



# Heads Up: Reporting on Mental Health

**UCLU**  
University College London Union

## Foreword

Everyone knows someone who has had mental health concerns whilst at university. The financial, academic and social pressures placed on students coming into the hustle and bustle of a London university can be very straining on any student's mind. Whilst the rates of anxiety and depression increase by the day, the taboo placed on the topic of mental health is still as strong as ever. Some are scared to speak for fear of saying the wrong thing, some are worried that others won't see them the same way and some just don't know who it is that they should confide in.

This stigma is something that needs to be broken down, as the invisible disability of mental ill health isolates, hides and draws a person away from the great things in life. It turns on a grey filter for 1 in 4 students here at UCL and whilst UCL Student Psychological Services do an incredible job dealing with students as they come, there simply aren't enough resources to reach out to every student facing such issues.

It is this significant stigma and limit to existing resources that led to the launch of our Heads Up Campaign. It looks at making UCL a campus where students from all backgrounds can openly talk about their mental health, where they can be supported from the outset if they have mental health concerns and where we can take preventative measures before students reach a stage of crisis.

Our report examines the responses of thousands of UCL students through a survey and focus groups, which highlights the extent that students are aware of the mental health services available, the severity of their mental health illnesses if any, and the link between their mental health and demographic compositions. Through this detailed study, four recommendations have been made to UCL, which all look at working with the Heads Up Campaign to make mental health a priority amongst all individuals on our campus.

I would like to show my deepest gratitude to the various individuals who have made immense contributions to the planning, research and writing of this report, particularly Alessandro Massazza, Vicki Baars, Stephen Garry, Simon To and Sinéad Booth who have worked tirelessly to bring the position of mental health at UCL to light for all who read it.

Let's talk mental health together.

**Mehjabin Ahmed**  
Welfare & International Officer



## Recommendations

1. Over half of students that participated in our research could on occasionally or never identify where to access psychological support at UCL. To employ effective communication throughout UCL's support services with the creation of a single reference point.
2. To destigmatise mental health through a collaborate campaign delivered by UCL and UCLU. Attitudinal work should be undertaken through an educational and emotive campaign, paying particular attention to the disproportionate level of perceived stigma suffered by male students with mental health difficulties.
3. To identify a designated staff contact who will provide pastoral support. Members of staff who provide pastoral support are to gain this responsibility on a voluntary basis. Further to this, there is a need for standardised training to be given to these staff members, to enable them to support students suffering with mental health difficulties.
4. To increase funding to Student Psychological Services by £340,000. In addition to long-term supports a short-term resolution over subscription to the service in the interim. This would translate to 6.5 new staff members, necessary to cover the numbers of students accessing the service. This would shorten the waiting list, facilitate follow-up with students and allow for additional support where needed.

## Key Findings

1. The surveyed population of UCL students appears to display moderate levels of mental distress, with some sections of the student population expressing more severe mental health problems. 33.8% of the male population and 35.2% of the female cohort exceeded the clinical threshold established by the CORE-OM mental health questionnaire. Meaning that around a third of the surveyed population expressed clinical significant levels of mental distress. Of the total cohort, 10% of male and 15% of female populations displayed moderate levels of mental health distress and 1% of both populations expressed severe mental health difficulties.
2. The most common mental health difficulty displayed by students appears to be depression, followed by anxiety.
3. Psychological distress is considerably higher for females than for males. Females were 5% more likely to display moderate mental health difficulties and 10% less likely to show low rates of mental distress than males.
4. Disabled, gender-nonconforming and LGBT+ students expressed the highest levels of psychological distress in the entire student population with strikingly high levels of students belonging to those groups expressing moderate to severe mental health difficulties.
5. The predominance of academic stress within discussions on mental health difficulties experienced while studying at UCL demands a reflection on whether acute levels of stress and academic pressure need to be a necessary component of university life.
6. A designated staff member should offer pastoral support and receive necessary training to manage students experiencing mental health distress. This training should encompass active, emphatic and non-judgmental listening skills, information on support services available at UCL and

signposting procedures, a rudimentary literacy around common mental health difficulties among the student population and their management and recognition of suicidal ideation and/or risk of harm to oneself or others together with knowledge on how to proceed in a crisis situation.

7. Members of academic staff designated to offer pastoral support (currently personal tutors) should acquire this responsibility on a voluntary basis. Ill-disposed and unsympathetic personal tutors and other staff might exacerbate a student's psychological distress because of a lack of personal skills compatible with the qualities necessary to provide emphatic, non-judgmental and caring support.
8. UCL should work to offer consistency in the delivery of pastoral support across faculties and departments. This is currently relevant to personal tutors.
9. The stigma, both perceived and effective, endured by students suffering from mental health difficulties at UCL is a major barrier to their wellbeing. Mental health discrimination impacts on the construction and maintenance of meaningful relationship with peers, hinders the development of professional ties with academic staff and inhibits the personal flourishing of students suffering from mental health conditions. Most importantly mental health stigma can act as a trigger exacerbating pre-existing mental health difficulties and impede the timely access to support services within UCL.
10. Initiatives aiming at a reduction in mental health discrimination should employ a multi-level paradigm in tackling stigma, using a holistic, evidence-based approach. Anti-stigma campaigns should contain not only information but also affective/emotional components, e.g. by providing personal testimonies, and should actively tackle the political and institutional *contexts* leading to mental health discrimination.
11. Due to gender stereotypes widespread in society, male students are at times

exposed to an unfair level of discrimination due to mental health difficulties that warrants careful consideration and improvement.

12. The access to support services at UCL should be as simple and straightforward as possible. Our results suggest that students would benefit from the creation of a single website containing a clear outline of what mental health support is available at UCL. When asked if they would know where to access psychological support at UCL 20.8% of students replied “not at all” and 35.9% replied “only occasionally”.
13. We believe that an increase in the funding to the Student Psychological Services would provide some respite from the current state of student overload and allow Student Psychological Services to shorten the waiting lists, provide more flexibility in regards to the limit of six psychotherapy sessions and enable better instruments for a closer follow-up with students referred for specialists treatment on the National Health Service. UCL should increase its funding to Student Psychological Services by £340,000 a year which would translate into 6.5 additional staff members allowing Student Psychological Services to meet its current student demand.
14. Both the mentoring system at the Student Disability Services and the Cultural Consultation Services should receive considerable more advertisement as they both hold particular potential for the improvement of student mental distress. Thought should be given to whether the mentoring system would be more accessible to students suffering from mental health disabilities if it was under Student Psychological Services rather than under the Student Disability Services. Secondly, the Cultural Consultation Services should engage more with the student community and with other support services at UCL. The creation of an outline of language and culture specific mental health support available in London would already represent a solid contribution to the wellbeing of the international student population. The translation of key information on mental health support into local idioms of distress and into the

most spoken non-English languages might further facilitate the access of international, especially overseas, students to mental health support structures.

15. Students on interruption due to mental health difficulties or temporarily sectioned under the Mental Health Act should receive some form of low-intensity but structured follow-up from UCL support services and academic departments. Sectioned students and students on interruption often represent the most vulnerable end of poor mental health. At the moment no formal system of follow-up exists and students on interruption are often abandoned in a limbo of isolation.
16. Our research on peer support preferences has shown that 4 every 10 students would consider the presence of peer support in times of distress somewhat useful.
17. Due to ethical limitations our research did not include data on self-harm, suicidal ideation, suicidal behaviour and aggressiveness. We believe that achieving a more in depth understanding of those phenomena represents an urgent priority and that it is paramount for future research to ethically fill in this knowledge gap. Data distinguishing between students who are experiencing suicidal thoughts, students who have made plans to end their lives and students who have attempted suicide in the past would be particularly useful as indicators of the risk and severity of the problem.

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