



This report was produced by Dr Victoria Turner (Public Health Specialty Registrar, City of York Council) on behalf of York Health & Wellbeing Board. Work on the Student Health Needs Assessment (SHNA) project was carried out between September 2016 and June 2017.

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## Overview

**Aim:** To identify the health needs of students studying at Higher York institutions, so that services can be appropriately targeted to areas of need.

**Methods:** The public health team at CYC have worked with representatives from the institutions to engage with students, staff, and stakeholders from organisations across the city to gather qualitative and quantitative data on student health and student use of health services. This has involved literature reviews, online surveys, focus groups, community cafes and one-to-one discussions.

### **Key findings:**

There are around 31,000 students currently attending the 4 Higher York institutions (University of York, York St John University, York College and Askham Bryan College).

Mental wellbeing has overtaken more traditional student health issues such as sexual health and alcohol as the topic of most concern to students and stakeholders. Students are faced by a range of stressors, including academic issues, finance, social relationships and physical health. Issues faced by students around diet, physical activity and sleep were also found to affect mental wellbeing.

Local health service data shows that the prevalence of mental health diagnoses has rapidly risen among students over the last 5 years, with anxiety and depression the most common issues. Students are also overrepresented in data on domestic abuse.

24% of students surveyed reported having a diagnosed mental health condition, and a further 21% thought they had an undiagnosed mental health condition. 31% of respondents had sought support in York for mental health problems. Of these students, one in three did not find the support they received helpful.

There were issues with access to some services, particularly around mental health, with long waiting times and unclear pathways between services. Issues were also identified around access to dental care and smoking cessation.

**Challenges faced:** The city is faced with five key areas of challenge: mental health, communication, access to services, developing an integrated approach to student wellbeing, and local leadership & partnership working.

**Recommendations:** This report identifies that more work needs to be done on student health in York. It is recommended that a multi-agency partnership is established to drive the student health agenda across the city, focusing on the challenges identified by the SHNA.

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## Chapter 1: Introduction

### What is a health needs assessment?

A health needs assessment (HNA) is a systematic method of reviewing the health issues facing a specific population. HNAs are undertaken to provide evidence about a population that can be used to plan services and address inequalities. They provide an opportunity to engage with specific populations who are able to contribute to service planning and resource allocation. HNAs also provide an opportunity for cross-sectoral partnership working and collaborative development of effective solutions (NICE, 2005).

### Why choose to do an SHNA in York?

York Health & Wellbeing Board has identified that understanding student health is a priority for the city. Students make up a significant proportion of the York population, and are faced with a range of health issues. This report aims to identify what the health needs are among students in York, to ensure that the appropriate services are provided to manage them.

National literature suggests that the health needs of students are changing. In York there has been a particular focus on student mental health over the last 18 months, following a higher than usual number of suicides among students. The demographic profile of students is also changing, which in turn will impact on student health needs. A Universities UK report looking at trends in the national HE student demographic between 2004/5 and 2013/4 found that the student body had become younger (increased proportion of under-25s) and more cosmopolitan (higher number of international students), with a higher proportion of full-time students (UUK, 2015b). There was also a significant increase in the number of students from disadvantaged backgrounds attending university. In York, the University of York in particular has seen an increase in international students over this time.

### Defining the student population

There are multiple potential options for defining the student population: based on age, institution, type of education or a combination. The existence of Higher York as an umbrella organisation for the University of York, York St John, York College and Askham Bryan gave a clearly-defined population by institution. However, the Higher York population crosses other boundaries. Not all Higher York students reside in York (either permanently or during term-time), as many college students and some university students commute in on a daily basis. This population also contains some students under 18, who in terms of NHS services fall into 'child' categories rather than 'adult' categories (e.g. mental health services). It also includes both further education and higher education students. This is therefore a population undergoing multiple transitions, in terms of education, health and life experiences.

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## ***Aim & Objectives***

**Aim:** To identify the health needs of students studying at Higher York institutions.

**Objectives:**

1. To identify and describe issues/factors affecting the health and wellbeing of York students
2. To map existing service arrangements provided to York students
3. To summarise the available evidence base regarding the health needs of university and college students
4. To look at colleges and universities as settings for potential health and wellbeing related interventions
5. To consider the interactions between students in institutional settings and the communities in which they live
6. To obtain the views of York students both qualitatively and quantitatively regarding their own health needs
7. To obtain the views of stakeholders regarding the health needs of York students
8. To provide recommendations to commissioners, providers of healthcare services and educational institutions to help improve the health and wellbeing of students in York

## ***National context***

Public Health England have outlined why tackling young people's health and wellbeing is so important (PHE, 2015a). Morbidity and mortality in young people are largely preventable; however, despite this young people in the UK experience poorer health outcomes than young people in many other developed nations. In addition the significant neural, emotional and physical development that occurs in young people mean that the consequences of poor health in this age group will last a lifetime. Students go on to become the workforce of the future; building health and resilience at this stage is therefore beneficial not just for students themselves but for society as a whole.

Although student health is a topic of increasing interest to national and local organisations, there is a paucity of information available about student health at a national level. There are no national surveys for health looking at the entire student body, or covering more than a single health topic. Background information for this report has therefore been gathered from a multitude of sources.

There are several national organisations with an interest in student health, including Healthy Universities, Universities UK, AMOSSHE, the Student Health Association and the National Union of Students (NUS). Each is engaged in work that has been used to inform and support the recommendations made in this report.

An overview of research on key issues in student health was recently published by the Association for Young People's Health (AYPH, 2017). This provides the most up-to-date summary of key health topics affecting students, and wider factors affecting student use of health care. The key points highlighted in the report are outlined in the text box below:

## **Key points from the AYPH Overview of research on key issues in student health**

### General points:

- Most literature relating to 'student health' is related either to research that uses university students as the sample, or part of a large body of literature on American college life.
- University 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 long term 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.
- There is limited evidence comparing students to their non-student peers. However, existing evidence suggests that students have poorer health than their peers, with emotional health of more concern than physical health.

### Key health topics:

- 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 has been a long-time student health concern, particularly in light of large social groups, cheap alcohol promotions and lack of adult control.
- Trends in risky behaviours (alcohol, drugs and tobacco) have declined over recent decades.
- Encouraging healthy sleep behaviours among students is a known challenge.
- Students are at risk of communicable diseases, including respiratory infections and the recent increase in Meningitis W cases.
- Sexually transmitted infections are most common in young adulthood.
- Mental health issues are common in this age group. There is also evidence that demand for mental health services may be increasing.
- Academic concerns such as deadlines, exams and balancing workloads are the lead contributor to feelings of mental distress.
- There is limited data on specific long term health conditions in students. Most research exists for mental illnesses and diabetes, with limited data on other illnesses such as asthma and epilepsy in student populations.

### Access to health care:

- For students with long term conditions, the lack of joined up care, change of location and challenges of new university life can interrupt and threaten good self-care.
- 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.
- 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.
- 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.
- 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.

Text from: <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2017/04/AYPH-Student-Health-Briefing.pdf>

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The changing health needs of students must also be seen in their current socio-political context. The number of individuals entering further and higher education has dramatically increased over the last 20 years, with 1.3 million young people studying at UK higher education institutions in 2013/14 (AYPH, 2017). The financial situation of students has also changed, particularly regarding tuition fees. Tuition fees of £1000 a year were introduced in 1998. This increased to £3000 a year in 2006, and again to £9000 in 2012. Student maintenance grants were also withdrawn from 2016, and NHS bursaries are to be abolished from August 2017. Although this report focuses on local interventions, the impact of national policies on student health (such as rising tuition fees and the absence of dual GP registration for students) should not be forgotten.

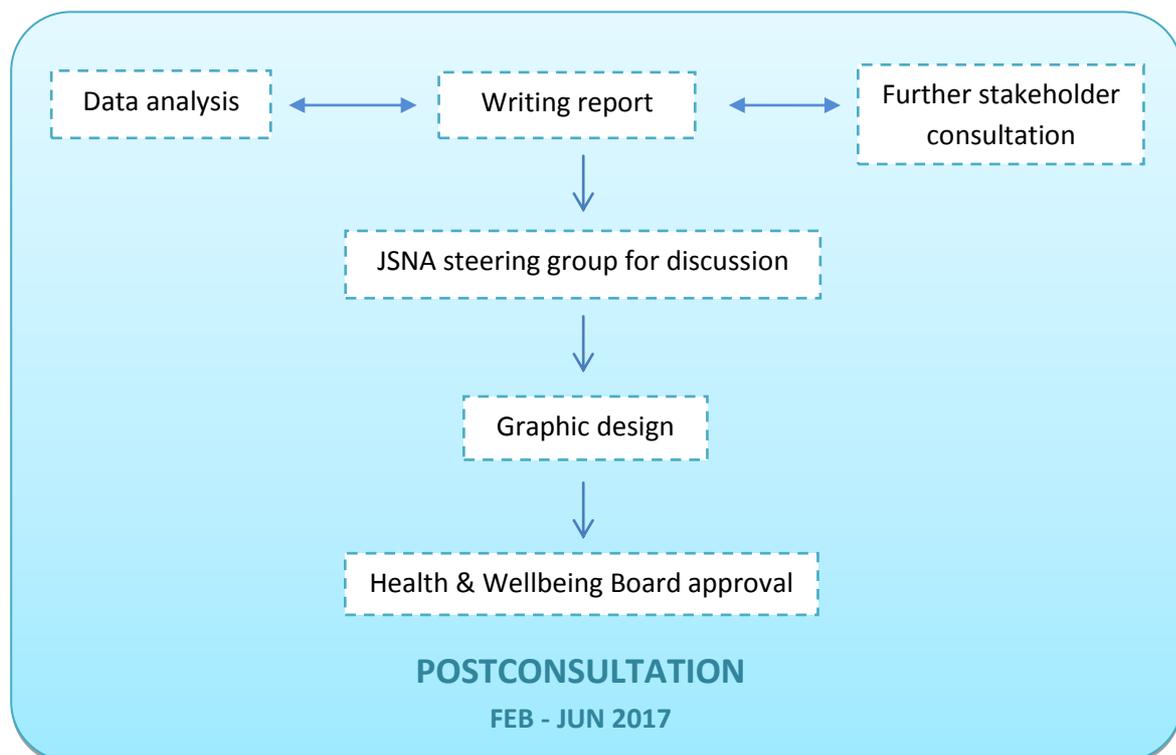
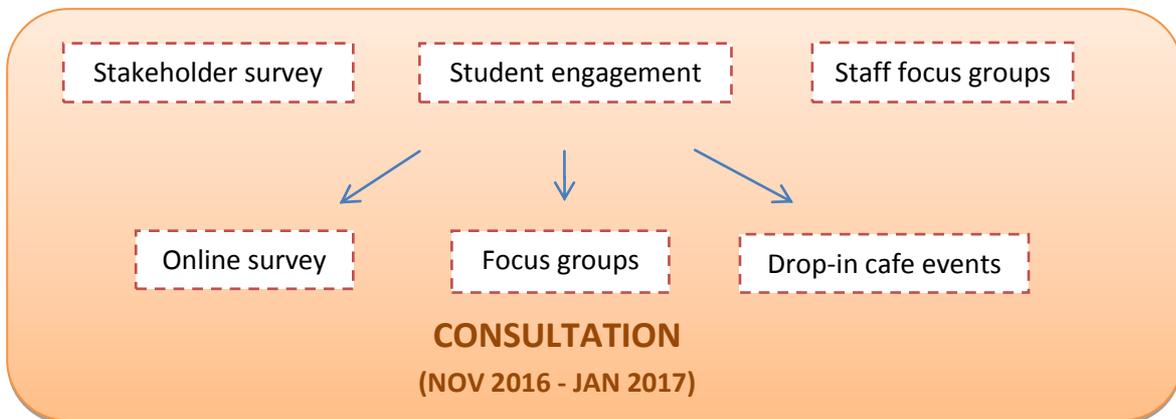
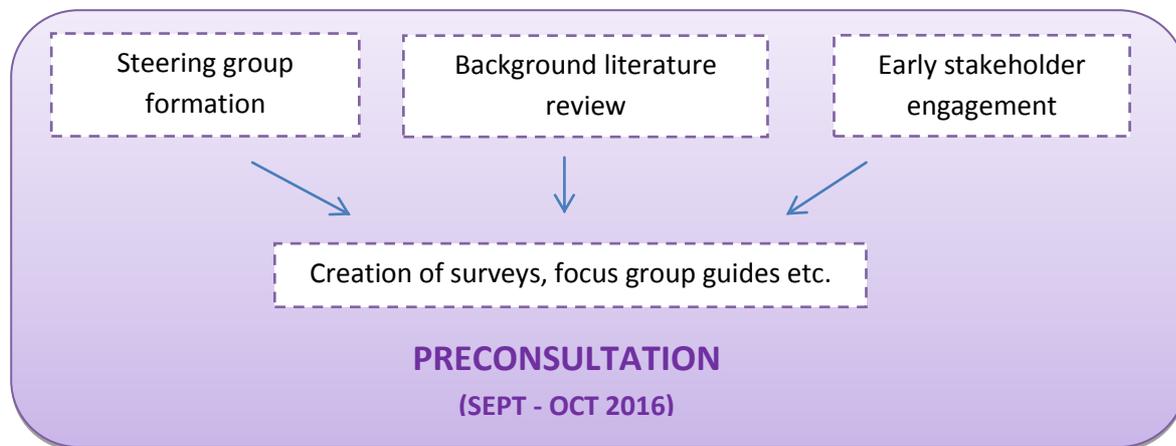
Changes in primary and secondary education also affect further and higher education. The 'exam culture' in schools means that students face academic pressures before they even arrive at university. Unite's 2016 Student Insight report found that university applicants reported the same prevalence of mental health issues as current university students, and also similar levels of positive and negative feelings (Unite, 2016). The absence of a nationally-defined PSHE (personal, social, health and economic) curriculum also means that not all school pupils are guaranteed to get an acceptable level of education around health-related topics such as sexual health, alcohol, drugs and tobacco, or be equipped with the necessary skills to manage their own health and lifestyles.

Measures of university outcomes are also largely academic-focused, including student-reported measures such as the National Student Survey. The Teaching Excellence Framework currently being phased in will focus on student satisfaction, student retention and employment rates of graduates as well as assessment of teaching quality (Unite, 2016). Universities will therefore have additional financial incentive to ensure students are fully prepared for graduate employment and are sufficiently supported to complete their course; health and wellbeing play a key role in achieving both targets.

Universities have a duty of care regarding the welfare of their students, but they do not have a statutory responsibility to provide clinical services. Universities UK have provided a good practice guide for universities regarding their role in achieving student mental wellbeing, including institutions' legal obligations (UUK, 2015a). However, as UUK point out: "university wellbeing services, however excellent, cannot replace the specialised care that the NHS provides for students with mental illnesses" (UUK, 2015a). The line between the role of institutions and the role of statutory services is not always clear cut. It is therefore important to ensure that there are good working relationships between the two, with mutual recognition around the role each should play.

## Chapter 2: How was the SHNA conducted?

JSNA steering group commission project  
on behalf of the Health & Wellbeing Board



BACKGROUND DATA COLLECTION

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## **Method**

Initial scoping for the needs assessment involved narrowing down the population of interest and clearly defining the scope of the project. This was combined into a draft project proposal, which was used to engage relevant stakeholders.

A timeline was identified, categorising tasks into three phases (pre-consultation, consultation and post-consultation), with background data collection running alongside each.

### **Pre-consultation**

An initial review of existing research and similar projects was undertaken to identify key topics. This included looking at previous student HNAs from other areas (Leeds, Manchester, Newcastle) and relevant national guidelines.

Initial stakeholder engagement was carried out to identify key local issues to explore during consultation. Stakeholders were initially invited to complete an engagement questionnaire (either online or hard copy), or to discuss with the project lead in person or over the phone.

A steering group was formed, which met monthly throughout the HNA process. This was primarily formed of members of the public health and business intelligence teams from City of York council, plus representatives from each of the four Higher York institutions.

The steering group also engaged in planning the methods of consultation to be used. Findings from the background literature review, stakeholder discussions and a scoping focus group with students were used to target the questions in the student survey and focus groups to key topics of interest, whilst giving scope for additional, unpredicted topics to also be discussed.

### **Consultation**

A survey was sent out to relevant stakeholders from local health and wellbeing services, including third sector organisations and emergency services, to gather their views on student health and service provision across the city.

Data was collected directly from students in three ways. Firstly, all students at all institutions were invited to complete an online survey about health and wellbeing. Most questions were quantitative, although a few qualitative questions were included (either for clarification of answers or for 'any other comments'). Secondly, community cafe events were held in each institution to capture a broad range of qualitative comments from students. Finally, focus group sessions were also held at each institution to provide some more in-depth qualitative data.

Staff focus groups were also held at the Universities with staff members involved in welfare to capture their opinions on issues affecting student health and wellbeing.

Further information on each part of the consultation process can be found in the relevant appendices.

### **Post-consultation**

Data analysis was carried out by members of the public health and business intelligence teams at CYC. Further discussions were held with stakeholders to highlight the findings and explore them in more detail, so that they could be better contextualised. Discussions also included a review of what changes could be made to improve these issues, including both minor changes at an organisational level and broader changes across the city more widely. These discussions were held with the steering group, York Student Mental Health Network, wider CYC officers, and groups of relevant individuals from each institution.

The final version of the report was reviewed by the JSNA working group and Health & Wellbeing Board prior to publication.

## **Background data collection**

Brief literature reviews of academic journals were conducted to identify existing evidence-based approaches to tackling issues around some of the key health topics. Additional literature was identified through grey literature searches and through discussions with stakeholders.

Service mapping was carried out to identify local services. Demographic information on their student population was provided by each institution, with additional analysis of student households undertaken using Experian.

Data was also collected from individual organisations on the level of service usage by students (or by nearest relevant age groups). Data was requested from institutions, local health services and other groups, including Vale of York CCG, Public Health England, Yorkshire Ambulance Service and North Yorkshire Police.

## ***Limitations***

Firstly, there were unexpected difficulties in quantifying the York student population. Not all institutions were able to provide a complete demographic profile on their students. The number of students studying at Higher York institutions is also different to the number living within York itself, as the colleges in particular have a large proportion of commuters. Students are a transient population, with many students only living in York during term times. Others (e.g. medical and nursing students) also spend time away from York on placements during university terms. This made it difficult to define the number of students who relied on York health services as their primary source of health care. For example, some college students may be spending 35 hours a week in York (and therefore not considered resident), but may still have to rely on health services within that time. Some university students also live close enough to home to rely on their 'home' services to provide healthcare, rather than using those based in the city.

Datasets collected were often not student-specific, as many organisations did not flag their data to indicate student status. Where student data was not available an 18-25 age range was used, as 70% of students are thought to fall within this age range (80% of undergraduates) (HEPI, 2016). However, this excluded some college students (aged 16-17yrs) and included other young people not in further education. The data collection periods across the different datasets were also not the same, with some based on academic years and others based on calendar years. There were also difficulties getting data from some organisations, either for logistical or data protection reasons. Some organisations were more responsive to data requests than others.

There was limited attendance at focus groups in some institutions. This could have been due to inadequate advertising; however, even at events that had been well-advertised there was still limited attendance. Although useful data was still collected on these occasions it sometimes took the form of one-to-one interviews, or opportunistic conversations with groups of students on campus instead. The use of community café-style events ensured that enough qualitative evidence information was gathered. However, although this allowed engagement with a larger number of students, given the open nature of these sessions it is possible that some people preferred not to discuss more intimate health issues, which could therefore have gone underreported. Students also did not stay at cafes long enough to go into great detail on particular issues.

The student survey was completed by 1827 individuals, which corresponds to around 6% of the Higher York student population. The demographic profile of respondents largely correlated with the total student population with the exception of gender, where around 70% of survey respondents were female

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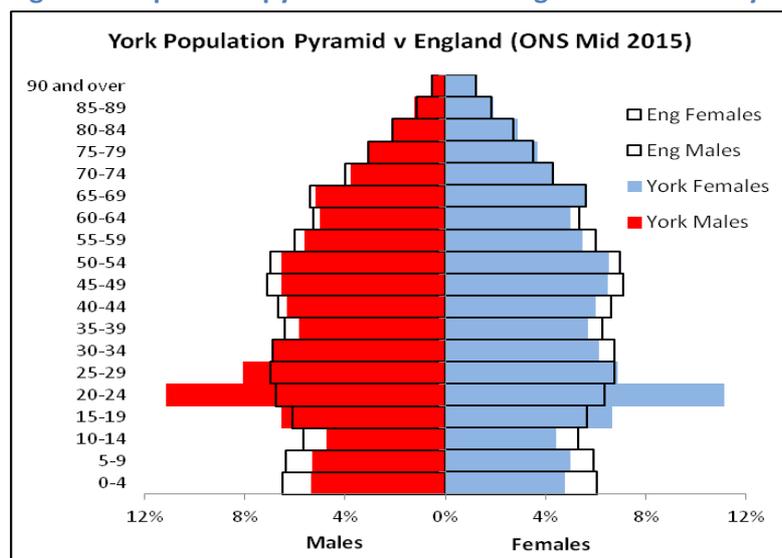
(compared to around 50% of the student population). However, it cannot be guaranteed that the results from the survey are entirely reflective of the student population as a whole. The study aimed to minimise selection bias by giving all students the opportunity to complete the survey. However, it is possible that individuals with greater awareness of, or interest in, health were more likely to complete the survey. There was also a significantly lower response rate from Askham Bryan students; no conclusions on this population specifically can therefore be clearly drawn from the Askham Bryan-specific results alone.

However, despite these limitations the report is based on the most comprehensive data set available, and presents the most accurate picture possible of student health needs in York. Identifying issues faced has also allowed identification of areas for improvement, such as the need for accurate ways of isolating student data from datasets.

## Chapter 3: What is the impact of students in York?

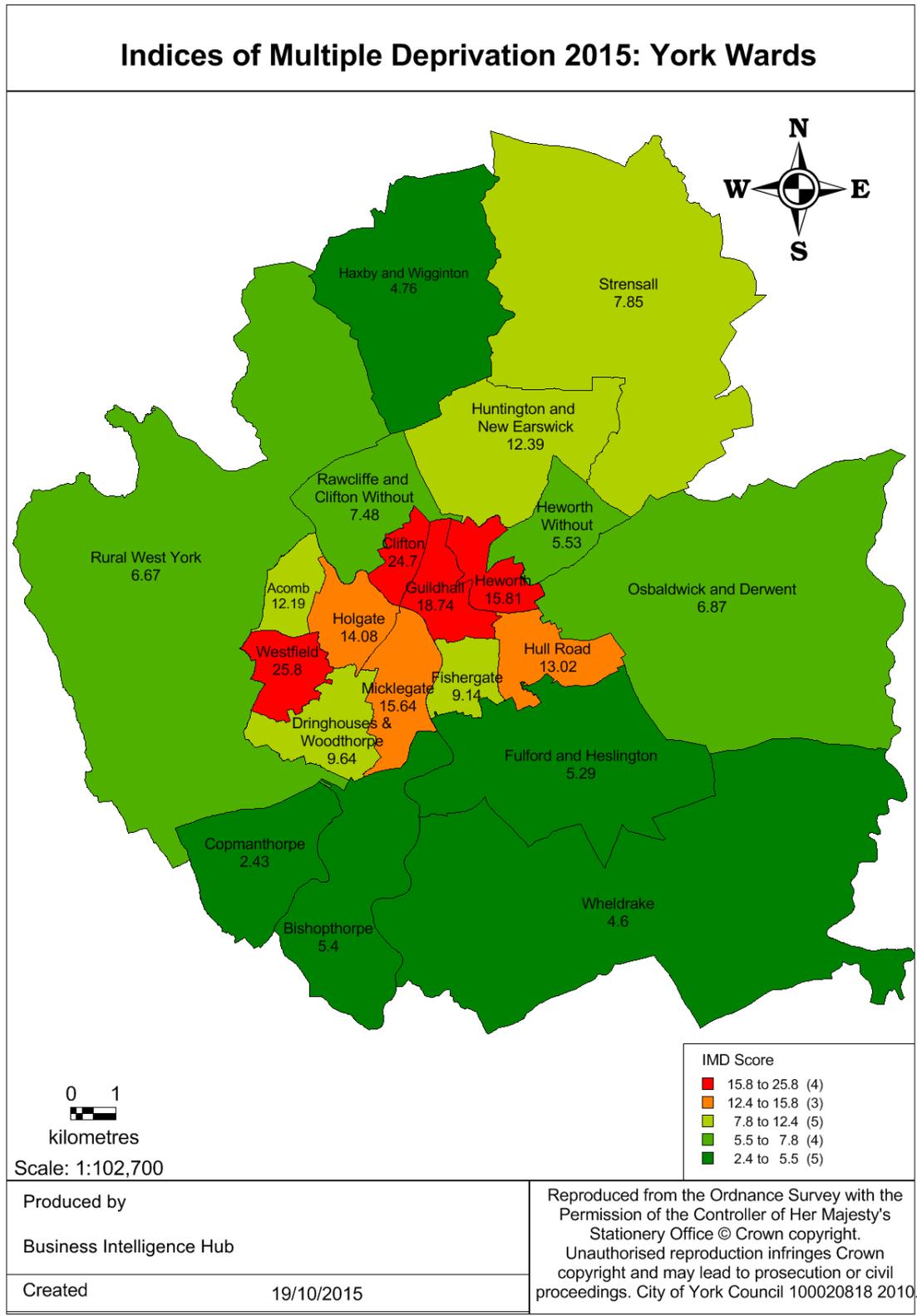
York is a historic city situated in the north of England, with a total population of 206,856 people (ONS, 2016a). York has a greater than average proportion of 18-24 year olds (15% compared to the national average of 9%), largely due to the local student population. Nearly twice as many 18-24 year olds in York are in full time education compared with the England average, with 59% in York compared to 32% nationally (Nomis, 2016).

Figure 1: Population pyramid for York v. England - 2015 mid-year estimates



The City of York is one of the least deprived local authorities in England, coming 17<sup>th</sup> out of 152 in the 2015 Indices of Multiple Deprivation (Department for Communities and Local Government, 2015). However, there are pockets of higher deprivation across the city, which often correspond to wards with higher student populations.

Figure 2: Map of deprivation in York electoral wards<sup>1</sup>

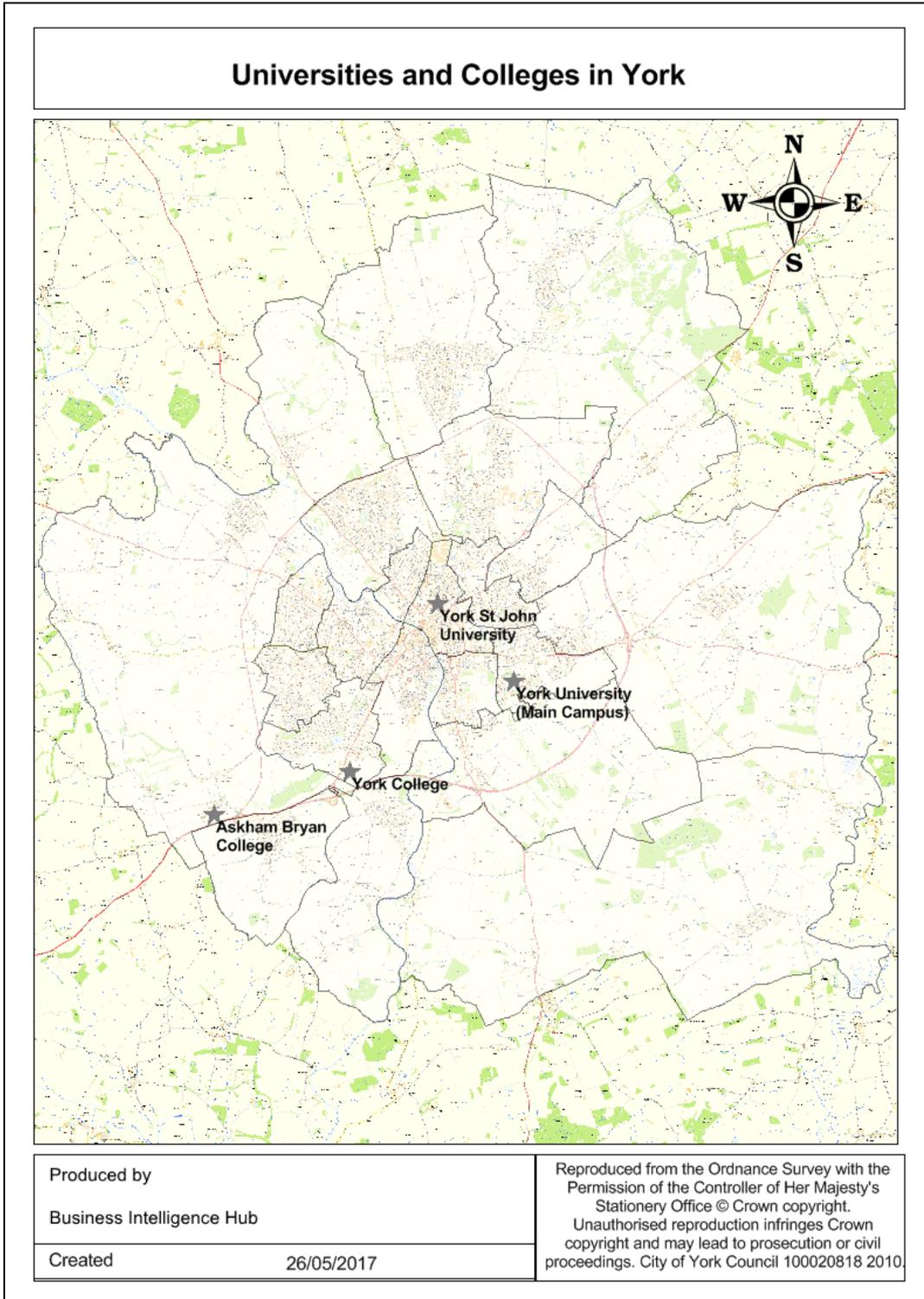


### Higher York institutions

[Higher York](#) is a partnership between City of York Council and four York-based education institutions: University of York, York St John University, York College and Askham Bryan College.

<sup>1</sup> N.B. low numbers indicate lower levels of deprivation, high numbers indicate higher levels of deprivation

Figure 3: Map of location of Higher York institutions



### University of York (UoY)

The University of York is a Russell Group university with a strong research focus. It is a collegiate university spread across two campuses (Heslington West and East), situated on the edge of the city. It has a substantial contingent of international students, and a large number of postgraduates.

### **York St John University (YSJ)**

York St John became a university in 2006, but has existed as an educational establishment since the mid-nineteenth century. It is located on a single campus around 10 minutes' walk from the centre of York. YSJ has a significant proportion of students from low participation neighbourhoods (around 30% of 2015/16 intake from POLAR quintiles 1 & 2).<sup>2</sup>

### **York College (YC)**

York College is a non-residential college situated on the outskirts of York near the outer ring road. It offers a range of education options, including A levels, vocational courses, apprenticeships, NVQs, HNDs, foundation and undergraduate degrees, and business training.

### **Askham Bryan College (AB)**

Askham Bryan is an agricultural college with 9 campuses spread across the North of England. The main campus is located at Askham Bryan, also situated just within the York outer ring road. The York site is one of their two residential campuses, with the other situated at Newton Rigg in Penrith, Cumbria.

## ***The demographics of the student population in York***

Data was collected from each institution about the demographics of their student populations.

### **Overall student numbers**

There are around 31,000 students attending the 4 Higher York institutions in 2016/17.

- University of York (UoY) = 16,665
- York St John University (YSJ) = 5585
- York College (YC) = 6508
- Askham Bryan (AB) = 5291

N.B. Askham Bryan student numbers include those across all campuses, not just York. Around 40% of Askham Bryan students are based on the York campus (c.1600 FE students and c.500 HE students).

N.B. The most up-to-date figures for York St John for gender, age, ethnicity, disability and international students (as presented below) are for 2015/16. The overall numbers and level of academic study are provisional 2016/17 figures.<sup>3</sup>

More information on the University of York student demographic is available online;<sup>4</sup> however, this includes information on all UoY students, not just those based in York (some are on ERASMUS programmes etc.)

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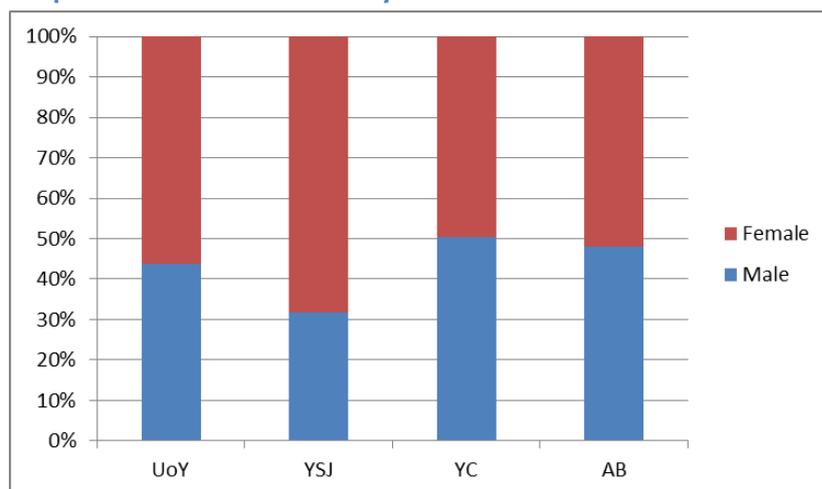
<sup>2</sup> POLAR classifies wards into five groups, based on the proportion of 18 year olds who enter higher education aged 18 or 19 years. For more information see HEFCE (2015)..

<sup>3</sup> Further information on the 2015/16 figures can be found at: <https://www.yorks.ac.uk/equality/equality-information-students/>

<sup>4</sup> <https://www.york.ac.uk/about/student-statistics/>

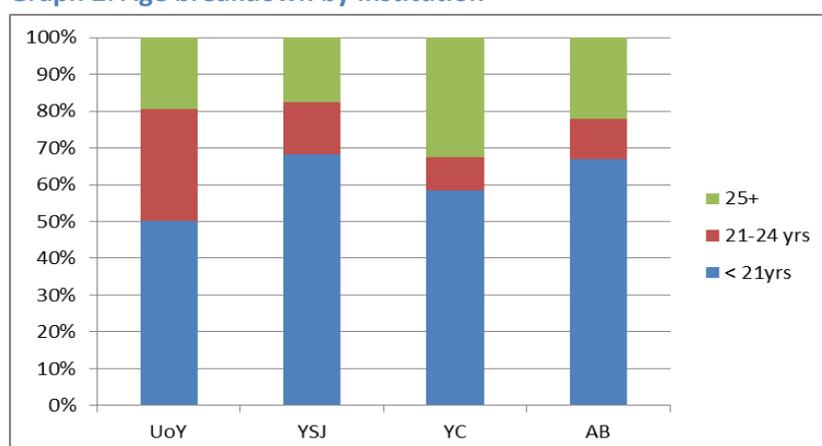
## Gender

Graph 1: Gender breakdown by institution



## Age

Graph 2: Age breakdown by institution



## Mature students

- University of York
  - In 2016/17, 15% of full time students and 90% of part-time students were mature students (i.e. 21 or over at start of programme for undergraduates, 25 or over at start of programme for postgraduates).
- York St John
  - In 2015/16, 58.3% of students were aged 21 or over at the start of their course.

## Level of academic study

- University of York
  - 12300 Undergraduate students
  - 2090 Postgraduate taught students
  - 1390 Postgraduate research students
  - 205 Pre-sessional students
- York College
  - 89 Level 0/not known<sup>5</sup>
  - 254 Level 1
  - 1765 Level 2

<sup>5</sup> For more information about what study levels represent, please see <https://www.nidirect.gov.uk/articles/qualifications-what-different-levels-mean>

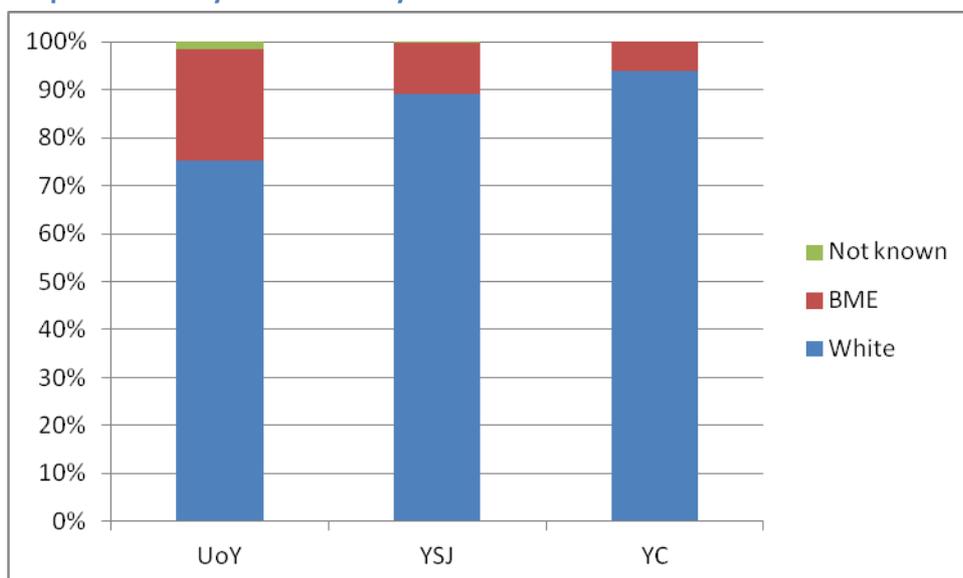
- 3883 Level 3
- 156 Level 4
- 208 Level 5
- 138 Level 6
- 15 Level 7
- York St John 4935 Undergraduate students  
650 Postgraduate students
- Askham Bryan - data unavailable

### **International students**

- University of York = 3635 (945 EU, 2690 non-EU) (22%)
- York St John = 456 (8%)
- York College = 147 (2%)
- Askham Bryan = 17 (full time)

### **Ethnicity**

**Graph 3: Ethnicity breakdown by institution**



### **Disability**

- University of York = 2000 (12%)
- York St John = 890 (15%)
- York College = 1315 (20%)
- Askham Bryan = 733 (14%)

HESA data shows that nationally 11% of higher education student enrolments in 2015/16 were known to have a disability (HESA, 2016a/2016b).

## Time trend – overall student numbers

**Table 1: Trends in student numbers by institution**

Academic Year	University of York*	York St John*	York College	Askham Bryan**
2012/13		6050	8921	5227
2013/4	15,285	6420	8725	4889
2014/5	15,395	6550	8638	5195
2015/6	15,405	5980	7135	5204
2016/7	16,655	5585***	6508	5291

\* UoY and YSJ numbers rounded to the nearest 5

\*\* Askham Bryan figures are for all campuses, not just York

\*\*\* Current figure – official 2016/17 figure not released until October 2017

The University of York population has shown a small year-on year increase with a larger increase from 2015/6 to 2016/17, in part due to the new cohort of pre-sessional students. Unfortunately no detailed time trends are available for York St John, although numbers are reported to have risen between 2012 and 2015.

The population at Askham Bryan has remained relatively stable. The York College population has steadily declined over the last 5 years.

Overall, the drop in numbers at York College balances out the increase in other areas to give a fairly stable student population overall, although as a proportion the number of university students has increased and the number of college students has decreased.

## ***Where in York do students live?***

The majority of University of York students (12000) live in the YO10 postcode, with YO31 the next most common (1000 students). During term time, 35% of University of York students report living in campus accommodation, 3% live at home with parents/guardians, 30% live in their own residence, and 29% live in other rented accommodation (rest other/unknown).

50% of York College students reside in the York local authority area, and 50% reside outside the local authority area. York College has no residential accommodation for students, although the College does help organise homestays for international students, and a small number of UK-based students.

At Askham Bryan, 343 students are currently residential on campus and 46 are rent rooms in college-owned houses in York.

There are 6,447 households in York classified by Experian as 'Learners and Earners'.<sup>6</sup> This represents 7.4% of all the households in York and is the largest single household type in the city. There are 1,070

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<sup>6</sup> Learners & Earners describes residents of the university fringe, where students and older residents live and socialise in cosmopolitan locations close to universities and colleges. While undergraduates and postgraduate students are a high proportion of the population, they are mixed with older residents who may also have connections to the university.

households classified as ‘Student Scene’,<sup>7</sup> 1.2% of all households in York. It is not known exactly how many students live in these households as they typically are multi-occupancy dwellings.

The table below shows the location of household types associated with students by electoral ward.

**Table 2: Experian Household Types associated with students by Electoral Ward**

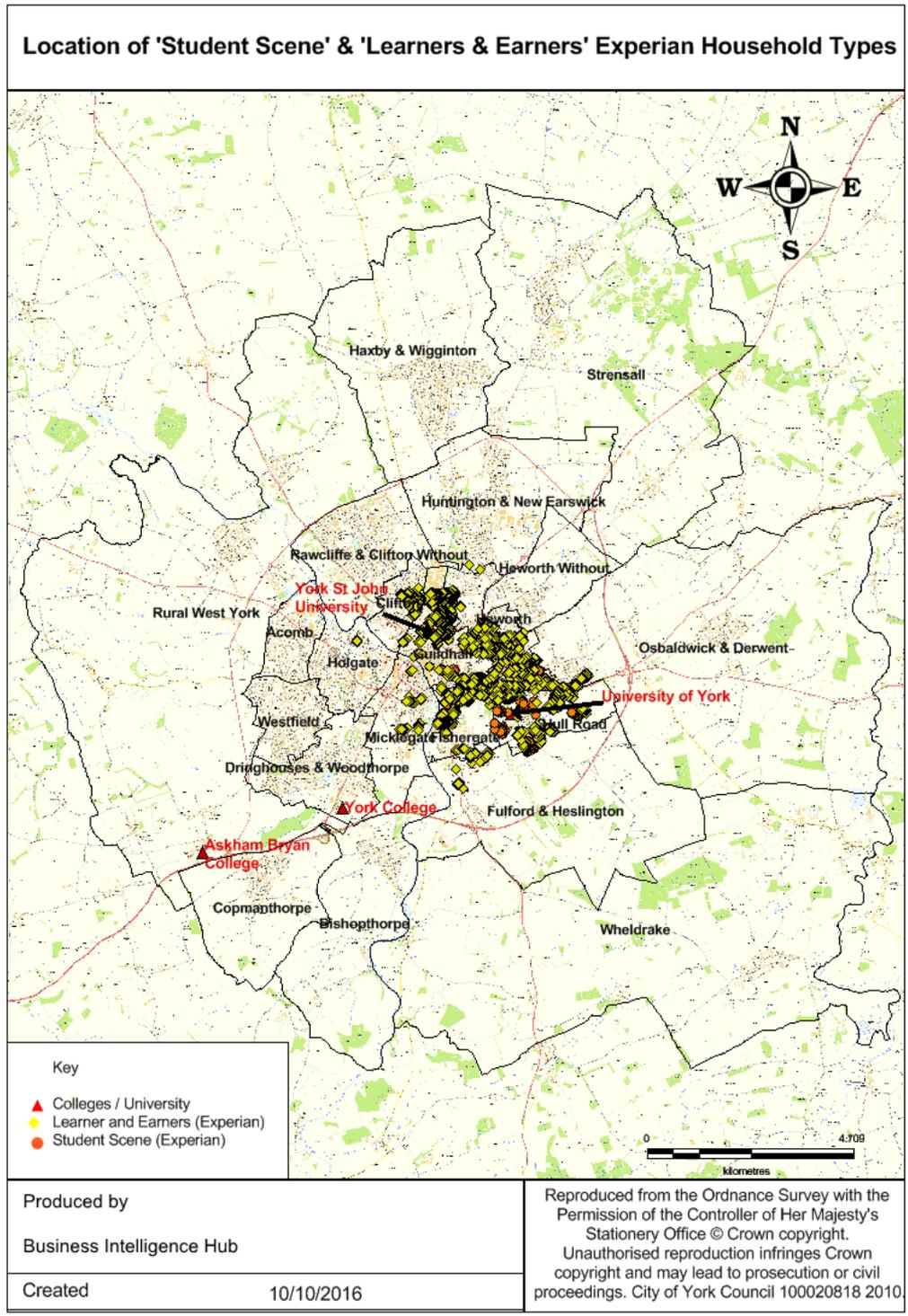
2015 Electoral Ward	Learners & Earners	Student Scene	Total	Ward deprivation rank out of 21 (1 is most deprived in York)
<b>Guildhall</b>	1,983	277	2,260	3
<b>Hull Road</b>	1,448	424	1,872	6
<b>Fisergate</b>	1,097	353	1,450	11
<b>Heworth</b>	884	12	896	4
<b>Clifton</b>	600	0	600	2
<b>Fulford and Heslington</b>	187	2	189	16
<b>Micklegate</b>	122	0	122	5
<b>Osbalwick and Derwent</b>	90	2	92	14
<b>Holgate</b>	18	0	18	7
<b>Huntington and New Earswick</b>	18	0	18	9

Many of the households associated with students are located in the more deprived wards within York i.e. 2,260 dwellings are in the Guildhall Ward (3<sup>rd</sup> most deprived ward, 600 are in Clifton (2<sup>nd</sup> most deprived) and 896 are in Heworth (4<sup>th</sup> most deprived).

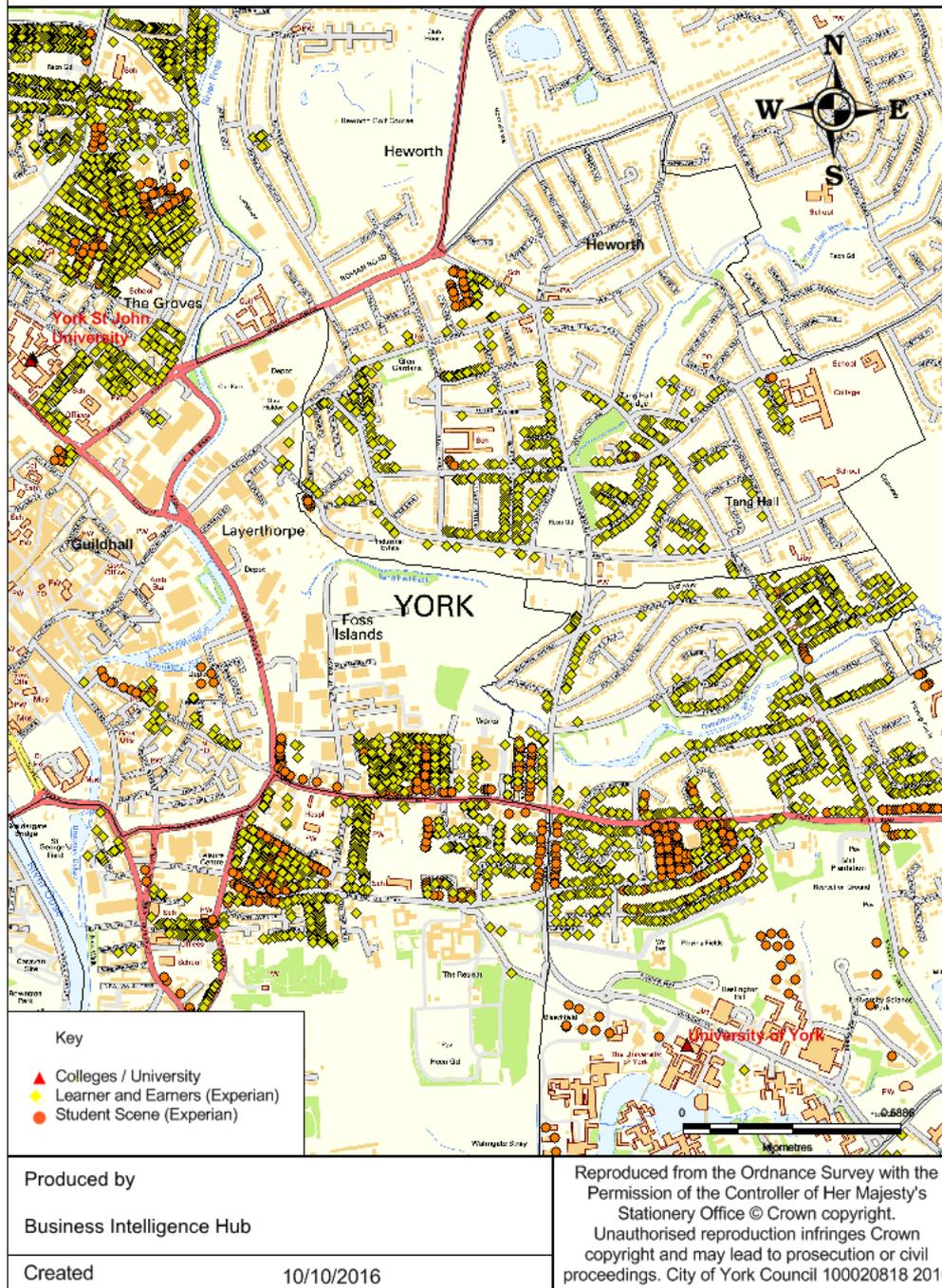
The following maps show the location of households associated with students in relation to the Universities and Colleges in York.

<sup>7</sup> Student Scene are full-time students, mostly on undergraduate courses, who live in high density student accommodation close to universities and colleges. They live in traditional halls of residence, privately-built student complexes or on residential streets where students dominate the local population.

Figure 4: Maps showing location of households associated with students



## Location of 'Student Scene' & 'Learners & Earners' Experian Household Types



University students generally live in university accommodation during their first year of undergraduate studies, before moving out into shared houses for the remainder of their degrees. Some students choose to stay in university accommodation beyond their first year.

Accommodation for University of York students is based on and around the university campus (including both Heslington West (Experian) and East sites), with students living in colleges. A college map can be found [here](#).

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Accommodation for York St John students is spread across the city Centre. A map of accommodation sites can be found [here](#). Some York St John students live in halls of residence run by external agencies, including Student Castle and Brickworks.

### ***Student interactions with the city***

Students are a valuable asset to York and bring many benefits to the city. Students also benefit from many of the services and opportunities that the city has to offer. However, there are still ways in which the relationship between the two can be improved.

Stakeholders were asked about the interaction of students with the wider York community. Both positive and negative aspects were highlighted:

#### Positive

Positive student interactions with the local community included the positive financial impact on the local economy, increase local cultural diversity, involvement in volunteering, support for local businesses, increasing the local workforce and their ability to bring new ideas and aspirations. It was also noted that many stay on in York once they have finished studying, bringing longer term benefits to the community.

#### Negative

There were some concerns raised around students creating additional strain on local services (including health services) without paying council tax, students being vulnerable to crime, effects on local accommodation (including less housing being available for residents, additional refuse, and noise), and their perceived influence on the image of York as a 'drinking city'.

Despite concerns from stakeholders and the wider community, police data shows that students in York are underrepresented in most crime statistics. Students aged 16-24 were involved in 3.8% of crimes in 2014/15, 3.7% in 2015/16 and 3.5% so far in 2016/17, which is around a third of what would be expected if all population groups were represented equally.

The crimes most likely to be committed by students are violence, general theft, antisocial behaviour (nuisance) and drug-related crime. Students are most likely to be victims of violence, suspicious circumstances/insecure premises, domestic incidents, antisocial behaviour (nuisance) and welfare incidents involving concern for safety/collapse/injury/illness.

One of the key ways of involving students in the community is through volunteering. As well as benefitting the community, volunteering also has a positive effect on individual wellbeing, affecting both physical and mental health and reducing social isolation (Mental Health Foundation, 2012). There are multiple opportunities for students to engage in volunteering, including in schools and community projects. More information on volunteering opportunities for students is available at:

- University of York - <https://www.york.ac.uk/students/work-volunteering-careers/skills/volunteer/>
- York St John - <https://www.yorksja.ac.uk/careers/volunteering--work-experience/>
- York College - <https://www.yorkcollege.ac.uk/intranet/327-student-services/careers/1584-volunteer-opportunities.html>
- Higher York - <http://www.higheryork.org/for-individuals/life-in-york/volunteering/>
- York Council for Voluntary Service (CVS) - [www.yorkcvs.org.uk](http://www.yorkcvs.org.uk)

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The [York Student Community Partnership](https://yorklovesstudents.wordpress.com/) group aims to improve and develop the relationship between students and other York residents. This involves welcoming new students to the City of York, promoting the contribution that students make to the city and promoting active student community engagement. For examples of positive community contributions made by students please see the York Loves Students website: <https://yorklovesstudents.wordpress.com/>

Higher York has also produced a student community guide giving advice on living in shared housing, including advice on becoming more independent and integrating into the community.  
<http://www.higheryork.org/secmsfile/?id=19>

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## Chapter 4: What services are available for students?

Each institution has its own health and wellbeing services for their students. In addition, students have access to wider health services across the city.

### ***University and College services***

Each institution has a range of services available for health and wellbeing. Further information on services can be found on their web pages.

#### **University of York**

[University wellbeing homepage](#)

[YUSU wellbeing page](#)

[York GSA wellbeing page](#)

The University of York offers a number of health support systems. These include:

- GP surgery on campus ([Unity Health](#))
- Open Door
- Sexual health drop-in service (run by YorSexualHealth) and sexual health supplies
- Nightline, a student-run listening service which also has sexual health supplies
- Online self-help resources for common problems experienced by students, and general well-being tips

The university also offers a range of services for people with dyslexia and specific learning difficulties, Asperger's Syndrome, visual and hearing impairments, and physical and medical impairments. These include: support advice, examination arrangements, library support, liaison with academic departments, accommodation help, alternative format materials, and a bespoke careers advice. There is also a weekly peer support network for disabled students through the Student Union.

#### **York St John University**

[University wellbeing page](#)

[YSJSU wellbeing page](#)

York St John University has various health support systems including:

- GP surgery on campus (run by York Medical Group)
- University counselling and mental health service (Wellbeing team)
- Self-help website links for a range of problems for self and others
- Nightline, a student-run listening service which also has sexual health supplies

The university also provides:

- Disability services
- Jobs and Careers Team
- Volunteering, work experience and placements

- 
- Support for a wide range of student issues and problems including housing, financial (including providing emergency grants and a funding advice team), personal, domestic issues, bereavement, mental health issues and hate crimes.

### **York College**

[Health Hub webpage](#)

York College provides health services including:

- College counselling and mental health service including a range of self-help leaflets and online links
- Weekly drop-in sexual health clinic (run by YorSexualHealth) and condom distribution scheme

The college also provides support services including:

- Monthly youth homeless drop-ins
- Monthly IDAS drop-ins
- Access to advice and support from a Safeguarding specialist in cases of danger or serious risk
- Careers advice and guidance
- Work experience and placements
- Intensive Personal Advisors who work with students facing problems/barriers that risk them having to leave the college.
- Funding support including bursaries, HE finance and benefits
- Events and activities
- A Specialist Learning Support Department to provide support for individual student needs

### **Askham Bryan College**

[Student Support webpage](#)

Askham Bryan College provide health services including:

- A college counselling service
- Weekly drop-in sexual health clinic
- Health promotions
- Doctor's appointments (nearest surgery – Copmanthorpe (1 mile))

Other student support services that the college provide include information, advice and guidance on:

- Finance including bursaries, student loans and benefits
- Health and welfare issues
- Personal support
- Safeguarding
- Careers advice and guidance
- Events and activities
- A Specialist Learning Support Department to provide support for individual student needs

## **York services**

A summary of many of the services available to students can be found on York's Student Health website, provided by Higher York. This provides information on health services, student health concerns, information for international students, tips on staying healthy, a how-to guide for UK health services and a list of key contacts/phone numbers.

<http://yorkstudenthealth.org.uk/>

### **Emergency services**

York District Hospital

- Accident and Emergency
- Urgent care centre (8.00 am - 23.59 pm)
  - This is a walk-in centre for non-emergency minor injuries and ailments.

Yorkshire Ambulance Service

- 999 – emergency number
- 111 – non-emergency number

### **Mental health services**

Healthwatch York has written an excellent summary of mental health services available in York. It includes a section specific to student mental health. This can be accessed online at:

<http://www.healthwatchyork.co.uk/our-work/hw-york-publications/>

Tees, Esk and Wear Valley (TEWV) Mental Health Trust

<http://www.tewv.nhs.uk/site/>

TEWV supply NHS secondary mental health services to York. A full list of TEWV services can be found on their website.

The Retreat

01904 412551 (The Retreat)

01904 430370 (The Tuke Centre)

<http://www.theretreatyork.org.uk/>

The Retreat provides inpatient and rehabilitation private mental health services for people with eating disorders, personality disorders, dementia care.

The Tuke Centre provides counsellors, psychologists and therapists for a range of disorders including autism, ADHD, eating disorders, personality disorders, and PTSD.

There are many voluntary sector organisations in York providing mental health support, including:

Student Minds

01865 264168 (general enquires)

<http://www.studentminds.org.uk/>

Student Minds is the student mental health charity that gives students the knowledge, confidence and skills to look after their own mental health and support others.

York Mind  
01904 643364

<https://www.yorkmind.org.uk/>

York Mind provides services for those recovering from a variety of different mental health conditions to help them progress towards recovery, social inclusion and integration in mainstream activity, and to raise awareness of mental health issues and to combat the stigma surrounding them.

Mind Your Head York

<http://www.mindyourheadyork.org/>

Mind Your Head York helps promote understanding for mental health and provides access to information about finding support.

Mental Health Support Line

[https://www.york.gov.uk/info/20140/mental\\_health/1465/mental\\_health\\_support\\_line](https://www.york.gov.uk/info/20140/mental_health/1465/mental_health_support_line)

This is a 24 hour mental health support line available by referral only to people who experience mental health problems, carers and supporters.

For a full list, please see the Healthwatch booklet above.

More information on national mental health helplines can be found at:

<http://www.cassioburycourt.com/article/98/guide-to-uk-free-mental-health-helplines>

### **Suicide prevention and postvention services**

Samaritans

01904 655888 (local call charges apply)

116123 (free)

<http://www.samaritans.org/>

Samaritans is a listening service that provides support for a wide range of problems including depression, loneliness and isolation, relationship and family problems, bereavement, financial worries, and job related stress.

Papyrus

0800 068 4141 (24hrs)

<https://www.papyrus-uk.org/>

Papyrus provide support, practical advice and information to people up to the age of 35 who are worried about themselves, or to anyone who is worried about a young person.

### **Pharmacy services**

The nearest pharmacies to the different institutions are listed below:

University of York

– Badger Hill Pharmacy

<http://www.badgerhillpharmacy.co.uk/>

– Whitworth Chemists, Melrosegate

<http://www.whitworthchemists.co.uk/>

York St John

– Monkbar Pharmacy (late-opening pharmacy)

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York College                    <http://www.monkbarpharmacy.co.uk/>  
– Askham Bar Tesco  
<https://www.tesco.com/store-locator/uk/?bID=3488>

Askham Bryan                 – Copmanthorpe Pharmacy  
<http://www.numarkpharmacists.co.uk/np/copmanthorpe-pharmacy/yo23-3ub/3603>

### **Drug, alcohol and addiction support**

Drugs & alcohol services were previously provided by Lifeline. However, the charity ceased to exist on 31<sup>st</sup> May 2017. From 1<sup>st</sup> June 2017 drug and alcohol support will be provided by York Drug and Alcohol Service, which will be delivered in partnership between Changing Lives and Spectrum Community Health CiC.

York Drug and Alcohol Service

01904 464680

[yorkinfo@changing-lives.org.uk](mailto:yorkinfo@changing-lives.org.uk)

[https://www.york.gov.uk/info/20138/alcohol\\_drugs\\_and\\_substance\\_abuse/965/york\\_drug\\_and\\_alcohol\\_service](https://www.york.gov.uk/info/20138/alcohol_drugs_and_substance_abuse/965/york_drug_and_alcohol_service)

The service works with individuals, families and local communities linked to substance misuse. There is a specialist service for young people affected by their own or someone else's substance misuse, and also a needle exchange programme.

Changing Lives York

01904 621776

[www.changing-lives.org.uk](http://www.changing-lives.org.uk)

Offer abstinence-based, structured, day treatment for individuals suffering from drug and/or alcohol addiction. Referrals can come from any source, including self-referral.

Street Angels York

01904 416777

<http://www.streetangelsyork.com/>

Street Angels York is a church-led group of volunteers working towards making York City Centre a safer and better place by providing care and help to people in difficult or vulnerable situations on Friday and Saturday nights.

### **Smoking cessation**

Yorwellbeing Service

01904 553377

<http://www.yorwellbeing.com/>

Yorwellbeing Service is a new single point of access for smoking cessation, health checks and physical activity in York.

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### **Sexual Health services**

YorSexualHealth

01904 721111

<https://www.yorsexualhealth.org.uk/>

YorSexualHealth provides information about sexual health and contraception services in York and North Yorkshire.

BPAS

0345 730 4030

<https://www.bpas.org/>

BPAS is a healthcare charity that advocates and cares for women and couples who decide to end a pregnancy. They can also provide pregnancy testing, counselling, STI screening, and contraception.

Yorkshire MESMAC

01904 620400

<http://www.mesmac.co.uk/>

Yorkshire MESMAC is a sexual health organisation providing healthcare and support to a variety of different communities including LGB&T, BME, sex workers and people misusing drugs.

### **Domestic abuse**

IDAS

01904 646 036 (York outreach)

01904 646 630 (York refuge)

0808 2000 247 (24hr national helpline)

<https://www.idas.org.uk/>

IDAS supports people experiencing or affected by domestic abuse or sexual violence including by providing refuge accommodation, peer mentoring and an out of hours helpline.

Bridgehouse

0330 223 0362

<http://www.turntobridgehouse.org/>

Bridgehouse is a Sexual Assault Referral Centre providing individual practical and emotional support to those who have experienced rape or sexual assault.

Survive

01904 638813

<http://survive-northyorks.org.uk/>

Survive provides individual practical and emotional support to those who have experienced rape, sexual assault, or childhood sexual abuse.

### **Dental health**

Students are directed to the NHS choices website for details of local dentist practices accepting NHS patients.

<http://www.nhs.uk/Service-Search/Dentist/LocationSearch/3>

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Emergency dental treatment is available from Monkgate Health Centre Emergency Dental Department.

01904 725422

(No website available)

**Other**

York Carers Centre

01904 715490

<https://www.yorkcarerscentre.co.uk/>

York Carers Centre provides support, activities and advice to adult, young adult (16-25yrs), and young carers (8-18yrs) across York.

Healthwatch

01904 621133

<http://www.healthwatchyork.co.uk/>

Healthwatch York provides the public with information about local services, signposting to independent complaints advocacy, and listens to feedback about local services for implementation and development in the future.

YorOk

01904 554444

<http://www.yor-ok.org.uk/>

YorOk is a partnership between a variety of organisations responsible for providing services for children, young people and families.

## **Student use of health services**

Data were collected from local health services regarding their use by students (or by the nearest measurable cohort, for example by age).

### Accident and Emergency (A+E) at York Hospital

*Data were not available on students specifically. Data provided is for 18-24 year olds registered at GP practices within Vale of York CCG.*

Between November 2015 and October 2016 there were almost 9500 visits to A+E by 18-24 year olds, representing 13.2% of total attendances. 18-25 year olds make up 11.3% of the CCG population (2015 mid-year estimates); this percentage is therefore slightly higher than would be expected if attendances were distributed evenly across age categories. Over the past 3 years the number of attendances from this age group has decreased, including as a proportion of the total number of admissions (13.6% in 2014/15 and 13.9% in 2013/14).

The most common causes of attendance were all related to musculoskeletal/soft tissue injuries. The top causes were sprain/ligament injuries, contusions/abrasions, lacerations and dislocation/fracture /joint injuries.

22% of A+E attendances required neither investigation nor treatment. The most common cause of A+E attendance leading to hospital admission was gastrointestinal diseases, with 36% of A+E attendances in this category leading to admission.

The peak time for hospital attendances among this cohort is October-November, which coincides with the first part of the academic year but not with Freshers' weeks, which are generally held in September. The most common time of day for A+E attendances was during the afternoon.

### Yorkshire Ambulance Service (YAS) data

*Data were again not available on students specifically. Data provided is for 18-25 year olds living in the most common York postcodes for student residence. YAS data covers both ambulance call outs and calls to NHS 111.*

*N.B. each incident is only classified once (i.e. within a single category), even if it could fit into two – classification refers to the main presenting complaint.*

YAS received over 600 call outs for this cohort in 2015/16, nearly a 10% decrease from 2014/15. The top 10 causes of ambulance callouts were:

1. Ambulance requested by NHS 111 (20% of callouts)
2. Unconscious/passing out (9.5%)
3. Convulsions/fitting (8%)
4. Overdose/ingestion/poisoning (7.2%)
5. Healthcare professional admission (6.5%)
6. Breathing problems (6.1%)
7. Falls/back injuries – traumatic (5.6%)
8. Psychiatric/suicide attempt (5.2%)
9. Traumatic injuries – specific (4.4%)

## 10. Chest pain (4.3%)

There were over 3800 calls the NHS 111 by this cohort during 2015/16, a 36% increase from 2014/15. Dental problems accounted for the largest number of calls, accounting for 12.1% of calls in 2015/16, 13.6% in 2014/15. Other common causes of calls to NHS 111 included chest and upper back pain, sore throat, pain when passing urine, vomiting, headache, abdominal pain and requests for Health and Social Information. Calls regarding mental health issues made up only 2.3% of calls to NHS 111 in 2015/16.

### TEWV data

*Data was collected from TEWV regarding individuals classified as students (by work status) living in the York & Selby directorate who were referred to a York adult mental health team in the 12 months between 01/04/2016 and 31/03/2017.*

400 students with ages ranging from 8-51 were referred to York adult mental health services during this time. 27% of students were 17yrs or younger, 62% were aged 18-24, 6% were aged 25-29, and 5% were aged 30 or over.

60% of the students referred to TEWV were female (37.5% male, 2.5% other/not indicated). This could reflect more females having mental health problems, or it could indicate that females are more likely to access support.<sup>8</sup>

Among 18-24 year olds, the most common service students were referred to (45% referrals) was the Crisis and Intensive Home Treatment Team (IHTT). The next highest category was IAPT referrals (20%), followed by referrals for primary mental health workers (14%) and referrals from police triage (10%). Referrals from police triage were the only category in which more males were referred than females. Only 3% of students were referred to community teams. This demonstrates that most students are only accessing secondary mental health services at the point of crisis (either to the crisis team or referred by the police), rather than before a crisis emerges.

### General Practice data

The two main general practices used by York students are Unity Health, which has a health centre on the University of York campus, and York Medical Group, which has a health centre on the York St John campus.

#### **Unity Health**

64% of the practice population are students (around 13,500). Of these:

- 23% of students use the e-consultation method to contact the practice
- 12% are recorded as having a chronic disease
- 5% have a BMI greater than 25
- 18% are on the sexual health register (mostly for contraception)

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<sup>8</sup> It must also be remembered that the York student population is slightly skewed towards females.

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As of November 2016, over 1000 students were registered with a clinical diagnosis of depression. There has been an annual increase in prevalence of depression, with numbers increasing around 250% in the last 3.5 years.

### **York Medical Group**

9.3% of the York Medical Group population are students (around 4200). Of these:

- 12% are smokers
- 22% have a BMI over 25
- 2.9% have a learning disability
- 4.9% have a diagnosis of depression
- 7.5% have a diagnosis of anxiety

During 2015/16 students had around 3400 medical consultations and 3700 nursing consultations (with a 6% DNA rate). The average wait time for an appointment is 5.5 days, less than half of the national average wait time for 2015/16 of 13 days (Pulse, 2016). Anecdotally from GPs there are spikes in activity at the start of the academic year, before exams and at the end of both semesters. There were around 2200 prescriptions issued to students, and around 80 requests for mitigating circumstances.

### Counselling data

Each institution has its own counselling service. Data has been provided by Open Door, the University of York counselling service, and York St John's Wellbeing Team.

### **Open Door**

The Open Door team saw around 1900 students in 2015/16, with a year on year increase from around 1300 in 2010/11. There is currently a waiting list of around 4 weeks for a routine appointment, although there is also a duty practitioner who can see very unwell students on the same day.

The top 10 presenting issues are (in order): anxiety, depression, perfectionism, stress, academic difficulty, relationship issues, family problems, bereavement, eating disorders and transitional issues.

### **YSJ Wellbeing team**

The Wellbeing team saw over 800 students in 2015/16, increased from around 480 in 2012/13. Another 500 students were seen in the five months up to January 2017, suggesting the annual figure is set to keep rising. Despite this, there is currently no waiting list for the counselling services at York St John, and no student has had to wait longer than 2 weeks to be seen during the last 2 years.

Most referrals come directly from students, although referrals are also received from York Medical Group and other YSJ student services.

The top 5 presenting complaints are (in order): anxiety/stress, depression/low mood, relationships, academic issues and bereavement.

Figure 5: Graphic of recommended treatment locations



Image from Vale of York CCG (<http://www.valeofyorkccg.nhs.uk/your-health/need-treatment-or-care-herers-how-to-get-the-right-care-first-time/>)

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## Chapter 5: What are the key student health issues?

### ***Mental health***

Mental health was the topic of most concern reported by both students and stakeholders. For most people, 'mental health' was generally used to refer to 'mental ill health' or mental illness, with 'mental wellbeing' used to focus on the positive aspects of mental health.

The following definitions from Universities UK provide more clarity on the differences between mental health, mental wellbeing, mental health difficulties and mental illness/ill health:

“**Mental health** encompasses the emotional resilience that enables us to enjoy life and to survive pain, disappointment and sadness, and an underlying belief in our own, and others' dignity and worth. It also allows us to engage productively in and contribute to society or our community. A positive sense of **mental wellbeing** is for all of us to consider all of the time, as we might consider our physical, social and spiritual wellbeing. It is quite possible to have a good sense of mental wellbeing and yet be living with a diagnosed mental illness. **Mental health difficulties**, often following major life events such as the end of a relationship, close bereavement or leaving home, can impact significantly on how students feel about themselves and how they engage with the transitions of student life. Symptoms may beset anyone at any time, giving rise to ongoing conditions that could interfere with the student's university experience and have implications for academic study. **Mental illness** – arising from organic, genetic, psychological or behavioural factors (or combinations of these) that occur in an individual and are not understood or expected as part of normal development or culture – can be acute or chronic, and may fall within the definition of a 'disability' contained in the Equality Act 2010. It is important for institutions to bear in mind, however, that not all mental health difficulties will constitute a 'disability' under the Equality Act.”  
(UUK, 2015a p.8)

The mental health section of this report has been broken down into 3 main areas: mental wellbeing, mental ill health, and suicide & self-harm.

## Mental Wellbeing

### Summary

Mental wellbeing was recognised as an important concern by students, which influenced both mental and physical health. The most common concern reported around mental wellbeing was stress. However, loneliness and isolation were also reported by many students, particularly those living off campus or away on placements.

Many factors were found to influence mental wellbeing. These included physical health, diet, physical activity, social relationships (including social media), housing, academic issues, environment, and finance. Students reported that their main causes of stress were managing time and deadlines, exams and assessments, career prospects and self-image. Other significant causes of concern were financial prospects, physical health, emotional health and diet.

Students were largely able to deal with one or two of these issues by themselves; however, accumulation of multiple stressors often led to more significant mental ill health. Students felt unable to effectively regulate their own mental wellbeing, which led to development of more serious mental health issues.

Students wanted more information on health and wellbeing, particularly at the start of their course. Positive comments were made about available mindfulness sessions, although students often felt there was a lack of signposting to wellbeing events.

### Background

As noted in the University of York's Student Mental Ill Health Task Group Report (2016), student wellbeing is the foundation of learning and future success. Maintaining student wellbeing is therefore key for academic institutions, both in terms of achieving academic success and as part of preparing students holistically for life and work beyond education.

Students entering further and higher education are at a key transition between life stages, where they face a sudden increase in responsibility and independence. Their lives undergo a series of changes that can challenge their ability to respond effectively to difficult and stressful situations. Some of these challenges include:

- Moving to a new area, or in some cases a new country/culture
- Moving away from existing support networks
- The need to quickly establish a new group of friends
- Managing unfamiliar methods of learning, teaching and assessment
- Transitions between medical care (child to adult services, home to university services)
- Managing finances, including loans, rent, budgets etc.
- Achieving balance between studying, part-time jobs, socialising and other commitments

Students' abilities to deal with stressful situations and maintain overall wellbeing are often referred to in terms of resilience. Although there is no single widely-used definition of student resilience, a broad definition provided by Unite describes resilience as "a cluster of factors that enables an individual to cope better with adverse circumstances or incidents, including innate factors such as self-management and emotional stability and interpersonal relationships and support networks" (Unite, 2016). However, whilst resilience is rooted in positive thinking and is intended to be empowering for students, there is a risk that resilience is considered only in terms of its deficit. Pinning student health issues on an absence of

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resilience can be viewed as an abdication of responsibility by external parties, with students portrayed as the root cause of low resilience (see for example the current rhetoric around ‘student snowflakes’) (Unite, 2017).

Unite have highlighted several key points about resilience (Unite, 2017):

- Resilience is influenced by both internal and external factors, with students’ social environments playing a significant role
- Higher resilience is associated with higher life satisfaction
- An individual’s resilience is not fixed - it can be developed through innovative pedagogies and the wider student environment
- Peer support can play a significant role in developing resilience

The Association for Young People’s Health have set out guidance on a public approach to promoting young people’s resilience, which advocates an evidence-based approach combining universal and targeted provision, which is based on an assessment of need in the local population (AYPH, 2016).

The 2016 Unite Students Insight Report, produced by YouGov and Youthsight, discusses links between resilience and wellbeing (Unite 2016). The survey found that emotional resilience (including both positive mental attitude and a range of skills such as goal setting) is linked to life satisfaction among students. 73% of students surveyed were satisfied with their life at the moment, whilst 13% were not satisfied with their life. Levels of life satisfaction were lower than the 16-19 and 20-24 age groups within the general population.

The survey identified positive and negative factors correlating with life satisfaction:

- Positive factors: confident feelings, resilience, ability to turn to friends and family, ability to turn to university support
- Negative factors: isolation and depression, social life stress, existence of mental health issues, university life stress

The survey also highlighted that there was variation between overall wellbeing scores among certain demographic groups.<sup>9</sup> Groups presenting with lower wellbeing scores included people reporting a mental health condition, people with a declared disability, students dissatisfied with or not integrated into their accommodation, students from the lowest socioeconomic groups and female students. Students displaying certain behaviours were also more likely to have lower wellbeing scores, including students who had trouble sleeping, students with difficulty concentrating on study, and students not eating healthily (including those with eating disorders). There were only minimal differences in wellbeing in those drinking too much or using drugs.

Although further and higher education present challenges to student wellbeing, Universities UK have noted that higher education is also able to positively affect mental wellbeing through:

- Providing a structured and purposeful environment
- Providing opportunities for academic and personal achievement leading to a fuller sense of identity and increased self-esteem
- Offering the opportunity to learn and manage multiple demands and build confidence
- Reducing isolation and providing opportunities for new friendships

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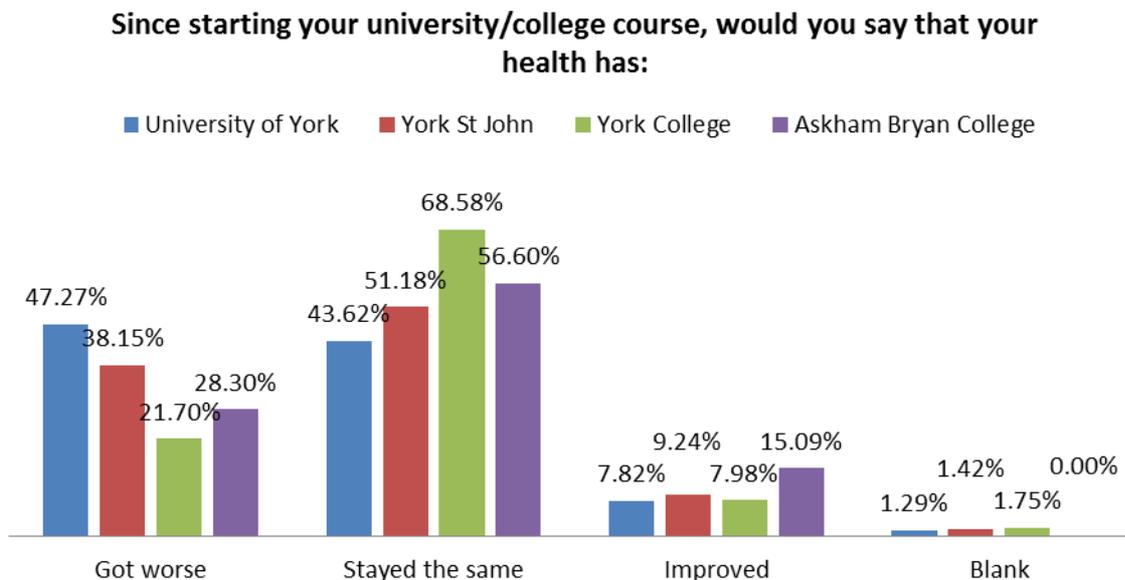
<sup>9</sup> The survey calculates a wellbeing score based on overall life satisfaction, measures of positive and negative feelings, measures of positive and negative behaviours and consideration of leaving a course.

- Providing opportunities for exercise, creativity and community involvement & contribution (UUK, 2015a)

### **Student survey results**

Students were asked how they felt their overall health had changed since starting their course.

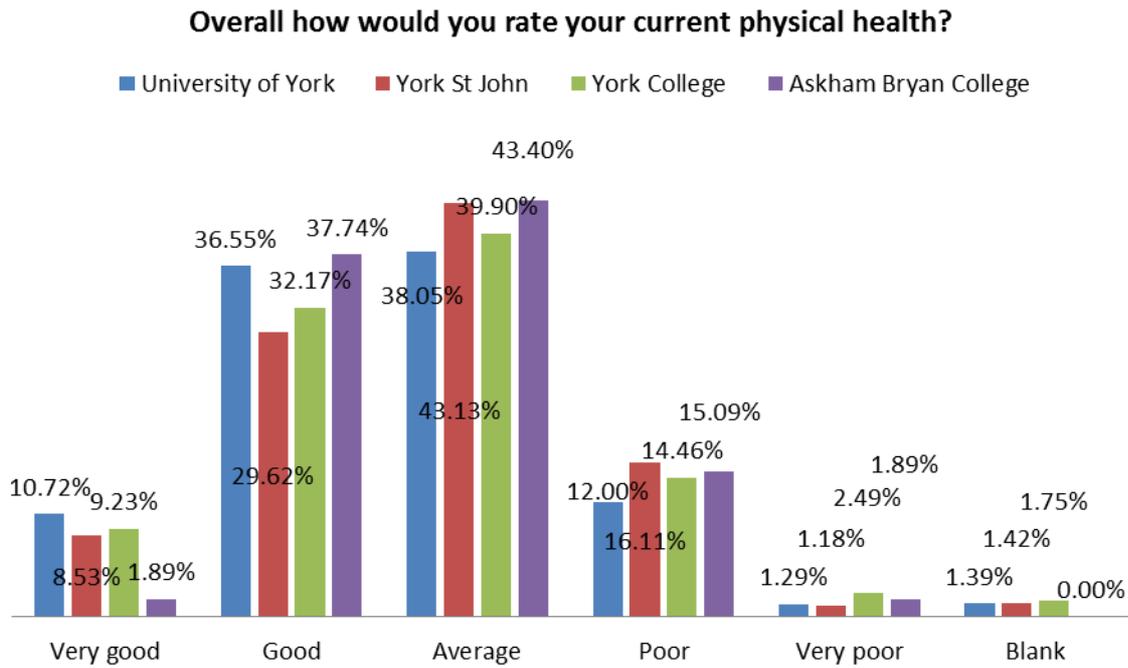
**Graph 4: Changing health status since starting course**



For all institutions except the University of York, the majority of students felt that their health had stayed the same. The most common response from University of York students was that their health had worsened since starting their course. More students overall felt that their health had worsened rather than improved.

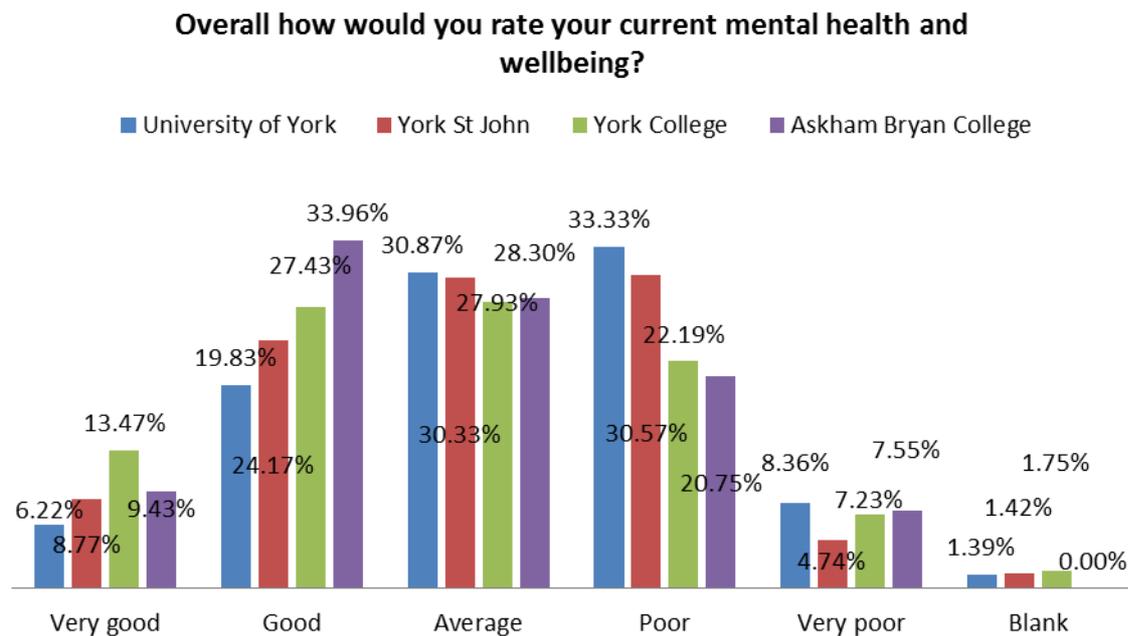
Students were also asked to rate their current physical and mental health.

**Graph 5: Current physical health**



Most students rated their physical health as average, followed by good. More students reported very good physical health than very poor physical health.

**Graph 6: Current mental health and wellbeing**



In comparison, mental health and wellbeing was scored more poorly than physical health. This was most noticeable at the universities, where students were more likely to report poor health than good health.

Students were also asked about causes of stress. The top three causes were academic issues (exams/assessments, deadlines, workloads), career prospects and financial problems. Within academic issues, college students were more likely to worry about exams and assignments, whereas university students were more concerned about managing deadlines and workloads. University students were

slightly more worried about career prospects than college students. Self-image and other's perceptions of you also came out as a significant cause of stress, as did relationships with friends, emotional health, physical health and diet.

Survey comments highlighted loneliness as a problem, particularly when combined with poor mental health. Students were able to isolate themselves in their rooms with potentially no social contact. Students reported receiving good support from college teams including administrative staff, academic departments and Nightline. There were concerns about lack of support for staff in terms of training, and in terms of personal support for Nightline staff. It was also commented that more support was needed for LGBT students specifically.

As part of the survey, students were asked the short 7-question version of the Warwick-Edinburgh Mental Wellbeing Scale (see question 25 in Appendix 1).<sup>10</sup> The transformed average SWEMWBS was 20.30, which is significantly lower than the national average score of 23.61 reported in the 2011 Health Survey for England ( $p < 0.001$ ) (University of Warwick, 2014). Lower scores indicate poorer mental wellbeing.

Statistical testing of SWEMWBS for different cohorts found that:

- **York College students** had significantly **higher** scores than university students ( $p = 0.016$  compared to UoY students,  $p = 0.044$  compared YSJ students)
- **Postgraduate students** had significantly **higher** scores than undergraduate students ( $p < 0.001$ )
- **Non-heterosexual students** had significantly **lower** scores than heterosexual students ( $p < 0.001$ )
- **Non-UK students** had significantly higher scores than UK students ( $p = 0.023$ )
- **Students who reported getting enough sleep** most nights of the week had significantly **higher** scores than students who did not get enough sleep ( $p < 0.001$ )
- **Students with diagnosed or self-reported undiagnosed mental health conditions** had a significantly **lower** mean score than students with no mental health condition ( $p < 0.001$ )

Whilst some of these scores reflect higher risk groups identified in national literature (e.g. LGBT students at greater risk of poor mental wellbeing, poor sleep being related to poor mental wellbeing), other findings are more surprising. International students are considered a high risk group for poor mental wellbeing, yet in this cohort report better mental wellbeing than UK students.

Higher scores in York College and postgraduate students may be related to their position in terms of the major transitional change to independent living. College students largely live at home with pre-existing support networks (i.e. before the full change to independent living), whereas postgraduate students usually have several years' experience of independent living. This may explain in part why they have better wellbeing scores than undergraduates in the middle of the transition phase, where stressors related to independent living appear to be felt most acutely.

### **Café and focus group findings**

Numerous causes of stress were identified by students, including academic issues (workload, perfectionism, fear of failure), finance (course fees, bursaries, part time jobs), homesickness, expectations (individual, university, family), fear about not belonging, and accommodation issues (sometimes physical environment but mostly around housemates). Students talked about 'manageable stress' and

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<sup>10</sup> Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

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‘unmanageable stress’, with lots of small stressful things manifesting into an uncontrollable problem. Students also identified that there were peak times for stress, including Freshers’ week, half-way through the first term, exam times/assessment deadlines, and the end of final year.

Students felt that as a cohort they had a lack of resilience to these problems. Taking responsibility for themselves was something new to many students, and not something they had been taught about or prepared for. Students also recognised that stress had an effect on physical health.

Students reported there was a lack of information on health and wellbeing at induction sessions. Students would like wellbeing teams to give lectures to each group (similar to existing library talks). Students would also prefer more anonymous forms of communication (online chat services e.g. wellbeing or careers, online counselling service).

During cafes at the colleges the main wellbeing issue seemed to be around stress levels, particularly relating to academic issues. However, university students were concerned with more significant mental health issues and the relevant services available to deal with them. Some positive comments were made around counselling and mindfulness sessions at YSJ. The importance of peer support and having friends and family to talk to was recognised. There were also several reports of social isolation and loneliness being an issue for university students, particularly those living off campus or away on placement.

Lots of students, particularly at the universities, remain unsure of where/how to access services. There was a general feeling among most students that there was not enough signposting to existing services (health and otherwise), particularly for students who don’t know York well. Students wanted more information on health and wellbeing, particularly at the start of their course.

### **Stakeholder consultation findings**

Wellbeing was a key topic of discussion during staff focus groups. The key emotional wellbeing issues arising from the stakeholder survey were around social relationships, social isolation and loneliness, bullying and resilience levels. Staff were particularly concerned about student resilience, with a lack of maturity and the inclination to catastrophise leading to low levels of resilience and poor mental wellbeing being identified as issues within the cohort. Social isolation was also considered to be a significant problem, with many students feeling lonely. There were also concerns that students are not always willing to engage in wellbeing events when they are offered, and that students are not always able to judge when they are suffering from normal mood fluctuations or more significant mental health issues.

Particular concern was raised over the effect of social media on wellbeing. Although it could be useful for widening social networks, it also had the potential to reinforce extremes of mood and wellbeing. The constant portrayal of success on social media resulted in considerable peer pressure. There were also incidents of harassment via social media, with people willing to say things over social media they wouldn’t to each other’s face.

Although not the focus of this report, staff wellbeing was also discussed during the focus groups and wider discussions. There were concerns about the increasing responsibilities staff faced, both academic and pastoral, alongside their own work. This had the potential to negatively affect their wellbeing; staff were concerned they would not be able to effectively deal with student wellbeing issues if they were struggling with wellbeing issues of their own.

### **Local interventions**

- York College hold regular wellbeing days, with external organisations such as Samaritans holding stalls in the college atrium. The college also has clearly visible Infozone and Helpzone areas where students can get advice and find out information about other services.
- York St John has Wellbeing Zone, an online multimedia tool that both tracks progress towards selected health and wellbeing goals and also gives advice on wellbeing issues including diet (500 healthy recipes), sleep (sleep tracker) and physical activity (exercise advice).
- York St John has a daily wellbeing drop-in service.
- York St John also runs a 'Welcome Wobbles' drop-in with the Wellbeing team during the first weeks of term.
- University of York has revised its wellbeing website, with self-help advice and information on other useful services. They also offer regular wellbeing workshops and from 2017/18 will be running a targeted communications programme on different wellbeing issues at different stages of term.
- York GSA offer wellbeing-focused events, particularly during stressful periods such as exams. Example activities include coffee and colouring, dog petting, head and shoulder massages and handing out free fruit.
- Askham Bryan run health and wellbeing awareness days, and also have peer mentors based in their residential accommodation. From September they will be running a mature student lunch group to improve social support to mature students.

### **Key issues**

- Mental wellbeing is vital for academic success.
- Students' mental wellbeing is lower than that of the general population (based on SWEMBWBS scores).
- Students are faced with a compound of minor stressors that can build to create a seemingly insurmountable problem.
- Many stressors are related to everyday issues such as housing, finance and social relationships, as well as academic concerns.
- Staff wellbeing is also integrally linked to student wellbeing.

### **Recommendations**

- An institutional approach to wellbeing should be taken to embed wellbeing across all aspects of college/university life ('healthy university' approach – see Newton et al., 2016).
- Wellbeing of wider staff members as well as students should be considered as part of the whole-institution approach.
- There should be a focus on understanding student perceptions and self-efficacy of wellbeing-related lifestyle factors through the use of validated screening or questionnaire tools. These could better identify those students with risk factors associated with poor mental wellbeing.
- Encourage and create opportunities in which students are able to emotionally disclose as a stress-coping mechanism. A range of options which might include face-to-face and online options could be considered.

- Consider taking a ‘Making Every Contact Count’ (MECC)-style approach to providing advice on health and wellbeing.<sup>11</sup> This could include lifestyle factors and wider determinants in addition to mental wellbeing advice (MECC plus).

**Figure 6: MECC Model**

MECC activity is detailed in the 2 layers at base of the pyramid below



(Image: PHE, 2016a)

<sup>11</sup> MECC is an evidence-based method of behaviour change that uses brief interventions delivered through routine staff contact to improve individual health and wellbeing. More information can be found in PHE (2016a) Making Every Contact Count: Consensus statement.

## Mental Ill Health

### **Summary**

The prevalence and severity of mental ill health among university students in the UK is increasing. This is reflected in local data, with GP and counselling services showing a year on year increase in the number of students diagnosed and treated for mental illnesses. The most commonly reported conditions among students were anxiety and depression. However, eating disorders were also recognised as a significant concern among students and stakeholders.

24% of responders to the student survey had a diagnosed mental health condition. A further 21% reported they thought they had an undiagnosed mental health condition. Students who felt they had an undiagnosed mental health condition had a similar average wellbeing score (Short Warwick-Edinburgh Mental Well-Being Scale) to those with diagnosed conditions, which was significantly different to those who reported no mental health concerns. In total 31% of respondents (560 students) had sought support in York for mental health problems. Of these, 34% did not find the support they received helpful.

The most commonly reported concern by students was poor access to mental health services. Knock-on effects of a lack of secondary mental health services were also noted, contributing to the pressures on GP and counselling services, with some students turning to A+E as a last resort and many students choosing to use services in their home locations (usually many hours away, but sometimes in other countries) in preference. Some students also reported a lack of signposting to available mental health services.

### **Background**

Around a quarter of people in the UK experience a mental health problem each year (Mind, 2013). Rates of mental ill health are increasing across the population; in particular, rates of anxiety and depression in teenagers have increased by 70% over the last 25 years (Mental Health Foundation, 2004).

Over three quarters of mental health disorders develop before the age of 25 (McGorry et al., 2011). It is therefore likely that there will be a greater incidence of mental ill health in students than in other population cohorts due to their age alone, without the added pressure of the stressors discussed above.

The 2014 Adult Psychiatric Morbidity Survey found that one in six adults had a common mental disorder (one in five women and one in eight men) (McManus et al., 2014). One in three people with a common mental disorder were receiving treatment, with medication the most common treatment (compared to counselling/talking therapies or combination treatment). Medication prescriptions had increased considerably since the previous survey in 2007.

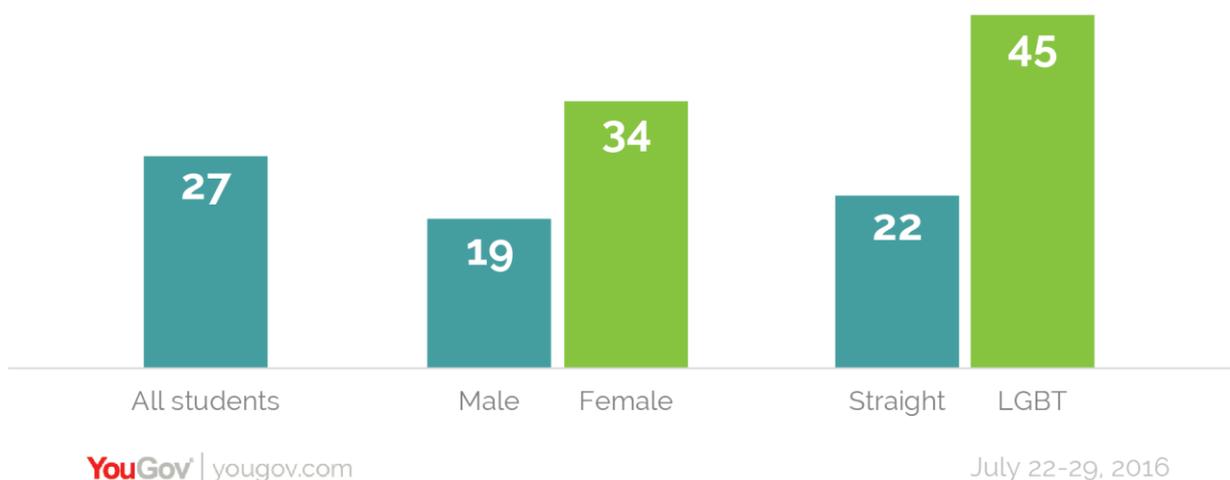
The Higher Education Policy Institute (HEPI) has provided a recent overview of student mental health at a national level (HEPI, 2016). Their report found that there is little robust data on mental illness in higher education, although students generally appear to be less happy and more anxious than non-students, including other young people.

A 2016 YouGov survey on student mental health found that 27% of students report having a mental health problem (YouGov, 2016). Mental ill health was more common in female students than male students, and in LGBT students than in straight students.

Graph 7: YouGov survey prevalence of mental health problems among students

### Prevalence of mental health problems among students

Do you suffer from a mental health problem? % of students who said "Yes"



The most common conditions reported by students were depression (77%) and anxiety (74%), followed by eating disorders (14%). The survey also found that 18% of students had visited university mental health services, of whom 30% found the service helpful, 45% somewhat helpful, and 21% not helpful.

The YouGov survey also looked at causes of stress, and severity. 63% of students experienced stress that interfered with their daily lives. Studying was the main cause of stress (71%), followed by the prospect of finding a job after university (39%), family (35%), jobs and relationships (both 23%) and friends (22%). 77% of students also reported experiencing fear of failure.

The YouGov survey is useful, although it does not consider whether students have a diagnosed mental health problem or whether their illness is self-reported. A more detailed national survey was carried out by the NUS in 2013, looking at mental health among higher education students (NUS, 2013). They found that: 67% of students had never been diagnosed with a mental health problem, 16% had been diagnosed with a mental health problem (10% felt it still applied and 6% felt it no longer applied), 8% believed they had a mental health problem but were not seeking diagnosis, and 2% were seeking diagnosis for a mental health problem.<sup>12</sup>

The survey also reported differences within the student demographics regarding who was more/less likely to have a diagnosed mental health problem:

Table 3: Likelihood of mental health condition by demographic group

Demographic	More likely to have a diagnosed mental health condition	Less likely to have a diagnosed mental health condition
Subject of study	History and/or philosophy Written arts	Medicine & dentistry Business-related subjects
Origin	International students	UK students
Age		18-20 year olds
Gender	Females	Males

<sup>12</sup> N.B. due to the nature of the survey promotion the NUS felt this was likely to overestimate the incidence of mental health problems among the student population.

Ethnicity	White British	Black
Sexuality	LGBT students	Heterosexuals
Health status	Students with a disability, impairment or long term health condition	
Year of study	No differences noted between cohorts.	

For those students experiencing mental distress, the most common triggers were found to be course workload deadlines (65%), exams including revision (54%), balancing study and other commitments (52%), grades/academic performance (52%), personal/family/relationship problems (49%) and financial difficulties (47%).

A quarter of students did not tell anyone about their mental distress. For those who did seek help, friends and family were the most common people to confide in. The majority of students did not discuss their problems with provided services, including GPs, counselling, student support services or helplines.

Existing data suggested that the prevalence of mental ill health among York students may be higher than national figures. Mind Your Head York's student mental health survey 2015/16 (University of York students only) found that four out of five respondents reported experiencing mental health difficulties (Mind Your Head, 2016). Almost half of respondents reported that they had been diagnosed with a mental illness. Undergraduates were more likely to report having mental health difficulties than postgraduates.

Data from the Higher Education Statistics Agency (HESA) shows that the number of students dropping out of university with mental health problems has increased by over 300% from 2009/10 to 2014/15. Drop-out rates following the first year of undergraduate studies for the University of York and York St John are shown below. Both are lower than the national average drop-out rate for universities.

**Table 4: Non-continuation following year of entry - UK domiciled full time first degree entrants 2014/15**

	University of York	York St John	National average
% no longer in HE	3.6%	5.8%	7.4%

(Data from [www.hesa.ac.uk/data-and-analysis/performance-indicators/non-continuation-summary](http://www.hesa.ac.uk/data-and-analysis/performance-indicators/non-continuation-summary))

There has been a national increase in the number of students accessing university counselling services. Data collected by the Guardian found that the number of students seeking help for anxiety had risen by 43%, and depression 39%, from 2013/14 to 2016/17 (Guardian, 2017). Similarly, Freedom of Information requests published in 2016 found there had been an increase of 68% in the number of students using counselling services at Russell Group universities since 2011 (Times, 2016). This has been reflected locally; Open Door (University of York) has seen a 46% increase in students using their services between 2010/11 and 2015/16, and YSJ Wellbeing team have seen a 67% increase between 2012/13 and 2015/16.

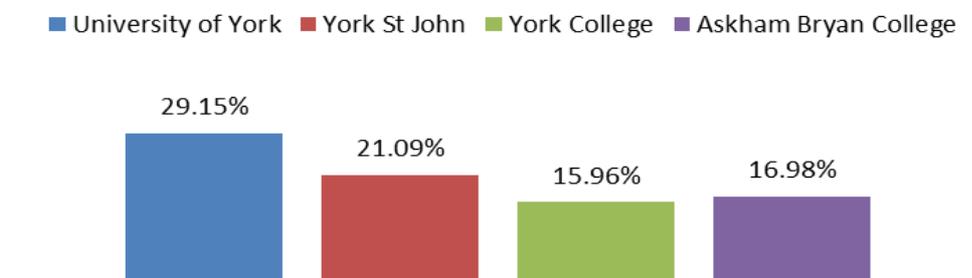
According to the Guardian survey, the national average waiting time to be seen by university counselling services is 15 days (Guardian, 2017). There is currently no waiting time to be seen by YSJ Wellbeing team, and a 4 week waiting list to be seen by Open Door.<sup>13</sup>

<sup>13</sup> N.B. From May 2017 Open Door are trialling a new triage system for referrals, which should lead to students being prioritised and seen in a more timely way. All students will be contacted by a member of the team within 48 hours.

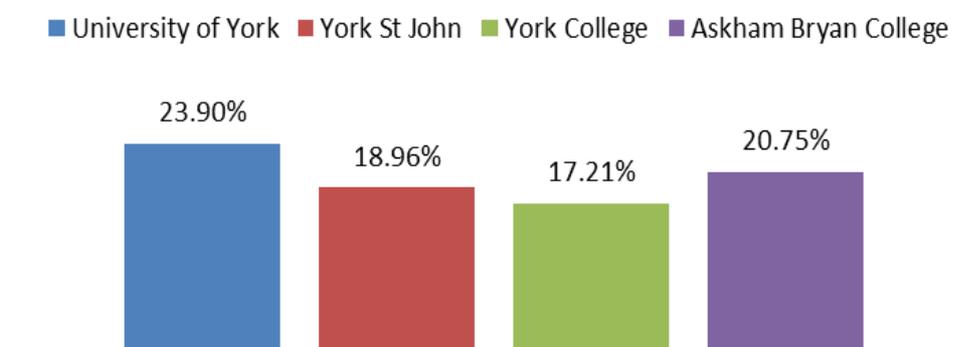
## Student survey results

Students were asked what they thought their mental health status was:

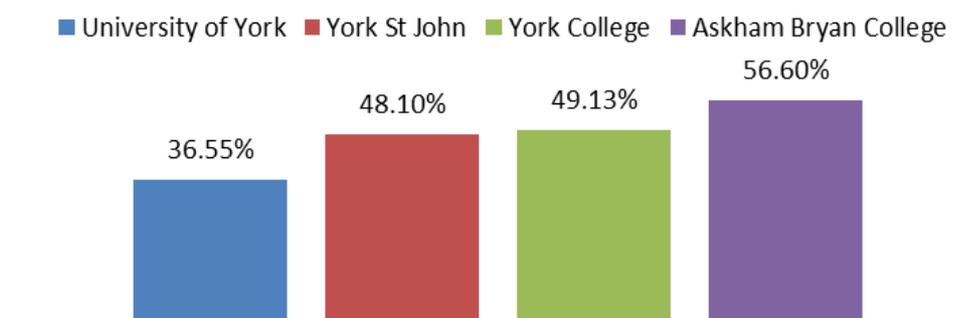
**Graph 8: Proportion of students reporting a diagnosed mental health condition**



**Graph 9: Proportion of students reporting an undiagnosed mental health condition**



**Graph 10: Proportion of students who did not feel they had a mental health condition**



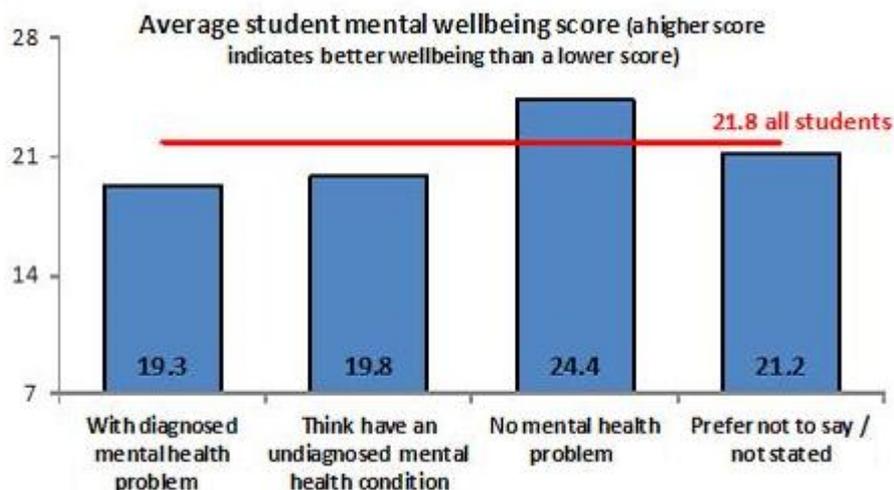
(N.B. the rest were categorised under 'prefer not to say')

24% of responders to the student survey had a diagnosed mental health condition. A further 21% reported they thought they had an undiagnosed mental health condition. The University of York had the highest proportion reporting both diagnosed and suspected undiagnosed mental health problems.

There was no significant difference in SWEMWBS scores between students with a diagnosed mental health condition and students who thought they had an undiagnosed mental health condition. In contrast, there were significant differences in SWEMWBS scores between students with diagnosed mental health conditions and students with no mental health concerns ( $p < 0.001$ ) and between students who

thought they had an undiagnosed mental health condition and students with no mental health concerns ( $p < 0.001$ ).

**Graph 11: Average WEMWBS scores by illness category**



This suggests students are better at assessing their level of mental distress than is assumed by others. It also suggests that up approaching 50% of students could have a clinically diagnosable mental health condition, which in terms of numbers would have huge repercussions on service provision.

In total 31% of respondents had sought support in York for mental health problems. Of these students, one in three did not find the support they received helpful. University of York students were least likely to be satisfied with the support they had received.

The most common place to have sought mental health support was from campus-based counselling or support services, followed by GP practices and friend/family members.

**Table 5: Helpfulness of mental health support services by institution**

	Percentage of students who found services helpful			
	Overall	University of York	York St John	York College
Was GP service helpful?	59%	55%	63%	76%
Was counselling helpful?	55%	51%	66%	57%
Was college/pastoral team helpful?	68%	59%	83%	82%
Were secondary mental health services helpful?	64%	58%	64%	74%

(Askham Bryan not included due to very low number of respondents using services)

College support teams were found to be the most helpful source of support for students, despite being the least qualified group of staff listed. Students were also given an 'other' option when reporting who they had asked for help. Common answers included private counselling (including The Retreat/Tuke

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centres), online help, chaplaincy, and disability services. Other voluntary sector groups were also mentioned, including IDAS, York Mind and 29 Castlegate.

A very large number of survey comments focused on mental health. Many students were concerned about access to services, particularly on-campus services at the University of York and secondary mental health services. There were also concerns about co-ordination between services, and the fact that students needed to exaggerate symptoms in order to be seen. Concerns were also raised about the lack of an eating disorder service in York.

### **Café and focus group findings**

Mental health emerged from the focus groups as the biggest health concern affecting students. Most students reported their mental health had declined since starting university. However, making first contact with anyone, whether service or just a friend was considered to be difficult; if the initial contact attempt was unsuccessful they were much less likely to try again. Some students worried their symptoms were not as severe as other peoples so they should not get any support.

Students noted that there seemed to be stigma towards mental health from medical staff as well as other students. It was also difficult to tell employers about medical problems, particularly mental health.

Students were concerned that you needed to be very persistent in order to get seen by services. This was particularly challenging for those whose mental health was already poor.

International students (especially Asian students) have particular views on mental health. They reported that services were found to be every 'Euro-centric', not necessarily recognising the cultural implications of a mental health diagnosis. International students would like more translated literature and native-language speakers in services, possibly with people available to accompany them to the GP to help with articulation.

Students are not sure what levels of stress constitute needing what level of help (as services are often totally different to those in their home country). They described a lack of awareness about what mental health services the university provided (UoY), and reflected that more mental health services were needed, with improved staffing. Students also felt there should be help available for the friends and housemates of those suffering mental health difficulties.

### **Stakeholder consultation findings**

Mental Health was also a key topic in stakeholder discussions. Mental health was seen as the most common health concern; an increasing number of students are affected, with increasingly complex presentations. The key mental health issues include anxiety, depression, self-harm and eating disorders. Stakeholders reported a lack of city-wide mental health support and long waiting lists. This led to university services (GP, wellbeing teams) being forced to inappropriately hold on to complex cases which take up the bulk of their workload (preventing other students from getting help). In particular it was noted that there were no NHS eating disorder services in York, and that referral to gender clinics could take several years.

Counselling staff reported that students who were referred to other services (e.g. GPs) were referred straight back to them. They also raised concerns about the increased counselling workload in the last 12 months, which may have been affected by the end of the CYC-piloted QWELL counselling service and the significantly decreased capacity at 29 Castlegate.

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Concerns were also raised about the lack of inpatient mental health beds since the closure of Bootham Park Hospital. Transitions between services were noted to be particularly poor (child/adult, home/university, primary/secondary care).

### **Literature review**

A database search was carried out to identify effective interventions to improve student mental health. The following key points/papers were identified:

A meta-synthesis of qualitative research exploring students' lived experiences (Ennals et al, 2015) identified that the concepts of self-knowledge and being able to negotiate the social settings of postsecondary environments are key factors in enabling students with mental ill-health to thrive and survive in an FE / HE environment.

A systematic review (Storrie, 2010) identified specific recommendations connected to improving organisational governance, student support arrangements and staff training which could contribute to improved student wellbeing.

The ability of students to deal with psychological distress related to bullying or victimisation is seen to be dependent upon the attributional style of individuals with those who have a tendency towards negative attributions experiencing more distress (Goldsmid et al, 2013).

The concept of emotional disclosure as a stress-coping mechanism supported student mental wellbeing and reduced the need for medication (Schuler et al, 2009).

Understanding student perceptions of health and wellbeing was identified as an important process among several of the studies (Downey and Chang, 2013; Huxley et al, 2012) due to the influence that these self-perceptions have on both the effectiveness of lifestyle choices among students and on behaviour change programme effectiveness. Perceived relative deprivation, particularly in relation to perceived social worth was identified as risk factors for poor psychological outcomes (Wickham, 2014).

The importance of assessing global wellbeing and completing health risk assessments as part of college wellness programs can guide the appropriate level of intervention by identifying at-risk students McDermott (2008). Understanding how students view or value their own health and their own family / friend social support networks are important predictors in engaging in health-promoting lifestyles (Jackson et al, 2007). The ability to identify at-risk groups within the student population is identified by Buchanan (2012) as an important factor in preventing depression within the student body cohort.

An Australian study compared rates of psychological distress between those in tertiary education and those community peers not in tertiary education and identified that there was a higher prevalence of moderate distress in tertiary students than non-students and that younger students; students on vocational courses; students with financial problems; and those who worked anything up to 39 hours per week were more at risk than other student groups (Cvetkovski et al, 2012).

The importance of lifestyle factors as an influencing factor on wellbeing was further identified to be most associated with lack of exercise, poor diet, binge drinking (Dodd et al, 2010). In this cluster analytic study, the presence of psychological stress was also common in the sample group and the study reported clustering of these specific lifestyle factors together. The authors identify the importance of this implication on health promotion within a further/higher education setting.

### **Local services**

Tees, Esk and Wear Valley (TEWV) mental health trust provide secondary mental health services for the York population. Services they provide include IAPT (Improving Access to Psychological Therapies), Crisis

and Intensive Home Treatment Team (IHTT), community mental health teams (one covering GP practices in the North West, the other covering those in the South East) and Early intervention in psychosis teams. More information about services provided is available on the TEWV website.<sup>14</sup>

The majority of TEWV services (except CAMHS and learning disabilities) are accessed through the Mental Health Access and Wellbeing Team, which has been recently created by bringing together the Single Point of Access and the Primary Care Mental Health Service. Some referrals are also received from the police via their force control triage system, and it is also possible to self-refer to the IAPT service.

Bootham Park Hospital, York's main inpatient mental health facility, closed in October 2015. A replacement mental health hospital is expected to open by December 2019, although the location of the new hospital has not yet been finalised. In the meantime, some mental health beds are available in Peppermill Court. However, York is consistently the worst area in the country for sending patients out of area to receive inpatient mental health support.<sup>15</sup>

Besides NHS services, there are a large number of voluntary and private sector organisations providing mental health support in York. Full details of these can be found in Healthwatch York (2017).

### **Local interventions**

- All institutions have campus-based counselling services. However, these are intended to support students with issues affecting their academic performance, rather than managing complex mental health cases. Both universities also have campus health centres with GPs available.
- Staff from across the institutions are being trained in spotting, signposting, and basic initial management of mental ill health. York College has provided ELSA (Emotional Literacy Support Assistant) training to 150 college tutors. The University of York is providing Mental Health First Aid training to frontline staff, with 200 staff members trained so far and some departments (e.g. Health Sciences) wanting every member of staff to be trained. York St John runs Mental Health Awareness Training workshops throughout the year for both staff and students.
- The University of York has taken several steps to improve access to, and co-ordination between, Open Door and Unity Health. Open Door has begun a trial of a new online self-referral system, which will see student referrals receiving an initial response within 48 hours. Unity Health has begun a series of changes regarding their appointment booking system, as laid out in a [Healthwatch report](#). The University is also employing a practitioner in a link post between Open Door and Unity Health.
- York St John is able to refer students straight into TEWV's single point of access service through the YSJ Wellbeing team, and also through York Medical Group.
- Askham Bryan has a mental health co-ordinator for Higher Education students, and from the start of the new academic year will also have a mental health coordinator for Further Education students. Other new initiatives starting in September include group sessions for counselling, Mental Health First Aid training for residential and student services teams, and peer mentors for all students.

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<sup>14</sup> <http://www.tewv.nhs.uk/site/services/Care-&-Treatment>

<sup>15</sup> NHS digital data on Out of Area Placements (by CCG) in Mental Health Services, October 2016-March 2017: <http://content.digital.nhs.uk/searchcatalogue?q=oaps&area=&size=10&sort=Relevance>

- Mind Your Head York ran a sold-out programme of events for their Mental Illness Awareness Week. They have also developed a 'mental health thermometer' (see below) to help students recognise different levels of mental distress, and know what support to access at each level.
- TEWV have developed transition passports to help students move more easily from child & adolescent mental health services (CAMHS) to adult mental health services (AMHS).
- York Student Mental Health network was set up in 2016 to promote a collaborative approach to managing student mental health across the whole city.
- York St John hosts the Converge Discovery Hub, funded by TEWV, which supports adults with lived experience of mental illness access educational and learning opportunities across York and surrounding areas.

### **Key issues**

- There are a large number of students reporting diagnosed and undiagnosed mental illnesses.
- The prevalence of anxiety and depression are increasing year-on-year. In particular, institutions are seeing an increasing number of complex cases.
- Students report long waiting times to get into services, particularly Open Door, Unity Health, and secondary mental health services.
- There is no NHS eating disorder service in York.
- Access to inpatient mental health treatment has been severely affected since the closure of Bootham Park Hospital.
- Treatments offered are not always found to be helpful, possibly influenced by unclear or unrealistic expectations as well as some instances of poor service.

### **Recommendations**

Storrie et al (2010) provide the following recommendations for improving student mental health from a systematic review of 572 articles:

Institutional governance should be present and include:

- an inclusive and supportive university-wide ethos
- mental health services should be funded through the universities' core budgets
- A mental health coordinator role be developed to facilitate communication between university and community mental health staff
- Communication between campus service providers and community mental health providers needs to improve
- Universities have to be proactive about establishing links with external agencies
- Medical training in particular needs to be reshaped to allow students to feel that they can be more open about their emotional distress

Support arrangements within the tertiary education system should include:

- Offering students a tutor outside the immediate working groups whose role is to offer support as a mentor rather than an assessor
- Increasing students' awareness of existing services by emailing, posters in common rooms and on toilet doors; and advertising websites that offer advice on avoiding stress and enhancing coping strategies

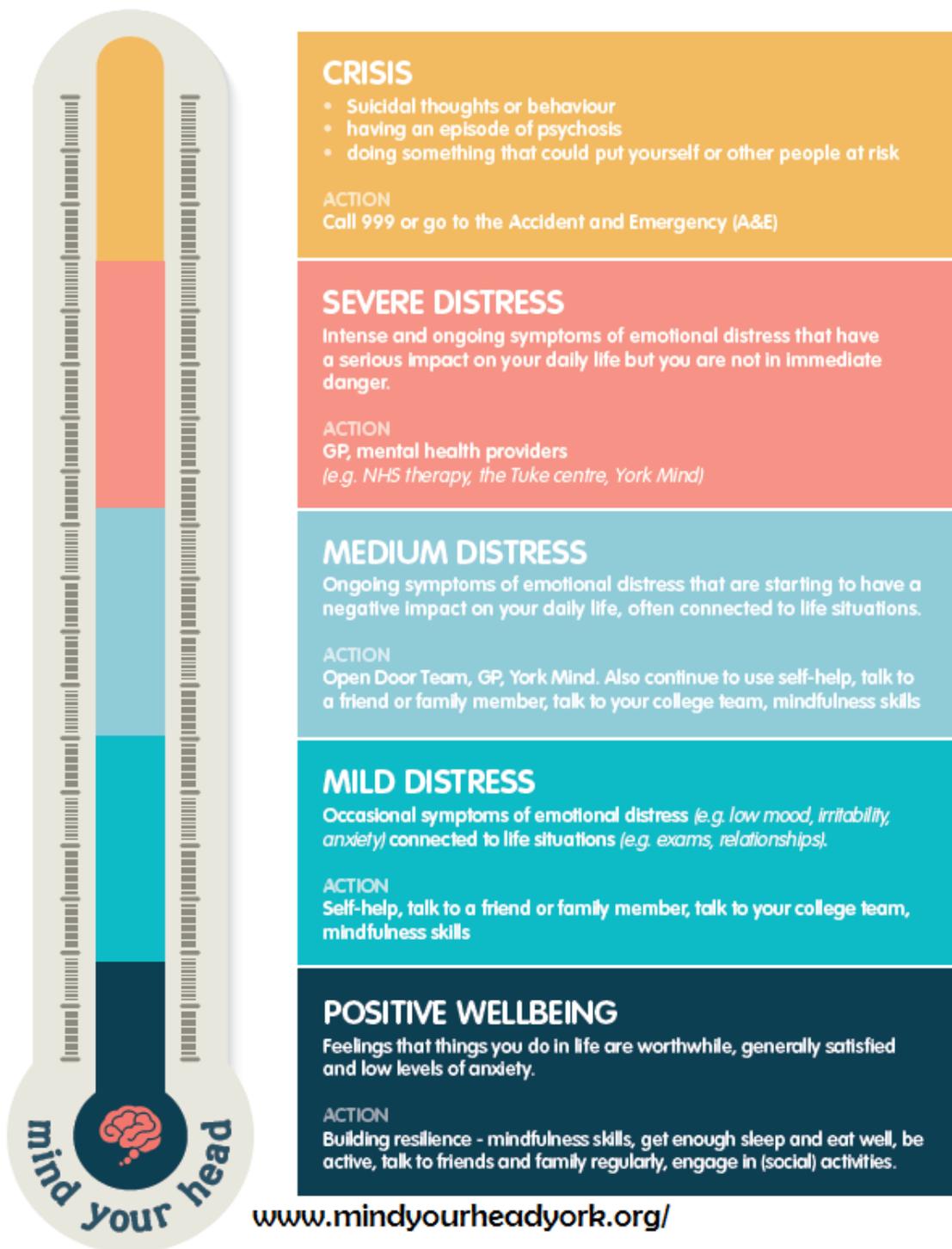
- Recognizing that it is important to provide complementary and non-stigmatizing support for students because mental health can affect learning and vice versa
- College counselling centres should provide referrals to specialist providers in the community for students with serious, long-term psychiatric disorders
- Providing individualized advising process by a competent professional who understands the problems and needs associated with the psychiatric disability and strengths and is able to design an academic programme that matches these circumstances yet maintains academic expectations
- Coordinating educational/mental health services (for example, provide a case manager to support students and the academic staff who teach them)

#### Staff training, education and information sharing

- Higher education institutions need to develop clearer guidelines for staff concerning definitions and expectation of the role and duties of the academic staff
- Staff development needs to be tailored to the interests and expertise of staff. For example, staff with mental health skills and interest could provide one-to-one support to students, rather than leaving academic staff with little interest or expertise to cope on their own with students' behavioural manifestations of emotional distress.

- Additionally, it is recommended that the findings from the University of York mental health task group report continue to be carried out.
- More work should be done to map the student pathway between institutional services and external services, and between different external mental health services (including different TEWV services).
- It would be useful to have a central location for sharing waiting list times for each service, so that referrals can be appropriately targeted.
- Students should have access to eating disorder services as per new NICE guidelines on eating disorder management (NICE, 2017).
- The recommendations put forward in the HEPI report on mental health should be considered (HEPI, 2016), although some of these (e.g. dual GP registration for students) are target more at national policy than local policy.

Figure 7: Mind Your Head York mental health thermometer



## Suicide and Self-Harm

### **Summary**

National rates of suicide among students have increased over the last decade. Analysis of the Coroner's case files has shown no 'cluster' link between the individuals, i.e. which may have led to contagion or copy-cat behaviour. However there were some common lifestyle themes identified (e.g. alcohol use, academic stressors, pre-existing mental health issues, previous bereavement).

Over half of ambulance call outs to the University of York between January and February 2016 were linked to self-harm or suicide attempts. However, across York as a whole rates of admission for self harm were greatest among people aged 18 and under.

Student awareness of issues around suicide and self-harm has increased following recent deaths. There was a desire for more open communication between institutions and students, with recognition that deaths had a ripple effect on the mental health of the wider community, not just close friends.

### **Background**

National suicide rates among students have risen over recent years. In 2007 there were 75 student suicides (57 male, 18 female). By 2014 (latest available figures) this number had risen to 130 (97 male, 33 female) (ONS, 2016b).

21% of 16-24 year olds report having considered suicide at some point in their lives (McManus, 2009). The NUS 2013 survey of mental health in higher education students found that 14% of students had considered self-harm and 13% of students had experienced suicidal thoughts at their current place of study (NUS, 2013). Rates among certain cohorts within the student population are higher. For example, a survey of 7000 16-24 year olds by the LGBT charity Metro found that 42% of young LGBT people reported seeking medical help for anxiety or depression, 52% reported self-harming either now or in the past and 44% had considered suicide.

In York specifically, almost a third of respondents to Mind Your Head's 2015/16 mental health survey at the University of York reported experiencing thoughts of self-harm or suicide whilst studying at the university (Mind Your Head, 2016).

York has a suicide rate of 14 per 100,000, which is significantly higher than the national average of 10 per 100,000 (PHE, 2017a). There have been an increased number of deaths by suicide among York students recently:

**Table 6: Number of deaths by suicide among York residents where occupation is noted as 'student' or 'university student'**

<b>Year</b>	<b>No. Of Deaths by Suicide</b>
2005	1
2009	1
2010	3
2011	1
2014	2
2015	4
2016	1

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Source: Primary Care Mortality Database

In addition to the above figures, a second suicide was confirmed for 2016 following a Coroner's inquest. Two further deaths, treated as suspected suicides initially, were subsequently classed as self-harm-related.

The majority of deaths were among University of York students; however, they do make up the majority of the student population. Measures have been put in place (see below) to reduce the risk of suicide among University of York students. Analysis of the Coroner's case files has shown no 'cluster' link between the individuals, i.e. which may have led to contagion or copy-cat behaviour. However, there were some common lifestyle themes identified (for example alcohol use, academic stressors, pre-existing mental health issues, previous bereavement). These reflect triggers seen in the wider cohort of deaths by suicide in York.

York Self-harm Needs Assessment found that the number of self-harm cases presenting to hospital is higher in York than the national average, with the rate of self-harm related hospital admissions highest in the 10-24 age range (CYC, 2016).

### **Student consultation findings**

Several University of York students commented that people expressing suicidal ideation were not treated appropriately, both by staff at GP and counselling services and police. Similarly students coping with the death of friends or housemates felt that there was a lack of support from the university. There was also a feeling that you had to be suicidal in order to be a 'serious' enough case to get access to services, and that the delay in accessing appointments was detrimental to those needing immediate help. Overall it was felt that in light of recent student deaths more should be done by the university/put in place for students struggling with their mental health. Students felt there was a lack of engagement with students following recent student deaths, which had led to an unnecessary environment of fear that could have been avoided with clearer, more timely communication.<sup>16</sup>

### **Local interventions**

- The University of York has produced a report (UoY, 2016) in light of recent student deaths, highlighting actions to improve mental health support at the University. These recommendations are in the process of being implemented, including the provision of extra support staff for the Open Door team and a more accessible, informative health and wellbeing website.
- City of York Council has appointed a suicide prevention officer, who is leading work on making York a Suicide Safer community. This work has included an audit of recent suicides, improving cross-agency communication around suicide and setting up the York Suicide Safer Community Delivery Group (March 2017).
- York College has developed a suicide prevention plan to reduce the risk of suicide among students.

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<sup>16</sup> N.B. Suspected suicide deaths are not officially classed as suicides until completion of the Coroner's inquest, which takes place at a much later date. This may complicate the level of engagement between students and organisations at the time because of the sensitive nature of the incident and on-going investigation.

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- Samaritans offer a confidential listening service to people in mental health crisis. They are also able to offer support to those who have been affected by a death.
  - Samaritans provide DEAL (Developing Emotional Awareness and Listening) training for young people in local schools, to help build resilience earlier on in life.
  - A York-wide pilot suicide postvention service was recently introduced (February 2017) through the Major Incident Response Team.
  - York St John have participated in Cameron's Coasters, a memorial trust that produces drinks mats for universities and other groups with details of local helplines and other resources around suicide prevention.
  - A city-wide programme of free suicide prevention training has been set up for 2017/18, run through York Workforce Development Unit. This includes places for ASIST (2 day training) and Safe Talk (half day) training, with training provided by York Mind.

### **Key issues**

- Recent high number of deaths among York student population. Issues highlighted at the time are in the process of being addressed.
- Improving mental wellbeing and reducing mental ill health is key to tackling suicide.

### **Recommendations**

- York College to share information about their Suicide Prevention Plan with interested institutions.
- City of York to continue with plans to become a Suicide Safer community.
- In the event of a student death, institutions should ensure prompt, appropriate information is given to students about where to access support if they feel they have been affected.
- Plans should include a clear notification process in the event of future suspected student suicides.

## Sexual health

### Summary

Students appear knowledgeable and fairly confident in managing their sexual health. Students demonstrated a good awareness of local sexual health services. Campus drop-in sessions and free resources such as condoms and pregnancy tests are available at all institutions, as well as the sexual health clinic on Monkgate. Findings from focus groups suggest awareness of sexual health has improved in recent years as there is less stigma and better advertising of services.

Chlamydia remains the most common sexually transmitted infection among young people. In 2015 22.3% of 15-24 year olds in York were screened for Chlamydia. Local detection rates for 2015/16 show 7.5% of tests were positive in this age group. The low percentage of positive tests is thought to be a true reflection of low STI rates in York.

### Background

The World Health Organisation defines sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality” (WHO, 2006). This section focuses on physical aspects of sexual health, including sexually transmitted infections (STIs) and contraception. The following section on harassment and domestic violence covers wider relationship issues around physical and verbal harassment and assault.

### **Sexually transmitted infections**

Chlamydia is the most common STI in the UK, accounting for 46% of STI diagnoses in 2015 (PHE, 2016b). However, rates have declined over recent years from 391 per 100,000 in 2012 to 369 per 100,000 in 2015. Rates of gonorrhoea diagnoses have increased over that time (from 50 to 76 per 100,000), whilst herpes rates have remained similar (PHE, 2016c). Rates of syphilis have also increased, with rates in males significantly higher than females. However, the decrease in chlamydia numbers means that the national rate of STIs has decreased overall.

Young people aged 15-24 experience the highest population rates of STIs, accounting for 61% of chlamydia diagnoses, 52% of gonorrhoea diagnoses, 51% of genital warts and 41% of genital herpes (PHE, 2016b). National guidelines recommend that chlamydia screening should be available to all sexually active individuals under the age of 25. Screening is key for detection of chlamydia as the majority of infected individuals will have no obvious signs or symptoms (FPA, 2016b).

Some minority groups are disproportionately affected by sexually transmitted infections. STI rates are increasing among men who have sex with men (MSM), including incidences of gonorrhoea and syphilis (FPA, 2016b). MSM also remain the group most affected by HIV (Madden et al., 2014). Similarly, rates of gonorrhoea and chlamydia are three times higher in BME groups than the general population.

A systematic review of interventions to prevent STIs in young people in Europe found that peer-led interventions were more successful than teacher-led interventions at improving sexual knowledge, and that improvement in sexual health knowledge does not necessarily lead to behaviour change (Lazarus et al., 2010). A literature review looking at effective interventions to improve the health of MSM also found benefits from peer education and recruitment interventions (Madden et al., 2014).

### **Contraception use**

A StudentBeans student survey with over 5000 participants found that “Of those with sexual experience (89% of the respondents), two-thirds had had unprotected sex. Only 27% of sexually active students say

they always use condoms, compared with 31% in 2013's StudentBeans survey, while 35% use them sometimes and 26% just with a new partner" (BPAS, 2015).

In 2015 the abortion rate was 16 per 1,000 women aged 15–44, 0.6% higher than in 2014 (15.9) and 6.4% lower than in 2005 (17.1). The highest abortion rate (at 28.7 per 1,000) was among women aged 21; in 2014 it was women aged 22 (28.5 per 1,000) (FPA, 2016a).

### **Student consultation findings**

Students were asked as part of the student survey where they would go to access sexual health services. Most people were aware of available sexual health services. The most common places to seek help were the sexual health clinic and GP practices. Other recognised places include college staff, university information areas, pharmacies, Mesmac, and Nightline. Many students saw the internet as their preferred first choice provider of sexual health information, or talking to friends. Some college students said they would consider asking tutors for advice too. Some students preferred using services on campus as they were more convenient; however, others preferred using services further away (i.e. in town) as it seemed more anonymous. Similarly, some students preferred using services at their home address (even if this was in another country).

Students felt that sexual health had improved over the last few years. There was less stigma attached and better advertising of services. International students found introductory talks on sexual health and consent helpful. However, although there seemed to be good understanding of managing the physical aspects of sexual health, there were some concerns about the emotional aspects of sexual relationships (see harassment section).

### **Stakeholder consultation findings**

Staff focus groups suggested that STIs are viewed as treatable, and that some young people are reluctant to ask about contraception when they are having sex, as they felt it was not the norm to be concerned.

### **Local data**

YorSexualHealth data from 2015/16 shows that of the 9070 15-24 year olds in York screened for chlamydia, 7.5% tested positive. This is thought to be a true reflection of low rates of STIs.

37% of all women accessing emergency contraception were under the age of 19.

Nationally reported data for York in 2015 give the following picture of local sexual health (PHE, 2017a):

#### **Chlamydia:**

Proportion 15-24 yrs screened = 22.3 per 100,000

Detection rate 15-24 year olds = 1462 per 100,000 (significantly below national average)

1007 per 100,000 (male)

1908 per 100,000 (female)

#### **Other STIs:**

Gonorrhoea diagnostic rate = 47 per 100,000 (significantly lower than average)

Genital warts diagnostic rate = 185.9 per 100,000 (significantly higher than average)

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Genital herpes diagnostic rate = 56.3 per 100,000 (similar to average)

#### Long-Acting Reversible Contraception (LARC)

Total prescribed LARC (excluding injections) = 48.9 per 1000

GP-prescribed LARC = 37.2 per 1000 (significantly higher)

Sexual health service-prescribed LARC = 11.7 per 1000 (significantly lower)

#### Cervical cancer

Cervical CA registrations rate = 9.8 per 100,000 (similar to national average)

#### Pregnancy

Under 18s conception rate = 15.7 per 1000 (significantly lower than national average)

43.8% of under-18 conceptions lead to abortions.

#### **Local interventions**

- Commissioned sexual health services are provided by YorSexualHealth, who have a clinic on Monkgate but also do drop-ins at each of the institutions.
- Each institution has locations on campus for providing sexual health paraphernalia to students, such as free condoms, lubricant, pregnancy tests and chlamydia tests. Nightline can also send condoms, pregnancy tests and chlamydia tests anonymously to University of York students internal mail services.

#### **Key issues**

- Students overall are knowledgeable about where to access sexual health services.
- Talking about sexual health has become more acceptable over recent years.
- STI rates in York are lower than the national average.
- There are links between different risk taking behaviours, including sexual health, drugs and alcohol. There may be opportunity to take a more integrated approach to tackling these issues on campus.

#### **Recommendations**

- Continue to have accessible services on site, including drop-in sessions and free condoms etc.
- Continue to promote open discussions around sexual health to combat stigma.
- Information about how to deal with the emotional side of sexual relationships should be considered more in partnership with dealing with physical sexual health.

## Harassment and domestic abuse

### **Summary**

Universities UK have reported an increasing level of violence against women, harassment and hate crime involving students nationally. Students, staff and other stakeholders have all reported that sexual offences, harassment and related issues are areas of concern for students in York.

Police data shows that students are over-represented in public safety and welfare incidents related to domestic incidents and domestic violence. Similarly, around 20% of people accessing Survive services in York are thought to be students. However, domestic abuse remains under-reported so these figures are not likely to show the true extent of domestic incidents in the student population.

### **Background**

Sexual harassment, domestic abuse and hate crimes are prevalent in wider society, not just universities and colleges. However, the demographics of university and college students make it an issue of particular concern. Government data shows that 16-19 year old females are the most likely targets of sexual offences (8.2%), with female, full time students having a prevalence of 6.8% (Ministry of Justice, 2013).

The NUS has spearheaded considerable work on sexual harassment and assault, particularly in relation to the emergent 'lad culture' at universities (NUS, 2015).<sup>17</sup> An NUS survey in 2010 found that 68% of students responding had experienced verbal or physical sexual harassment on campus, and 14% had experienced serious physical or sexual assault (NUS, 2011).

There appears to be a link between sexual harassment and alcohol. A Drinkaware survey demonstrated sexual harassment often happened on nights out, and an NUS poll from 2015 found that 17% of students responding had been victims of sexual harassment during the first week of term (i.e. coinciding with Freshers' week) (UUK, 2016a).

Women are more commonly affected by sexual harassment than men, although it is important to be aware that men are also affected. However, other groups of students are also at higher risk of suffering from harassment whilst at university, including race groups, LGBT+ individuals and students with disabilities. The Equality and Human Rights Commission (2011) found that disabled people are more likely than non-disabled people to have experienced harassment during the previous 12 months. Similarly, an NUS survey found that 1 in 5 LGBT+ students (and 1 in 3 trans students) had experienced harassment or bullying on campus (NUS, 2014).

A new report from Universities UK provides evidence-based guidance to universities on violence against women, harassment and hate crime affecting university students (UUK, 2016a). The report advocates adopting an institution-wide approach to targeting these issues, including regular and ongoing engagement with students. Based on the evidence assessed the report advises that institutions promote and reinforce positive behaviour through evidence-based bystander initiative programmes and facilitating a culture of zero tolerance. The evidence base also emphasises the importance of having visible and accessible reporting mechanisms for students, as well as appropriately trained staff who are able to deal with issues arising. Partnership working with others, including the police, community leaders and specialist services is essential for embedding these aims more widely across the city.

<sup>17</sup> The NUS defines lad culture as 'a group or pack mentality residing in activities such as sport and heavy alcohol consumption and 'banter' which was sexist, misogynist, or homophobic' (NUS, 2015)

The Universities UK report prompted the development of new guidance for higher education institutions on how to handle alleged student misconduct (UUK, 2016b). The guidelines cover all misconduct issues that may constitute a criminal offence, and also provide specific recommendations around misconduct.

### **Student survey results**

Students were asked whether they had personally experienced any of the following incidents whilst a student in York: assault or violence, threats or verbal assault, sexual assault, burglary/theft, bullying including online bullying, hate crime or any other (free text box given).

4% of students had experienced assault or violence. 15% of University of York students reported threats or verbal assault, compared to 12% at York St John, 8% at York College and 13% at Askham Bryan.

Low numbers (3% or less) at each institution reported experiencing burglary or theft. Similarly, only low numbers (2% or less) reported experiencing bullying or online bullying; considerably fewer than considered themselves to have been threatened or assaulted.

The proportion reporting sexual assault varied between institutions, with 10% of University of York students, 4% of York St John students, 1.5% of York College students and no Askham Bryan students<sup>18</sup> reporting sexual assault.

Responses to the 'other' category generally referred to harassment (verbal or sexual), attempted theft (commonly bicycles), having drinks spiked and hate crime/discrimination (genderphobia, xenophobia).

Students were also asked whether they had reported these crimes to anyone, and if so, who they had reported them to. Levels of non-reporting were generally quite high, except for burglar/theft which was reported in most instances. Sexual assault was the most poorly-reported incident type.

**Table 7: Percentage of incidents reported (by incident type)**

<b>Incident</b>	<b>% not reported<sup>19</sup></b>
Assault or violence	52
Threats or verbal assault	63
Sexual assault	64
Burglary/theft	32
Bullying including online bullying	58
Hate crime	63
Other	54

Thefts were generally reported to security staff and police. Assault and violence was also mostly reported to the police, with some reported to accommodation services (where incidents happened in halls of residence). IDAS, friends, supervisors, A+E and wellbeing teams were also mentioned – in some cases these were the only people incidents were reported to.

Sexual assaults were reported to a mix of friends, police and college welfare staff. Several students seemed to think reporting was futile as nothing would happen to the perpetrator.

Bullying and online bullying was mostly reported to college/university staff, but sometimes to family members. Hate crimes were also mostly reported to university staff (no college students reported hate crime).

<sup>18</sup> N.B. low numbers for Askham Bryan students

<sup>19</sup> N.B. Some students put 'not reported' but had ticked for multiple categories of incidents – unable to determine which of these incidents the 'not reported' was referring to. It was counted in each category in all cases.

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### **Café and focus group findings**

Students experienced bullying both online and in person. When students were being bullied by flatmates there were significant difficulties escaping from this, particularly regarding negotiating tenancy agreements or housing contracts.

The international student cafes prompted discussion among some students about racism. Students were often arriving with anxiety about how they were going to fit in. Several students had experiences of racism, mostly verbal abuse. This had caused them distress, and they often were unaware of the support available or what rights they might have. One student noted 'We feel like we can't do anything back because it's their country and we're foreign'. International students also commented that talks on sexual consent during induction had been very useful.

There was no discussion of domestic abuse in any of the focus groups of cafes, which is unsurprising. However, this does not mean that it is not an issue; some subjects are naturally harder to discuss in open forums.

### **Stakeholder consultation findings**

Staff focus groups demonstrated that consent is a murky issue for some students. Staff were aware of some instances of rape, and they felt there were likely to be more unreported incidents. Staff focus groups also raised the issue of harassment via social media.

### **Local data**

Police data shows that students are over-represented in public safety and welfare incidents related to domestic incidents and domestic violence. Students account for 10% of domestic incidents reported to the police during 2016/17, 13% of cases involving a Multi-Agency Risk Assessment Conference (MARAC – meetings where information is shared on the highest risk domestic abuse cases) and 25% of incidents relating to the Domestic Violence Disclosure Scheme. Domestic incidents are consistently one of the top three crimes for which students are most likely to be victims.

Survive estimate that around 20% of people accessing their services during the last 12 months were students. Survive have seen a recent increase in their caseload, particularly with referrals from TEWV's Single Point of Access system.

### **Local interventions**

- York has been awarded funding from HEFCE for two projects on preventing harassment. York St John, York College, IDAS and Survive are running a Building Healthy Relationships Project to provide education and training around healthy relationships, and provide more accessible reporting opportunities for when relationships become unhealthy. The University of York is running a separate project to develop and implement research-informed training for student leaders on gender-based harassment and violence.
- The University of York is developing a pilot to trial a new reporting system for misconduct reporting, which will include sexual misconduct incidents. The University has also developed training for support staff (including college staff) on dealing with sexual violence disclosures.

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- YUSU's Women's Officers, in conjunction with Survive, gave talks on consent to all new students at the start of the year focusing on their legal rights, sexual health and where they can seek support if they have been a victim of sexual violence.
  - York St John have a 'Pay Safe 'n' Stay Safe' agreement with Streamline taxis, which assists with vulnerable, intoxicated or tired students who need to get home safely and can pay at a later time. They also use a text service for deaf or hard of hearing students only.
  - York College has a monthly IDAS drop-in session on campus. Askham Bryan will also have monthly IDAS drop-in sessions from the start of the new academic year (2017/18).
  - Askham Bryan has a 24hr safeguarding line and bsafe email for all students, parents and carers. They also share a Stay Safe leaflet produced by the police.

### **Key issues**

- Domestic abuse seems to be a significant, if still somewhat hidden, area of concern for York students.
- Work is underway to better quantify and address issues with harassment, domestic abuse and hate crime among York students.
- Online bullying via social media is as much of a concern as face-to-face bullying for students.
- Some international students still face incidents of racism and hate crime.

### **Recommendations**

- Institutions should follow the recommendations as set out in the Universities UK report and the higher education institutions guidance on student misconduct. Work is already underway in most institutions, in collaboration with external organisations.
- There should be an institution-wide approach to violence, harassment and hate crime. Policies should also cover online harassment as well as face to face.
- Students should feel able to report incidents of domestic abuse, harassment and hate crime. Reporting procedures should be clear, with students aware of the process and given help and guidance where needed.
- Institutions should work with the police and organisations such as Survive and IDAS to produce a co-ordinated approach to incident reporting and management.

## ***Disabilities and other long term health conditions***

### **Summary**

28% of students reported being disabled or living with a long-term health condition. Of these, one in five had not informed their university or college about their condition.

Students reported mixed findings around disability services, with some students struggling with bureaucratic systems and limited support. Many students were going to disability services as they were unable to access mental health services. Often students were filling in all the relevant forms to get assistance, but the recommendations from learning support plans were not always used by lecturers in practice.

### **Background**

The UK Equality Act 2010 states that a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

In the UK around one sixth of the population have a limiting long term illness, impairment or disability. The prevalence of disability increases with age, from around 6% of children, 16% of working age adults and 45% of adults over the state pension age. HESA data shows that in 2014/15 7% of students on first time degree courses were in receipt of Disabled Student's Allowance (DSA) (HESA, date unknown). This percentage has increased annually from 1.5% in 2000/1.<sup>20</sup>

The impact a disability or long term condition has on a student's ability to live and study will be different depending on the student and depending on the disability. It should also be recognised that in many cases the degree of impairment caused by a disability will fluctuate, with students needing increased support to cover acute episodes of increased illness severity.

As well as affecting students' ability to study, disability also affects participation in other activities beneficial to health, including sporting activities, volunteering and other social events (Office for Disability Issues, 2014).

HEFCE data on continuation rates shows that students with disabilities are at higher risk of dropping out of their courses than their non-disabled counterparts (HEFCE, 2016). This is supported by Unite's 2016 Insight report, which also shows that students with disabilities are more likely to have considered dropping out of their degree (Unite, 2016).

Higher Education students with a disability (including a long term health condition, mental health condition or a specific learning difficulty) are eligible to apply for Disabled Students Allowance (DSA). DSA is a government grant that helps with study-related costs for disabled students, such as specialist equipment (including computers), non-medical helpers and disability-related travel.

### **Student consultation findings**

28% of students responding to the student survey reported having a disability or long-term health condition. Of these, one in five had not informed their university or college about this.

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<sup>20</sup> Percentage of UK domiciled full-time first degree students in receipt of Disabled Students' Allowance

Some students reported negative experiences with disability services, particularly regarding administrative barriers to accessing support. It was also mentioned it was not clear how university disability services linked with the other support services available, with more (and clearer) communication between departments being desirable. Some students were turning to disability services to help deal with mental health issues due to lack of other support.

University of York students also reported concerns around the mitigating circumstances process, which was felt to be very complicated, and had a tendency to exacerbate the underlying physical and/or mental health problem.

Students preferred to self-define whether they had a disability or not. Disabled students did not want to appear attention-seeking. Some students worried that they were not as ill as everybody else, and therefore did not think they should get support over someone in more need, or take up limited resources. Students reported that illness was sometimes seen as a trend, with bragging on social media sometimes putting off those with genuine illnesses mentioning their own conditions.

Students reported that co-ordination between different university/college services was not particularly effective. There were also some concerns mentioned regarding confidentiality and information-sharing between organisations. There were also concerns that not enough was always done for disabled students, with a particular example given around the lack of Braille, which caused some visually impaired students to struggle.

### **Local data**

At York St John 888 students are registered as having a disability. Of these, 10% have a long term health condition and 24% have a mental health condition, with smaller numbers (<5%) having mobility issues, blind or deaf, and social communication difficulties (e.g. Asperger's).

In 2015/16 YUSU dealt with 121 academic appeals involving mitigating circumstances, almost all of which related to physical or mental health issues, plus an additional 36 mitigating circumstances claims. 17 students were helped with Leave of Absence requests. Similarly, in 2015/16 York GSA dealt with 32 mitigating circumstances cases, the majority of which involved physical and/or mental health issues.

### **Local interventions**

- Each institution provides a range of disability services for students. Institutions also have disability policies linked to equality and diversity. More information on disability services can be found through student support services:
  - University of York - <https://www.york.ac.uk/students/support/disability/>
  - York St John - <https://www.yorks.j.ac.uk/student-services/learning-support/disability-advice/>
  - York College - <https://www.yorkcollege.ac.uk/student-life/222-student-services.html>
  - Askham Bryan - <http://www.askham-bryan.ac.uk/higher-education/student-support/students-with-disabilities>
- Spectrum at University of York run regular, well-attended drop in events for people on the autistic spectrum.

- 
- York St John Superhuman Society organises activities and awareness campaigns to increase knowledge and understanding of disabilities.
  - York St John runs a learning support drop-in service every weekday during term time.
  - York College run a specialist programme for 16-24 year olds with learning difficulties and/or disabilities who would like to study at entry level.
  - York College also provide Intensive Personal Advisers who work with students facing problems and barriers that put them at risk of leaving college.

### **Key issues**

- A significant minority of students report having a disability or long term health condition.
- Students do not always find the process for accessing disability services easy to navigate.
- Disabilities are not always reported to institutions, either through university/college applications or on arrival.

### **Recommendations**

- Ensure that the processes by which students access disability services are made as clear and easy to follow as possible, with support given where needed.
- Ensure that learning support plans are made available to, and used by, the relevant members of staff. This may include departmental administrative staff, as issues arising are often related to submission of assignments etc. that are dealt with by the administrative team.
- Be clear on the confidentiality of any information shared, and whether the information will be passed on to other services.

## **Meningitis**

### **Summary**

There has been a rapid increase in the number of Meningitis W cases reported nationally since 2009. University students, particularly freshers, are a high-risk group as they come into close contact with large numbers of new people, some of whom may be carrying meningitis bacteria.

The Men ACWY vaccine is recommended to all school leavers and new university students up to 25yrs old as part of a catch-up programme. 95% coverage is needed for full vaccine effectiveness.

Uptake of the Men ACWY vaccine in 18-20yr old students surveyed was 70% (78% in university students only). Students registered with a York GP were more likely to have been vaccinated. Lower vaccination rates were reported in international students (45% EU students, 29% non-EU students).

In comparison to the 95% target this is low, but in comparison to other areas York appears to be doing well. By 2020/2021 all UK students should have received Men ACWY at school. However, a continual programme will be needed for international students.

### **Background**

Meningitis is a neurological illness, most common in children and young adults, involving the inflammation of the membranes surrounding the brain and spinal cord (meninges). It is usually caused by a viral or bacterial infection. Bacterial meningitis is rare but can be life-threatening or fatal if untreated, with symptoms including headache, fever, rash and photosensitivity.<sup>21</sup>

The number of Meningitis W (MenW) cases is rising in the UK. There were 22 cases in 2009/10 across all age groups, which had increased almost tenfold to 210 in 2015/16 (Meningitis Now, 2016). New university students have a higher risk of acquiring MenW than the general population as they mix closely with large numbers of new people, some of whom will be carriers, enabling wider bacterial spread. The first year of university, particularly the first few weeks, are the highest risk time period. Students are therefore advised to get vaccinated just prior to arrival at university or within the first few weeks.

A new vaccine has been developed (MenACWY) to protect against 4 strains of the disease, which has been added to the vaccination schedule for children in school year 9. However, a catch-up vaccination programme for new university entrants up to the ages of 25 has been in place for the last two new university intakes, and will continue until the first vaccinated cohort reaches university. Early evidence suggests that the first cohort receiving catch-up vaccinations had 69% fewer cases of MenW than predicted by trend analysis (Campbell et al., 2017).

The target vaccination rate is 95% to ensure herd immunity (i.e. provide population-level cover). However, PHE data shows that less than an third of people leaving school in 2016 had been immunised with Men ACWY by the end of October (PHE, 2017b).

New meningitis guidance for universities from Public Health England recommends (PHE, 2017b; PHE, 2016e):

- Sending out important information and advice in joining packs to new students
- Encouraging students to register with their GP and get their MenACWY vaccine as soon as possible, if not already vaccinated

<sup>21</sup> For more information, see NHS Choices

<http://www.nhs.uk/conditions/Meningitis/Pages/Introduction.aspx?wb48617274=08E1AFCA>

- Putting in place a plan for dealing with cases and outbreaks
- Raising awareness about meningococcal disease among freshers, other students and staff every autumn

Targeted campaigns have proven effective in improving vaccination rates. Nottingham University increased their coverage from 31% to 71% following a targeted campus-based vaccination programme, with meningitis integrated into welcome pack, pre-arrival questionnaires, Freshers' fair and GP registration (PHE, 2016e).

### **Student consultation findings**

70% of 18-20 year olds responding to the student survey reported having had a meningitis vaccination before starting in York (or within the first few weeks of starting).

**Table 8: Self-reported meningitis vaccination rates by age and institution**

<b>Institution</b>	<b>18yr olds<sup>22</sup></b>	<b>19yr olds</b>	<b>20yr olds</b>	<b>Total</b>
University of York	88%	87%	57%	77%
York St John	79%	87%	71%	79%
York College	25%	16%	29%	24%
Askham Bryan <sup>23</sup>	29%	44%	25%	33%
Universities (combined)	85%	87%	63%	78%
All institutions (combined)	67%	81%	60%	70%

For York St John students, those registered with a GP were nearly twice as likely to have received a meningitis vaccination (70% vs. 38%). Similar percentages were recorded for the other institutions.

Looking at international students specifically, 45% of EU students (in York for at least 1 year) had received the vaccine. Only 29% of non-EU students reported being vaccinated, and none of the international students on short-term placements reported being vaccinated. However, discussions with students at the café events suggested that many international students were aware of the need for vaccines prior to arrival at university, as there would be with other foreign travel.

### **Local data**

At GP practice level, 66.3% of the latest target group registered with York Medical Group and 56.1% registered with Unity Health had received the Men ACWY vaccine by 18<sup>th</sup> Jan 2017 (data provided by Immform).

<sup>22</sup> N.B. these are done by age not by university cohort. Some 20 year olds will not have been offered MenACWY.

<sup>23</sup> N.B. very small numbers

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### **Local interventions**

- All institutions advertise MenACWY vaccination to students.
- York Medical Group run catch up vaccination sessions throughout the year.

### **Key issues**

- Vaccination needs to be timely for new students, as the greatest risk is in the first few weeks after arriving. Ideally vaccination should occur before arrival; this should be emphasised in pre-arrival packs.
- Not all students are registered with a local GP.
- International students have particularly low rates of MenACWY vaccination. The Nottingham study found that only 1% vaccinated prior to arrival; the York survey data shows higher rates (45% EU students, 30.6% non-EU students), but still much lower than the rest of the university population.
- Information is collected on vaccination rates among local GP cohorts, but not among students as a population.

### **Recommendations**

- Continue to strongly advise all residential students to register with a local GP.
- Follow the PHE guidance for universities as set out above.
- Continue with GP-led targeted vaccination programmes.
- Ensure international students are particularly targeted as part of vaccination campaigns, even after the catch up programme has ended.

## **Dental health**

### **Summary**

Students report very limited access to NHS dental services in York. This is of most concern regarding emergency dental treatment, with very poor access reported by students and stakeholders.

Dental problems are the most common cause of calls to NHS 111 by 18-25 year olds in York (12.1% of calls in 2015/16, 13.6% in 2014/15). This suggests that there is a need for better signposting to emergency dental care, as well as ensuring students take better care of their oral health to prevent the need for emergency treatment.

### **Background**

Oral health affects both physical and psychological wellbeing, although there is a tendency to view it separately from the health of the rest of the body. Oral discomfort can cause changes to what people eat, how they taste and speak, and can also affect social wellbeing. Poor oral health is linked to chronic diseases and poor mental health (Sheiham, 2005).

Most people in the UK are recommended to have dental check-ups every 6 months, although dentists will advise specifically when the next appointment should be (generally between 3 months and 2 years).

Individuals are entitled to free dental care if they are under 18, or under 19 and in qualifying full-time education. There are also exemptions for people on low incomes (which involves many students), pregnant women and people with certain medical conditions (see NHS Choices website for more details).

### **Student consultation findings**

*“York’s dental health services are very inaccessible for students who didn’t live nearby beforehand.”*

There were several comments concerned about the difficulty students have in accessing both routine and emergency dental care in York. Dental treatment was found to be largely unaffordable, leading to students putting off treatment for as long as possible and exacerbating the problem. Very few dentists in the York area are accepting NHS patients. One student who eventually managed to register was given a pre-appointment five months away.

### **Café and focus group findings**

Students reported being actively discouraged from trying to register with a dentist in York. It was felt this was due to the waiting lists being so long that they were unlikely to be offered registration during the few years they were here.

### **Local data**

Dental complaints are the most common cause of calls to NHS 111 among 18-24 year olds living in York. In 2015/16 12.1% of calls related to dental complaints, with the most common complaint being toothache but other dental issues (including fillings, crowns and dental bleeding) also featuring. Similarly, in 2014/15 13.6% of calls related to dental complaints. This may be related to a high prevalence of dental problems and a lack of knowledge about where to access services. However, the NHS Choices website also

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encourages individuals to call NHS 111 if unsure about where to access dental support, which is likely to have increased call numbers further.

Healthwatch Leeds recently looked at people's experiences of using community dentistry in the Yorkshire & Humber region (Healthwatch Leeds, 2016). Comments from York residents in particular were focused around wanting greater availability of appointments, especially longer and more frequent appointments.

### **Local services**

Institution websites and York Student Health website have limited information on dental care, with advice on where to seek help consisting of a link to NHS choices:

<http://yorkstudenthealth.org.uk/health-services/dental-services/>

Unfortunately, information available on the NHS choices website is also limited, and may not be kept routinely up to date. At time of writing (May 2017), of the 20 dentist practices within 4 miles of York city centre, 9 have no information on accessibility on the NHS choices website. Of the others, 3 are only accepting referrals from dental practitioners, 1 is accepting new NHS patients (mydentist, Aldwark) and 1 is accepting children as new NHS patients (Alpha Windmill York, Acomb). None provide urgent appointments.<sup>24</sup>

There is an emergency dental service at Monkgate Health Centre. However, they are poorly advertised, with no website, no links on student websites, and links from other websites displaying contradictory information.

### **Key issues**

- Access to routine dental care is limited for students in York on a short-term basis.
- Students have poor awareness of where to access emergency dental treatment. Individuals with routine NHS dentists elsewhere would generally be expected to contact them as their first point of call. However, that is not practical when students are studying a considerable distance away.
- Students may not realise that they could be entitled to free dental treatment.

### **Recommendations**

- Institutions, GPs and the Student Health website should publicise the emergency dental service at Monkgate alongside information from NHS Choices for routine care.
- Students should be aware of the importance of caring for their oral health as part of their wider physical and mental health.
- Students should ensure they have regular dental check-ups with their 'home'/routine dentist.
- Further work should be done to map the availability of dental services in York.
- Ideally students should have access to emergency dental services in York, regardless of where their routine dentist is based.

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<sup>24</sup> Date checked: 19/05/2017

## Chapter 6: What other factors do students report affect their health?

### *Alcohol*

#### **Summary**

Survey responses suggested that most students were drinking within the 14 unit recommended limit for alcohol each week, although 50% of students scored positive on the AUDIT-C alcohol screening tool, indicating the potential of increasing or higher risk drinking. However, a significant minority of students reported experiencing some harmful effects of alcohol within the last 12 months. Most commonly reported were spending too much money, and feeling embarrassed about something they said or did whilst drunk. 5% of students reported needing to seek medical help for injury or illness as a result of their drinking.

Some stakeholders and parts of the wider community perceived student drinking to be a problem for city, with issues including antisocial behaviour, the need for emergency medical care and river safety. However, students often reported using alcohol as a coping mechanism for high levels of stress rather than for social purposes.

#### **Background**

Alcohol consumption among students has been a recognised issue for many years. Excess alcohol consumption is also linked to further risk-taking behaviour, affecting the physical, mental and sexual health of both individuals and others (Newberry-Birch, 2009). However, national rates of binge drinking among young adults have fallen by more than a third since 2005 (ONS, 2015), and many more young adults are reporting they do not drink at all.

A literature review of alcohol and drug prevention in colleges and universities highlighted that Binge drinkers have an increased risk of intentional and unintentional injuries and alcohol poisoning. It also highlighted the changing drinking behaviour in females over time, with alcohol consumption by females increasing in comparison to their male counterparts. The review also noted that students consistently overestimate the frequency and quantity of alcohol use by their peers, which in turn affected their own behaviour (Mentor, 2007).

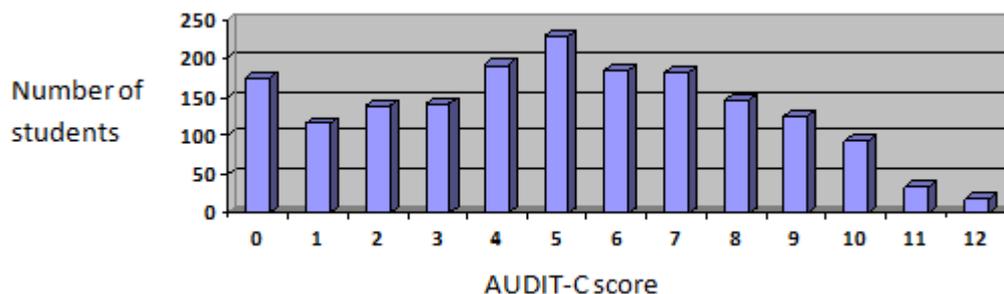
#### **Student consultation findings**

As part of the survey students were asked to complete the 'AUDIT-C' three question assessment<sup>25</sup> of harmful drinking, and then asked a series of questions relating to the impact of their drinking on various areas of their lives. A total of 1774 students completed this part of the survey.

AUDIT- C is an assessment of alcohol harm, with higher the scores indicating a greater chance that a person's drinking is impacting on their health. The spread of AUDIT-C scores from the student survey is given below:

<sup>25</sup> See questions 18, 19 and 20 in the student survey (Appendix 1). For more information on AUDIT-C scoring, please see <https://www.alcohollearningcentre.org.uk/Topics/Latest/AUDIT-C/>

Graph 12: AUDIT-C scores



The mean AUDIT-C score is 4.9 points, with the majority of the scores clustered around the 5 point value. The latest PHE AUDIT-C tool (2017) categorises an overall score of 5 or above as AUDIT-C positive, total of 5+ indicates increasing or higher risk drinking. Therefore, around 50% of the student population are drinking at levels which have at least a small chance of being harmful to health.

When interpreting this score, it is important to note that the majority of the population will score at least 5 on the AUDIT-C tool, and that most students appear to be drinking within the 14 unit recommended limit for alcohol each week. Therefore, relative to other adults in the UK, students in York appear to be drinking at a moderate level.

Despite this, a significant minority of students report experiencing some harmful effects of alcohol within the last 12 months. Most frequently reported were spending too much money whilst drunk (789 students) and feeling embarrassed about something they said or did whilst drunk (781 students).

Least reported, but possibly most concerning were the 5% of students (100) who reported needing to seek medical help for injury or illness as a result of their drinking. The majority (92) of these students also reported experiencing at least one other harmful effect of alcohol in the last 12 months.

At least 23 students reported experiencing all of the harmful effects of alcohol within the last 12 months.<sup>26</sup>

In the comments section, students reported that they were using alcohol as a coping mechanism for dealing with stress, rather than for having a good time.

Students reported in focus groups that there was a general perception among non-students that drugs, sex and alcohol are biggest issues for students. However, by students themselves these issues were only considered to affect a minority of students, whereas stress levels and self-esteem affect everyone. Students felt social media was widely used to promote student drinking culture, particularly during Freshers' week. This included student union promotions.

### **Stakeholder consultation findings**

Staff focus groups also discussed issues related to student alcohol consumption. They perceived that excessive alcohol consumption causing risks to personal safety was a significant issue relating to both physical and mental ill health. In one particular example, concerns were raised about students in mental

<sup>26</sup> N.B. some responses were removed due to concerns about their validity. They have not been included in this figure.

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health crisis not being seen by the crisis care team, who will not come and assess students under the influence of alcohol (even if not intoxicated). This left students unable to access the immediate mental health support they needed.

Alcohol was the second most common health issue discussed by stakeholders, behind mental health. This included stakeholders from alcohol services, mental health services and other services including fire & rescue. Stakeholders felt that there was a lack of understanding, education and awareness around alcohol consumption. This included knowledge of long-term health effects, addiction and links to other risk-taking behaviours (e.g. sexual health issues). Stakeholders suggested there needed to be better routes from providing education and raising awareness into treatment.

Particular concerns were raised around the perceived 'drinking culture', particularly focusing on Freshers' weeks, which linked in to concerns about river safety.

Stakeholders wanted to see a decrease in the amount of drink-related promotions, particularly during Freshers' week, and an increase in health information at induction sessions around risky behaviours, alcohol responsibility, drug use and sexual health.

### **Other local data**

A+E attendance figures do not show alcohol as one of the main causes of presentation for 18 to 24 year olds at the York Hospital A+E department.<sup>27</sup> Additionally, the number of students attending A+E did not increase in the early hours of the morning or at the weekends, further suggesting that the majority of students' attendance at A+E is not alcohol related. This is supported by the low number of students reporting needing medical attention for alcohol-induced injury.

In contrast, 'unconscious or passing out' was a major cause of ambulance call-outs among 18-25 year olds in York student postcodes. However, it is not possible to determine how many, if any, of these are secondary to alcohol intake.

At least 10% of ambulance call outs specifically to the University of York campus in 2016 were alcohol-related, although it is possible that the true proportion is higher due to the large number of unclassified incidents.

### **Local interventions**

- Both universities have been engaged in the 'Don't Drink and Drown' campaign, which has involved CPR workshops, talks from water safety organisations including the Royal Life Saving Society (RLSS), and social media adverts. York St John has included river safety talks as part of the new student induction process.
- York St John Student Union runs a 'Plan Safe, Drink Safe, Home Safe' campaign during Freshers' week, which provides safety advice to students and hands out food and water at alcohol-related events.
- York University Student Union runs alcohol-free events during Freshers' fairs. They also have their own club staff and chaperones during Freshers' weeks to look after students.

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<sup>27</sup> A+E attendances among 18-24 year olds are predominantly related to soft tissue injuries. It is possible alcohol may have been an influencing factor in some of these injuries, but it was not possible to determine this from the data available.

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- There are formal drug and alcohol services available to York residents, including students. Lifeline was the provider of drugs and alcohol services in York until the end of May 2017. From 1<sup>st</sup> June 2017 drug and alcohol support will be provided by York Drug and Alcohol Service, which will be delivered in partnership between Changing Lives and Spectrum Community Health CiC.

### **Key issues**

- Most students are moderate drinkers. However, there are some students whose drinking places them at risk of harm.
- Students are aware of the image of the university 'drinking culture'. However, they feel the reality is often different, with more alcohol being drunk to relieve stress than to have a good time.
- Staff remain concerned about levels of student drinking.

### **Recommendations**

- Ensure that students are aware of the risks associated with drinking (both health risks and other risk-taking behaviours).
- Provide clarity on where help and support can be accessed for students concerned about their drinking.
- Consider carefully the marketing around Freshers' week events.
- Ensure that there are a range of alcohol-free activities available during Freshers' weeks. These should be targeted at all freshers, not just non-drinkers.
- Advertise the change in provider from Lifeline to York Drug and Alcohol Service. Ensure GP practices and voluntary organisations are aware, and that literature in each institution is updated appropriately.
- Monitor the transition of drugs & alcohol services from Lifeline to York Drug and Alcohol Service.

## Drugs

### **Summary**

10% students reported taking non-prescribed drugs, and 1.3% students reported taking performance-enhancing drugs (including smart drugs/learning aids). Of the students who reported drug use, less than half reported experiencing any harms in the last 12 months. Most frequently reported harms were spending more money than they wanted to and feeling too ill the next day to do things they wanted to. Students were slightly overrepresented in crimes relating to drugs.

### **Background**

Individuals are most likely to start using drugs in their late teens and early twenties (PHE, 2016f). According to the 2015/16 Crime Survey for England and Wales, 18% of 16-24 year olds reported having taken a drug in the last year. This was similar to the previous year's figure of 19.5%, but statistically significantly less than 10 years previously (25.2% in 2005/6 survey) (Home Office, 2016). The most common drug taken among 16-24 year olds was cannabis (15.8%), followed by ecstasy (4.5%) and powder cocaine (4.4%). There have been decreases in the frequent use of powder cocaine and ecstasy.

A study in Welsh universities during 2015/16 found that the most commonly used drugs (after alcohol and cigarettes) were cannabis, ecstasy, nitrous oxide and powder cocaine (Holloway and Bennett, 2017).

Across the UK 13,231 18-24 year olds commenced drug treatment in 2015/16, mostly for cannabis, alcohol, or cocaine. The number of under-25s accessing treatment has fallen by 37% since 2005/6, reflecting the shifting patterns of drink and drug use in under-25s over the last 10 years (PHE, 2016f).

Over the last few years concerns have been raised about the use of performance-enhancing drugs at universities to aid concentration whilst studying. A survey by York Vision (University of York student newspaper) in 2014 found that one in five students surveyed had taken prescription drugs such as ritalin or modafinil to aid concentration whilst studying (York Vision, 2014). Similar surveys at Oxford and Cambridge found 1 in 7 and 1 in 10 students had taken performance-enhancing 'smart drugs' respectively.

### **Student consultation findings**

Students were asked as part of the survey whether they took non-prescription drugs, and whether they took performance-enhancing drugs. 184 students reported taking non-prescription drugs (10% respondents), and 24 students reported taking performance enhancing drugs including learning aids (1% respondents). Five students reported taking both types of drugs. These numbers are low; however, not all drug use may have been reported.

No additional details were asked about the type of substances being used. Instead, a question was asked regarding whether any harms had occurred as a result of drug use in the last 12 months. Students were most likely to report that as a result of their drug use they had spent more money than they wanted to and had felt too ill the next day to do the things they wanted to. This was similar for both types of drugs. However, of the students who reported drug use, less than half reported experiencing any harms in the previous 12 months.

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Students attending focus groups felt that drug taking was only an issue for a minority of students. However, students were unsure about what to do about flatmates with drug problems. There were concerns raised about the wellbeing of both the individuals themselves and of the flatmates.

### **Stakeholder consultation findings**

Issues with drugs and alcohol were also raised through the stakeholder survey, with particular issues relating to addiction, long term health effects, enhancing other risk-taking behaviours, river safety and legal highs.

Drugs were also discussed in staff focus groups. Staff felt drugs were seen as fairly normal among some students, which has led to some incidents of violence and reduced personal safety as a result. Study drugs, or drugs which cause hyper alertness, were seen as common among students. This is in contrast with the self-reported data from students; this may be due to under-reporting, or it may be an inaccurate perception.

### **Other local data**

In line with the self-reported data, Unity Health also report that small numbers of their appointments relate to drug and alcohol misuse, indicating that it is not a significant health concern for their student population.

Yorkshire Ambulance Service (YAS) data shows that overdose/ingestion/poisoning incidents are one of the three leading causes of ambulance call outs among young people in York.<sup>28</sup> This suggests that some students do need medical assistance following drug use. However, it is important to consider that this may also encompass mental distress, or accidental overdose of prescribed medication as well as recreational drug use. Additionally, the absolute number of students who were seen by an ambulance for overdose/ingestion/poisoning incidents is relatively small (<50/yr).

Police data shows that students aged 18-24 were involved in 10.6% of crime related to drugs in York in 2016/17 (around 1% more than would be expected based on the population size). Drugs crimes are one of the main causes of student offending in police data, besides violence, theft and nuisance.

As discussed above, the provision of drug and alcohol services has recently (1<sup>st</sup> June 2017) changed from Lifeline to York Drug and Alcohol Service.

### **Key issues**

- Whilst drug use is present in students in York, it does not happen at particularly high levels.
- Students report low to moderate levels of harm as a result of their drug use.
- Drug use can be linked to other risk-taking behaviours.
- The provider of drug and alcohol services has recently changed.

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<sup>28</sup> NB: Students are not specifically measured in either A+E or Ambulance data. Therefore this report uses a proxy measure, and defines students as any 18-24 year old living in one of several specific York postcodes.

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### **Recommendations**

- Universities and colleges to continue work in partnership with the police and other organisations to educate students on the risks of drug use, and to continue to discourage illegal drug use.
- As above, advertise the change in provider from Lifeline to York Drug and Alcohol Service. Ensure GP practices and voluntary organisations are aware, and that literature in each institution is updated appropriately.
- CYC to monitor the change from Lifeline to York Drug and Alcohol Service.

## Smoking

### **Summary**

11% of survey respondents reported smoking, with just under half of these smoking both cigarettes and e-cigarettes. (Smoking rate for adults in England in 2015 = 16.9%).

Knowledge of how to access smoking cessation was poor, with only one student aware that City of York Council is the provider of smoking cessation services in York. Whilst some students identified online or phone NHS resources, most were unaware of where to access help or would choose to visit their GP. Only 4 student smokers stated they did not want to quit.

### **Background**

Smoking is known to be harmful to health, with links to many short and long-term health conditions, including respiratory conditions and cancer.

Smoking rates among the general population have decreased over the last 40 years. In 1974 45% of Britons smoked (52% men and 41% women). Smoking rates in the UK have decreased over the last few years from 20.1% of adults in 2010 to 17.2% in 2015 (ONS, 2017). The largest decrease in smoking rates has been among the 18-24 age group, with 20.7% smoking cigarettes in 2015 (a reduction of 5% since 2010). Public Health England area statistics show that smoking prevalence in adults in York in 2015 was 14.6%, significantly lower than the England average of 16.9% (PHE, 2017a).

There is limited information available on the safety of e-cigarettes, but they are thought to be up to 95% less harmful than smoking tobacco (PHE, 2015b). E-cigarettes are useful as a quitting aid for cigarette smokers; however, there is an ongoing risk that non-smokers may take up smoking via e-cigarettes.

### **Student survey results**

Prevalence of cigarette and e-cigarette smoking was examined as part of the survey. 198 students reported smoking cigarettes in the student survey (11% of all responses). This is similar to local GP data from York Medical Group, which has a registered smoking prevalence of 12% among its student population. This is nearly 50% lower than the national rate of smoking among 18-24 year olds, and also lower than the York adult smoking prevalence of 14.6%.

59 respondents reported smoking e-cigarettes, 32 exclusively and 27 smoking a combination of both cigarettes and e-cigarettes.

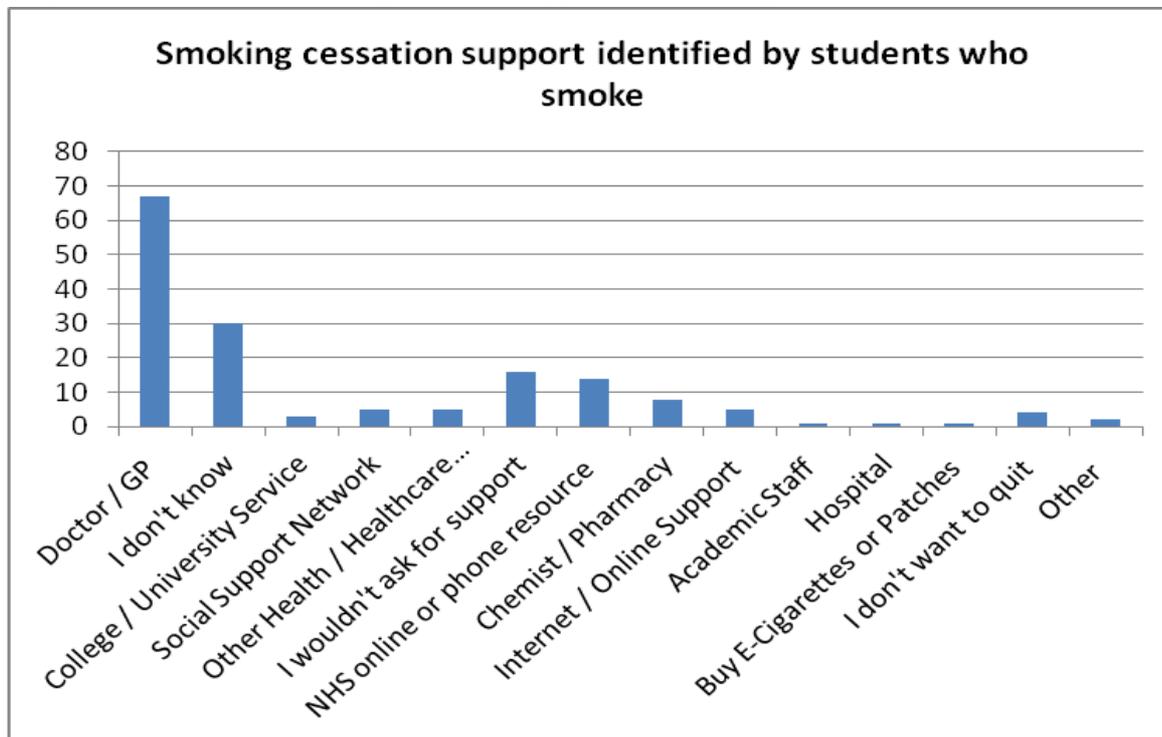
All students, regardless of smoking status, were asked where they would go if they wanted to quit smoking whilst in York. This helps demonstrate which services are effectively promoted to students. It is important that all students, not just smokers, know of at least one place to access support to quit smoking, as students may turn to friends for advice and support.

There were 508 individual responses, with some students including more than one answer in their response. The majority of non-responders were non-smokers. The two most frequent types of responses either mentioned GPs or Doctors (203 responses; 40%) or stated they did not know of anywhere to get support in quitting (92 responses; 18%).

Crucially, only one student correctly identified that the City of York Council is the provider of smoking cessation support groups in York, and only 23 identified online or phone NHS resources.

Among the 198 students who report smoking cigarettes (containing tobacco), a similar pattern of knowledge of services is present.

**Graph 13: Locations of smoking cessation support identified by students who smoke**



43 student smokers (22%) did not provide any response. Of those who did respond 30 student smokers (15%) could not name a single place to access support. One student responded: *"I don't know but would like info"*. 67 responses (34%) identified their GP as one place they would go for support to quit smoking. 14 responses from student smokers identified online or phone NHS services, and none identified the group sessions provided by City of York Council. Only 4 student smokers stated they did not want to quit.

There were several comments which indicated students were not satisfied with the level of support they were able to access.

*"I have attempted to reach out for help at unity health, but they no longer receive funding from the NHS. Tried contacting NHS national, but they were only able to give some info over the phone. Have been on the phone with a nurse, but she could only give some information of where to look for information. Feel very disappointed that I cannot get help when I for once feel motivated to try to quit smoking."*

A small but significant number of student smokers reported not accessing any support services or 'going it alone'. Some students were happy with this decision (*"I only smoke on nights out, I feel I could easily stop this habit"*), whereas other students felt this was forced by the perceived lack of available support (*"I know that there isn't any support, I just stop cold turkey for a few months at a time"*).

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### **Stakeholder consultation findings**

There was limited awareness of the CYC smoking service among stakeholders, including GPs, who felt it needed better promotion.

### **Local interventions**

- York St John and York College are smoke-free campuses.

### **Key points**

- Smoking is harmful to health.
- Although fewer students in York appear to smoke than their age cohort nationally, there is still a significant minority of students in York who smoke.
- The majority of these students are interested in quitting or accessing support to quit. However, none of the student smokers knew where to access group support in York, and only a small number knew where to access online or telephone support.

### **Recommendations**

- Make the York-based smoking cessation services more visible to the student population in York.
- Continue to emphasise the health dangers of smoking.

## Sleep

### **Summary**

Two thirds of students reported they did not get enough sleep to feel rested most nights of the week. The most commonly reported causes were studying, stress, noisy flatmates and existing mental health conditions. Students with poor mental and physical health were significantly ( $p = <0.001$ ) less likely to report feeling well rested. Students who reported they did not get enough sleep also had significantly ( $p = <0.001$ ) lower wellbeing scores than those who did get enough sleep.

In the short term, poor sleep makes it harder for students to concentrate and less able to cope with stressful situations. In the long term, poor sleep can have a negative impact on mood, increasing the risk of anxiety and depression as well as physical disorders such as diabetes and heart disease.

An evidence review found that improving students' knowledge about sleep does not necessarily translate to improved sleep behaviours. It also found that interventions involving reducing caffeine or alcohol may not be suitable for students, whereas interventions focused around gentle forms of exercise appeared to be effective.

### **Background**

Most adults need between seven and nine hours sleep a night to feel refreshed and stay well. In the short term, not getting enough sleep can make people less able to concentrate and less able to deal with stressful situations. In the longer term, poor sleep can have a negative impact on mood and increase the risk of depression and anxiety disorders as well as physical conditions like diabetes and heart disease.

A literature review was carried out looking at effective interventions to promote sleep in students. A database search (MEDLINE) and abstract review identified 14 out of 575 relevant articles, which described the following key themes:

- Improving sleep knowledge in students is possible, but this will not necessarily translate to improved sleep behaviours, better sleep quality or longer sleep duration.
- Interventions regarding reducing late night media use may not be supported by the evidence base.
- Interventions focused around gentle exercise of various forms are effective in improving sleep quality and/or sleep duration in students.
- There are examples of self-help interventions that have been effective in improving sleep quality and/or sleep duration in students.
- Medical students appear to be at a higher risk of poor sleep, even when engaging in good sleep hygiene practices.

### **Student consultation findings**

Students were asked as part of the student survey if they feel they get enough sleep and feel well rested most nights of the week. The majority of students (94%) responded to this question. Of these students, 65% reported not feeling rested most nights of the week. This appears to be a city-wide issue, with between 60-70% of students at each institution reported not feeling well rested. This is a city wide issue for students.

The 122 students aged 30 years or older were significantly ( $p < 0.001$ ) more likely to report feeling well rested most nights than the general student population.

184 students reported poor or very poor mental and physical health. These students were significantly ( $p < 0.001$ ) less likely to report feeling well rested most nights than the general student population.

Students were also asked if there was anything that regularly stopped them from getting more sleep. Of the options given, studying (60%) and stress (59%) were the most common causes of poor sleep followed by social media use (35%). Students were also given a blank space option to report other causes of poor sleep, which showed that flatmate noise, and mental health or disordered sleeping were also significant causes of poor sleep.

The comments also mentioned issues related to different types of stress that affected sleep, including financial, social, and academic stress.

**Table 9: Stress-related causes of poor sleep**

Type of stress	Example
Financial stress	<i>"financial stress of on my own living: bills been mentally stressed lack of funds to do basic stuff shopping ect printing"</i>
Social stress	<i>"Feeling unsafe with current housemate"</i>
Academic stress	<i>"overthinking about uni work"</i>

Although student housing is often seen as fun or 'part of the university experience' very large numbers of students reported 'noisy flatmates' as a reason for not being able to get more sleep.

There were also a large number of students who reported mental health conditions. In particular several students reported anxiety conditions causing difficulty in sleeping. A further 22 students reported that insomnia or disordered sleeping was stopping them getting enough sleep.

The survey results are supported by the focus group findings, which also highlighted that most students don't get enough sleep. Students reported difficulties balancing work with sleep, and felt guilty when they prioritised sleep over work.

### **Key issues**

- Stress affects sleep, and vice-versa. There are links between sleep and poor mental and physical health.
- Sleep also has an effect on academic performance, with poor sleep making academic achievement more difficult.
- Noisy accommodation is a significant cause of poor sleep.

### **Recommendations**

- Universities and Colleges should actively and visibly promote good sleep practices among students, particularly around exam periods. Staff should discuss the importance of sleep as part of a balanced and productive revision plan.

- 
- Accommodation services should be mindful of the impact of sleep on health. There should be clear avenues for reporting excessive housemate noise through the year, and guidance on appropriate noise around exam periods.

## Physical activity

### **Summary**

National studies suggest that in the UK 73% of male and 79% of female university students do not meet physical activity guidelines. Most students focused on lack of exercise, and tended to overlook physical activity in other parts of life (e.g. active transport).

Students were concerned they did not get enough exercise, which was recognised as beneficial to physical and mental wellbeing. Some students found it difficult to fit exercise around their existing timetable, whilst others found accessing gyms and societies difficult either due to cost or lack of information on how to join.

### **Background**

Physical activity provides a number of health benefits, including on mental health and wellbeing. In addition, perceived benefits include improved physical performance, psychological outlook, preventive health and social interaction (Lovell et al., 2010). Physical activity has also been linked to improvement in academic results (Keating et al., 2013). However, despite the many benefits, in the UK 73% of male and 79% of female university students do not meet physical activity guidelines (Haase et al., 2004).

There are national guidelines setting out how much physical activity people of different ages should aim to achieve:

- 5-18 year olds should do at least 60 minutes of physical activity every day
- 19-65 year olds should try to be active daily and should do:
  - 150 minutes of moderate aerobic activity (or 75 minutes of vigorous aerobic activity) per week
  - Strength exercises on two or more days a week

A literature review looking at effective interventions to improve exercise levels found that technology was often used to help encourage sedentary individuals to be more active, for example through text message prompting (Cotten and Prapavessis, 2016), Pokémon Go (Wong, 2017) or consoles such as the Xbox Kinect (Roopchand-Martin et al., 2015). A UNISTEP study found that a daily target of 10,000 steps may be an appropriate intervention in sedentary university students to increase their physical activity levels (Tully and Couples, 2011). An American study also suggested that the proximity to exercise facilities had an effect on the amount of exercise done (Reed and Phillips, 2010).

### **Student consultation findings**

Students recognised that physical activity was important for mental health and wellbeing as well as physical health. However, focus group participants noted that as there was no requirement to do exercise it was often the first thing they dropped when trying to manage their time. Physical activity was sometimes difficult to fit around timetables and other commitments. Many students cycle to college/university, but cycling on dangerous and badly-maintained roads puts people off.

Many students attending cafe events were concerned they did not get enough physical activity. Students thought that more could be offered, particularly at the colleges, to improve access to gyms and sports societies. These were often seen as expensive, and it was not always clear what was on offer or how to join. Focus group and survey comments also emphasised that they found the cost of exercise prohibitive.

## Local activities

- All institutions have their own indoor and outdoor sports facilities.
- All institutions have sports societies, further details of which can be found through the links below:
  - University of York - <http://www.yusu.org/opportunities/sport/clubs-a-z>
  - York St John - <http://ysjsu.com/activities/Sports>
  - York College - <https://www.yorkcollege.ac.uk/student-life/225-xtra-curricular.html#>
  - Askham Bryan - <http://www.askham-bryan.ac.uk/students/student-life/clubs-and-societies>
- York St John currently runs SW5, which provides low-cost access (£5 for a whole year) to a range of weekly sports activities.
- The Open Door team offer a select number of York Active loyalty cards to students accessing their services. They also run a 'Healthy Body, Healthy Mind' programme, allowing a limited number of students with an identified need supported access to the York Sport facilities (Sports Centre and Village).
- The University of York's cycling event, YuCycle, is sponsoring Health and Wellbeing services across the campus, including Nightline, Mind Your Head, Healthy Body Healthy Mind and Give it a Go sports sessions.
- YUSU runs a 'Give it a Go' sessions, which include sports clubs as well as societies and volunteering groups, throughout the year. The majority of sessions are free, although for some there is limited availability/a small charge.
- York GSA (University of York) provides a range of free weekly sports sessions for postgraduate students, including netball, squash, badminton, basketball and football sessions.
- Increasing physical activity among students can also be done through environment modification. For example, the design of the atrium in York College with central staircases encourages people to use them rather than taking the lift.
- CYC has produced the 2016/17 Community Sports Club Directory, listing local sports clubs and relevant contact details.

## Key issues

- Time was often a problem, with exercise hard to fit into very structured timetables and physical activity being the first thing to drop under time pressures.
- Affordability was an issue for some students, particularly regarding gym memberships and some club memberships.
- Routes of access are not always clear, particularly around how/when to join up, what students are eligible for, and getting responses from organisers. It may be that part of the gap in activity opportunities is therefore a knowledge gap rather than a gap in service provision.
- Students may do more exercise than they think, as many either walk or cycle to lectures, and spend considerable time walking around campus (although less so for the college students who are bussed in or drive).
- Physical activity may offer a way to integrate students into the city, where there are many cheap sports activities available.

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### **Recommendations**

- Encourage students to achieve the recommended weekly level of physical activity.
- Publicise the health benefits (including mental health and wellbeing) of engaging in regular exercise.
- Where possible ensure that there is some space in timetables for physical activity.
- Facilitate participation in physical activity, particularly for sedentary students (for example, gym days for beginners).
- Reduce cost barriers to exercise where possible, such as through the SW5 scheme.
- Encourage active transport, i.e. students walking or cycling to university/college.

## Diet

### Summary

More than half of university students worried about the amount they were eating. Students reported they were not able to afford healthy food, and that not enough healthy options were available on campus. There were also concerns about limited culinary skills, poor understanding of budgeting, and eating as a temporary solution to stress.

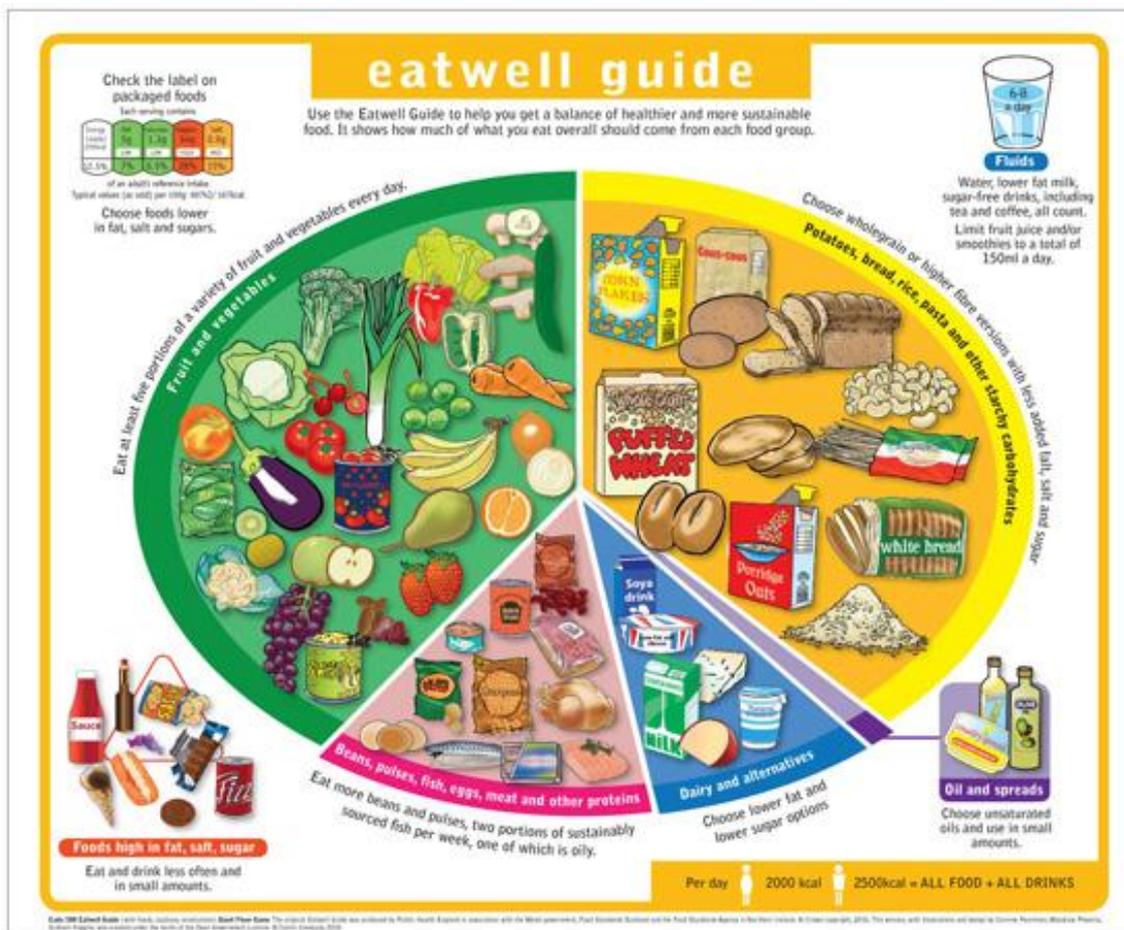
National data suggests more students are relying on food banks, with cost the biggest factor affecting dietary choices. Nearly 90% of students in a national study failed to consume the recommended intake of fruit and vegetables.

### Background

Dietary choices have both short and long-term health impacts. A well-balanced diet reduces the long-term risk of developing chronic diseases, and also improves academic performance. Conversely, poor mental health can lead to poor diet.

National food intake recommendations follow Eatwell Guidelines (PHE, 2016d), which include eating 5 portions of fruit and/or vegetables a day, choosing wholegrain carbohydrates, using unsaturated oils in small amounts and drinking 6-8 glasses of water a day. However, nearly 90% of UK students fail to consume the recommended daily intake of fruit and vegetables (El Ansari, 2011).

Figure 8: Eatwell guide to a balanced diet



(Image from: PHE, 2016d)

A student food survey carried out by Slimming World found that main reason people were eating unhealthily at university was due to work-related stress, including exams (Slimming World, 2013). The biggest influence on food choices was found to be cost, with 59% of students describing eating healthily on a budget as 'difficult' or 'very difficult'. 95% of respondents said students needed help to learn how to eat healthily on a budget and 94% wanted to see healthier food available at universities. Similarly, a survey by The Student Room found 1 in 10 students has had to rely on food banks (Nouse, 2016), again showing the financial pressures around diet.

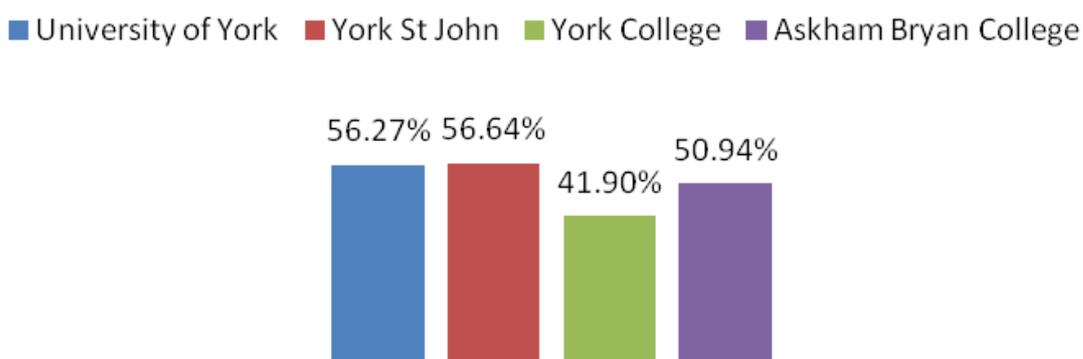
Diet also has an important effect on social relationships among students. Many students have communal cooking facilities, and shared cooking/mealtimes are an important point of social interaction. However, arguments over food (including cooking and cleaning kitchen areas) cause stress and relationship issues with housemates. Stealing food is also an issue among students, again causing tension between housemates and also deterring students from buying better quality food.

A systematic review of dietary interventions among university students concluded that nutrition education, internet/media-based interventions and point-of-purchase messaging strategies may improve university or college students' dietary intake (Deliens et al., 2016a). A second systematic review found that better interventions tackled students' self-efficacy, were embedded within courses, and involved a feedback component (Plotnikoff et al., 2015). Significance Pricing may also be a promising strategy to improve university students' eating behaviour, i.e. decreasing price of meals when choosing fruit and increasing price of meals when choosing chips (Deliens et al., 2016b).

### **Student consultation findings**

More than half of students reported worrying about how much they were eating. University students appear more worried than college students.

**Graph 14: Percentage of students concerned about the amount they are eating**



Survey comments found students had developed a less healthy relationship with food, with eating (and drinking) more seen as a temporary solution to stress. Some students reported putting on weight, and others noted that they routinely skipped meals.

Diet was one of the most commonly discussed topics in the cafes, particularly among college students, who recognised that nutrition was intrinsic to health and wellbeing. Comments generally focused either around the price of food, or the lack of available healthy options, particularly at the colleges.

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International students found English food to be very fatty, with lots of fried options. Little dietary information was displayed about the food available on campus. The cheapest options all appeared to be unhealthy, making it difficult to balance limited finances with eating well.

Diet was also discussed in focus groups. Students again reported there were limited healthy options, and that healthy food too expensive for students. Some students were lacking basic culinary skills (e.g. how to use oven), and also had no understanding of budgeting. Students found that they needed part-time job just to be able to afford food.

### **Local interventions**

- York College and Askham Bryan both provide Further Education Free Meals to eligible students.
- York St John has previously had salad bars at students' request but found there was very poor student uptake.
- Askham Bryan provides 'Eat Well' options on campus, which are made using healthier cooking methods, no saturated fat products, low/no salt, and at least one portion of vegetables either within the dish or alongside it.
- Askham Bryan also has a 'live action' station at mealtimes where meals are freshly prepared on demand.
- Students are involved in volunteering at 'Your Café' in Tang Hall, which allows them to develop their cooking skills by turning would-be-waste food from local retailers into pay-as-you-feel meals for the community.
- York GSA is compiling a book of simple, cheap and healthy student-submitted recipes, which will be tied in with cooking lessons during their 'skills week'.
- York St John has a 'Foodbank' that provides basic food necessities to students facing short-term financial difficulty.

### **Key issues**

- Students are lacking the necessary skills (both cooking and budgeting) to prepare healthy meals.
- Worries around finance have led to students buying cheaper, less healthy food options.
- Students feel there are not enough healthy options available on campus. However, some stakeholders report that when healthy options (e.g. salad bars) have been trialled, there was poor student take up.

### **Recommendations**

- Ensure enough healthy options are available on campuses. This may involve liaising with students to determine the best way of ensuring uptake of healthy options.
- Ensure that healthy options are as affordable as non-healthy options.
- Consider ways to encourage students to develop their domestic skills.

## ***Wider determinants***

Other factors besides those directly associated with health were found to affect student health and wellbeing.

## **Academic issues**

### **Summary**

Pressures around higher/further education were significant causes of stress. University students are most worried about managing time and deadlines, whereas college students are most concerned about exams and assessments. Over 60% of students were worried about career prospects. Perfectionism and fear of failure were also common issues.

College students were very positive about their tutors and their role in welfare. However, at the universities it was not always clear about the boundaries for academic supervisors and the role they played in welfare support, with considerable individual variation in perceived approachability and training.

Students found applying for mitigating circumstances very difficult. Forms were found to be long and complex, with limited support available to navigate the system. In many cases this made existing physical and mental illnesses worse.

### **Background**

Academic issues are one of the key causes of stress affecting student wellbeing, as demonstrated by the student survey findings and by external research. Molnar et al. (2011) found that perfectionism in particular was linked to poorer physical health, generally mediated by increased stress levels. Perfectionism contributes to psychological illnesses such as anxiety, depression and eating disorders, and also physical health problems (Sirois and Molnar, 2016). In particular, Bould et al. (2016) found a link between increasing academic pressures facing young people and the number of eating disorder diagnoses.

Local data from York counselling services has shown a rise in students presenting with primarily academic problems. Academic issues are the fourth largest presenting complaint for YSJ wellbeing team (behind anxiety, depression and relationship issues). Perfectionism is the third most common presenting complaint at Open Door (behind anxiety and depression), with stress in fourth and academic difficulty in fifth place.

As well as academic stress affecting health, it is widely recognised that poor health has a detrimental impact on academic performance. An American study found that there was a statistically significant inverse relationship between health-risk behaviours and academic achievement (Bradley and Greene, 2013). Health risk behaviours associated with poorer academic achievement included violence, tobacco/alcohol/drug use, sexual behaviours contributing to unintended pregnancy and sexually transmitted diseases, inadequate physical activity and unhealthy dietary behaviours. In addition, Trockel et al. (2010) found that poor sleep affected academic performance, with late wake-up times particularly associated with lower average grades.

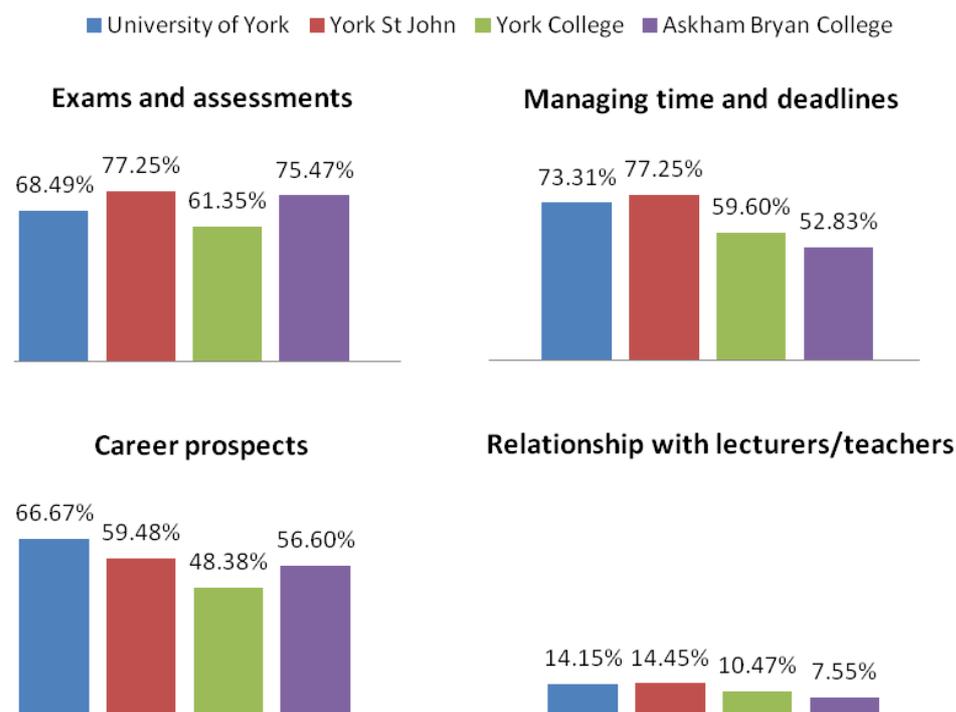
In the UK a longitudinal study found that health, health behaviours, health complaints and financial parameters were selectively associated with indicators of student educational achievement (actual

module mark, perceived own performance and importance of achieving good grades), although not all parameters showed associations for each indicator (El Ansari and Stock, 2010).

### **Student consultation findings**

Academic concerns were among the main causes of worry for all students. University students are most worried about managing time and deadlines, whereas college students are more concerned with exams and assessments. University students are slightly more concerned about career prospects than college students.

**Graph 15: Academic causes of stress**



There were comments from all institutions about academic welfare. Many positive comments were made by college students about their tutors, who were seen as supportive and the majority of students reported having good relationships with them. There were mixed reports about university lecturers, with some helpful and easy to contact but others seemingly inexperienced when dealing with welfare issues. Careers was another issue mentioned, with students often unsure how to approach looking at future options and concerns that careers events were not well advertised. Overall it was felt that there needed to be more connection between academic and welfare staff/issues, as negative impacts on one often led to negative impacts on the other.

Social media was felt to have an impact on perfectionism, with students bragging about good grades causing pressure on other students.

In addition, there were concerns in survey comments from university students that academic departments did not always recognise the significant stress heavy workloads put on students. The academic culture made students feel ashamed for having time off, even when it was needed to safeguard their wellbeing.

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### **Stakeholder consultation findings**

University staff commented that students exhibit unhealthy behaviours of 'perfectionism', particularly around revision periods, including avoidance of social engagement and pulling 'all-nighters'. These are often seen as desirable, or an example of good student behaviour among students. Students had high expectations of themselves, often combined with a fear of failure. There was considerable stress around achieving outcomes, particularly getting good grades and finding a job. For some students, particularly Asian students, there was also parental pressure as well as individual pressure.

There is a will among academic staff to be supportive to students and to engage in training, but they are pressured for time and do not always highly prioritise this.

### **Local interventions**

- York College tutors have both an academic and pastoral role. They are trusted by students and recognised as the first point of contact for any concerns. York College has provided Emotional Literacy Support Assistant (ELSA) training to 150 members of college staff.
- The University of York offers Mental Health First Aid training to frontline staff, with around 200 staff trained so far.
- York St John also offers mental health and crisis training for staff.

### **Key issues**

- The role of university supervisors in pastoral care is currently unclear. If they are intended to have a welfare role appropriate training should be provided to all staff involved in pastoral care.
- Sharing of information between academic staff and welfare staff
- The perceived balance between academic focus and welfare is variable between different institutions

### **Recommendations**

- Provide clarity to both students and supervisors on the expected role of university academic staff in welfare issues.
- Recognise the links between academic stress and poor wellbeing, and poor wellbeing and poor academic outcomes.
- Increase available wellbeing support at times of known academic stress, such as around examinations and coursework deadlines.

## Finance

### **Summary**

National evidence shows the prevalence of debt among young people has increased in recent years. Debt has serious effects on health, including greater levels of suicidal ideation and depression, and worse health-related behaviours.

Many students worried about financial problems on a regular basis. Particular issues related to course fees, living expenses (housing, food), travel, bursaries and part-time work.

As well as immediate financial concerns students also worried about future finance. Most students will never earn enough to pay off their student debt; however, many students still perceive the need to meet their full student loan repayment and the associated financial stress can be significant.

### **Background**

The prevalence of debt among young people has increased over recent years (Hoeve et al., 2014). A systematic review of the health effects of indebtedness found that debt had serious effects on health, including greater levels of suicide ideation and depression, and also poorer subjective health and health-related behaviour. Debt counselling was felt to be useful to mitigate debt-related stress levels (Turunen and Hiilamo, 2014).

Studies have found that financial difficulties are a linear predictor of both physical and mental health in students, with worsening finances leading to worse health levels (Jessop et al., 2005). A newly-published longitudinal study looking at financial difficulties and mental health in UK undergraduates found that greater financial difficulties predicted greater depression and stress, and also predicted poorer anxiety, global mental health and alcohol dependence over time (Richardson et al., 2017).

### **Tuition fees**

Tuition fees for UK universities have also risen sharply over the last decade.

Students can apply for a tuition fee loan (2017/18) of £9250 and a maintenance loan (2017/18) of up to £8430. Students do not pay back anything on their loans until their annual income reaches £21,000. They pay 9% on all income earned above this level.

The current interest rate on these loans is 4.6% (inflation (3%) + 1.6%); however, this is due to rise to 6.1% in autumn 2017. Students attending university and taking out the maximum loan for three years will leave with a debt of over £50,000. In order to just pay the interest back on this (at interest rate 6.1%) they will need a starting salary of over £55,000. It is therefore clear that most students currently attending university will never fully repay their student loan costs.

The University of York have estimated that the annual living cost for a typical student is between £7,624 and £9,665. This will be more than maximum government maintenance loan of £8,430 for a considerable number of students, who will therefore need an additional source of income to survive financially at university (potentially from parents, part-time jobs, or further loans).

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Tuition fee rates vary across the four institutions:

#### University of York

- Undergraduate fees: UK/EU students 2017/18 = £9,250, non-EU students 2017/18 vary based on the course – are between £16,290 and £29,400
- Postgraduate taught fees (varies by course): UK/EU = £6750 upwards for 12 months, non-EU = £16,290 upwards for 12 months
- Postgraduate research fees: UK/EU = £15,320 (classroom-based) or £19,720 (lab-based)

#### York St John

- Undergraduate fees: UK/EU = £9,250 for 2017/18, non-EU = £10,000
- Postgraduate fees: UK/EU = £5,700 (taught) or £4,250 (research), non-EU = £10,000 taught and research

#### York College

- The majority of students aged 16-18 are eligible for free courses (provided they do not become 19 at any point during the course)
- Range of fees for courses – from under £100 for some short courses up to £6165 for higher education courses

#### Askham Bryan

- Free tuition for students under 19
- Apprenticeships and advanced apprenticeships usually free for 19-24 year olds
- Higher education fees 2017/18 = £8000 (UK) or £9500 (international)

### **Living costs**

Accommodation costs also vary between the institutions (costs are for 2017/18 academic year):

#### University of York

- Self-catered: £106 to £153 a week (£4,239 to £6,120 a year (40 weeks))
- Catered: £145 to £179 a week (£5,783 to £7,150 a year (40 weeks))

#### York St John

- Self-catered: £4354 to £ 7610 a year (44-46 weeks)
- Semi-catered: £4194 to £5158 (34 weeks)

#### York College – N/A

#### Askham Bryan

- Half-board: £4505-5151 a year
- Self-catered: £3230 a year

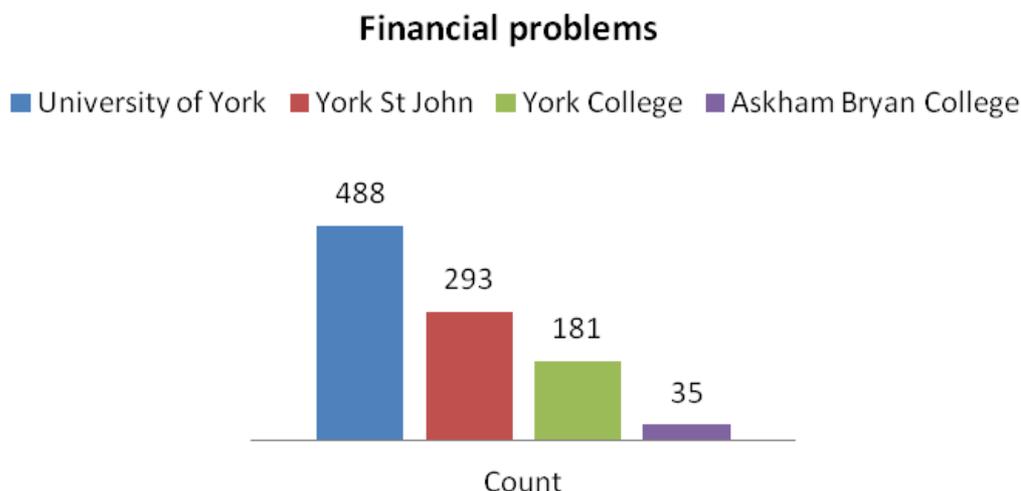
### **Student consultation findings**

Students were asked as part of the student survey about affordability of accommodation. Only 7% of students living on campus felt accommodation was very affordable (score 81-100) compared to 14% in

privately rented accommodation. Overall privately rented accommodation felt to be more affordable (mean score 57) than campus accommodation (mean score 49).

Many students worried about financial problems on a regular basis:

**Graph 16: Number of students worrying about financial problems on a regular basis**



In addition, almost half of students found that alcohol had affected their spending habits, with students spending more money than they had wanted to during the last 12 months.

Some college students were concerned about the costs of travelling to and from college. Finance was also mentioned in the context of living expenses. Particularly for college students, there was some concern that whilst bursaries covered books and trips several students felt the amount offered did not cover as much as they would like it to. There were also concerns raised about budget management from students living away from home.

#### *'Everyone worries about money'*

Focus groups also discussed financial issues relating to diet and housing. Healthy food was considered to be too expensive for students, who in some cases needed a part time job just to be able to afford food. Housing was also expensive, particularly for those students already having issues who needed to move and often ended up paying two lots of rent. Students also arrived at university with no real understanding of budgeting, which increased their financial difficulty.

Financial issues were related to a considerable amount of stress, particularly around course fees and part time jobs. Finance often complicated social relationships, with problems occurring around lending money to friends, and trying to manage living with people accessing different levels of income, bursaries and spending.

#### **Financial assistance**

- Each institution provides assistance to those struggling with financial issues.
- University of York provides means-tested bursaries to students.
- York St John has a Hardship Fund, and from autumn 2017 will be launching Aspire Cards to help eligible students afford course materials. There is also a food bank for those in financial difficulty,

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plus the Student Funding Advice Team who run drop-in sessions at the Holgate Centre, and who have also teamed up with Blackbullion to help provide financial education training for all York St John Students.

- York College provide a range of financial assistance through the funding team, including Discretionary Learner Support (DLS), Further Education Free Meals, childcare support, travel passes and discounts. 75-80% of bursary payments go towards student travel costs.
- Askham Bryan have a variety of funding options available for eligible students, including special support grants, disabled student's allowance, parent's learning allowance and adult dependants' grants.
- Askham Bryan also hold financial management sessions run by Barclays as part of compulsory tutorials for FE students.

### **Key issues**

- Finance is a considerable cause of stress for students.
- Living costs are high, particularly accommodation but also concerns about food and travel.
- Students are concerned about paying off student loans, which is financially unachievable for the majority of students.

### **Recommendations**

- Ensure students are able to access advice on budgeting (e.g. Blackbullion at YSJ).
- Continue to advertise bursaries and hardship funds for students.

## Housing

### Summary

Some issues including damp, temperature, and living in close proximity to others were reported to cause physical health problems. However, most reported issues were more psychological, with stress and more serious mental health problems arising from poor interactions with housemates. Sometimes bullied students were unable to move despite fears for their safety. Several students reported difficulties in leaving leases, leading to paying two sets of rent.

On average, students scored their term time accommodation as 7/10, indicating moderate satisfaction levels. There were positive reports of 'find your housemate' matching services, housing fairs and Residential Support Assistants.

International students wished to be more integrated with non-international students in halls of residence.

### Background

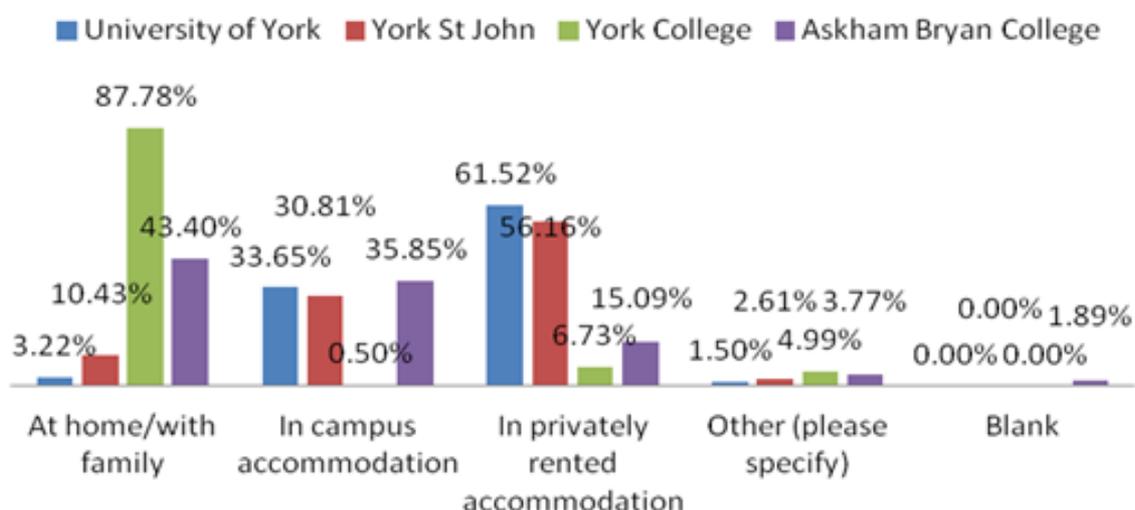
As discussed above, the financial concerns around housing can have a significant impact on student wellbeing. However, housing has social and physical components that can also affect student health.

Unite's 2016 Insight report found that type of student accommodation lived in had an impact on whether students had considered dropping out of their courses, with students in university halls the least likely to have considered dropping out, followed by private halls, then shared rental flats then 'other' accommodation (Unite, 2016). This suggests there are wellbeing benefits of living in halls of residence compared to other forms of accommodation.

### Student survey results

Students were asked where they lived during term time:

Graph 17: Student term-time residence



We also asked students to judge the quality, affordability, and availability of their term time accommodation from 0-100.

**Table 10: Quality, affordability and availability scores for student accommodation by type**

Accommodation type	Quality	Affordability	Availability
All accommodation	75	60	74
Campus accommodation	72	49	74
Privately rented accommodation	72	57	70
With family/at home	86	84	83

Students who were living with their families reported a better standard of accommodation. Campus and private accommodation were seen as similar quality. Private accommodation was seen as more affordable, whereas campus accommodation was seen as more available. Generally, both private rented and campus accommodation received 50 of the available 100 points for quality and availability, thereby suggested that the majority of students were at least moderately satisfied with their term time accommodation, however a greater number of students were concerned by the affordability of their term time accommodation.

Students reported in the survey comments that housing-related issues affected both their physical and mental health. Physical health effects included multiple illnesses and infections put down to proximity to many other people, with some concerns raised about cleanliness of houses affecting health. Mental health concerns were usually related to poor relationships with those living in the same accommodation.

### **Café and focus group findings**

Students from both universities raised concerns about housing. Some discussed the quality of accommodation; however, most issues concerned housemates. Students felt under pressure to make friends quickly, which often led to poor relationships. This was a particular issue with choosing housemates prior to Christmas in the first term, with decisions made so early often causing long-term issues. Students found it difficult to move accommodation if they were having problems, and also found them in financial difficulty having to pay two sets of rent at once if they were not able to be released from their contracts.

Issues were raised about students suffering when there were more new students than accommodation places at the start of the year, which was reported to be a recurring issue despite assurances to address it and caused students a great deal of stress and instability at what was already a difficult time.

Loneliness was also fairly commonly reported. Despite living in shared housing there are instances of isolation, particularly for students who are only in York for part of a year or who struggle to integrate with their housemates.

Students were clear that these housing issues had the potential to significantly affect their wellbeing. Some students reported feeling unsafe in their own accommodation, with others concerned for their housemates' wellbeing, particularly when individuals were struggling with mental health problems.

Students also praised services they had found helpful, including supportive Residential Support Assistants (RSAs), housing fairs and 'find your housemate' matching service at York St John. However, some university-run accommodation services were found to be less helpful.

International students reported that they would like to be integrated more with non-international students, as many found that internationals were often all placed together. Students found that if they arrived part-way through year their housemates had often already formed their social groups.

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International students also reported that they would like a building induction, covering basic principles such as how to use the heating and the laundry service. Some students were used to warmer temperatures but often do not turn heating on, either to save costs (which can lead to them feeling unwell) or because they do not know how to use it and feel too embarrassed to ask.

### **Local interventions**

- York St John has Residential Support Assistants, student volunteers who work with the Accommodation Services team to support students in university accommodation. RSAs receive a comprehensive training programme, including a section on mental health.
- Some accommodation at York St John caters to specific preferences (alcohol-free flats, quiet accommodation, single sex accommodation) although availability cannot be guaranteed.
- York St John also hold housing fairs and run a 'find your housemate' matching service.
- York GSA also run find a housemate events and provide support in sourcing accommodation.
- The University of York has college tutors – postgraduate students who live in college accommodation and provide assistance and initial welfare support to students in difficulty. Tutors are given a week of intensive training prior to starting their roles.

### **Key issues**

- Most issues are related to poor relationships with others living in the accommodation, rather than poor physical conditions.
- There are issues with dealing with disputes between housemates, with particular difficulties occurring if students need to move accommodation in the middle of their contracts.
- International students would like to feel better integrated into accommodation when they arrive.

### **Recommendations**

- Ensure there are clear pathways for students to receive help with accommodation issues.
- Ensure international students have opportunities to integrate when they arrive, and are aware of where they can seek help with basic living issues.
- Consider holding housing fairs after Christmas rather than in November so that students have longer to get to know potential housemates. This is likely to decrease the number of disputes, and the number of students trying to move accommodation. It will also allow students to concentrate on their January exams rather than worrying about accommodation.

## ***International students***

### **Summary**

International students face additional challenges as a result of lack of familiarity with services/ systems and broader cultural differences, which can lead to them requiring a higher level of support. Students reported difficulties adapting to everyday issues such as the climate and food. Issues are understandable and usually transient, but should not be underestimated for their impact on the student's health and wellbeing.

Many international students were not registered with GPs in the UK. Several did not know whether or not they were entitled to free NHS treatment, and did not know how to access basic services such as primary care, pharmacy and opticians.

Dealing with visas was another source of stress. This included the application, which often needed to be completed at very short notice, and the subsequent registration with the police on arrival. Other individuals reported difficulties when visas needed to be changed, for which they had received little support.

There are also concerns reflected in national literature around understanding of particular health issues, particularly mental health and sexual health. Some students arrive with limited knowledge around contraception. Additionally, in many countries mental health issues are heavily stigmatised or not recognised at all, leading to difficulties in students recognising symptoms or agreeing to seek help.

### **Background**

Campuses have become more international, with the proportion of non-EU students increasing from 9% in 2005–06 to 13.8% in 2014–15, and the proportion of EU students increasing from 4.4% to 5.5% over the same period (UUK, 2016c). There are around 4200 international students in York. The majority are at the University of York, which was recently ranked 28<sup>th</sup> on the Times Higher Education's list of the world's most international universities 2017 (Times Higher Education, 2017).

International students bring positive benefits. In 2014/15 international student generated more than £25 billion for the UK economy, and also provided a significant boost to regional jobs and local businesses (UUK, 2017). However, it is also recognised that international students face particular challenges when they arrive in the UK. Some of these challenges involve healthcare issues, with many also affecting student wellbeing. Previous UK-based student HNAs have highlighted concerns around accessing services and cultural differences in approaches to health issues, particularly around sexual health and mental health for international students.

The availability of NHS services for international students varies depending on country of origin and course duration:

- EU students are entitled to free NHS treatment (a European Health Insurance Card (EHIC) is needed)
- Non-EEA students studying on courses of less than 6 months' duration are not eligible for free NHS treatment and must take out private health insurance
- Non-EEA students studying on courses longer than 6 months are required to pay an Immigration Health Surcharge to benefit from free NHS treatment. The surcharge is paid as part of visa applications and costs £150 per year

### **Student consultation findings**

Comments from the student survey noted that student life can be particularly stressful for international students. Students often relied on information from other students about healthcare services, rather than getting information from services/institutions themselves. Sometimes they found that this information was not always reliable.

International students reported that the change in climate had made them ill more frequently. They also had different expectations of the healthcare system, particularly in light of having paid the £600 NHS surcharge. There were also concerns about fitting in and discrimination.

Despite these issues non-UK students responding to the survey had a higher average wellbeing score (SWEMWBS) than the UK-based students ( $p = 0.023$ ). This could be an indication that international students in York are well-supported; however, it may also be a reflection of the worsening mental health in UK students.

Two cafe sessions were held specifically with international students, in conjunction with the international student associations at each university who run regular drop-in events. A full summary of the cafes can be found in Appendix 4.

The main findings focused on the differences in cultures and systems from what students were used to in their home countries. International students on the whole had a poor understanding of UK health care. Many were not registered with a local GP, and did not know whether or not they were eligible for free NHS treatment. Some students prefer to only seek medical help from their own country (for example importing all their medication). Students also reported that the culture around mental health was often different to in their home countries, where in some cases mental health was not recognised, or was regarded with considerable stigma. This in some cases deterred students from accessing services.

Students were concerned about being able to integrate into UK student life effectively. This was largely related to social integration, particularly for those who arrived at different start dates to the majority of their cohort (e.g. in January). Several students had experiences of racism, mostly verbal abuse, and generally felt disempowered to be able to do anything about it.

Students also struggled with some of the basics of living in the UK, such as how to use appliances (cookers, laundry, heating systems) and where to go for amenities and other services e.g. accessing opticians. Students felt embarrassed to ask questions about some of these as they were seen as 'stupid questions'. Induction was felt to be a key time period for both social integration and learning about UK student life. Students reported a building induction would be useful on arrival.

Students were also concerned about visas. Sometimes confirmation of study was very short notice, which meant organising a visa had to be done quickly (which was stressful). On arrival students have to register their visas at the police station, which is particularly stressful for students from countries where public relations with the police are not good.

### **Local interventions**

- At York College international students start the week before everyone else. They receive talks on GP registration, sexual health service, counselling service etc.
- Regular international student drop-in activity sessions are held at both universities (YSJ Global Cafe, International Student Association coffee afternoons at University of York).

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- The University of York has specific International Student Support at the Student Support Hub.

### **Key issues**

- The induction period is a key time for international students, particularly around understanding and integrating in to their new lifestyle.
- International students have poor understanding of how the UK health care system works, and come from cultures where health problems (particularly mental health) are often viewed differently.
- Some international students report suffering from discrimination.

### **Recommendations**

- Provide information to international students at induction around health services.
- Consider building inductions for new students.
- Consider inviting the police to do visa registrations on campus at induction. This could be offered alongside GP registration.
- Continue to build a positive environment for international students, and encourage them to report incidents of hate crime or other discrimination. Ensure a clear reporting pathway is in place (see harassment section above).

## Chapter 7: Next Steps

### *'You said... we did...'*

Institutions have already been working to put in place actions based on responses to the SHNA and wider student feedback. Some of these include:

#### **University of York**

Students were concerned about the waiting times to be seen by Open Door

- *From May 2017 Open Door are piloting a new online self-referral form that will allow staff to triage students more effectively. The duty practitioner hours have also been extended from half a day to all day every weekday.*

International students reported difficulties in understanding UK culture when they first arrive

- *The GSA are producing an induction booklet for international students as a guide to the basics of being a student in the UK.*

Students were concerned about the lack of health facilities on the Heslington East campus

- *Unity Health are developing a proposal for a new health centre at Heslington East.*

Students reported problems with the Unity Health appointment booking system

- *As noted in a report by Healthwatch a series of improvements have been made, including extension of the portal opening hours to 07:00 – 17:30 and employing a pharmacist as part of the triage team.*

Students felt signposting to services could be improved

- *The university has developed a communications campaign for 2017/18 to provide targeted wellbeing messages at different points each term.*

Students were concerned there was not enough co-ordination between Open Door, Unity Health and other student services

- *Open Door is appointing a practitioner to work in a link post between the university and the NHS at Unity Health, who will be able to monitor student interaction with wider NHS services.*

The SHNA has identified that more low-level mental health services should be accessible to students to prevent escalation to more serious mental health illness.

- *The university is working with Student Mind to develop a new peer support system.*
- *Enactus are developing a programme to train students to deliver peer support.*

Students reported that the pathways between services were unclear

- *The University's Mental Health Forum is developing a pathway map for university services.*

### **York St John University**

International students said they were unsure how to access NHS healthcare

- *York Medical Group to produce a leaflet on healthcare services targeted at international students.*

Students reported lecturers didn't always use student learning support plans (LSPs)

- *LSPs are now under review to make them shorter and easier to put into practice. They are also being shared with department administrative staff, as many issues raised by students relate to meeting deadlines.*

The university campus is not as accessible as it could be to visually impaired students

- *The issue has been raised with estates team with the aim of putting Braille on toilet doors.*

Not all students registered with a GP on arrival in York

- *Students will be able to register with York Medical Group online, starting in September 2017.*

International students on short-term placements in the UK were not aware they could still use the health centre without permanent registration, as part of an agreement with the University

- *York Medical Group will advertise this more directly to international students.*

Students noted that the careers service was not always as helpful as it could be, particularly regarding giving timely advice

- *A new careers service opened on campus at the start of 2017.*

Students wanted to see more water bottle filling stations on campus

- *The university has produced a map with water taps on to make existing water stations easier to find.*

### **York College**

Students wanted a greater variety of cheaper, healthier food options

- *The range of options for free/subsidised student meals extended to include student catering.*
- *'Traffic light' system on food, caterers able to deal with dietary requests.*

Students had reported portion sizes as part of meal deals were too small

- *Portion sizes increased for student meal deals.*

Concern expressed about attending counselling services in case information was shared with tutors and wider staff

- *Communications adjusted to make sure information given up front about confidentiality.*

## Askham Bryan College

Students wanted better access to mental health and wellbeing support

- *From September 2017, the following services will be provided:*
  - *A mental health co-ordinator for further education students (is already a co-ordinator for higher education students)*
  - *Group sessions for counselling*
  - *Mental health first aid training for the residential team and Student Services team*
  - *Peer mentors for all students*
  - *Monthly IDAS drop-in sessions*

Askham Bryan will also work with York College to develop a suicide prevention strategy based on the York College model.

## Others

Students were unclear about where to access smoking cessation services

- *YorWellbeing team have increased advertising of smoking cessation services at institutions and in health centres.*

The extent of provision of dental health services for students in York is unclear

- *Public Health team at CYC to undertake scoping work around the provision of dental health.*

The pathways into and between mental health services for students are unclear

- *YSMHN to undertake mapping of the student pathway through mental health services.*

The SHNA has highlighted the need for more low-level mental health options to be available to students

- *City of York Council is providing funding for Mental Health Champions, peer mentoring for young adults.*

Transitions between child and adult mental health services are not always smooth

- *TEWV has developed a 'Transition Passport' to ensure the transfer of care happens efficiently.*

## What challenges does York face around student health?

### Challenge 1: Mental Health

- The SHNA has highlighted that the prevalence of mental ill health among students in York is high, and is increasing year on year. Institutions need to proactively tackle mental health issues in order to address this trend.
  - *There are opportunities to improve protective factors and reduce risk factors relating to mental wellbeing at a population level, as well as providing specific support to students at higher risk.*
- The SHNA findings suggest that students are not always well equipped to deal with low-level mental distress, which can lead to the development of more serious mental health problems. There is a clear need to provide students with guidance about recognising and understanding variance in mental wellbeing. There is also a need to both provide and signpost to the relevant services for given levels of distress. This should include the provision of more timely, low-level support to prevent large numbers of students requiring significant mental health intervention.
  - *There is an opportunity to build on existing tools (such as the Mind Your Head thermometer) to increase student awareness of their own mental wellbeing.*
  - *There is also an opportunity to engage further with providers of low-level mental health support such as Student Mind and Samaritans, to provide another tier of support for students. Similarly, there are opportunities to develop existing wellbeing services and upskill other support staff, such as York College's use of ELSA training for college tutors. There are also opportunities to engage students in more peer support activities, which helps students understand and manage their own mental wellbeing, as well as assist those around them.*
- Mental health is still a topic associated with stigma. This is leading to delayed disclosure of concerns by students, who often suffer more severe mental distress as a result.
  - *There is an opportunity to encourage more open discussions on mental ill health (e.g. Mind Your Head York's recent Mental Illness Awareness Week programme) to decrease the level of stigma associated with mental ill health and encourage more timely help-seeking from individuals.*

### Challenge 2: Communication

- Many of the services that students have suggested would be helpful to them already exist; however, the students are often unaware of them. It is clear that signposting to these services could be improved. There have also been instances where students display unrealistic expectations of what some services are able to provide, leading to them seek help in the wrong places at the wrong time.
  - *There is an opportunity to quickly remedy some student concerns by better advertising existing services and the assistance they are able to provide.*
- The SHNA has highlighted examples where communication has worked well, such as around primary points of contact for wellbeing issues at York College. The importance of providing targeted information during welcome weeks was noted, alongside regular reinforcement of these messages to maximise retention.

- *There is an opportunity to learn from these examples to ensure that target populations are receiving key messages at key times.*
- The SHNA process has highlighted a number of difficulties with collecting information specific to students. Most organisations do not flag individuals as students as part of their data collection, and there are difficulties attributing a definitive age range to the student population. Data sharing processes are also not always transparent.
  - *There is an opportunity to use the awareness raised with services during the SHNA process about the importance of students as a sub-population to ensure that more data is collected on students specifically.*
  - *There is also the opportunity to use relationships built during the SHNA process to encourage improved data sharing between organisations for the purposes of improving student health.*

### **Challenge 3: Access to services**

- The SHNA has raised concerns about access to certain services. There are issues in some places with waiting times, with demand for services (particularly mental health services) exceeding availability. The SHNA has also highlighted that the pathways into and between services are not always unclear.
  - *There are opportunities to make accessing services easier by setting out clearer, more streamlined pathways, for example using a single point of contact for related services.*
  - *There are opportunities to improve waiting times by decreasing demand on pressured services. This could include improved use of existing low-level mental health resources, or the adoption of other models of service delivery such as Survive's pre-counselling group sessions.*
- Given the limited availability of extra resources the SHNA findings emphasise the need to target funding to priority areas. Mental health has emerged as the key area of need throughout the SHNA, in particular the large number of individuals with unmet low-level mental health needs.
  - *There is an opportunity to use the results of the SHNA to make the case for further funding allocation for low-level mental health interventions for students.*

### **Challenge 4: Integrated approach to student wellbeing**

- Universities and colleges are primarily academic institutions. However, student wellbeing is known to underpin academic success. Some institutions have integrated wellbeing across their organisations, and embedded a commitment to health and wellbeing in their organisational culture. However, this is not the case in all areas.
  - *There is an opportunity for organisations to improve their academic foundations by ensuring student wellbeing is integrated into academic culture, and not seen as a separate issue.*
- Student health needs to be integrated into a broader life course approach to wellbeing. Findings from the SHNA suggest that there is a lack of preparedness among students for the wider aspects of university life. Schools and colleges prepare students well for the academic component of higher education, but other aspects of the transition to living and studying more independently

are often overlooked. More work needs to be done in managing the transition between school and further/higher education. There is also a need for a smoother transition between child and adult health services for students. The transition period often coincides with starting further/higher education, which can mean transitions are happening between geographic locations as well as from child to adult services.

- *There is an opportunity to work with local schools to understand their current wellbeing offer and use the findings from the SHNA to identify any gaps to be addressed.*
  - *There is a potential opportunity for university and college students to play a role in helping prepare school students for higher education.*
  - *There is an opportunity for local health services to work closer together to manage the gap between child and adult services, for example using the TEWV transition passport.*
- There is also a need to consider student wellbeing in association with the transition from higher education to life after college/university. Students who are unable to effectively manage their own wellbeing whilst at university are likely to continue to face difficulties thereafter. There needs to be increased recognition that preparing individuals for the world of work is about more than maximising academic attainment; a more holistic approach to the student journey would increase the value of the student experience, and increase their ability to succeed outside the academic environment.
    - *By promoting wellbeing there is an opportunity for institutions to increase the employability of their students, and their ability to thrive post-education.*
  - Student wellbeing needs to be integrated into that of the wider community. There are positive outcomes of fostering a good relationship between the city and the student bodies for both parties. Wellbeing is clearly linked to community interaction (as demonstrated by the 'Five Ways to Wellbeing'), for example through volunteering and other social engagement.
    - *There are opportunities for both students and the wider community to benefit from student participation in volunteering and other engagement opportunities, which support personal development in ways other than academic achievement.*

### **Challenge 5: Local leadership and partnership working**

- Stakeholders have expressed a desire for more partnership working between organisations across the city. There is also recognition that students and/or student representatives should be included in relevant partnerships. There are some existing forums for this, including the York Student Mental Health Network and York Student Community Partnership; however, these are not always utilised to their best potential.
  - *There is an opportunity to use the findings of the SHNA to reinforce the need for such organisations, and to guide their action plans towards targeting key issues.*
- There are multiple examples of good practice relating to student health already in place across the city. However, to date there has been limited sharing of information on successful projects. There is also an increasing amount of national literature and guidance on improving student health freely available.
  - *There is an opportunity to build on relationships formed during the SHNA process to facilitate sharing of information. This could also be done using the above student networks.*

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- *There is an opportunity to foster a culture of identifying, implementing and sharing best practice across the city.*
  - The SHNA process has demonstrated that in some areas there is a lack of robust leadership on student health issues, including at a city-wide level.
    - *There is an opportunity for organisations that are well-placed to provide city-wide leadership (such as Higher York) to build on the current desire to improve student health and drive forward improvements across all organisations.*
  - Looking beyond the city, there are many national networks leading projects on student health including UK Healthy Universities Network, Universities UK, and AMOSSHE.
    - *Institutions have the opportunity both to use the output of these networks to support their own student wellbeing plans, and also to act as contributors (e.g. York St John hosting the most recent Healthy Universities Network Meeting).*

## **Recommendations**

### Action Plan

The SHNA has demonstrated that more work needs to be done on student health in York. Many of the issues identified are relevant across the city, not just to individual institutions or services. A partnership approach to working will therefore be required to tackle the challenges identified through the SHNA. The following actions are recommended to implement and monitor improvements to student health across the city:

#### **1. Establish a multi-agency partnership to drive the student health agenda in York**

- Higher York have agreed to provide leadership to this partnership, as the existing umbrella organisation for the four institutions. However, as many of the issues are much wider than just the institutions themselves this partnership would also need to include student representatives and members from city health services, including relevant GP practices, TEWV and voluntary sector organisations.
- The partnership should have clear governance arrangements, and be linked to existing committees including the Health and Wellbeing Board or its relevant theme leads.
- The York Student Mental Health Network could be repurposed to look at student health more broadly. The membership of this group contains most of the organisations involved in student health, and already discusses broader health issues in the context relating to mental health.

#### **2. Continue to build on the work started through the SHNA**

- The findings of the SHNA will be disseminated to students at the start of the academic year (September 2017). The report will also be disseminated to stakeholders involved in the project, and through wider local and national networks to interested parties.
- There is an opportunity to develop a student health charter for local stakeholders – signing up to this would allow stakeholders to demonstrate commitment to improving student health, and provide a standard by which they can be individually accountable.
- A conference will be held in 12 months' time to demonstrate the progress made towards improving student health, with an opportunity to highlight key projects and other examples of good local practice. Students will have an opportunity to attend and contribute to the conference.
- The student health survey will be repeated annually to provide comparable data on whether student health is improving over time.

#### **3. Base future areas of work on needs identified as part of the SHNA**

- The SHNA has identified that more work needs to be done to better understand the transitions into FE/HE from school, and out of FE/HE into work. This includes the transitions between services, as well as the evolving needs of individuals at these times and how they can be best prepared for the change.
- The SHNA has also identified workplace health as an important issue. Educational institutions employ a large number of staff, and are likely to be some of the biggest employers across the city.

## Summary of recommendations

### **Mental Wellbeing**

- An institutional approach to wellbeing should be taken to embed wellbeing across all aspects of college/university life ('healthy university' approach – see Newton et al., 2016).
- Wellbeing of wider staff members as well as students should be considered as part of the whole-institution approach.
- There should be a focus on understanding student perceptions and self-efficacy of wellbeing-related lifestyle factors through the use of validated screening or questionnaire tools. These could better identify those students with risk factors associated with poor mental wellbeing.
- Encourage and create opportunities in which students are able to emotionally disclose as a stress-coping mechanism. A range of options which might include face-to-face and online options could be considered.
- Consider taking a 'Making Every Contact Count' (MECC)-style approach to providing advice on health and wellbeing (PHE, 2016a). This could include lifestyle factors and wider determinants in addition to mental wellbeing advice (MECC plus).

### **Mental Ill Health**

Storrie et al (2010) provide the following recommendations for improving student mental health from a systematic review of 572 articles:

Institutional governance should be present and include:

- an inclusive and supportive university-wide ethos
- mental health services should be funded through the universities' core budgets
- A mental health coordinator role be developed to facilitate communication between university and community mental health staff
- Communication between campus service providers and community mental health providers needs to improve
- Universities have to be proactive about establishing links with external agencies
- Medical training in particular needs to be reshaped to allow students to feel that they can be more open about their emotional distress

Support arrangements within the tertiary education system should include:

- Offering students a tutor outside the immediate working groups whose role is to offer support as a mentor rather than an assessor
- Increasing students' awareness of existing services by emailing, posters in common rooms and on toilet doors; and advertising websites that offer advice on avoiding stress and enhancing coping strategies
- Recognizing that it is important to provide complementary and non-stigmatizing support for students because mental health can affect learning and vice versa
- College counselling centres should provide referrals to specialist providers in the community for students with serious, long-term psychiatric disorders

- Providing individualized advising process by a competent professional who understands the problems and needs associated with the psychiatric disability and strengths and is able to design an academic programme that matches these circumstances yet maintains academic expectations
- Coordinating educational/mental health services (for example, provide a case manager to support students and the academic staff who teach them)

#### Staff training, education and information sharing

- Higher education institutions need to develop clearer guidelines for staff concerning definitions and expectation of the role and duties of the academic staff
- Staff development needs to be tailored to the interests and expertise of staff. For example, staff with mental health skills and interest could provide one-to-one support to students, rather than leaving academic staff with little interest or expertise to cope on their own with students' behavioural manifestations of emotional distress.

- Additionally, it is recommended that the findings from the University of York mental health task group report continue to be carried out.
- More work should be done to map the student pathway between institutional services and external services, and between different external mental health services (including different TEWV services).
- It would be useful to have a central location for sharing waiting list times for each service, so that referrals can be appropriately targeted.
- Students should have access to eating disorder services as per new NICE guidelines on eating disorder management (NICE, 2017).
- The recommendations put forward in the HEPI report on mental health should be considered (HEPI, 2016), although some of these (e.g. dual GP registration for students) are target more at national policy than local policy.

#### Suicide and self-harm

- York College to share information about their Suicide Prevention Plan with interested institutions.
- City of York to continue with plans to become a Suicide Safer community.
- In the event of a student death, institutions should ensure prompt, appropriate information is given to students about where to access support if they feel they have been affected.

#### Sexual health

- Continue to have accessible services on site, including drop-in sessions and free condoms etc.
- Continue to promote open discussions around sexual health to combat stigma.
- Information about how to deal with the emotional side of sexual relationships should be considered more in partnership with dealing with physical sexual health.

#### Harassment and domestic violence

- Institutions should follow the recommendations as set out in the Universities UK report and the higher education institutions guidance on student misconduct. Work is already underway in most institutions, in collaboration with external organisations.
- There should be an institution-wide approach to violence, harassment and hate crime. Policies should also cover online harassment as well as face to face.

- Students should feel able to report incidents of domestic abuse, harassment and hate crime. Reporting procedures should be clear, with students aware of the process and given help and guidance where needed.
- Institutions should work with the police and organisations such as Survive and IDAS to produce a co-ordinated approach to incident reporting and management.

### **Disabilities and other long term health conditions**

- Ensure that the processes by which students access disability services are made as clear and easy to follow as possible, with support given where needed.
- Ensure that learning support plans are made available to, and used by, the relevant members of staff. This may include departmental administrative staff, as issues arising are often related to submission of assignments etc. that are dealt with by the administrative team.
- Be clear on the confidentiality of any information shared, and whether the information will be passed on to other services.

### **Meningitis**

- Continue to strongly advise all residential students to register with a local GP.
- Follow the PHE guidance for universities as set out above.
- Continue with GP-led targeted vaccination programmes.
- Ensure international students are particularly targeted as part of vaccination campaigns, even after the catch up programme has ended.

### **Dental health**

- Institutions, GPs and the Student Health website should publicise the emergency dental service at Monkgate alongside information from NHS Choices for routine care.
- Students should be aware of the importance of caring for their oral health as part of their wider physical and mental health.
- Students should ensure they have regular dental check-ups with their 'home'/routine dentist.
- Further work should be done to map the availability of dental services in York.

### **Alcohol**

- Ensure that students are aware of the risks associated with drinking (both health risks and other risk-taking behaviours).
- Provide clarity on where help and support can be accessed for students concerned about their drinking.
- Consider carefully the marketing around Freshers' week events.
- Ensure that there are a range of alcohol-free activities available during Freshers' weeks. These should be targeted at all freshers, not just non-drinkers.
- Advertise the change in provider from Lifeline to York Drug and Alcohol Service. Ensure GP practices and voluntary organisations are aware, and that literature in each institution is updated appropriately.
- Monitor the transition of drugs & alcohol services from Lifeline to York Drug and Alcohol Service.

### **Drugs**

- Universities and colleges to continue work in partnership with the police and other organisations to educate students on the risks of drug use, and to continue to discourage illegal drug use.

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- As above, advertise the change in provider from Lifeline to York Drug and Alcohol Service. Ensure GP practices and voluntary organisations are aware, and that literature in each institution is updated appropriately.
  - CYC to monitor the change from Lifeline to York Drug and Alcohol Service.

### **Smoking**

- Make the York-based smoking cessation services more visible to the student population in York.
- Continue to emphasise the health dangers of smoking.

### **Sleep**

- Universities and Colleges should actively and visibly promote good sleep practices among students, particularly around exam periods. Staff should discuss the importance of sleep as part of a balanced and productive revision plan.
- Accommodation services should be mindful of the impact of sleep on health. There should be clear avenues for reporting excessive housemate noise through the year, and guidance on appropriate noise around exam periods.

### **Physical activity**

- Encourage students to achieve the recommended weekly level of physical activity.
- Publicise the health benefits (including mental health and wellbeing) of engaging in regular exercise.
- Where possible ensure that there is some space in timetables for physical activity.
- Facilitate participation in physical activity, particularly for sedentary students (for example, gym days for beginners).
- Reduce cost barriers to exercise where possible, such as through the SW5 scheme.
- Encourage active transport, i.e. students walking or cycling to university/college.

### **Diet**

- Ensure enough healthy options are available on campuses. This may involve liaising with students to determine the best way of ensuring uptake of healthy options.
- Ensure that healthy options are as affordable as non-healthy options.
- Consider ways to encourage students to develop their domestic skills.

### **Academic issues**

- Provide clarity to both students and supervisors on the expected role of university academic staff in welfare issues.
- Recognise the links between academic stress and poor wellbeing, and poor wellbeing and poor academic outcomes.
- Increase available wellbeing support at times of known academic stress, such as around examinations and coursework deadlines.

### **Finance**

- Ensure students are able to access advice on budgeting (e.g. Blackbullion at YSJ).
- Continue to advertise bursaries and hardship funds for students.

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## **Housing**

- Ensure there are clear pathways for students to receive help with accommodation issues.
- Ensure international students have opportunities to integrate when they arrive, and are aware of where they can seek help with basic living issues.
- Consider holding housing fairs after Christmas rather than in November so that students have longer to get to know potential housemates. This is likely to decrease the number of disputes, and the number of students trying to move accommodation.

## **International students**

- Provide information to international students at induction around health services.
- Consider building inductions for new students.
- Consider inviting the police to do visa registrations on campus at induction. This could be offered alongside GP registration.
- Continue to build a positive environment for international students, and encourage them to report incidents of hate crime or other discrimination. Ensure a clear reporting pathway is in place (see harassment section above).

## ***What other work exists in York on related topics?***

### Strategies

- **The Children and Young People's Plan, 2016-2020**
  - YorOK's strategic plan for children and young people up to 25yrs, including the majority of further and higher education students in York.
  - <http://www.yor-ok.org.uk/workforce2014/Dream%20again%20and%20YorOK%20Board/dream-again---the-children-and-young-peoples-plan.htm>
- **CYC Mental Health Strategy**
- **CYC Autism Strategy**
- **University of York Mental Ill Health Report**
  - Report of task group formed in wake of student suicides.
  - <https://www.york.ac.uk/students/news/2016/mental-health-task-group/>
- **York College Suicide Strategy**
- **Joint Health & Wellbeing Strategy**
  - [https://www.york.gov.uk/downloads/file/12806/joint\\_health\\_and\\_wellbeing\\_strategy\\_2017\\_to\\_2022](https://www.york.gov.uk/downloads/file/12806/joint_health_and_wellbeing_strategy_2017_to_2022)
- **Joint Strategic Needs Assessment**
  - The York JSNA was last updated in 2015. The content is currently being reviewed and updated, and can be found at <http://www.healthyyork.org/>.
  - Learning Disabilities Needs Assessment - [https://www.york.gov.uk/downloads/file/12171/learning\\_disabilities\\_needs\\_assessment](https://www.york.gov.uk/downloads/file/12171/learning_disabilities_needs_assessment)
  - Self Harm Needs Assessment - [https://www.york.gov.uk/downloads/file/12169/self\\_harm\\_needs\\_assessment\\_full\\_version](https://www.york.gov.uk/downloads/file/12169/self_harm_needs_assessment_full_version)

### Services

- **YorWellbeing Service**
  - <http://www.yorwellbeing.com/>
  - Yorwellbeing Service is a new single point of access run by City of York Council for smoking cessation, health checks and physical activity in York.

### Groups

- **York Student Mental Health Network**
  - YSMHN is an informal group consisting of interested parties from organisations involved in mental health and student support across York. The group meets two-monthly to share ideas and good practice, and discuss collaborative projects.
- **York Student Community Partnership**
  - The partnership aims to enhance relationships between students and other York residents.
  - <http://www.higheryork.org/about/student-community-partnership/>
- **Learning City Partnership Board (LCPB)**

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- Aims to develop a skills plan across the city. Their focus on students is about improving employability, which recognises the importance of emotional resilience.
  - **Strategic Partnership Emotional and Mental Health**
    - Formerly the CAMHS Exec
    - Transitions subgroup looks at those moving from child to adult mental health services.
  - **Counselling networks**
    - Further Education Counsellors Network (North of England)
    - Counselling Providers Network (York)

### Projects

- **Mental Health Youth Champions**
  - Funding has been granted for a peer mentoring programme targeted at young people aged 14-25 in York
- **Time to Change hub**
  - CYC public health team is collaborating with Vale of York CCG and York CVS to develop a local Time to Change Hub. Hubs are a partnership of local organisations and people who are committed to ending mental health stigma and discrimination.
- **HEFCE-funded projects to tackle sexual harassment**
  - York St John, York College, IDAS and Survive are running a Building Healthy Relationships Project to provide education and training around healthy relationships, and provide more accessible reporting opportunities for when relationships become unhealthy.
  - The University of York is running a separate project to develop and implement research-informed training for student leaders on gender-based harassment and violence.

## Stakeholders/acknowledgements

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Stakeholders were consulted from the following organisations:

<b>Educational institutions</b>	<b>Charities</b>
University of York*	MIND
York St John University*	Student Minds
York College*	Mind Your Head York
Askham Bryan College*	Nightline
Higher York	Samaritans*
York University Student Union*	Street Angels
York Graduate Student Association*	Lifeline
York St John Student Union*	Survive
	IDAS
<b>Health services</b>	<b>Other</b>
Vale of York Clinical Commissioning Group*	North Yorkshire Police
York Medical Group	North Yorkshire Fire & Rescue
Unity Health	City of York Council
Open Door*	<ul style="list-style-type: none"> <li>• Public health team*</li> <li>• YorWellbeing team</li> <li>• Business intelligence team*</li> <li>• Suicide prevention lead</li> <li>• Education team</li> </ul>
York St John Wellbeing team	
York Teaching Hospitals Trust	
Public Health England	
<ul style="list-style-type: none"> <li>• Screening and Immunisations Team</li> <li>• Health Protection Team</li> <li>• Health &amp; Wellbeing Team</li> </ul>	
Tees, Esk & Wear Valley Mental Health Trust	Brickworks
Yorkshire Ambulance Service	Student Castle
YorSexualHealth	
Healthwatch	York Learning

\*with representation on the SHNA steering group

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## Glossary

A+E	– Accident and Emergency department
AB	– Askham Bryan College
AMOSSHE	– Association of Managers of Student Services in Higher Education
AYPH	– Association for Young People’s Health
BME	– Black and Minority Ethnic groups
CAMHS	– Child & Adolescent Mental Health Services
CYC	– City of York Council
DSA	– Disabled Student’s Allowance
FE	– Further Education
FPA	– Family Planning Association
GSA	– Graduate Student Association
HE	– Higher Education
HEFCE	– Higher Education Funding Council for England
HEPI	– Higher Education Policy Institute
HESA	– Higher Education Statistics Agency
IAPT	– Improving Access to Psychological Therapies
IHTT	– Intensive Home Treatment Team
JSNA	– Joint Strategic Needs Assessment
MSM	– Men who have sex with men
NICE	– National Institute for Health and Care Excellence
NUS	– National Union of Students
PHE	– Public Health England
SHNA	– Student Health Needs Assessment
STI	– Sexually transmitted infection
SWEMWBS	– Short Warwick-Edinburgh Mental Well Being Scale
TEWV	– Tees, Esk and Wear Valley Mental Health Trust
UoY	– University of York
UUK	– Universities UK
YC	– York College
YSJ	– York St John University
YSJSU	– York St John Student Union
YSMHN	– York Student Mental Health Network
YTHFT	– York Teaching Hospital NHS Foundation Trust
YUSU	– University of York Student Union

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## References

Association for Young People's Health (2016) A public health approach to promoting young people's resilience

<http://www.youngpeopleshealth.org.uk/public-health>

Association for Young People's Health (2017) An overview of research on key issues in student health

<http://www.youngpeopleshealth.org.uk/wp-content/uploads/2017/04/AYPH-Student-Health-Briefing.pdf>

Bould et al. (2016) 'The influence of school on whether girls develop eating disorders' *Int J Epidemiol* 45:2 480-488

Bradley and Greene (2013) 'Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 Years of Evidence About the Relationship of Adolescents' Academic Achievement and Health Behaviors' *Journal of Adolescent Health* 52:5 523-532

British Pregnancy Advisory Service (2015) 'Let's talk about young people's sexual health' [PowerPoint]

[www.studenthealthassociation.co.uk/pconf/Sexual\\_health\\_for\\_Exeter\\_2015\\_sha.pptx](http://www.studenthealthassociation.co.uk/pconf/Sexual_health_for_Exeter_2015_sha.pptx)

Buchanan (2012) 'Prevention of Depression in the College Student Population: A Review of the Literature' *Archives Of Psychiatric Nursing* 26:1 21-42

Campbell et al. (2017) 'Emergency Meningococcal ACWY Vaccination Program for Teenagers to Control Group W Meningococcal Disease, England, 2015–2016' *Emerg Infect Dis.* 23(7):1184-1187

City of York Council (2016) Self Harm Needs Assessment

[https://www.york.gov.uk/downloads/file/12169/self\\_harm\\_needs\\_assessment\\_full\\_version](https://www.york.gov.uk/downloads/file/12169/self_harm_needs_assessment_full_version)

Cotten and Prapavessis (2016) 'Increasing Nonsedentary Behaviors in University Students Using Text Messages: Randomized Controlled Trial.' *JMIR Mhealth Uhealth* 19;4(3):e99

Cvetkovski, Reavley and Jorm (2012) 'The prevalence and correlates of psychological distress in Australian tertiary students compared to their community peers' *Australian & New Zealand Journal Of Psychiatry* 46:5 457-467

Deliens et al. (2016a) 'Dietary interventions among university students: A systematic review' *Appetite* 105:1 14-26

Deliens et al. (2016b) 'Effectiveness of Pricing Strategies on French Fries and Fruit Purchases among University Students: Results from an On-Campus Restaurant Experiment' *PLoS ONE* 11:11 e0165298

Department for Communities and Local Government (2015) English indices of deprivation 2015 – file 11: upper tier local authority summaries

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

- Dodd et al. (2010) 'Lifestyle risk factors of students: a cluster analytical approach' *Preventive Medicine* 51:1 73-77
- Downey and Chang (2013) 'Assessment of everyday beliefs about health: The Lay Concepts of Health Inventory, college student version' *Psychology & Health* 28:7 818-832
- El Ansari and Stock (2010) 'Is the Health and Wellbeing of University Students Associated with their Academic Performance? Cross Sectional Findings from the United Kingdom' *Int. J. Environ. Res. Public Health* 7:2 509-527
- El Ansari et al. (2011) 'Health promoting behaviours and lifestyle characteristics of students at seven universities in the UK' *Cent Eur J Public Health* 19:197
- Ennals, Fossey and Howie (2015) 'Postsecondary study and mental ill-health: a meta-synthesis of qualitative research exploring students' lived experiences' *Journal Of Mental Health* 24:2 111-119
- Equality Act (2010) London: HMSO  
<http://www.legislation.gov.uk/ukpga/2010/15/section/6>
- Equality and Human Right Commission (2011) Hidden in plain sight: inquiry into disability-related harassment  
<https://www.equalityhumanrights.com/en/publication-download/hidden-plain-sight-inquiry-disability-related-harassment>
- Family Planning Association (2016a) Abortion [factsheet]  
<http://www.fpa.org.uk/factsheets/abortion>
- Family Planning Association (2016b) Sexually Transmitted Infections Factsheet  
<http://www.fpa.org.uk/factsheets/sexually-transmitted-infections>
- Goldsmid and Howie (2013) 'Mediating and moderating role of attributional style in the association between victimisation and wellbeing' *Emotional & Behavioural Difficulties* 18:4 423-434
- Guardian (2017) 'Number of university dropouts due to mental health problems trebles' [online article, published 23<sup>rd</sup> May 2016, accessed May 2017]  
<https://www.theguardian.com/society/2017/may/23/number-university-dropouts-due-to-mental-health-problems-trebles>
- Haase et al. (2004) 'Leisure-time physical activity in university students from 23 countries: associations with health beliefs, risk awareness, and national economic development.' *Prev Med.* 39:182–90.
- Healthwatch Leeds (2016) People's experiences of using community dentistry in Yorkshire & Humber region  
[http://www.healthwatchleeds.co.uk/sites/default/files/uploads/Community\\_Dentistry\\_report.pdf](http://www.healthwatchleeds.co.uk/sites/default/files/uploads/Community_Dentistry_report.pdf)

---

Healthwatch York (2017) Mental Health & Wellbeing in York, Issue 2

<https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Guide-to-Mental-Health-and-Wellbeing-in-York-issue-2.pdf>

HEFCE (2015) POLAR – Participation of Local Areas [webpage, accessed June 2017]

<http://www.hefce.ac.uk/analysis/yp/POLAR/>

HEFCE (2016) Non-continuation rates: Trends and profiles [webpage, accessed June 2017]

<http://www.hefce.ac.uk/analysis/ncr/nhe/>

Higher Education Policy Institute (2016) The invisible problem? Improving students' mental health

<http://www.hepi.ac.uk/wp-content/uploads/2016/09/STRICTLY-EMBARGOED-UNTIL-22-SEPT-Hepi-Report-88-FINAL.pdf>

Higher Education Statistics Agency (date unknown) Summary - UK Performance Indicators 2014/15 [webpage, accessed May 2017]

<https://www.hesa.ac.uk/data-and-analysis/performance-indicators/summary/2014-15>

Higher Education Statistics Agency (2016a) Full-time HE student enrolments by level of study, subject area, sex, age group, disability status and ethnicity 2015/16 (Table 6a)

<https://www.hesa.ac.uk/data-and-analysis/students/overviews?keyword=All&breakdown%5B%5D=582&year=620>

Higher Education Statistics Agency (2016b) Part-time HE student enrolments by level of study, subject area, sex, age group, disability status and ethnicity 2015/16 (Table 6b)

<https://www.hesa.ac.uk/data-and-analysis/students/overviews?keyword=All&breakdown%5B%5D=582&year=620>

Home Office (2016) Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales (Second edition)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/564760/drug-misuse-1516.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564760/drug-misuse-1516.pdf)

Hoeve et al. (2014) 'A systematic review of financial debt in adolescents and young adults: prevalence, correlates and associations with crime' *PLoS One* 19:9(8):e104909

Huxley et al. (2012) 'Development of a social inclusion index to capture subjective and objective life domains (Phase II): psychometric development study' *Health Technology Assessment* 16:50 1-248

Jackson, Tucker and Herman (2007) 'Health value, perceived social support, and health self-efficacy as factors in a health-promoting lifestyle' *Journal Of American College Health* 56:1 69-74

Jessop et al. (2005) 'The impact of financial circumstances on student health' *Br J Health Psychol.* 10(Pt 3):421-39

Keating, Castelli and Ayers (2013) 'Association of weekly strength exercise frequency and academic performance among students at a large university in the United States' *J Strength Cond Res.* 27(7) 1988-93

- Lazarus et al. (2010) 'Systematic Review of Interventions to Prevent Spread of Sexually Transmitted Infections, Including HIV, Among Young People in Europe.' *Croatian Medical Journal* 51(1), 74–84
- Lovell, El Ansari and Parker (2010) 'Perceived Exercise Benefits and Barriers of Non-Exercising Female University Students in the United Kingdom' *Int. J. Environ. Res. Public Health* 7(3), 784-798
- Madden et al. (2014) A Targeted Sexual Health Needs Assessment for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community and Ethnic Minority Groups across the life course in Warrington Appendix 1: LGBT literature review  
<http://www.cph.org.uk/wp-content/uploads/2014/08/Appendix-to-Warrington-Sexual-Health-Needs-Assessment-June-2014.pdf>
- McDermott (2008) 'Explicating global wellbeing in college students using health risk behaviors and adjustment to college' *Explicating Global Wellbeing In College Students Using Health Risk Behaviors & Adjustment To College* p.325
- McGorry et al. (2011) 'Age of onset and timing of treatment for mental and substance use disorders: implications for preventive intervention strategies and models of care' *Current Opinion in Psychiatry* 24:301–306
- McManus et al. (2009) 'Adult Psychiatric Morbidity in England 2007: results of a household survey' The NHS Information Centre
- McManus et al. (2014) Mental Health and Wellbeing in England. Adult Psychiatric Morbidity Survey 2014 Executive Summary  
<http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-exec-summary.pdf>
- Meningitis Now (2016) FAQs on Meningococcal ACWY vaccine [webpage, accessed March 2017]  
<https://www.meningitisnow.org/meningitis-explained/what-is-meningitis/meningitis-vaccines/faqs-meningococcal-acwy-vaccine/>
- Mental Health Foundation (2004) Lifetime Impacts – Child and adolescent mental health: understanding the lifetime impacts  
[https://www.mentalhealth.org.uk/sites/default/files/lifetime\\_impacts.pdf](https://www.mentalhealth.org.uk/sites/default/files/lifetime_impacts.pdf)
- Mental Health Foundation (2012) Doing Good Does You Good  
[https://www.mentalhealth.org.uk/sites/default/files/doing\\_good\\_pocket\\_guide.pdf](https://www.mentalhealth.org.uk/sites/default/files/doing_good_pocket_guide.pdf)
- Mentor (2007) Alcohol and Drug Prevention in Colleges and Universities: A review of the literature  
<http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.541.104>
- Mind (2013) How common are mental health problems? [webpage, accessed May 2017]  
[https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#.WU\\_Ox7eWxjo](https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#.WU_Ox7eWxjo)
- Mind Your Head (2016) The Student Mental Health Survey 2015/16  
[www.mindyourheadyork.org/wp.../2016/.../Student-Mental-Health-Survey-2016-1.pdf](http://www.mindyourheadyork.org/wp.../2016/.../Student-Mental-Health-Survey-2016-1.pdf)

- Ministry of Justice, Home Office and Office for National Statistics (2013) An Overview of Sexual Offending in England and Wales [statistics bulletin]  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214970/sexual-offending-overview-jan-2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214970/sexual-offending-overview-jan-2013.pdf)
- Molnar et al. (2011) 'Perfectionism and health: A mediational analysis of the roles of stress, social support and health-related behaviours' *Psychology & Health* 27:7 846-864
- National Union of Students (2011) Hidden Marks: A study of women students' experiences of harassment, stalking, violence and sexual assault (2<sup>nd</sup> edition)  
[https://www.nus.org.uk/Global/NUS\\_hidden\\_marks\\_report\\_2nd\\_edition\\_web.pdf](https://www.nus.org.uk/Global/NUS_hidden_marks_report_2nd_edition_web.pdf)
- National Union of Students (2013) Mental Distress Survey Overview  
<https://yougov.co.uk/news/2016/08/09/quarter-britains-students-are-afflicted-mental-hea/>
- National Union of Students (2014) Education beyond the straight and narrow: LGBT students' experience in higher education  
<https://www.nus.org.uk/Global/lgbt-research.pdf>
- National Union of Students (2015) Lad Culture in Higher Education: Challenges and opportunities in nightlife and social settings  
<http://www.cph.org.uk/wp-content/uploads/2015/07/Minda-Burgos-Lukes.pdf>
- Newberry-Birch (2009) Impact of Alcohol Consumption on Young People: A Systematic Review of Published Reviews  
<http://dera.ioe.ac.uk/11355/1/DCSF-RR067.pdf>
- Newton, Dooris and Wills (2016) 'Healthy universities: an example of a whole-system health-promoting setting' *Global Health Promotion* 23:1 57-65
- NHS Health Scotland, University of Warwick and University of Edinburgh (2008) Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)
- NICE (2005) Health Needs Assessment: A Practical Guide
- NICE (2017) Eating disorders: recognition and treatment  
<https://www.nice.org.uk/guidance/ng69/chapter/Recommendations>
- NOMIS (2016) Local authority (York) and national profiles  
<https://www.nomisweb.co.uk/>
- Nouse (2016) '1 in 10 students using food banks to survive' [online article, published 18<sup>th</sup> January 2016, accessed June 2017]  
<http://www.nouse.co.uk/2016/01/18/1-in-10-students-using-food-banks-to-survive/>
- Office for Disability Issues (2014) Disability facts and figures  
<https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures>

Office for National Statistics (2015) Adult Drinking Habits in Great Britain, 2013  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/compendium/opinionsandlifestylesurvey/2015-03-19/adultdrinkinghabitsingreatbritain2013>

Office for National Statistics (2016a) Population estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015  
<https://www.ons.gov.uk/releases/populationestimatesforukenglandandwalesscotlandandnorthernirelandmid2015>

Office for National Statistics (2016b) Total number of deaths by suicide or undetermined intent for Students aged 18 and above in England and Wales, 2014  
[Total number of deaths by suicide or undetermined intent for Students aged 18 and above in England and Wales, 2014](#)

Office for National Statistics (2017) Adult smoking habits in the UK: 2015  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2015>

Plotnikoff et al. (2015) Effectiveness of interventions targeting physical activity, nutrition and healthy weight for university and college students: a systematic review and meta-analysis *International Journal of Behavioral Nutrition and Physical Activity* 12:45

Public Health England (2015a) Improving young people's health and wellbeing: a framework for public health  
<https://www.gov.uk/government/publications/improving-young-peoples-health-and-wellbeing-a-framework-for-public-health>

Public Health England (2015b) E-cigarettes: an evidence update  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/457102/E-cigarettes\\_an\\_evidence\\_update\\_A\\_report\\_commissioned\\_by\\_Public\\_Health\\_England\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf)

Public Health England (2016a) Making Every Contact Count: Consensus statement  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/515949/Making\\_Every\\_Contact\\_Count\\_Consensus\\_Statement.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf)

Public Health England (2016b) Sexually Transmitted Infections in England [Poster]  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/617026/STI\\_NCSP\\_info\\_graphic\\_poster\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/617026/STI_NCSP_info_graphic_poster_2017.pdf)

Public Health England (2016c) Table 1: STI diagnoses and rates in England by gender, 2006-2015  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/534517/2015\\_Table\\_1\\_STI\\_diagnoses\\_rates\\_in\\_England\\_by\\_gender\\_2006-2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534517/2015_Table_1_STI_diagnoses_rates_in_England_by_gender_2006-2015.pdf)

Public Health England (2016d) The Eatwell Guide  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/551502/Eatwell\\_Guide\\_booklet.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551502/Eatwell_Guide_booklet.pdf)

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Public Health England (2016e) Guidance on the prevention and management of meningococcal meningitis and septicaemia in higher education institutions: Raising awareness, promoting immunisation and planning ahead

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582511/MenACWY\\_HEI\\_Guidelines.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582511/MenACWY_HEI_Guidelines.pdf)

Public Health England (2016f) Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS): 1st April 2015 to 31st March 2016

[http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016\[0\].pdf](http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016[0].pdf)

Public Health England (2017) Public Health Outcomes Framework [website]

<http://www.phoutcomes.info/>

Public Health England (2017b) 'Returning students urged to get vaccinated against deadly infections' [Press release, published 11<sup>th</sup> January 2017, accessed March 2017]

<https://www.gov.uk/government/news/returning-students-urged-to-get-vaccinated-against-deadly-infections>

Pulse (2016) 'Average waiting time for GP appointment increases 30% in a year' [online article, published 10<sup>th</sup> June 2016, accessed May 2017]

<http://www.pulsetoday.co.uk/your-practice/access/average-waiting-time-for-gp-appointment-increases-30-in-a-year/20032025.article>

Reed and Phillips (2010) 'Relationships Between Physical Activity and the Proximity of Exercise Facilities and Home Exercise Equipment Used by Undergraduate University Students' *Journal of American College Health* 53:6

Richardson et al. (2017) 'A Longitudinal Study of Financial Difficulties and Mental Health in a National Sample of British Undergraduate Students' *Community Ment Health J.* 53(3):344-352

Roopchand-Martin et al. (2015) 'A pilot study using the XBOX Kinect for exercise conditioning in sedentary female university students' *Technol Health Care* 23(3):275-83

Schüler et al. (2009) 'Dealing with a 'hidden stressor': emotional disclosure as a coping strategy to overcome the negative effects of motive incongruence on health' *Stress & Health: Journal Of The International Society For The Investigation Of Stress* 25:3 221-233

Sheiham (2005) 'Oral health, general health and quality of life' *Bulletin of the World Health Organisation* 83:9

Sirois and Molnar (2016) *Perfectionism, Health, and Well-Being*. Cham, Springer International Publishing

Slimming World (2013) 'Eight in 10 students gain weight at university' [online article, published 30<sup>th</sup> September 2013, accessed March 2017]

<http://www.slimmingworld.co.uk/press-articles/student-special.aspx>

---

Stewart-Brown et al. (2009) 'Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Survey' *Health and Quality of Life Outcomes* 7:15

Storrie, Ahern and Tuckett (2010) 'A systematic review: students with mental health problems—a growing problem.' *International journal of nursing practice* 16:1 1-6

Times (2016) 'Surge in students struggling with stress' [online article, published 11<sup>th</sup> July 2016, accessed May 2017]

<https://www.thetimes.co.uk/article/surge-in-students-asking-for-counselling-xn5p5r2>

Times Higher Education (2017) 'The World's Most International Universities 2017' [online article, published 1<sup>st</sup> February 2017, accessed June 2017]

[https://www.timeshighereducation.com/features/worlds-most-international-universities-2017?mc\\_cid=2fc38a7890&mc\\_eid=7dc41bed1b#survey-answer](https://www.timeshighereducation.com/features/worlds-most-international-universities-2017?mc_cid=2fc38a7890&mc_eid=7dc41bed1b#survey-answer)

Trockel, Barnes & Egget (2010) 'Health-Related Variables and Academic Performance Among First-Year College Students: Implications for Sleep and Other Behaviors' *Journal of American College Health* 49:3 125-131

Tully and Couples (2011) 'UNISTEP (university students exercise and physical activity) study: a pilot study of the effects of accumulating 10,000 steps on health and fitness among university students.' *J Phys Act Health* 8(5):663-7

Turunen and Hiilamo (2014) 'Health effects of indebtedness: a systematic review' *BMC Public Health* 22; 14:489

Unite (2016) Student Resilience: Unite Student Insights Report

<http://www.unitestudents.com/about-us/insightreport/2016-full-report>

Unite (2017) Student Resilience: exploring the positive case for resilience

<http://www.unite-group.co.uk/sites/default/files/2017-05/student-resilience.pdf>

Universities UK (2015a) Student mental wellbeing in higher education: good practice guide

<http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2015/student-mental-wellbeing-in-he.pdf>

Universities UK (2015b) Patterns and Trends in UK Higher Education

<http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2015/patterns-and-trends-2015.pdf>

Universities UK (2016a) Changing the Culture: Report of the Universities UK Taskforce examining violence against women, harassment and hate crime affecting university students

<http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2016/changing-the-culture.pdf>

---

Universities UK (2016b) Guidance for higher education institutions: how to handle alleged student misconduct

<http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/guidance-for-higher-education-institutions.aspx>

Universities UK (2016c) Patterns and trends in UK higher education 2016

<http://www.universitiesuk.ac.uk/facts-and-stats/data-and-analysis/Pages/patterns-and-trends-uk-higher-education-2016.aspx>

Universities UK (2017) 'International students now worth £25 billion to UK economy - new research' [online article, published 6<sup>th</sup> March 2017, accessed June 2017]

<http://www.universitiesuk.ac.uk/news/Pages/International-students-now-worth-25-billion-to-UK-economy---new-research.aspx>

University of Warwick (2014) Interpretation of Scores [webpage: accessed April 2017]

<http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/interpretations/>

University of York (2016) Student Mental Ill-Health Task Group: Report to the Vice Chancellor

<https://www.york.ac.uk/media/studenthome/features/2016/Student%20Mental%20Ill-health%20Task%20Group%20Report%20Mar%202016.pdf>

Wickham et al. (2014) 'Why does relative deprivation affect mental health? The role of justice, trust and social rank in psychological wellbeing and paranoid ideation' *Journal Of Public Mental Health* 114-126

Wong (2017) 'Influence of Pokémon Go on physical activity levels of university players: a cross-sectional study' *Int J Health Geogr.* 2017; 16: 8

World Health Organisation (2006) Defining Sexual Health

[http://www.who.int/reproductivehealth/topics/gender\\_rights/defining\\_sexual\\_health.pdf](http://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health.pdf)

York Vision (2014) 'Eat sleep work repeat: Are York students succumbing to study drugs like modafinil?' [online article, published 14<sup>th</sup> January 2014, accessed April 2017]

<http://www.yorkvision.co.uk/news/eat-sleep-work-repeat/14/01/2014>

YouGov (2016) 'One in four students suffer from mental health problems' [online article, published 9<sup>th</sup> August 2016, accessed April 2017]

<https://yougov.co.uk/news/2016/08/09/quarter-britains-students-are-afflicted-mental-hea/>

# Appendices

## **Appendix 1: Student survey questions**

The student survey was designed by the public health team specifically for the SHNA. Designs of previous student health surveys were reviewed, including those used for previous SHNAs in other locations. Care was taken to include enough questions to provide useful results, whilst keeping the survey short enough to ensure as many students as possible completed it from start to finish.

Questions were included around key topics that were highlighted by existing student health literature and early discussions held with students and stakeholders. Questions corresponding to AUDIT-C (alcohol scoring) and the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) were included to provide validated data that could be compared to other cohorts.<sup>29</sup>

Promotion of the survey to students was left up to individual institutions. The council did provide incentives for completion of the survey in the form of Love2Shop vouchers (1x £100, 2x £50, 4x £25), plus promotional blurb and a QR code to be used in promotion.

A total of 1832 responses were received. However, 6 responders had clearly given invalid answers and were removed from the dataset prior to analysis. The demographics of survey respondents were analysed to determine how generalisable the survey findings were to the general student population. The main discrepancy was in gender, where 74% of survey respondents were found to be female. The age profile of respondents matched the age profile given for each institution.

The questions used as part of the survey are given below. Here they are displayed as a single list; in the online survey they were split into pages with similar questions grouped together.

1. Which college/university do you attend? (select)
2. How old are you? (enter number)
3. Are you... (select more than one)
  - a. At college/sixth form
  - b. An undergraduate
  - c. A postgraduate
  - d. A non-EU international student in York for at least one year
  - e. An EU student in York for at least one year
  - f. An international student on a short-term placement in York
  - g. A mature student (over 21 when you started your course)<sup>30</sup>
4. How would you describe your gender?
  - a. Prefer not to say
  - b. Female
  - c. Male

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<sup>29</sup> SWEMWBS was chosen as it is a validated tool for measuring wellbeing at a population level. It is therefore different to tools used by counselling services such as PHQ-9 that are used to measure changes in disease severity. A diagnostic tool was intentionally not chosen as this would provide ethical issues around how to respond to the results, particularly given the anonymity of the survey. The short form of the WEMWBS was used rather than the full version as previous studies have found that 'robust measurement properties combined with brevity make SWEMWBS preferable to WEMWBS at present for monitoring mental well-being in populations.' (Stewart-Brown et al., 2009)

<sup>30</sup> This question needed a better definition of mature student, with over-21 in undergraduates but over-25 in postgraduates. However, given that age and type of study was collected separately it was possible to work out the number of mature students separately.

- 
- d. Prefer to self-describe (free text box given)
  5. Please indicate your sexual orientation
    - a. Prefer not to say
    - b. Heterosexual/straight
    - c. Homosexual/gay or lesbian
    - d. Bisexual
    - e. Other
  6. Please tell us where you currently live during term time
    - a. At home/with family
    - b. In campus accommodation
    - c. In privately rented accommodation
    - d. Sofa surfing
    - e. Other – please specify (free text box given)
  7. How would you rate the quality of your term time accommodation?
    - a. [Slider from very poor (0) to very good (100)]
  8. How would you rate the affordability of your accommodation?
    - a. [Slider from very poor (0) to very good (100)]
  9. How would you rate the availability of term time accommodation?
    - a. [Slider from very poor (0) to very good (100)]
  10. Do you have a disability or long term health condition? (Yes/No)
  11. If yes, have you informed your college or university about this? (Yes/No)
  12. Since starting your university/college course, would you say that your health has:
    - a. Got worse
    - b. Stayed the same
    - c. Improved
  13. Overall how would you rate your current physical health?
    - a. Very poor
    - b. Poor
    - c. Average
    - d. Good
    - e. Very good
  14. Overall how would you rate your current mental health and wellbeing?
    - a. Very poor
    - b. Poor
    - c. Average
    - d. Good
    - e. Very good
  15. Do you currently smoke cigarettes (tobacco)? (Yes/No)
  16. Do you currently smoke e-cigarettes? (Yes/No)
  17. If you wanted to try and quit smoking in York, where would you go for support? (free text box)
  18. How often do you have a drink containing alcohol?
    - a. Never
    - b. Once monthly or less
    - c. 2-4 times per month
    - d. 2-3 times per week
    - e. 4+ times per week

19. How many units of alcohol do you drink on a typical day when you are drinking? (image given number of units in common drinks included with question)
- 1-2
  - 3-4
  - 4-5
  - 7-9
  - 10+
  - Does not apply
20. How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion in the last year?
- Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily or almost daily
21. In the last 12 months would you say any of the following have happened as a result of your alcohol use?
- I have missed lectures or lessons (Yes/No/NA)
  - I have found it difficult to keep up with my academic work (Yes/No/NA)
  - I have found it difficult to remember what happened (Yes/No/NA)
  - I have said or done something that I find embarrassing (Yes/No/NA)
  - I have fallen out with a family member or friend (Yes/No/NA)
  - I have spent more money than I wanted to (Yes/No/NA)
  - I have needed to seek medical help for an injury or illness (Yes/No/NA)
  - I have felt too ill to do things I wanted to the next day (Yes/No/NA)
22. Do you take any non-prescription drugs? (Yes/No)
23. Do you take any performance-enhancing drugs (including learning aids)? (Yes/No)
24. In the last 12 months would you say any of the following have happened as a result of your drug use?
- I have missed lectures or lessons (Yes/No/NA)
  - I have found it difficult to keep up with my academic work (Yes/No/NA)
  - I have found it difficult to remember what happened (Yes/No/NA)
  - I have said or done something that I find embarrassing (Yes/No/NA)
  - I have fallen out with a family member or friend (Yes/No/NA)
  - I have spent more money than I wanted to (Yes/No/NA)
  - I have needed to seek medical help for an injury or illness (Yes/No/NA)
  - I have felt too ill to do things I wanted to the next day (Yes/No/NA)
25. For each of the following please tick the answer that best describes your experience over the last two weeks
- I've been feeling optimistic about the future (None of the time/rarely/some of the time/often/all of the time)
  - I've been feeling useful (None of the time/rarely/some of the time/often/all of the time)
  - I've been feeling relaxed (None of the time/rarely/some of the time/often/all of the time)
  - I've been dealing with problems well (None of the time/rarely/some of the time/often/all of the time)
  - I've been thinking clearly (None of the time/rarely/some of the time/often/all of the time)

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- f. I've been feeling close to other people (None of the time/rarely/some of the time/often/all of the time)
- g. I've been able to make up my own mind about things (None of the time/rarely/some of the time/often/all of the time)
26. Which of the following statements best describes your mental health and wellbeing?
- a. I have a diagnosed mental health condition
  - b. I think I have an undiagnosed mental health condition
  - c. I do not think I have a mental health condition
  - d. Prefer not to say
27. Which of these do you worry about on a regular basis? (tick all that apply)
- a. Exams and assessments
  - b. Managing time and deadlines
  - c. Your extra-curricular commitments
  - d. Relationship with lecturers/teachers
  - e. Relationship with friends
  - f. Relationship with boyfriends/girlfriends
  - g. Relationships with family members
  - h. What people think of you
  - i. Self image
  - j. Emotional health
  - k. Physical health
  - l. The amount you are eating
  - m. Your smoking habits
  - n. Your drinking habits
  - o. Your drug habits
  - p. Career prospects
  - q. Financial problems
  - r. Carer responsibilities
  - s. None
28. Do you feel you get enough sleep and feel well rested most nights of the week? (Yes/No)
29. Is there anything which regularly stops you from getting more sleep? (tick all that apply)
- a. Studying
  - b. Part time work
  - c. Social events
  - d. Stress/not being able to fall asleep
  - e. Using social media or watching TV
  - f. Family commitments
  - g. Other – please specify (free text box given)
30. Have you personally experienced any of the following whilst being a student in York?
- a. Assault or violence
  - b. Threats or verbal assault
  - c. Sexual assault
  - d. Burglary/theft
  - e. Bullying including online bullying
  - f. Hate crime
  - g. None
  - h. Other (please specify)

- 
31. Did you report this incident or tell anyone about it? (Yes/No/NA)
    - a. If yes please tell us who you reported it to
  32. If you wanted information or support about contraception or sexually transmitted infections whilst a student in York, where would you go? (free text box)
  33. In your time as a student, have you registered with a local GP (medical practice)?
  34. If you answered No above, please tell us why:
    - a. I live at home/not changed address
    - b. I don't know how
    - c. I am not sure if I am eligible
    - d. I have not had time to go and register
    - e. I have not needed to visit a GP
    - f. Does not apply
    - g. Other – please specify (free text box given)
  35. Whilst a student in York have you ever sought support for your mental health? (Yes/No)
  36. Where did you seek this support?
    - a. A service based in your GP practice
    - b. A counselling or support service based in your college/university
    - c. From your college/university pastoral team
    - d. From a lecturer/teacher/supervisor
    - e. From a telephone helpline (e.g. Nightline or Samaritans)
    - f. From a friend or family member
    - g. From the emergency services or from A+E
    - h. From a specialist NHS mental health service
    - i. Other – please specify (free text box given)
  37. Overall, would you say that the support you received was helpful?
    - a. Prefer not to say
    - b. No, it was not helpful
    - c. Yes, it was quite helpful
    - d. Yes, it was very helpful
  38. Did you have a meningitis vaccination before starting your course in York (or within the first few weeks of starting)? (Yes/No/Don't know)
  39. Is there anything else you would like to say about your physical or mental health and wellbeing since you started studying in York? (free text box given)

## **Appendix 2: Focus group questions and findings**

Student focus groups were run at each of the four institutions. In addition, staff focus groups were run at the two universities. Although the aim was to do two student focus groups with between 6-10 students at each location, despite advertising there was limited uptake of focus groups. The majority of students participating were female.

The staff focus groups had better participation; this may have been because named members of staff were nominated by the universities to attend. This is an important learning point for future needs assessments; getting named individuals to commit to groups is more effective than blanket advertising, even if this is to many thousands of students.

The makeup of individual focus groups was as follows:

- University of York – 2 sessions, one with 7 students and one with 2 students
- York St John – 3 sessions, two with 2 participants and one with 1 participant
- York College – 2 sessions, one that ended up as series of short 1-2-1 interviews and one that involved a number of opportunistic cafe-style discussions with student groups
- Askham Bryan – 2 sessions, one with 7 further education students and one with higher education students

A standard set of questions was produced as a guide for each focus group, with a series of prompts given for each if needed. As more than one facilitator was involved a facilitator guide was also produced to try to standardise how the focus groups were carried out as much as possible. A separate note taker took notes from the focus groups, which were also tape recorded where possible (with permission). All participants were required to read and sign a form at the start of the session, which covered issues of confidentiality and who to contact if the focus groups raised any issues they felt they needed to discuss further.

The questions used if the focus groups were:

- 1. What things come to mind when you think about health and general wellbeing in university/college students?**
  - a. Particular health issues e.g. mental health, sexual health
  - b. Wellbeing issues e.g. stress, sleep, diet, exercise
  - c. How health affects your study
- 2. Have your health-related habits changed since you started university/college?** (N.B. not staff focus group)
  - a. What do you think health-related habits are
  - b. What have you started doing differently/what have you stopped doing
  - c. What factors have influenced these changes (e.g. physical environment, social surroundings, workload)
  - d. What are the barriers to healthy behaviour at university
  - e. What things encourage healthy behaviours at university
- 3. Mental health has had a lot of publicity recently. What do you think the key issues are relating to the mental health of students at the university/college?**
  - a. What does the term 'mental health' mean to you
  - b. What mental health support services are you aware of for university students
  - c. If you had a problem with your mental health and you needed some help, where would you go

- d. What health concerns do you notice most in your friends
  - e. What do you think the barriers are for students seeking help with mental health issues
  - f. What things do you think help students to seek support with mental health issues
- 4. Since starting university/college do you feel you have received enough information and support around health and wellbeing issues?**
- a. Do you feel you know enough about the health services on offer
  - b. When and where would be the best place to promote health to new students
  - c. Did you register with a GP in York when you started your course
- 5. Are there any other particular health issues you want to discuss?**
- a. e.g. sexual health, alcohol, disabilities, factors causing stress and anxiety (if not already discussed)
  - b. Do they know where to access services for these issues
  - c. Do they feel supported to talk about these issues

Additional questions were written to direct towards students from particular cohorts, for example international students, first year undergraduates, final year undergraduates or postgraduates. In addition, staff were asked if they felt adequately trained to deal with the student health and wellbeing issues they faced.

There were 5 main themes that emerged from the student focus groups, each containing several key subthemes that identified particular issues:

Topic	Theme	Issues
Support	Staff	<p>It was identified that the role of the personal supervisor was different for undergraduates and postgraduates.</p> <p>College tutors very found to be very useful, and were usually the first port of call (particularly at York College).</p> <p>In some places supervisors needed more training on dealing with student health (particularly mental health). Better signposting was needed to existing services.</p> <p>Staff were more likely to notice problems if they saw students in small groups rather than large lectures.</p> <p>There were some concerns around confidentiality. Some people were afraid different groups of staff (counsellors, tutors) would share information on problems, others were worried they would not share.</p>
	Friends	<p>Students found there was considerable pressure to make friends quickly, especially around sorting accommodation.</p> <p>Several issues were raised around friends and finance (lending money, inequalities between students with different levels of bursary/income/spend).</p>

		<p>Friends were found to be useful to help deal with manageable stress.</p>
	Services	<p>Co-ordination between different health services was found to be poor.</p> <p>There were a number of access issues discussed, particularly regarding organisations not having enough staff and opening hours not being long enough. Access issues were particularly prevalent regarding mental health, including counselling and GP services and secondary mental health services.</p> <p>At the colleges it was felt that more services were available for further education students than higher education students.</p> <p>Students reported that they did not use the available careers service enough.</p>
Communication	General	<p>Students reported that co-ordination between different university/ college services was not particularly effective. There were also some concerns mentioned regarding confidentiality and information-sharing between organisations.</p> <p>Students would prefer more anonymous forms of communication (online chat services e.g. wellbeing or careers, online counselling service).</p> <p>There were concerns that information was not always sent out using the most appropriate methods (e.g. college students don't use email often, NHS posts letters that students often don't receive).</p>
	Induction	<p>Students reported there was a lack of information on health and wellbeing at induction sessions. Students would like wellbeing teams to give lectures to each group (similar to existing library talks).</p> <p>Having clear messages from universities during the first month of study was felt to be important.</p>
	Signposting	<p>There was a general feeling among most students that there was not enough signposting to existing services (health and otherwise), particularly for students who don't know York well.</p>
	Engagement	<p>Students felt there was a lack of engagement with students following recent suicides, led to unwarranted fear/panic.</p> <p>Students wanted to be included/have representation in all meetings relevant to their interests/needs.</p> <p>Themed weeks (e.g. mental health awareness week) were found to be beneficial. However, there was often too short notice for</p>

		activities/events leading to poor attendance.
	Social media	<p>Students felt social media was widely used to promote student drinking culture, particularly during Freshers' week. This included student union promotions.</p> <p>Social media had an impact on perfectionism, with students bragging about good grades causing pressure on other students.</p> <p>There was recognition that online personas were often 'fake', the requirement to be visible 24/7 meant students felt they couldn't escape these unrealistic expectations.</p>
Wellbeing	Balance	<p>Students often struggled with time management. They found it hard to balance academic and non-academic activities, especially with a part-time job.</p> <p>Taking responsibility for themselves was something new to many students, and not something they had been taught about/prepared for.</p>
	Stress	<p>Students discussed manageable vs. unmanageable stress. Lots of small stressful things manifest into an uncontrollable problem.</p> <p>Numerous causes of stress were identified by students, including academic issues (workload, perfectionism, fear of failure), finance (course fees, bursaries, part time jobs), homesickness, expectations (individual, university family), fear about not belonging, and accommodation issues (sometimes physical environment but mostly around housemates). Students felt that as a cohort they had a lack of resilience to these problems.</p> <p>There were recognised peak times for stress (cyclical) – e.g. Freshers' week, half-way through first term, exam times/assessment deadlines, end of final year.</p> <p>It was recognised that stress had an effect on physical health.</p> <p>People think drugs/sex/alcohol are the biggest issues for students, but these issues only affect a minority, whereas stress/self-esteem affects everyone.</p>
	Diet	<p>Students reported limited healthy options were available to them, and that healthy food was generally too expensive.</p> <p>There were some students lacking basic culinary skills (e.g. how to use an oven). Many students also have no (or limited) understanding of budgeting.</p> <p>Students reported they needed a part-time job just to be able to afford food.</p>

	Exercise	<p>There is no requirement to do exercise therefore it is often the first thing to slip. Students reported it was difficult to fit exercise around their timetable and other commitments.</p> <p>Students recognised that physical health and exercise were important for mental health.</p> <p>In some areas there was poor advertising about what activities are available and how to join (societies, gyms). Some options (e.g. gyms) were also felt to be too expensive.</p>
	Sleep	<p>Most students don't get enough sleep. Students had to balance work with sleep, and felt guilty when they prioritised sleep over work.</p>
	Mental health	<p>Mental health biggest health concern of university students. Most participants felt their mental health had worsened since starting university/college.</p> <p>Focus groups highlighted different cultural attitudes towards mental health (e.g. not always recognised in other countries). They felt this was often not well understood by staff.</p>
Barriers	Services	<p>Service were sometimes located in areas that are difficult to get to (both physically and mentally – e.g. surrounded by people asking you to fill in surveys, some students unaware of actual locations of services).</p> <p>There was often a need to be very persistent to get seen, which was particularly difficult for students with mental health problems.</p>
	Perceptions of others	<p>There were concerns about stigma among medical staff as well as students, particularly towards mental health problems. Students also worried about stigma around informing their employers about any issues.</p> <p>Illness was sometimes seen as a trend, with bragging on social media sometimes putting off those with genuine illnesses mentioning them.</p>
	Perceptions of individuals	<p>Lots of individual factors prevented students seeking help, including embarrassment and pride, with people not wanting to admit they have a problem.</p> <p>Disabled students don't want to appear attention-seeking. Some people worried they were not as ill as everybody else so did not think they should get support or take up limited resources.</p> <p>Students noted that making first contact with someone was very difficult – if this was not successful (e.g. if they were dismissed as not serious) they were less likely to try again.</p>

		Students noted that sexual health had improved as there was now less stigma attached and better advertising of services.
	Accessibility	Not enough was always done for disabled students e.g. lack of Braille; visually impaired students often struggle.
Environment	Housing	<p>Students feeling unsafe in their accommodation, usually due to their roommates.</p> <p>It is very difficult to move if a student is having problems. It can also be costly as many end up paying 2 sets of rent.</p> <p>Students were not sure what to do about flatmates with mental health/drug problems.</p> <p>Accommodation services not always helpful in resolving these issues.</p>
	Bullying	Student experienced bullying both online and in person. When students were being bullied by flatmates there were significant difficulties escaping from this, particularly regarding negotiating contracts.

### **Appendix 3: Community cafe questions and findings**

A community café session was run at each of the four institutions. Sessions were between 2-4 hours long and ran over lunchtime, usually in the vicinity of dining areas where there was a high concentration/turnover of students. Students were invited to share their views on being a student and what it means for health and wellbeing.

The cafe sessions engaged a broader range of students than the focus groups. Comments given were less in-depth but often reflected the first thing that came to mind. Overall responses were much more positive (although there was some variation between institutions). Many students did have specific issues to raise, but these were often on broader aspects of wellbeing such as diet and exercise. There was a positive finding that most people seemed to be happy most of the time.

#### Findings

One of the most common topics discussed, particularly by college students, was **diet**. Comments generally focused either around the price of food, or the lack of available healthy options, particularly at the colleges. Similarly, many students were concerned they did not get enough **physical activity**, which was recognised as beneficial to mental and physical wellbeing. Students would like more to be offered, again particularly at the colleges, to improve this access to gyms and sports societies, which were seen as expensive and not always clear what was on offer/how to join.

Lots of students, particularly at the universities, remain unsure of where/**how to access services**. Students wanted more information on health and wellbeing, particularly at the start of their course. There are also concerns over lengths of **waiting times** for certain services, particularly **GP, counselling and secondary mental health services**. It was recognised that services were very stretched, and often dealing with more complex issues than they were intended to. Positive comments were made about the campus health centre at YSJ. **Disability services** were also mentioned specifically, with several students requesting more support.

**Mental health and wellbeing** was mentioned, although as a much lower percentage of responses than in the survey comments. For the colleges the main issue seemed to be around **stress** levels, particularly relating to academic issues. However, university students were concerned with more significant mental health issues and the relevant **services** available to deal with them. Some positive comments were made around counselling and mindfulness sessions (YSJ). The importance of peer support and having friends and family to talk to was emphasised.

**Transport** was a concern, particularly for college students and university students away on placement. One of the main complaints was the length of journey time compared to the time spent at college, and also the cost of travelling. There were some complaints about the timeliness and quality of the buses.

Besides travelling, **finance** was also mentioned in the context of living expenses. Particularly for the colleges, there was some concern that whilst bursaries covered books and trips several students felt the amount offered did not cover as much as they would like it to. There were also concerns raised about budget management from students living away from home.

Students from both universities raised concerns about **housing**. Some discussed the quality of accommodation, whereas others were concerned with housemates. Some positive aspects were also mentioned, including supportive RSAs, housing fairs and 'find your housemate' matching service (York St John).

Wider comments about the **environment** were also mentioned, including the positive impacts of green spaces (and the corresponding negative impacts of concrete buildings) and how open buildings with central staircases were conducive to exercise and improved wellbeing.

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There were comments from all institutions about **academic welfare**. Many positive comments were made by college students about their **tutors**, who were seen as supportive and the majority of students reported having good relationships with. There were mixed reports about university lecturers, with some helpful and easy to contact but others seemingly inexperienced and uncaring when dealing with welfare issues. **Careers** was another issue mentioned, with students often unsure how to approach looking at future options and concerns that careers events were not well advertised. Overall it was felt that there needed to be more connection between academic and welfare staff/issues, as negative impacts on one often led to negative impacts on the other.

Finally, there were several comments from university students about **communication**. Not all communication from institutions and services was felt to be timely, with some language issues identified by international students. Students themselves were often put off communicating due to perceived **stigma** around accessing services. There were also several reports of social **isolation** and loneliness being an issue for university students, particularly those living off campus or away on placement.

Although the responses on the whole were more positive than those found in focus groups and the student survey, the level of overall satisfaction varied between institutions. York College students were particularly content with the college and the support on offer, whereas the University of York students were more preoccupied with mental health and the lack of available services.

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## ***Appendix 4: International student café findings***

International students make up large minority of student body, with around 4250 international student currently studying in York. International students have been identified as a group with a particular set of health concerns that are at risk of not being addressed. Two separate cafe sessions were held with international student groups, one at each university. Several key areas of concern:

### Prior to arrival

Additional stresses were identified around visa applications and other paperwork. Students wanted more help from university around visas, and found poor or last-minute communication from universities before arrival stressful. At YSJ international students on short-term placements starting in January often did not find out until mid-December that they had a place; they then have a very stressful period trying to arrange visas and book flights (expensive) at very short notice.

Students were aware of the need for vaccines prior to arrival at university (as there would be with other foreign travel).

### Communication

Many students found there was a noticeable language barrier in both verbal and written communication. Information leaflets translated into Mandarin had been helpful, as had online information provided regarding advice on stress and perfectionism.

### Health services

There was significant lack of understanding about how health services work. In many cases students were not aware NHS treatment was free, and what services the NHS covered. Students would like more clarity on when to use particular services (GP/pharmacist/A+E etc.), including examples of where to go with different injuries/illnesses and clearer descriptions of the different roles of pharmacists, nurses and GPs. Students found it frustrating to see a GP after waiting days or weeks when the illness could have been helped by someone else in a shorter time.

The majority of students spoken to were not registered with a GP in York. Some who are registered did not know how to make appointments. Some students reported no difficulty getting appointments at their GP, whereas others found they were waiting weeks.

Some students felt that GPs gave 'stock' answer to problems, usually involving paracetamol ("They give you pain killers for everything"). Many students would rather just contact their doctor back home, even if they were in China/USA.

Some students found it difficult to physically locate services. Certain services were also avoided due to a lack of staff with wider cultural backgrounds/understanding. International students also echoed the issues raised more widely about poor experiences with Unity Health, particularly around mental health and complex issues.

Some students brought all their medication from home (i.e. enough to last a whole term) as they were unsure whether they could get any in England, or did not feel they could adequately explain their condition (or drug intolerances) to people here.

### Arrival

Students found welcome tours useful, plus having an early induction (i.e. in the week before other students arrive). Talks on sexual health and consent were useful – students would like introductory talks to contain as much emphasis on health as there is on fire safety (including introductory talks and leaflets).

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The Host scheme at UoY was found to be helpful, although not all students had heard of it. Similarly the YSJ orientation was good for practicalities but students would like more social mingling.

### Accommodation

International students would like to be integrated more with non-international students – they found internationals were often all placed together. Students found that if they arrived part way through year their housemates had often already formed their social groups.

Students would like a building induction, covering basic principles such as how to use the heating and the laundry service. Students are used to warmer temperatures but often don't turn heating on, either to save costs (which can lead to them feeling unwell) or because they don't know how to use it and feel too embarrassed to ask.

### Mental health

International students (especially Asian students) have particular views on mental health. Services were found to be every 'Euro-centric', not necessarily recognising the cultural implications of a mental health diagnosis. Students would like more translated literature and native-language speakers in services, possibly with people available to accompany them to the GP to help with articulation.

Students are not sure what levels of stress constitute needing what level of help (as services are often totally different to those in their home country). They described a lack of awareness about what mental health services the university provided (UoY), and reflected that more mental health services were needed, with improved staffing. Students also felt there should be help available for the friends and housemates of those suffering mental health difficulties.

### Cultural differences

Some students reported they were not aware of all UK laws – it was not clear what was legal/illegal. There were also language differences, with English slang and idioms hard to understand. Some students found English a much more direct language, which meant to them some phrases sounded offensive that were not meant to be. International students also found differences in study methods, with some having never had to write long essays before. As this was a skill people assumed they had they were unsure who or how to ask for help, or whether they should be using private tutors.

Students had difficulty growing accustomed to English climate. Buildings were often too cold in the winter, with either air conditioning being on or housemates not wanting the heating too high.

### Diet

International students found English food to be very fatty, with lots of fried options. Little dietary information was displayed about the food available on campus. The cheapest options all appeared to be unhealthy, making it difficult to balance limited finances with eating well.

### Barriers

Students felt that seeking help could be intimidating. They were often unclear about who to call, whether they would be charged for seeking help or how much such help might cost. Many international students are very reserved regarding mental health. Students from lots of countries (not just in Asia) associate mental health with significant stigma.

The time difference between England and home countries meant that it was hard for some students to call family for help when needed.

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### Racism

Students were often arriving with anxiety about how they were going to fit in. Several students had experiences of racism, mostly verbal abuse. This had caused them distress, and they often were unaware of the support available or what rights they might have: 'We feel like we can't do anything back because it's their country and we're foreign'.

### Everyday life

Students reported they did not know how to access basic services such as opticians and hairdressers. They also did not know how to use some basic appliances (e.g. heaters). As these were felt to be very simple issues they were often too embarrassed to ask about them, and were not sure who to ask. However, lots of individuals reported similar issues.

## **Appendix 5: Stakeholder survey questions and results**

The stakeholder survey was sent out online via Survey Monkey, and also via email as a Word document. There were five questions included:

- 1. What do you think are the biggest issues affecting the health and wellbeing of further/ higher education students in York?**
- 2. Are there any areas of student health and wellbeing particularly related to your own organisation (police, housing, health services etc.) that you would like to highlight as areas of specific interest or concern?**
- 3. What do you think are the key issues affecting the co-ordination of health and wellbeing services used by York students?**
- 4. Is there anything you would like to see that you think would improve the health and wellbeing of students in York?**
- 5. Students make up a significant proportion of the York population. How do you feel the contribution/integration of students affects local communities (both positive and/or negative aspects)?**

No prompts were given for any questions in order to reduce the risk of bias in the responses.

Stakeholders from 38 organisations were invited to complete a short stakeholder survey (questions as appendix). Of these, 36 stakeholders responded (representing 26 organisations) and 27 of those responses contained answers to some (or all) of the key questions.

Key issues noted by stakeholders were analysed and categorised into themes. The main theme arising was mental health, mentioned by 17 of the 27 respondents.<sup>31</sup> The next most common theme was alcohol (13 respondents), followed by sexual health, emotional wellbeing and availability of services (all 9 respondents).

Overall, themes fell into 4 categories:

### Psychological

**Mental health** was the most commonly discussed issue, with particular concerns around the increasing numbers of students affected (with increasingly complex needs), lack of available support (particularly regarding waiting lists), and issues around specific conditions (anxiety, depression, self-harm/suicide and eating disorders).

**Emotional health and wellbeing** was also discussed more broadly, with concerns about relationships, social isolation and loneliness, bullying and resilience levels emerging as key issues.

**Pressures of higher education** were also noted, including exam stress, competition for jobs, fear of failure, and fitting in studying alongside working.

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<sup>31</sup> N.B. MH groups did make up the greatest proportion of people asked – however this was still answer given by most non-MH related people too.

### Lifestyle

The main issues discussed were **sexual health** (particularly STIs), **drugs & alcohol** (issues around addiction, long term health effects, enhancing other risk-taking behaviours, river safety, legal highs), **smoking, diet and physical activity**.

### Service-related

**Accessing services** was considered a key problem. Students often do not know where to go to access services (which can lead to inappropriate attendances e.g. at A+E), and there was stigma around accessing some services, particularly mental health.

**Availability of services** was also an issue, with long waiting times across many services. In some cases (again particularly mental health) only those students with severe symptoms reached the threshold for accessing services.

Concerns were also raised about **transitions between services**, particularly home → university, CAMHS → adult mental health, and child → adult social care.

### Wider issues

Beside health-specific issues, wider concerns were raised around **communication**, particularly regarding language/cultural barriers and distress from social media. There were also some **social issues** discussed, including parental influence, leaving home, and tensions with long-term York residents.

**Housing** was mentioned in terms of cleanliness and affordability, and **finance** was also discussed, particularly around increasing student debt (tuition fees and cost of living)

Stakeholders identified several issues they felt affected the co-ordination of health services in York. These included a lack of funding and a lack of training, data accuracy issues, inaccurate perceptions from students and services and logistical issues (number/transient nature of students, waiting lists, referral pathways). There were also multiple issues raised around communication between services (poor information sharing, no clear pathway for partnership working, unclear who is lead agency) and with students (inappropriate methods of communication).

Many people identified specific measures that could be taken to improve student health. These fell into 5 main categories: partnership working, communication, access to services, integrated services and induction. Particular suggestions included increased partnership working between health and wellbeing services across the city, compulsory GP registration on commencing study, using more appropriate methods of communication (e.g. text messaging), increased peer support around wellbeing, greater availability of secondary mental health services (e.g. CBT, re-opening Bootham hospital) and easier processes for sharing information/referring patients between organisations.

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## **Appendix 6: University staff focus group findings**

Staff focus groups were held at the University of York and York St John. Participants came from across student support services, including members of counselling teams and chaplaincy.

Four main themes were identified: resilience, service availability, expectations and communication.

### Resilience

- **Catastrophising**
  - Some students display low psychological maturity. Students do not always recognise normal responses to stressful events, and the fluctuations in mood that are common to all people. Staff reported “students think a small wobble is the end of the world”; they do not always display rational behaviour/thought in response to problems. This can lead to overuse of services.
- **Maturity**
  - There was a feeling that students had become less mature. The modern extension of lifespans appears to have stretched each part of the lifespan, with the ‘childhood’ phase extending into university when students previously would have been more prepared for independent living. There continued to be over-reliance on parents. Older students were less affected as they had had more opportunity to ‘grow up’.
- **Improving resilience**
  - Health & wellbeing creates resilience. Students need to be able to better rationalise their problems. There is considerable responsibility on service providers to get students to take care of themselves.

### Service availability

- **Co-ordination**
  - Students who disclose mental health conditions before starting their course are contacted by someone from the university, but the referrals to secondary care can only be made once they have registered with a GP. This can mean several weeks wait to be seen, and student’s health can deteriorate in this time.
  - Accessing outside resources can be difficult at times, including police, mental health support services, GPs etc. There is a particular difficulty accessing external services at times of urgent need, e.g. crisis care not coming if student had alcohol, police not coming when someone needed sectioning.
- **Capacity**
  - The wider mental health services in York are very stretched; they do not have the capacity to see many students. Although drop-in services are available for all students, the majority of the universities services are given over to students with higher level needs.
  - Staff acknowledge that overprescribing medication may be because the GPs have few options for referral available to them, and sometimes brief advice and medication represents the best treatment available.
  - Staff sometimes end up stuck in difficult situations, where other more appropriate people/services unavailable. Students who need a place of safety not able to be taken to one.

## Expectations

- **Social norms**
  - There was significant discussion about students understanding of norms when they come to university, and about students not yet understanding who they are. This led to students taking cues from the examples around them, for example the heavily leafleted student nights. Peer pressure is a significant issue, and can escalate risky behaviour.
  - Excessive alcohol consumption causing risks to personal safety was seen as a significant issue to physical and mental ill health. Drugs are seen as fairly normal among some students, and this has led to incidents of violence and reduced personal safety as a result. Study drugs/drugs which cause hyper alertness were seen also as common.
  - STIs are viewed as treatable, and the staff felt that young people are reluctant to ask about contraception when they are having sex, as they felt it was not the norm to be concerned. Consent is a murky issue for some students, and staff were aware of some instances of rape. They felt that there were likely to be more unreported incidents.
- **Academic pressure**
  - Students have high expectations of themselves, coupled with a fear of failure. Everything is focused on outcomes (i.e. grades, getting a job etc.) There are unhealthy behaviours of 'perfectionism' among students, particularly around revision periods (e.g. excluding all social engagements, pulling 'all-nighters'). This is often seen as desirable, or an example of good student behaviour among students.
  - Overall, there is a will among academic staff to be supportive to students and to engage in training, but they are pressured for time and do not always highly prioritise this.
- **External pressure**
  - Students face considerable financial pressure, which affects both the students and their families (parents). This is in part linked to higher tuition fees. It can be a struggle to get students using services at an appropriate stage; they usually approach services too late.
  - Students also face parental pressure. Partly this relates to the pressure to be successful, particularly among some cultural groups (e.g. Chinese). Students also have other family issues to deal with; "Some students come to university with really complex home lives". Sometimes students only disclose abuse at home once they are at university.
- **Over-medicalisation**
  - Firstly, because of campaigns of awareness about mental health, many students are willing to use diagnostic terms to describe their levels of wellbeing such as 'I'm depressed' when they are experiencing low levels of ill health. However, when they are experiencing high levels of ill health students are generally less willing to address this among friends.
  - There was concern among university staff that antidepressants were readily available through GPs, without a thorough understanding of the student's background. Labelling students as mentally ill may not always be helpful to the students.
  - There were also some instances of staff referring inappropriately, when the issue is primarily academic.
- **Acting up**
  - Because the wider mental health services in York are very stretched they do not have the capacity to see many students. This means that the university welfare team are working with students with 'middling to high' needs.
  - There is an expectation that staff go into situations other professionals should handle; the university is expected to provide full support, but in reality they are an academic institution. Colleges were often having to act as the 'place of safety'; for example,

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Assistant Heads are having to sit all night with actively suicidal students as there is no other option/no other service will take responsibility.

- **Consumerism**

- There is an expectation that everything a student needs will be provided by the university. You can get into a “bubble” of campus life where all the services are accessible; however, they would not be available outside of university life.
- Students are paying a lot of money for their education and related services, and have become more demanding. This is in contrast to other countries such as Norway where university is free, but they just provide education not all the extra services.

## Communication

- **Engagement**

- There seems to be a ‘failure of communication’ between students and services. When the university does do early/preventative work, there is very low turn out at events; in a weekly event over four weeks, ‘only four students came’. It is actually quite difficult to get them to engage, even with the fun stuff (especially international students, postgraduates).
- During the last 10 years technology has changed social life creating a different human experience. Communication falling apart, talking in person just doesn’t happen, negotiation skills lacking. Student networks are very important. However, the networks also need to include ‘fun stuff’.

- **Social media**

- Social media can be useful to students and helpful for students who are shy. However, it can also be limiting and make it possible for students not to engage socially or academically in the physical world resulting in isolation. Social media shows success all the time, which increases student expectations, which can contribute to mental ill health. It reinforces extremes (both positive and negative) of mood and wellbeing. There is considerable peer pressure and harassment on social media.
- Staff noted that people often do not talk face to face anymore; they communicate via social media instead. Students will say things to each other over social media that they wouldn’t say to their faces. There have also been instances of parents getting involved in social media arguments too.

- **Cultural barriers**

- Staff discussed additional vulnerability within the international student population. This is particularly high among Chinese students who tend to remain as a group. There are significant cultural barriers, and language barriers which makes it more tricky for students to engage with services and seek help. There was a perception that Chinese students underreport mental health issues and sexual health issues to staff – they do not like to admit they are in any distress, and often face parental pressures around perfectionism.
- Literature for mental health is available in other languages now.

- **Disclosure**

- Many students with existing mental health conditions do not disclose this on their UCAS application. Students find the first step (towards asking for help/using services) hard to take.

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- **Signposting**
    - Some staff will hold on to escalating situations for too long, when they should be linking earlier to the wellbeing services.
  - **Social isolation**
    - Many students are lonely.
  - **Staff training**
    - Staff reported they were trained adequately for the situations they were supposed to deal with, but not trained for all the things that they ended up dealing with. Staff end up triaging students, but they are not qualified in mental health. In previous years domestic staff were trained to look out for signs of mental ill health and to offer brief advice. It was unclear if this is still an ongoing program of training, but it was believed to be well attended and staff found it useful. The tutors on call (at the University of York) changing to a more preventative role was seen as a positive change.
    - Welfare staff said they felt poorly equipped to support international students, and that they would benefit from a more culturally aware support service.