

TASO

Transforming Access
and Student Outcomes
in Higher Education



Summary report:

What works to tackle mental health inequalities in higher education?

May 2022

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OVERVIEW

This summary report gives an outline of the methods and findings of the [main report](#), provided in a separate publication, exploring the factors affecting student mental health in higher education (HE) and the interventions that are most effective in improving outcomes for students experiencing mental health issues.

The report first considers the existing evidence base for the effectiveness of the various interventions available to support student mental health, identifying those that appear to be most effective alongside those that show promise. The findings are organised by intervention type and against each, we discuss the type, quality and strength of the evidence, key features of the intervention, evidence of outcomes impacted, and whether any studies are focused on specific at-risk groups.

The findings from the review are supported by a mixed-methods sector consultation, discussing themes related to disclosure, targeted support and evaluation. Key stakeholders were invited to complete a survey and participate in five online roundtable discussions. These were structured around different types of providers:

- Further education (FE) colleges,
- Russell Group universities,
- Post-1992/metropolitan universities,
- Small and specialist providers,
- Sector-representative bodies and third-sector organisations.

We also interviewed two students with experience of seeking mental health support whilst in HE.

The findings from the review and consultation are discussed and key recommendations made with regard to future research.

CONTEXT

Understanding and supporting the mental health and well-being of young people is more important than ever in the context of the fallout from a global pandemic and a rapidly changing jobs market. The proportion of HE students disclosing a mental health issue to their university rose sixfold between 2010 and 2020 ([Office for Students, 2020](#)); however, wider research suggests that mental health issues are underreported and that the true rate of poor student mental health is considerably higher.

The Covid-19 pandemic has only added to the difficulties faced by students. Shout, a free text-messaging support service for those struggling to cope, [reports](#) that more students are contacting them than ever before, citing anxiety, depression and suicidal ideation as their main concerns.

In turn, experiencing mental health issues is associated with negative HE outcomes. Data from the [Office for Students \(2019\)](#) demonstrates that students with a declared mental health condition are more likely to drop out, less likely to achieve a first or upper second class degree, and less likely to secure highly skilled employment or progress to postgraduate study.

Research suggests that some groups of students are more likely than others to experience poor mental health, including students from Black, Asian and minority ethnic (BAME) backgrounds, students of low socioeconomic status, mature students, LGBTQ+ students and care-experienced students. Given that these groups also experience poorer HE outcomes, it may be that poor mental health compounds other HE inequalities. Consequently, a clear aim of the review was to understand what is effective in supporting student mental health, with particular regard to at-risk groups of students.

EVIDENCE REVIEW: KEY FINDINGS

- The evidence indicates that the following groups of students are at greater risk of suffering from poor mental health:
 - students from households of low socioeconomic status
 - students from Black, Asian and Minority Ethnic (BAME) backgrounds
 - mature students
 - lesbian, gay, bisexual, transgender, queer/questioning and other (LGBTQ+) students
 - care-experienced students
- These at-risk groups also experience poorer HE outcomes, including lower entry rates, higher dropout rates, lower attainment levels and a reduced likelihood of progressing into employment or further study. Combined with trends that indicate that poor mental health has a detrimental impact on HE outcomes for all students, this suggests that mental health issues may exacerbate disparities in HE outcomes for these groups.
- Male students and those from BAME backgrounds are less likely to declare a mental health issue, and the wider evidence base and male suicide rates suggest this may be due to underreporting rather than lower prevalence.
- Our review of the available evidence on these interventions revealed Type 1 (narrative), Type 2 (correlational/empirical) and Type 3 (causal) evidence, primarily of medium strength. Around one-fifth of the evaluative studies we identified provided strong causal evidence of impact, and these studies tended to focus on psychological and mindfulness-based interventions.
- Across these two types of intervention, improvements are evidenced in relation to students':
 - emotional intelligence
 - empathy
 - positive mood
 - self-efficacy
 - satisfaction with life
 - self-compassion
 - anxiety
 - depressive symptoms.
- The majority of the evidence is focused on interventions that support student mental health in general; however, some examples were found of targeted support for specific at-risk groups. Peer mentoring/support has an emerging evidence base showing signs of promise in supporting students from BAME backgrounds in particular.

Table 1 presents the state of the evidence for each intervention supporting student mental health, including whether there is evidence of impact on at-risk groups and overall conclusions.

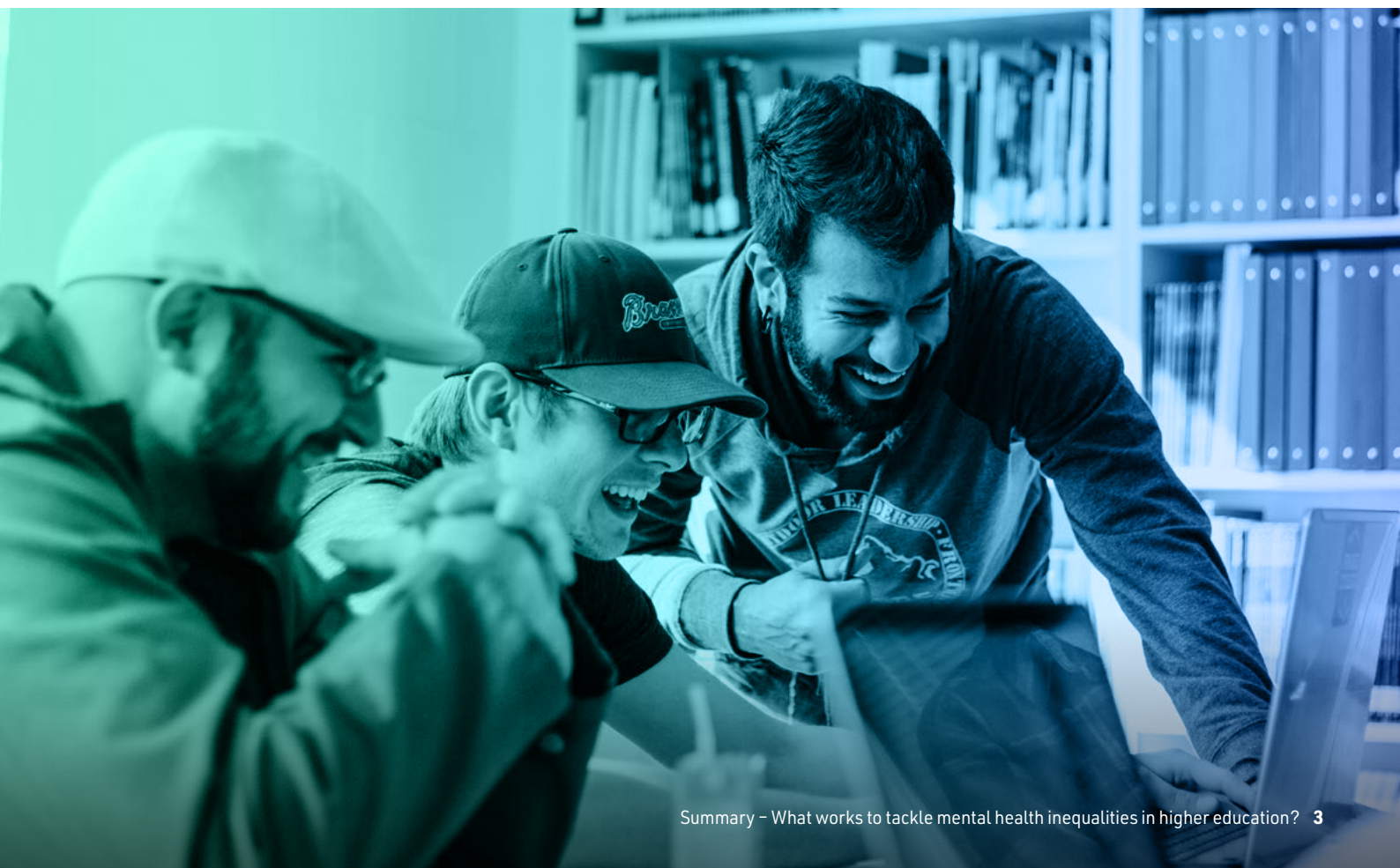


Table 1. State of the evidence by intervention type

Intervention	Type of evidence	Strength of evidence ¹	Impact on at-risk groups	Conclusion
Psychological (e.g., cognitive behavioural therapy (CBT))	Majority Type 3 (causal) and Type 2 (empirical)	Strong	One piece of empirical evidence suggests that CBT can be successfully tailored for those who identify as LGBTQ+.	Can effectively reduce mental health difficulties in the short-term, however, more longitudinal evidence is needed, including the impact on HE-related outcomes.
Mindfulness-based	Majority Type 3 (causal) and Type 2 (empirical)	Strong	Empirical and causal evidence suggests mindfulness can be used effectively to combat race and cultural related mental health concerns, whilst a narrative study demonstrates that mindfulness programmes can be adapted to meet the needs of LGBTQ+ students.	Can effectively reduce and prevent mental health difficulties, with regular practice key to its success. Effects can be sustained but more longitudinal evidence is needed.
Recreation programmes	Majority Type 2 (empirical) with some Type 3 (causal)	Medium to Strong	Causal evidence demonstrates the positive impact of an expressive writing programme on LGBTQ+ students with sexuality-related trauma. Empirical studies show that exercise and extra-curricular activity can combat mental health concerns in underrepresented students, including ethnic minorities and those from low-SES backgrounds.	Recreation programmes including writing, art, music and exercise can effectively reduce and prevent a range of mental health concerns if sustained.
Setting-based	Small number of studies, majority Type 2 (empirical)	Emerging	No studies were found which looked at the impact of structural/setting changes on at-risk groups, though an empirical study found that more inclusive educational policies can moderate the association between social class and well-being.	Changes in the way students are taught and assessed can effectively reduce mental health issues, including facilitating peer connectedness, giving opportunities for feedback, and offering flexibility.
Technology-based	Majority Type 3 (causal)	Medium to Strong	A review of digital mental health interventions for marginalised groups, including ethnic and racial minorities, rural populations, individuals experiencing homelessness, and sexual and gender minorities demonstrates evidence of promise. There is causal evidence that online CBT can effectively support a range of sexual and gender identities.	Online mindfulness and psychological interventions can effectively reduce mental health difficulties, and have a wider reach than in-person interventions. Specific apps can also be effective, with engagement and impact improved through personalisation.
Psycho-education – stress and coping	Small number of studies, made up of Type 2 (empirical) and Type 3 (causal)	Emerging	One causal study demonstrates how psycho-education interventions can be adapted to support specific race-related mental health concerns through increasing internal locus of control, mediating the effects of stress.	Providing coping strategies for experiencing stress can reduce student mental health concerns.

Intervention	Type of evidence	Strength of evidence ¹	Impact on at-risk groups	Conclusion
Educational/ feedback	One Type 2 (empirical) study	Weak	No evidence found which looked at the impact on at-risk groups.	Interventions which focus on reflecting on learning may help students to realise when they are not fully engaged in their courses, and not attaining their goals, which can leave them better equipped to tackle mental health issues.
Acceptance and commitment therapy	Two Type 2 (empirical) studies	Weak	One empirical study demonstrates that this intervention can be tailored to academically at-risk students from low-SES backgrounds, improving wellbeing and attainment.	Small amount of evidence that these interventions are associated with benefits for student well-being, time, and effort management, and academic performance and persistence, as well as decreasing stress levels.
Peer mentoring/ support	A mixture of Type 1 (narrative) and Type 2 (empirical), with one Type 3 (causal) study	Emerging	Peer support groups and networks, emulating group therapy processes, can effectively support mental health in Black and minority ethnic students in particular. Peer mentoring and coaching of care-experienced students can support the transition into HE, improving well-being outcomes.	There is emerging evidence to support the use of peer-led and peer support interventions to reduce mental health difficulties, and the intervention lends itself to supporting specific student groups. More evidence is needed, particularly on the impact on longer-term HE outcomes.

1 <https://taso.org.uk/evidence/evidence-standards/>



SECTOR CONSULTATION: KEY FINDINGS

- HE providers (HEPs) highlighted that students have experienced higher anxiety, stress and loneliness, driven by uncertainty and disruption to learning as a result of the pandemic. Consequently, HEPs have made additional mental health support available to students, including more online provision.
- The negative impact of Covid-19 is particularly notable in specific student groups, namely, young carers, students from low-socioeconomic backgrounds and LGBTQ+ students, and among students on particular courses, such as nursing and teacher training.
- The majority of participants in the consultation reported that some groups of students are less likely to disclose a mental health issue than others, particularly students from BAME backgrounds, males, mature students, refugees and asylum seekers. The reasons cited include stigma, cultural barriers and fear of losing opportunities.
- Whilst many advocate an 'inclusive by design' approach to mental health support, HEPs appear to be providing a substantial amount of targeted support for specific student groups, such as male BAME support networks, earlier transition support for care-experienced students, and peer-led targeting through trained wellbeing ambassadors.
- Support during transition points was cited by many as an existing gap, as was support across age ranges.
- Although HEPs are evaluating their mental health support, this mainly takes the form of tracking student outcomes, conducting interviews with students, and feedback surveys. These provide correlational evidence (Type 2) but causal evidence is lacking.
- HEPs cite many challenges to conducting a robust evaluation of their practice, including a lack of skills and resources, and institutional limitations.

MAIN THEMES FROM THE REVIEW AND SECTOR CONSULTATION

Personalisation

Personalised support can increase the impact of online interventions, but the evidence base suggests that these types of interventions are rarely tailored to individual students.

Universal and targeted support

There are tensions between universal and targeted approaches to providing mental health support. While there is some evidence that effects are greater for interventions targeted at young people presenting with clinical symptoms, practitioners feel there is preventative value in providing universal services.

A whole-institution approach

HEPs recognise the need for a whole-institution approach, but face a number of barriers to its delivery, including securing buy-in from all staff members and a need for upskilling in mental health and well-being support. This type of approach is viewed as challenging to evaluate and was not represented in the literature.

Institutional constraints

The size, course offer and student characteristics of HEPs affect the support they are able to offer and evaluate, with both FE and small or specialist providers highlighting particular challenges regarding funding and resources in implementing wide-ranging services. While smaller institutions may find it easier to implement personalised support, larger HEPs tend to provide a wider range of services for students to choose from.

Links to HE outcomes

HEPs find it difficult to demonstrate causal links between the mental health and well-being support they provide, and student outcomes such as attainment and retention. This is reflected in the existing evidence base, where links between mental health interventions and HE outcomes are seldom measured.

RECOMMENDATIONS

- Psychological and mindfulness-based interventions appear to have the strongest underlying evidence base. However, more longitudinal studies are needed to establish the longer-term impact of these interventions on students' mental health and well-being, and on HE-specific outcomes such as attainment, retention and progression. These interventions should also be tailored more closely to specific student groups and their needs, as they then appear to have greater success.
- More causal studies are needed to examine interventions supporting the mental health and well-being of at-risk groups, in particular the experiences of students who are BAME, LGBTQ+, mature or care-experienced.
- Further work should be completed to evaluate peer-led interventions, beyond the evaluative work considered in this review, as these approaches are often used with specific at-risk groups and show emerging evidence of promise.
- More research focusing on interventions that encourage male and BAME students to disclose and seek support would be valuable, as the evidence review revealed that these students are less likely to declare a mental health condition through UCAS applications, while the consultation suggested that particular challenges exist in encouraging Black males to seek support.
- Research based on techniques such as discourse analysis should explore how the framing and language around mental health and well-being interventions could be adjusted to reduce stigma and facilitate disclosure.
- The Covid-19 pandemic has fuelled a significant growth in online and blended mental health interventions, including app-based tools and some supported by artificial intelligence. Further research is required to understand how students in particular subgroups accessed and experienced these interventions during the pandemic, and the impact of such interventions on students' mental health, well-being and HE outcomes.
- Future work could also examine the disconnect identified by consultation participants between the services that students request and their uptake of these interventions.
- A mismatch between the evidence obtained from the review and the services delivered by HEPs indicates a lack of robust evaluation and published reports by institutions. Feedback during the consultation on the challenges of conducting evaluation suggests that further guidance is needed in this respect. In addition, existing practice within HEPs needs to be pooled to maximise impact and better serve students.

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