

Learning Analytics as a tool for supporting student wellbeing – Student Mental Health and Mental Wellbeing

By Samantha Ahern, on 20 November 2017

Mental health and mental wellbeing has become a key issue both nationally, with the independent Mental Health Task Force launched in 2015(“NHS England » Mental Health Taskforce”, n.d.), and for Higher Education Institutions (HEIs) with the number of 1st year UK domiciled students with a known mental health condition increasing 220% between 2010-11 and 2015-16(“Disability – Higher Education Funding Council for England”, n.d.).

Table 1: First year UK domiciled HE students with known mental health condition(“Students and graduates | HESA”, n.d.)

<i>Year</i>	<i>Number of students (all levels)</i>
2015-16	15395
2014-15	11915
2013-14	9610
2012-13	7960
2011-12	7315
2010-11	6055

Most full-time first year students in UK HEIs are aged less than 25yrs (2015/2016: (“Higher Education Statistics for the UK 2015/16 | HESA”, n.d.) Table 4a) and are in the age group 16-24yr olds.

However, this does not account for those students that develop a clinically-recognisable mental health issue whilst attending HE institutions or those that report facing difficulties or distress. A mental health poll discussed the All-Party Parliamentary Group on Students in December 2015 found that 78% of respondents believed they had experienced problems with their mental health in the last year(“Mental Health Poll November 15 – Summary – Mental-Health-Poll-November-15-Summary.pdf”, n.d.).

The HEFCE blog post ‘Accommodating mental health’(“Accommodating mental health | HEFCE blog”, n.d.) reported that in 2015, student support services saw a 150% increase in appointments. Also, that approximately 29% of students experience clinical levels of psychological distressed associated with increased associated with increased risk of anxiety, depression, substance abuse and personality disorder.

The 2014 Adult Psychiatric Morbidity Survey (APMS) ((mr) Web Master, 2016) found that 15.7% of adults surveyed were identified with symptoms of Common Mental Disorder (CMD), with an expectation that this would be between 14.7% and 16.7% (95% confidence interval) for the whole population. Common Mental Disorders comprise different types of depression and anxiety. Anxiety disorders include generalised anxiety disorder (GAD), panic disorder, phobias and obsessive compulsive disorder (OCD).

Additionally the APMS suggests that amongst 16-24 year olds, there has been a growing gap in rate of CMD symptoms between men and women. In 1993 the rates were 8.4% (men) and 19.2% (women), increasing to 9.1% (men) and 26.0% (women) in 2014. In addition, anxiety disorders were found to be more common young women than any other age-sex group(“apms-2014-cmd.pdf”, n.d.).

With regard to ethnicity, CMD did not vary significantly by ethnic group in men, but did in women with CMDs more common in Black and Black British Women (29.3%), and less likely in non-British white women (15.6%) compared to White British women (20.9%).

This is particularly worrying as evidence suggests that those who have high levels of depression are less likely to seek help and that depressive symptoms in young people are linked with negative attitudes towards help-seeking for mental health difficulties(“How psychological resources mediate and perceived social support moderates the relationship between depressive symptoms and help-seeking intentions in college students – 03069885.2016.1190445”, n.d.). The Institute for Public Policy Research(“not-by-degrees-summary-sept-2017-1-.pdf”, n.d.) found that just under half of students who report experiencing a mental health condition choose not to disclose it to their university.

The APMS also asks participants about suicidal thoughts, suicide attempts and self-harm(“apms-2014-suicide.pdf”, n.d.). A fifth, 20.6%, of adults reported having suicidal thoughts, with the expectation that this would be between 19.5% and 21.7% for the wider population (95% confidence interval). This was more common in women than men. It was noted that although men were likely to commit suicide, women were more likely to report attempts to do so. Additionally, more women than men reported self-harm.

The difference in self-reporting rates for suicidal thoughts, suicide attempts and self-harm between men and women are extremely noticeable between 16 to 34 year olds in comparison to other age groups.

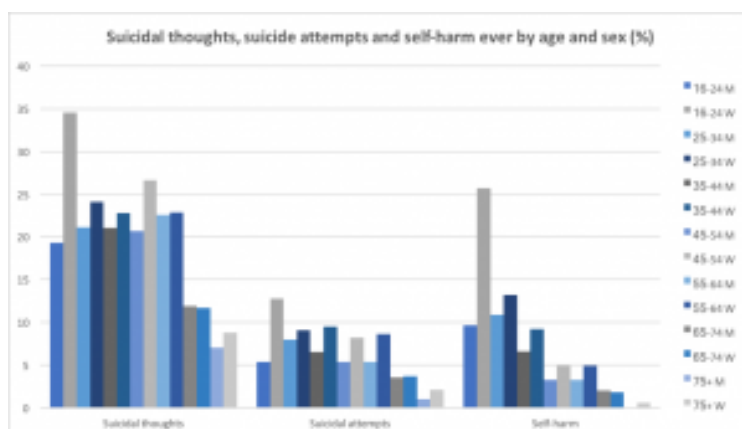


Figure 1: Chart showing % men (M) and women (W) self-reported suicidal thoughts, suicide attempts and self-harm (“APMS 2014: Chapter 12 – Suicidal Thought, Suicidal Attempts, and Self-Harm – Tables [.xls]”, n.d.)

The authors of the APMS report note that although they did not find any significant differences due to ethnic group they recognised that this may be due sample size limitations and might mask real differences.

Following a Freedom of Information request from Universities UK, data on student suicide in the England and Wales (among students aged 18 and over) for 2007 to 2011 was released. These data are shown in Table 1: Student suicides in England and Wales (ages 18+), 2007 to 2011. A University of York report (“Student Mental Ill-health Task Group Report Mar 2016.pdf”, n.d.) noted that while the overall number of students increased across the period, the relative increase in suicides far outstripped the increase in student numbers.

Table 2: Student suicides in England and Wales (ages 18+), 2007 to 2011¹²³⁴

<i>Year</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>
<i>Male</i>	57	74	76	90	78
<i>Female</i>	18	21	33	37	34

Source: Office of National Statistics

1. Figures for deaths registered in each calendar year
2. Data for England and Wales includes deaths of non-residents
3. Data relate to those classified as full-time students at death registration
4. Suicide defined using the International Classification of Diseases Tenth Revision (ICD10) codes X60-X84, Y10-Y34

Self-harming method and reasons for self-harming data were grouped slightly differently, the age categories were 16-34 years, 35-54 years and 55+ years. Across all age groups, cutting themselves was the most prevalent form of self-harm. This was reported by 84.3% of 16-34 year olds. This age group (16-34) were also more likely to self-harm in order to relieve unpleasant feelings (81.9%) (which included feelings of anger, tension, anxiety or depression), than reporting self-harm in order to draw attention to themselves (28.6%, for all ages this was 31%).

With regards to help-seeking behaviour, 16-34 year olds were more likely to seek support from friends and family (29.9%) or GP/family doctor (29.1%) after a recent suicide attempt than hospital/specialist medical or psychiatric service (20.8%) with 51.6% not seeking any help. 37.7% of people who self-harmed received medical or psychological help afterwards, but for 16-34 year olds this value drops to just 31.1%.

A University of York Student Mental Ill-health Task Group Report (March 2016) (“Student Mental Ill-health Task Group Report Mar 2016.pdf”, n.d.) notes that students’ experiences of

higher education have changed over the previous 10 years, which may have an adverse impact on their mental health highlighting three specific factors.

These factors were:

1. The rapid withdrawal of financial support for home students and an increasing reliance on loans, and in consequence, an increase in student debt.
2. The current cohort of students faces a more difficult labour market than earlier generations of students. There is a higher risk of unemployment and insecure employment for those graduating with arts and humanities degree than those studying medicine and subject allied to medicine.
3. The electronic environment created by electronic communication technologies can expose young people and students to pressures that were avoided by previous generations. This includes cyberbullying and victimisation.

The Institute of Public Policy Research (IPPR) report Flexibility for Who? Summary (“flexibility-for-who-summary-july-2017.pdf”, n.d.) states that younger workers in part-time and temporary work are more likely to experience poorer mental health and wellbeing, with 22% of younger graduates who are overqualified for their jobs report being anxious or depressed, compared to 16 per cent of those in professional/managerial jobs. Younger workers who work part-time are 43% more likely to experience mental health problems than those who work full-time.

It has been reported that the most common type of mental health problems at any university or college are depression, anxiety, co-occurring substance problems, eating disorders, suicidal ideation, and self-injury (Anderson, 2015) echoing some of the findings of the 2014 Adult Psychiatric Morbidity Survey