

**Conservative
Mental
Health
Group**



Degrees of Support

**The Current State of Student Mental Health and Counselling
Services in English Universities**

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**Foreword by The Rt. Hon. The Lord Lingfield Kt DLitt EdD DL –
President of the Conservative Education Society**



Every year, around 1 in 6 young people will experience a mental health problem with 75 per cent of all disorders beginning by the age of 24. These disorders range from common anxiety disorders to more severe conditions such as schizophrenia. All mental health disorders can have an enormous impact on a young person's development, making it essential that appropriate preventative and treatment-based measures are available

across the whole of society. Despite the high prevalence of such conditions amongst our youth, too often there is a deficit of support in our social institutions. Indeed, when young people reach out for support, too often they are faced with long waiting times for treatment in our traditional health-based services. The large pressures facing our National Health Service as we continue to recovery from the pandemic necessitates alternative avenues of support, not least in our schools, colleges and universities.

Our educational institutions have done an enormous amount over the last decade or so to establish and strengthen promotional, preventative and early detection measures. We have seen the establishment of Mental Health Support Teams (MHSTs) in our schools and counselling provisions in our universities, representative of our truly forward-looking approach to student mental health. Nevertheless, it is clear that we need to be more ambitious with high demand and long waiting times for support still evident across education sector.

This report by our Head of Research and Student Engagement, Danny Bowman provides a balanced and fair appraisal of the current state of student mental health and counselling services in English universities. Indeed, it captures the multifaceted nature of student mental health and offers useful recommendations for improving provisions, transparency and accountability in our higher education institutions. The report encapsulates the broader commitment of the Conservative Education Society to improving educational outcomes for all students across England. An essential ingredient of this is by improving the mental health of our young people through strengthening preventative and treatment-based measures in our universities.

Executive Summary

The issue of mental health has become increasingly salient across society over the last two decades. A recognition of the substantial individual, social and economic costs associated with mental health disorders has encouraged policymakers to construct a selection of strategies and plans to address it. The prevalence of mental pathologies has increased exponentially across the UK population, specifically among younger members of our society. The rise of mental health disorders has increased pressures on traditional health services who have endeavoured to meet this demand. Indeed, capacity issues within the NHS has created enormous challenges for non-health related services such as schools, colleges and universities. This has led to the acceleration of training programs for teaching staff, the creation of multidisciplinary support teams and the establishment long-term strategies on mental health at the national level. The infancy of these developments means that access to appropriate interventions for students has seldom been available, not least on university campuses.

This research briefing has endeavoured to evaluate the demand and waiting times standards for counselling support across English universities. Researchers submitted Freedom of Information requests to all universities across England around student access to counselling services. The findings from the study suggested that research-intensive institutions experienced the highest student demand for counselling services, whilst less research-intensive institutions had smaller caseloads but higher waiting times. The best outcome for all students would be for English universities and the UK Government to construct a joint long-term strategy on mental health care in the higher education sector. Clear expectations need to be placed on universities to deliver appropriate and timely interventions to vulnerable students so that they can achieve their potential, regardless of their mental health status.

Key findings

A total of 95441 students accessed or attempted to access counselling support in English universities in the academic year 2021/2022.

- **A total of 22 per cent of universities in England had more than 10 per cent of their student population accessing or attempting to access mental health support.**
- **Students at Russell Group universities represented 44 per cent of the total number of students requiring support despite only making up 34 per cent of the population sample.**
- **A total of 41 per cent of post-1992 universities had waiting times exceeding 3 weeks.**

Introduction

The prevalence of poor mental health amongst university students has become a central concern of stakeholders within the higher education sector. The increased social, economic and academic burdens facing higher education students have contributed to the deterioration of mental health across the sector. This reality has created a dilemma for universities and associated stakeholders who have found themselves balancing their academic obligations with their duty of care responsibilities. Universities have not traditionally been equipped to address the mental health needs of students, meaning that the construction of these services has come from a point of limited infrastructure and expertise. From this basis, some universities have endeavoured to create well-formulated frameworks to address the current crisis, whilst others have failed to establish appropriate care pathways. There is a collection of reasons why certain universities have succeeded in this transition and others have failed. Indeed, lengthy considerations will be made to these factors within this briefing. Nevertheless, these factors must be balanced against the inherent risk posed to vulnerable students from institutional inaction.

According to data collected across the last two decades, rates of student disclosures on mental health have increased exponentially. The IPPR (2016) demonstrated in their research that rates of disclosures had increased by around 15 per cent between 2003 and 2015, whilst the House of Commons Library (2023) research showed that the proportion of home students declaring a mental health disorder had risen from below 1 per cent to above 5 per cent between 2010 and 2020. UCAS (2021) highlighted a much steeper increase, claiming that there had been a 450 per cent rise in self-disclosures for mental health over the last decade. This evidence also highlighted that nearly 70,000 students entered higher education in 2021 with a pre-existing mental health disorder, further supporting the need for action from universities. Without the establishment of timely and effective interventions on university campuses, the social and economic costs associated with poor mental wellbeing will continue to rise.

The purpose of this briefing is to showcase the current state of student mental health support across English universities based on data collected from Freedom of Information requests. Using data from the academic year 2021/2022 on counselling services, this briefing will establish which universities are succeeding in this area and which are struggling to provide appropriate support. Based on the evidence collected, several proposals have been constructed around mental health in higher education. Such initiatives include the establishment of educational partnerships to deliver services to students or/and changes to governance

arrangements so that information on a student's mental health can be shared with their parents or guardians. The current state of student mental health cannot continue with this briefing aiming to highlight to policymakers why.

Literature Review

The common age of onset of a mental health disorder is between 14 and 25 with certain conditions developing even earlier. It is estimated that around 50 per cent of mental health disorders first occur prior to adolescence whilst a further 25 per cent appear during or shortly after this period. The common occurrence of mental illness in adolescence means that many students enter university with a diagnosis

What does the data say?

Entrance into higher education can exacerbate the symptoms of those with a pre-existing mental health disorder or determine the onset of a condition. Nevertheless, with the right support from universities, both scenarios can be averted. According to the IPPR (2016), around 15,000 students declared they had a mental health disorder when entering higher education with a larger representation of female students in this cohort. Indeed, the research undertaken by the IPPR also suggested that the number of students entering higher education with a mental health disorder may be higher with just under 50 per cent of students not declaring it to their university. The causes of this have been outlined by UCAS (2021) who found that around 90 per cent of students engaged in their research worried that it would prevent them from getting a place at their favoured institution. Just over half of students were worried about being stigmatised if they were to declare a condition. Some of the common issues highlighted here could be rectified through information campaigns or clear statements from universities denouncing such notions. The majority of universities would not consider ever stigmatising on these grounds but it is essential that students know this when applying. This small intervention would be beneficial to both universities and students with more young people entering higher education without fear of stigma and discrimination. Indeed, the commonality of such conditions means that universities must ensure appropriate interventions are available when students enter an institution.

Ranstad (2021) found that between 7 in 10 university students had a diagnosable mental health disorder but only 25 per cent were being provided with support within a week. The lack of access to appropriate care within a timely manner can have a devastating impact on the attainment of a student with a mental health disorder. Data collected by Ranstad (2022) highlighted that over half of students considered dropping out of their course because of mental

health concerns. According to student testimonies provided to Ranstad, the pressures of academic work and the university lifestyle impacted student mental wellbeing the most. The Office for Students (2022) have also conducted research into mental health, finding that around 10 per cent of men and 20 per cent of women experienced a mental health disorder between the ages of 17 and 19 with an increase recorded across the last decade. Such an increase has added pressure on universities to establish appropriate interventions for their students. Not all universities have succeeded in this respect due to workforce or monetary constraints. Nevertheless, students should be offered the care and support they need to thrive.

The Shout Charity (2021) have conducted further research on the rates of poor mental health among the student population. The organisations data demonstrated that around 28000 students established a connection with its service. Of these, 73 per cent of the calls were linked to common mental health disorders such as depression and anxiety. Most interestingly, the majority of students accessing this service did so outside of working hours, demonstrating the lack of alternative provisions available during these periods. Only 25 per cent of students attempted to reach out to Shout during normal working hours which could mean that university services are available during this time. Nevertheless, 72 per cent of students surveyed still felt that university counselling services could be offering more face to face appointments during normal working hours. Two issues can be identified from this research. Firstly, the lack of available university-led interventions out of hours is leading students to seek support from outside organisations. Secondly, in normal working hours, there is not enough capacity for face to face interventions in the system. The opportunities to access face to face and 24-hour interventions from universities seems a reasonable demand and one that could be achieved with better interconnectivity with services like Shout. The main issue here is the lack of collaboration between local stakeholders in supporting student mental health. Through better partnerships between universities and local services, interventions could be available in a timely manner.

The interventions provided by universities should not just be directed towards crisis situations with prevention measures equally as important. Indeed, by understanding the core determinants of crisis, interventions can be tailored towards preventing mental health issues from occurring.

What are the main causes of mental illness at university?

A selection of issues has been highlighted by scholars that are perceived to increase the risk of mental illness within the student population. These issues include academic stress, financial concerns, loneliness and alcohol and drug abuse. Indeed, many of these issues are

representative of the student lifestyle but without caution, can contribute to the onset of a mental health crisis.

Academic Stress

One of the most cited causes of poor mental health at UK universities is academic stress. Several scholars have highlighted the impact of increased workloads and limited academic guidance on student mental health. Knoesen and Naude (2018) have examined the main causes of poor mental wellbeing among first-year undergraduate students in the UK. Their research found that ‘not understanding lectures’ and ‘having a massive workload’ contributed to stress and anxiety among their participants. High expectations around academic independence and low-levels of guidance from university staff were identified as the core determinants of these outcomes. Further research undertaken by McIntyre et al (2018) made an interesting connection between academic stress and loneliness in their research on first-year undergraduate students. In their analysis of 22 survey responses from first-year undergraduates at a northern university, they found that assessment stress was the core academic indicator of poor mental health, whilst the main social indicator was loneliness. In their evaluation of the data, McIntyre and colleagues claim that the installation of small study groups and seminars could facilitate better mental health outcomes in students.

Indeed, creating a sense of connection between student cohorts at this early stage of the process may contribute to better outcomes in second and third-year. Nevertheless, most degree programs start with larger cohorts before reducing the size of classes in the latter years. This model could be reversed so that smaller groups are established at the early stages of courses and larger groups come into force in the latter years when students are more socially and academically comfortable.

Expanding on the previous studies, Macaskill (2012) examined the levels of student mental wellbeing across all undergraduates using the General Health Questionnaire-28. The results from her study found that there was a clear deterioration in student mental wellbeing in the second-year of undergraduate studies. She connected this outcome to the enhanced academic pressures faced by this cohort. Indeed, the second-year of undergraduate studies is the first-time student grades count towards their final degree classifications, providing one source of increased work-related stress. This is something that is hard to rectify without placing all of the academic weighting into the final year of university, something that would come with its own mental health issues. Access to counselling services in a timely manner may be the only way of rectifying transitional pressures at this stage of the process.

Additionally, it may be more worthwhile to target alternative forms of support to students at different stages of their degree programs. The evidence from the studies examined so far seems to suggest that there are different worries driving mental health outcomes based on which year of undergraduate study students are at. For example, first year undergraduate students seem to be most effected by transitional issues such as higher workloads and academic isolation, whilst second year students are most concerned about the sudden formality of their work. For first years, preventative measures such as smaller class sizes, targeted information resources and increased community-building activities may be the best means of curtailing future crises. For second and third-years, priority access to counselling support and peer to peer mentoring may limit the onset of mental health issues during the transition to formalised assessment. More targeted interventions could complement university-wide initiatives already in existence.

The universality of academic stress across the higher education system is demonstrated in a study conducted by Cibyl (2022) on student mental health. The results from the research found that students from across undergraduate study highlighted work-related issues as the most frequent cause of stress. These issues included ‘studying for long hours’ (62 per cent) and ‘worrying about exams or other key deadlines’ (61 per cent). The concentration of work-related issues across cohorts demonstrates the need for university-wide interventions. Yet again, the enhancement of counselling services on campus would benefit student mental health outcomes across the system. Nevertheless, less formalised prevention measures such as information campaigns and self-help resources may be equally as beneficial in reducing the risk of mental health issues on campus. Indeed, it is just as important to provide students with the resources they need to build resilience as it is to treat mental health issues when they occur. Furthermore, it is more cost-effective for universities to deliver tailor-made information resources than deal with the outcomes of inaction.

The establishment of prevention and treatment measures on university campuses may enable better student mental health outcomes. Indeed, more tailored interventions across academic years may better address the alternative causes of mental strain between year groups. Nevertheless, academic stress is not the only cause of poor mental health on university campuses with financial concerns also contributing to the onset of issues.

Financial Concerns

Financial concerns have been identified as a potential source of poor mental health on university campuses with students often worrying about being able to afford basic resources whilst studying for their degree. Research undertaken by Roberts et al (2000) found that the

economic status of students can be a core indicator of mental health outcomes at university. Roberts and colleagues suggested that the development of poor mental health among students is usually linked with longer working hours. Students who have to engage in some form of employment whilst at university may therefore be at an increased risk of developing mental health issues compared to their more affluent peers because of the extended hours worked. Jessop et al (2019) found a similar relationship between the financial status of students and mental health outcomes. Using regression analyses, the study found that students with financial concerns may experience worse mental health outcomes, potentially inhibiting their studies. Further research conducted by Richardson et al (2016) found similar results to the two previous studies with the economic circumstances of students linked with worse mental health outcomes. The study also found that more acute depressive and anxiety symptoms was linked to the economic situations of students. More broadly, a bi-directional relationship was found between alcohol dependence, mental illness and financial stress across the sample. The bi-directional nature of these results provides further support for the argument that both preventative and treatment-based measures are required on university campuses. The multifaceted nature of student experiences with these issues also demonstrates the need for better interconnectivity between universities and local services when providing interventions. Nevertheless, the connection between financial resources and other issues cannot only be understood through a student's economic circumstances. Indeed, the perception of financial insecurity can also be attributed to worse mental health outcomes.

A study conducted by Cooke et al (2006) found an interesting connection between attitudes towards student debt and mental health outcomes. The results suggested that students who worried more about student debt experienced worse mental health outcomes than those with little concern. Indeed, the study found no obvious relationship between economic circumstances and mental health outcomes but some connection between the perception of student debt and mental health. These results demonstrate the need for more information to be provided to students around the nature of tuition fees and the impact of student debt after university.

The evidence collected from the four studies demonstrate the multifaceted relationship between student finances and mental health outcomes. Indeed, the results of these studies further support the need for better interconnectivity between universities and local services in the provision of preventative and treatment interventions.

Student Loneliness and Social Isolation

Interacting with both academic stress and financial concerns in higher education is social isolation. Several scholars have identified loneliness among university students as a core catalyst of negative mental health outcomes. Indeed, many of the current studies have focused on the impact of the Covid-19 pandemic on social isolation among UK university students. Though this research is beneficial, the unique environment of its investigations may limit the applicability of the results to the previous or current context. The current evaluation will therefore focus on studies that were undertaken either before or after the pandemic.

Richardson et al (2017) examined the relationship between loneliness and mental health among undergraduate students at UK universities. The study made up of a sample of 454 undergraduate students found connections between increased levels of loneliness and worse mental health outcomes across the sample. Interestingly, the relationship between the two indicators was not bi-directional with no significant relationship found between the experience of mental illness and the onset of loneliness. Indeed, there was also no relationship found between alcohol dependence and higher levels of loneliness or vice-versa. The results from this study therefore suggest that loneliness was the direct cause of worse mental health outcomes, emphasising the need for community-building on university campuses across all cohorts. The establishment of better social networks at the start of undergraduate study at the departmental and university-level may reduce the risk of mental health disorders occurring.

Similar to the findings of the previous study, McIntyre et al (2018) identified loneliness at the core determinant of poor mental health outcomes in university students. Through an online survey, the study identified a clear connection between depression, anxiety and paranoia and feelings of loneliness. The authors highlighted the importance of social networks in deterring poor mental health among university students but were rightly cautious about confirming loneliness as the only determinant of low-mood and paranoia. Indeed, the study also found connections between academic and financial stressors and poor student mental health. This further demonstrates the multifaceted nature of student mental health with several determinants feeding into outcomes within this area. Nevertheless, loneliness and social isolation are core determinants of negative mental health outcomes with community-building an essential instrument for preventing psychological distress within higher education.

Survey-based research conducted by Wonkhe (2019) further emphasised the importance of social connection at universities with results from the organisations study showing a clear connection between mental health outcomes and levels of socialisation. Indeed, better access

to student clubs and organisations were linked to higher self-declared mental wellbeing. The cost of membership for these clubs can sometimes be a barrier to student engagement further highlighting the interconnectivity between all of the variables considered so far. Better financial support for less affluent students to enable their engagement in these clubs may reduce the risk of poorer mental health outcomes among this population. Indeed, this is another example of a cost-effective intervention that could lower the need for more formalised counselling services. Facilitating healthy social interactions may also reduce the impact of alcohol and drug use, something that has also been linked to worse mental health outcomes across student cohorts.

Drug and Alcohol Abuse

The relationship between alcohol and illicit substances and student mental health has seldom been explored within the literature. Only a selection of studies has examined the relationship between these variables within UK universities. Yet, these studies have often focused on specific disciplines such as medicine and law (Bogowicz et al, 2018; Knipe et al, 2018). Other studies have examined the connection between these variables on a broader scale but this has often been done alongside issues such as academic stress and financial pressures (Roberts et al, 2000; Richardson et al, 2015, 2017). A small number of studies have examined the specific interactions between alcohol consumption and depressive symptoms but these are based on a small sample of UK universities, limiting the generalisability of the results across institutions (Ansari, 2014).

The relationship between alcohol and illicit substances and mental health has predominately been highlighted within broader studies on student wellbeing. Polymerou's (2007) examination of alcohol and drug prevention programs in UK universities highlighted the connection between mental health disorders and the use of illicit substances. Similarly, Brown (2016) emphasised the bi-directional relationship between psychological distress and the use of illicit substances by students. Nevertheless, it is unclear from both studies which of the variables is dominant within the relationship. Indeed, many of the connections made in the two studies are anecdotal, making it hard to confirm any obvious association.

Another stream of studies was undertaken by Richardson and colleagues on student mental health, focused specifically on the connection between the former, loneliness and financial stress. In the first study on loneliness, Richardson et al (2017) found that there were cross-sectional relationships between mental ill health, loneliness and alcohol consumption but yet again, it is unclear what the directional relationship was between these variables. The second

study conducted by Richardson et al (2017) on financial stress found similar cross-sectional relationships between alcohol dependency, anxiety, depression and the former. As with the previous study, no clear directional relationship was established between the variables. The lack of clarity around the directional nature of the association between the two variables in both studies makes it hard to establish which issue should be prioritised by UK institutions. Nevertheless, there is clearly an association there that could be addressed through the use of multidisciplinary, well-resourced and timely university-wide counselling services.

A more focused study was undertaken by Ansaric et al (2014) on the connection between depressive symptoms and alcohol consumption among a sample of UK university students. Seven UK universities participated in the study and provided self-administered questionnaires to students at the end of lectures. The findings from the study suggested that there was a clear connection between high-levels of depressive symptoms and problematic drinking behaviours but this was not connected to the regularity of consumption. Indeed, these results insinuate that binge drinking may be a source of poor mental wellbeing or vice-versa. One of the main issues with this study is the lack of clarity around the directional nature of the relationship, further demonstrating the difficulties in defining what is the cause and what is the effect. Indeed, this further highlights the interconnected nature of all of the variables discussed in the literature review so far.

UK Universities and Counselling Services: The Evidence

The previous sections have established several issues that are associated with student mental health at UK universities. The immense academic, financial and social pressures facing UK university students have been associated with the onset of anxiety, depression and other common mental health disorders. The bi-directional nature of many of these associations makes it difficult for UK institutions to construct appropriate interventions to support students in need. Nevertheless, many of the issues mentioned above can be addressed through the establishment of multi-disciplinary counselling services at UK institutions.

The first counselling service at a UK university was established in 1962 at the University of Leicester with further services being operationalised across the higher education sector thereafter (Royal College of Psychiatrists, 2021). Since the first service was established, the higher education sector has come a long way in meeting the needs of students with mental health disorders. Indeed, the very fact that mental health provisions have been established at universities is an innovation in itself. Nevertheless, as times have moved on, higher expectations have been placed on universities to deliver well-resourced and timely services to

students in crisis. Though there are many examples of success in this regard, there are also clear issues within the system as evidenced in some recent tragic cases. All universities should be expected to deliver timely mental health resources and services to students. Indeed, the sector should be enhancing its connections with outside stakeholders such as the NHS and third-sector organisations to do so. Nevertheless, too many higher education institutions still continue to struggle to meet the mental health needs of students and do not establish connections with outside services to do so.

A range of studies have attempted to measure the current situation, capacity and outcomes of UK universities in regards to counselling services. Broglia et al (2018) examined the current issues facing UK university counselling services using survey data. The results from the study found that many students often accessed counselling provisions when their mental health had deteriorated to a level where they could no longer function at full capacity. Attached to this finding was concerns around waiting times for counselling support at UK universities and the need to reduce such barriers to support. Indeed, Mair (2016) also highlighted the association between the comprehensiveness of counselling interventions and waiting times at UK universities. Nevertheless, both studies did state that there was no evidence to suggest that students that wait longer required more intensive interventions compared to those that didn't.

Comprehensive and timely access to counselling services at UK universities is essential if we are to lower the psychological distress of students. Indeed, recent evaluations have demonstrated that when services are accessed, outcomes are usually positive. For example, an evaluation conducted by Murray et al (2015) of a counselling service at a UK university found that student outcomes were mostly positive. Using the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM), therapeutic results were assessed. The results from the study found that 49 per cent of the 305 individuals in the sample recorded better clinical outcomes after accessing counselling interventions. Indeed, only 2 per cent of participants recorded a decline in their clinical scores. This demonstrates that counselling services on university campuses can be hugely effective in improving the clinical status of students. With that said, it is essential that these interventions are accessible in a timely manner and are complemented by a range of preventative measures to reduce to the overall demand for treatment.

The literature reviewed in this section has demonstrated two core issues associated with student mental health and UK universities. Firstly, associations have been established between the

onset of mental health disorders and a range of academic, financial and social issues. Secondly, the comprehensive and timely nature of counselling services at UK universities have been found to vary depending on the institution. Based on these findings, this paper will now evaluate the current student demand and waiting times for counselling services in higher education institutions across England for the academic year 2021/2022. From this, current trends on the two variables will be identified, contributing a starting point for further analysis and evaluation of counselling services in UK higher education institutions.

Methodology

This study endeavours to present, analyse and evaluate the current state of counselling services in English universities based on two core measures. The study has endeavoured to establish the current demand for counselling interventions across English universities and the waiting times for access to these services. It also seeks to understand the relationship between student demand, waiting times and student populations across English higher education institutions. From this exploration, the research will establish a clear set of results that will be beneficial to the broader study of student mental health.

Selection of Cases

All higher education institutions in England (106 universities) were selected for this analysis and evaluation of student demand and waiting times for counselling support. The cases were selected based on the fact that this study is interested in education policy outcomes in England with higher education being a devolved competency across the UK.

Indicators and Variables

A selection of indicators and variables were selected based on the overall aims and objectives of this study. The main variables selected for this study were student counselling demand and waiting times for counselling services. The indicators selected were the total number of students requiring counselling support and the average waiting time for counselling interventions.

Data Collection and Questions

All 106 universities in England were sent a freedom of information request enclosed with two questions around student counselling demand and waiting times for counselling interventions.

- 1) How many students accessed support from your university counselling service in the academic year 2021/2022?**
- 2) What was the average waiting time to access the counselling service at your university in the academic year 2021/2022?**

Of the 106 English universities sent freedom of information requests, a total of 73 (68.9 per cent) universities responded with usable data for one or both of the questions asked. Of these, 58 (54.7 per cent) were able to provide usable information for both questions.

University Full Title	Acronym
1. Anglia Ruskin University	ARU

2. Arts University Bournemouth	AUB
3. Aston University	AU
4. University of Bath	UOB
5. Bath Spa University	BSU
6. University of Bristol	UOBS
7. Brunel University London	BUL
8. Buckinghamshire New University	BNU
9. University of Cambridge	UOC
10. Canterbury Christ Church University	CCCU
11. University of Central Lancashire	UOCL
12. Coventry University	CU
13. Cranfield University	CRAN
14. University for the Creative Arts	UCA
15. University of Cumbria	CUMBRI
16. University of Derby	UOD
17. Durham University	DU
18. University of East Anglia	UEA
19. Edge Hill University	EHU
20. University of Exeter	UOE
21. University of Gloucestershire	UOG
22. University of Greenwich	GWICH
23. University of Huddersfield	UOH
24. University College London	UCL
25. Imperial College London	ICL

26. University of Kent	UOK
27. University of Liverpool	LIVUNI
28. Lancaster University	LU
29. Leeds Arts University	LAU
30. Leeds Beckett University	LBU
31. Leeds Trinity University	LTU
32. University of Leeds	UL
33. University of Leicester	UOLT
34. Liverpool Hope University	LHU
35. Liverpool John Moores University	LJMU
36. Loughborough University	LOBU
37. University of London	UOL
38. Keele University	KEELE
39. Kings College London	KCL
40. London Business School	LBS
41. London Metropolitan University	LMU
42. London School of Economics	LSE
43. Queen Mary, University of London	QM
44. Royal Holloway, University of London	RHUL
45. London South Bank University	LSBU
46. University of Manchester	UOM
47. Manchester Metropolitan University	MMU
48. Newcastle University	NU
49. Newman University	NMU
50. Northumbria University	NBRI

51. Norwich, University of the Arts	NUA
52. University of Nottingham	NOTTSU
53. Nottingham Trent University	NTU
54. University of Oxford	OX
55. Plymouth University	PLYU
56. University of Reading	UOR
57. University of Salford	UOS
58. University of Sheffield	USHEFF
59. Sheffield Hallam University	SHU
60. University of Southampton	STHAM
61. Southampton Solent University	SSU
62. University of St Marks and St Johns	STMSTJ
63. University of Sunderland	SUN
64. University of Surrey	SUR
65. University of Sussex	SUSS
66. University of Teesside	TEES
67. University of West London	UWL
68. University of Westminster	UOW
69. University of Winchester	WINCH
70. University of Wolverhampton	WOLV
71. University of Worcester	WORC
72. University of York	UOY
73. York St John University	YSJ

Table 1 English Universities (Sample Selection)

Limitations

The research has endeavoured to capture the current state of mental health provisions at universities across England. Nevertheless, two main limitations have been identified in regards to the variables chosen and the recording methods of English higher education institutions. Firstly, the variables selected to measure the current state of mental health services at English universities only capture counselling interventions with further types of interventions likely to be available. The time constraints of this study meant that individual universities were not scanned for alternative interventions prior to this research being undertaken with the most universal measure selected for convenience. Secondly, the way universities record counselling demand means that some students may have been double-counted in the data.

English University Counselling Services: Demand and Waiting Times (Academic Year 2021/2022) - Data and Analysis

The current state of English university counselling services is multifaceted with alternative trends evident across different forms of institution. Indeed, the student demand for counselling services varies considerably across higher education institutions. Some universities are experiencing demand below 5 per cent whilst others are seeing over 10 per cent of their student populations requiring counselling interventions.

Counselling Service Demand at English Universities (Academic Year 2021/2022)

Of the 73 universities that responded to our freedom of information request on counselling demand, 34 per cent (25/73) of institutions had less than 4.9 per cent of their student populations requiring support. Around 44 per cent (32/73) of universities had been 5-9.9 per cent of their student populations requiring counselling interventions, whilst 22 per cent exceeded 10 per cent. The average percentage of students requiring counselling measures at English universities was 7.2 per cent. The range between the 73 universities that were able to provide information for student demand was 18.7 per cent with the lowest demand at 0.6 per cent and the highest demand at 19.3 per cent. The evidence for this data demonstrates the enormous disparities between institutions in regards to the demand for student counselling services. Indeed, the data must be broken down further to consider the situation across the English higher education sector.

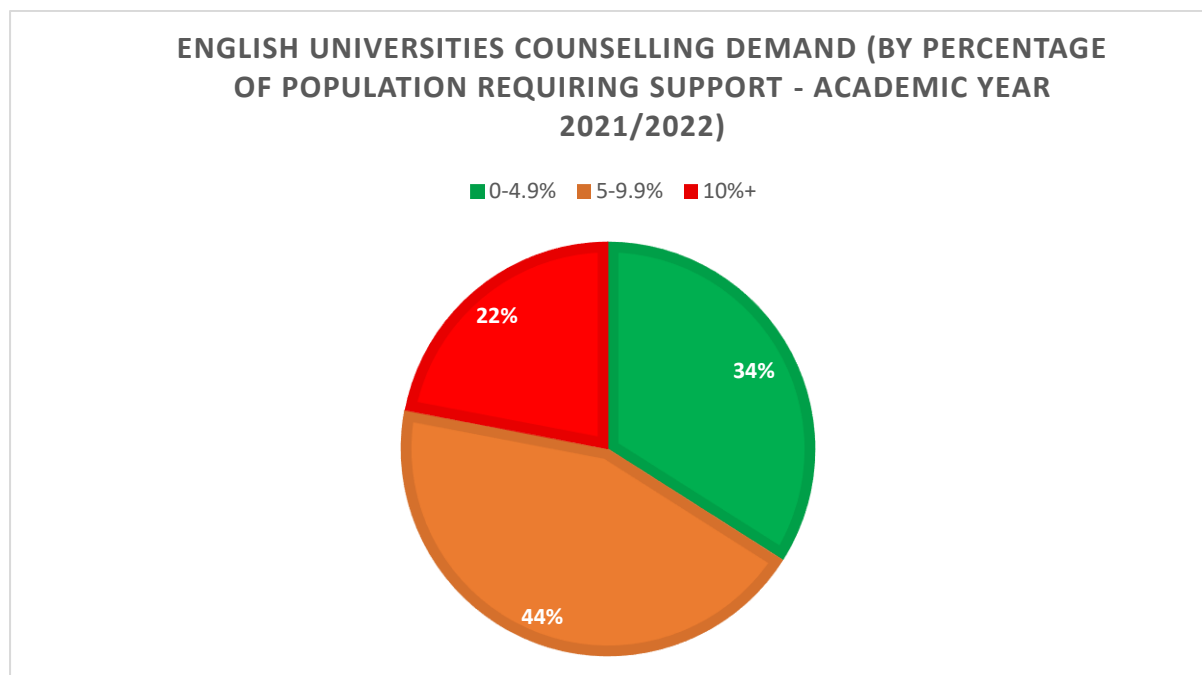


Chart 1 English Universities Counselling Demand (By Percentage of Population Requiring Support - Academic Year 2021/2022)

The universities that provided data will now be broken down into two groups; the first is Russell Group universities and the second is post-1992 universities. The data for the two groups has been analysed and quantified to examine the potential disparities between them in regards to student demand for counselling support. A total of 18 (18/20) English Russell Group universities responded with usable data on student demand with 36 (36/78) of the post-1992 universities (either former polytechnics or new institutions) also responding with usable information.

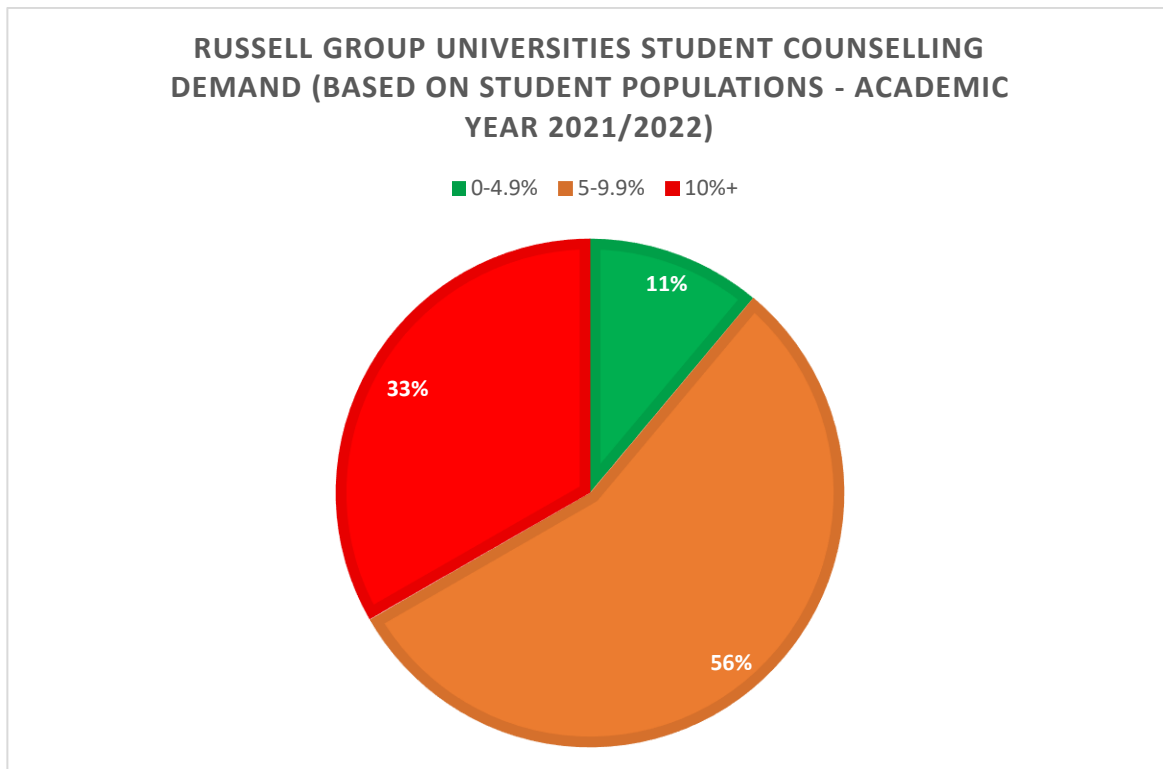


Chart 2 Russell Group Universities Student Counselling Demand (Based on Student Populations - Academic Year 2021/2022)

The results for counselling demand at Russell Group universities show that only 11 per cent of institutions recorded student demand lower than 5 per cent of their overall populations. The majority of universities within the group had a demand for counselling of between 5-9.9 per cent in line with the overall average for all higher education institutions in England. Nevertheless, 33 per cent of institutions recorded rates of over 10 per cent, demonstrating a higher percentage than the national sample average. Based on this data, Russell Group universities have a slightly larger cohort of universities at the higher end of demand for counselling services than the national sample average. Furthermore, the Russell Group have a lower percentage of universities recording demand below 5 per cent. The overall average for Russell Group institutions was 8.9 per cent, slightly higher than the overall average for the national sample.

The results for counselling demand at post-1992 universities show that 47.2 per cent of institutions recorded student demand lower than 5 per cent of their overall populations. Around 41.7 per cent of institutions recorded student counselling rates of between 5-9.9 per cent, whilst 11.1 per cent of universities exceeded 10 per cent. The data demonstrates that the majority of post-1992 institutions had counselling rates of between 0-4.9 per cent, above the national sample average, whilst the percentage of universities exceeding 10 per cent was below the national average. The overall average for post-1992 institutions was a 5.9 per cent demand for counselling services, around 1.25 per cent below the national sample average.

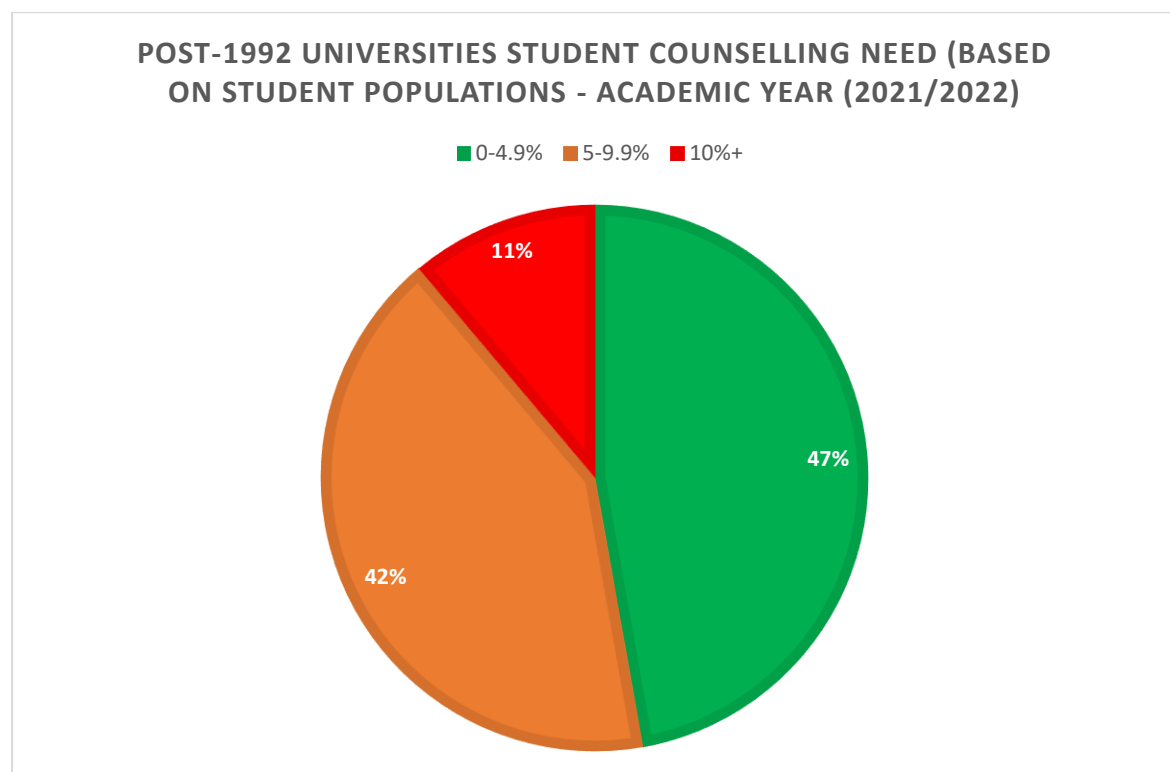


Chart 3: Post-1992 Universities Student Counselling Need (Based on Student Populations - Academic Year (2021/2022))

Comparing counselling demands at Russell Group institutions with post-1992 universities demonstrates that the average need for provisions was 3 per cent higher at the former than the latter. Indeed, it is beyond the scope of this research to consider why this outcome has occurred but two possible hypotheses can be established based on the evidence available. The first is that there is a genuine higher demand for support at Russell Group institutions compared to post-1992 universities. The second is that counselling services are more available at Russell Group institutions, informing the higher demand for services. Either is possible but further research would need to be carried out before a definitive answer can be established. Furthermore, the data on demand for counselling services must also be measured against waiting times for such interventions.

The data will now be broken down further to examine the current counselling demand for individual universities. The chart below shows the top 20 universities with the highest number of students accessing counselling support based on the raw data (total number and not percentage of student population).

The data shows that the University of York had the highest number of students accessing counselling support at 4082 (Open-Door) followed by Manchester Metropolitan University at 4069 and University of Sheffield at 3862. The raw data demonstrates that 50 per cent of the top 20 institutions were Russell Groups, 30 per cent were post-1992 and 20 per cent were other universities. Nevertheless, to gain a better insight into how this reflects student counselling need, these totals must be divided by the total student populations for each of the institutions.

Russell Group Universities	
Post-1992 Universities	
Other Universities	

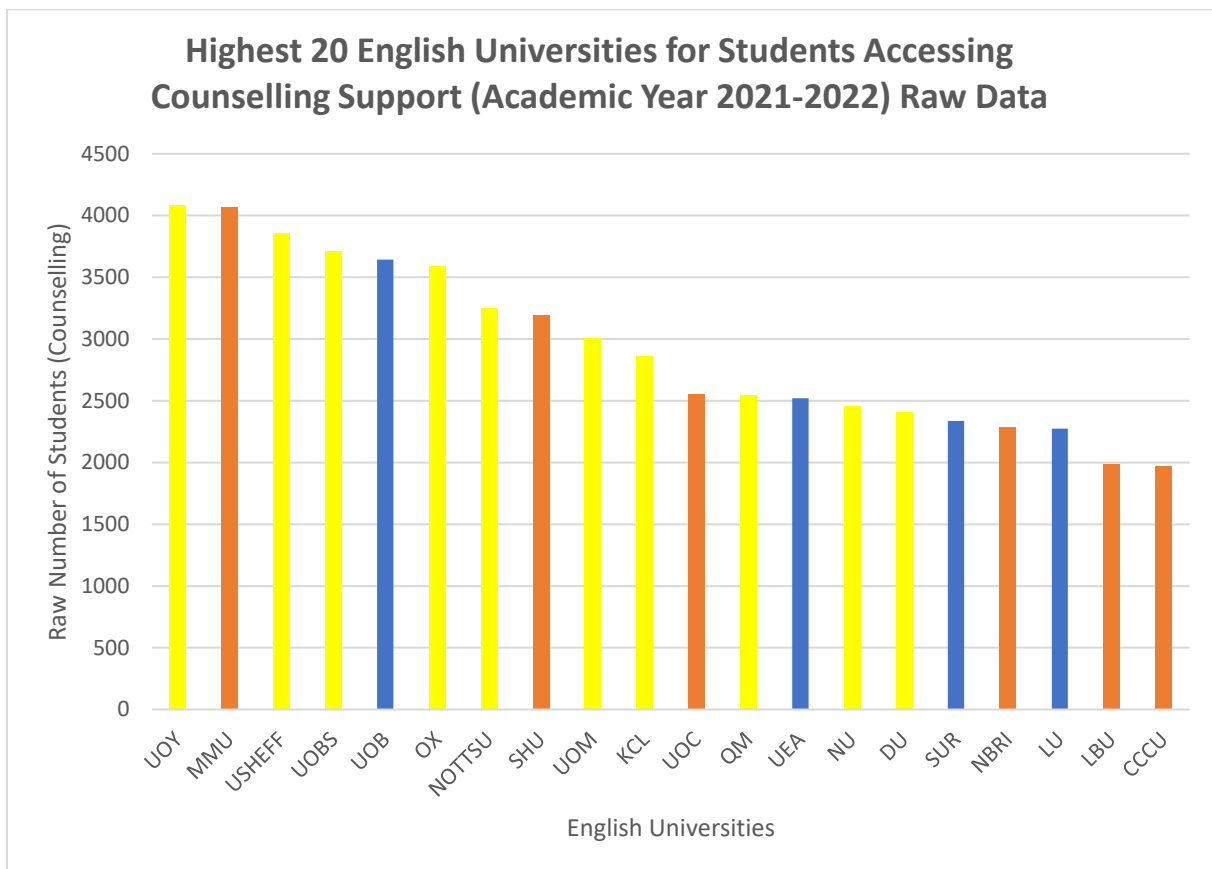


Chart 4: Highest 20 English Universities for Students Accessing Counselling Support (Academic Year 2021-2022) Raw Data

When the raw data on demand for counselling services is divided by the total populations of each university, the three highest institutions are the University of Bath at 19.3 per cent, University of York at 17.4 per cent and Arts University Bournemouth at 15.7 per cent. The percentage data demonstrates that 40 per cent of the top 20 universities were Russell Group institutions, 30 per cent were post-1992 and 30 per cent were other universities. It is clear from these results that Russell Group institutions experience some of the highest demand for counselling support shortly followed by post-1992 institutions at 30 per cent. Yet again, one must be careful when interpreting this data.

Chart 5 Highest 20 Universities for Students Accessing Counselling Support (Academic Year 2021/2022) Raw Data

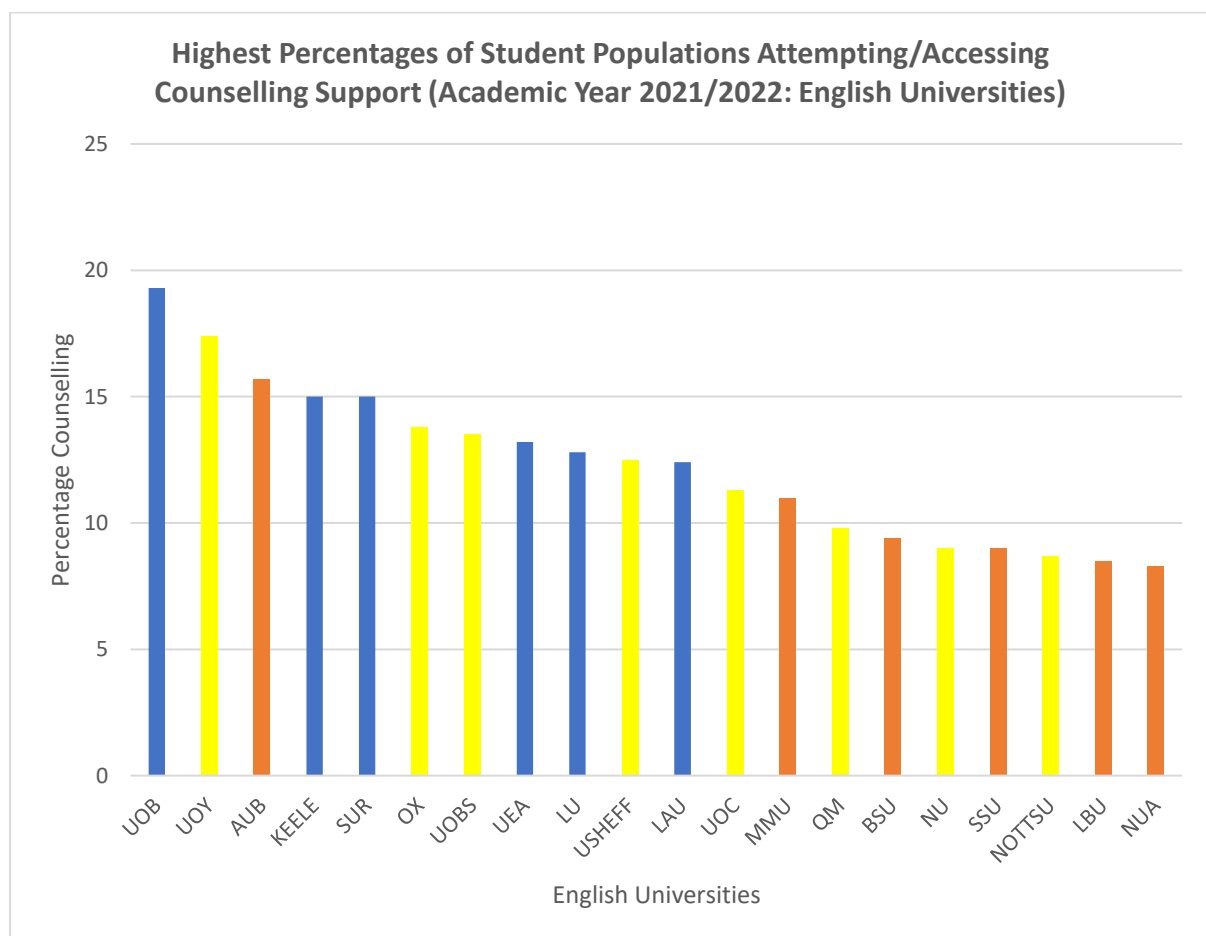
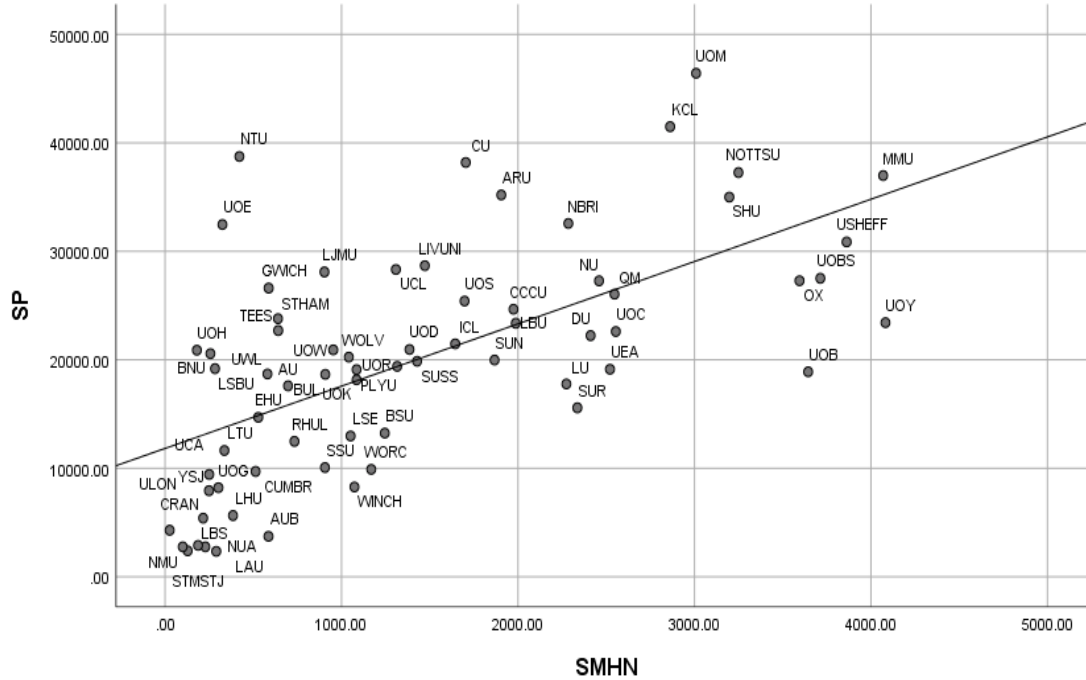


Chart 6 Highest Percentages of Student Populations Accessing Counselling Support (Academic Year 2021/2022: English Universities)

A further test will now be undertaken to measure the relationship between the demand for student mental health need and student populations. The scatter graph below demonstrates that there was a positive relationship between student populations at each university and the total number accessing services.

The Relationship Between Student Populations and Students Attempting/Accessing Counselling Support (2021/2022 Academic Year: Universities)



Graph 1 The Relationship Between Student Populations and Students Accessing Counselling Support (2021/2022 Academic Year: Universities)

Correlations

		SMHN	SP
SMHN	Pearson Correlation	1	.620**
	Sig. (2-tailed)		.000
	N	67	67
SP	Pearson Correlation	.620**	1
	Sig. (2-tailed)	.000	
	N	67	67

** . Correlation is significant at the 0.01 level (2-tailed).

The bivariate Pearson correlation above further demonstrates that there was a strong positive correlation between student populations and the total number of students accessing counselling services. Nevertheless, there are some institutions that do buck the trend here, something that will be explored later in the paper.

Counselling Service Waiting Times at English Universities (Academic Year 2021/2022)

Of the 73 English universities that could provide data on demand for counselling services, 58 (79.5 per cent) institutions could also offer usable data on waiting times. A further 15 universities provided an answer to the question but either did not hold information on waiting times or could not provide a definitive answer. Out of the 73 institutions that provided an answer, only 8 per cent had waiting times lower than 1 week. Around 59 per cent experienced waiting times of between 1 and 4.9 weeks, whilst 12 per cent of universities had waiting times of 5 weeks or above. Most concerningly, of the universities that provided a response to this question, 21 per cent either did not hold information on waiting times or could not provide a definitive answer.

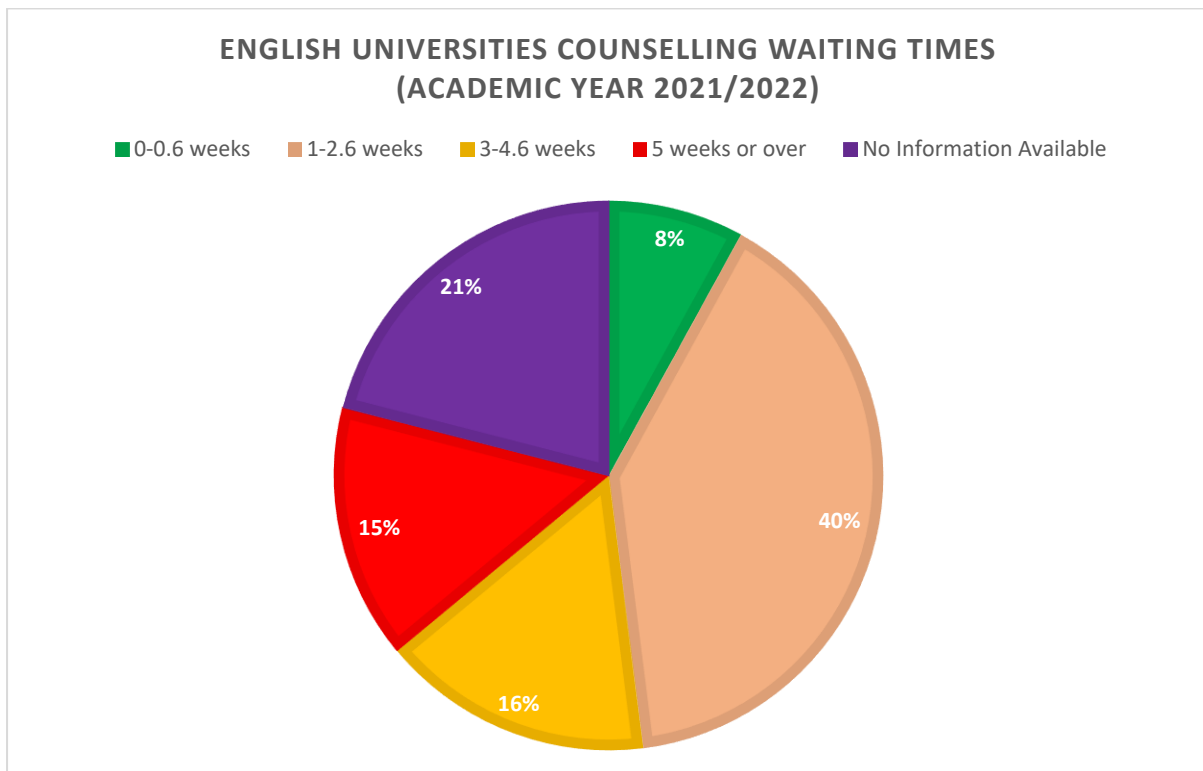


Chart 7 English Universities Counselling Waiting Times (Academic Year 2021/2022)

The universities that provided data will now be broken down into two groups; the first is Russell Group universities and the second is post-1992 universities. A total of 18 (18/20) English Russell Group universities responded with usable data on waiting times with 36 (36/78) of the post-1992 universities (either former polytechnics or new institutions) also responding with usable information.

Of the 18 English Russell Group universities that provided data on counselling waiting times, the majority of institutions (56 per cent) had waiting times of between 1-2.6 weeks. Only 5 per

cent of institutions had waiting times below a week, whilst 17 per cent experienced waiting times between 3-4.9 weeks. None of the Russel Group institutions had waiting times of 5 weeks or over. Around 22 per cent of the 18 Russell Group institutions that provided information did not hold data on waiting times or could not provide a definitive time scale. The positive finding from this data is that no Russell Group institution exceeded 4.6 weeks for counselling support. Less positive is that 4 out of the 18 institutions that provided a response to this question either did not hold information on waiting times or could not provide a definitive time scale.

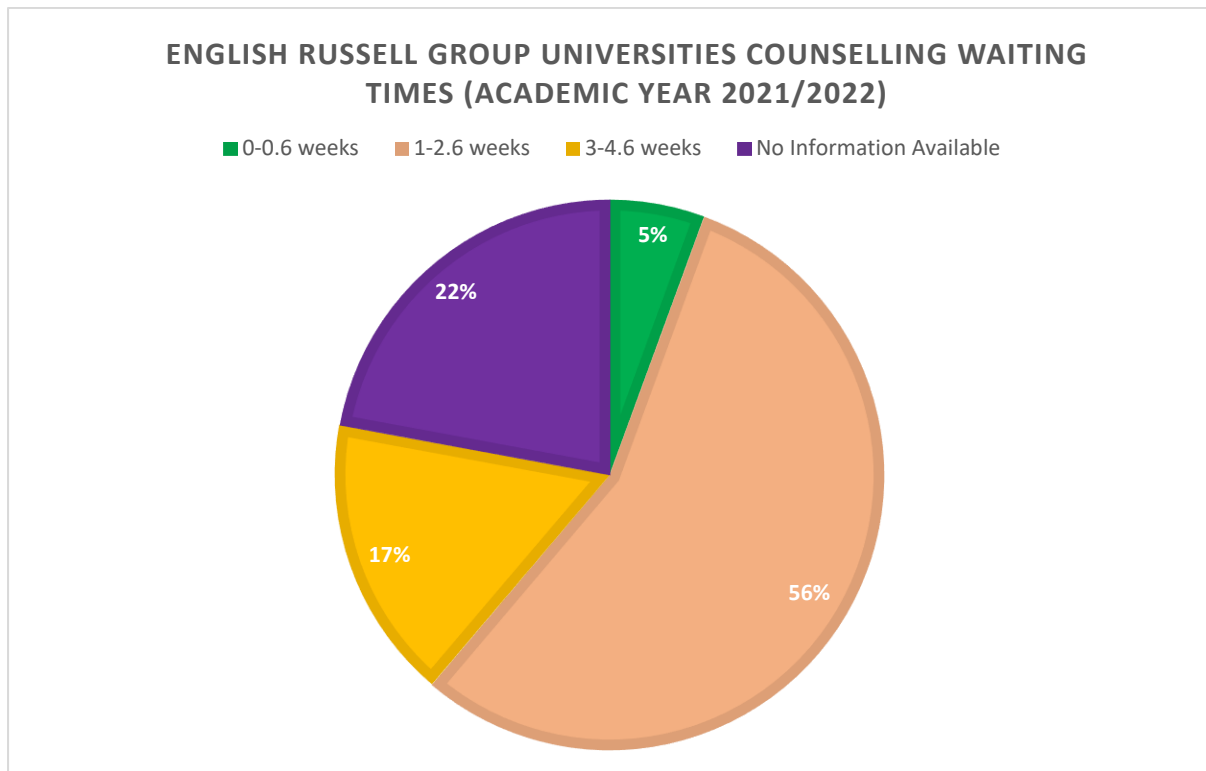


Chart 8 English Russell Group Universities Counselling Waiting Times (Academic Year 2021/2022)

Of the 36 post-1992 universities that provided data on counselling waiting times, the highest number of institutions had counselling waiting times of between 1-2.6 weeks. Only 3 per cent of institutions recorded waiting times below 1 week, whilst 22 per cent recorded waiting times of 5 weeks or over. Around 25 per cent of post-1992 universities that provided information either did not hold data on waiting times or could not provide a definitive time scale. The positive finding from this data is that a large number of institutions could provide counselling support within 3 weeks. Less positive is the high number of institutions exceeding 5 weeks or not being able to provide any definitive data on waiting times at all.

POST-1992 UNIVERSITIES COUNSELLING WAITING TIMES (ACADEMIC YEAR 2021/2022)

■ 0-0.6 weeks ■ 1-2.6 weeks ■ 3-4.6 weeks ■ 5 weeks or over ■ No Information Available

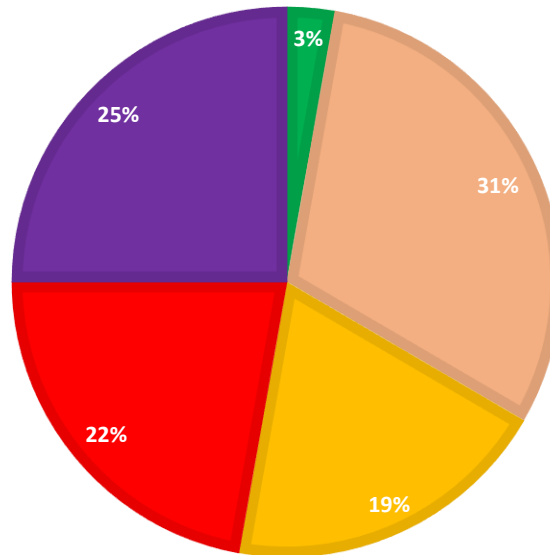


Chart 9 Post-1992 Universities Counselling Waiting Times (Academic Year 2021/2022)

Comparing counselling waiting times in Russell Group institutions to those in post-1992 universities demonstrates that the latter are less-effective at providing timely interventions compared to the former. Indeed, the Russell Group had no institutions exceeding 5 weeks for counselling support whilst 22 per cent of post-1992 universities recorded waiting times exceeding this time frame. Nevertheless, only a small number of both Russell Group and post-1992 institutions could provide waiting times of less than a week. Furthermore, a large percentage of Russell Group and post-1992 universities either did not record counselling waiting times or could not provide a definitive time scale for intervention.

The data will now be broken down further to examine the current counselling waiting times for individual universities. The chart above shows the top 20 universities with the highest waiting times for counselling support. The data suggests that London Metropolitan University recorded the highest waiting time at 12 weeks, followed by the University of Huddersfield at 10.7 weeks and Teesside University at 9 weeks. Indeed, 75 per cent of the highest waiting times were recorded by post-1992 institutions, followed by other universities at 15 per cent and Russell Groups at 10 per cent. It is clear from these findings that post-1992 institutions face the largest issues around providing timely interventions to students. A hypothesis that could be drawn from this is that limited resources within these universities means that counselling services are

less well-established, creating longer waiting times for students. Nevertheless, further research would have to be undertaken to confirm this hypothesis.

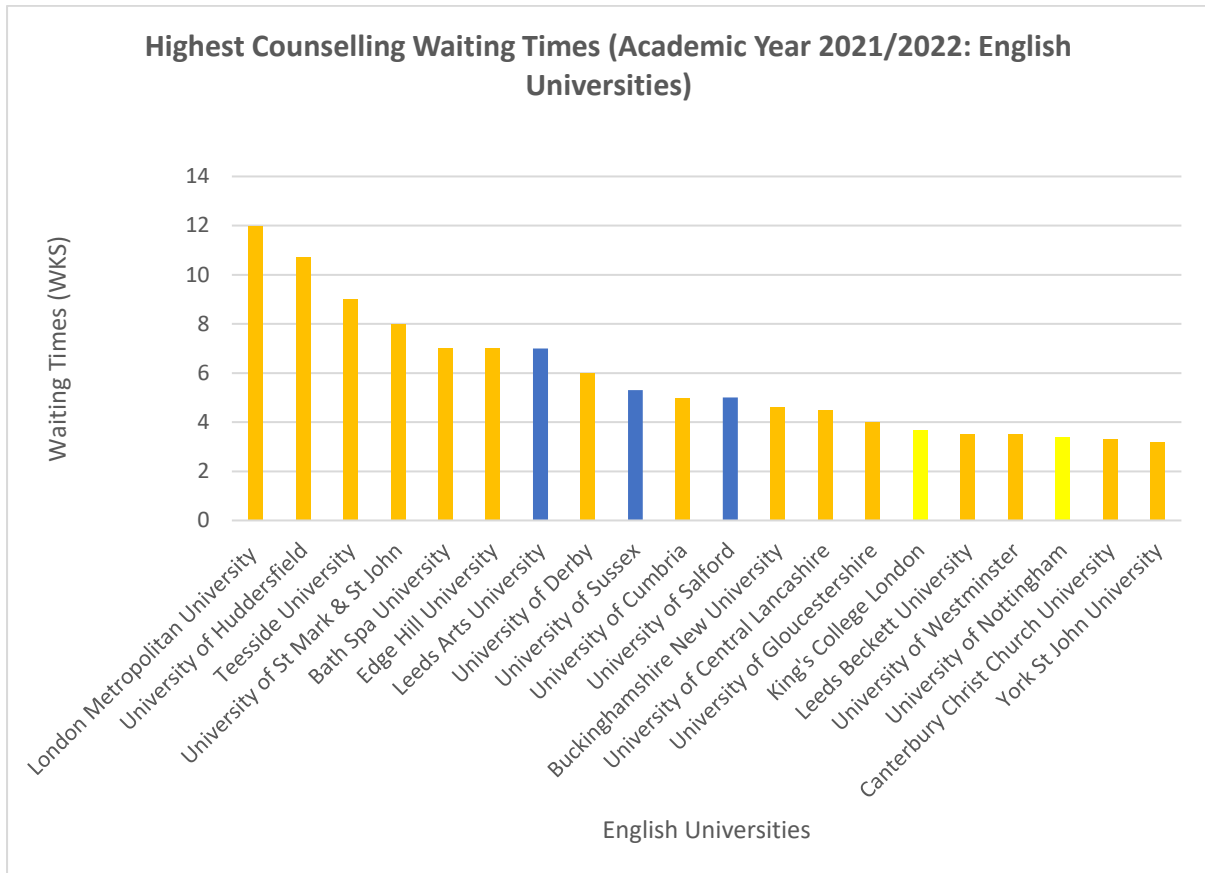
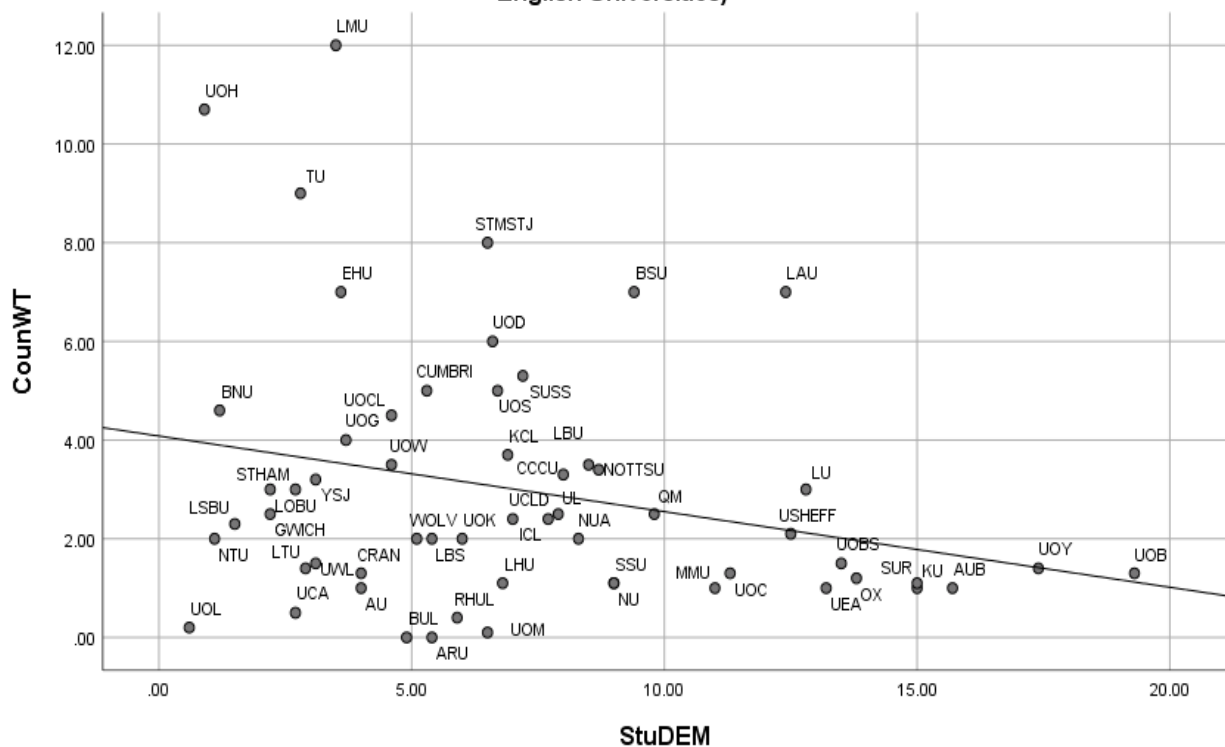


Chart 10 Highest Counselling Waiting Times (Academic Year 2021/2022: English Universities)

Comparing English University Counselling Demand and Waiting Times: What is the Relationship?

The data analysed so far suggests that there are common university-wide themes when it comes to student demand and waiting times for counselling support in higher education. The final analysis that will be undertaken will test the relationship between demand for counselling services and waiting times.

The Relationship Between Demand for Counselling Services and Waiting Times (Academic Year 2021/2022 - English Universities)



Graph 2 The Relationship Between Demand for Counselling Services and Waiting Times (Academic Year 2021/2022 - English Universities)

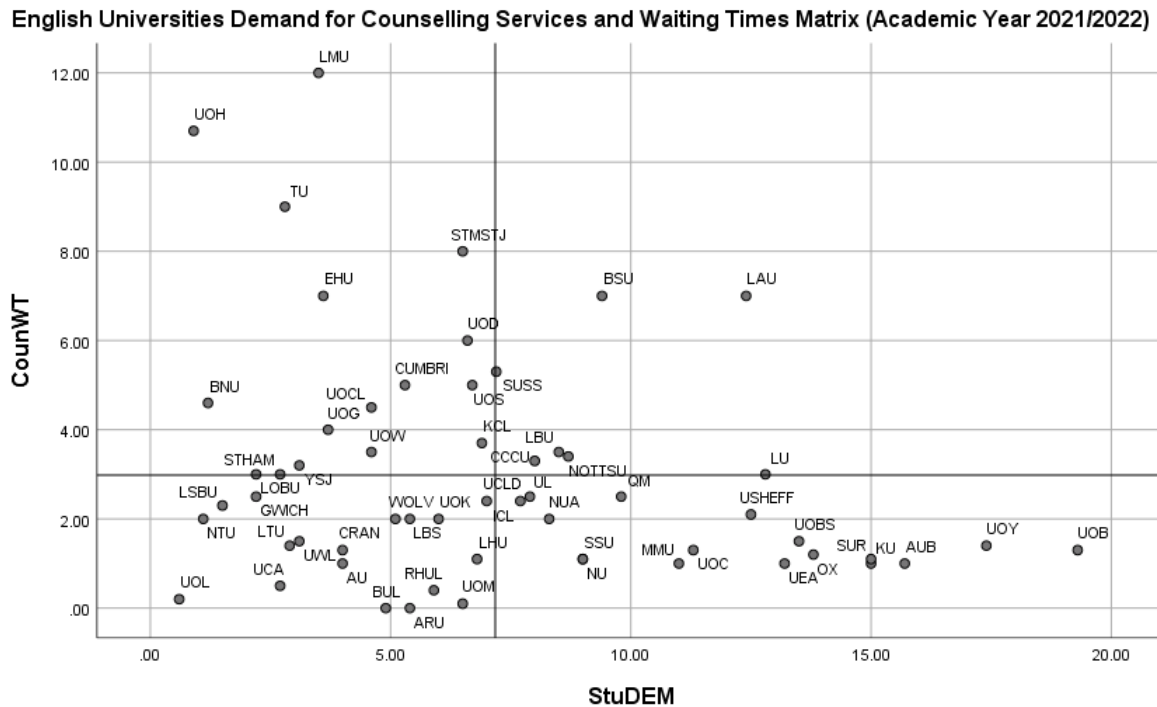
Correlations

		StuDEM	CounWT
StuDEM	Pearson Correlation	1	-.264*
	Sig. (2-tailed)		.045
	N	58	58
CounWT	Pearson Correlation	-.264*	1
	Sig. (2-tailed)	.045	
	N	58	58

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

The scatter graph above demonstrates a negative relationship between university counselling demand and waiting times. Indeed, as the bivariate Pearson correlation below demonstrates,

the relationship between the two variables is limited. There is a weak negative correlation between counselling demand and university waiting times, very much reflecting the broader findings of this study. The lack of a relationship between the two variables warrants a further sorting of universities based on the two variables.



Graph 3 English Universities Demand for Counselling Services and Waiting Times Matrix (Academic Year 2021/2022)

The matrix above is based on the mean for both student demand and waiting times for all 73 English universities that provided information on both variables. The results from the matrix enables universities to be plotted based on their position within each of the four boxes. Four clusters have been created with each of the universities assigned to one based on their position within the matrix.

- **Above Average Student Demand and Above Average Waiting Times (7 universities)**
- **Above Average Student Demand and Below Average Waiting Times (17 Universities)**
- **Below Average Student Demand and Above Average Waiting Times (16 Universities)**
- **Below Average Student Demand and Below Average Waiting Times (18 universities)**

Below Average Student Demand and Below Average Waiting Times	Above Average Student Demand and Above Average Waiting Times	Below Average Student Demand and Above Average Waiting Times	Above Average Student Demand and Above Average Waiting Times
London South Bank University	Imperial College London	University of Huddersfield	Canterbury Christ Church University
Nottingham Trent University	Norwich, University of Arts	Teesside University	Leeds Beckett University
University of Greenwich	Queen Mary, University of London	Edge Hill University	University of Nottingham
University of London	University of Sheffield	University of St Marks and St Johns	Bath Spa University
University of West London	Newcastle University	University of Derby	Leeds Arts University
London Business School	Southampton Solent University	University of Cumbria	Lancaster University
Cranfield University	University of Cambridge	Kings College London	University of Sussex
Aston University	Manchester Metropolitan University	University of Southampton	
University of the Creative Arts	University of Bath	University of Gloucestershire	
Brunel University London	University of Bristol	York St John University	
Leeds Trinity University	Keele University	University of Westminster	
Anglia Ruskin University	University of Oxford	Buckinghamshire New University	
Royal Holloway, University of London	University of East Anglia	University of Salford	
University of Manchester	University of Surrey	London Metropolitan University	
University of Kent	Arts University Bournemouth	Loughborough University	

Liverpool Hope University	University of York	University of Central Lancashire	
University of Wolverhampton	University of Leeds		
University College London			

Table 2 English University Counselling Services Clusters

The table above has assigned each of the 58 English universities to one of the four clusters based on the mean average for student demand and waiting times for counselling services. The data demonstrates that the majority of English universities fell within the cluster for below average student demand and below average waiting times. Of these, the majority of post-1992 institutions fell within the low student demand and high waiting times cluster. One could hypothesise from this data that resources remain a core barrier to the development of comprehensive counselling services at these universities. In comparison, Russell Group universities mostly fell within the high student demand and low waiting times section. Yet again, two hypotheses could be drawn from this outcome. Firstly, that there is a genuine higher demand for counselling services at these institutions or that the increased availability of services encourages students to access support. Indeed, it is beyond the scope of this study to determine which of the two hypotheses are correct.

Overall, two core findings can be highlighted from the results of this study on English university counselling services. Firstly, student demand for services is higher in Russell Group universities compared to post-1992 institutions. Secondly, waiting times for counselling services are much higher in post-1992 institutions compared to Russell Group universities. These findings provide a clear view of the current state of counselling services across English universities, extending our understanding of student mental health.

Brief Discussion and Conclusion

This study has endeavoured to provide a comprehensive overview of the current state of counselling demand and waiting times for services at English universities. The results demonstrate the multifaceted nature of student mental health within the current context. Indeed, universities across the country are experiencing alternative barriers to providing students with appropriate mental health interventions. The results suggest that Russell Group universities faced a higher student demand for counselling services compared to other types of institutions. Indeed, a large proportion of Russell Group institutions experienced counselling demand above 5 per cent of their overall student populations.

Alternatively, post-1992 universities have recorded much higher waiting times for counselling support compared to Russell Group institutions. Indeed, a high percentage of post-1992 institutions recorded waiting times for counselling support above 3 weeks. The determinants of such outcomes are unclear and it is beyond the scope of this study to categorically confirm the causes of these results. What the findings do show is the need for comprehensive action across the sector to ensure every student in need can access appropriate interventions whilst at university.

Though both sets of universities face alternative issues around student mental health, there is some common problems that have been identified across the sector. The main issue of concern is the high number of universities unable to provide information on at least one of the variables selected. Only 68.9 per cent (73) of universities could provide information on at least one of the variables, leaving 31.1 per cent (33) of English institutions that were unable to offer information on their counselling services. Secondly, only 58 of the 73 (79.5 per cent) universities that responded to our freedom of information request could provide information on waiting times for their counselling services. It is essential that universities record such information so that management can identify areas for improvement and increase transparency around their counselling provisions. The collection of information around counselling provisions has undoubtedly improved over the last decade but there is more work needed to increase transparency within this area.

Student mental health has become a core concern of policymakers and other stakeholders within the higher education sector. The results from this study have demonstrated the enormous demand for student mental health support across English universities, something that needs to be addressed in a timely manner. It is essential that all higher education institutions can deliver appropriate and timely interventions to meet student demand. Indeed, the results suggest that

whilst there are undoubtedly issues with the sector, some good work is being undertaken that should be reflected across all higher education institutions in the near future.

Recommendations

The literature and data collected for this study have informed two core recommendations for improving mental health support in higher education. The two recommendations are based around organisational and legal considerations.

Recommendation 1: Higher Education Mental Health Partnerships

This study recommends that each university form higher education partnerships with other local stakeholders including the NHS and third-sector organisations. These partnerships should be informed by survey-based data collected on an annual basis from each university's student cohort. Based on the data collected from students, each university should create support pathways, utilising local provisions to do so. The multifaceted nature of student mental health requires each university to build support pathways relevant to their local populations.

Recommendation 2: Mandatory Data Collection

The whole higher education sector should be based on transparency including in regard to mental health and counselling provisions. All universities should therefore have a mandatory duty to collect and distribute data on mental health demand and waiting times for counselling provisions on an annual basis. This research has demonstrated that only 69 per cent of English universities were able to provide data on at least one of the variables included in this study with only 54.7 per cent able to provide usable data on both student demand and waiting times for counselling support. Better transparency will enable areas for improvement to be identified at each institution, supporting the establishment of better mental health provisions.

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Appendix

Appendix 1.0: English Universities Counselling Demand Raw Data

English Universities	Number of People Accessing Counselling
Anglia Ruskin University	1905
Arts University Bournemouth	586
Aston University	697
University of Bath	3644
Bath Spa University	1245
University of Bristol	3713
Brunel University London	908
Buckinghamshire New University	257
University of Cambridge	2554
Canterbury Christ Church University	1974
University of Central Lancashire	1308
Coventry University	1704
Cranfield University	216
University for the Creative Arts	250
University of Cumbria	513
University of Derby	1385
Durham University	2411
University of East Anglia	2521
Edge Hill University	528
University of Exeter	325
University of Gloucestershire	302
University of Greenwich	587
University of Huddersfield	180
Imperial College London	1644
Keele University	1,842
University of Kent	1085
Lancaster University	2274
University of Leeds	2927

Leeds Arts University	290
Leeds Beckett University	1987
Leeds Trinity University	336
University of Leicester	1118
University of Liverpool	1472
Liverpool Hope University	385
Liverpool John Moores University	903
University of London	26
King's College London	2862
London Business School	128
London School of Economics	1051
Queen Mary, University of London	2547
Royal Holloway, University of London	733
London South Bank University	283
Loughborough University	406
University of Manchester	3009
Manchester Metropolitan University	4069
Newcastle University	2459
Newman University	100
Northumbria University	2285
Norwich University of the Arts	228
University of Nottingham	3249
Nottingham Trent University	421
University of Oxford	3595
Plymouth University	1085
University of Reading	1315
University of Salford	1697
University of Sheffield	3862
Sheffield Hallam University	3197
University of Southampton	640
Southampton Solent University	906

University of St Mark & St John	187
University of Sunderland	1867
University of Surrey	2336
University of Sussex	1428
Teesside University	641
University of West London	580
University of Westminster	953
University of Winchester	1073
University of Wolverhampton	1041
University of Worcester	1168
University of York	4082
London Metropolitan University	474
University College London	3259
York St John University	249
Totals	99174

Appendix 1.1: English Universities Counselling Demand (Percentage of University Populations)

University of Bath	19.3
University of York	17.4
Arts University Bournemouth	15.7
Keele University	15
University of Surrey	15
University of Oxford	13.8
University of Bristol	13.5
University of East Anglia	13.2
University of Winchester	13
Lancaster University	12.8
University of Sheffield	12.5
Leeds Arts University	12.4
University of Worcester	11.8
University of Cambridge	11.3
Manchester Metropolitan University	11
Durham University	10.8
Queen Mary, University of London	9.8
Bath Spa University	9.4
Sheffield Hallam University	9.1
Newcastle University	9
Southampton Solent University	9
University of Sunderland	9
University of Nottingham	8.7
Leeds Beckett University	8.5
Norwich University of the Arts	8.3
London School of Economics	8.1
Canterbury Christ Church University	8
University of Leeds	7.9
Imperial College London	7.7
University of Sussex	7.2
Northumbria University	7

University College London	7
King's College London	6.9
Liverpool Hope University	6.8
University of Reading	6.8
University of Leicester	6.7
University of Salford	6.7
University of Derby	6.6
University of Manchester	6.5
University of St Mark & St John	6.5
University of Kent	6
Royal Holloway, University of London	5.9
Plymouth University	5.7
Anglia Ruskin University	5.4
London Business School	5.4
University of Cumbria	5.3
University of Liverpool	5.1
University of Wolverhampton	5.1
Brunel University London	4.9
University of Central Lancashire	4.6
University of Westminster	4.6
Coventry University	4.5
Aston University	4
Cranfield University	4
University of Gloucestershire	3.7
Edge Hill University	3.6
Newman University	3.6
London Metropolitan University	3.5
Liverpool John Moores University	3.2
York St John University	3.1
University of West London	3.1
Leeds Trinity University	2.9
Teesside University	2.8

University for the Creative Arts	2.7
University of Southampton	2.7
University of Greenwich	2.2
Loughborough University	2.2
London South Bank University	1.5
Buckinghamshire New University	1.2
Nottingham Trent University	1.1
University of Exeter	1
University of Huddersfield	0.9
University of London	0.6
Average	7.15

Appendix 1.2: English Universities Counselling Waiting Times

London Metropolitan University	12
University of Huddersfield	10.7
Teesside University	9
University of St Mark & St John	8
Bath Spa University	7
Edge Hill University	7
Leeds Arts University	7
University of Derby	6
University of Sussex	5.3
University of Cumbria	5
University of Salford	5
Buckinghamshire New University	4.6
University of Central Lancashire	4.5
University of Gloucestershire	4
King's College London	3.7
Leeds Beckett University	3.5
University of Westminster	3.5
University of Nottingham	3.4
Canterbury Christ Church University	3.3
York St John University	3.2
Lancaster University	3
Loughborough University	3
University of Southampton	3
University of Greenwich	2.5
University of Leeds	2.5
Queen Mary, University of London	2.5
Imperial College London	2.4
University College London	2.4
London South Bank University	2.3
University of Sheffield	2.1
University of Kent	2
London Business School	2

Norwich University of the Arts	2
Nottingham Trent University	2
University of Wolverhampton	2
University of Bristol	1.5
University of West London	1.5
Leeds Trinity University	1.4
University of York	1.4
University of Bath	1.3
University of Cambridge	1.3
Cranfield University	1.3
University of Oxford	1.2
Liverpool Hope University	1.1
Newcastle University	1.1
Southampton Solent University	1.1
University of Surrey	1.1
Arts University Bournemouth	1
Aston University	1
University of East Anglia	1
Keele University	1
Manchester Metropolitan University	1
University for the Creative Arts	0.5
Royal Holloway, University of London	0.4
University of London	0.2
University of Manchester	0.1
Anglia Ruskin University	0
Brunel University London	0
Average	2.981034483

Plymouth University	We operate an online self-scheduling appointment system where students book counselling appointments themselves. Some book next day while others book 2-3 weeks in advance. They also have the opportunity to speak to someone if needed by using one of our drop-in sessions (MH and WB) or by connecting with one of our trained listeners in the Pastoral & Spiritual Support Centre.
Coventry University	We do not record wait times. The Health and Wellbeing Service book appointments up to 3 weeks ahead. Once registered, students can book the next available appointment. In addition, we offer “drop in” and "on call" services meaning that we have a Mental Health Advisor available daily to work with those that may be at high risk or need immediate support.
University of Reading	We do not hold the average waiting time.
Newman University	We are unable to provide this data as we do not hold comparable statistics. We have mechanisms in place to ensure that no student is waiting long before accessing support from a mental health professional whether via the counsellor, the mental health

	advisor, or our digital wellbeing partners Endsleigh.
University of Leicester	There is no definitive way of calculating waiting time and therefore Information not held.
University of Sunderland	The University's model of delivery means that upon referral to the Wellbeing Service, students are provided with an initial immediate assessment of need. From there they may or may not be triaged for further support and intervention. If further support and intervention is required, the model of delivery means that students are offered an initial appointment within a week, and whilst waiting for this initial appointment they are provided with access to selfhelp support.
Sheffield Hallam University	The Student Wellbeing Service does not hold a waiting list.
Durham University	Not Held
Northumbria University	Information not held
University of Exeter	For the University's wellbeing service, waiting lists are updated in 'real time' so we cannot answer this question, however initial access to the service is via a drop-in

	<p>appointment which can either be delivered in person or remotely. We have several ‘on the day’ drop-in appointments bookable daily on a first come first served basis. Online Drop-in appointments can be booked in advance, and we aim to offer an appointment within 3 working days of the request, though at busy times or where this doesn't fit with a student’s timetable, we cannot guarantee this, but will work with the student to agree a suitable time.</p>
University of Liverpool	do not hold this information.
Liverpool John Moores University	do not hold this information.
University of Winchester	Do not collect waiting time data
University of Worcester	Do not collect waiting time data
London School of Economics	Wait times vary across the year

Appendix 1.3: English Universities Student Populations

University of Manchester	46410
King's College London	41490
Nottingham Trent University	38743
Coventry University	38190
University of Nottingham	37260
University of Leeds	37190
Manchester Metropolitan University	36980
Anglia Ruskin University	35195
Sheffield Hallam University	35000
Northumbria University	32570
University of Exeter	32465
University of Sheffield	30860
University of Liverpool	28680
University of Central Lancashire	28325
Liverpool John Moores University	28100
University of Bristol	27513
University of Oxford	27290
Newcastle University	27280
University of Greenwich	26610
Queen Mary, University of London	26045
University of Salford	25415
Canterbury Christ Church University	24660
University of Southampton	23795
University of York	23420
Leeds Beckett University	23365
Teesside University	22695
University of Cambridge	22610
Durham University	22230
Imperial College London	21470
University of Derby	20955
University of Westminster	20915
University of Huddersfield	20885

Buckinghamshire New University	20570
University of Wolverhampton	20250
University of Sunderland	19975
University of Sussex	19865
University of Reading	19390
London South Bank University	19185
University of East Anglia	19130
Plymouth University	19095
University of Bath	18890
Loughborough University	18760
University of West London	18695
Brunel University London	18655
University of Kent	18155
Lancaster University	17770
Aston University	17595
University of Leicester	16670
University of Surrey	15575
Edge Hill University	14700
Bath Spa University	13240
London School of Economics	12975
Royal Holloway, University of London	12480
Keele University	12235
Leeds Trinity University	11640
Southampton Solent University	10070
University of Worcester	9900
University of Cumbria	9705
University for the Creative Arts	9430
University of Winchester	8280
University of Gloucestershire	8210
York St John University	7935
Liverpool Hope University	5640
Cranfield University	5400

University of London	4290
Arts University Bournemouth	3725
University of St Mark & St John	2890
Newman University	2760
Norwich University of the Arts	2760
London Business School	2390
Leeds Arts University	2340