

## Research into student mental health: where have we come and how can we improve?

### **Abstract**

**Purpose:** There has previously been limited research into student mental health. However, recognition of the unique challenges and the scale of mental health problems within universities is increasing. A number of projects aiming to address the knowledge gap and develop appropriate interventions and toolkits have recently begun. This paper presents and evaluates such projects.

**Approach:** A critical appraisal of current and recent research in student mental health.

**Findings:** These projects are likely to bring huge benefits. However, limitations include the need for increased collaboration, use of validated measures for evaluation, and consideration of the context of implementation.

**Implications:** Future research should consider ways to overcome these limitations.

**Value:** Discussion and evaluation of current research is important for dissemination and for encouraging future improvement.

Writing in 2016 it was clear that robust research into student mental health within the UK was lacking (Brown, 2016). Many universities had successful initiatives for helping students with mental health problems, but the evidence base was poor and missing a joined up approach. There were no large scale collaborations linking universities together with the NHS, police, government, charities and other relevant organisations. The data that did exist on the prevalence and causes of poor mental health among students suffered from poorly defined terminology and non-validated measures, often leading to unfounded conclusions.

Large scale and robust research into student mental health is required for a multitude of reasons. First, a clear and robust evidence base is needed to inform policy and models of implementation. Within mental health policy documents in general there is a tendency towards using inaccurate statistics and vague statements not supported by evidence (Hui et al, 2019). These can end up being well cited, leading to a fragile evidence base. Universities are unique places where members face unique problems (Royal College of Psychiatrists, 2011). We cannot rely on data collected outside of universities, for example from non-students of the same age. Second, data on prevalence helps us to know the true scale of the issues. This in turn allows us to know what the demand is. Showing the scale can also help persuade those policymakers who may otherwise be dispassionate about the issues, of its importance. Third, collecting data shows students that we care about their mental health. It helps to engage them in thinking about mental health, and opens the doors for collaborative work. It also raises awareness, helping to reduce stigma, the problem of which is highlighted in Caan's editorial. Fourth, until we fully understand the factors that exacerbate mental health problems in universities, we cannot work preventatively. Yet working preventatively needs to be a priority (Seldon, 2017).

The need for further research was therefore an important recommendation in the 2016 HEPI report into student mental health. The suggestion was made that this could be by the Office for Students (OfS, previously the Higher Education Funding Council for England, HEFCE). In March 2018, 17 projects on the mental health of postgraduate

students funded by the OfS and Research England's Catalyst fund began. The Catalyst fund called for interventions for post-graduate research students (PGRs) to be tested within a single university that may then have the potential to be rolled out into other institutions if successful. Projects included:

- University of the West of England, Bristol: an update and customisation of a self-help app for PGRs.
- University of Durham: development of a supervisor training programme promoting early intervention and support for students.
- University of Oxford: developing PGR peer support programmes.

The Catalyst fund was followed by the announcement of the OfS Challenge Competition, calling for student mental health research to achieve a step change in outcomes for all students. This allocated £6 million, with co-funding of a further £8.5 million, to ten large-scale collaborative projects on the mental health of undergraduate students across the UK. Funded projects as part of this research call included:

- University of Derby: creation of an online toolkit for academics that provides guidance on the kinds of pedagogy and assessments that facilitate mental health.
- University of Nottingham: a project focussed on best practise for promoting the mental health of international students.
- University of Sussex: a project focussed on supporting the transition into higher education.

Additionally, in September 2018 UK Research and Innovation (UKRI) funded eight new mental health networks aiming to progress mental health research, of which SMarTeN (Student Mental Health Research Network) was one. SMarTeN aims to discover the distinctive features of mental health and wellbeing in higher education, the factors that influence student mental health, and the ways to enhance student wellbeing.

The large amount of funding and number of projects is certainly a big step toward achieving the necessary research into student mental health. Separating research relating to undergraduate and PGR students is also beneficial. A number of other initiatives such as uFlourish (Goodday et al., 2019), University of Bristol's Mental Health in Young People research initiative (which has a particular focus on university students), and many others not described here are also of note. The benefit that this combined research will likely bring in filling the knowledge gap around student mental health is not be underestimated. However, to varying degrees some of the research has limitations that ought to be learnt from for future research.

## 1. Collaboration.

The OfS funding for both the undergraduate and PGR projects encouraged universities to work with relevant partners such as the NHS, charities, students and student unions.

However, collaboration across projects, i.e. between universities, could have also been capitalised on. There are several instances within the PGR projects of universities conducting similar research for parts of their project. For example, more than one university planned to conduct a systematic review of the existing literature on PGR mental health. Several universities also planned to conduct large surveys. In these cases it is often more efficient to pool resources and collaborate. Conducting a robust systematic review takes considerable time and expertise. Joining up the efforts of each university wanting to conduct a systematic review would have only served to strengthen it. Likewise, combining surveys would have allowed for a far wider participant sample to be gained. Encouraging universities to collaborate in aspects of their research is important for achieving rigour and efficiency, and reducing the potential for competition rather than co-operation.

## 2. Validated measures for evaluation.

To avoid the existing issues in mental health data, funding bodies need to make sure to specify a certain level of methodological quality. Perhaps most importantly, the use of validated measures. Research into mental health predominantly uses self-report data. To be able to evaluate any kind of intervention, we need to know that the measures being used to collect this data are reliable and valid. There are a multitude of well validated and highly reliable questionnaires relevant to mental health. Yet, many of the projects do not use them. As a result, assessing the true outcomes of interventions or interpreting what a study has actually found becomes difficult.

## 3. Ensuring the evidence base is robust.

Research into intervention, implementation and evaluation needs to involve people with skills in methodology, data analysis and policy evaluation among other things. The importance of this must be stressed by funders. The potential for projects who have collaborators possessing these skills should be evaluated as part of the funding decision. Moreover, while encouraging the testing of interventions is beneficial, it is unclear what evidence base underlies many of the interventions currently being tested in universities. One of the OfS Catalyst fund initiatives, Sussex University's UDoc project, benefited from conducting focus groups with students and using their literature review to inform the interventions. While most universities specified the nature of their PGR intervention in advance, Sussex University ensured their intervention developed out of the evidence they collected. Some universities may have completed these steps before applying for the Catalyst fund. Others were informed by the interim findings of the Vitae report (Metcalf, Wilson and Levecque, 2018). However, this was not the case for all funded projects. Given the lack of existing evidence base around post-graduate mental health it would have been useful for more universities to conduct their own research before designing their interventions.

## 4. What works in one higher education institute won't necessarily work for all.

With the rise of evidence based policy and practise (EBPP), ‘What works?’ has become a catchphrase in government and other organisations for policy-relevant research (Solesbury, 2001). Answering the question of ‘what works?’, however, is rarely simple. Policies are affected by institutional, circumstantial, and cultural factors (Head, 2010). Likewise with interventions. As Cherney and Head (2010) state in their paper on EBPP, the pertinent question is not just ‘what works’ but rather ‘what works for whom in what circumstances’. With 17 different interventions being tested for PGRs alone, all using different outcome measures and methods of evaluation, it is difficult to know which ones should be taken forward and where. Moreover, there is often a poor fit between how research evidence fits the practical needs of policy (Head, 2010). In the same way, there can often be a poor fit between research evidence conducted in one context and implementation into another.

This issue is particularly relevant here given the large variance between universities. Universities differ greatly in student body and service provision among a whole host of other factors. What is relevant, significant, or successful in one university, will not always also be in another. Yet the influencing cultural and institutional factors within projects are rarely considered. When the findings of the projects are disseminated, the researchers and funding bodies should advise universities to consider these points before implementing interventions tested in different university.

To conclude, the increase in student mental health research over the past few years is hugely promising. Students in higher education face unique issues to non-students of the same age, and to students from decades before. Recognition of this is growing, particularly with initiatives such as Universities UK (UUK) Step Change framework, the development of a mental health charter led by Student Minds, and the mention of student mental health in the NHS Long term plan (NHS, 2019). Moreover, the research discussed in this report will greatly advance our understanding of these issues and how to reduce and prevent them. However, it is important to acknowledge the limitations of research in order to identify avenues for improvement in the future. The lack of consensus on what evidence based policy and practise really means and how it can best be used is a challenge. But as a starting point, if research is going to be conducted, it does need to be done well. When testing interventions there needs to be sufficient evidence to support that they will correctly meet the needs and demand of that specific context. It is also paramount that enough time is allocated to properly designing the methodology of research and that the most appropriate, validated measures are used for evaluation. Finally, in order to help achieve all these aims, the sharing of resources and collaboration needs to be encouraged as much as possible.

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