

HEALTH ACTION CAMPAIGN

because prevention is better than cure



The Student Mental Health Crisis

A fresh perspective



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About Health Action Campaign

Our guiding principle as a health charity is that prevention is better than cure. We therefore research, in depth, significant health issues, to identify the underlying causes and how best to prevent or reduce the health risks. We believe that working in partnership with other organisations can help us achieve more, as with this project which we worked on in partnership with researchers at three partner universities.

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Executive Summary

Mental health problems start pre-university for most students

The largest student mental health surveys conducted in the UK indicate that for ‘the vast majority’ of students who will report mental health problems at university, their problems started while they were still at school. This suggests that waiting for students to arrive at university to begin to tackle these problems is too little too late.

University life is unlikely to explain the rise in student mental health problems

Most suggested risk factors have been true for generations of students, including the transition from home and school to university, coursework deadlines, exams, sexual orientation and access to alcohol and drugs. They may explain why some students in each generation experience mental health problems but not the recent increase in reported problems, which has led to its description as a mental health crisis. Even where risk factors are relatively new historically, such as widening participation or the move from grants to loans, these are university specific and do not explain why so many young people are arriving at university already predisposed to mental health problems.

A pilot study to better understand student mental health problems

To better understand the underlying factors influencing student mental health, pilot research was undertaken with a sample of first year students at three universities, each with a different student demographic – King’s College London, Ulster University and Greenwich University. The study investigated what this sample perceived to be mental health issues, possible underlying risk factors, and factors proven to be protective of mental health, to help identify potentially more positive approaches.

The influence of pre-university experience on student mental health

The pilot study suggests a number of associations between young people’s experiences in their school/college years and aspects of their subsequent mental wellbeing at university:

- Students were more likely to report stress/anxiety at university where they considered their school/college hadn’t provided a good preparation for university.
- Where they had spent more non-study time online during their A Level years they were three times as likely to often or always feel lonely at university.
- Future research should consider whether young people are being given access to sufficient resilience-building opportunities before they come to university.
- It may be of value to research the language young people use to describe and interpret negative feelings and emotions in a mental health context.

Action to reduce student mental health problems

Taken together, the pilot study and wider research suggest the importance of upstream action in the school and college years, in particular the value of:

- Schools considering what they can do to help young people arrive at university better prepared for independent learning.
- Teachers and caregivers considering how they can help equip students to manage their time online.
- Research into resilience-building opportunities pre-university, to help with the subsequent transition to independent living and learning at university.
- Research into the ways negative feelings and emotions are being described and interpreted by young people, to ensure support is provided where needed, while at the same time not over-medicalising normal human responses.



Introduction

The reported student mental health crisis

A student mental health crisis was already being widely reported in the UK even before the Covid-19 pandemic, with the term 'crisis' appearing in headlines from respected media sources, including the *Guardian* and the *Financial Times*¹. While researchers have been more circumspect in their use of language there has been a general acceptance that student mental health problems have been increasing. For example, a 2017 report from The Institute for Public Policy Research began by stating, 'Levels of mental illness, mental distress and low wellbeing among students in higher education in the UK are increasing, and are high relative to other sections of the population.'² While in 2019, Batchelor et al described student mental health as an issue of growing concern.³ The continuing focus on student mental health has moved it up the agenda for both the government and universities. In 2017 the Stepchange: Mentally Healthy Universities report was published and in September 2018 the Universities Minister wrote to university Vice Chancellors in England, calling on them to make the mental health of students a priority.^{4,5} The following year saw the publication of the University Mental Health Charter.⁶ However, there are a number of question regarding the reported student mental health crisis.

Many factors suggested by researchers as causing the 'student mental health crisis' have been true for generations of students. For example, according to the University Mental Health Charter, 'It has long been recognised that, for many, the transition into higher education can be a stressful process.'⁶ If the transition has long been recognised as a potentially stressful experience then, by definition, it is not a new factor that might explain the reported increase in student mental health problems.

The same rationale applies to other risk factors suggested, for instance at

conferences on student mental health organised by the Westminster Higher Education Forum and the SMarTeN national research network focusing on student mental health in higher education. These other suggested risk factors include childhood adversity, the transition from university halls of residence to private rented accommodation, academic pressures, sexual orientation, relationship breakdowns and the availability of alcohol and drugs. They may explain why some students in each generation experience mental health issues but not the significant reported increase among current students, unless (an important caveat we will return to) today's students are finding these experiences more challenging than their counterparts in previous generations.

One generational change has been in levels of student debt. However, some research suggests this is not as significant a factor for student mental health as had been assumed.^{7,8,9} Another generational change has been a modest increase in the proportion of widening participation students (up from 10.3% in 2009/10 to 11.8% in 2019/20) i.e. another potential factor.^{10,11} The position here, though, appears quite nuanced. For instance, a study at King's College London found that widening participation students expressed lower wellbeing and higher stress levels at some times in the academic year but not others; and conversely, widening participation students had significantly lower scores on neuroticism, whereas it is higher levels of neuroticism that are often associated with worse mental health outcomes.¹²

A further factor leading to questions regarding the idea of a student mental health crisis is that student mental health surveys may tend to attract students who perceive themselves to have a mental health problem. As the National Institute for Health and Care Excellence (NICE) has observed, 'People with mental health conditions may be more motivated to participate than people without, meaning that overall prevalence estimates may be artificially elevated.'¹³ A further point is that student suicide rates provide an indicator of the severity of some mental

health issues. However, the Office for National Statistics (ONS) has identified that university students are less likely to take their own life than their non-university peers and less likely than most other demographic groups.¹⁴

Mental health - changing definitions and diagnostic thresholds

When considering the reported increase in student mental health problems, it is important to identify where there have been genuine increases as opposed to apparent increases due to changes in the way mental health problems have been defined, to ensure like for like comparison over time - while also recognising that there may have been some under-reporting in previous generations due to greater fear of stigma. This is particularly important given current pressures on student support services and on specialist NHS mental health services, to ensure that support can be provided for those who most need it.

There have been significant changes in mental health definitions in recent years. For example, the Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard reference text for psychiatrists around the world. A new edition (DSM-5) was published in 2013. This lowered the threshold for the diagnosis of a number of common diagnosed mental health conditions. The changes made were described by the Nursing Times as provoking, 'a storm of controversy and bitter criticism,' leading critics to argue this could lead to everyday worries being misdiagnosed and needlessly treated.¹⁵ Recent research suggests that, overall, these changes have had limited effect on rates of diagnosis, although one exception appears to have been a significant inflation in diagnoses of Generalised Anxiety Disorder (one of the most commonly diagnosed mental health conditions).¹⁶

The use of the term 'mental disorder' has itself changed significantly in recent years. It was originally a pre-requisite for sectioning under the Mental Health Act 1983.¹⁷ This included diagnoses such as anorexia, bipolar disorder, psychosis and schizophrenia. Yet by 2020 the *Mental Health of Children and Young People in England* report was stating that one in six children aged 5-16 now identified as having a 'probable mental disorder.' However, the report had redefined the term 'mental disorder' to refer to 'difficulties with their emotions, behaviour, relationships, hyperactivity or concentration.'¹⁸ This is quite some distance from the more serious mental illnesses originally envisaged by this term.

In practice, most 'mental health problems' reported by students are not clinically diagnosed. They are self-reported examples of distress.² This includes a range of negative feelings and emotions previously viewed as normal responses to the developmental challenges everyday life can present, particularly as young people navigate adolescence and early adulthood – for example feeling stressed, anxious, panicky, worried, lonely, unsupported, or overwhelmed. There are several reasons to be wary of over diagnosing such feelings. As Professor Frank Furedi commented in the *Times Educational Supplement* (TES) in 2016, 'Through medicalising children's normal emotional upheavals, young people are trained to regard the challenges integral to growing up as a source of psychological distress.'²⁰ Furthermore, as Lucy Foulkes observes in *Losing Our Minds, What Mental Illness Really Is And What It Isn't*, 'We need to preserve the difference between mental illness and the psychological suffering that is a normal part of human experience, for the sake of those who are seriously unwell.'¹⁹

Taken together the examples reported above suggest there has been an increasing medicalisation of normal human feelings, emotions and behaviour. In turn this medicalisation has been taken up and has passed into everyday use, not least among young people, their parents and their schools and universities, who may now be increasingly interpreting normal negative feelings and emotions as symptoms of mental health problems requiring professional support.

Four factors making the transition to university more challenging

While recognising that mental health is a complex issue, potentially influenced by many factors, the hypothesis this study sought to test is that the following four factors are all implicated in making today's students less prepared for the transition to university and more predisposed to report 'mental health problems:'

- A safeguarding, 'spoon-feeding' culture in schools – which is making the transition to independent living and learning at university more difficult.^{21,22,23,24,25,26}
- Over protective and over indulgent parenting (including a growth in 'helicopter parenting') – which research suggests increases levels of anxiety, stress and depression, while reducing self-efficacy and coping skills.^{27,28,29,30,31,32,33,34,35}
- The lure of social media, which may be delaying adulthood by reducing time in the 'real world' while increasing the risk of mental health issues.^{36,37,38,39,40,41,42}
- The unprecedented medicalisation of normal feelings and emotions – which is leading young people to interpret as mental health problems a range of normal feelings and emotions.^{43,44,45,46,47,48,49}

The hypothesis further suggests that these four factors are mutually reinforcing and combine to create a cumulative adverse effect on students' mental health. These factors may also help explain why the vast majority of students reporting mental distress and mental health problems at university first experienced symptoms while still at school.^{50,51} This suggests that waiting until students arrive at university to address the underlying risk factors is too little, too late. Conversely,

opportunities to experience life away from over protective schools and parents (and social media) and opportunities to experience 'productive failure' appear to increase resilience and coping skills.^{52,53,54,55,56,57} This is important because research suggests university students with high levels of resilience report significantly lower levels of psychological distress.^{58,59,60} As McIntosh and Shaw identify, 'Resilience is often defined, in broad terms, as the ability to recover – to bounce back – from misfortune and to adjust easily to change.'⁶¹ It has been suggested that resilience is developed through a combination of innate ability, a supportive environment and opportunities to experience and learn from challenge and failure.⁶² One hypothesis is that safeguarding schools and over protective parents have significantly reduced that third element for many young people in recent decades. No evidence was found to suggest that students today are born any more or less innately resilient than in previous generations. The important difference appears to be that the resilience building opportunities available to previous generations in the years before starting university have been significantly reduced.⁶⁶

In this context, it is important to distinguish between enhanced support and protection in two different contexts. Where young people have experienced abuse and neglect in childhood, or have grown up in dysfunctional families, research has shown enhanced support to be protective of mental health.^{63,64,65} However, there appears to be a U-curved effect. Providing ever more support and protection for children from already caring, supportive families is proving counterproductive, reducing their resilience and increasing the risk of mental distress. As a report from the children's charity Barnardo's identified, as early as 2002, the more western countries have sought to protect children from risk, the less resilient and prone to psychosocial disorders they have become.²⁰ The Chief Inspector of Schools made a similar analysis with regard to children in England in 2017.⁶⁶

The hypothesis here has been developed through a literature search, anecdotal

feedback from students, attendance at student mental health conferences, and interviews with a sample of staff working with students in schools and universities. This study therefore sought to explore this hypothesis further. In particular it sought to identify if there are correlations between how students were prepared for the transition to university and subsequent indicators of mental distress while at university (via three indicators of mental distress – stress, anxiety and loneliness, as well as indicators of resilience).

How the research was conducted and analysed

Method

Pilot research was conducted among a sample of first year students at three universities via an online questionnaire. The research was undertaken in November 2020, which was early in each student's first year i.e. when they had undertaken the transition to university but when memories of pre-university life and experiences would still be strong. The survey was consciously not described as being a student mental health survey to avoid self-selection bias.⁶⁷ Instead, the survey was positioned as follows: 'This project explores how future students might be better prepared for the transition to university,

to improve their wellbeing. In particular it looks at their experiences during their Sixth Form/College years and how these experiences may potentially influence their subsequent transition to university'.

Survey Design

The online survey consisted of 21 multi-choice questions, designed to test the research hypothesis and enable quantitative analysis. These included questions regarding students' pre-university experiences, aspects of their mental health while at university, and the demographic background of participants. Thematic analysis had identified those factors potentially influencing the student transition to university which appeared to differ from factors applying in the case of previous generations, as well as perceptions of mental health. Where feasible previously validated questions were employed, including the seven stress questions from DASS-21 (the Shortened Depression, Anxiety and Stress Scale) and the six resilience questions from the Brief Resilience Scale. Where no appropriate previously validated questions could be identified, questions were developed based on responses in the research previously undertaken. The study was approved by the ethics committees of King's College London and Ulster University.

Sample and Sampling

To seek to achieve a demographic range the research was undertaken with a sample of first year students

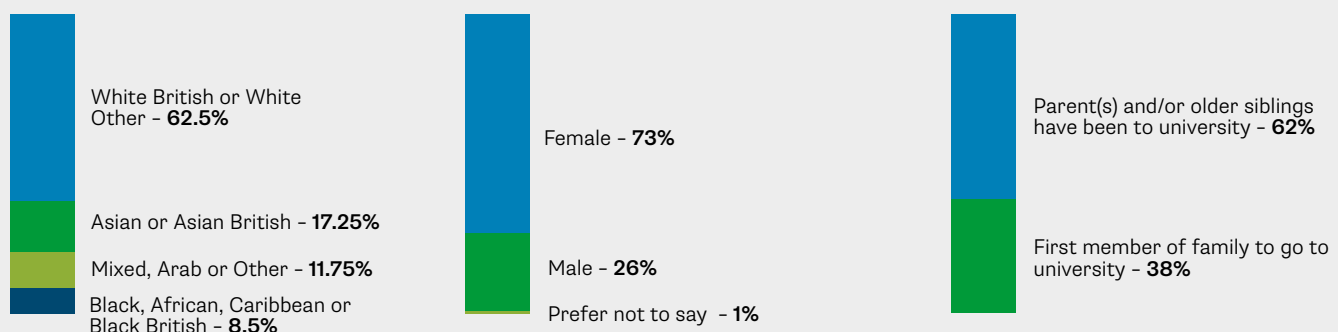
in a Russell Group university (King's College, London), a 1960's university (Ulster University), and a post 1992 university (Greenwich University). The questionnaire was made available online to students through student union or university email systems with information about the purpose of the study and an invitation to participate with informed consent, confidentiality and anonymity, in line with ethical requirements. No names were recorded in the survey instrument and access to the data was password protected.

289 students fully completed the survey, out of a first-year student population of 17,375 across the three universities, providing a 6% margin of error at a confidence level of 95%. The demographic composition of the participants is set out in Figure 1.

Data Analysis

Data was collected using Qualtrics online survey software, which enabled basic initial analysis. The data was then exported to SPSS, to enable more detailed analysis by two researchers to ensure that findings were cross-checked. Two methods were used to analyse the survey findings: Chi square for larger samples /Fisher's Exact Test for smaller samples (used when the questions were left in the "original" form) and Regression (used when composite scores were created, and thus lost the original categorical meanings). Associations were reported where the level of statistical significance was $p < 0.05$.

Figure 1 – Demographic Analysis



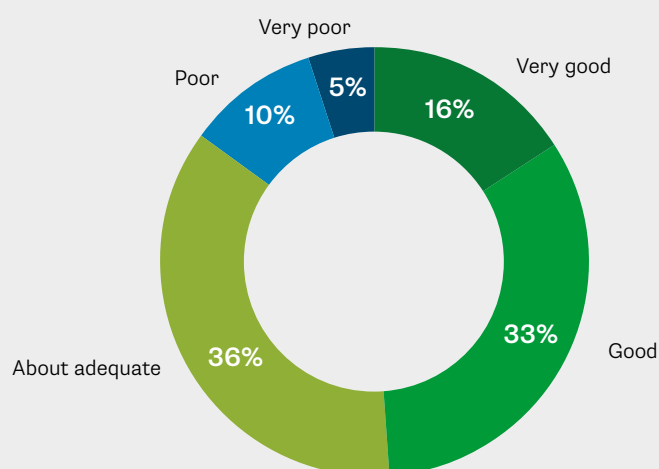
Female students are typically more likely to respond to surveys and this study was no exception.⁵⁵ The higher than average representation of ethnic minority students (37.5% compared with 27% nationally) may reflect a number of factors, including the universities participating in the study.

Results

School/college preparation for university

Overall, as Figure 2 illustrates, there was variation in how well students considered they had been prepared for university by their school/college, both in general and in relation to specific study skills. For example, only half of students reported that their school/college had provided a good or very good preparation for university:

Figure 2
How well schools/colleges had prepared students for university



How well schools/colleges had prepared students for the following academic skills



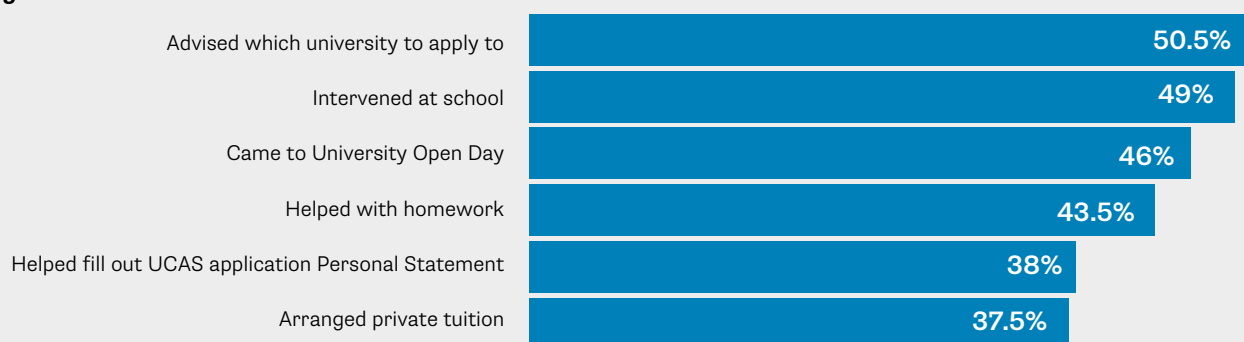
In addition, 48% of the students who reported they had received good or very good support from their school or college reported being very well prepared to search for the university and the courses they wanted, while only 28% of students who considered they had received poor or only adequate support, reported the same ($p < .01$). There was also an association between 'stress or anxiety' at university and 'school/college preparation'. 68% of the students with poor/adequate preparation for university while at school/college, reported feelings of anxiety/stress, while only 52% of students with good/very good preparation reported these feelings ($p < .01$).

Parental influence

Parental involvement at school

In this sample almost half of students responding reported their parents had intervened on their behalf at school. Other ways in which parents were involved are set out in Figure 3.

Figure 3



In addition, where students were not the first member of their family to go to university (i.e. where they were not usually widening participation students) there was more involvement of their parents in their personal, social and financial issues ($p < .01$).

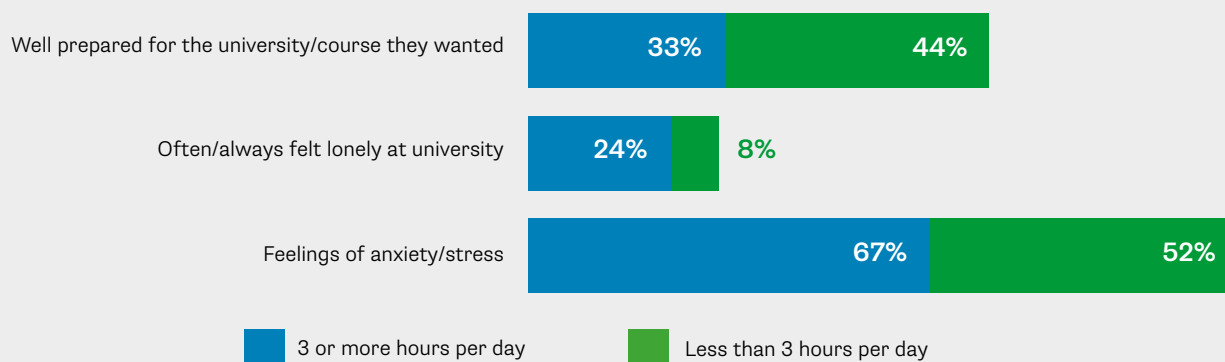
Phone contact with parents

Where student respondents were living away from home while at university, 66% reported being in touch with their parents by phone either daily or multiple times per week (35% daily and 31% multiple times per week), with parents initiating the phone calls in the majority of cases. Ethnicity was also a potential factor here, with 56% of white students reporting “living away from parents/guardians” compared with 44% of students from other ethnic backgrounds. More parental involvement with their children’s personal, social and financial issues while at school was, perhaps predictably, associated with more parental contact during term time at university ($p < .01$).

The effect of social media

55% of students reported spending 3 or more hours per day online for non-study purposes in a typical day during their A Level/BTEC National years. Compared with students who reported spending less time online a consistent pattern emerged. A lower proportion reported feeling well prepared for the university/course they wanted and a higher proportion reported feeling often/always lonely and also anxious/stressed while at university.

Figure 4 – Time spent online for non-study purposes while doing A Levels/BTEC Nationals



Statistical significance ($p < .01$).

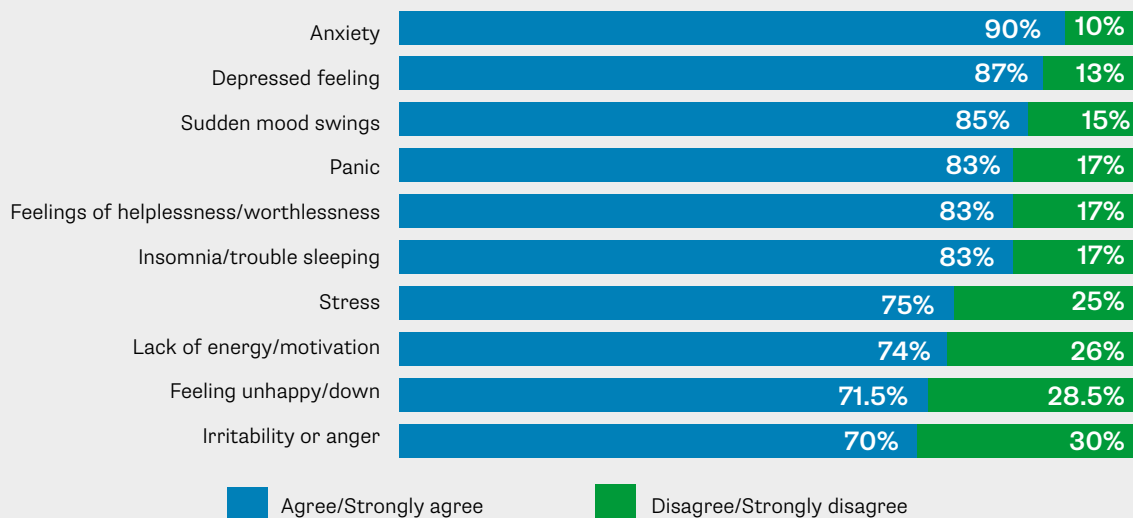
The medicalisation of normal feelings and emotions

Student perceptions of what constitutes a mental health problem

A majority of students interpreted all ten negative feelings and emotions provided in this question as mental health problems. The source of the terms used here was the National Union of Students (NUS 2015) Mental Health Poll.⁷⁸ In line with the NUS Poll no further context was provided in relation to duration or severity.

Specifically, the following proportion of student respondents agreed or strongly agreed that the following were mental health problems, compared with those who didn't:

Figure 5 – Perceived as a mental health problem



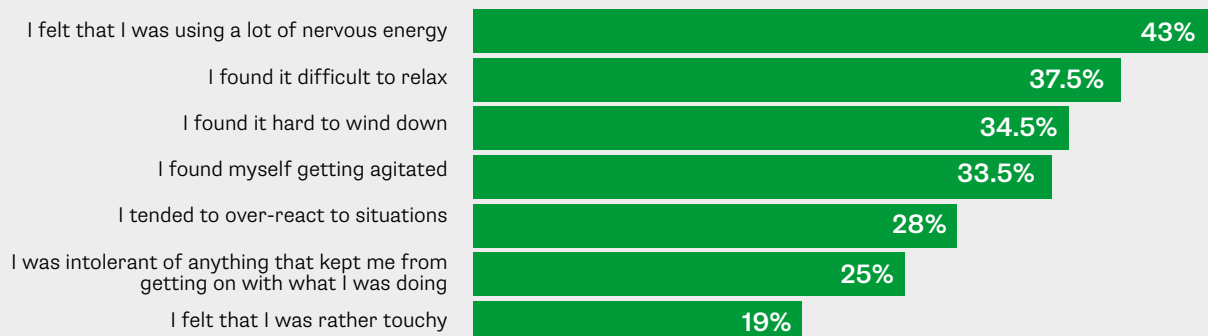
Responses here differed to some extent by gender, with a higher proportion of female students interpreting stress; lack of energy; feeling unhappy; anxiety; depressed feeling; and panic as mental health problems compared with male students ($p < .01$).

Student Reporting of Loneliness, Stress and Anxiety

When asked if, in the weeks since starting university, they had ever felt a level of stress or anxiety that they would say had interfered with their day-to-day life, 60% of students responded affirmatively, while 16.5% also reported they had often or always felt lonely at university. There was an association between 'loneliness' and gender ($p < .05$). 44% of male students reported never or hardly ever feeling lonely, compared with 13% feeling often or always lonely. This compares with 23% of female students reporting never or hardly ever feeling lonely and 17.5% feeling often or always lonely.

The responses to more specific stress-related questions were as follows.

Figure 6 – Often/almost always in the previous week...

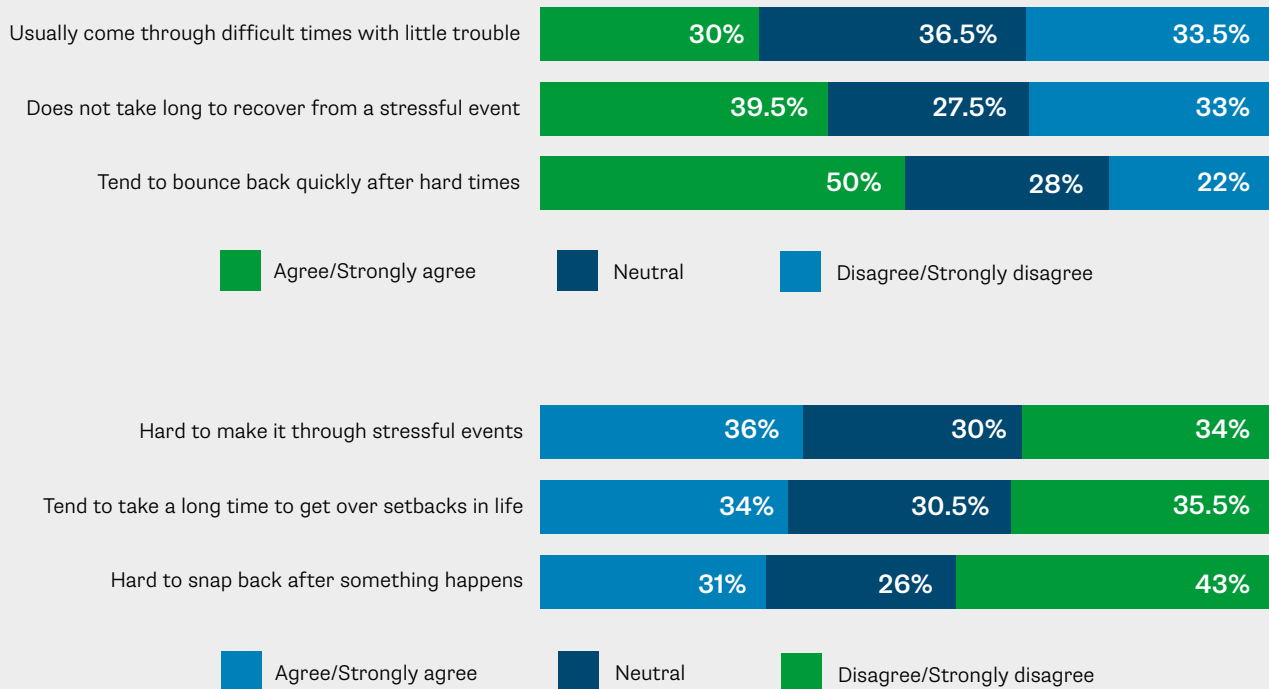


There was an association between 'stress or anxiety' and gender. 66% of the female students reported feelings of anxiety/stress, while only 47% of male students reported this ($p < .01$).

Indicators of resilience

Responses here varied. With one exception (relating to bouncing back quickly after hard times) only a minority of students provided responses which strongly suggested resilience.

Figure 7



There were some gender differences in the responses. Female students reported finding it more difficult to wind down/relax ($p < .01$) and were more likely to get agitated compared to male students. Interestingly students who reported having less phone contact with their parents during term time also reported finding it more difficult to wind down/relax and being more likely to get agitated.

Discussion

The pilot study found correlations between students' experiences while still at school and some aspects of their reported mental wellbeing at university. For example, first year students were more likely to report stress/anxiety at university where they considered their school/college hadn't provided a good preparation for university; and where they had spent more non-study time online during their A Level years they were three times as likely to often or always feel lonely at university. This suggests that school-based initiatives to better prepare students for university and to help them manage their time online during the A level years would be beneficial for young people's mental wellbeing as they make the transition to university.

Evidence from the largest student mental health survey in the UK was published in 2019. Of the 37,000 students who participated, 81.6% reporting a serious personal, emotional, behavioural or mental health problem for which they felt they needed professional help at university identified that their symptoms first started at school (compared with 18.4% who reported their symptoms first started at university).⁵¹ Also, in 2013, the Chief Medical Officer reported that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18.⁸⁸ While some studies have suggested a lower but still significant proportion by these ages this has typically been in a context which recognises that most adult mental health disorders have their roots in adolescence.⁸⁹ Taken together with the findings from the pilot study this suggests the significant potential influence of experiences in the school/college years on mental health and wellbeing at university.

It is true that the issue of children's mental health problems is recognised by both schools and the government, as seen for instance in 'growth mindsets' approaches in schools and in the 2017 government Green Paper: *Transforming Children and Young People's Mental Health Provision*. Unfortunately, the evidence for the effectiveness of the 'growth mindsets' approach has been questioned, while the 50-page Green Paper devoted only a single paragraph to considering how children's mental health problems could

be prevented.^{72,73} The fact that girls in the UK now rank fifth in the world for fear of failure is an indicator of the limitations of current approaches to encouraging mental wellbeing in the nation's homes and schools.⁷⁴

Of the six questions designed to identify resilience in the pilot study, only a minority of students gave answers suggesting positive levels of resilience for five of them. This is potentially important as research suggests university students with high levels of resilience report significantly lower levels of psychological distress.^{58,59,60} It is also important because resilience building opportunities have value not only in preparing students for university but for life and work more generally, in a sometimes unpredictable world. It is also reasonable to assume that waiting until young people arrive at university to seek to provide opportunities to develop their resilience will usually be too late to help them successfully manage the initial transition to higher education. This is a process that needs to start in schools and colleges.

In research more generally, the degree of parental intervention at school and university has been suggested as an indicator of 'helicopter parenting', which studies indicate increases levels of anxiety, stress and depression, while reducing self-efficacy and coping skills.^{27,28,29,30,31,32,33,34,35} 'Helicopter parenting' contrasts with autonomy-supporting parenting, an approach common in the Netherlands, where the main concern is reported to be to raise children to be independent and to learn from their own experiences.⁷⁵ A recent study found no increase in Dutch university student mental health problems over a 10-year period.⁷⁶

In the pilot study there was evidence of parental involvement at both school and university. Almost half of students responding (49%) reported their parents had intervened on their behalf at school, while 66% of students living away from home at university reported being in touch with their parents by phone either daily or multiple times per week, with parents usually initiating the phone calls – an example of technological development (the mobile phone) potentially changing the

parent-student dynamic at university in the 21st century. However, the pilot study indicated only a modest, non-significant correlation with lower levels of resilience and higher levels of stress/anxiety among students. It may be that the two questions asked were too blunt an instrument. Follow up research using validated 'helicopter parenting' questions may help clarify whether this parenting style is potentially influencing student mental health or whether the influence of 'helicopter parenting' in the UK has been exaggerated.

In the pilot study a majority of students interpreted a range of negative feelings and emotions as mental health problems. This fits with responses to the 2013 National Union of Students (NUS) Student Mental Distress Survey and the 2015 NUS Mental Health Poll, where all ten factors were identified as examples of student mental distress or mental health issues.^{77,78} However, the students were not provided with any context about the severity and duration of the feelings, and these feelings may sometimes be symptoms of mental health problems – which suggests the need for more research here.

As context, the NHS advises that most of these negative feelings, emotions and experiences are normal and are experienced by most people at times. It is only when they become abnormal, due to their duration and severity, that they become a mental health disorder.^{80,81,82,83,84,85,86} This study therefore, at least in part, supports the hypothesis that there has been some medicalisation of normal feelings and emotions. It suggests a possible need to help young people (and those who advise them) recognise that sometimes having negative feelings and emotions, including feeling anxious, stressed or unhappy/down, is not necessarily an indication of a mental health problem.

In the pilot study a higher proportion of female students interpreted a majority of the negative feelings and emotions as mental health problems compared with their male counterparts. As female students now constitute 56% of the UK student population their responses are particularly influential.

In the study 75% of students perceived stress to be a mental health problem. This is understandable in the context of a medicalisation of feelings and emotions. However, it may be counterproductive, as research suggests that time limited stress which allows the opportunity for recovery is beneficial for mental health, providing a degree of psychological immunisation.^{68,69,70} As Lukianoff and Haidt concisely expressed it, 'Kids need to develop a normal immune response, not an allergic response, to the everyday irritations and provocations of life.' This medicalisation may also help explain the findings of Thomson et al (2021), who observed, 'It seems that some students are labelling experiences as being highly distressing, as affecting their mental health, and as needing external therapeutic assistance. And yet, when explored, these experiences seem to involve relatively normal activities associated with navigating independent learning and living. These are the same or similar tasks that students transitioning into HE have faced for generations ... and yet, today they seem to be causing greater levels of distress'.⁷¹

Taken together, the pilot study and the wider sources of evidence in this report suggest the value of more research into the role of the school and college years in influencing students' mental health and wellbeing as they make the transition to university.



Strength and Limitations

This report is one of the first, to our knowledge, to consider the potential importance of experiences during the school/college years for mental health at university. It suggests that action is needed upstream, rather than waiting for students to arrive at university potentially already predisposed to report mental health problems. This report is also one of the first to consider the potentially significant implications of changes in language and diagnostic thresholds for understanding the reporting of student mental health problems. This advances the current research exploring student

mental health and wellbeing and the action required.

In saying this we should in no way underestimate the seriousness of mental illness. Every year there are students who experience clinically identifiable mental health conditions and require prompt and, if necessary, continuing professional support.

The relatively small sample size, a lower response rate from male students, an above-average proportion of ethnic minority students, a reliance on self-reporting by the student participants

and the impact of Covid-19 on schools and colleges (meaning the research was not taking place in a 'typical' year) raise legitimate questions regarding the extent to which the results are reliable and generalisable. Future research should therefore build on the data gathered in the current study to address the limitations and inform the development of further research into student mental health. For example, when asking questions regarding negative feelings and emotions, there may be value in providing information about the duration and degree of those feelings to enable more informed responses.



Conclusions

The pilot study suggests that stress and anxiety levels were more common where students had felt less well prepared for university by their school/college and where they had spent more time online for non-study purposes during their A Levels – with more time online also associated with significantly higher levels of loneliness at university. There were sometimes relatively low levels of resilience and for many university students in their first term, negative feelings and emotions tended to be viewed as mental health problems. The pilot study also noted intervention at school on behalf of their children by around half of parents, as well as frequent phone contact with two thirds of parents while their children were at university.

Published research suggests that most students who experience mental health problems at university first experience these at school/college; and that changes in schooling and parenting, the impact of social media, and the increasing tendency for people to ‘borrow’ mental health terminology to describe feelings and emotions provide plausible explanations for these mental health problems first surfacing pre-university and for the transition to university having become more challenging than for previous generations – at a time when adolescence means young people are already vulnerable and at heightened risk.

More research is needed here, for example to explore in more depth and on a larger scale possible associations between young people’s experiences pre-university and their mental health at university and also activities and experiences proven to strengthen mental health in adolescence.

However, the initial combination of evidence in this report suggests that waiting until young people arrive at university to begin to address the underlying causes is both too little

and too late. This report therefore recommends an increased focus on students’ experiences in their school and college years, to help ease the transition to university and support student wellbeing both before and at university, in particular the value of:

- Schools considering what they can do to help young people arrive at university better prepared for this next stage in their education.
- Teachers and caregivers considering how they can best help equip students to manage their time online.
- Research into resilience-building opportunities pre-university, to help with the subsequent transition to independent living and learning at university.
- Research into the ways negative feelings and emotions are being described and interpreted by young people, to ensure support is provided where needed, while at the same time not over-medicalising normal human responses.

Importantly, this report suggests the need to help young people, their parents/ caregivers, schools, universities and the media recognise that sometimes feeling anxious, stressed, unhappy or worried is normal and not necessarily an indication that you have a ‘mental health problem.’

Conflict of Interest

The authors declared no conflict of interest with respect to the research, authorship and/or publication of this article.



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