An overview of research on key issues in student health

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Main messages

- There is very little in the way of systematic UK research on the health needs of students and their use of services, although there is a growing interest in the topic and the development of several position and policy papers. This has been driven in part by demographic changes that have led to an increase in educational participation in the 18-20 age group in recent years.

- Several groups have received more attention than others, particularly students with mental health problems or diabetes. The few data that exist suggest worrying statistics about poor health management and lack of contact with services for these groups.

- For those with longterm conditions, the lack of joined up care, change of location and challenges of new university life can interrupt and threaten good self-care. More research is needed to establish how the needs of this group may differ from the general population of university students.

- What research we do have suggests students are aware of health services – at least in general terms if not the details of where they are – but they do not use them as much as they could.

- Particular challenges are posed by the need to receive services in two geographical locations (home and university), and fit appointments around inflexible lecture and seminar timetables. In addition, students may not be well informed about how health services work and the extent to which records will not be shared between, for example, GP services.

- Anecdotal reports suggest some disincentives built into the system particularly around development of flexible, appropriate primary care services for this group.

- As with schools, universities and other educational settings can only provide initial support, and need good liaison with local NHS and community based resources for those with longer term needs.
Why is this an important issue?
Educational and policy changes mean larger numbers of young people are going into further and higher education than in previous decades. A reduction in the size of the youth labour market and the rise in the age of participation in education to 18 (in 2015) means that more young people are likely to be studying at a college or university at this age. Many young people leave home for short periods of time to study, returning intermittently in holidays or at the end of the course. These demographic shifts mean that more young people are facing challenges of maintaining their health during geographical moves back and forth.

As a result of these trends, the age 16-25 is of increasing interest as a time of transition and shift to self-management. Some young people may need extra support through this period, particularly if they have pre-existing or longterm conditions such as diabetes, asthma, epilepsy, eczema and/or mental health problems. A minority will experience teenage cancer, be involved in accidents that may limit their mobility, or experience shorter term illnesses such as meningitis, glandular fever or tuberculosis. There is some evidence that non-communicable diseases may be increasing in young people, such as, for example, diabetes (RCPCH, 2016) and anxiety (HSCIC, 2016). Many students will also need support to manage their sexual health and challenges posed by emerging sexual identities.

This is a critical time for establishing self-care habits and for influencing later health outcomes. The advice and care that young people receive at this age will have longterm consequences for how they manage their health in later adulthood. It will also influence their experience of education and their ability to make the most of this period of their lives. The focus of this briefing is on university students as they have been the main focus of existing research, but findings are also relevant to a wider group of young people in different kinds of educational settings where they may be looking after themselves for the first time.

Where do we find the research literature on student health?
The topic ‘student health’ draws in some large and diverse literatures. The largest consists of research that uses university students as the sample, but does not focus specifically on the university setting. The usual point of this kind of work is to use university students as representative of ‘young people’ generally rather than to treat them as a special population. However, these kinds of studies can provide demographic and descriptive information about the ‘average’ needs of the age group while they are students.

There is another rather different research literature specifically on American college life. There are a number of dedicated research journals, varying in focus, looking at topics such as influences on academic attainment, social adjustment on campus, student risk behaviours, or student mental health. Some of the research projects falling under these headings address questions about how students live and adjust, others focus more on whether college is bad for young people (by, for example, provoking risk behaviour). This body of work is fed in part by regular, gigantic American College Student surveys, and other epidemiological surveys that draw in this age group. This is also increasingly the case in China, where samples of students can be huge.

There is much less research in UK further and higher education settings, and very little that takes a broad perspective. There are isolated studies on, for example the experiences of university students with diabetes, and those with mental health problems, but very little on the overarching issues for those with other (or overlapping) longterm conditions. With some exceptions much of this work takes place with smaller samples and using qualitative methods. Some originates from secondary health services interested in learning more about these patients and how best to meet their needs.
What are the key topics addressed in the existing research?

A brief scoping of the available evidence on the health needs and experiences of students in the UK suggests that the topics can be grouped into three main areas. The first is descriptive, starting with the broader population and looking at the general health needs of students as a group, which may in many ways be a function of their age rather than their living situation. The second looks more specifically at the needs that students may have if they head off to study with a pre-existing condition, focusing especially on the challenges of transition between services at home and those at college. The third addresses a different question about how students use services, and how services can be best configured to meet their needs.

(a) What do we know about the general health needs of students?

Late adolescence and early adulthood is usually a very healthy life stage. However, young people of this age are at risk for some particular health issues, and some of these may be aggravated by being at university. Alcohol consumption by students has been a focus of concern for many years, as the combined effect of the company of 1000s of other young people, cheap alcohol promotions and lack of adult control can be a risky mix (Wechsler and Nelson 2008; Gill, 2002). Similarly smoking; 99% of adult smokers will have started before the age of 24, and the company of large numbers of peers may encourage ‘contagion’ of smoking behaviour in educational settings (Levinson et al, 2007). Recreational drug use is also an issue at university although it is hard to know whether it is worse than it would be for young people of this age in other situations. In some ways, the managed environment of the educational setting may keep a lid on some aspects of overuse, and extra vigilance and special services may be more available than in populations of non-students of similar ages. It is also worth noting that trends in all of these risky health behaviours have generally been falling over recent decades (Hagell et al, 2015). Use of e-cigarettes is a new health behaviour and as such we have few data, but there has been some concern that students will be particularly prone to taking up their use.

Encouraging healthy sleep behaviours among students is a known challenge. We know that a quarter of secondary school children report they do not get enough sleep and clearly the issues are maintained for many into their student years. An American survey estimated that 27% of students were at risk of at least one sleep disorder, particularly among those in “academic jeopardy” (Gaultney, 2010). Students may also be prone to colds, coughs and respiratory infections as a result of mixing with large groups of other young people. Many anecdotal reports of ‘fresher’s flu’ and ‘end of term-itis’ exist on student support websites, as the combined effects of lack of sleep, over indulging, minor illnesses and work deadlines create health stress. There are some risks of particular communicative diseases in the university population as well; recent guidance suggests all new students have inoculations against Meningitis W, for example, following what appears to be a rise in its incidence in student populations in the UK (NHS, 2016)

Eating patterns may suffer as students leave home to live in temporary accommodation, particularly if they are not used to providing for themselves. Details, however, are hard to find. The Sodexo University Lifestyle Survey 2014, undertaken with a large, UK-wide on-line student panel, reported that students do not always eat regular meals, with many skipping breakfast or lunch, and just over half of students reporting that financial pressures had led to changes in their diet (Sodexo, 2014). A student eating habits survey in 2015, undertaken by ‘The National Student’ organisation, reported that 30% of students occasionally go hungry instead of buying food, 22% say they do not have a healthy diet because it is too expensive, and 56% have found buying fresh food a financial challenge (The National Student 2015). A more detailed survey of Northern Ireland students in 2006 reported that first year students were least likely to eat vegetables and most likely to eat ready meals, with many skipping breakfast or lunch, and just over half of students reporting that financial pressures had led to changes in their diet (Sodexo, 2014). A student eating habits survey in 2015, undertaken by ‘The National Student’ organisation, reported that 30% of students occasionally go hungry instead of buying food, 22% say they do not have a healthy diet because it is too expensive, and 56% have found buying fresh food a financial challenge (The National Student 2015). A more detailed survey of Northern Ireland students in 2006 reported that first year students were least likely to eat vegetables and most likely to eat ready meals. Again, cost was a significant feature in dietary choices. However an impressive 17% of respondents said they always looked at the nutritional information labels on food (Devine et al, 2006).

Helping students to manage their sexual health has long been a concern of educational institutions dealing with this age group. Many students may be sexually active for the first time, and others may be dealing with emerging sexual identity issues. Provision of accessible sexual health services is common across higher education, and are critically important in light of the fact that sexually transmitted infections are most common in young adulthood (FPA, 2016). Mental health issues are common in this age group as a whole, with general population studies suggesting that one in 10 will have a problem that is of a level to require intervention (Green et al 2005). A National Union of Students Survey (NUS Services Ltd 2013) reported that 20% of students said they had a mental health problem. There is also evidence that demand for mental health services at universities may be increasing (Storrie et al, 2010). Coursework deadlines, exams and balancing study
with other demands headed the list of contributors to feelings of mental distress. Educational burnout among students has also been a topic of study. As far as we are aware studies on burnout have not been undertaken with UK students, but it is certainly a concern of some other countries such as China. However, the UK has seen a wave of interest in the general mental health of students (HEFCE 2015).

Whether the health of students is any different to that of their non-student peers is difficult to determine on the data available to us. In one unique study undertaken in 2000, researchers from the universities of Oxford and Exeter undertook a survey using the SF36 health status measurement tool, comparing results with equivalent data for 18-24 year olds in the local population (Stewart-Brown et al, 2000). The results suggested that the health of students is poor relative to that of their peers and that their emotional health was more of a problem than their physical health. Initiatives such as the UK Healthy Universities Programme represent the beginning of an attempt to bring a ‘whole institution’ approach to student health (Cawood et al 2010; Dooris and Doherty, 2010). There is also some evidence that certain risky health behaviours may cluster in certain universities (Al Ansari et al, 2011).

(b) What particular issues do some students have that might require extra support?

Estimates of the proportions of long-standing illness in the student age population vary, but all indicate that a significant proportion face health challenges of some kind. In their survey of three UK universities, Stewart-Brown et al (2000) reported that a third of students had a long-standing illness. In the General Lifestyle Survey (Office for National Statistics, 2015) 15% of 16-24 year olds reported that they had a long-standing illness. General population surveys of mental health problems in this age group suggest around one in 10 will have a mental health problem (Green et al 2005). Other statistics indicate that approximately 21,000 of those aged 10-19 have diabetes, 800,000 have asthma, one in 220 will have epilepsy, and eczema affects around 1 in 12.

The longterm conditions affecting students that have received most attention from research are diabetes and pre-existing/pre-treated mental health. Given what we have already noted about diet, managing diabetes in the transition to university is clearly a challenge (Mellinger, 2003). An ongoing project by the Norfolk and Norwich University Hospitals has been investigating diabetes care in UK universities. Students with Type 1 diabetes can experience controlling blood glucose or trouble engaging with new health services. Focusing particularly on the transition to university, Myint et al (2014, 2015) have noted shortcomings in the way such care is coordinated by university medical services. Nearly half the diabetic students surveyed reported that diabetes support information had been inadequate before starting, and 78% reported never contacting university student support services for advice or support. The authors conclude that diabetes care deteriorates during the transition to university, a conclusion shared by other studies in the area (Wdowik et al 1997). Ashworth et al (2012) describe the development of an information booklet for students with type 1 diabetes in an attempt to fill the gap in educational material providing realistic advice on university life. Others have commented on the difficulties that students with longterm conditions face when they need to access repeat prescriptions quickly to avoid gaps in medication (NHSE, 2016). Many may be confused by the system which often encourages them to register with a GP at or near the university, without realising this undoes their registration with their home GP. Students may then have to take out temporary registrations if needing to see a GP on return home in holidays.

Against a background of particular interest in the mental health problems of this age group, and a concern that they are increasing, a number of reports have recently highlighted the plight of young people with mental health problems trying to cope at university (HEFCE, 2016; University of York, 2016; Royal College of Psychiatrists, 2011). Several student suicides in 2016 raised the profile of this as an issue. Many of the challenges are similar to those with diabetes, including maintenance of continuity of medication and confusion over the system. Stigma also plays a role in students’ confidence in contacting services. Students may also feel optimistic at this new life stage...
that they can draw a line under previous difficulties and move on, when in fact the stress of their new lives may be quite substantial and in fact require additional, not fewer, supports.

There appears to be much less research on the challenges of being a student with other conditions such as asthma or epilepsy, although it is likely they are very similar to those facing young people with diabetes or mental health problems. In addition, some other groups may also have additional needs. One important issue that has been subject to some (albeit limited) attention is the experience of transgender students in higher education (Rankin et al, 2010; McKinney 2005). One study reported that almost a quarter (22.6%) of trans students have been bullied or discriminated against since starting university (Equality Challenge Unit, 2009).

(c) How do students use services?

Finally, there is a set of more professional/practice oriented reports on the ‘service side’ perspective on student health. These have looked at how students use services, how best to configure services to meet need and – following an evolution in the types of young people going to university and their support needs – research on whether demands on services are changing (Storrie et al, 2010). Again, particularly in the USA, research journals exist to marshal the evidence, including for example the Journal of College Counselling. The nature of provision at universities has changed in recent years with, for example, the introduction of Mental Health Advisors at many UK institutions. Mental Health Advisors coordinate support and act as a point of contact. While most student support services are also able to offer counselling, this is usually for a very short period and in some cases pressure on systems has led to further reductions in how long counselling can continue (University of York, 2016).

As the recent UK-based Higher Education Funding Council for England (2015) report concluded, many students do not disclose their mental health problems and thus do not access any additional support. This is partly because of lack of awareness of sources of help, but it was also due to reservations about consequences of disclosing, and complications in the process of doing so. Unmet need thus seems a significant issue. The National Union of Students 2013 report on mental health reported 68% of students were aware of advice and support services from their place of study. The fact that a third were not aware is a source of some concern. Students were most likely to be aware of and recommend their GP/doctor, stressing the importance of primary care to this age group. This was followed by services offered at their place of study, and private counselling/therapy. Similar results were reported in Akinrogunde (2016), with an additional emphasis on the importance of pharmacists.

As well as struggling with primary care registrations in several places at once, there is also some anecdotal information that students do not always understand how health records work, assuming that GPs can somehow access information from the home GP’s records, for example. This can lead to confusion and lack of relevant information being shared at the right time (Wdowik et al 1997).
Challenges of coping with a longterm condition at university – summary of themes arising from existing research

■ Lack of advice in advance of transition between services and locations (Akinrojunde 2016; Mellinger 2003)

■ Reluctance to disclose condition, resulting in difficulties in accessing support (HEFCE, 2015; Storrie et al 2010; Myint et al 2014; Blanco et al 2008)

■ Lack of knowledge about services available, and problems navigating those that do exist (Storrie et al, 2010; Akinrojunde 2016; Ashworth et al 2012)

■ Challenges of coping with the timetable of classes as well as managing their condition (Storrie et al, 2010; Wdowik et al 2015; Royal College of Psychiatrists 2011)

■ Lifestyle changes and peer pressures disrupting routines (Myint et al 2014; Ashworth et al 2012)

■ Difficulties in acquiring primary care appointments in time and then in having enough time to discuss complex issues (Akinrojunde 2016)

■ Resistance to registering with the GP at university, in order to maintain contact at home, resulting in lack of support (Ramchandani et al)

■ Difficulties in maintaining flow of prescriptions (Royal College of Psychiatrists, 2011)

■ Need for expertise in the age group and their situation among providers on site (NHSE 2016), and for innovative ways of funding and incentivising primary care in the university setting (Royal College of Psychiatrists, 2011)
Recent reports and policy documents


Students are classed as an atypical population in this guidance note, and there is a section describing the issues faced in providing a good service. Particular complications are posed by the additional administrative effort required to register large number of new students at the start of the year and then de-register them. The guidance also recognises that university health practices may lose out on funding (through the Quality Outcome Framework) because of low disease prevalence in this age group, while facing higher demand for mental health, substance abuse and sexual health support. One suggested solution might be to offer local QOF or enhanced service funding for specific needs to these practices.

University of York (2016) *Student mental ill-health task force: Report to the Vice-Chancellor*

Although this is a ‘local’ report, it provides a useful overview of national patterns, national policies and provision, and patterns at York, together with recommendations for the university’s mental health action plan.


Important report of the findings of a research project to update understanding of support provision for students with mental health problems. Includes an analysis of the use of the Disabled Students’ Allowance (DSA), which is used to fund support for students with mental health problems as well as those with physical disability. The study noted widespread availability of counselling, but limited to short-term input, usually four to seven sessions only, with referral to statutory services if students needed more help than that. The report notes “With rising numbers of students accessing support services, there were clearly challenges in meeting demand…” (p6). Concerns were expressed about proposed changes to the DSA and the limits to what it could fund.


Summarises a range of aspects of student life, providing useful background information.


Now fairly dated (due for review), but a key document that is often cited by others. Sets out various different ways of collaborating between the NHS and higher education institutions.

Looking forward – A research agenda?

This overview highlights the lack of systematic UK research on the health needs of students and their use of services. Filling in some of the gaps will help us to support young people through this important life stage. A research agenda should include:

- A more systematic and representative survey of the broad range of health issues faced by students, including university students but also those in other situations in further and higher education
- Better understanding of how students make use of services and the barriers to full participation in what is available
- Particular focus on the personal and system issues faced by students moving to study with longterm conditions, considering the issues that are shared across conditions.
- Scoping and dissemination of good practice
References

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**Other resources**

Student Minds  
www.studentminds.org.uk/

Diabetes UK (advice for students)  

Universities UK mental well-being working group  
www.universitiesuk.ac.uk/about/Pages/mwbhe.aspx

Individual university advice for incoming students, eg, Oxford  
www.brookes.ac.uk/staff/human-resources/equality-diversity-and-inclusion/guides-to-support-inclusive-teaching-and-learning/longterm-medical-conditions/

Advice on the Disabled Student’s Allowance  
www.yourdsa.com/
This rapid review was written by Ann Hagell, AYPH's Research Lead.

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