



Student mental health in 2024:

How the situation is changing for LGBTQ+ students

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About the Policy Institute at King's College London

The Policy Institute at King's College London works to solve society's challenges with evidence and expertise. We combine the rigour of academia with the agility of a consultancy and the connectedness of a think tank. Our research draws on many disciplines and methods, making use of the skills, expertise and resources of not only the institute but the university and its wider network too.

About TASO

TASO is an independent hub enabling higher education professionals to access research, toolkits and evaluation guidance to ensure that everyone has the opportunity to access, succeed and thrive in higher education. To eliminate equality gaps, we need firstly to know what works to support students from underrepresented and disadvantaged backgrounds and then to equip higher education providers to act on this knowledge. We want to see the sector making evidence-informed decisions that support students to access, succeed in and progress from higher education. Through research and evaluation, we are building and mobilising the evidence base to foster equality in higher education.

A note on terminology

Several groups are referred to in this document. Statistical analysis is poorly suited to capturing the unique experiences of individuals. However, learning from groups of individuals and their experiences allows us to identify and understand the common issues, challenges and triumphs that form the tapestry of people's lives.

In this paper we will use the term LGBTQ+ to refer broadly to all people who self-identify in any, and any combination, of the terms that this group covers. We recognise that different people may mean different things by some of these terms, and for simplicity, we take the steer given to us by the survey participants themselves, and their understanding. The majority of the analysis in this paper is split along the lines of the questions asked in the Student Academic Experience Survey (SAES), and sexual orientation is therefore considered separately from whether someone identifies as trans/transgender. While we recognise that the experience of being gay-and-trans is likely to differ from that of being straight-and-trans, the sample sizes currently available do not allow analysis at this level. We hope that as sample sizes increase with the addition of more years of data, we will be better able to conduct this form of analysis.

Throughout this paper, we may sometimes exclude certain groups from analysis, due to small sample sizes, or aggregate multiple groups together. Where we do this, we will use a version of the LGBTQ+ acronym that captures the groups to whom we (and our findings) refer at that point. The survey has separate questions on sexual orientation and gender identity. We analyse these separately in the report, and use the acronym LGBQA when referring to sexual orientation only, in line with the survey questionnaire.

About the authors

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Julia Ellingwood is a Research Associate at the King's College London's Policy Institute. She draws on previous experience as a teacher to inform approaches to research with vulnerable groups and is trained in culturally responsive teaching and research methods. She has also contributed to publications on policy interventions for vulnerable groups as well as methodological approaches in social policy. She holds a Master of Public Policy from the Hertie School, Berlin.

Summary

This report uses data from the Student Academic Experience Survey (SAES) to examine student mental health in British higher education in 2024. The analysis outlines the data in various ways, including looking at change over time, and among different groups of students (notably including LGBTQ+ students).

Key findings

1. Almost one-fifth (18%) of students reported a mental health difficulty in 2024. We estimate this means around 300,000 UK undergraduate students could be reporting mental health difficulties. This rate has tripled over the past seven years.
2. Reported levels of mental health difficulties have increased over time since recording began, and are currently at their highest level. While the Covid-19 pandemic is often considered to have contributed to this, it does not explain the ongoing rise in mental health difficulties.
3. The reported level of mental health difficulties is higher among all LGBQA groups. Bisexual students have the highest rate of mental health difficulties (30%) followed by lesbian students (29%).
4. Female students are twice as likely to report mental health difficulties (22%) compared to male students (11%). This gap has increased compared to last year.
5. Two of the groups facing the worst mental health outcomes are non-binary students (over half report mental health difficulties) and trans students (around 40% report mental health difficulties). However, it should be noted that these two groups include small sample sizes.
6. State-educated students are significantly more likely to report mental health difficulties compared with privately educated students.
7. For every participation of local areas (POLAR) quintile, the lower the rate of higher education participation, the higher the proportion of people reporting mental health difficulties.
8. The most common reason for students considering dropping out of their course is mental health difficulties. This reason far outstrips all other reasons for considering dropping out, including financial difficulties.

Recommendations

1. Policymakers should adopt a 'public health approach' to student mental health, and mental health generally. In addition to ensuring effective signposting to NHS and other clinical services for students, higher education providers should continue to offer wellbeing support services. These have wide benefits, including preventative ones.
2. Higher education providers should ensure mental health support is effective for LGBTQ+ students and women. The data shows that these groups are at greater risk of facing mental health difficulties. Providers should consider targeting these groups or ensure that universal services effectively support them.
3. Higher education providers should ensure mental health support is effective for disadvantaged students. Given evidence that disadvantaged students experience greater mental health difficulties, there should be greater focus on supporting these students. There is also evidence that state school students have higher mental health difficulties than privately educated students, suggesting a need for better publicly supported mental health services for children too.
4. Policymakers should learn from and seek to reflect on any lessons from the (relatively) positive experience of LGBTQ+ students while at university to support their freedoms and belonging in the workplace and wider society. While LGBTQ+ students do have higher rates of mental health difficulties than their peers, we also see an improvement in LGBTQ+ students' mental health while in higher education.
5. Higher education providers should continue to monitor the increase in mental health difficulties among their students, using the best data available, and seek to respond effectively.
6. Higher education providers should ensure they evaluate their interventions to improve student mental health and wellbeing.
7. Higher education providers should consider mental health support in their retention practices. Given that mental health difficulties are the highest reported reasons for students to consider dropping out, universities should pay particular attention to addressing mental health difficulties in their retention practices and efforts. Providers should measure mental health when evaluating these activities, as well as measure retention and progression outcomes when evaluating mental health support services.

Introduction

Awareness of and efforts to improve student mental health continue to gain traction among higher education providers and government agencies, and for good reason – there is increasing evidence that mental health difficulties are rising among young people in the UK (Blanchflower, 2024). Mental health difficulties among this demographic present a host of possible risks to important life outcomes, including completing school, gaining entry into the labour market, and cultivating social cohesion.

Over the past decade, leaders, researchers and students have focused greater attention and resources on student mental health across higher education, particularly after pandemic-related disruptions to student life. The UK government has also responded to concerns about student mental health, for example in organising the Higher Education Mental Health Implementation Taskforce last year (gov.uk, n.d.). One of the key recommendations of this taskforce is the adoption of the principles and practices of the University Mental Health Charter Programme, which – as of 2023–2024 – boasts 96 higher education provider members across England, Scotland and Northern Ireland (Chastyn, 2023).

Several explanations (with varying degrees of evidence) have been proposed to explain why young people are experiencing higher rates of poor mental health. The impact of the pandemic, lockdowns, and the current cost-of-living crisis cannot be ignored, although it is notable that the rise in mental health challenges among young people pre-dates 2020. Blanchflower and colleagues (2024) find that for British young men, the beginning of the current upward trend coincided with the Great Recession in 2008, whereas for young women, the rise started in 2012. The widespread adoption of smartphone technology could be a driver of poor mental health, contributing to increases in cyberbullying, peer comparison and loneliness. Another potential driver is the growth in intergenerational income inequality, contributing to a gap between young people's economic expectations and the realities they face. Irrespective of the causal drivers of poor mental health, however, the circumstances hardly represent a favourable context in which to be studying at university.

Given the level of mental health challenges faced by young people, and the funds and attention dedicated by higher education providers and the government to addressing the issue, it is essential to understand the nature of student mental health challenges nationally. In particular, we need to identify which groups are most affected by mental health difficulties, so that responses can be appropriately developed and targeted. Mental health difficulties, particularly those that go beyond clinical thresholds can pose a serious risk to the lives of those afflicted and those around them. Youth mental health is gradually becoming a public health issue (Murphy and McCurdy, 2024), and student mental health is a significant element within it, requiring robust and informed policy solutions that focus on preventative support. A better understanding of student mental health can help us to design and shape services that support students, and to ensure that these services are adequately provisioned.

In 2023, we investigated student mental health trends up to 2022 (Sanders, 2023), and while this report stands alone, we reference and build on findings from the previous report. By continuing to track survey data collected from thousands of students each year, we aim to better understand the demand for services, who is most struggling, and how best to help. In this report, we unpack the findings for LGBTQ+ students in particular, and also look at the findings for other student groups.

About the SAES dataset

The SAES, conducted by Advance HE and the Higher Education Policy Institute (HEPI), has collected data on undergraduate students' wellbeing since 2006, although the earliest data on mental health difficulties used in this paper dates from the 2016/17 academic year. The survey collects questions on students' subjective wellbeing as well as a host of other measures that capture details of their lives on and off campus. A more detailed description of the methodology used in the survey can be found in the main report on the analysis (Neves *et al.*, 2024). For ease of understanding, we have converted the year data in the dataset into academic years.

Survey data collection takes place in February and March of each year, meaning that the 2019/20 data refers to the period prior to the major onset of the Covid-19 pandemic and that the 2020/21 data covers almost a year of various lockdown restrictions.

The survey was designed and developed in partnership between Advance HE and HEPI, with online panel interviews independently conducted by Savanta, and further responses provided by Torfac and Orchidea. Savanta's Student Panel (formerly YouthSight) comprises over 45,000 undergraduate students in the UK. These students are primarily recruited through a partnership with the Universities and Colleges Admissions Service (UCAS), which invites a large number of new first-year students to join the panel each year.

The median completion time for the 2024 survey was 14 minutes 15 seconds.

About the sample

We have seven waves of SAES data on students' mental health, from 2016/17 to the most recent academic year. This represents 93,212 respondents, of whom 10,476 identify as having a mental health difficulty. The survey question is 'Do you have any of the following impairments or health conditions, expected to last 12 months or more? Please select all that apply' with an option to tick 'Mental health (e.g. depression or anxiety)'.

The demographic composition of the sample is described in Table 1. As shown, it varies from year to year, with some groups featuring more prominently in one year than others.

The survey sample is large, with the response rate around 10% each year. This data is not necessarily representative of the student population, as some groups (with observable or unobservable characteristics) are more likely to respond than others. While Advance HE and HEPI apply weights using the most recently available Higher Education Statistics Agency (HESA) statistics, Neves *et al.* (2024) note that the analysis for this report uses the raw data, as the use of weighted data did not appreciably change our findings.

In the analysis below, we often present pooled data when looking at particular groups within the sample, combining sample years and providing an overall average. We also present yearly findings, as sample sizes are often sufficiently large to show changes over time with confidence. For some groups (for example, non-binary people), the data is somewhat noisier; therefore, both yearly and pooled data are reported below.



Table 1. Sample sizes in SAES, by year and demographic group

Type	Category	2017	2018	2019	2020	2021	2022	2023	2024
Gender identity	Man	4516	4089	5143	2891	2876	3167	4397	4332
	Woman	9541	9931	8907	7279	7320	6549	5390	5736
	Non-binary	N/A - Not collected					217	195	161
Sexuality	Straight	11423	11265	11024	7878	7792	7697	8094	8273
	Gay man	333	295	289	176	166	145	181	183
	Lesbian	243	238	221	173	192	224	213	217
	Bisexual	1147	1233	1274	1112	1109	1163	978	934
	Asexual	229	211	194	160	149	162	162	142
	Queer			122	525	143	177	128	134
Trans status	Cis					9638	9612	9462	9729
	Trans					205	245	443	346
Ethnicity (UK domicile only)	White	10606	10638	10494	7468	7232	7344	7261	6742
	Black Caribbean	103	109	102	92	69	80	133	144
	Black African	311	311	356	298	334	333	528	960
	Black Other	23	21	18	23	23	29	30	36
	Indian	545	565	641	498	511	527	452	552
	Pakistani	432	418	449	335	425	381	416	462
	Bangladeshi	288	282	289	195	246	229	246	207
	Chinese	457	411	372	259	231	194	179	239
	Other Asian	330	325	351	255	279	259	262	337
	Mixed	561	517	540	419	488	444	400	451
POLAR quintile	1	1430	1451	1456	882	1067	1117	841	970
	2	2001	2091	1996	1048	1480	1268	869	979
	3	2399	2352	2396	1309	1732	1558	978	1081
	4	2785	2803	2832	1540	2032	1608	1047	1067
	5	3324	3479	3543	2019	2415	2604	1419	1448
Full sample		14057	14046	14072	10227	10186	10142	10163	10319

Mental health among students in 2024 and over time

First, we are interested in students' current mental health. According to the 2024 survey data, 17.9% of students report a mental health challenge, indicating that nearly one in five students, or around 300,000 UK undergraduates, are experiencing mental health difficulties.

To understand these figures, we need to understand students' mental health over time. We have seen in our previous research a decline in *wellbeing* following the 2020 Covid-19 pandemic, and we know that we are yet to see a full recovery.

We also know that the wellbeing of undergraduate students tends to increase over the course of their studies, although their level of anxiety also rises over that time – perhaps suggesting that their wellbeing increases as they acclimate to university but that the pressure of exams may be a source of anxiety.

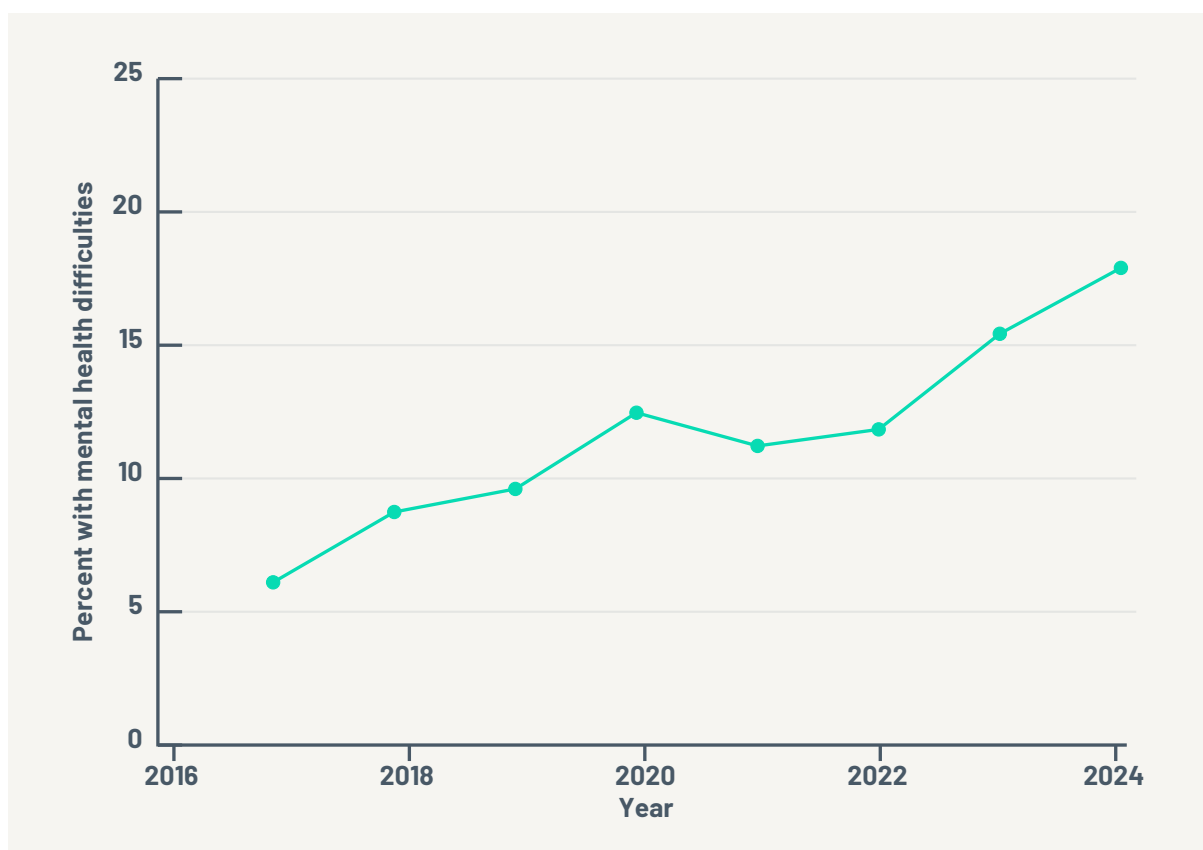
In addition to the most recent 2024 data, we can also look at how undergraduates have reported mental health difficulties over time (see Figure 1).

We see in Figure 1 a marked rise in the reporting of mental health difficulties over the period covered by our data. The rate has nearly tripled since we began tracking this question in 2017. This trend is statistically significant. Compared to the previous year, the proportion of students reporting mental health difficulties in 2024 has increased from 15.4% of people experiencing mental health difficulties in 2023 to 17.9% in 2024.

This rise continues previous trends that seem unconnected to any specific change – whether inflation, the pandemic, Brexit or social media. The cumulative effect of these and other pressures on students is a systematic rise in the level of mental health difficulties experienced and the support needed.

Given this apparent rise, we should naturally be concerned about whether the change is an artefact of some element of the data, or generational changes in the understanding of mental health challenges. While there is a risk that the data is unrepresentative, and while there have been generational changes in the way that people talk and think about mental health, these are not adequate to explain the dramatic and consistent shift that we see over a relatively short time.

Figure 1: Proportion of UK undergraduates reporting mental health difficulties



Who experiences mental health difficulties?

Knowing that mental health difficulties are increasing is of interest, but it is also useful to know who experiences these difficulties and whether inequalities are persistent. Below, we report the pooled percentages of reported mental health difficulties for different groups over the period covered in the data (giving a stabilised picture of mental health differences) and also the year-by-year averages for those groups. The yearly averages are noisier, especially in relatively small groups, for example, those students identifying as non-binary in the gender breakdown.

Gender

In our prior research, we found that female students have on average lower wellbeing than their male counterparts, although this is reversed for doctoral students. How, then, does the incidence of mental health conditions vary according to these groups?

Figure 2 below shows the average incidence of mental health difficulties among students who identify as men, women or non-binary during the period covered by the data.

As we can see in the graph, when pooling the data across the survey's eight years, substantial differences can be seen between groups. The gap between non-binary people on the one hand, and men and women on the other, is substantial, although it must be remembered that the non-binary group is small. Across the survey's eight years of data, the gap between female and male students is also substantial, with 6.2% of male students reporting mental health difficulties compared to 13.3% of female students. These gaps are both statistically significant and have widened slightly in 2023/24 compared to 2022/23.

We can also look at how this has changed over time, as shown in Figure 3. While there has been a rise in mental health difficulties for all students over the period covered by the data, the rates for male and female students are diverging, with mental health difficulties among female students increasing by an average of 0.6 percentage points more per year than male students – a statistically significant difference. The result is that over one in five (22%) female students now report mental health difficulties, twice the reported rate for male students (11%).

Although small samples require us to be cautious about over-interpretation, there has been a marked rise in the mental health difficulties faced by non-binary students, which has in 2023/24, for the first time, increased to more than half of all students identifying in this way. While numerous factors contribute to and co-occur with higher rates of mental health difficulties among non-binary students, there is some evidence that these students are also under greater financial strain than their peers, with 12% of non-binary students drawing on hardship funding to pay for living expenses compared with 5% among the general population (Neves *et al.*, 2024).

Figure 2: Average incidence of reported mental health difficulties among UK undergraduates, by gender identity (2016/17 to 2023/24).

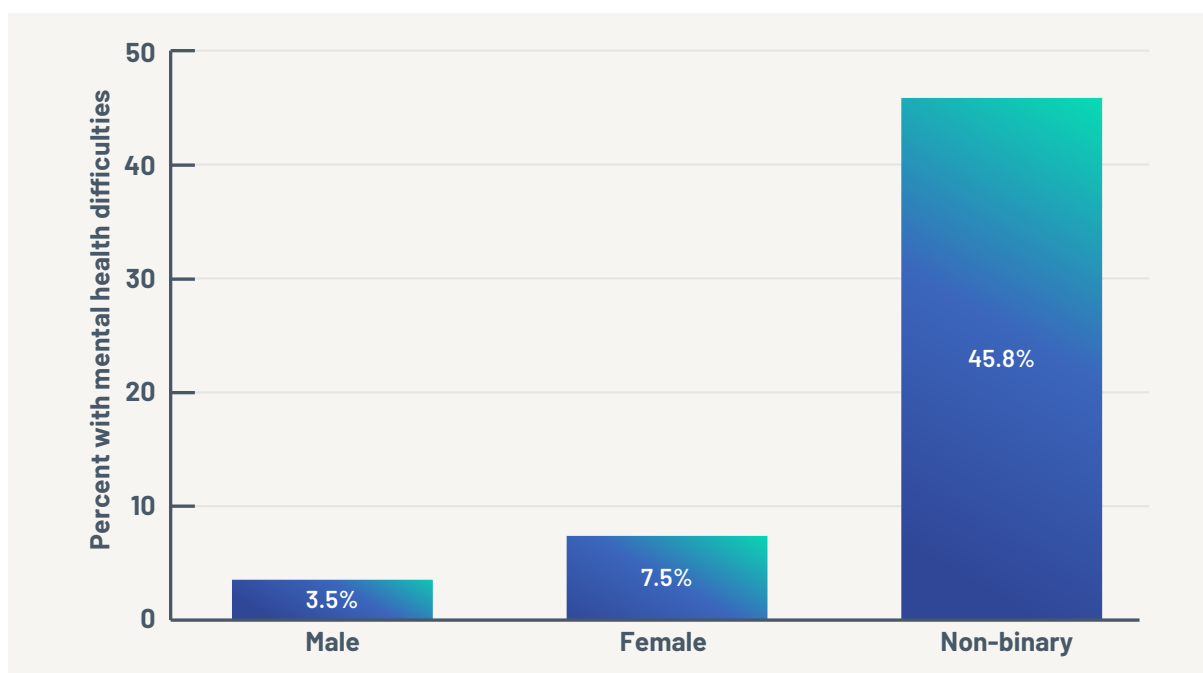
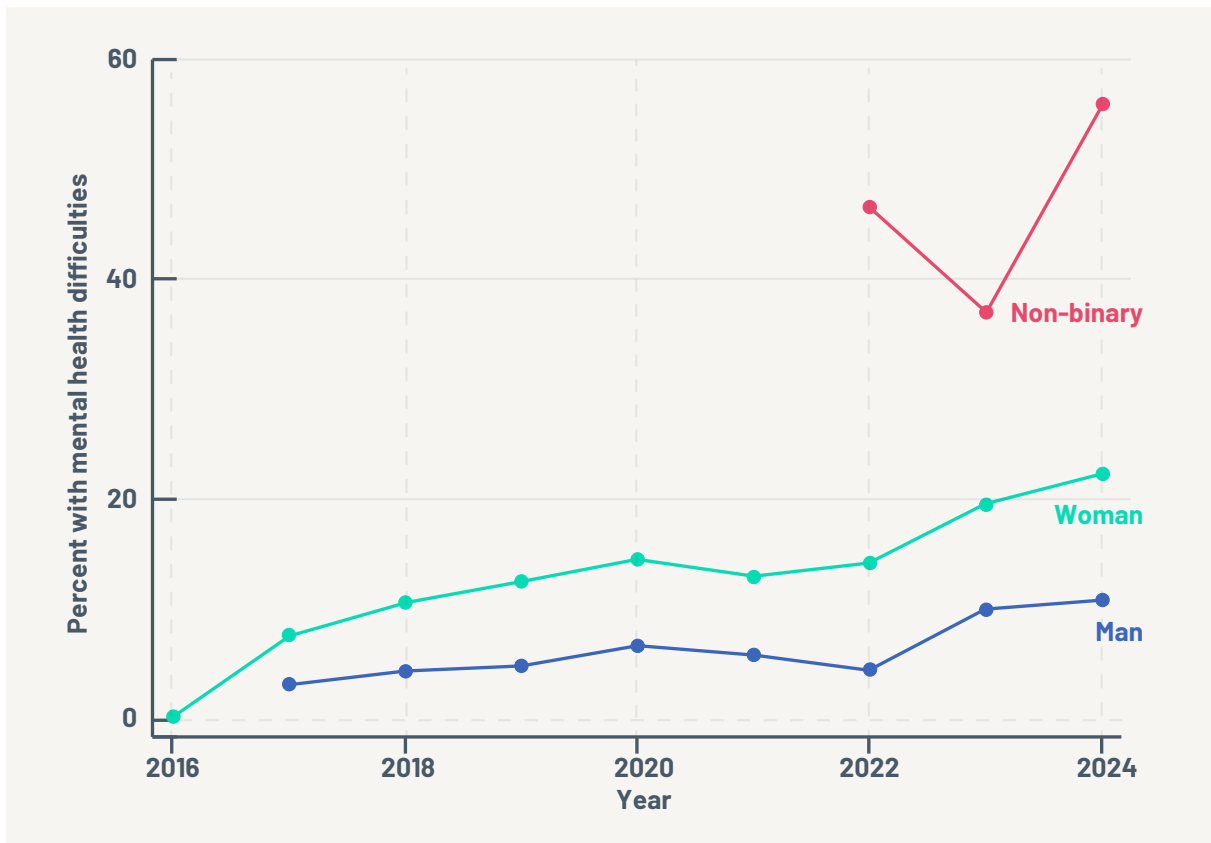


Figure 3: Proportion of UK undergraduates reporting mental health difficulties, by gender identity.



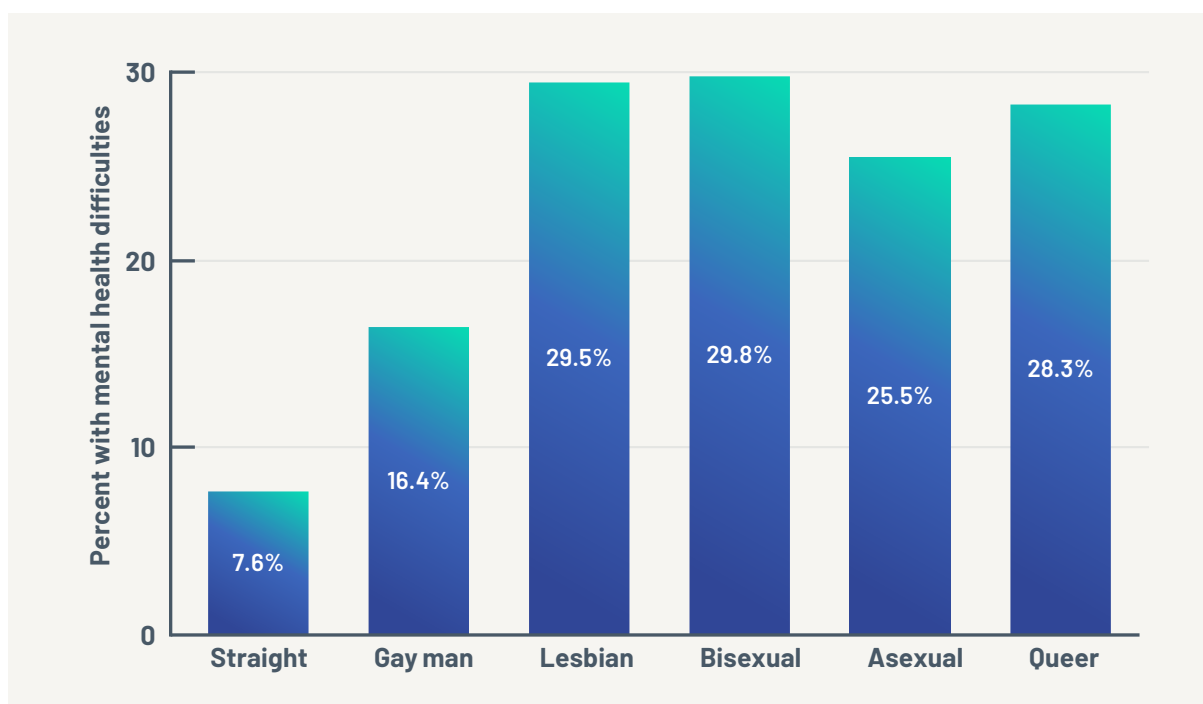
LGBTQ+

The SAES data is unusual in its richness when it comes to students' sexual orientation and gender identity – an area we explored in last year's paper on student well-being. Unlike many other surveys, this data does not treat LGBTQ+ people as a monolithic group; rather, sufficient lesbian, gay, bisexual, asexual, queer and trans people are represented within the sample to allow the separate analysis of each group.

Figure 4 shows the average incidence of mental health challenges for each sexual orientation group over the period the period covered by the data (pooled over 2016/17 to 2023/24). As we can see, the incidence of mental health challenges is markedly higher in all LGBQA groups. Bisexual people have the highest levels of mental health difficulty among the identified groups, with significantly higher incidence than lesbian people, who have the second highest rate. In contrast with our wellbeing analysis, we find that asexual people have significantly better outcomes than bisexual or lesbian people. However, over the eight years of data, gay men fare notably better than other LGBQA groups on this measure although they still have higher levels of mental health difficulty than straight people.

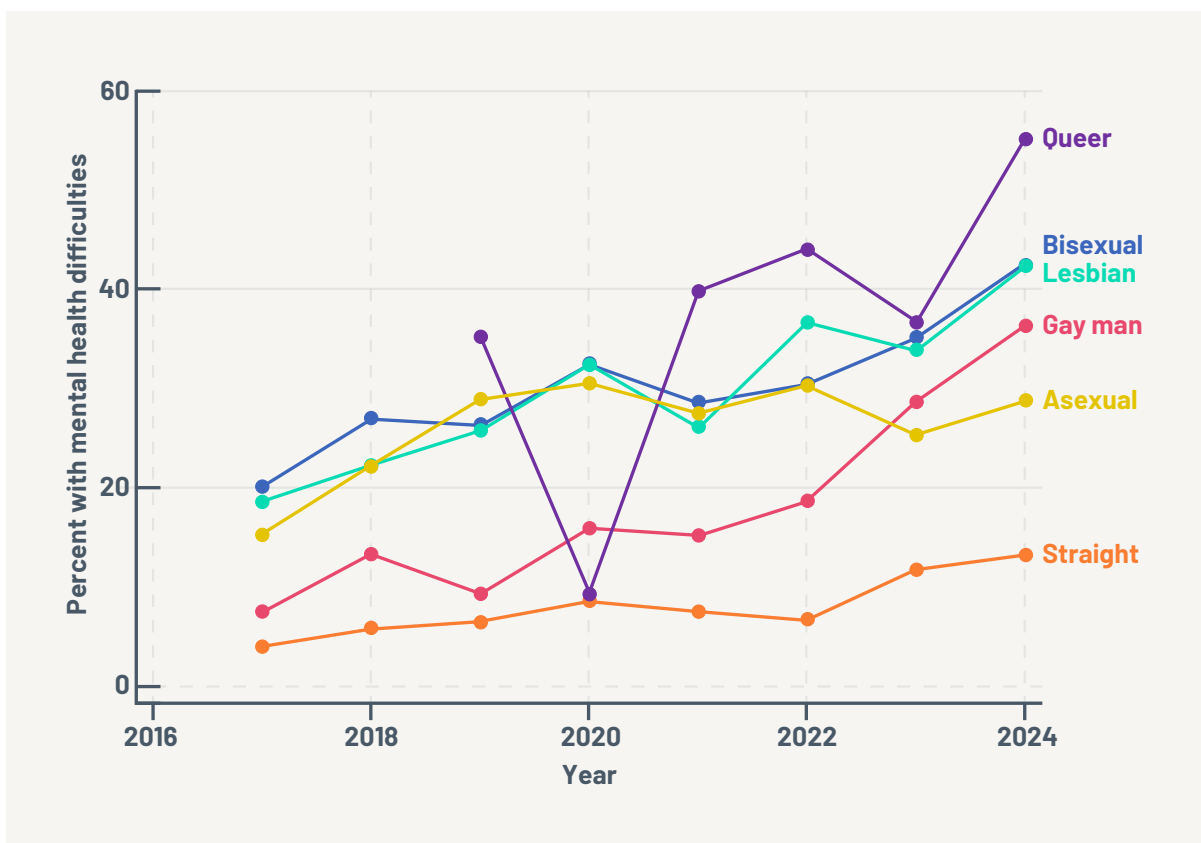
If we look at changes over time instead, we find a general pattern of increasing mental health difficulties. Again, however, the increase in these difficulties is more pronounced among LGBQA people, with mental health difficulties among lesbian people and gay men rising at approximately three times the rate of straight people, and those among bisexual and asexual people at around double the rate. The most recent year of data shows further increases compared to our report last year, with more than half of queer-identifying students experiencing mental health difficulties.¹ One of the few positive stories from last year was that asexual and lesbian people experienced improved mental health in 2023, but they report worsening mental health in the 12 months since.

Figure 4: Average incidence of reported mental health difficulties among UK undergraduates who identify as LGBQA or straight (2016/17 to 2023/24).



¹ The perceived dip in mental health difficulties for queer people in 2020 is an anomaly, likely due to a miscategorisation in that year. Referring back to the raw counts, 122 people identified as queer in 2019; the number increased dramatically to 525 in 2020, and then fell back to 143. We are not aware of any element of the survey administration in 2020 that may have driven this change, but it seems highly unlikely that this is due to a real, drastic shift in mental health difficulties for queer people during this period.

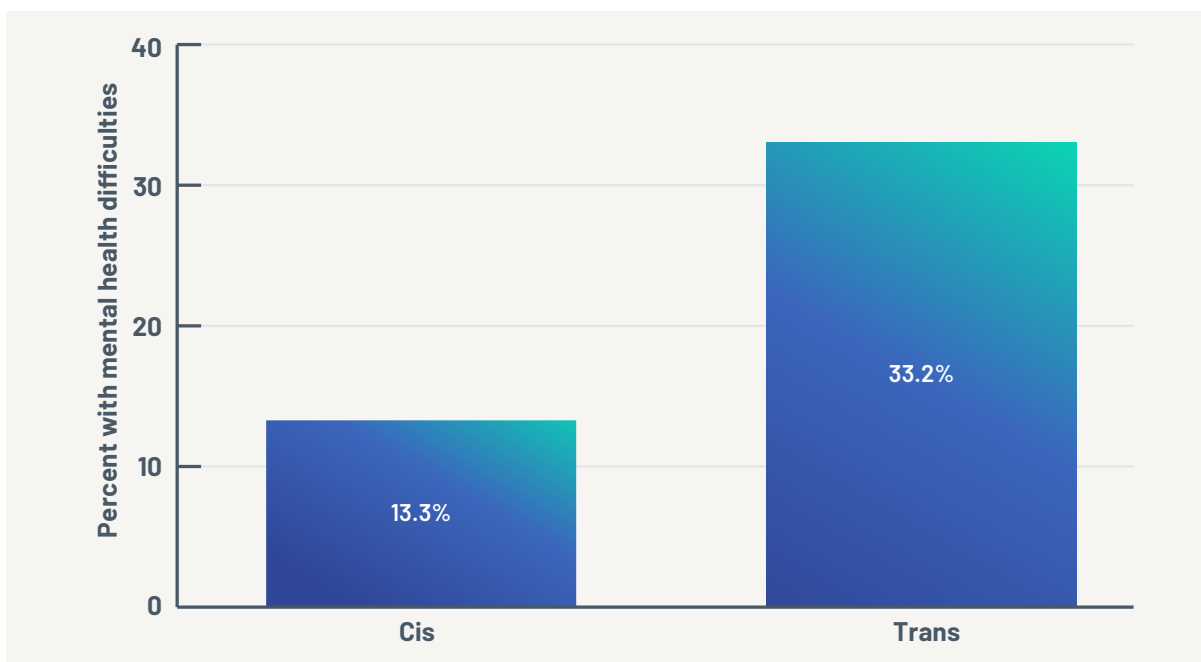
Figure 5: Proportion of UK undergraduates reporting mental health difficulties among those who identify as LGBQA or straight.



Turning to trans people, Figure 6, pooling four years of data, shows that they are more than twice as likely to experience mental health difficulties while studying than cisgender people, a statistically significant difference. Although trans identity has been captured for less time than sexual orientation, and trans people represent a smaller proportion of the sample than LGBQA people, we are still able to look at the trends in the data. Last year, we reported cause for cautious optimism, as the rate of mental health challenges for trans people had declined in each of the three years for which we had data at that time. This optimism has been reversed in 2023/24, with levels of mental health challenges for trans people rising back to their highest levels (around 40%), the same as in 2021, the first year for which we have data.

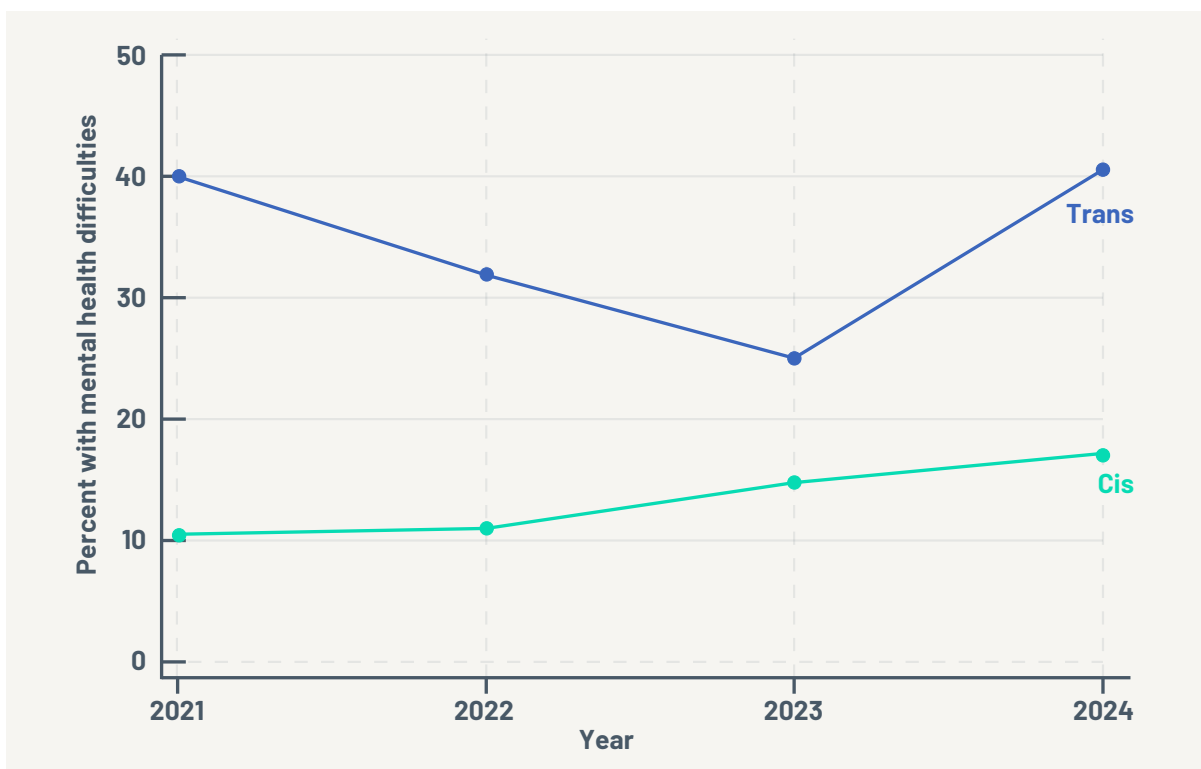


Figure 6: Average incidence of reported mental health difficulties among UK undergraduates who identify as cis or trans (2016/17 to 2023/24).



As with last year's report, there is one potential positive finding for LGBTQ+ students. Over the course of their undergraduate years of study, LGBTQ+ students show improved wellbeing compared to when they begin their course. While it is important to recognise that this group tends to begin higher education with lower wellbeing than their peers, we should also seek to understand and learn from the relative improvement while in higher education. One possible explanation for this improvement is that LGBTQ+ students are better able to navigate and affirm their identity during higher education compared to their secondary school years. There is also some evidence that LGBTQ+ young people are not comfortable revealing their sexual orientation or gender identity after starting work, and so there may be lessons for other organisations, including workplaces, from the relatively positive experiences seen in university.

Figure 7: Proportion of UK undergraduates reporting mental health difficulties among those who identify as cis or trans.

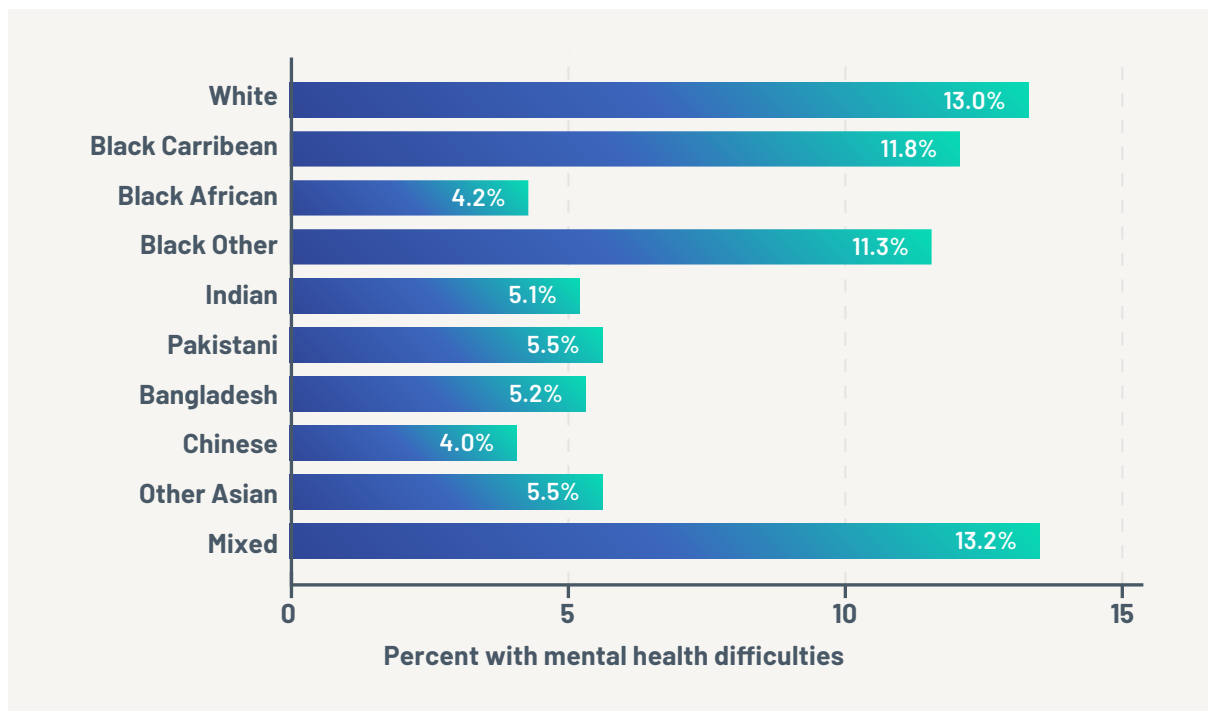


We now look at the data for other student groups, again using pooled data across the survey as well as yearly averages. As with LGBTQ+ students, some groups clearly have higher rates of mental health difficulty, and rates have generally been rising over time.

Ethnicity

Ethnicity data is broken down into most of the Office for National Statistics categories, but omits some. It should be noted that ethnicity is only reported for UK-domiciled students (that is, international students are not presented here). We provide these results broken down at the finest level of granularity possible with the data. As can be seen from Figure 8 below, these findings are perhaps surprising. We find that, in general, those in the 'White' ethnic group have worse mental health than their peers from other ethnicities, and that these differences are sizeably different to all other ethnicities except 'Black Caribbean' and 'Black Other'. Students in the 'Mixed' ethnic group are almost just as likely to have mental health difficulties as those in the 'White' ethnic group and, again, are significantly more likely to experience them than any group other than 'Black Caribbean' and 'Black Other'. The levels of difference between other minority ethnicities are not statistically significant. The overall levels of mental health challenges have risen on average across groups, but there is no discernible pattern to this increase.

Figure 8: Average incidence of reported mental health difficulty among UK undergraduates, by ethnicity (2016/17 to 2023/24).

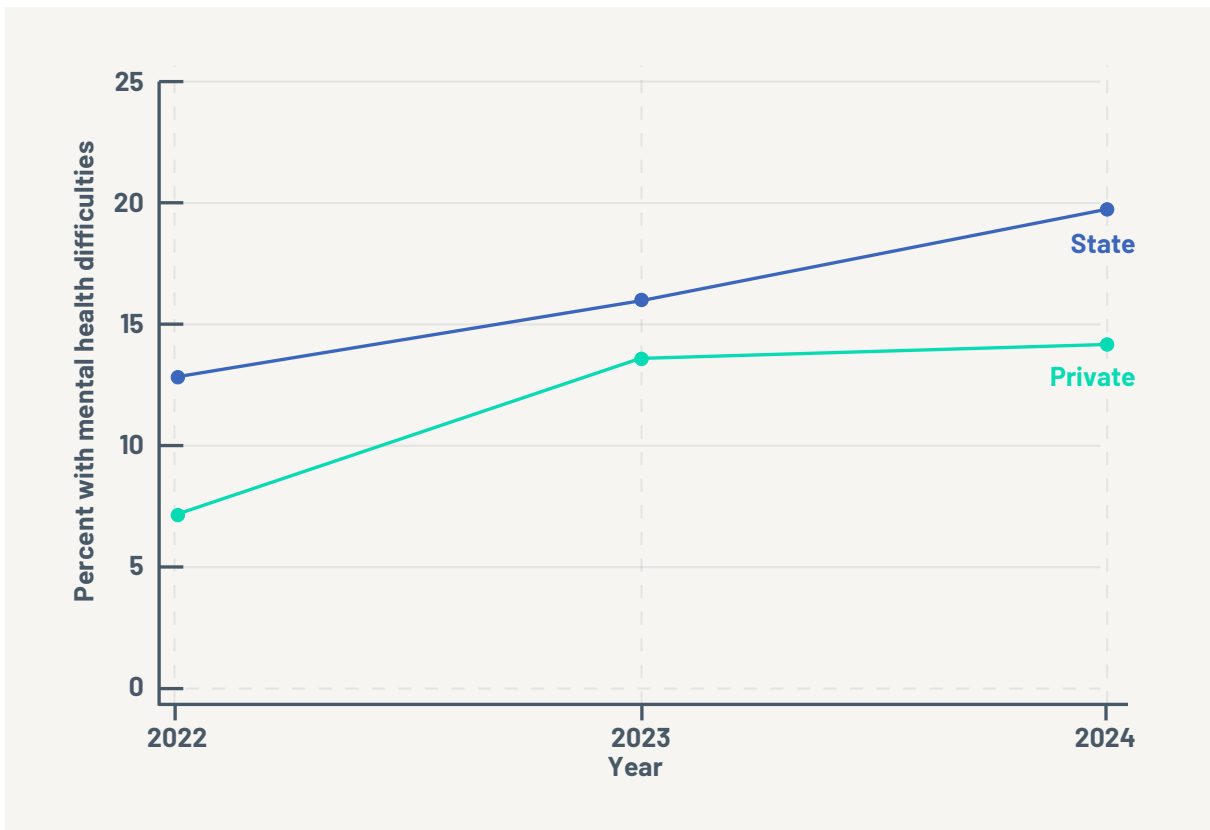


Educational background

We now proceed to look at the educational background of students and how this is associated with their mental health. In particular, we examine whether attending a state or private school is associated with identifying as having a mental health difficulty. Prior to analysis, it is difficult to be clear in which direction this relationship is expected to flow – while those from state schools are on average less affluent than those who attend private schools, those from private schools also have access to more resources that may make them aware of any mental health challenges they are experiencing.

In the graph below, we see that the direction of the relationship is that students who attended state schools have on average worse mental health than those who attended a private school, with a rate approximately 30% higher. This difference is statistically significant. Looking at the trends over time, we find that the gap narrowed slightly in 2023, but has widened again in 2024, with the rate of change between years being statistically significant.

Figure 9: Average incidence of reported mental health difficulties among UK undergraduates who attended private or state schools over time (2016/17 to 2023/24).



Family background and POLAR quintile

There is no perfect indicator of a student's socio-economic background or class, either in our data or in general. To investigate the relationship between class, background and mental health, we therefore make use of two measures: (a) POLAR quintile, which indicates whether the home address of each home student is in an area where the most (POLAR quintile 5) or least (Quintile 1) young people go on to attend university, and (b) whether either, both or neither of their parents attended university. Figure 10 below shows the relationship between POLAR quintile and mental health, while Figure 11 shows the relationship between parents' education and mental health.

Figure 10: Average incidence of reported mental health difficulties among UK undergraduates, by POLAR quintile (2016/17 to 2023/24).

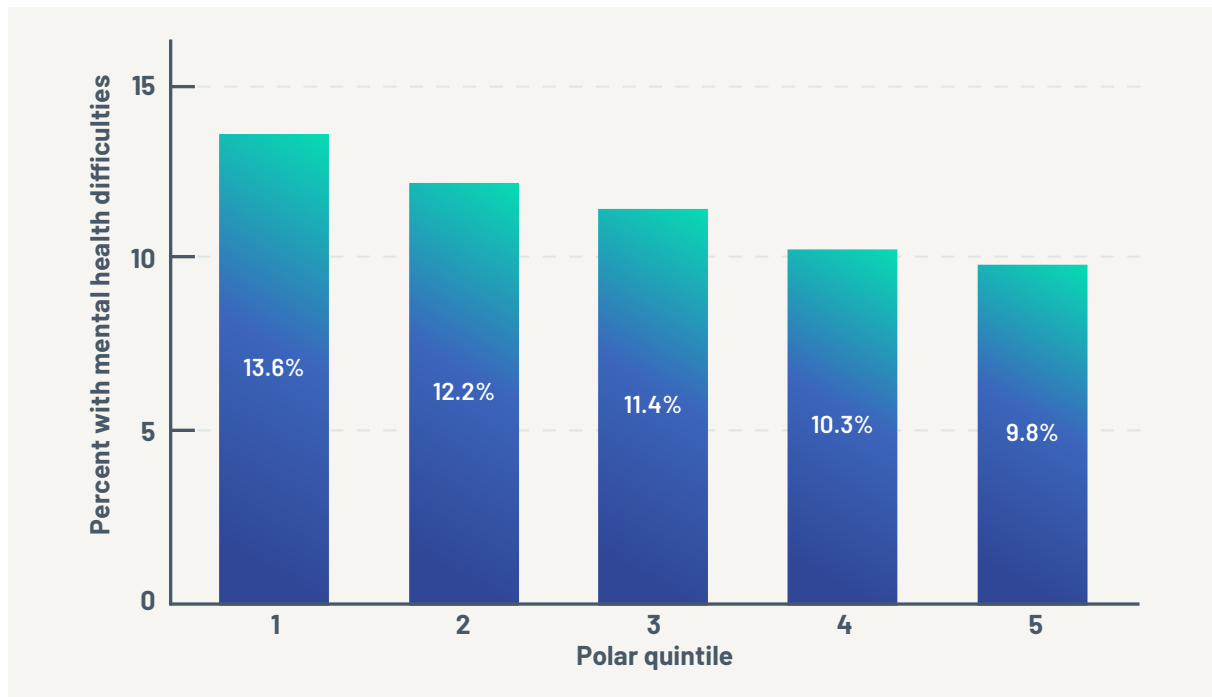
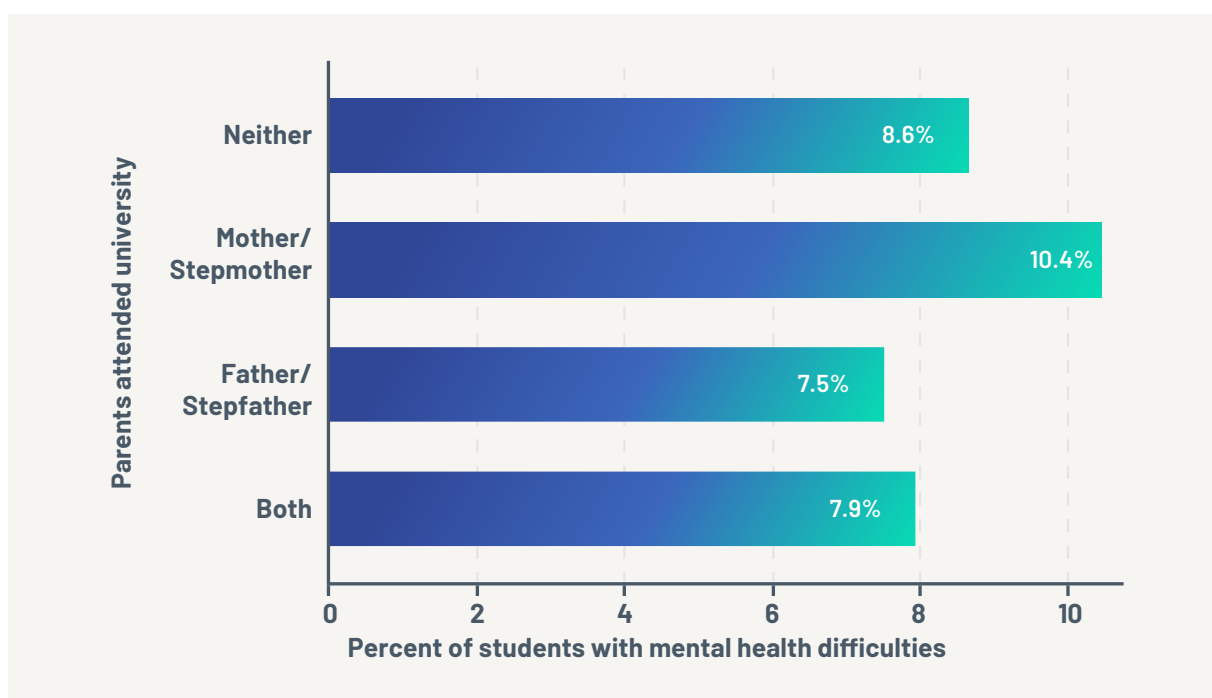


Figure 11: Average incidence of reported mental health difficulties, by parental education.



The POLAR data shows that students from areas where more people attend university have, on average, fewer mental health challenges than those in areas where fewer or few students go on to university, with better mental health correlating with areas of affluence. This suggests that as higher education providers increase the proportion of students from lower POLAR quintiles, the number of students reporting mental health difficulties could rise. Similar to last year, the picture based on parents' level of education is more mixed, and offers no firm conclusions.



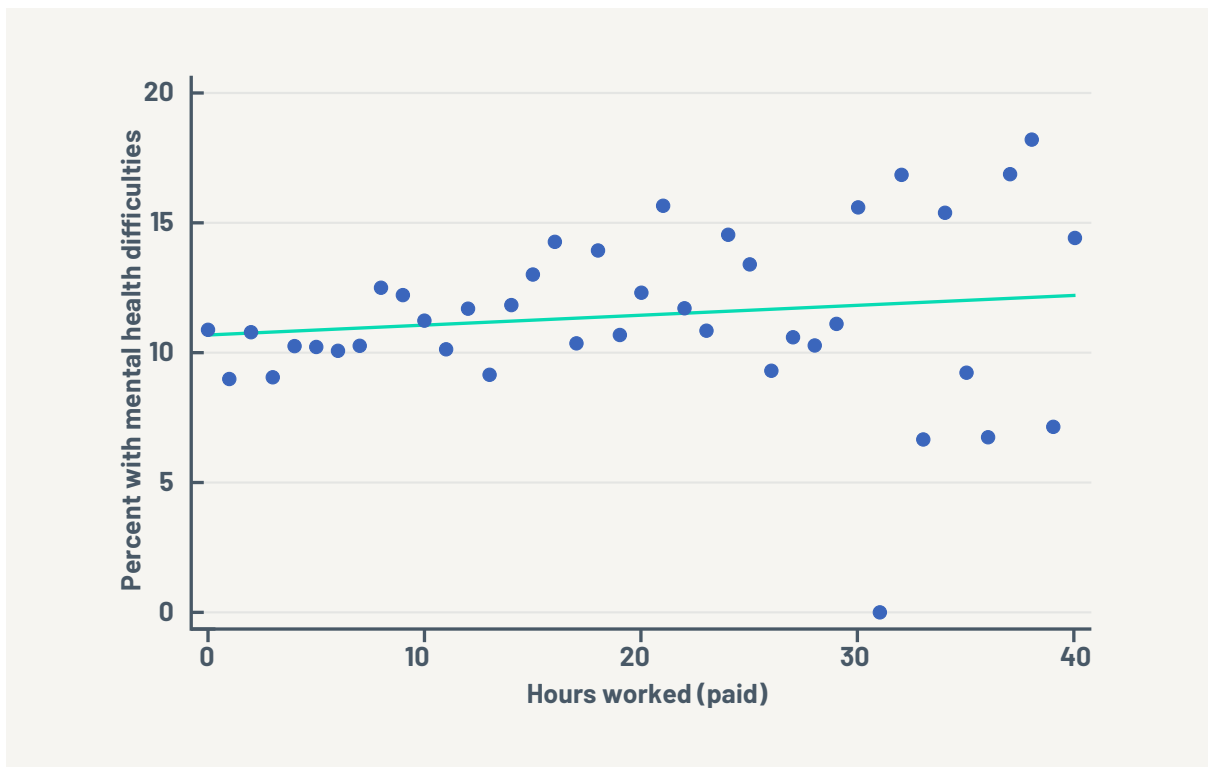
Mental health and work and studies

In this section, we look at students' experiences of university and how this is associated with their mental health, starting with paid work around their time at university. We examine this in two ways. First, in Figure 12, below, we plot the relationship between average hours engaged in paid work per week in term time, and students' likelihood of experiencing mental health difficulty.

We see a gradual increase in the rate at which people experience mental health difficulties as they work more hours, although this curve is fairly flat, and may be skewed by the small number of people who work large numbers of hours, as can be seen in the graph. Although the difference is statistically significant, the relationship is smaller than many of the others we have seen and is not meaningful in practical terms – nor is the relationship when we consider the binary of whether someone works at all, or not. We note as well that the data become noisier in the upper regions of hours of work (see Figure 12, where the percentage of mental health difficulties is plotted against hours worked), suggesting a more variable relationship between work and mental health as hours of work increase.² Given the gradual relationship between working hours and mental health difficulties, and considering the potential benefits of working some hours in reducing financial stressors and potentially preparing students for the workplace, it may be worth exploring what the optimal number of work hours might be for students using these data.

Questions relating to students' main source of income were not asked in the 2024 wave of the survey and no additional analysis was therefore conducted in this report.

Figure 12: Relationship between average number of hours engaged in paid work during term time and reported mental health difficulties among UK undergraduates.



² Note that the sample sizes decrease as hours worked increase; this likely accounts for the variation among those with reported mental health difficulties (for example, only 15 students reported working 31 hours, which helps explain the dot on the x-axis: among this small number of students, none reported mental health difficulties).

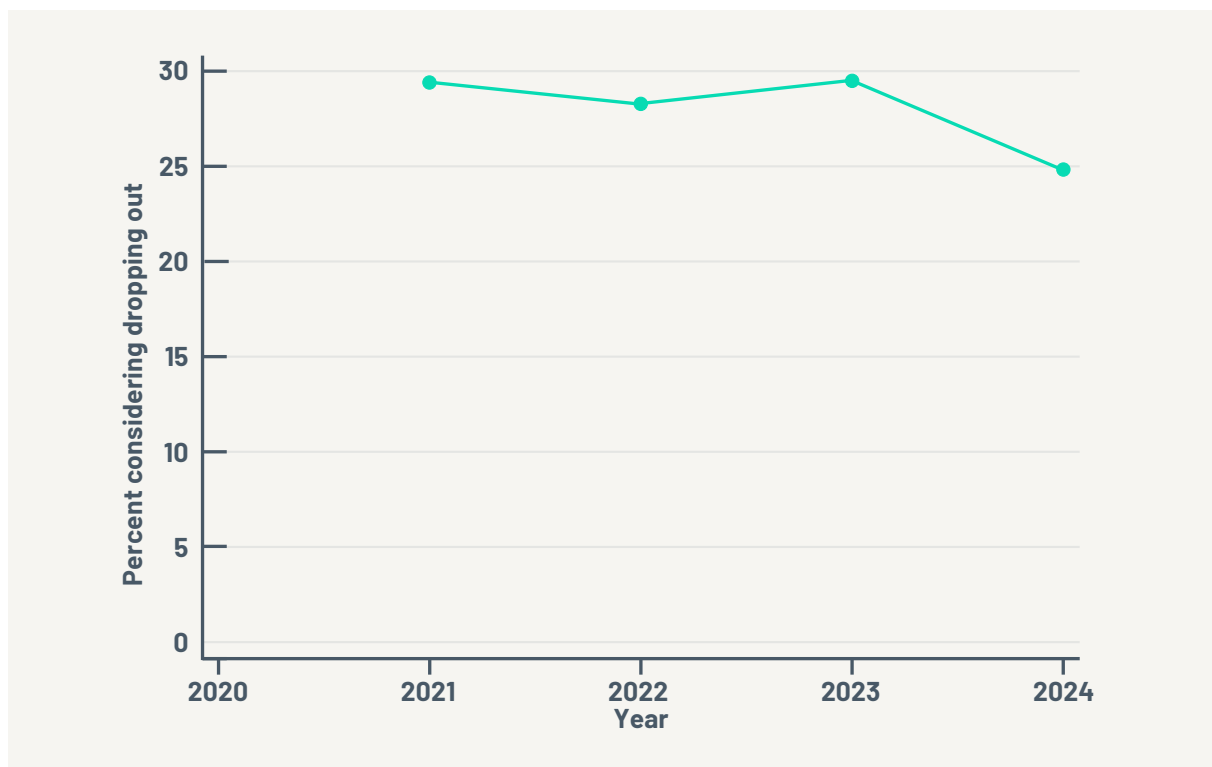


Potential dropout and mental health

When examining student mental health, we should be concerned about the picture of rising mental health difficulties, inequality in experiencing these difficulties and, in many cases, widening gaps between groups.

However, we should also consider mental health in the context of students' studies. To do this, we look at two questions asked within the SAES – whether a student has considered dropping out of university and, if so, the main reason for considering this option. These questions have been asked only in the last four waves of the SAES, to a total of 40,810 students of whom 11,424 have considered dropping out of university – 27.9%, or just over one in four. As can be seen in the graph below, there is some positive news in the 2024 data: the proportion of students who have considered dropping out has fallen markedly after previous years of fairly consistent rates.

Figure 13: Proportion of UK undergraduates who report considering dropping out of university.



We now look at the reasons for students considering dropping out, both in absolute levels and in terms of the changing prevalence of mental health as a reason over time. As we see from Figure 14, below, mental health is by far the most common *main reason* given for considering dropping out of university, at approximately 25 percentage points more than any other explanation (from the 18 options available). This finding is broadly consistent over time.

Figure 14: Main reasons given by UK undergraduates for considering dropping out of university.

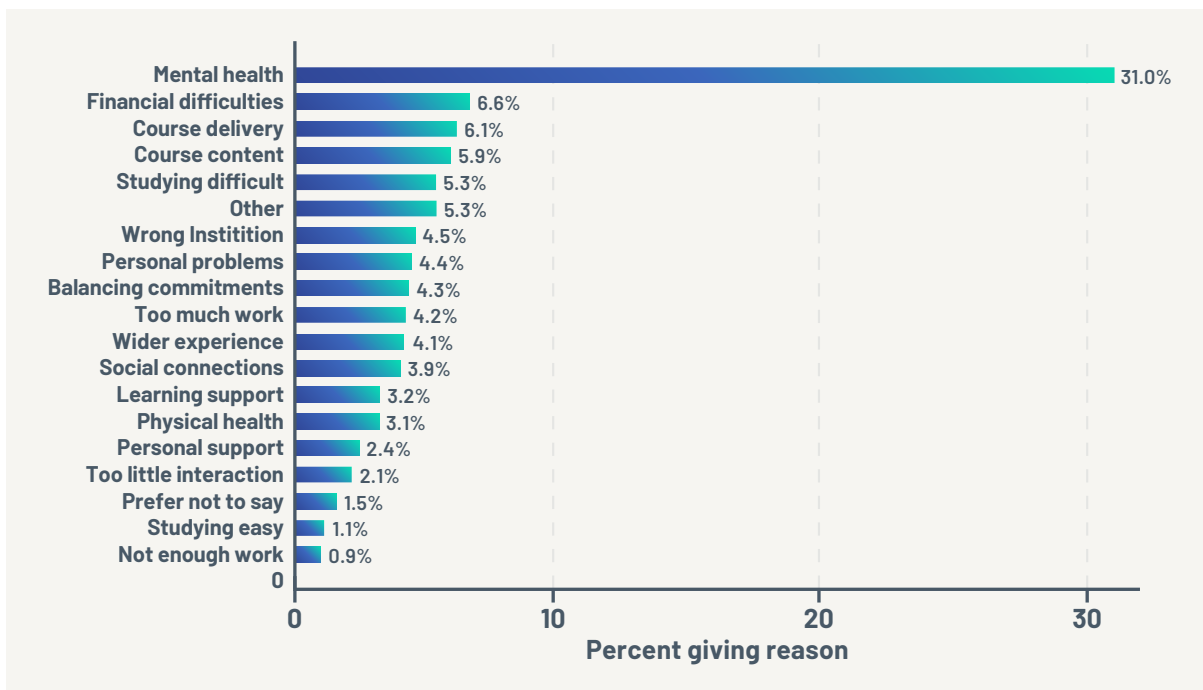
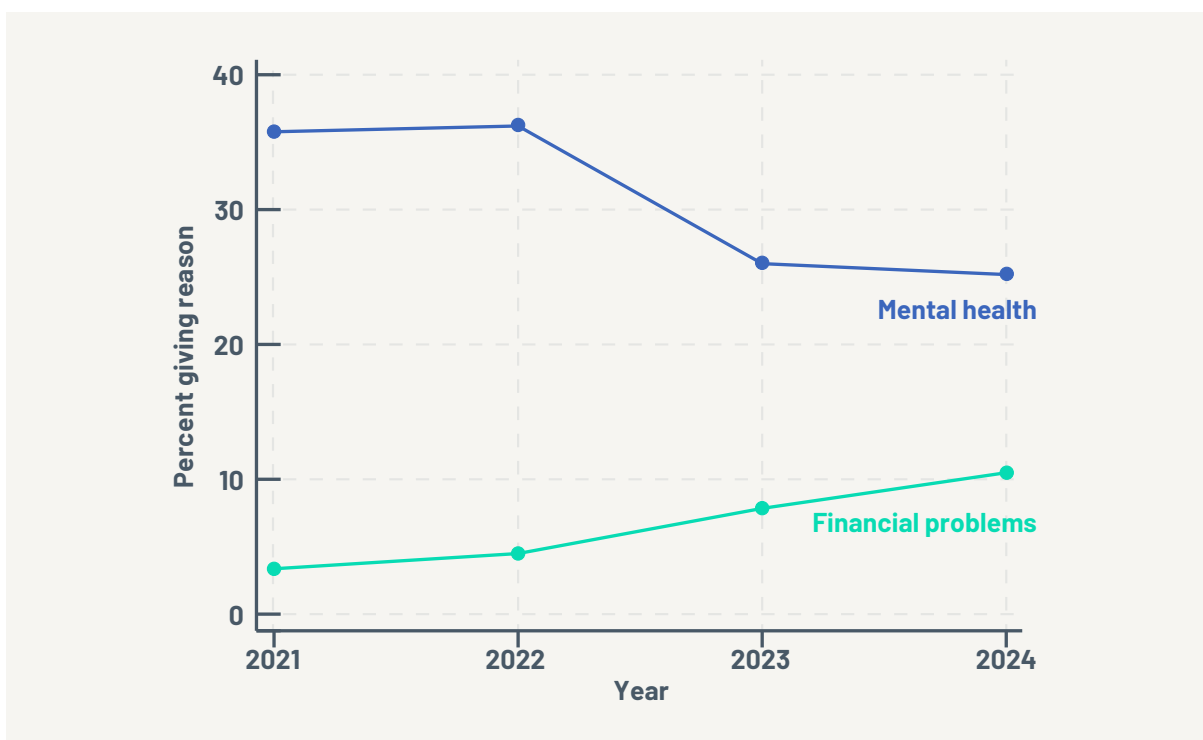


Figure 15 shows the prevalence of the top two reasons cited for considering dropping out – mental health and financial difficulty – over the past four years. We see a dip in mental health in the most recent figures, coinciding with a notable rise in the number citing financial difficulties, although this remains a much less commonly reported reason than mental health difficulties. These two reasons are of course interlinked, and it should be noted that participants can only give one response as their ‘main’ reason.

Figure 15: Proportion of UK undergraduates who select mental health difficulties or financial problems as the main reason for considering dropping out of university.





Discussion and conclusion

This paper summarises the state of student mental health in 2024. We have considered the overall levels of mental health difficulties, how these differ across key demographic characteristics and how this has changed over time. We focus on updating our findings from a similar report published in 2023, making use of an additional year's data.

As in previous years, we have made use of the SAES – a large survey dataset that gives a uniquely rich understanding of students' academic experiences. The data is not infallible – inevitably – and it is necessary to note as a caveat that some findings may be driven in part by issues in sampling.

Nonetheless, what we have found gives cause for concern. The proportion of students identifying as experiencing a mental health challenge has nearly tripled in the last six years, from 6% in 2017, when the data was first collected, to nearly 18% in 2024. There has been a 17% rise in the last 12 months, continuing an already concerning trend. Even allowing for changing definitions and an increasing openness about mental health – particularly among the younger generation – the timescale described (which does not amount to a generational change) suggests that many thousands of students are experiencing substantial distress and that this number has risen dramatically in recent years. The trend pre-dates the Covid-19 pandemic and the cost-of-living crisis. Although these factors play a part in students' deteriorating mental health, they cannot therefore be the only explanation. We warned in 2023 that it would be unwise to assume that lowering inflation and the passing of time since the pandemic would serve to reset student mental health to its previous levels, and the 2023/24 data has supported that concern. The vast majority of undergraduate students in this survey began their studies in September 2021, after the worst of the pandemic had passed, and inflation has come down considerably in the period covered by our data.

As we found last year, experiences of mental health difficulties are deeply unequal and exist along much the same lines as in other aspects of society. Women, LGBTQ+ people, and those from more disadvantaged socio-economic classes are more vulnerable to poor mental health than their peers. Despite a note of optimism previously – for example, among trans students, lesbian students, and asexual students, whose mental health improved between 2022 and 2023 – these patterns have reversed in the most recent year's data. Among two groups – non-binary students and queer-identifying students – more than half now experience mental health difficulties. Female students are also twice as likely to experience mental health difficulties as their male peers. Although death by suicide is more prevalent among young men than young women, suggesting a highly acute need for support among male students, we must also bear in mind the broad pattern of mental health difficulties among the vast numbers of female students who continue to make up the majority of undergraduates. Across the board, these gaps have widened in 2023/24, despite a general worsening for all groups.

Students from state schools, and those from areas where fewer people attend university, also experience worse mental health outcomes according to our data than their peers, and these differences are statistically significant, even if they pale in comparison to the differences in mental health difficulties associated with sexual orientation or trans identification.

Finally, a worryingly large number of students have considered dropping out of their studies, and 'mental health difficulties' was, by some margin, the reason most given. This analysis is inevitably subject to survivorship bias, as our sample excludes students who have already dropped out, but this hints at the impact that mental health difficulties may have on students' capacity to finish their studies. Given that mental health outcomes (alongside other life outcomes, such as income) tend to be more positive among graduates than non-graduates, it must be a priority to support students facing mental health difficulties to ensure they complete their studies.

Taken overall, this analysis suggests that action is urgently needed from higher education providers, healthcare providers and the government to support the mental health of students. This must include both investment in wellbeing, in a public health approach to improving student mental health, and support for clinical and crisis services to ensure they are adequately provisioned to handle this rapidly rising need. Critically, strategies to improve student mental health must also take an intersectional approach, on lines of gender and sexuality as well as class and socio-economic background, to address existing inequalities in the experience of poor mental health. This points to the need for a collaborative approach to mental health support, which calls upon the expertise and efforts of organisations that represent these groups, including student-led groups such as LGBTQ+ societies and student unions.

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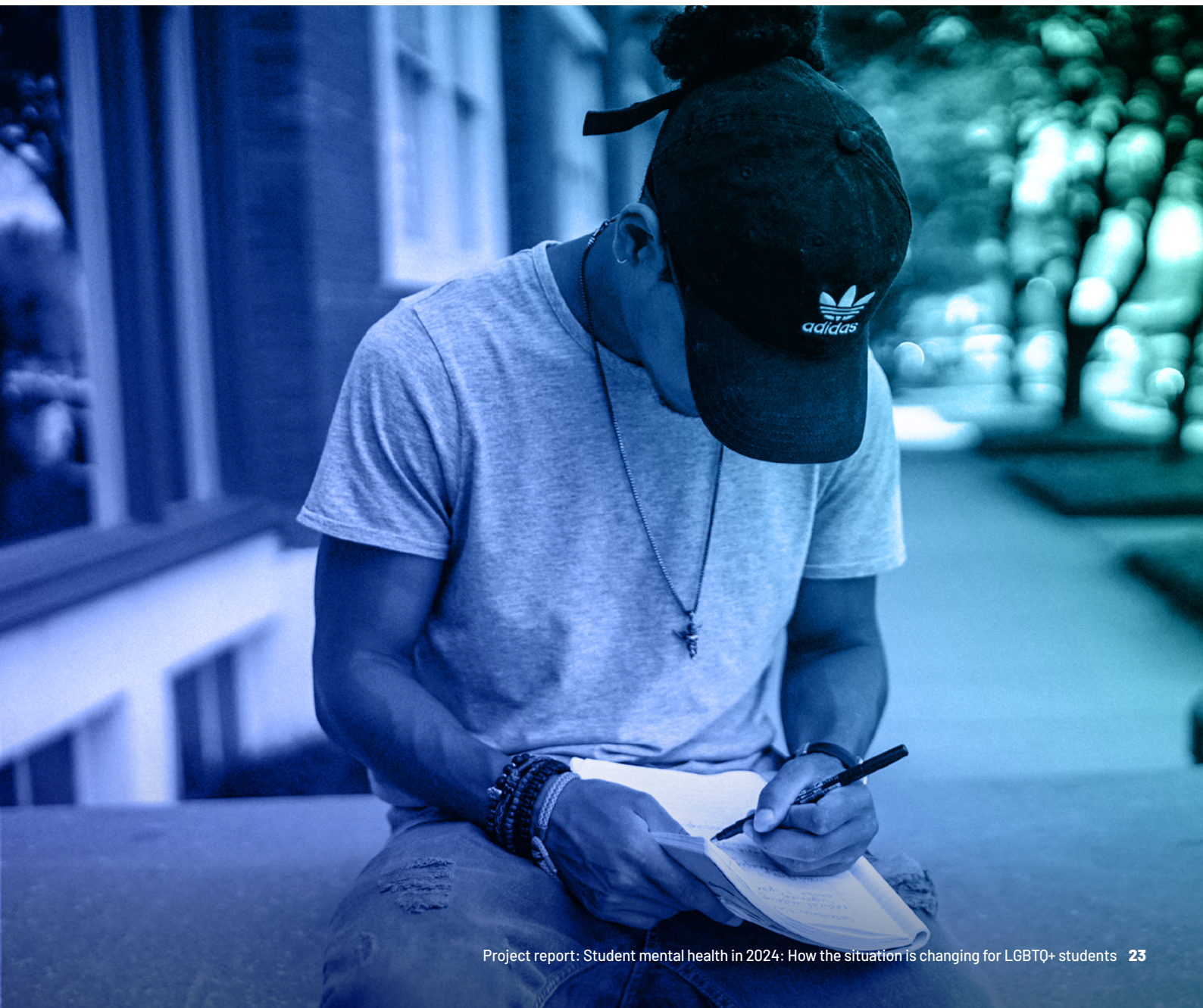
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