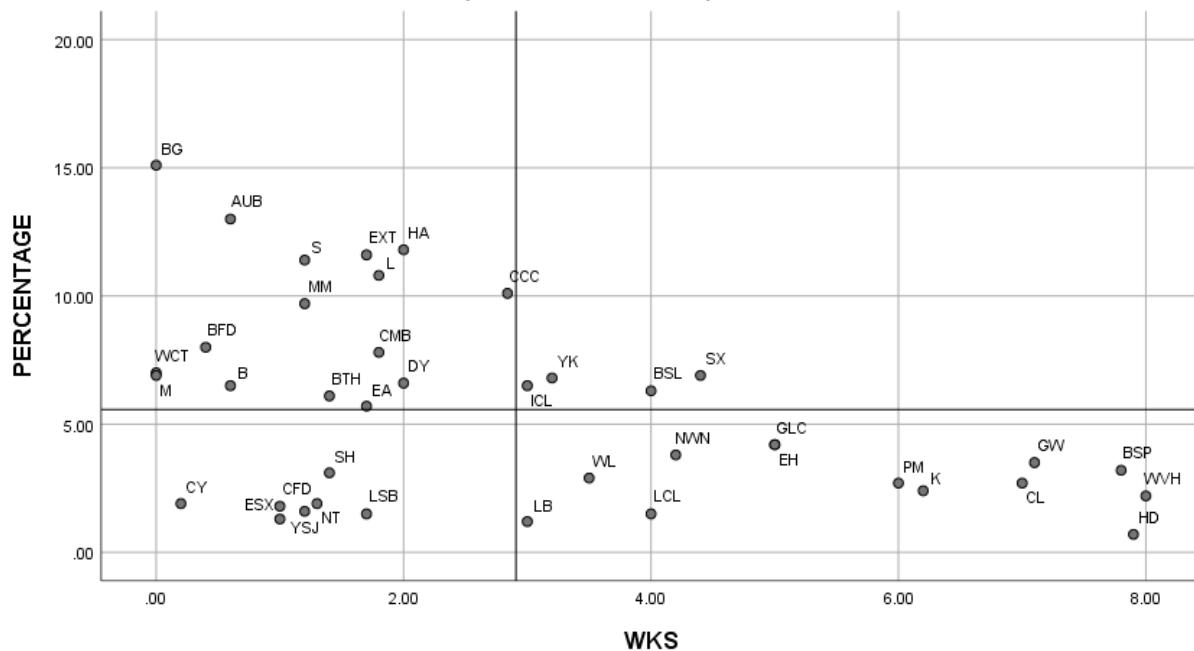


Chart 5 - % of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (reference lines added) Matrix

*Buckinghamshire New University not included in matrix as the extreme total distorted the wider dataset.

Cluster 1 – High Rates of Counselling Need and Low Waiting Times

Cluster 1 represents universities who demonstrated high rates of need for counselling support and low waiting times in the academic year 2019/2020. The institutions in this cluster included *Bishop Grosseteste (BG), Arts University Bournemouth (AUB), University of Surrey (S), University of Exeter (EXT), Harper Adams (HA), Manchester Metropolitan University (MM), University of Lancaster (L), Canterbury Christ Church University (CCC), University of Cumbria (CMB), University of Bradford (BFD), University of Worcester (WCT), University of Manchester (M), Bournemouth University (BTH), University of Bath (B), University of East Anglia (EA), and the University of Derby (DY)*. There has been some movement between the clusters from 2018/2019 by the *University of Surrey (S)* who saw a fall in waiting times, the

University of Exeter (EXT) who has experienced an increase in counselling need, and by the *University of Bournemouth (BTH)* that has also experienced a rise in need for counselling support.

Cluster 2 – Low Rates of Counselling Need and High Waiting Times

Cluster 2 represents universities that had comparably low rates of need for counselling support and high waiting times in the academic year 2019/2020. The institutions in this cluster included *Leeds Beckett University (LB)*, *University of West London (WL)*, *Newman University (NWN)*, *University of Lincoln (LCL)*, *University of Gloucestershire (GLC)*, *Edge Hill University (EH)*, *Plymouth Marjon University (PM)*, *Keele University (K)*, *University of Central Lancashire (CL)*, *University of Greenwich (GW)*, *Bath Spa University (BSP)*, *University of Wolverhampton (WVH)*, and the *University of Huddersfield (HD)*. There has been movement between the clusters by Plymouth Marjon University, Keele University, and the University of Greenwich who all experienced increases in waiting times.

Cluster 3 – High Rates of Counselling Need and High Waiting Times

Cluster 3 represents universities that had comparably high rates of need for counselling support and high waiting times in the academic year 2019/2020. The universities of *York (YK)* and *Sussex (SX)* maintained their positions in this cluster alongside *Imperial College London (ICL)* and the *University of Bristol (BSL)* who were only able to provide information on the two selected indicators for 2019/2020. The *University of York (YK)* and the *University of Sussex (SX)* experienced a small increase in waiting times and a slight drop in counselling need.

Cluster 4 – Low Rates of Counselling Need and Low Waiting Times

The final cluster represents universities with comparably low rates of need for counselling support and low waiting times to access counselling interventions. The institutions in this cluster included the *University of Coventry (CY)*, *University of Essex (ESX)*, *York St John*

University (YSJ), Cranfield University (CFD), Nottingham Trent University (NT), Sheffield Hallam University (SH) and London South Bank University (LSB). The *University of Essex (ESX)* has moved into this cluster from cluster 2 after a substantial reduction in their waiting times for counselling interventions, whilst *York St John University (YSJ)* has witnessed a large fall in the number of students accessing counselling support.

The next section will now consider individual and overall changes in counselling need and waiting times over the two academic years studied. It will therefore outline any implications that the Covid-19 pandemic may have had on the need for counselling support and waiting times for such provisions in English universities.

Section Three: Examining the Impact of the Covid-19 Pandemic on Student Counselling Need and Waiting Times for Counselling Interventions

The impact of the Covid-19 pandemic on student mental health has been immense, the increased levels of isolation, loneliness and anxiety generated by the pandemic and the subsequent lockdown measures have undoubtedly left a psychological strain on this constituency. This section will therefore compare the data from the two academic years explored in this report, with the 2018/2019 academic year data representing the situation prior to the pandemic, whilst the 2019/2020 academic year showing the situation during Covid-19. By comparing both years an understanding of the mental health implications of the pandemic on individual universities and on student's country wide can be considered. However, an examination of the changes in counselling need and waiting times for such interventions was somewhat hindered by the limited number of universities that could provide data for both years.

The total number of universities that provided data for both indicators for both years was 26/106 (24.5%), the total number of universities that provided data for % of students accessing counselling for both years was 39/106 (36.7%) and for waiting times it was again 26/106 (24.5%). The limited data provided does lower the generalisability of this section, but at least

gives some insight into how rates have changed during the pandemic period. A second cautionary note is that there may be alternative reasons for counselling need rates increasing or decreasing at individual universities related to the prevalence or lack of prevalence of pre-existing mental health issues within the new cohort prior to entering higher education. This may be illustrated in extreme changes in individual university rates. However, through careful consideration of the results, most of the universities have only seen minor or medium level changes in the level of counselling need on campus, speculatively showing that this factor played little role in these universities outcomes. Though one must be mindful that universities with extreme changes may illustrate a strong indication of this factor.

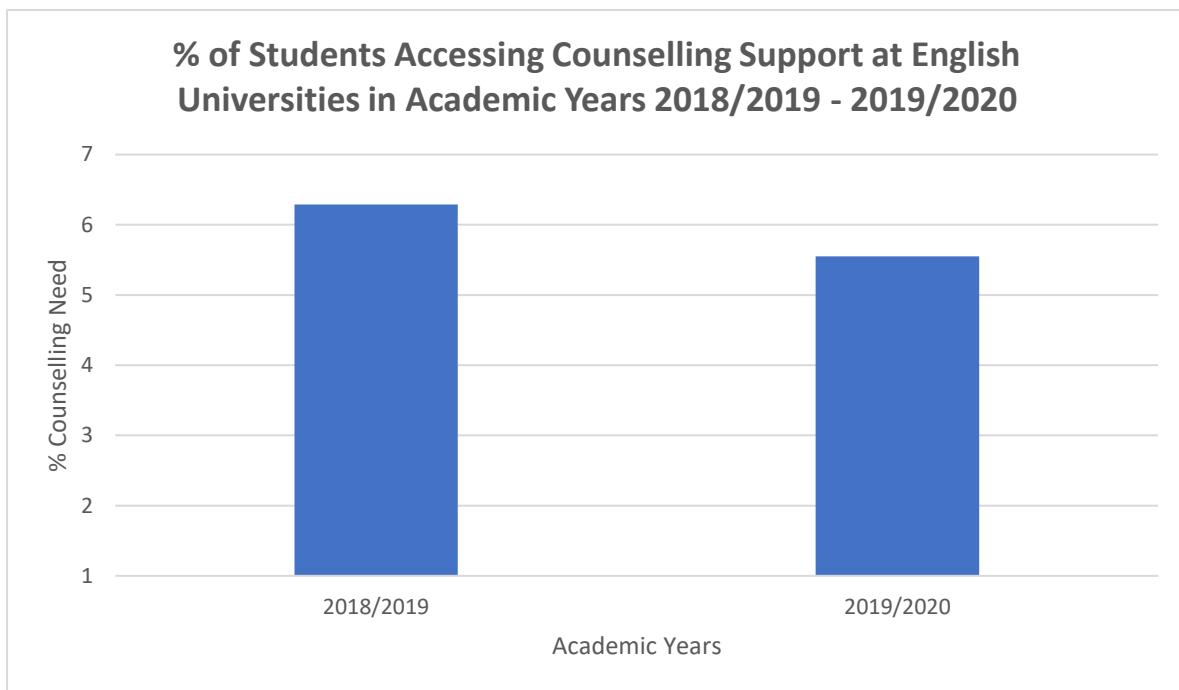


Chart 6 - % of Students Accessing Counselling Support at English Universities in Academic Years 2018/2019 - 2019/2020

The chart above shows the % total of need for counselling support in English universities over the two academic years studied. The sample for comparison was limited to the 39/106 (36.7%) English universities that were able to provide adequate levels of data for both years. A total of 44,133 students accessed counselling support in 2018/2019 at these universities with a total student population of 700,847. In 2019/2020 the total number of students accessing counselling

interventions stood at 39,771 and the total population was 715,470. Based on dividing the number of students accessing counselling support with total populations for both academic years we can acknowledge that there was a slight reduction in admissions for support. The % total of counselling need for 2018/2019 was 6.29%, dropping to 5.55% in 2019/2020. Whilst these figures show a reduction of 0.74% in students accessing counselling support, it is important to note that there may be numerous reasons for this outcome. Data collected prior to the pandemic by [Unite \(2019\)](#) showed that only 53% of students with a mental health problem declared it to their university. Furthermore, only 23% of students with pre-existing mental health problems believed that their universities services could support them. The prevalence of the latter may have increased during the pandemic period. However, more research would need to be carried out to confirm such assumptions.

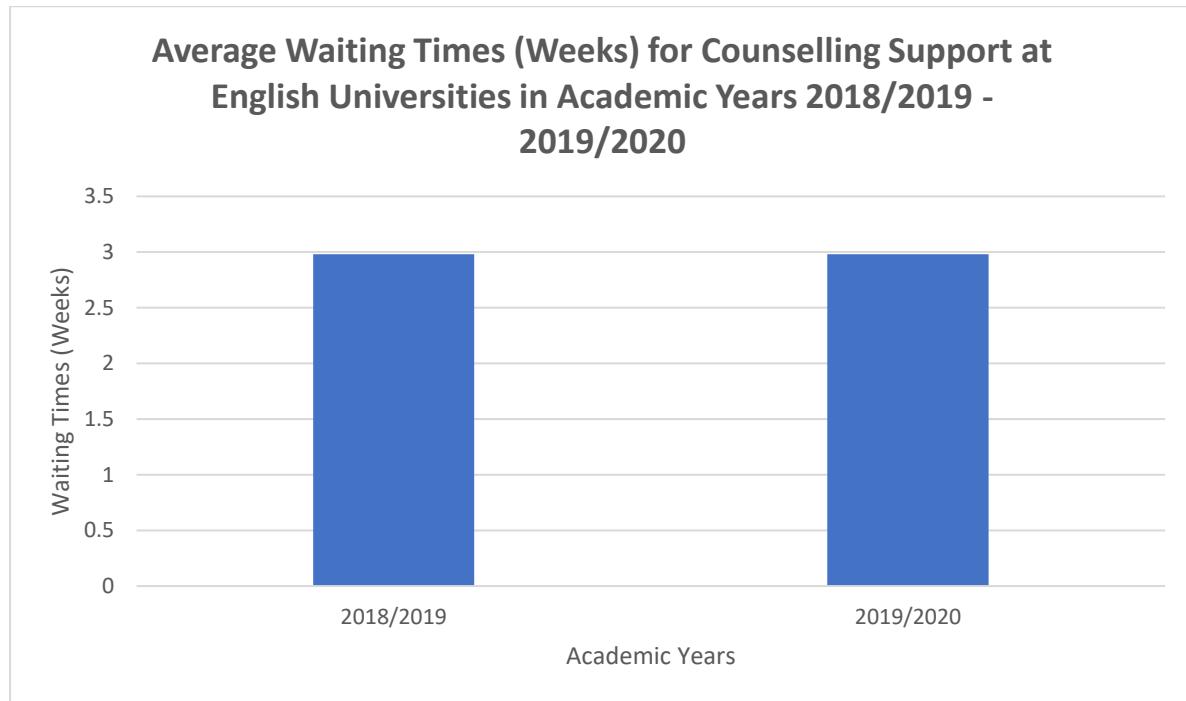


Chart 7 - Average Waiting Times (Weeks) for Counselling Support at English Universities in Academic Years 2018/2019 - 2019/2020

We can acknowledge from Chart 7 that the average waiting times (weeks) for counselling support at English universities has not changed between the period before the pandemic

(2018/2019) and during it (2019/2020). However, yet again it is important to note that this is based on a very small sample of universities (26/106 or 24.5%) that could provide data for both academic years. Therefore, the generalisability of these results may be limited and not representative of the overall picture that would have been available if all universities recorded waiting times and were able to provide such data in a presentable format. Yet again this outlines the key issue of inadequate data-collection on mental health by universities in England.

The next two charts (Chart 8 and Chart 9) show the % differences in need for counselling support and waiting times in weeks at individual universities in England.

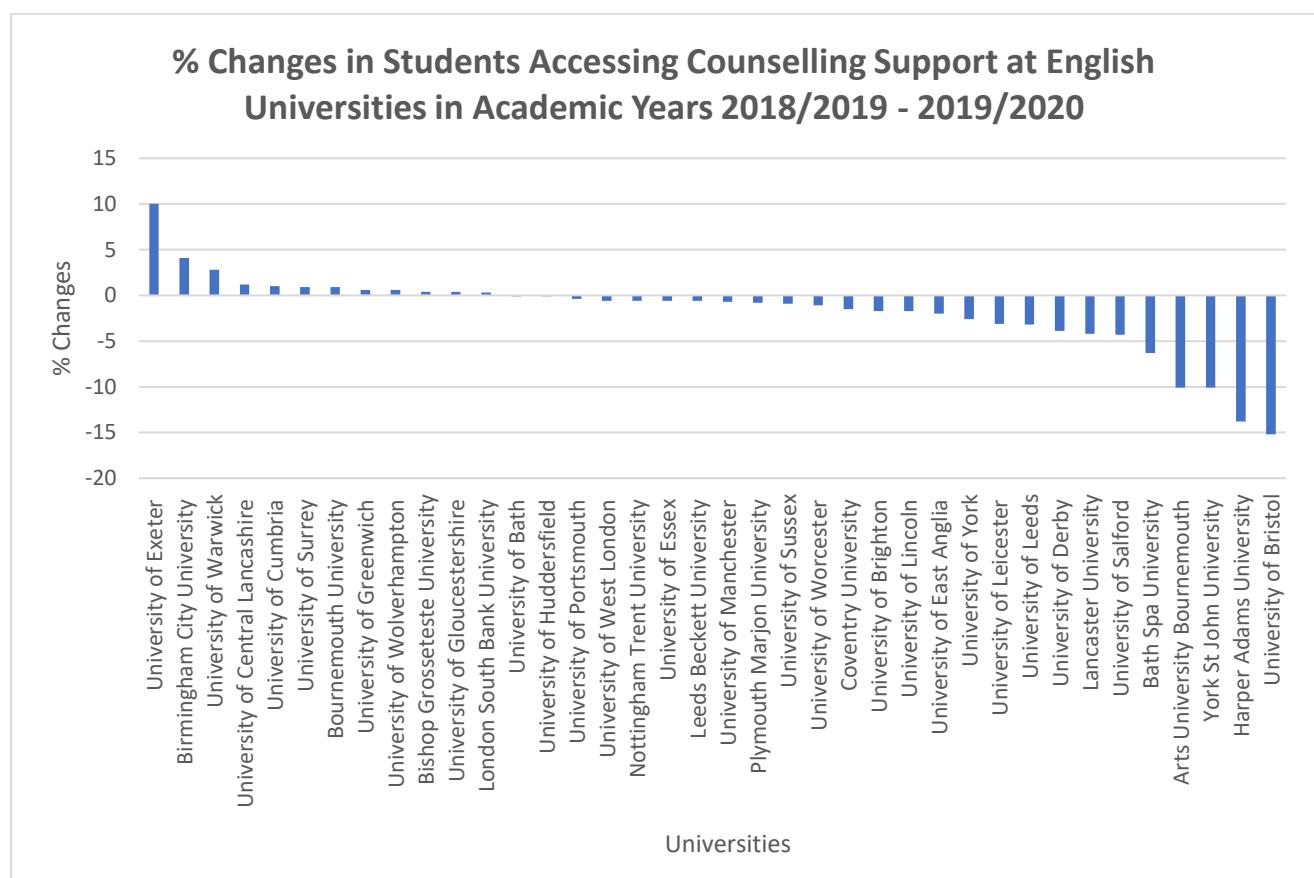


Chart 8 - % Changes in Students Accessing Counselling Support at English Universities in Academic Years 2018/2019 - 2019/2020

Chart 8 illustrates the % changes in counselling need at individual English universities between the academic years 2018/2019 and 2019/2020. Of the 38/106 (35.8%) universities that were

able to provide data for both years, 12/38 (31.5%) saw increases in need for counselling support, whilst 26/38 (68.4%) experienced decreases. Therefore, the general trend amongst most English universities was decreases in the %'s of students accessing counselling support in 2019/2020 compared to the 2018/2019 academic year. Of the universities that recorded a rise in counselling need, the highest increases were experienced by the University of Exeter (10%), Birmingham City University (4.1%) and the University of Warwick (2.8%). The highest decreases in counselling need were witnessed at the University of Bristol (-15.2%), Harper Adams University (-13.8%) and York St John University (-10.1%).

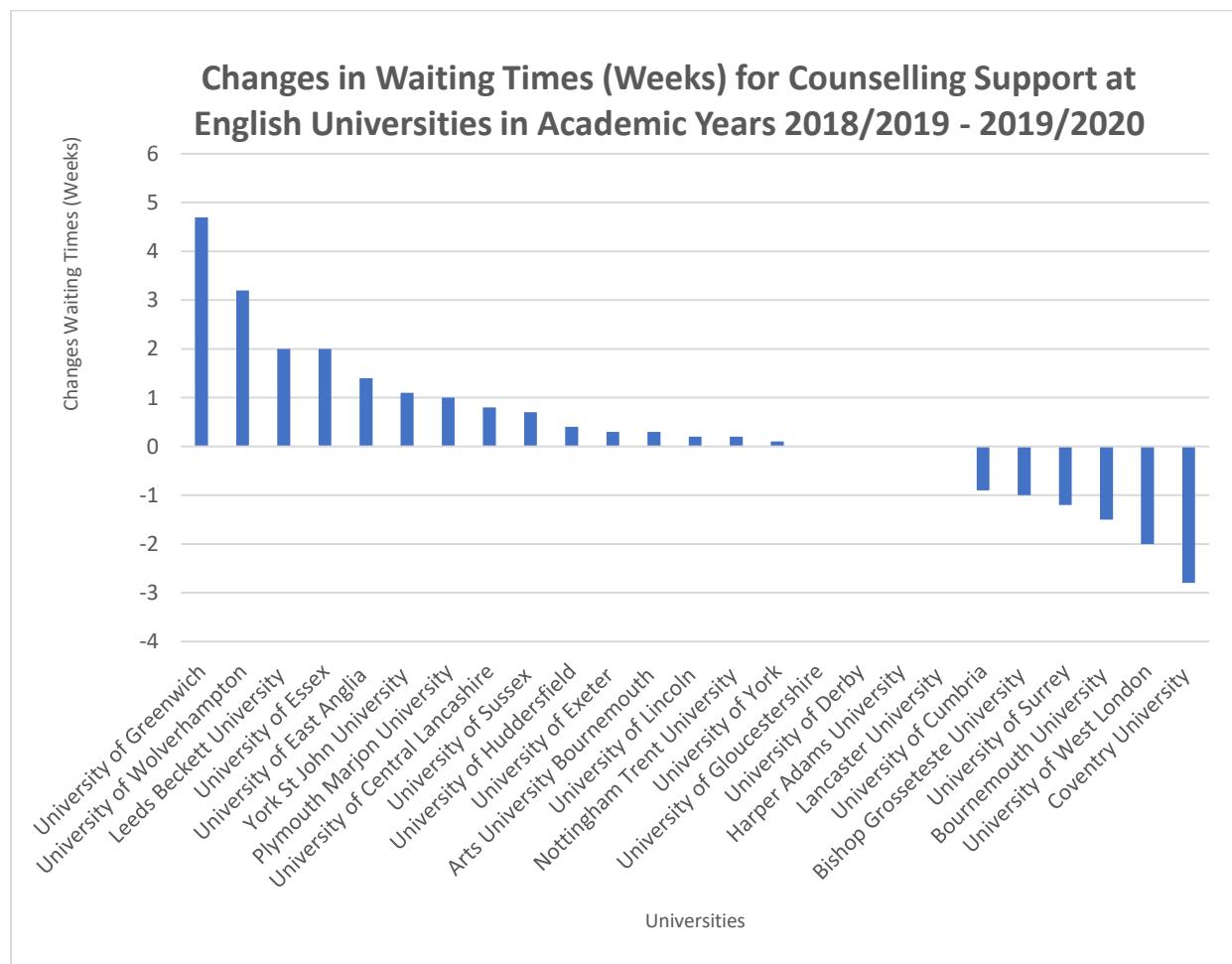


Chart 9 shows the changes in waiting times for counselling services at individual English universities between the academic years 2018/2019 and 2019/2020. Of the 25/106 (23.5%) universities that could provide data for both years, 15/25 (60%) experienced increases in

waiting times compared to 6/25 (24%) that saw decreases and 4/25 (16%) that witnessed no changes at all.

In analysing the results on waiting times for individual universities this report has attempted to consider potential causations of such changes. In the case of universities that experienced increases in waiting times, we can attribute several technical and practical factors that may have contributed to this outcome. A simple theory can be formed for universities such as Greenwich, Wolverhampton, Central Lancashire, Exeter, and Bournemouth. These universities experienced increases in need for counselling support, therefore providing an explanation for rises in waiting times. However, such a simplistic explanation cannot be attributed to all universities that experienced increases in waiting times. At universities such as Leeds Beckett, Essex, East Anglia, York St John, Plymouth Marjon, Sussex, Huddersfield, Lincoln, Nottingham Trent, and York decreases in need were reported, therefore ruling out the above theory. Alternative theories must therefore be considered for these universities. Such explanations could include poor implementation of virtual counselling support to replace in-person provision, increased prevalence of more acute symptoms in students that required time-consuming interventions to take place, or reductions in the number of staff available to provide counselling services. All these theories, though not extensive could explain the obscure partnership of increased waiting times and reduced need for counselling interventions.

The same complexities are visible in the six universities that experienced reductions in waiting times. In the case of universities such as Coventry and West London we can attribute a decrease in waiting times to a reduction in need for counselling interventions. However, when considering the cases of Bournemouth, Surrey, Bishop Grosseteste and Cumbria such an explanation cannot be considered. These universities experienced increased need for counselling provision in 2019/2020 compared to 2018/2019 whilst simultaneously experiencing a reduction in waiting times. One theory that could be attributed to this outcome

may be that these universities were more efficient at replacing in-person provisions with virtual alternatives during Covid-19. Therefore, enabling them to reduce overall waiting times for an increased constituency of students requiring counselling interventions. However yet again this remains a theory and may not be applicable to all universities in question.

This section has outlined some of the key changes around counselling need and waiting times for such interventions between the two academic years studied. The data suggests that need for counselling interventions has reduced over the two academic years whilst overall waiting times have remained the same. The data for individual universities also suggests a certain level of complexity in the causation of outcomes for both counselling need and waiting times. However, poor data collection on counselling need and waiting times by most universities over the two-year period has meant that these findings cannot be considered generalisable. Therefore, this data offers a somewhat incomplete understanding of the rates of poor mental health and the availability of counselling interventions at universities in England.

Section Four: Comparing Prevalence of Counselling Need and Availability of Counselling Support Across English, Scottish, Welsh and Northern Irish Universities (2019/2020)

This section aims to compare the prevalence of counselling need and the availability of counselling support across the whole of the United Kingdom. In comparing the number of students accessing counselling support and the average waiting times for such interventions this study has been able to consider the impact of the Covid-19 pandemic on student mental health across the four nations of England, Scotland, Wales, and Northern Ireland. A total of 62/131 (47.3%) UK universities responded to our request for information. Of those universities, all 62 were able to provide data on need for counselling support, whilst 50/131 (38.1%) were able to provide data for waiting times for such interventions. The individual nations universities response rates are laid out below:

England: 49/106 (46.2%) for Counselling Need/ 40/106 (37.7%) for Waiting Times.

Scotland: 8/15 (53.3%) for Counselling Need/ 6/15 (40%) for Waiting Times.

Wales: 6/8 (75%) for Counselling Need/ 3/8 (37.5%) for Waiting Times.

Northern Ireland: 1/2 (50%) for Counselling Need/ 1/2 (50%) for Waiting Times.

Therefore, the highest usable response rates for counselling need were received by Welsh universities, whilst the highest for waiting times was received by Northern Irish universities. The response rates from English universities remained the lowest out of all the nations of the UK. This clearly identifies the key issue of poor data-collection on counselling and waiting times by universities in England who lag the rest of the nations in this area. However, this is not just an issue exclusive to English universities as the data on responses shows.

The responses that were received on counselling need by the four nations were added up and divided by the total population for each country (based on the universities that responded). This

enabled the study to calculate the % of university students within each nation that were accessing counselling provision at their universities.

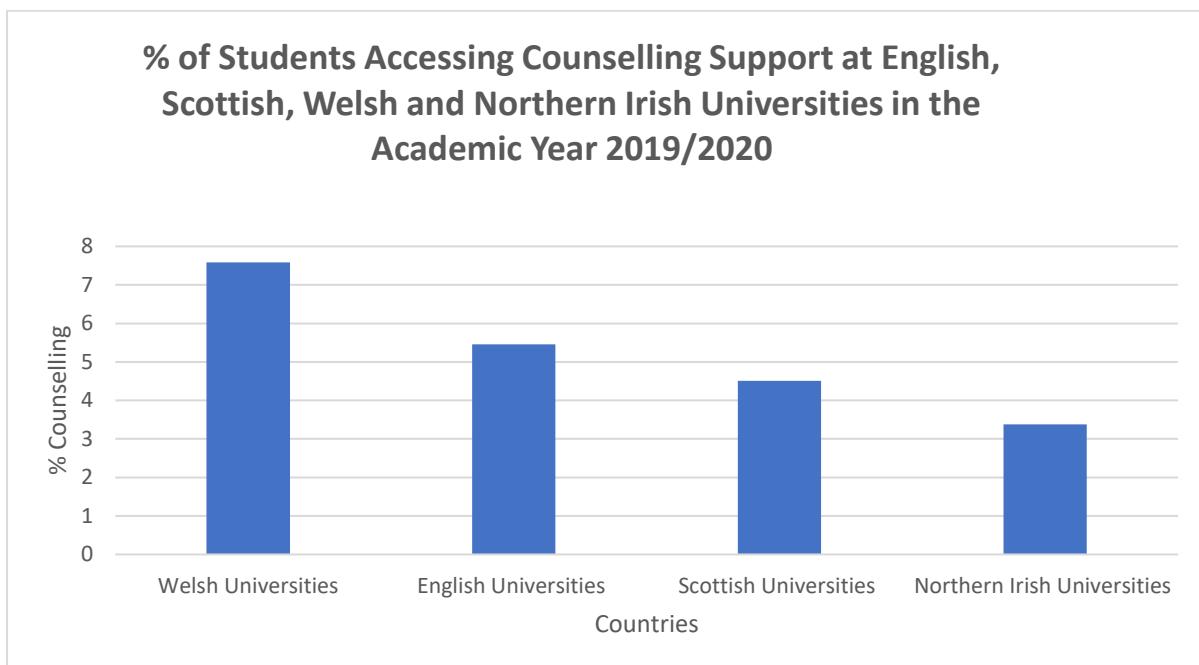
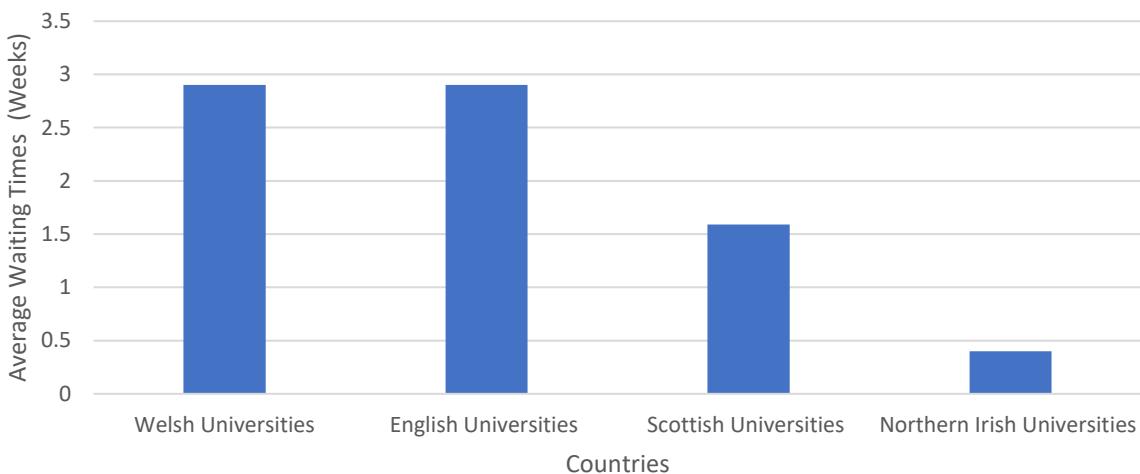


Chart 9 - % of Students Accessing Counselling Support at English, Scottish, Welsh and Northern Irish Universities in the Academic Year 2019/2020

The chart above shows the % totals of students that accessed counselling support for each of the nations studied. The country with the highest % of university students accessing counselling support was Wales (7.58%), followed by England (5.46%), Scotland (4.51%) and Northern Ireland (3.38%). A further calculation was then undertaken to work out the average waiting times (weeks) for each of the four nations universities. It was expected that a similar order would appear for waiting times, based on the logic that the more students requiring counselling interventions, the higher the waiting times would be.

Average Waiting Times (Weeks) for Counselling Support at English, Scottish, Welsh and Northern Irish Universities in the Academic Year 2019/2020



The chart above shows that the average waiting times (weeks) in each of the nation's reflects the same order as that for the % of counselling need. Therefore, indicating that higher counselling need in UK nations has a direct impact on waiting times. However, in the case of England and Wales we can consider a further key finding. Although English universities experienced less need for counselling services on average compared to Welsh universities, waiting times for both nations are equal. This could suggest that overall, Welsh universities were more able to offer quicker interventions compared to their English counterparts. This finding is strengthened by the fact that an equal % (37.5%) of universities from each country responded to our requests for information on waiting times. However, we must also consider that only 46.2% of universities in England responded to our requests on counselling need compared to a much larger 75% of universities in Wales. Therefore, the comparison may be somewhat flawed.

The next table and chart show the relationship and strength of the relationship between the two indicators (counselling need and waiting times) on a UK wide level. The table below indicates that the strength of the relationship between the two indicators is weak, meaning that there is a

low likelihood that counselling need and waiting times influence each other in a significant way.

Correlations

		Percentage	WKS
Percentage	Pearson Correlation	1	-.345*
	Sig. (2-tailed)		.015
	N	49	49
WKS	Pearson Correlation	-.345*	1
	Sig. (2-tailed)	.015	
	N	49	49

*. Correlation is significant at the 0.05 level (2-tailed).

Table 3 - Bivariate Correlation - % Counselling and Waiting Times - 2019/2020 (UK Wide)

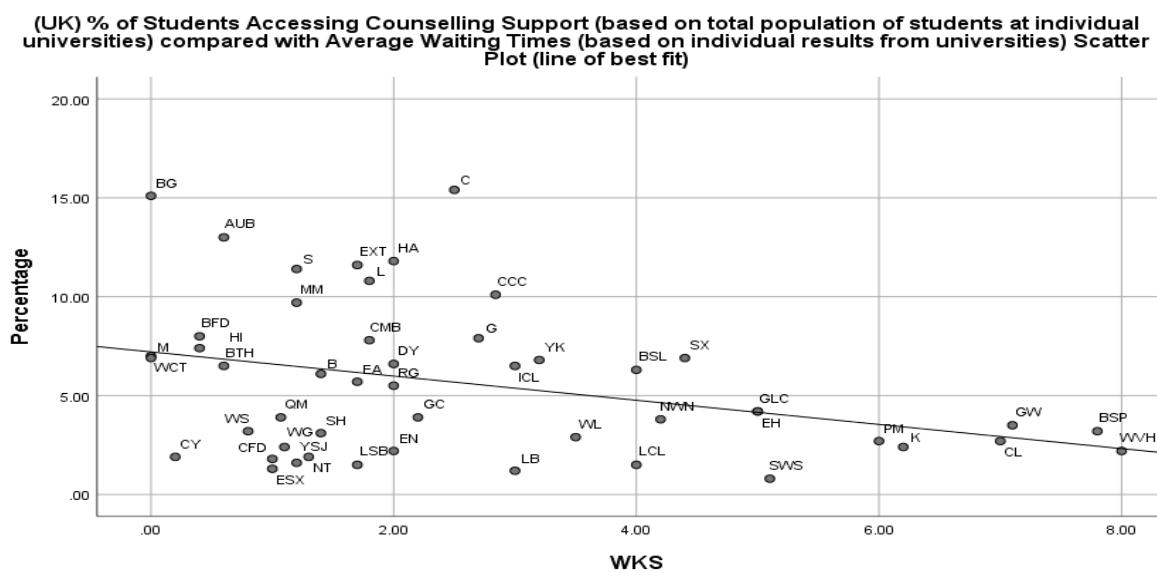


Chart 10 - (UK) % of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (line of best fit)

The direction of the relationship between counselling need and waiting times when inclusive of UK-wide universities produced almost identical results to when only English universities were considered. As with the outcome when only English universities were considered, the

relationship between the two indicators is negative, therefore showing only minor signs that as the % of counselling need increased, waiting times decreased. Therefore, the relationship equates to a weak negative correlation.

The final part of this section will examine the placings of UK universities into four clusters based on their counselling need and waiting times for such interventions. The four clusters were created through the application of reference lines, both vertically and horizontally based on the mean of the data provided. As a reminder, the four clusters are high rates of counselling need/low waiting times (Cluster 1), low rates of counselling need/high waiting times (Cluster 2), high rates of counselling need/high waiting times (Cluster 3), and low rates of counselling need/low waiting times (Cluster 4).

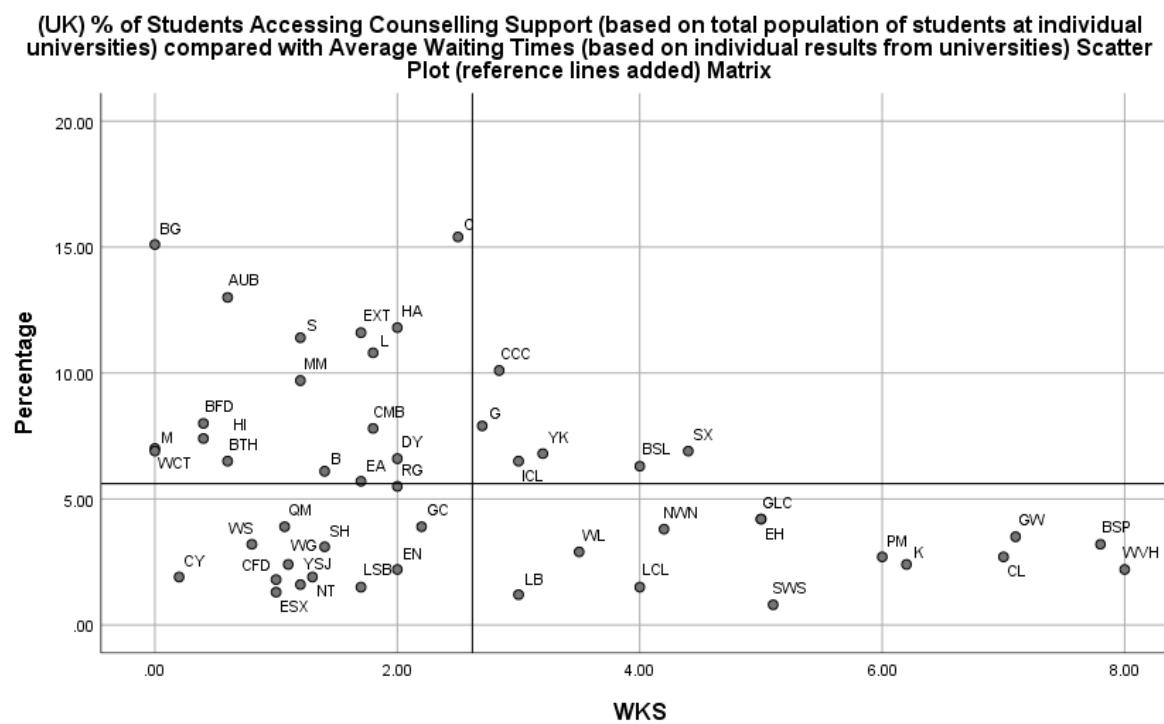


Chart 11 - (UK) % of Students Accessing Counselling Support (based on total population of students at individual universities) compared with Average Waiting Times (based on individual results from universities) Scatter Plot (reference lines added) Matrix

The inclusion of universities from the rest of the UK made little difference to the placings of English universities within the scatter plot matrix. The only change in clusters was experienced by Canterbury Christ Church University that moved from cluster 1 to cluster 3. In the case of universities from the rest of the UK there was a large diversity in placings. In the case of Scottish universities, the University of Glasgow was placed in the cluster 3, Robert Gordon University was placed in cluster 1, whilst Queen Margaret University, Glasgow Caledonian University, the University of the West of Scotland, and Edinburgh Napier University all placed within cluster 4. In the case of Welsh universities, Cardiff University was placed in cluster 1, Swansea University was placed in cluster 2 and Wrexham Glyndwr University was placed in cluster 4.

As noted, the inclusion of universities from the rest of the UK made little difference to the general trends found when just measuring English universities during the academic year 2019/2020. Both the strength and direction of the relationship between the two indicators remained weak, equating to a weak negative correlation, whilst the placings of universities remained unchanged. The next part of the report will critically discuss some of the key individual and overall findings on the prevalence of counselling support and the availability of counselling interventions before and during Covid-19.

Evaluation of Findings

This report aimed to understand the prevalence of poor mental health amongst the university student population before and during Covid-19. Using the data provided from UK universities this report has operationalised the current mental health need and waiting times before and during the Covid-19 pandemic. The findings contradict the hypothesis that rates of mental health need would increase during the pandemic with the evidence showing a fall of around 11%. Whilst the overall finding is surprising, there is more varied evidence when we consider universities on an individual basis. Of the universities that provided data for both years, 60% saw an increase in mental health need, however universities that saw a decrease in total need experienced much larger falls which may explain the overall results. In the case of waiting times, the evidence suggested a much more balanced picture, with average waiting times for English universities remaining the same after the pandemic than before at 3 weeks. However, as witnessed in mental health need totals, there was substantial variations in the experience of different universities. Some universities saw waiting times increase by up to 4 weeks, whilst others saw substantial falls of up to 3 weeks. The second element of this report examined the relationship between mental health need and waiting times. The hypothesis prior to conducting the tests was that there would be a substantial correlation between the two variables. However, the evidence shows that in both years, there was only a weak negative correlation. This shows that there remains limited uniformity of experience between different universities. In short, there is substantial variation across the English university system. The need for more positive uniformity in need and waiting times would be welcomed, however steps that will be outlined in the recommendations would need to be considered and tested in achieving better outcomes for these two variables.

The second half of this report examined universities from the four nations of the United Kingdom, comparing outcomes in each polity. The results show that the highest mental health

need was experienced in Welsh universities at around 7% compared to around 3-5% in English, Scottish and Northern Irish institutions. However, when considering average waiting times, English and Welsh universities jointly experience the highest averages whilst Scottish and Northern Irish institutions experienced substantially lower rates. It could be considered that whilst English universities experienced less need than Welsh universities, waiting times remained equal. This could show that English universities were less equipped in dealing with the mental health need at universities than Wales. Although, as explained in the findings, there remains comparison issues that would need to correct in further studies to confirm this outcome. The overall theme of this section was that English and Welsh universities experienced a much higher number of students requiring mental health support compared to Scotland and Wales. However, such findings are based on substantial variations in responses from universities in the four nations, posing limitations.

The main finding of this report can also be linked to some of its limitations with an inadequate number of universities able to provide adequate data across the time of this report. Some of the UK's top universities were unable to provide data on mental health need and waiting times for interventions at their institutions. This is extremely problematic for accountability and transparency purposes. As will be noted in the recommendations, all universities must be collected and be able to provide adequate data in a reportable format. There are some substantial limitations to this study that must be recognised. The data was collected on two variables of the total number of students accessing counselling support and the waiting times for such interventions. Whilst this data is useful in providing a basic overview of the current mental health situation on university campuses, it does not cover a substantial constituency of students that may be experiencing mental health problems but have not chosen to access support at their institution. As considered in the introduction (See Equality Challenge Unit, 2015) there is an acknowledgement that data collected by universities may underestimate the

true scope of mental health need. The second limitation as already mentioned is the collection of data by universities on mental health. This report has outlined that poor collection and appropriate formatting of data on mental need and support is still a considerable issue in all countries of the United Kingdom. The lack of data has meant that like the conclusions of the Equality Challenge Unit (2015), the findings of this report may indeed be a substantial underestimation of students with mental health needs across higher education institutions.

Overall, the issue of mental health continues to remain a concern for students, universities, and policymakers in the UK. Whilst there has been an overall recognition by governments across the UK of these issues, limited action has been achieved to alleviate the current situation. As university students continue to experience studying under the grips of a pandemic, now more than ever action needs to be taken.

Recommendations

This report has formulated four recommendations based on a comprehensive examination of the theoretical and quantitative evidence enclosed in this report:

- 1) **Mental Health and Wellbeing Strategy** – All universities must have tailored mental health and wellbeing strategy informed by an engaged student population.
- 2) **Mental Health Educational Partnerships** – Better coordination could be achieved through the creation of educational partnerships, encompassing of universities, local NHS trusts, local charities, and social enterprises. Sharing of information and resources will enable more awareness and points of access for students experiencing poor mental health.
- 3) **Improved Governance Arrangements** – New database for information sharing between universities and local NHS trusts. Improving continuity of care and support in term-time and outside of it.

4) **Mandatory Data Collection on Mental Health** - All universities across the UK should be mandatorily obliged to collect data on the number of students accessing mental health support and average waiting times for these services at their institution. This would enable clear accountability and transparency on higher education mental health.

PARLIAMENT STREET

partnership in policy

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Appendix's

Appendix 1.1 – English Universities Counselling Need and Counselling Waiting Times

Academic Year 2018/2019

Universities	Total number of students accessing counselling
University of Bristol	4,794
University of Leeds	3,567
University of Manchester	3,111
Kings College London	3,043
Northumbria University	2,223
University of Portsmouth	2,097
Lancaster University	2,044
University of Derby	1,858
University of Brighton	1,790
University of Surrey	1,697
University of York	1,691
University of Sussex	1,585
University of Leicester	1,519
Anglia Ruskin University	1,484
University of Warwick	1,463
University of Salford	1,431
Harper Adams University	1,386
University of East Anglia	1,339
Oxford Brookes University	1,336
University of Bedfordshire	1,263
Bournemouth University	1,139
University of Bath	1,135
Coverity University	1,084
Loughborough University	1,036
Keele University	1,020
University of Plymouth	1,001
Royal Holloway, University of London	993
London School of Economics	986
Queen Mary University of London	966
Brunel University London	889
University of Westminster	882
University of Worcester	876
University of Liverpool	844
Liverpool John Moores University	837
Birkbeck, University of London	790
Southampton Solent University	778
University of Chichester	775
Bath Spa University	759
Nottingham Trent University	748
York St John University	700
Aston University	661
City, University of London	641
SOAS, University of London	635
University of Sheffield	612
University of Cumbria	593
University of Greenwich	589
Arts University Bournemouth	553
University of Central Lancashire	493
De Montfort University	468
Birmingham City University	463
Leeds Beckett University	462
University of Lincoln	455
Liverpool Hope University	384
St George's, University of London	368
University of West London	366
University of Exeter	363
University of Gloucestershire	351
Bishop Grosseteste University	329
University of Wolverhampton	326
University of Essex	292
Buckinghamshire New University	233
Leeds Trinity University	228
London South Bank University	218
University of Huddersfield	148
Leeds Arts University	140
Ravensbourne University London	126
Plymouth Marjon University	86
Newman University	82

Appendix 1.2 – English Universities Counselling Need and Counselling Waiting Times

Academic Year 2019/2020

<i>Universities in England</i>	<i>How many students accessed counselling services (face to face/ virtual) at your university in the academic year 2019/2020?</i>	<i>What was the average waiting time to access counselling services (face to face/ virtual) at your university in the academic year 2019/2020?</i>	<i>How many students were enrolled at your university in the academic year 2019/2020?</i>	<i>Percentage of Students Accessing Counselling Academic Year 2019/2020</i>
<i>Buckinghamshire New University</i>	301	1.43	616	48.8
<i>Bishop Grosseteste University</i>	311	0	2,049	15.1
<i>Arts University Bournemouth</i>	490	0.6	3,750	13
<i>Harper Adams University</i>	583	2	4,901	11.8
<i>University of Exeter</i>	2,937	1.7	25,263	11.6
<i>University of Surrey</i>	2,032	1.2	17,785	11.4
<i>Lancaster University</i>	1,699	1.8	15,725	10.8

<i>Canterbury Christ Church University</i>	1,438	2.84	14,195	10.1
<i>Manchester Metropolitan University</i>	3,207	1.2	33,050	9.7
<i>University of Portsmouth</i>	2,156		25,222	8.5
<i>University of Warwick</i>	2,282		27,300	8.3
<i>University of Bradford</i>	778	0.4	9,714	8
<i>University of Cumbria</i>	613	1.8	7,835	7.8
<i>University of Leeds</i>	2,854		39,173	7.2
<i>University of Worcester</i>	750	0	10,580	7
<i>University of Sussex</i>	1,328	4.4	19,155	6.9
<i>University of Manchester</i>	2,832	0	40,663	6.9
<i>University of York</i>	1,293	3.2	18,930	6.8

<i>University of Derby</i>	1,560	2	23,355	6.6
<i>Imperial College London</i>	1,309	3	19,934	6.5
<i>Bournemouth University</i>	1,140	0.6	17,365	6.5
<i>University of Brighton</i>	1,408		21,389	6.5
<i>University of Bristol</i>	1,751	4	27,506	6.3
<i>University of Liverpool</i>	1,836		29,550	6.2
<i>University of Bath</i>	1,152	1.4	18,868	6.1
<i>Birmingham City University</i>	1,620		26,878	6
<i>University of Leicester</i>	1,333		22,358	5.9
<i>University of East Anglia</i>	1,083	1.7	18,714	5.7
<i>University of Gloucestershire</i>	347	5	8,255	4.2

<i>Edge Hill University</i>	578	5	13,561	4.2
<i>Newman University</i>	108	4.2	2,792	3.8
<i>University of Greenwich</i>	664	7.1	18,944	3.5
<i>Bath Spa University</i>	297	7.8	9,254	3.2
<i>Sheffield Hallam University</i>	1,053	1.4	32,929	3.1
<i>University of West London</i>	410	3.5	13,786	2.9
<i>University of Salford</i>	749		26,494	2.8
<i>Plymouth Marjon University</i>	75	6	2,751	2.7
<i>University of Central Lancashire</i>	673	7	24,805	2.7
<i>Kingston University</i>	406	6.2	16,785	2.4

<i>University of Wolverhampto n</i>	433	8	19,045	2.2
<i>De Montfort University</i>	490		23,743	2
<i>Coventry University</i>	516	0.2	26,399	1.9
<i>Nottingham Trent University</i>	728	1.3	37,162	1.9
<i>Cranfield University</i>	131	1	7,143	1.8
<i>York St John University</i>	118	1.2	7,354	1.6
<i>University of Lincoln</i>	283	4	17,824	1.5
<i>London South Bank University</i>	258	1.7	16,828	1.5
<i>University of Essex</i>	233	1	17,164	1.3
<i>Leeds Beckett University</i>	334	3	25,861	1.2
<i>University of Huddersfield</i>	145	7.9	19,740	0.7

Appendix 1.3 – Scottish Universities Counselling Need and Counselling Waiting Times
Academic Year 2019/2020

<i>Universities in Scotland</i>	<i>How many students accessed counselling services (face to face/virtual) at your university in the academic year 2019/2020?</i>	<i>What was the average waiting time to access counselling services (face to face/virtual) at your university in the academic year 2019/2020?</i>	<i>How many students were enrolled at your university in the academic year 2019/2020?</i>	<i>Percentage of Students Accessing Counselling Academic Year 2019/2020</i>
<i>University of Glasgow</i>	2,314	2.7	29,052	7.9
<i>University of the Highlands and Islands</i>	755	0.4	10,099	7.4
<i>Robert Gordon University</i>	642	2	11,670	5.5
<i>Queen Margaret University</i>	179	1.07	4,509	3.9
<i>Glasgow Caledonia n University</i>	663	2.2	16,860	3.9

<i>University of the West of Scotland</i>	566	0.8	17,288	3.2
<i>Edinburgh Napier University</i>	460	2	20,288	2.2
<i>University of Strathclyde</i>	475		24,212	1.9
Totals	6,054	1.6	133,978	4.49

Appendix 1.4 – Welsh Universities Counselling Need and Counselling Waiting Times Academic Year 2019/2020

<i>Universities in Wales</i>	<i>How many students accessed</i>	<i>What was the average waiting time to access</i>	<i>How many students were</i>	<i>Percentag e of</i>
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	<i>counselling services (face to face/ virtual) at your university in the academic year 2019/2020?</i>	<i>counselling services (face to face/ virtual) at your university in the academic year 2019/2020?</i>	<i>enrolled at your university in the academic year 2019/2020?</i>	<i>Students Accessing Counselling Academic Year 2019/2020</i>
<i>Cardiff University</i>	5,124	2.5	33,190	15.4
<i>Aberystwyth University</i>	669		7,845	8.5
<i>Cardiff Metropolitan University</i>	710		10,675	6.6
<i>University of South Wales</i>	687		17,923	3.8
<i>Wrexham Glyndwr University</i>	143	1.1	5,895	2.4
<i>Swansea University</i>	213	5.1	23,909	0.8
Totals	7,546		99,437	6.25

Appendix 1.5 – Northern Irish University Counselling Need and Waiting Time

Universiti es in Northern Ireland	How many students accessed counselling services (face to	What was the average waiting time to access counselling services (face to face/ virtual)	How many students were enrolled at	Percentage of Students Accessing Counselling
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	<i>face/ virtual) at your university in the academic year 2019/2020?</i>	<i>at your university in the academic year 2019/2020?</i>	<i>your university in the academic year 2019/2020?</i>	<i>Academic Year 2019/2020</i>
<i>Queens University Belfast</i>	891	0.4	26,360	3.3

Appendix 1.6 – UK Universities Counselling Need and Counselling Waiting Times Academic Year 2019/2020

UK Universities	How many students accessed	What was the average waiting time to access counselling services	How many students were enrolled at	Percentage of Students Accessing
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	counselling services (face to face/ virtual) at your university in the academic year 2019/2020?	(face to face/ virtual) at your university in the academic year 2019/2020?	your university in the academic year 2019/2020?	Counselling Academic Year 2019/2020
Cardiff University	5,124	2.5	33,190	15.4
Bishop Grosseteste University	311	0	2,049	15.1
Arts University Bournemouth	490	0.6	3,750	13
Harper Adams University	583	2	4,901	11.8
University of Exeter	2,937	1.7	25,263	11.6
University of Surrey	2,032	1.2	17,785	11.4
Lancaster University	1,699	1.8	15,725	10.8

Canterbury Christ Church University	1,438	2.84	14,195	10.1
Manchester Metropolitan University	3,207	1.2	33,050	9.7
Aberystwyth University	669		7,845	8.5
University of Portsmouth	2,156		25,222	8.5
University of Warwick	2,282		27,300	8.3
University of Bradford	778	0.4	9,714	8
University of Glasgow	2,314	2.7	29,052	7.9
University of Cumbria	613	1.8	7,835	7.8
University of the Highlands and Islands	755	0.4	10,099	7.4
University of Leeds	2,854		39,173	7.2
University of Worcester	750	0	10,580	7

University of Sussex	1,328	4.4	19,155	6.9
University of Manchester	2,832	0	40,663	6.9
University of York	1,293	3.2	18,930	6.8
University of Derby	1,560	2	23,355	6.6
Cardiff Metropolitan University	710		10,675	6.6
Imperial College London	1,309	3	19,934	6.5
Bournemouth University	1,140	0.6	17,365	6.5
University of Brighton	1,408		21,389	6.5
University of Bristol	1,751	4	27,506	6.3
University of Liverpool	1,836		29,550	6.2
University of Bath	1,152	1.4	18,868	6.1

Birmingham City University	1,620		26,878	6
University of Leicester	1,333		22,358	5.9
University of East Anglia	1,083	1.7	18,714	5.7
Robert Gordon University	642	2	11,670	5.5
University of Gloucestershi re	347	5	8,255	4.2
Edge Hill University	578	5	13,561	4.2
Queen Margaret University	179	1.07	4,509	3.9
Glasgow Caledonian University	663	2.2	16,860	3.9
Newman University	108	4.2	2,792	3.8
University of South Wales	687		17,923	3.8

University of Greenwich	664	7.1	18,944	3.5
Queens University Belfast	891	0.4	26,360	3.3
University of the West of Scotland	566	0.8	17,288	3.2
Bath Spa University	297	7.8	9,254	3.2
Sheffield Hallam University	1,053	1.4	32,929	3.1
University of West London	410	3.5	13,786	2.9
University of Salford	749		26,494	2.8
Plymouth Marjon University	75	6	2,751	2.7
University of Central Lancashire	673	7	24,805	2.7

Wrexham Glyndwr University	143	1.1	5,895	2.4
Kingston University	406	6.2	16,785	2.4
University of Wolverhampt on	433	8	19,045	2.2
Edinburgh Napier University	460	2	20,288	2.2
De Montfort University	490		23,743	2
University of Strathclyde	475		24,212	1.9
Coventry University	516	0.2	26,399	1.9
Nottingham Trent University	728	1.3	37,162	1.9
Cranfield University	131	1	7,143	1.8
York St John University	118	1.2	7,354	1.6

University of Lincoln	283	4	17,824	1.5
London South Bank University	258	1.7	16,828	1.5
University of Essex	233	1	17,164	1.3
Leeds Beckett University	334	3	25,861	1.2
Swansea University	213	5.1	23,909	0.8
Totals and Averages	65,150	2.5742	1,169,861	5.59