What is known about interventions to improve college and university students' mental health and wellbeing?

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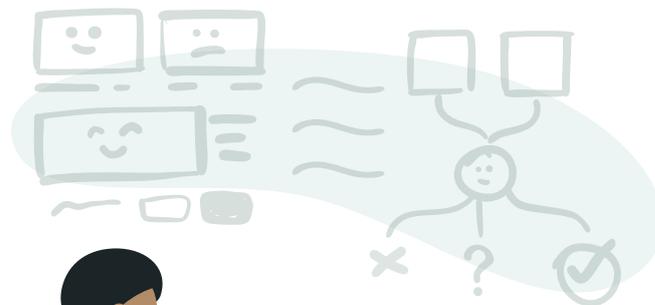
This briefing is based on the full review: _What do we know about what works to improve student mental health and wellbeing? 'Review of reviews'._ The review is based on 23 evidence reviews from across the world, and within the UK.

23 EVIDENCE REVIEWS

It was led by Dr Joanne Worsley and colleagues from our Community Wellbeing team at the University of Liverpool with advisors from our adult learning team at the University of East Anglia, Universities UK (including its Student Mental Health Advisory Group), Student Minds, Association of Colleges Mental Health Policy Group, the Office for Students, the Student Mental Health Research Network (SMARTEN) and our What Works Network colleagues at Education Endowment Foundation and Transforming Access and Student Outcomes in Higher Education (TASO).

The review was commissioned and funded by the What Works Centre for Wellbeing, following identification of an evidence gap.

The review establishes what we know about effective ways to improve student mental health and wellbeing. It is a first step to develop the evidence base, revealing big gaps in the current knowledge that can start to be addressed by the UUK #StepChange framework, University Mental Health Charter, OFS Challenge funding, SMARTEN research seed funding and TASO.

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CONTEXT

Mental health matters to overall wellbeing at all stages of life, and its impact is relatively big. There is growing interest in taking action to improve mental health, and promote wellbeing. This is true across a wide range of organisations, including Higher and Further Education institutions.

Through research and clinical education, universities and colleges play an important role in protecting and improving mental health and wellbeing in the UK. How universities and colleges create the conditions for those studying and working there - as with schools, workplaces and communities - is now gaining greater attention and funding. Making sure that what is done is effective, cost-effective and - even if well-intentioned - doesn't cause harm, is now a priority. This research establishes the global evidence base for all sectors to build on.

The review identifies what research has been reviewed. It applies to academically published research, published in English, in countries similar to the UK to produce a summary of the global knowledge base.

Three cautions

1. Where review evidence is not strong, it is possible that there are research studies and they have not yet been reviewed.

2. It is likely that much activity has not been researched yet because:

    a) it is methodologically more difficult to research some areas

    b) some activities and disciplines attract more research funding.

3. Action in this area is at an early stage, so research may only just be getting started.

Different types of activity aimed at improving student mental health and wellbeing

System and whole institution approaches	Whole population wellbeing	Mental distress and early mental health problems	High level clinical interventions
How to co-ordinate what to do and when. Methodological approaches are needed.	Non-'mental health' interventions with good mental health outcomes e.g. housing, finance and staff training.	Brief interventions - evidence could well be there to be reviewed.	How to identify and assess, and so on. Support for those with a pre-existing mental health conditions.

THE STATE OF THE EVIDENCE ON WHAT WORKS TO IMPROVE STUDENT MENTAL HEALTH & WELLBEING

- Interventions to support general student mental health and wellbeing can be effective
- There is a relatively large body of evidence on some specific types of interventions, for example mindfulness and Cognitive Behavioural Therapy (CBT)
    » Current evidence indicates that these are the most effective for both emotional wellbeing and performance when skills are taught, supervised, and one-to-one
    » Project and research (evaluation) activity in this area should focus on effects over longer timescales and what works for whom, when, how, and for how much including being clearer on student group and the selection for intervention
    » Test additional psychological interventions that have been shown to be effective in other populations and settings
- There is limited review (and maybe primary) level evidence in other areas that look promising from studies, or related evidence bases, including:
    » promoting positive mental health
    » wider determinants of mental health
      for example, living and social environment, finance & debt, curriculum design, sense of belonging and loneliness
    » Students attending Further Education colleges in the UK.
    » Early intervention and specific student groups and courses.
    » Joining up between Further and Higher Education, and other services.
    » Suicide prevention

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Mental health matters...
at all stages of life and
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DETAILED FINDINGS

This research identifies existing evidence reviews, and their methodological quality, published during the last 20 years. There may be areas, or types of intervention, where there have been (primary) studies. But these studies have not been assessed and synthesised yet (reviewed). There may also be areas of established practice that have not been studied.

- QUALITY of the 23 reviews we found nine of 'high methodological quality' which means we can be more confident about the findings, 11 reviews of medium quality, and five of lower quality.

- WHO The people the studies included in the reviews looked at were mainly in higher education with two in further education. Many studies were done in the US/North America with others done in Europe, Asia and Australia. They covered undergraduates, graduates and professional students including in technical schools, with some studies of students of specific subjects.

- OUTCOMES The studies in the reviews covered a range of related outcomes including: anxiety, depression, stress, general psychological distress, wellbeing, mood, suicide-related outcomes, mindfulness, social-emotional skills, self-perception, interpersonal relationships, and sleep.

While we cannot yet determine and rank which interventions work best, where and for whom we can conclude that for student populations:

Approach	Methodological quality	Conclusion	Number of reviews
MINDFULNESS including MBSR and MBCT	High-Moderate	Can effectively reduce common mental health difficulties	11 4 High 5 Moderate 2 L ow
PSYCHOLOGICAL including CBT and ACT	Moderate	Can effectively reduce common mental health difficulties	9 1 High 5 Moderate 3 Low
PSYCHO-EDUCATION & information including on stress, coping and relaxation	Moderate	Supervised skill development more effective Information and education null/not lasting effect	3
EDUCATION/PERSONALISED FEEDBACK on symptoms and actions	Low	Positive/mixed effects	2
RECREATION including meditation (5), yoga (2), tai-chi (1), exercise (2), animals & peers (1) and arts & music (1)	Moderate	Can effectively reduce common mental health difficulties High Confidence: Art, exercise, peer-support showed larger effects than both CBT and MBIs	6 2 High 2 Moderate 2 Low
RELAXATION including progressive muscle relaxation, autogenic therapy and guided imagery	Moderate	Can effectively reduce common mental health difficulties Supervised skill development more effective	2
SETTING BASED including academic based approaches to enhance teaching & learning	Moderate	Found to significantly improve mental wellbeing	1
SUICIDE PREVENTION	High	Education approaches increase short term knowledge Policies and Assessments effective 1 study	1
OTHER INTERVENTIONS INCLUDING MIND/ BODY, such as attention/perception modification and social marketing	Mixed	Null effects	3
Mechanism: **TECHNOLOGY DELIVERED** e.g. website, intranet, mobile e.g. iCBT and ACT	High-Moderate	Effective but not as good as face to face	4

See also related evidence including on adult learning, culture & sport and social connection.

NEXT STEPS

1 Where evidence is more developed, roll out and scale up appropriately.

2 Where evidence is more developed, evaluate the impact in more detail

a. Compare between different types of project as well as a 'no action' control.

b. Look at which interventions helped with which outcomes.

c. Look in more detail at effect size and clinical significance ('real world' effects) on both positive mental health and other measures such as performance, learning/teaching, social connection and potential adverse impacts.

d. Look at impact over time including on wider life satisfaction now measured in many areas including graduate and workplace surveys.

3 Where there are evidence gaps - develop a good quality primary evidence base and review it:

a. Consider mapping existing practices and comparing to the evidence base – see practice map.

b. Carry out evidence reviews where there are initial indications there are primary studies to review – see evidence review methods guide.

c. Do, or fund, evaluations (primary studies) of existing established practices where they exist but primary studies haven't been done.

d. Use appropriate scale and research methods for innovations.

e. Encourage evaluation built in to all projects and disseminate the results of that evaluation .

f. Update in five years time - to see evidence generation in response and broaden to grey literature.

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