



The **Insight** Network

University Student Mental Health Survey 2020

A large scale study into the prevalence of student mental illness within UK universities.

MARCH 2020



TheInsightNetwork

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Dig-In

Christopher Platt

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The Insight Network

The Insight Network is a team of psychologists and psychiatrists that provide treatment and therapy for a wide range of mental health problems. Beyond treating patients, The Insight Network is also involved in research and service delivery work within the field of mental health and well-being.

Dig-In

Dig-In was founded in 2014 and is a fast-growing and entrepreneurial business centered on using their extensive reach of students for positive outcomes. Dig-In provides the official student welcome box to almost half a million new students every year, on behalf of over 160 universities and accommodation providers across the UK. They work in partnership with a range of brands that value the importance of building a relationship with future generations. Although a commercial enterprise Dig-In believes passionately in doing the right thing. Their unique relationships with Universities and students bring responsibilities, but also opportunities to make a difference. They are committed to using their reach and ability to gain insights from large numbers of UK students to help improve their university experience, environment and well-being.

Get involved

If you would like to be part of future surveys, please contact: Help@TheInsightNetwork.co.uk to express your interest. We also welcome any questions, feedback and any suggestions for future surveys.

Foreword



Dr Stephen Pereira,
Director,
The Insight Network,
Consultant Psychiatrist

Starting university can be a major transitional period in the lives of young people. Whilst many students may consider this as a positive and exciting progression in their life, for some, there is a vast difference between their student life and prior expectations. Mental health conditions are as prevalent in students as the general population, with some particular conditions being more prevalent for students. Approximately one in four students experience mental health problems each year. Students may be vulnerable to psychological difficulties due to the interaction of a vast array university-specific challenges. These stressors include moving away from home for the first time, establishing new networks, developing new identities, new intellectual demands, and financial strains. Therefore, it is pertinent that as a society we support and educate students how to recognise stress and the early warning of mental health problems and where to seek support.

Mental health problems can cause severe emotional, behavioural and physical health problems. In order for universities and government agencies to provide effective and efficient psychological support it is crucial to understand the scale and psychological makeup of the student mental health challenge in the UK. In 2017, The Insight Network and Dig-in collaborated to produce a large-scale survey of UK students' mental health, elucidating the prevalence rates, risk factors for student mental health and specific at-risk groups. In 2018, we collaborated again to historically conduct the largest ever survey into university student mental health in the UK, comprising data from 37,500 students. The data highlighted information on the prevalence of mental illness and low well-being among the UK student population, as well as particular at-risk groups and levels of anxiety, loneliness, substance misuse, and thoughts of self-harm.

Additionally, in 2018 we conducted an in-depth survey that delved much deeper into the key issues relating to student mental health, including students' beliefs about the causal factors in their psychological difficulties, the effects of social media on their mental health, their opinion of prior experiences of psychological support from universities, government agencies, and other sources, and their suggestions regarding what type of support would be effective.

In 2019 we examined student mental health, looking again at prevalence rates, risk factors and at-risk groups with the aim of establishing themes.

There are some causes for concern about student mental health detailed in this report, but fortunately, mental health issues can be effectively managed if individuals are able to access the right treatment in adequate time. We hope that these findings will serve as both a call to action and a guide for universities and government agencies as they work together to meet students' mental health needs.

Foreword



Christopher Platt,
Dig-In
Founder & CEO

Hi - I'm Chris, founder and CEO of Dig-In. As the provider of the official student welcome box to over 160 universities and accommodation providers and with over 180k Dig-In members, Dig-In is in a unique position with privileged access to students. We want to use this as a force for good.

Having experienced challenges with my mental health, this is a cause close to my heart. I set out in 2017 to conduct the largest ever study into student mental health. To date, over 80,000 students have taken part in the study. I hope to further raise the profile of mental health issues in students and collaborate with key stakeholders and the NHS in this area to improve support services, the engagement with those services and help ensure every student has the opportunity to reach their full potential."

Executive Summary

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Over 21,000 students from 140 UK universities.

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1 in 5 students has a current mental health diagnosis.

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Almost half have experienced a serious psychological issue for which they felt they needed professional help.

The Insight Network and Dig-In plan to continue their ongoing investigation into the prevalence and characteristics of UK students' mental health problems for the third consecutive year. The previous survey collected data from the largest sample of UK students to provide invaluable insight into the overall prevalence upon a variety of mental health problems, as well as elucidating specific at-risk sub-populations. Perceptions of stigma, opinions of psychological support options, and rates of substance misuse and self-harm thoughts were also examined. To this end, data was collected from 21,000 students from 140 universities, comprising a vast array of nationalities, ethnicities, genders, ages, and academics years. Data analysis from the data produced a comprehensive report of mental health in the student population.

Our findings show that more than one-fifth of students reported having a mental health diagnosis, with the most common diagnoses being depression and anxiety disorders.

Furthermore, our data suggested that rates of psychological distress in students are relatively high with more than one-third reporting having experienced a serious mental health problem for which they felt they needed professional help, with a modest yet potentially impactful increase of 1.0% since 2018.

This survey also found that reports of thoughts of self-harm have increased since 2018, which might raise concerns due to the link between self-harm and suicide attempts. Students were also asked about levels of substance misuse. The results indicated that 1 in 12 reported using drugs or alcohol in order to be able to fall asleep at night. The use of substances to circumvent life stressors or help with sleep is problematic for a variety of reasons. Firstly, using substances to cope with life stressors may prevent students' ability to seek out adaptive coping strategies to attenuate difficulties. Furthermore, using substances to cope may precipitate or exacerbate mental health problems, and as such may be very problematic.

Our survey suggested that for the vast majority of students the onset of their mental health problem started in school. Specifically, it was indicated that 1 in 10 of those who suffered from a condition developed it whilst at university and over three-quarters of this population (i.e. previous diagnosis) stated they were currently affected by the symptoms associated with a mental health problem.

This survey identified at-risk sub-populations from the student population. This study, like its predecessors, highlighted that second- and third-year students were at a higher risk than

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About half of all students report thoughts about self-harm.

first year students of experiencing a psychological difficulty, having a diagnosis, feeling worried or lonely, using substance misuse for coping, and thoughts of self-harm. This can be attributed to various factors; for instance, it could be related to less university support after first year, an increase in academic pressures, or an interaction of both and other factors. Research exploring specific factors and nuances affecting university students in different academic years would be highly fruitful.

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Students in second and third year were at significantly higher risk than first years for feelings of worry and loneliness, substance misuse, and thoughts of self-harm.

A second important finding is that those who identified as 'non-binary' or 'Other' gender were at greater risk of developing a mental condition or experiencing a psychological problem. This could be due to such individuals choosing to express their gender for the first time at the start of university. Consequently, in addition to the academic challenges and transitional components that all students confront, students who identify as "non-binary" or 'Other' may also have the added pressures of navigating a new gender expression. Additionally, the percentage of students identifying as 'non-binary' has increased from 0.4 in 2017, to 1% in 2018, and to 1.5% in the current study, illustrating an increasing trend, making support initiatives pertinent for this cohort. More research examining the population could elucidate the key underpinnings to their elevated levels of psychological difficulties.

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Students who identify their gender as 'other' are at higher risk

Another at-risk group identified in the research are those with a prior mental health diagnosis. Often the transition to university means moving away from relatives, friends, doctors, and service providers that have previously been an essential support to vulnerable students. This may mean that students with an extant mental health condition are at risk of a functional decline unless there is some continuity of provision once starting university. Those with a relative with a mental health diagnosis are also at significantly higher risk of both psychological distress and receiving a mental health diagnosis.

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More than 3/4 have concealed their symptoms due to fears of stigma.

Those who most often report mental health difficulties identify as "non-binary" and are in their second or third year of university, aged between 18 and 20, from the UK, and ethnically white. However, rates at which students report mental health problems can only be used as an approximation of actual prevalence, as there is an issue of differential stigma and non-disclosure. It is possible, for example, that some overseas students are less likely to report psychological difficulties because they are from countries that have more stigmatising attitudes to mental illness, or that students who identify as male underreport their distress due to masculine ideals that disclosure of emotional distress may be conceived as weakness. Indeed, even from among those that were open to reporting psychological difficulties in this survey, more than three-quarters stated that they had concealed their symptoms from their families and friends due to fears of stigmatisation. This is up 40% from 2017, and similar rates to 2018 suggesting that this is a significant and increasing issue in the accurate measurement of psychological problems by means of self-disclosure.

We hope that this report can add further evidence to the prevalence of mental health problems and distress in the UK's university student population, as well as providing information about which sub-populations may be most at risk, and the character of students' psychological difficulties.

Key Findings

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42.3% have experienced a serious psychological issue for which they felt they needed professional help.

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26.6% of students have a current mental health diagnosis

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3% increase in students concealing their symptoms due to fears of stigma

What is the prevalence of mental health problems in the student population?

More than two-fifths (42.3%) of respondents had experienced a serious personal, emotional, behavioural or mental health problem for which they needed professional help. This is an increase of just over 8% in only one year. The students who are most likely to report past psychological issues for which they needed professional help identify as “non-binary”, are in their third year of university, aged between 19 and 20, from the UK, and ethnically white.

More than one-quarter (26.6%) had received at least one mental health diagnosis in the past. The students who are most likely to report prior mental health diagnoses also identify as “non-binary”, are aged between 19 and 20, from the UK, and ethnically white.

What is the profile of the student population’s mental health problems?

The most common diagnoses were depression and anxiety disorders (12% and 11.2% of the sample, respectively), followed by bipolar disorder (0.5%).

Students reported high levels of feelings of anxiety, with 5.2% reporting that they were often or always worried, and only 1.7% reporting that they were never or rarely worried.

Students also reported levels of loneliness, with 5% reporting that they often or always felt lonely, and only 3.5% reporting that they were never or rarely lonely.

In terms of substance misuse, when asked about using alcohol or drugs to cope with problems in their life, 2.1% stated that they did this often or always. In a related question, 8.1% reported using drugs or alcohol in order to be able to fall asleep at night.

When asked about thoughts of self-harm, 43.5% reported that they never or rarely had suicidal thoughts and 1.7% reported that they often or always had suicidal thoughts.

Issues of non-disclosure

Stigma may be a significant barrier for students accessing psychological support. More than three-quarters (78.1%) reported that they had concealed their symptoms from those around them for fear of stigmatisation. A 3% increase from last year’s report.

Introduction

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We want mental health support for students to be a top priority for the leadership of all our universities. Progress can only be achieved with their support – I expect them to get behind this important agenda as we otherwise risk failing an entire generation of students.”

**S. Gyimah,
Universities Minister, 2018**

Why investigate student mental health?

There has been a steady proliferation in the prevalence of student mental health problems, mental distress and low well-being in British universities (Thorley, 2017). The level of student mental health problems disclosed to academic institutions have increased five-fold in the last decade (Thorley, 2017) and field research consistently finds high and increasing levels of student mental stress (Nightline, 2013; NUS, 2013, 2015; Unite, 2016; YouGov, 2016; Youthsight, 2013). Moreover, university students are at a high risk of developing a mental health issue, with approximately 75% of adults experiencing the first symptoms of mental health problems before the age of 25.

At its apex, mental health problems can contribute to suicide – illustrated through record statistics of 134 deaths in 2015, an increase of 79% since the year 2007. Staggering statistics like this remind us that a critical section of our youth is suffering the effects of mental health problems or distress. It is clear that current initiatives to support them are insufficiently meeting the demand, and that we must all do what we can to understand and adequately address this crisis.

There are several suggested reasons for this rise in mental health problems amongst students. Firstly, access rates to universities have been rising steadily in the last few decades, meaning the student population is beginning to mirror the UK's wider socioeconomic demographic composition. Historically, students who attended university were from economically privileged backgrounds with greater levels of family support that may have buffered them from developing mental health problems at HEI's (Royal College, 2003, 2011).

In addition, the current financial climate of the NHS has resulted in reduced access to services and long waiting lists for psychological treatments and more stringent entry criteria for specialist mental health services, both in adult services and child and adolescent mental health services (CAMHS) (King's Fund, 2018; Thorley, 2017; UK Royal College of Psychiatrists, 2011). As a result, university students may not have received appropriate support prior to starting university. Therefore, as university support may be the only professional support students receive, it is essential they offer adequate mental health initiatives, both for mental health problems and preventive support, such as psychoeducation and well-being initiatives.

In addition, it is conceived that students' poor mental health status is due to a diverse and complex range of experiential factors of a social, academic and financial nature. It is possible that the rise in student loans has placed more pressure on students. Whilst it is as yet unclear whether there is a causal association between financial stress and mental

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More students than ever are disclosing mental illnesses to their universities.

health among higher education students (McCloud & Bann, 2019), this is an area that will need to be monitored longitudinally.

In terms of the financial impact of not adequately supporting students' mental health, this can hinder students' academic performance and motivation to remain in higher education. Extant literature highlights that low well-being is associated with university discontinuation (Unite, 2016). Statistics corroborate these notions indicating that 6.3% of students discontinued studies prior to their second year of university (HESA, 2017c). This results in a financial loss for institutes and the government. Therefore, higher education sector and government have a vested interest in improving students' mental health and well-being, to ensure that students' academic experiences are not diminished due to their mental health.

As such, the government are applying increasing pressure on universities to develop and enhance their psychological support services. University services are required to work in accordance with the Department of Education's current agenda. However, fundamental to the development of effective mental health initiatives is the comprehension of the prevalence and antecedents of the psychological problems pertaining to student mental health status.

We believe the key to designing effective mental health initiatives for students is a good understanding of the prevalence and profile of their psychological problems; this was the objective of our research.

What's different about this survey?

There is a large corpus of literature investigating student mental health and well-being. However, there remains a dearth of robust data on matters of prevalence. Indeed, scientific inquiry into students have often comprised of relatively small sample sizes, with prevalence rates provided by proximal insights such as students' disclosure of mental health conditions to their university. We continue to address this matter providing novel, valuable and comprehensive insight into student mental health. This study comprised 21,000 students from an eclectic range of universities, nationalities, ethnicities, genders and ages, including 1st to 5th year+ students, allowing for a comprehensive investigation of mental health in the student population.

What are the key areas covered in this survey?

■ Prevalence Statistics:

More students than ever are disclosing mental illnesses to universities (Thorley, 2017). In 2013, the NUS published the results of an online questionnaire based on 1,285 responses which suggested that 16% of students had a current mental health diagnosis and 26% had experienced mental health difficulties. Of these, 80% of students reported experiencing stress, 66% reported being consistently unhappy, 55% reported feeling anxious, 49% reported feeling depressed, 45% reported feeling anger, and 38% reported experiencing episodes of panic. Similar results were found in the 2016 YouGov poll, which questioned 1,061 students and reported that 26.5% of students experienced mental health difficulties.

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Students report higher levels of mental distress than their non-student peers.

■ **Causal factors:**

The development of a mental health influence is complex, comprising genetic, biomedical and social factors. The diathesis-stress model (Ingram & Luxon, 2005) elucidates the interaction between genetic, biological, psychological and cultural vulnerabilities to increase the likelihood of mental illness occurrence. Protective factors, including high self-esteem, academic achievement and robust family, friend, social and emotional support networks, offer a buffer from mental illnesses (Rutter, 2007). Stressors derived from the transition to university contribute to risk factors. This includes aspects such as moving away, developing new friendships, managing finances, adjusting to learning demands and schedules, and developing a new social identity (Scanlon, Rowling, & Weber, 2010). In addition, in the UK the proliferation of student enrolments and accompanying university funding cuts have changed the university experience in a variety of ways. Students are now taught in larger groups, which may make it more difficult to make friends and develop a sense of belonging, with indicative data suggesting that 30% of students report 'always' or 'often' feeling 'isolated or lonely'. Furthermore, loneliness was a key factor in the grand challenges report commissioned by Student Minds (2017).

Extant literature suggests that some of the prominent triggers for mental health problems at university include workload demands, academic performance, finances, balancing jobs with studying, developing robust social networks and loneliness (NUS, 2013). Cooke et al. (2006) found that mental health problems increased from the point at which students commenced their studies. This research investigates students' loneliness and stress to determine if these products of transition and academic pressure are highly prevalent and likely triggers of mental distress.

A further factor in the rise in student mental health problems is increased university participation. The widening of the demographic characteristics of the student population has resulted in mental health problems and distress levels rising to become more similar to those in the general population (UK Royal College of Psychiatrists, 2011). In the interests of preventative care, it is important that universities be conscious of the student sub-populations who are most at risk of developing mental health difficulties during their studies. The present research investigates students' demographic, familial, and individual characteristics and their respective associations with future psychological problems as a means to better predict who will need help.

■ **Suicide Risk:**

At its apex, psychological distress can lead to suicide. Suicide has marked consequences for students, staff members, and members who may already require psychological support, exacerbating an already dire situation. While the rate of suicide is lower for students than for the general population (4.4 per 100,000 students, as compared to 11.6 per 100,000 people in the general population), this year student suicide was at an all-time high (ONS, 2018), so universities cannot be complacent on this front. Moreover, these statistics do not include suicide attempts, which may be high in universities. Risk factors for suicide attempts, including feelings of loneliness or isolation, substance misuse (Lamis & Malone, 2011), self-harm, and suicidal ideation, have been found to be relatively prevalent in the student population (Nightline, 2013). The present research examines rates of loneliness, substance misuse, and thoughts of self-harm with the aim of identifying students at risk of suicide attempts.

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Suicide in the student population was at an all-time high in 2019.

Methodology

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The survey comprised six demographic questions, eleven core questions about mental health, and five conditional follow-up questions.

A quantitative online survey was carried out on 21,027 students from 140 universities across England, Scotland and Wales. Invitations were sent to students who had signed up for Dig-In and responses were collected throughout October to November 2019. The survey comprised six demographic questions, eleven core questions about mental health, and five conditional follow-up questions. The questions investigated:

- Prior mental illness, mental distress, or low well-being
- Current mental difficulties
- Depressed or anxious feelings
- Substance misuse
- Sleep disturbance
- Self-harm
- Stigma and disclosure
- Family history of mental illness
- Knowledge and use of support services

Participants were allowed to pass questions that they did not want to answer. After participation, students were provided an email address at the Insight Network and advised that they could use it if they felt they needed support.

Chi squared tests were conducted to determine any significant associations between demographic characteristics and responses to mental health related questions. Adjusted standardised residuals were used throughout. The survey then asked students about some specific areas known to be of concern in student populations: anxiety, loneliness or isolation, substance misuse, and self-harm. ANOVA was conducted to assess the associations between demographic characteristics and responses to these questions.

Sample

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12,503 (59.5%) identified as male, 8,189 (38.9%) identified as female, and 251 (1.2%) identified as Non Binary.

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The survey received responses from students originating from 146 different countries. However, the majority of respondents were from the UK (50.5%).

■ Gender

Of the respondents, 12,503 (59.5%) identified as female, 8189 (38.9%) identified as male, and 251 (1.2%) identified as a “non-binary” (see Appendix, [Table 1](#)).

■ Age

Respondents ranged in age from ‘17 or younger’ to ‘23 or older’, with more than half of the sample aged 18 (31.3%) or 19 (23.2%). In comparison with the 2017 and 2018, the 2019 sample included fewer respondents aged 17-19 and more respondents aged 20-23, such that the students in the latter sample tended to be slightly older (see Appendix, [Table 1](#)).

■ University year

The survey was offered to students in all university years, and respondents ranged from first- to fifth- year students. However, the majority of respondents were in their first year (68%), and 92.9% of respondents were first to third year students (see Appendix, [Table 1](#)).

■ UK or overseas status

The survey was offered to both UK and international students at universities in the UK, and as such comparisons can be made between these groups. The survey received responses from students originating from 146 different countries. However, the majority of respondents were from the UK (50.5%). The following seven most represented countries each accounted for less than 3% of responses, and 139 of the countries each accounted for less than 1% of responses, such that the international students in the sample represent a group with highly heterogeneous countries of origin. The proportion of international respondents has decreased 9% with a sample of 18.9% in 2019.

■ Ethnicity

The largest ethnic group in the sample was ‘White’ (73.2%). When these statistics were compared with the HESA census, the ethnicities of ‘White’ and ‘Asian’ were overrepresented in the sample, but ‘Black’, ‘Mixed’, and ‘Other’ were broadly consistent with the higher education population in general. The proportion of ‘White’ respondents increased by 3%, with slight decreases in ‘Asian’, ‘Mixed’, and ‘Other’ and ‘Black’ respondents from 2018 (see Appendix, [Table 1](#)).

Results

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Both self-assessed psychological difficulties and mental health diagnoses were significantly associated with gender, ethnicity, age, university year and UK or overseas status.

Psychological well-being and mental health diagnosis.

When asked about prior psychological difficulties, 42.3% of respondents endorsed that they had had a serious personal, emotional, behavioural or mental health problem for which they needed professional help, and 26.6% had received a mental health diagnosis. Both self-assessed psychological difficulties and mental health diagnoses were significantly associated with gender, age, university year, UK or international status and ethnicity.

■ Gender:

Gender was significantly associated with previous psychological difficulties ($\chi^2(4) = 728.469, p < 0.001$), with those who identified as “non-binary” having a greater tendency of reporting mental health difficulties, followed by females, with males the least likely. Additionally, gender was significantly associated with mental health diagnosis ($\chi^2(4) = 613.582, p < 0.001$), following a similar pattern with those who identified as “non-binary” being more likely to report a mental health diagnosis, followed by females, with men the least likely.

■ Ethnicity:

Ethnicity was significantly associated with previous psychological difficulties ($\chi^2(5) = 302.191, p < 0.001$), such that White and mixed ethnic categories were more likely to report having a previous mental health problem. Additionally, ethnicity was significantly associated with mental health diagnosis ($\chi^2(5) = 459.001, p < 0.001$), following a similar pattern white and mixed ethnic categories were more likely to report having a mental health diagnosis.

■ Age:

Age was significantly associated with reported mental health difficulties ($\chi^2(7) = 260.088, p < 0.001$) such that students aged 17 or younger were least likely to report psychological distress, with this likelihood increasing slightly at 18, increasing at 19, and peaking significantly at 20, and thereafter decreasing with increased age. Age was also significantly associated with mental health diagnosis ($\chi^2(7) = 278.228, p < 0.001$) such that students aged 17 or younger were least likely to report a diagnosis, with likelihood increasing steadily up to aged 21, and then decreasing slightly at 22, and reaching its peak at 23 years and over.

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Reports of mental health difficulties were lowest in first year, increased significantly in second year, and peaked significantly in third year students.

■ University year:

University year was significantly associated with reports of mental health difficulties ($\chi^2(5) = 86.721, p < 0.001$), such that reports were lowest in first year, and steadily increasing up until third year at its peak, then decreasing thereafter. University year was also significantly associated with diagnosis ($\chi^2(5) = 90.226, p < 0.001$) such that first years were least likely to report a diagnosis, with diagnosis-rate increasing very steeply to peak in fourth year, decreasing thereafter.

■ UK or overseas status:

This factor was significantly associated with experiencing psychological difficulties ($\chi^2(2) = 122.246, p < 0.001$), with international students being less likely to report that they had experienced a serious personal, emotional, behavioural or mental health problems. Being a UK or international student was also significantly associated with reports of mental health diagnosis ($\chi^2(2) = 211.648, p < 0.001$), such that UK students were more likely to report a prior mental health diagnosis than international students.

Complex Diagnoses

The most common diagnoses from those who reported having a diagnosis were depression and anxiety disorders (OCD, GAD and phobias). Participants were also able to include free text conditions not specified. The greatest reported diagnosis included eating disorders, PTSD and ADHD, all of which represent a modest percentage (< 0.1) of the total sample. Of those students who reported a prior mental health diagnosis, 81.1% (4514) endorsed that they currently experienced the symptoms associated with the diagnosis.



▲ Figure 1

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Only 1.2% of students reported that they were never or rarely worried.

Anxiety

Students were asked about anxiety and indicated how often they felt worried on a 10-point scale. Students generally reported high levels of worry. The mean score was 6.25 (SD 2.08), with only 1.7% reporting that they were never or rarely worried and 5.2% reporting that they were often or always worried.

Associations between anxiety and demographic characteristics:

■ University year:

University year was significantly associated with anxiety ($F(5) = 12.389, p < 0.001$), such that levels were lowest in first year, and increased to peak in second year, steadily in third year and declined after third year.

■ Age:

Age was significantly associated with anxiety ($F(4) = 357.747, p < 0.001$), with students aged 17 and 23 reporting the lowest levels and those aged 20 reporting the highest levels.

■ UK or overseas status:

This factor was significantly associated with anxiety ($F(2) = 114.420, p < 0.001$). Students from the UK were more likely than international students to report higher levels of anxiety.

■ Gender:

Gender was significantly associated with anxiety ($F(7) = 13.892, p < 0.001$). Students who identified as male reported significantly lower levels of anxiety than those who identified as either female or 'other', and those who identified as female reported significantly lower levels of anxiety than those who identified as 'other', such that male identifiers were least anxious and 'other' gender-identifiers were most anxious.

■ Ethnicity:

Ethnicity was significantly associated with anxiety ($F(5) = 33.787, p < 0.001$). White students reported significantly higher levels of anxiety than either Asian or Black students, who reported the lowest levels overall. Mixed ethnicity students also reported significantly higher levels of anxiety than Asian or Black students, although not quite as high as White students. Those who identified as an 'other ethnic group' reported significantly lower levels of anxiety than both White and Mixed ethnicity students, although not quite as low as Asian or Black students.

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5% reported that they were often or always lonely.

Loneliness

Students were asked about loneliness and indicated how often they felt lonely or isolated on a 10-point scale. Students generally reported high levels of loneliness. The mean score was 5.72, with only 3.5% reporting that they were never or rarely lonely or isolated and 5.0% reporting that they were often or always lonely or isolated.

Associations between anxiety and demographic characteristics:

■ University year:

University year was significantly associated with loneliness ($F(5) = 17.363, p < 0.001$). Students in their first year reported less loneliness than second and third years. Levels peaked significantly in second year and remained high in third year. In fourth year and fifth year levels decreased.

■ Age:

Age was also significantly associated with loneliness ($F(7) = 19.540, p < 0.001$). Loneliness steadily increased until 22, with 23 year-olds reporting the lowest levels of loneliness overall.

■ UK or overseas status:

Loneliness was significantly lower for international students ($F(2) = 76.825, p < 0.001$).

■ Gender:

Gender was significantly associated with loneliness ($F(4) = 136.294, p < 0.001$). Students who identified as male had significantly lower levels of loneliness than those who identified as female or 'other', and those who identified as female reported significantly lower levels of loneliness than those who identified as 'other', such that male-identifiers felt least isolated and 'other' gender-identifiers felt most isolated.

■ Ethnicity:

Ethnicity was significantly associated with loneliness ($F(5) = 7.852, p < 0.001$). The pattern for loneliness was similar to that for anxiety, in that White and mixed ethnicity students reported significantly higher levels of loneliness than Asian, Black, or 'Other ethnic group' students, who reported the lowest levels overall.

Substance misuse as a coping mechanism.

Students were asked about their use of psychoactive substances as a form of coping with distress. The mean score was low (2.75), 50.6% strongly disagreed to using alcohol to cope with problems in their life to some extent, with about 2.1% stating that they strongly agreed with this statement. In a related question, 8.1% reported using drugs or alcohol in order to be able to fall asleep at night.

Associations between anxiety and demographic characteristics:

■ University year:

University year was significantly associated with substance misuse ($F(5) = 10.609$, $p < 0.001$). Rates increased significantly from first year to peak in second year, and rates remained significantly elevated in third year. From third to fourth year rates fell significantly, and rates continued to decrease to their lowest point in fifth year.

■ Age:

Age was also significantly associated with substance misuse ($F(7) = 12.841$, $p < 0.001$). Students aged 17 and 23 reported the lowest levels, and those aged 20 reported the highest levels. Substance misuse increased significantly between 18 and 19, and between 18 and 19, to then peak at 20. Levels decreased slowly between 20 and 22, and then significantly at 23.

■ UK or overseas status:

Student status was significantly associated with substance misuse. Students from the UK were more likely than international students to report using substances as a method of coping with life's problems, ($F(1) = 121.014$, $p < 0.001$).

■ Gender:

Gender was also significantly associated with substance misuse ($F(4) = 6.198$, $p < 0.001$). Students who identified as male or female reported similar, overall low rates of substance use, while those who identified as 'other' reported significantly higher rates.

■ Ethnicity:

Ethnicity was also significantly associated with substance misuse ($F(4) = 6.198$, $p < 0.001$). White and mixed ethnicity students reported significantly higher rates of substance misuse than Asian, Black, and 'Other ethnic group' students.

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Feelings of worry and loneliness were very strongly correlated.

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56.5% of students reported some thoughts of self-harm.

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1.7% thought of self-harm often or always.

Thoughts of Self-harm

Students were asked about self-harm and indicated how often they had thoughts about self-harm on a 10-point scale. Students generally reported low levels of self-harm thoughts. The mean score was 2.89, with only 43.5% reporting that they never or rarely had suicidal thoughts and 1.7% reporting that they often or always had suicidal thoughts.

Associations between anxiety and demographic characteristics:

■ University year:

University year was significantly associated with self-harm ($F(5) = 17.363, p < 0.001$). In comparison to first years, second years reported significantly more thoughts of self-harm, and third years also reported elevated levels. These thoughts were significantly less common in fourth and fifth years, with fourth and fifth years reporting the lowest levels overall.

■ Age:

Age was also significantly associated with thoughts of self-harm ($F(7) = 19.540, p < 0.001$). Interestingly, this pattern differed from that found for worry, loneliness, and substance misuse: 17, 19, and 21 year-olds reported highly similar rates of self-harm, while 20 year-olds reported significantly higher rates and 18 year-olds reported significantly lower rates. The lowest rates were reported by 23 year-olds.

■ UK or overseas status:

Thoughts of self-harm were significantly lower for international students, ($F(1) = 76.825, p < 0.001$).

■ Gender:

Gender was also significantly associated with self-harm ($F(4) = 136.294, p < 0.001$). Students who identified as male reported the lowest levels of self-harm, significantly lower than students who identified as either female or 'other'. Students who identified as female reported significantly lower levels of self-harm than 'other' gendered students, and this latter group reported the most common thoughts of self-harm overall.

■ Ethnicity:

Ethnicity was also significantly associated with self-harm ($F(5) = 7.852$). Asian students

reported significantly higher rates of self-harm than Black or 'other ethnic group' students, while white students reported significantly higher rates of self-harm than Asian, Black, or 'other ethnic group' students. Mixed ethnicity students reported the highest rates of self-harm.

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78.1% claimed that they had concealed the symptoms of their mental health diagnosis for fear of stigma.

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81.5% reported that they were aware of the psychological support offered by their university. Only 10.2% reported using them.

Stigma and non-disclosure

Students who had reported prior mental health problems, either in their own estimation or in the form of a diagnosis, were asked if they had concealed their symptoms due to a fear of stigma. Over three-quarters (78.1%) who had answered that they had had a mental health diagnosis claimed that they had concealed their symptoms for this reason.

Support services

Awareness of support services appeared to be high, with 81.5% of students reporting that they were aware of the options provided by their university. The number of students that reported that they had used the support services was far lower, at only 12.9%. Additionally, this research found that 62.7 per cent of students said if it was available. This suggests that, if available, more students would seek psychological support in this format.

Discussion

At-Risk Groups:

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An interesting finding of this research is that second- and third-years, rather than first-years, report the highest rates of problems with anxiety, loneliness, substance misuse, and thoughts of self-harm.

■ Second and third year students:

This study corroborated the findings found in its predecessors in that second and third year, rather than first year, students report the highest rates of problems with anxiety, loneliness, substance misuse, thoughts of self-harm, and previous diagnosis. This may be attributable to factors such as increasing academic demand, in which pressure to achieve one's highest grade becomes increasingly important. Furthermore, increasing demands may mean less time for social activities and increased isolation, stress and anxiety. Additionally, financial pressure may begin to loom during the final stages of the academic experience as students prepare themselves for the world of work and loan repayments. There are likely to be many variables pertaining to student psychological distress, thus, further enquiry is warranted to explore the nuances of this matter.

■ International Students:

In general, international students were less likely than UK students to report a prior psychological issue or mental health diagnosis and were also less likely to report feelings of anxiety, loneliness, substance misuse and thoughts of self-harm. However, variations occurred among different nationalities. For example, international students from Asian countries were less likely to report a past psychological issue or diagnosis, and those from North American countries were more likely to do so. The difference among nationality reports may be accountable due to cultural differences in relation to stigma and discourse around mental health problems. In certain cultures, candid expressions of mental health may not be favourable, whereas in some countries, such behaviour may be encouraged; as such, some students may be more likely to disclose problems.

Whilst the data relating to international students is compelling, the Insight Network believes that the international students who participate in this research are likely to be self-selecting sample of those who both understood English and resonated with the topic of mental health. Therefore, this may not be representative of the whole international community.

■ Students who identified as a “non-binary” gender:

Students who identified as “non-binary” constitute as a high-risk group in terms of psychological difficulties. This group is considered a high-risk group in terms of psychological distress and mental health problem (76.5% reported a past serious

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The increase in students who identified as non-binary is an important trend, as these people constitute a particularly high-risk group in terms of mental illness and distress.

psychological problem for which they needed professional help, and 53.8% reported a prior mental health diagnosis, which is an increase from the previous years. Furthermore, this population were more likely to use support services (one in four reported using university services). The Insight Network believe that “non-binary” gendered students are likely to be an increasing proportion of the student population in the future: since our 2017 survey, the number of students identifying as “non-binary” or ‘other’ has increased from 0.6% (119) to 1.0% (383), to 1.5% (315).

■ **Students who identified as female:**

Our data highlighted that students who identify as female were more likely than those who identified as male to report psychological difficulties. This trend permeated throughout, from reports of prior psychological difficulties, mental health diagnosis, levels of anxiety and loneliness, to thoughts of self-harm. While students who identified as the “non-binary” gender scored the highest on all of these indices, female-identifiers scored consistently higher than males-identifiers.

Further research is warranted to explore the mechanisms behind female psychological distress. Our data suggests that those who identify as female are an at-risk population. For example, ONS statistics indicate that in 2016, the rate of suicide in male-identifying students (6.7 per 100,000) was far higher than in female-identifying students (2.8 per 100,000). So, while our research has identified female students as an at-risk group, this may have as much to do with differential levels of self-disclosure, or even with gendered manifestations of psychological difficulties.

Key concerns:

■ **Students are feeling worried and isolated:**

Students generally reported high levels of anxious feelings, and 42.8% reported that they were often or always worried. Students also reported high levels of isolation, with 33.0% stating that they experienced feelings of loneliness often or always. These factors were also highly correlated, such that those most affected by anxious feelings were also most affected by loneliness, and constituted a very high-distress group. This is a concern in itself, as these feelings are distressing, but it is also a concern due to the strong correlations shown in our research between these feelings and hazardous thoughts and actions, specifically substance misuse as a means of emotional coping and thoughts of self-harm.

■ **Call to action:**

This is a critical time to intervene in university students’ mental health. It is our hope that the findings in the present research will inform universities, accommodation providers, healthcare

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This is a critical time to act to intervene in students' mental health.

professionals, and government agencies on the principal issues facing students and how we might find effective solutions. The 2018 YouGov poll into the well-being of young people in the UK found that every item in the happiness index had fallen in the 12 months prior, and that the 2018 happiness index was the lowest since the research was first commissioned in 2009. It found that young people's main area of concern was their emotional and mental health, and that this was the index that had lowered the furthest. Our research has consistently corroborated and extended these findings within a sample of students in the UK. In addition to confirming that students' mental health is a pressing issue that calls for immediate action, our research has identified which sub-sections of the student population are particularly likely to struggle with their psychological well-being, with the aim of informing effective and directed intervention. The Insight Network is committed to continuing with our large-scale research into the mental health status and needs of the UK student population.

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Appendix

		2017 (%)	2018 (%)	2019 (%)	Difference 18/19
Age	17 or below	1.9	1.6	0.4	▼ 1.2
	18	35.1	33.2	31.3	▼ 2.1
	19	22.5	22.2	23.2	▲ 1.0
	20	13	13.5	14.3	▲ 0.8
	21	8.7	9.8	9.6	▼ 0.2
	22	18.8	6.6	6.7	▲ 0.1
	23 and over		13.1	14.2	▲ 1.1
University Year	First Year	66.8	67.2	68	▲ 0.8
	Second Year	10.9	12.5	14.5	▲ 2.0
	Third Year	9.2	11.6	10.4	▼ 1.2
	Fourth Year	13.2	5.0	4.7	▼ 0.3
	Fifth or later		3.8	2	▼ 1.8
Gender	Male	41	42	38.9	▼ 3.1
	Female	58	57	59.5	▲ 2.5
	Non-binary	0.6	1	1.2	▲ 0.5
	Other			0.3	▲
Ethnic Background	White	70.3	70.3	73.2	▲ 2.9
	Asian / Asian British	13.6	16.5	13.1	▼ 3.4
	Black / African / Caribbean / Black British	5.6	5.1	4.7	▼ 0.4
	Mixed/ Multiple	1.4	5.0	4.8	▼ 0.2
	Other		2.6	2.6	
Nationality	UK			82	
	International			17.9	
Country of origin	UK		71.5	50.5	▼ 21.0
	Other		28.5	49.5	▲ 21.0