Student mental health in 2023
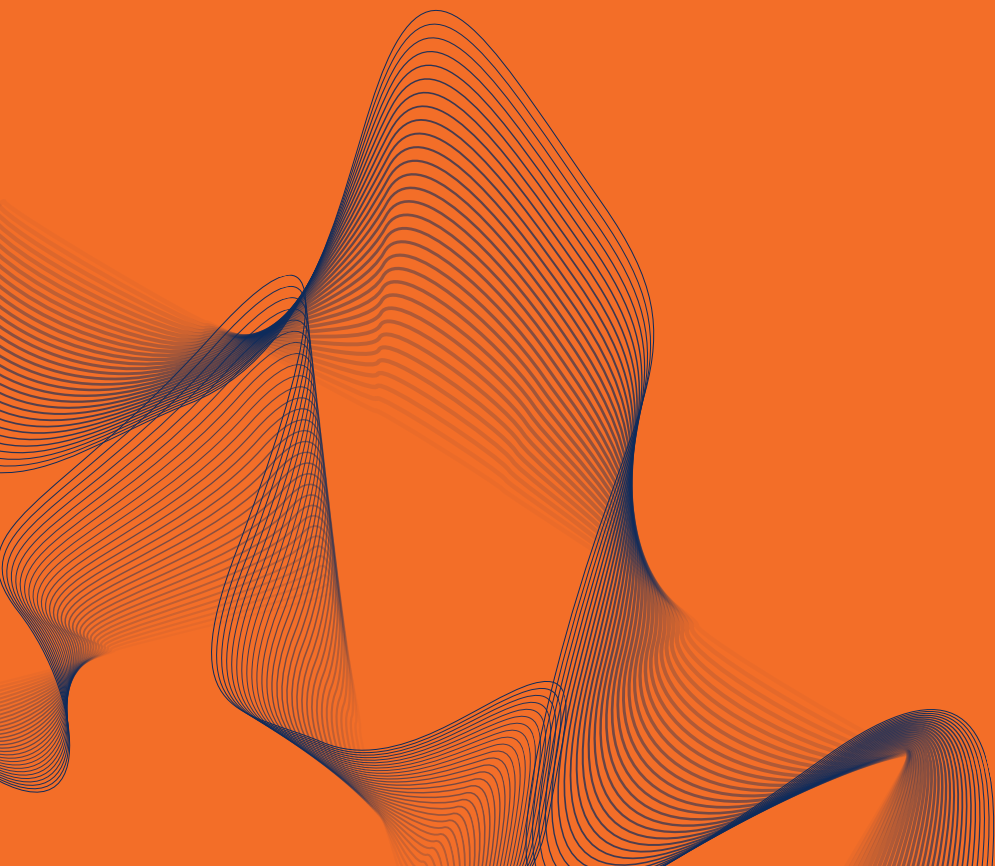
Who is struggling and how the situation is changing

Michael Sanders

September 2023

About the author

Michael Sanders is a Professor of Public Policy at King's College London's Policy Institute, Evidence Associate at the What Works Centre for Wellbeing and Academic Lead for TASO. His research has three main strands: the use of causal methods and particularly randomised trials to evaluate policy interventions, the use of behavioural science in policy design, and increasing social mobility and opportunity. Michael has previously served as the founding Chief Executive of What Works for Children's Social Care, and Chief Scientist at the Behavioural Insights Team, where he has led diverse teams of researchers, policy specialists and practitioners to improve outcomes for vulnerable people in the UK and overseas.

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1. Introduction

There is a growing recognition that the psychological, inner lives of students matter as much to their studies as does their intelligence, if they are to succeed in their studies and later into life. Stories of student suicides continue to grab the attention of the public and the press, and the government has recently announced the formation of a taskforce to address this challenge.[1] Statistics show that after nearly three decades of consistent falls in the rate of suicide, this trend has reversed for young people in recent years, undoing much of the hard-won progress and forcing students' friends, families, and peers to confront the most unspeakable tragedy.

This generation of students have had their education impacted heavily by a pandemic and its associated lockdowns; experienced a cost of living crisis unlike anything seen for a generation or more, and seen substantial disruption to teaching, marking and assessment brought about by intensive strike action by their lecturers and professors. Combined with changes brought about by a rapidly evolving social media landscape and incessant peer comparison, this hardly represents a favourable context in which to be studying at university.

Despite this, we know too little about the picture of student mental health at a national level, and who is most affected by mental ill-health. We have previously published research focused on student wellbeing, finding substantial inequalities, particularly along lines of sexual orientation and gender identity, and that wellbeing worsened dramatically during the lockdowns of the coronavirus pandemic, and has yet to recover.

But wellbeing is not mental health. Low wellbeing is a problem, with risks to productivity, to social interaction and beyond, but mental ill-health, particularly when this clears clinical thresholds, poses a much greater impact to the lives of those afflicted, and those around them, and, in the most extreme cases, constitutes a threat to life itself. Changing social mores around mental health offer some cause for optimism: society is becoming more accepting of people experiencing mental health struggles, awareness continues to rise, and young people in particular are increasingly open about their struggles, and willing to seek help. This trend is encouraging, but can and should be supported both through a public health approach to mental health at all levels, and through the provision of high-quality, timely clinical and crisis services to catch those who slip through the cracks.

Forewarned is forearmed, and a better understanding of student mental health can help us to design and shape services to support students, as well as to ensure that those services are adequately provisioned. Knowing how many people are struggling is a key part of that, as is knowing in more detail *who is struggling* – what types of students, from what sorts of backgrounds, need our help, and what sort of help they are likely to need. Designing culturally appropriate and sensitive services requires understanding the cultures and identities of those who are likely to need them – at the moment, we just don't know.

It is this gap in our knowledge that this paper seeks to fill. Analysing a large dataset, created by surveying thousands of students each year for several years, we can understand the demand for services better, understand those are are struggling, and – we hope – better understand how to help.

About the SAES dataset

The Student Academic Experiences Survey (SAES), conducted by AdvanceHE and the Higher Education Policy Institute (HEPI), has collected data on undergraduate students' wellbeing since the 2011/12 academic year,[2] and data on whether or not they identify as having a mental health difficulty from 2016/17 academic year. It collects questions on students' subjective wellbeing as well as a host of other measures that capture details of their lives on and off campus. A more detailed description of the methodology used in the survey itself can be found in the main reporting on the analysis, conducted by AdvanceHE and the Higher Education Policy Institute (HEPI).[3] For ease of understanding, we have converted the year data in the dataset itself into an "academic year".

Survey data collection takes place in February and March of each year, meaning that the 2019/20 data refers to a period prior to the major onset of the coronavirus pandemic, and that the 2020/21 data refers to a period after almost a year of various lockdown restrictions.

The survey was designed and developed in partnership between Advance HE and the Higher Education Policy Institute (HEPI), with online panel interviews independently conducted by Savanta and Torfac.3 Savanta's Student Panel (formerly YouthSight) is made up of over 45,000 undergraduate students in the UK. These students are primarily recruited through a partnership with the Universities and Colleges Admissions Service (UCAS), which invites a large number of new first-year students to join the panel each year. To maximise the overall sample size, further responses were sourced from Torfac.

On average, the survey took 11 minutes 51 seconds to complete. In order to facilitate year-on-year comparisons, we have included a number of key measures, such as value-for-money, assessment, volumes of teaching hours and experience compared to expectations.

About the sample

We have data on students' mental health for seven waves of the SAES data, starting from 2016/17 and continuing to the most recent academic year. In that time, 82,682 respondents can be found in the data, of which 8,625 are identified as having a mental health difficulty. The demographic make-up of the sample is described in the table over page. As can be seen, the composition of the sample varies from year to year, with some groups featuring more prominently in one year than others.

The survey sample is large, and the response rate from Savanta and Torfac is around 10% each year. This data is weighted based on the proportions found in the university population as identified in data from the Higher Education Statistical Agency (HESA) for ethnicity, gender, year of study, and domicile. As such, the sample as analysed has the same proportions as the true population. Some unrepresentativeness may remain in the data as weights are not available for people's LGBTQ+ identities, which form a key part of our data below, and where there appears to be oversampling in particular of people with trans identities.

| Type	Category	2017	2018	2019	2020	2021	2022	2023
Gender identity	Male	4516	4089	5143	2891	2876	3167	4397
	Female	9541	9931	8907	7279	7320	6549	5390
	Non-Binary						217	195
Sexuality	Straight	11423	11265	11024	7878	7792	7697	8094
	Gay Man	333	295	289	176	166	145	181
	Lesbian	243	238	221	173	192	224	213
	Bisexual	1147	1233	1274	1112	1109	1163	978
	Asexual	229	211	194	160	149	162	162
	Queer			122	525	143	177	128
Trans status	Cis					9638	9612	9462
	Trans					205	245	443
Ethnicity	White	10606	10638	10494	7468	7232	7344	7261
	Black Caribbean	103	109	102	92	69	80	133
	Black African	311	311	356	298	334	333	528
	Black Other	23	21	18	23	23	29	30
	Indian	545	565	641	498	511	527	452
	Pakistani	432	418	449	335	425	381	416
	Bangladeshi	288	282	289	195	246	229	246
	Chinese	457	411	372	259	231	194	179
	Other Asian	330	325	351	255	279	259	262
	Mixed	561	517	540	419	488	444	400
POLAR Quintile	1	1430	1451	1456	882	1067	1117	841
	2	2001	2091	1996	1048	1480	1268	869
	3	2399	2352	2396	1309	1732	1558	978
	4	2785	2803	2832	1540	2032	1608	1047
	5	3324	3479	3543	2019	2415	2604	1419
Full sample		14057	14046	14072	10227	10186	10142	10163

2. Mental health over time

First, we are interested in what has happened to students' mental health over time. We know from our previous research that there has been a decline in *wellbeing* following on from the 2020 coronavirus pandemic, and that we are yet to see a full recovery.

We also know that, for undergraduate students, their wellbeing tends to increase over the course of their studies, although their level of anxiety also rises over that time – suggesting that their wellbeing increases as they acclimate to university but that the pressure of exams may be a source of anxiety.

We have a shorter timescale for data on mental health difficulties, but we can nonetheless look at the trend within that time period, which can be seen in the graph below.

Figure 1: Proportion of UK undergraduates reporting mental health difficulties
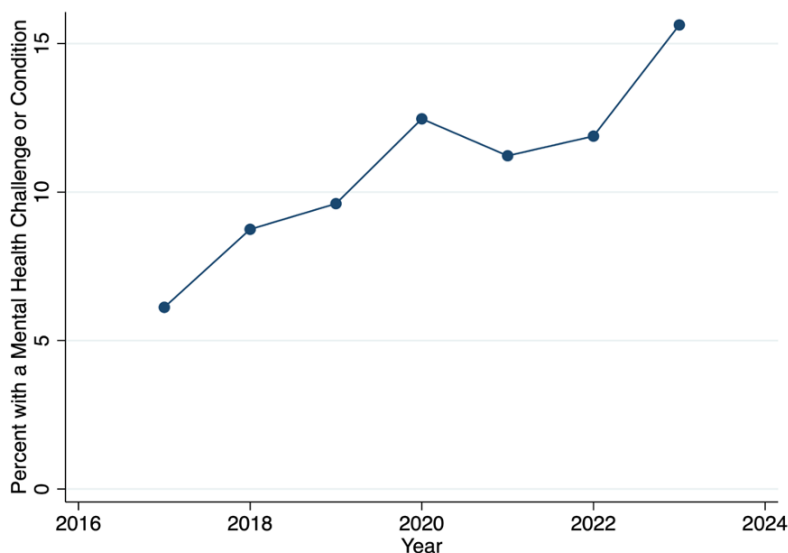
What we see is a marked rise over the course of the period covered by our data, rising from 6% in 2016/17, to around 16% today – almost tripling. Although some of this increase occurs around the time of the pandemic, and there is a large (32%) rise in the last 12 months focused around the point of the cost of living crisis, it is important to note that this change goes back further, suggesting that even if inflation returns to manageable levels, and even in a post-pandemic world, there is something going on that requires addressing.

With a rise like this, we should naturally be concerned about whether the change is an artefact of something about the data, or generational changes in the understanding of mental health challenges. Although the changes we observe are substantial, they reflect a general trend in the mental health of young people, as well as the recent rise in suicide rates of young people.[4]

# 3. Who experiences mental health challenges?

Knowing that mental health difficulties are on the rise is of interest, but it is also useful to know who experiences these difficulties and if there are inequalities present.

Gender

In our prior research we found that female students have on average lower wellbeing than their male counterparts, although this is reversed for doctoral students. How, then, does the incidence of mental health conditions vary according to these groups?

The graph below shows the average incidence of mental health difficulties among students whose gender identity is male, female, or non-binary during the period covered by the data.

As we can see in figure 2, over page, there are substantial differences between groups. It should be noted that although the difference between non-binary people and male and female people is large (36.9 percentage points higher than male students), these individuals represent a much smaller proportion of the sample – in part because non-binary identities are only captured in two waves of the data – and that this means all participants who identified as non-binary are also measured towards the latter end of the time period covered by our data, when mental health difficulties were on average higher overall. The difference between male and female students is in any terms substantial – 5.4% of male students compared with 12.3% of female students experiencing mental health conditions – and these differences are statistically significant.
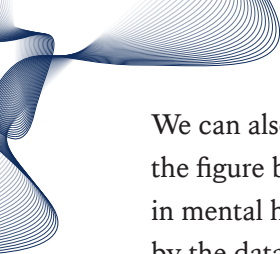
We can also look at how this has changed over time, shown in the figure below, which suggests that while there has been a rise in mental health difficulties for everyone over the period covered by the data, male and female students are diverging, with female students' rate of mental health difficulties increasing by an average of 0.6 percentage points more per year than male students – a difference which is statistically significant.

Figure 2: Average incidence of reported mental health difficulties among UK undergraduates, by gender identity (2020/21 to 2022/23)
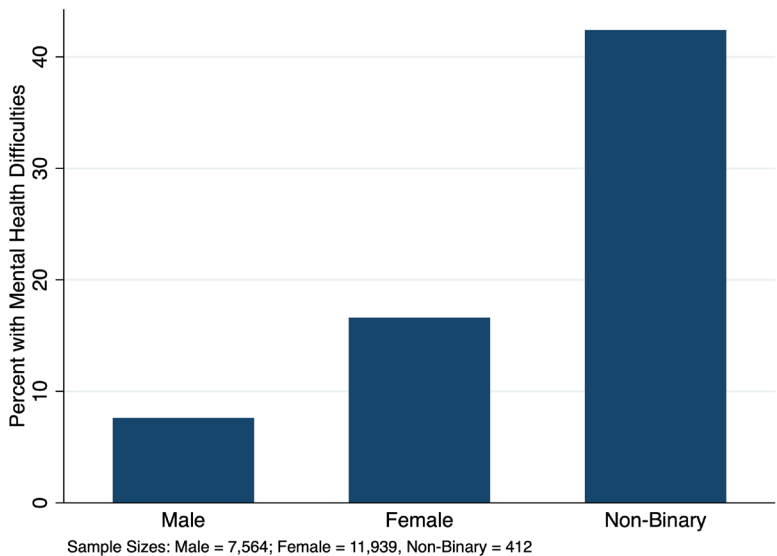
Sample Sizes: Male = 7,564; Female = 11,939, Non-Binary = 412

We can also look at how this has changed over time, shown in the figure below, which suggests that while there has been a rise in mental health difficulties for everyone over the period covered by the data, male and female students are diverging, with female students' rate of mental health difficulties increasing by an average of 0.6 percentage points more per year than male students – a difference which is statistically significant.

**Figure 3:** Proportion of UK undergraduates reporting mental health difficulties, by gender identity

LGBQT+
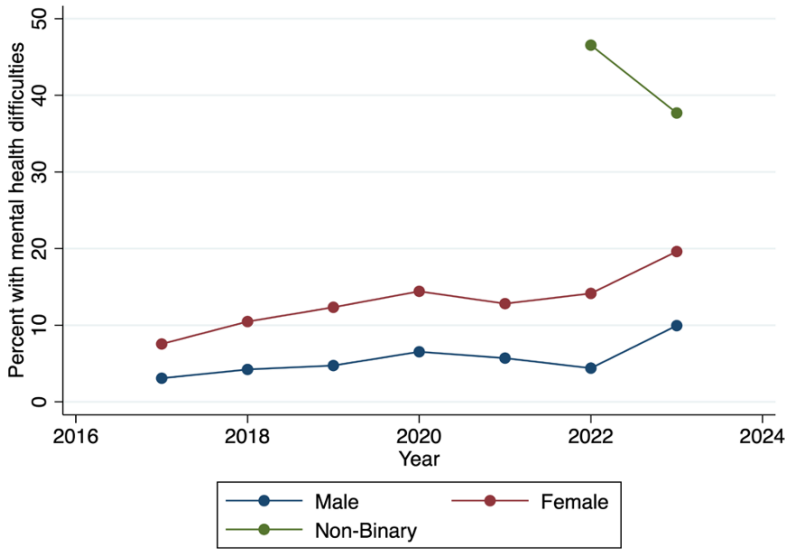
The SAES data is unusual in its richness when it comes to students' sexual orientation and gender identity – something which we have explored in the past in our paper looking at student wellbeing. Unlike many other surveys, this data does not treat LGBTQ+ people as a monolithic group, instead containing enough of a sample of lesbian, gay, bisexual, asexual and queer and trans people to allow each group to be analysed separately in several analyses.

The bar chart below shows the average incidence of mental health challenge for each sexual orientation group within our data for the period during which this is covered. As we can see, the incidence of mental health challenges are markedly higher in all LGBQA groups. Bisexual people have the highest levels of mental health difficulties among the identified groups, with significantly higher incidence than lesbians, who have the second highest. In contrast with our wellbeing

analysis, we find that asexual people have significantly better outcomes than bisexual people or lesbians. However, gay men fare notably better than other LGBTQ groups on this measure, although gay men still have higher levels of mental health difficulty than do straight people overall.

Figure 4: Average incidence of reported mental health difficulties among UK undergraduates who identify as LGBQA or straight (2016/17 to 2022/23)
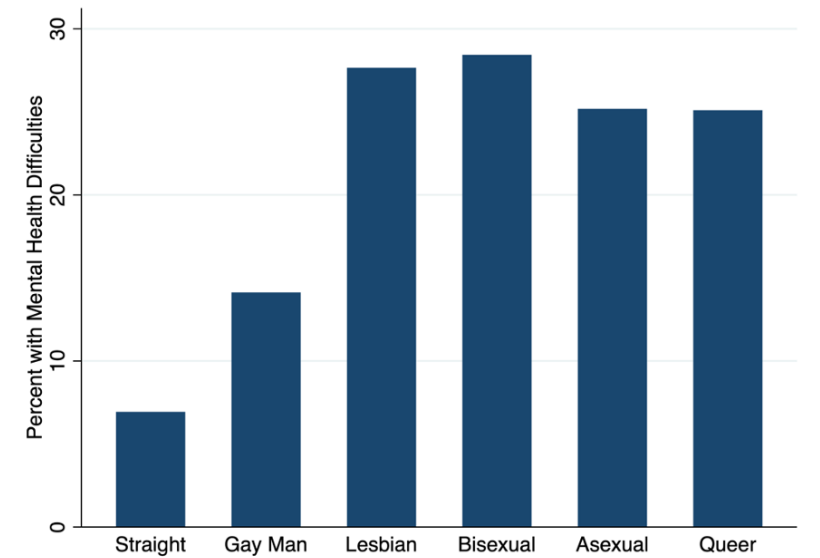
If we look at changes over time instead, we find a general pattern of increasing mental health difficulties, but again that the acceleration of these difficulties is more pronounced among LGBQA people, with lesbians and gay men experiencing a rise in mental health difficulties at three times the rate of straight people, and bisexual and asexual people at around double the rate of increase.

In 2020, we observe a sharp drop in the proportion of people who identify as queer reporting mental health difficulties. The number of respondents who are queer and have such difficulties is fairly

Figure 5: Proportion of UK undergraduates reporting mental health difficulties among those who identify as LGBQA or straight
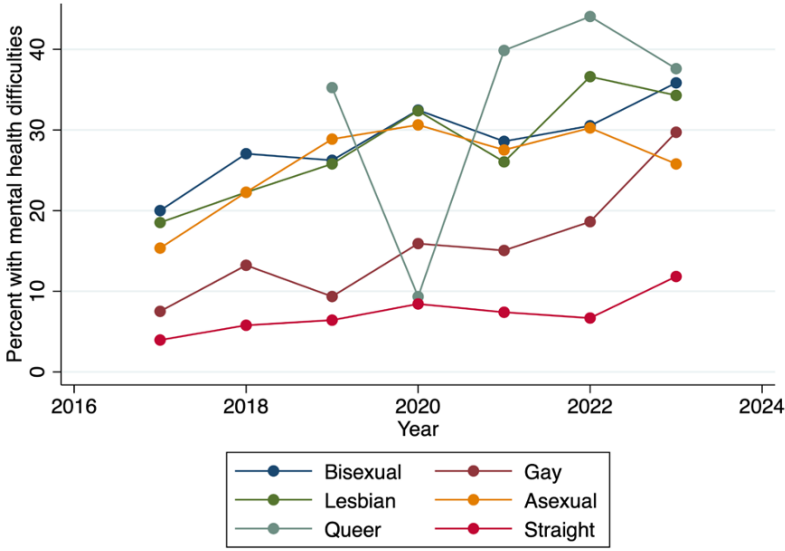
stable, but the number of people identifying as queer overall increases dramatically in this year, from 122 in 2019 to 525 in 2020, before dropping back to 143. This aberrant finding is inconsistent with the overall findings, and appears to be driven by either sampling error or higher than average queer representation in this year.

Turning to trans people, figure 6, over page, shows that they are more than twice as likely to experience mental health difficulties while studying than cisgendered people, a difference which is statistically significant. Although people's trans identity has been captured for less time than their sexual orientation, and trans people are a smaller proportion of the sample than LGBQA people, we are still able to look at the trends in the data that we do have. This data should be treated cautiously, but it is potentially a source of optimism – we see between 2021 and 2023 a decline in mental health difficulties experienced by trans people from 40% in 2021 to 25% in 2023. More data is needed to confirm this trend, but if borne out, this is encouraging.

Figure 6: Average incidence of reported mental health difficulties among UK undergraduates who identify as cisgendered or trans (2016/17 to 2022/23)
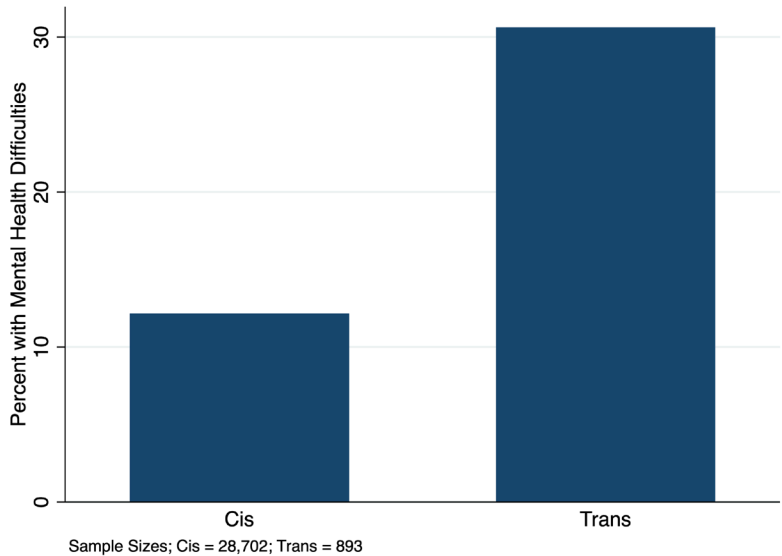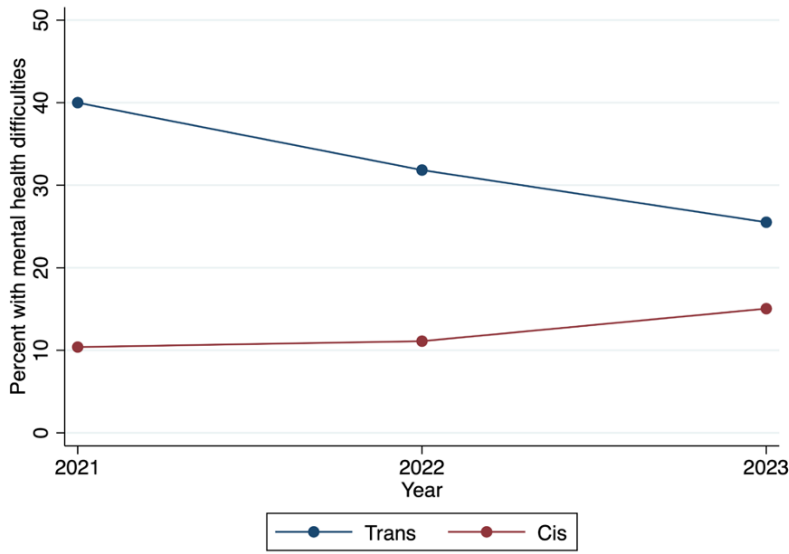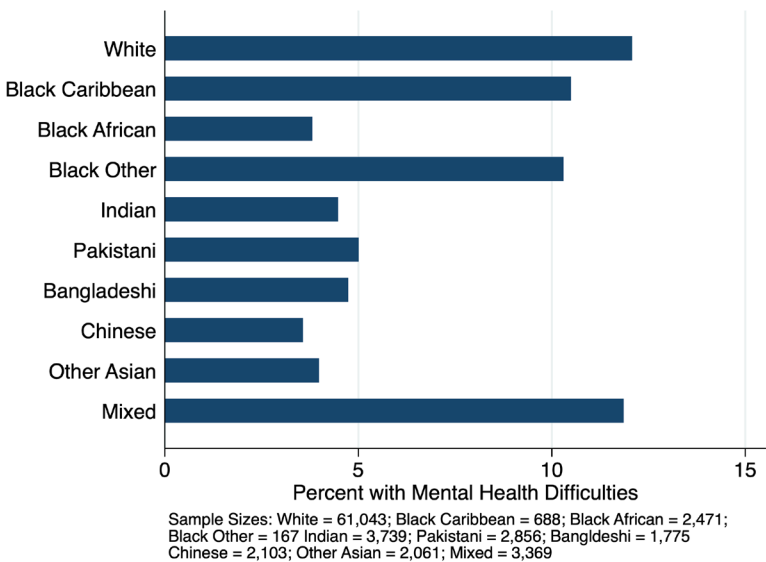
Percent with Mental Health Difficulties

Sample Sizes; Cis = 28,702; Trans = 893

Figure 7: Proportion of UK undergraduates reporting mental health difficulties among those who identify as cisgendered or trans

Percent with mental health difficulties

Year

Trans   Cis

Ethnicity

Next, we consider ethnicity. The data provide ethnicity data broken down into most of the ONS categories, but omit some. We provide these results therefore broken down at the finest level of granularity that is possible with the data. As can be seen from figure 8 below, these findings are perhaps a little surprising. We find that in general, white people have worse mental health than their peers from other ethnicities, and that these differences are significantly different to all other ethnicities except for Black Caribbean and Black Other students. Students with a 'mixed' ethnicity are nearly exactly as likely to have mental health difficulties as white students, and again are significantly more likely to experience them than any group other than Black Caribbean and Black Other Students. The levels of difference between other minority ethnicities are not statistically differentiable from each other.

Figure 8: Average incidence of reported mental health difficulties among UK undergraduates, by ethnicity (2016/17 to 2022/23)

Sample Sizes: White = 61,043; Black Caribbean = 688; Black African = 2,471; Black Other = 167 Indian = 3,739; Pakistani = 2,856; Bangldeshi = 1,775 Chinese = 2,103; Other Asian = 2,061; Mixed = 3,369

Educational background

We now proceed to look at educational background of students and how this is associated with their mental health. In particular, we examine whether attending state or private school is associated with them identifying as having a mental health difficulty. Prior to analysis, it is difficult to be clear which direction this relationship is expected to flow in – while those from state schools are on average less affluent than those who attended private schools, those from private schools also have access to more resources that might make them aware of any mental health challenges they are experiencing.

In the graph below, we see that the direction of the relationship is that students who attended state schools have on average worse mental health than their peers who attended private school, with a rate approximately 30% higher. This difference is statistically significant.

Figure 9: Average incidence of reported mental health difficulties among UK undergraduates who attended private or state schools (2016/17 to 2022/23)
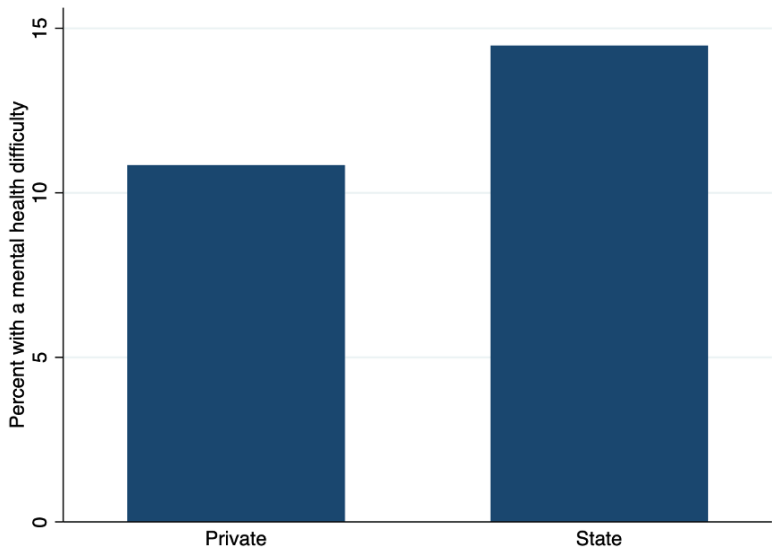
Family background and POLAR quintile

There is not a perfect indicator of a student's socio-economic background or class, either in our data, or in general. In order to investigate some measure of the relationship between class and background and mental health, we therefore make use of two measures – POLAR quintile, which relates for each home student whether their home address is an area where the most (POLAR quintile 5), to least (quintile 1) young people go on to attend university – and whether either, both or neither of their parents attended university. Figure 10 below shows the relationship between POLAR quintile and mental health, while figure 11 shows the relationship between parents' education and mental health.

Figure 10: Average incidence of reported mental health difficulties among UK undergraduates, by POLAR quintile (2016/17 to 2022/23)
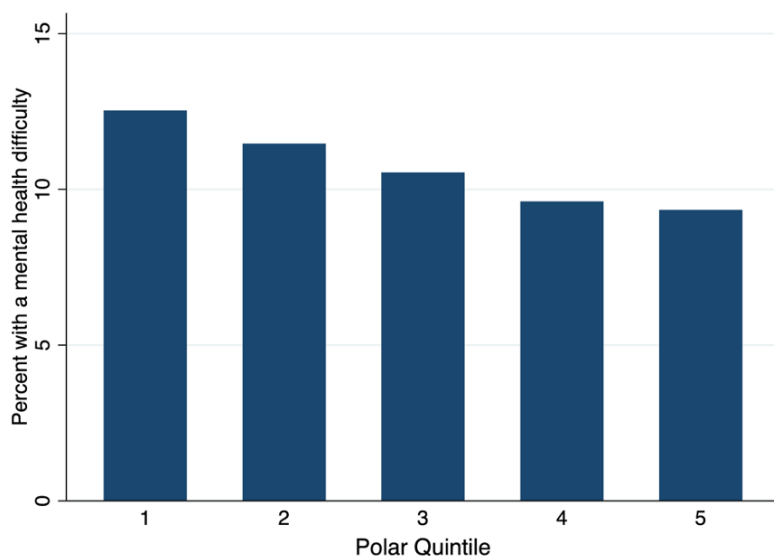

The POLAR data show a fairly expected story here, with those students from areas where more attend university on average having

fewer mental health challenges than those in areas where fewer or few students go on to university.

By contrast, the picture is more mixed when it comes to parental education. Students whose parents did not attend university have worse mental health outcomes than those whose father attended university or those with both parents who attended university – but *better* outcomes than those whose mother was the only parent to attend university. It is difficult to postulate a well reasoned theory as to why this might be the case.

Figure 11: Average incidence of reported mental health difficulties among UK undergraduates, by parental attendance at university (2016/17 to 2022/23)
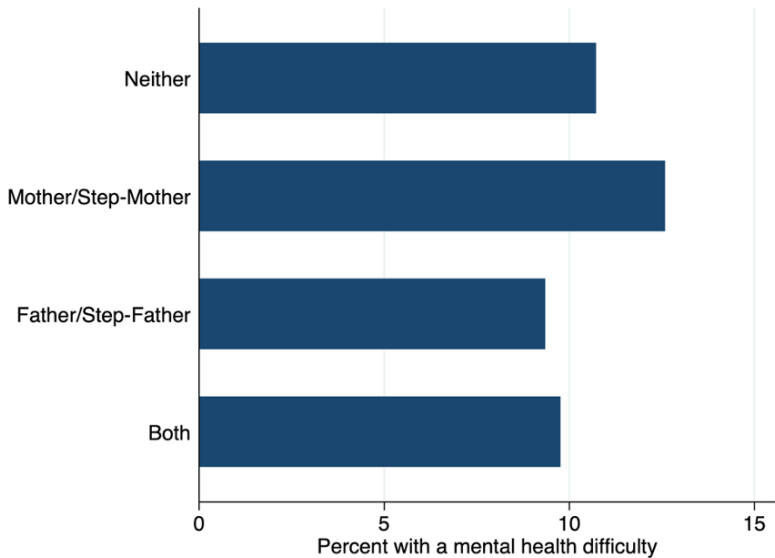
4. Mental health and work and studies

In this section we look at students' experiences of university and how this is associated with their mental health, starting with paid work around their time at university. We look at this in two ways. First, in figure 12, over page, we graph the relationship between hours engaged in paid work per week on average in term time, and students' likelihood of having a mental health difficulty.

We see a gradual increase in the rate at which people experience mental health difficulties as they work more hours, although this curve is fairly flat, and may be skewed by the small number of people who work large numbers of hours, as can be seen in the graph. Although this difference *is* statistically significant, the relationship is smaller than many of the others we have seen, and is not meaningful in practical terms – nor is the relationship when we consider the binary of whether someone works *at all*, or not. This relationship travels in the opposite direction to wellbeing, which we find gradually increases when students work fewer than 16 hours a week, before declining thereafter.

Figure 12: Relationship between average number of hours engaged in paid work during term time and reported mental health difficulties among UK undergraduates
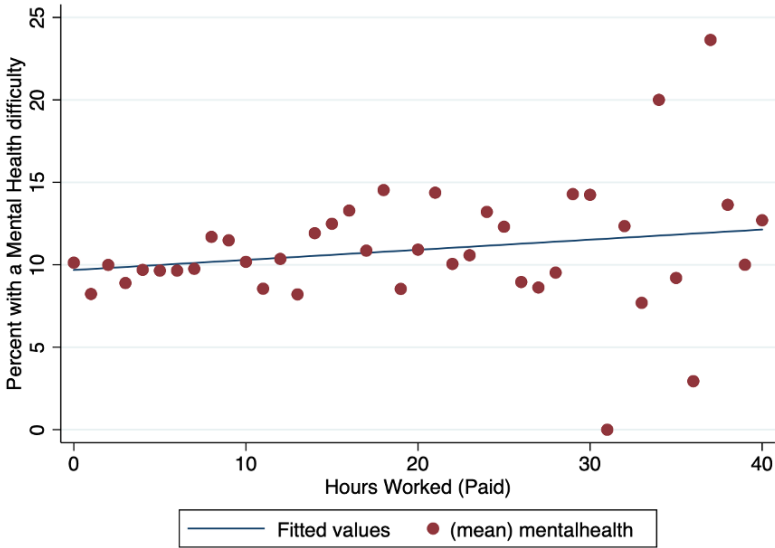
We can also look at people's main source of income while at university – whether this is a maintenance grant or loan, support from their family, paid work, or a scholarship. Here we find that students whose main source of income is either a maintenance loan or grant, or paid work, are more likely to have mental health difficulties than those on scholarships or with family support. This is interesting, as those receiving scholarships and bursaries are often the students from the lowest-income backgrounds (as most bursaries in the UK are income-contingent), and those whose families provide most of their income are presumably the most affluent. This might suggest either that scholarships and bursaries have an effect, at least on students' mental health, or that those universities that offer the most generous bursaries and scholarships also have protective factors that guard against mental health challenges.

Figure 13: Average incidence of reported mental health difficulties among UK undergraduates, by main source of income (2016/17 to 2022/23)
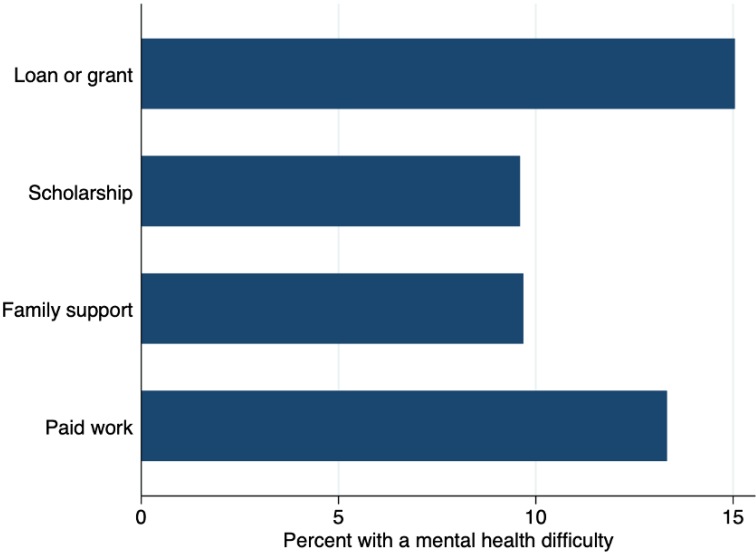
5. Dropout and mental health

That any students experience poor mental health is unfortunate, and we should be concerned about what we have found thus far on its own terms – a picture of rising mental health difficulties, inequality in those difficulties, and in many cases, widening gaps.

However, we should also consider mental health in the context of students' studies. To do this, we look at two questions asked within the SAES – whether a student has considered dropping out of university, and if they have, what the main reason for this is. These questions have been asked only in the last three waves of the SAES, to a total of 30,324 students, of which 8,821 have considered dropping out of university – 29%, or just under one in three. As can be seen in the graph below, this is fairly consistent over the three years for which we have data.

Figure 14: Proportion of UK undergraduates who report considering dropping out of university
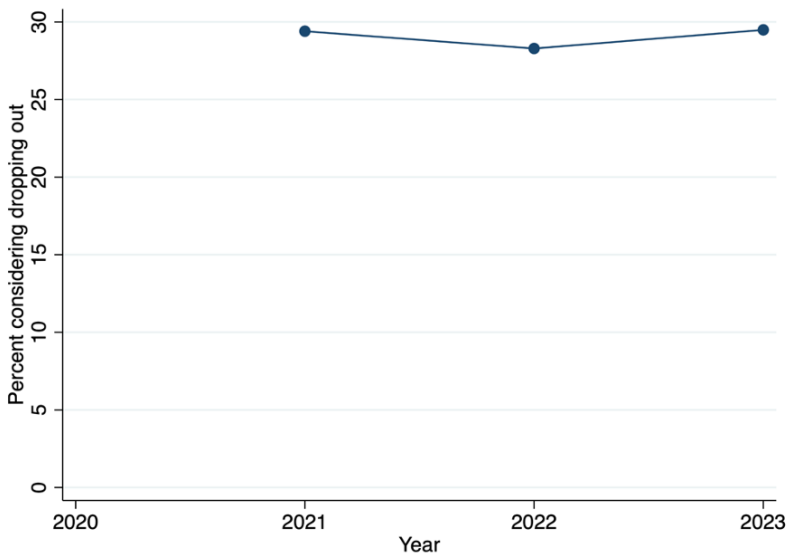
Now we look at the reasons for students considering dropping out, both in absolute levels, as well as the changing prevalence of mental health as a reason over time. As we see from figure 15, below, mental health is by far the most common *main reason* someone considered dropping out of university – roughly 25 percentage points more than any other explanation (among the 18 options available).

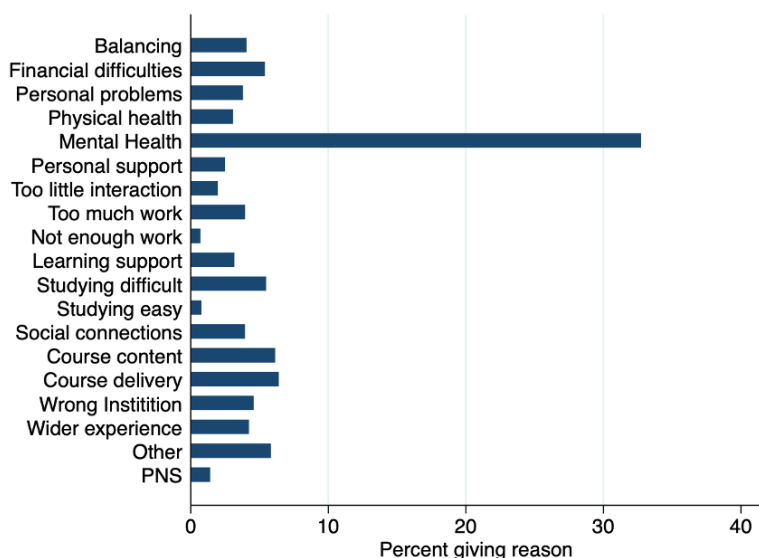**Figure 15:** Main reasons given by UK undergraduates for considering dropping out of university

Figure 16, over page, shows how this has changed over time in the three years for which we have data – and we see a dip in the most recent figures. As we might expect, there has been a notable rise in the rate at which financial distress has been given as the main reason for considering dropping out, although this remains a very small reason compared to mental health (and these two are of course interlinked).

Figure 16: Proportion of UK undergraduates who select mental health difficulties or financial problems as the main reason for considering dropping out of university
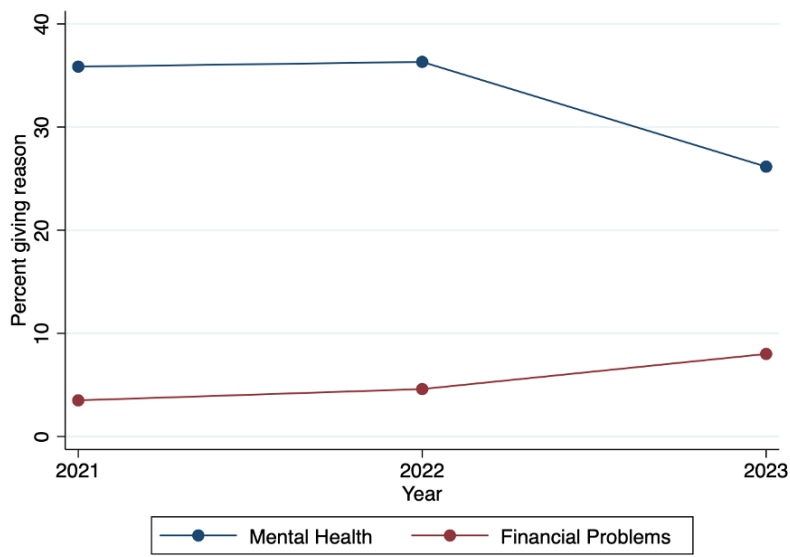
Our data show both a rise in mental health challenges among students, alongside an essentially flat curve when it comes to students considering dropping out. This suggests that while students' mental health is suffering, this is not manifesting in a change in those considering dropping out.

6. Discussion and conclusion

In this short paper we have considered the prevalance and correlates of students' self-reported mental health difficulties, as well as the impact of these difficulties on students' studies. Using a large survey dataset that gives unparalleled richness of understanding of students' academic experiences, we are able to look at what has happened to students' mental health over time and how that relates to their characteristics, identities, and backgrounds. The data is not perfect – none is – and it is necessary to caveat our findings that some of them may in part be driven by issues in sampling.

Nonetheless, what we have found is cause for concern. The proportion of students identified as having a mental health challenge has nearly tripled, from 6% in 2017, when the data were first collected, to 16% in 2023. Even allowing for a changing understanding of, and an increasing openness about mental health – particularly among the younger generation – the timescale being described (which does not amount to a generational change) suggests that many thousands of students are experiencing substantial distress, and that this has risen dramatically in recent years. The trend predates either the Covid pandemic or the cost of living crisis, and so although these factors have their part to play in students' mental health, they cannot be the only explanation. Indeed, even to the extent that these factors are important to student mental health, it would seem unwise to hope that this rise will recede as the cost of living crisis eases.

The experiences of mental ill-health are also deeply unequal, and exist along much the same lines as in society at large. Women, LGBTQ+ people, and people from lower socio-economic classes

are more vulnerable to poor mental health than their peers. Students from state schools, or from areas where fewer people attend university, also experience worse mental health outcomes in our data than their peers, and these differences are statistically significant, even if they pale in comparison to the differences in mental ill-health associated with sexual orientation or with being trans.

The picture we are able to draw differs from other sources in two important ways. First, parental education, a predictor of class and social capital, seems to have a mixed relationship with student mental health, and runs counter to existing narratives about "first in family" students. Scholarships appear as though they might mitigate mental health risks – which is in line with our finding that the more hours of paid work a student undertakes, the more likely they are to experience mental ill-health.

The picture is also different along gender lines. While female students have a higher incidence of mental ill-health than their male peers in our data, suicide rates are skewed towards young men. It is important that we not conclude that support can be withdrawn from male students, who remain at greater risk of the very worst of outcomes.

Finally, a worryingly large number of students have considered dropping out of their studies, and the plurality of these students have given mental health as a reason. This analysis is of course subject to survivorship bias, but gives a flavour of the impact that mental health has on students' capacity to finish their studies.

Taken together, this analysis suggests that action is urgently needed by universities, by healthcare providers, and by government to support the mental health of students. This must include both

investments in wellbeing to adopt a public health approach to improving student mental health, and support for clinical and crisis services that ensures they are adequately provisioned to handle this rapidly rising need.

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2. Advance HE (2023) Student Academic Experience Survey (SAES) https://www.advance-he.ac.uk/reports-publications-and-resources/student-academic-experience-survey-saes

3. YoungMinds (2023) "Mental health statistics". https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/

4. The survey was designed and developed in partnership between Advance HE and the Higher Education Policy Institute (HEPI), with online panel interviews independently conducted by YouthSight and Pureprofile. YouthSight's Student Panel is made up of over 45,000 undergraduate students in the UK. These students are primarily recruited through a partnership with the Universities and Colleges Admissions Service (UCAS), which invites a large number of new first-year students to join the Panel each year. To maximise the overall sample size, further responses were sourced from Pureprofile. Between 9 February 2022 and 21 March 2022, 45,141 members of the YouthSight Panel and 10,000 from Pureprofile were invited to complete the survey. In total, 10,142 responses were collected, representing a response rate of 18%. Of the 10,142 total responses, 9,258 were sourced from the YouthSight Panel and 884 were sourced from Pureprofile. On average, the survey took 11 minutes 12 seconds to complete.
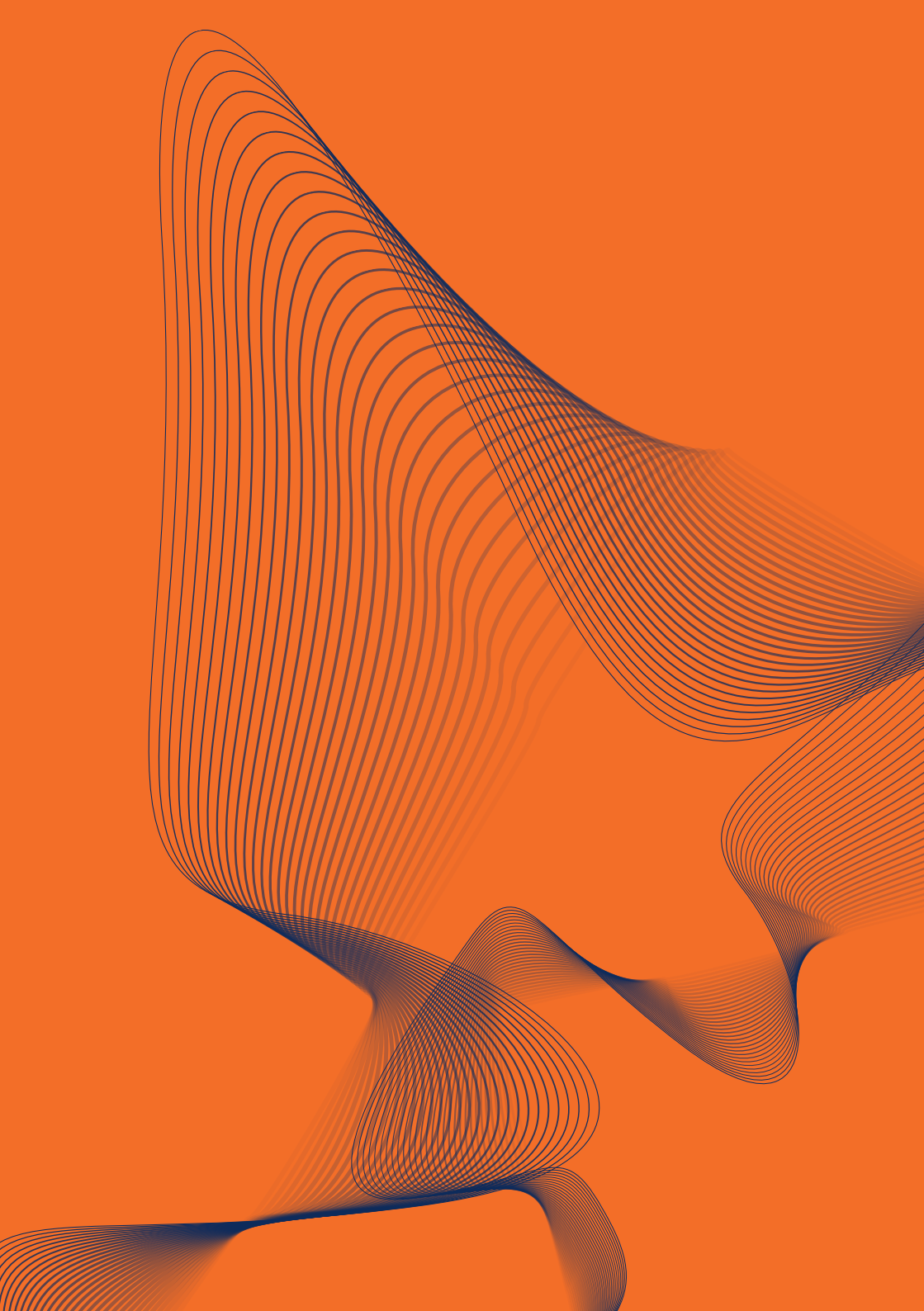
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About TASO

TASO is a what works centre dedicated to reducing gaps in participation and success in higher education through the collation, creation and translation of evidence around what works. It works with partners throughout the higher education sector to help understand what evidence already exists, to build more and higher quality evidence, and to see policy and practice led change informed by that evidence.

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