Student Mental Health

A report by Nightline Europe, a network launched officially in autumn 2023, which creates connections and supports the development, quality and impact of Nightlines across the continent.

in Europe :

Learning the lessons

Nightline Europe

Summary

PART THREE : DATA FROM THE NIGHTLINE EUROPE NETWORK

PART FOUR : RECOMMENDATIONS

Acronyms

FRA
European Agency for Fundamental Rights

EMCDDA
European Monitoring Centre for Drugs and Drug Addiction

ENOC
European Network of Ombudspersons for Children

ESU
European Students' Union

EU
European Union

HE
Higher Education

HEI
Higher Education Institutions

LGBTQIA +
Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual +

NUS
National Union of Students

NESET
Network of Experts in Social Sciences of Education and Training

OECD
Organisation for Economic Cooperation & Development

UK · USA
United Kingdom · United States of America

WHO
World Health Organization

Mental disorders: definitions

Retrieved from American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Association.

ADDICTION / SUBSTANCE USE DISORDERS

The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder can be applied to these classes of drugs: alcohol; cannabis; hallucinogens (with separate categories for phencyclidine and other hallucinogens); inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants (amphetamine-type substances, cocaine, and other stimulants); tobacco; and other (or unknown) substances.

An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli.

ANOREXIA NERVOSA

Anorexia nervosa is an eating disorder. There are three essential features of anorexia nervosa: persistent energy intake restriction; intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain; and a disturbance in self-perceived weight or shape. The individual maintains a body weight that is below a minimally normal level for age, sex, developmental trajectory, and physical health.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

The essential feature of attention-deficit/hyperactivity disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

Inattention manifests behaviorally in ADHD as wandering off task, lacking persistence, having difficulty sustaining focus, and being disorganized and is not due to defiance or lack of comprehension. Hyperactivity refers to excessive motor activity (such as a child running about) when it is not appropriate, or excessive fidgeting, tapping, or talkativeness. Impulsivity refers to hasty actions that occur in the moment without forethought and that have high potential for harm to the individual (e.g., darting into the street without looking). Impulsive behaviors may manifest as social intrusiveness (e.g., interrupting others excessively) and/or as making important decisions without consideration of long-term consequences (e.g., taking a job without adequate information).

ANXIETY DISORDERS

Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. Fear is the emotional response to real or perceived imminent-threat, whereas anxiety is anticipation of future threat. [...] Panic attacks feature prominently within the anxiety disorders as a particular type of fear response. [...] The anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation. [...]

Anxiety disorders differ from developmentally normative fear or anxiety by being excessive or persisting beyond developmentally appropriate periods. [...] Since individuals with anxiety disorders typically overestimate the danger in situations they fear or avoid, the primary determination of whether the fear or anxiety is excessive or out of proportion is made by the clinician, taking cultural contextual factors into account. Many of the anxiety disorders develop in childhood and tend to persist if not treated. Most occur more frequently in females than in males (approximately 2:1 ratio).

BIPOLAR AND RELATED DISORDERS

Research mostly refers to bipolar I disorder. For a diagnosis of bipolar I disorder, it is necessary to meet the following criteria for a manic episode. The manic episode may have been preceded by and may be followed by hypomanic (a milder version of mania) or major depressive episodes.

The essential feature of a manic episode is a distinct period during which there is an abnormally, persistently elevated, expansive, or irritable mood and persistently increased activity or energy that is present for most of the day, nearly every day, for a period of at least 1 week [...].

Mood in a manic episode is often described as euphoric, excessively cheerful, high, or "feeling on top of the world." In some cases, the mood is of such a highly infectious quality that it is easily recognized as excessive and may be characterized by unlimited and haphazard enthusiasm for interpersonal, sexual, or occupational interactions.

DEPRESSION/DEPRESSIVE DISORDER

The common feature of depressive disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function.

EATING DISORDERS

Feeding and eating disorders are characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning. Among these disorders are Bulimia nervosa & Anorexia nervosa.

PERSONALITY DISORDER

A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. Personality disorders include antisocial personality disorder, borderline personality disorder and obsessive-compulsive personality disorder, among others.

PSYCHOTIC DISORDERS / PSYCHOSIS

Psychotic disorders are heterogeneous, and the severity of symptoms can predict important aspects of the illness, such as the degree of cognitive or neurobiological deficits. The primary symptoms of psychosis include hallucinations, delusions, disorganized speech (except for substance/ medication-induced psychotic disorder and psychotic disorder due to another medical condition), abnormal psychomotor behavior, and negative symptoms, as well as dimensional assessments of depression and mania.

SCHIZOPHRENIA

The characteristic symptoms of schizophrenia involve a range of cognitive, behavioral, and emotional dysfunctions [...]. The diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational or social functioning. Individuals with the disorder will vary substantially on most features, as schizophrenia is a heterogeneous clinical syndrome. At least two of the following symptoms must be present for a significant portion of time during a 1-month period or longer: clear presence of delusions, hallucinations, or disorganized speech.

Introduction

What is mental health? At first, it seems like an easy question. And yet, defining mental health is not as obvious as it might seem. The World Health Organisation (WHO) defines (good) mental health as a "state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2004)[1]. The WHO also stresses that mental health is "more than just the absence of mental disorders or disabilities"[2].

Defining mental health is one thing. But understanding how we achieve these ideals of well-being is another. Clearly, much remains to be done. In the EU alone, the Organisation for Economic Cooperation Development (OECD) estimated in 2016 that more than one in six people (or around 84 million people) had a mental health problem (OECD, 2018).

This is particularly true for young people. The majority of mental disorders appear before the age of 25, with almost half of these emerging by the age of 14 (Kessler et al., 2005; Solmi et al., 2022). Mental health disorders are the leading cause for sickness or disability (DALYs) for 10-19, 10-24, 15-39 age categories globally (GBD, 2021); and suicide is the third leading cause of death in people aged 15-29[3].

Poor mental health is not only a lived experience for the individual concerned: it has knock-on impacts for societies and economies more widely. The OECD reports that people with mild to moderate mental health problems are twice as likely to be unemployed (OECD, 2021).

Estimates of the cost of mental health vary according to methodology, but there is agreement on a significant burden: USD $2.5 trillion in 2010 lost due to poor health and reduced productivity globally, predicted to rise to USD $6 trillion by 2030 (The Lancet, 2020); 418 million disability-adjusted life years (DALYs) linked to mental disorders globally. For the European Union, these costs were estimated to represent more than 4% of GDP[4] or approximately €600 billion in 2015 (OECD, 2018).

Within the category of young people, students in particular are vulnerable. In 2022, there were around 18.8 million tertiary[5] students in the EU, of which 59% were studying for Bachelor (undergraduate) degrees. Female students make up the majority of students (54.6%) and graduates (57.4%)[6].

All students face the pressure to succeed academically, a pressure which is exacerbated by the cost of studying which, for many, leads to years of debt. Many students find themselves away from home for the first time, away from trusted networks of family and friends, feeling lonely or isolated. This is especially true for international students, who in addition must overcome cultural or linguistic barriers to integration and well-being, and who experience higher levels of isolation and difficulties integrating compared to 'home' students (OVE, 2020; IAU, 2017).

[1] The same definition also recognises socioeconomic and environmental factors, and according to the WHO Health Promotion Glossary of Terms 2021, well-being is also: "a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose" (WHO, 2021a).

[2] World Health Organization (WHO). Mental health. Retrieved in September 2024 from https://www.who.int/data/gho/data/themes/theme-details/GHO/mental-health

[3] World Health Organization (WHO) (2024, August 29). Suicide. Retrieved in September 2024 from https://www.who.int/news-room/fact-sheets/detail/suicide

[4] Gross Domestic Product

[5] The World Bank defines tertiary education as "all formal post-secondary education, including public and private universities, colleges, technical training institutes, and vocational schools". World Bank (2024, April 9). Tertiary education. Retrieved in October 2024 from https://www.worldbank.org/en/topic/tertiaryeducation

[6] Eurostat (2024, September). Tertiary education statistics. Retrieved in November 2024 from https://ec.europa.eu/eurostat/statistics-explained/index.php?title=-Tertiary_education_statistics#Participation_in_tertiary_education_by_sex

Given financial pressures such as tuition fees and living costs, Eurostat reports that a quarter of young people aged between 15-29 take on paid employment during their studies[7], although a separate study from Eurostudent reported double this percentage, with half of all working students combining their studies with a paid job because "they would not be able to study otherwise" (Hauschildt et al., 2021). Many students also reduce spending on food, housing or healthcare to a minimum, thereby increasing vulnerability and reducing access to the essentials for physical and mental well-being.

However, poor mental health is not inevitable for students. Understanding and acting upon the factors which both negatively and positively influence student mental health is an obvious area for action. Good mental health literacy (building awareness of mental health issues and of the available services and treatments) can also play a key role in managing mental health (Riva et al., 2023).

The *Learning the Lessons* report is presented by Nightline Europe, a network of European peer-led organisations providing support and information on student mental health. The report brings together recent research on student mental health in Europe (considered broadly as the European region, including the British Isles and countries in continental Europe who are not part of the European Union). The aim is to better understand the factors influencing mental health for students in Europe, and to encourage data-informed action to address these determinants.

The report is structured in four parts. Part One summarises secondary sources on prevalence, trends and risk factors for student mental health in Europe. Part Two provides a review of European and international institutional and policy efforts on student mental health. Part Three sets out an overview of primary data from the Nightline Europe network. We conclude the report with recommendations for policy- and decision-makers in Part Four to enable increased investment in, and attention to, student mental health in Europe.

"The majority of mental health disorders appear before the age of 25, with almost half of these emerging by the age of 14"

KESSLER ET AL., 2005; SOLMI ET AL., 2022

7 Eurostat. (2023, September 28). EU youth: 25% employed while in education. Retrieved in September 2024 from https://ec.europa.eu/eurostat/fr/web/products-eurostat-news/w/ddn-20230928-1

Executive Summary

Learning the Lessons is a major new report from Nightline Europe, a network of European student-led organisations providing support and information on student mental health, notably through free nocturnal helplines[1]. Through this report, Nightline Europe aims to improve the understanding of the factors influencing mental health for students, and to encourage institutional action to address them.

Learning the Lessons sets out the state of play on student mental health in Europe and explores what we know about prevalence, trends and action at European level. The report also presents new data from Nightline Europe, based on almost 15,000 calls and online chats taken in 2023-4 by trained student volunteers across member Nightlines in Austria, France, Germany, Ireland and the UK. Poor mental health is not inevitable. Given the cost of inaction for European students, societies and economies, much more can and should be done on both prevention and treatment for the mental health of young people.

Student mental health: an urgent challenge

Students and young people are particularly vulnerable to poor mental health. In 2022, the European University Association reported that 40% of Higher Education (HE) students in the EU experience mental health or well-being difficulties, with around one in five facing a mental disorder. All students face the pressure to succeed academically, a pressure which is exacerbated by the cost of studying which, for many, leads to years of debt. Many students find themselves away from home for the first time, away from trusted networks of family and friends, feeling lonely or isolated. International students must also overcome cultural or linguistic barriers to integration and well-being.

Trends suggest that mental health disorders are on the rise →

IN IRELAND

the percentage of young adults aged 18-25 with severe or very severe depression rose from 14% to 21% between 2012-2019 (Dooley & Fitzgerald, 2012; Dooley et al., 2019).

IN FRANCE

the rate of suicidal thoughts has doubled for 18-24 year olds, rising from 3.3% in 2014 to 7.2% in 2021, and the percentage of 18-24 year olds with depression has also doubled in four years, from 11.7% to 20.8% (Léon et al., 2024).

IN THE UK

students reporting having a mental health challenge has almost tripled in six years, rising from 6% in 2017 to 16% in 2023 (Sanders, 2023).

[1] A 'Nightline' is a non-profit organisation providing peer-to-peer mental health support for HE students through a night-time listening helpline run by trained student volunteers which is confidential, non-directive, anonymous and non-judgemental. The first Nightline was established in the UK at the University of Essex in May 1970. More Nightlines were then launched across the UK, followed by Ireland and then mainland Europe, starting first in Germany (Nightline Heidelberg, 1995) then Switzerland (Zurich, 2005), France (2016) and Austria (Innsbruck, 2019). Today, there are an estimated 60-70 Nightlines around the world, principally in Europe, but also with some branches in the USA and Canada. Nightlines are often situated within a local university/group of universities.

[2] Van Hees, V., & Bruffaerts, R. (2022, July 14). Student mental health across Europe: Towards a public mental health approach. European University Association (EUA). Retrieved in October 2024. https://www.eua.eu/our-work/expert-voices/student-mental-health-across-europe-towards-a-public-mental-health-approach.html

The reasons for poor student mental health

Structural factors play a decisive role in the prevalence of student mental health.

→ Black and racialised students face a higher likelihood of mental health problems related to racial or ethnic discrimination, as well as institutional or systemic racism when seeking healthcare. A report from the European Agency for Fundamental Rights (FRA) in 2023 found that African-descent citizens in 13 EU countries were almost twice as likely to have unmet medical needs compared to the overall EU population (FRA, 2023).

→ Students who are Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual + (LGBTQIA+) are more likely to suffer from poor mental health given bullying, discrimination or trans/homophobic attitudes. A 2023 survey conducted by the FRA also found that more than a third (37%) of LGBTIQ[3] people had experienced suicidal thoughts in the year before the survey, a rate rising to 62% of young LGBTIQ people (FRA, 2024).

→ Students with disabilities are also more likely to suffer from higher prevalence of mental health disorders. In Northern Ireland, it is estimated that 20% of children and young people with physical, sensory or learning disabilities suffer from mental health problems by the age of 18, and are more at risk of anxiety, depression, self-harm or suicidal thoughts than other young people (ENOC, 2018).

Trends for poor mental health are also associated with particular fields or types of university study, as well as financial stress from tuition fees or living costs. A report from Eurostudent found that half of all working students combine studying with a paid job because they would not be able to study otherwise, a cause of anxiety and additional pressure. Partly as a dysfunctional coping mechanism linked to these pressures, higher levels of alcohol and drug use compared to the general population further exacerbates mental health symptoms among university students.

→ A study from the Institute of Alcohol Studies found that 24% of 15-24 year olds reported binge-drinking[4] at least once a week (DHS, 2008). Research conducted in the UK in 2019 revealed that 44.7% of students admitted to using alcohol or drugs to cope with personal struggles and 6.9% reported using drugs or alcohol in order to fall asleep at night (Insight Network, 2019).

→ Drug and substance abuse is linked to a 2 to 3-fold increase in mental health problems such as depression, anxiety, and stress (Paul et al., 2024). Drug use in the EU is predominantly concentrated among young adults: an estimated 19.1 million young adults (aged 15-34) used illegal drugs in 2018, representing 16% of this population (EMCDDA, 2019). Drug and alcohol use disorders are twice as likely for men than women across the EU, according to 2018 data from the Institute for Health Metrics and Evaluation (OECD, 2018).

In addition to these long-term or underlying determinants for mental health, it is important to note the impact of anxiety stemming from conjectural factors, notably political and socio-environmental instability.

→ One study showed a considerable decline in mental health for university students across Germany, Italy, Spain and the UK, compared to levels before the Covid-19 pandemic (Allen, 2022). Other research conducted both during and after the first lockdown in France found higher prevalence for mental health problems for university students and an increase in stress, anxiety, depression, suicidal thoughts and post-traumatic stress disorder (Wathelet et al., 2022).

→ A 2024 survey of young people aged 9-30 from 23 European countries revealed the top three fears as unemployment (53%), war or terrorist attacks (48%), and climate change (41%)[5]. Additional research conducted with students in Europe found that war and conflict was the single biggest concern for respondents, with over two-thirds expressing moderate or extreme anxiety on this topic (WISE, 2023a).

[3] Lesbian, Gay, Bisexual, Transgender, Queer, Intersex people.

[4] There is no official international definition of 'binge-drinking', but previous Eurobarometer surveys on alcohol consumption define binge-drinking as 'at least five drinks or more on one occasion'. in European Commission. (2010). Special Eurobarometer 331: EU citizens' attitudes towards alcohol. Conducted by TNS Opinion & Social at the request of the Directorate General Health and Consumers. Retrieved in October 2024 from https://europa.eu/eurobarometer/surveys/detail/798.

[5] Child Fund Alliance, Eurochild, Save the Children, SOS Children's Villages, & UNICEF (2024). Our rights. Our future. The Europe we want: Children's recommendations to European Union decision-makers. Europe Kids Want. https://www.childrightsmanifesto.eu/wp-content/uploads/2024/04/EuropeWeWantReport2024.pdf

Empowering students to understand and access help when they need it

Mental health literacy - knowing how, where and when to access information about mental health - plays a key part in students' own ability to understand how they are feeling, and seek support. However, prevention or management also depends on the availability of services. Students are a part of the population and as such, must be able to access national or local health services like any other individual. Young people face widening territorial and social inequalities across the European region to access mental health specialists, and, in parallel, overly-long waiting times (ENOC, 2018). In addition, on-campus services are not always provided by Higher Education Institutions (HEI) nor adequately funded.

Research published by Nightline France in 2022 showed that several European countries were far from meeting the International Accreditation of Counselling Services recommendation for one full-time trained psychologist for every 1000-1500 university students[6] (Nightline France, 2022).

In addition, cultural, including stigma on mental health, and financial barriers prevent students from seeking support. Half of young people (aged 18-29) in the EU reported unmet needs for mental health care services in spring 2021 and spring 2022, more than double the share for all adults (OECD, 2022).

Delays in detection, diagnosis and an appropriate response to mental health disorders are also a significant barrier to assistance and recovery. Delays in initial treatment contact often exceed 1 year for common disorders in Europe and even 15 years for anxiety disorders (Wang et al., 2007). This is concerning, as early intervention has been shown to significantly improve long-term outcomes, including quality of life, employment rates, reduced hospitalizations, and improved depressive symptoms (Salazar de Pablo et al., 2024).

Investing in student mental health: common sense, and cost-efficient

A lack of investment in student mental health has a crippling effect on our societies and economies: according to the WHO, an estimated 12 billion working days are lost every year globally to depression and anxiety, at an annual cost of USD $1 trillion in lost productivity[7]. Alternative research suggests the cost is actually much greater, estimating the cost of annual disability-adjusted life years (DALYs) due to mental illness at USD $5 trillion globally (Arias et al., 2022).

Upstream investment in prevention is also much more cost-effective than dealing with the consequences of poor mental health.

Every USD $1 invested in scaling up treatment for depression and anxiety leads to a return of USD $4 in better health and ability to work (The Lancet, 2020). Indeed, students suffering from poor mental health are prevented from reaching their potential in later life. In France, students with a major depressive episode put their studies on hold for an average of 2 months (Morvan & Frajerman, 2021), and the OECD reports people with mild to moderate mental health problems are twice as likely to be unemployed (OECD, 2021).

[6] International Accreditation of Counseling Services. Statement regarding recommended staff-to-student ratios. Retrieved in November 2024 from https://iacsinc.org/staff-to-student-ratios/

[7] World Health Organization (2024, September 2). Mental health at work. Retrieved in September 2024 from https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work

A blueprint for action

The *Learning the Lessons* report from Nightline Europe identifies an urgent need for improvement in terms of a holistic, coordinated and targeted response in understanding and responding to determinants of student mental health in Europe. We offer the following 7 recommendations as a blueprint for tackling these challenges.

01 – DEFINING THE ISSUE

Adopt a formal definition of student mental health, recognising the physical, social and psychological dimensions of wellbeing, as well as individual and intersectional contexts

02 – COLLECTING THE RIGHT DATA

Invest in data collection at European level to obtain data produced independently, set in a global context and disaggregated by socio-economic determinants

03 – TACKLING THE PRINCIPAL RISK FACTORS WITH STUDENTS

Encourage HEI to adopt a holistic approach to address the factors that particularly affect students, involving them in identifying and solving problems

Support peer support initiatives such as Nightlines

04 – BUILDING MENTAL HEALTH LITERACY

Destigmatise mental health and give students the means to both understand and take action to seek help for their mental health

05 – PRIORITISING COORDINATED INVESTMENT IN PREVENTION

Give greater importance and investment to prevention in student mental health

Encourage and enable HEI to adopt a whole of university approach to tackling key risk factors

Adopt a political vision which creates more inclusive, sustainable and equitable societies

06 – STRENGTHENING COORDINATED ACCESS TO DIAGNOSIS AND TREATMENT

Adopt an EU-wide target and respect international targets for mental health spending

Adopt recommendations and a 'best practice' framework on coordination and planning across relevant sectors and ministries

07 – HELPING THE HELPERS

Invest in training and allocating dedicated resources to higher education staff for student mental health, with clear accountability.

Policy- and decision-makers at European and national level therefore have a golden opportunity to work with HEI, funding partners and organisations like Nightline Europe to take action to improve prevention and treatment on student mental health.

Taken together, the findings from this report and the recommendations forming a blueprint for action can make a significant difference toward achieving well-being and brighter futures for millions of young people in Europe.

01

Nightline Europe

An overview of student mental health in Europe in 2024

Nightline Europe

Methodology

Nightline Europe conducted a non-exhaustive literature review of both academic and non-academic literature on student mental health in Europe between February-September 2024, based on search terms such as 'student mental health' 'student well-being'[8] and also searching for data or studies pertaining to universities, Higher Education (HE), national government or EU or international institutional action in these areas (news articles, websites, academic articles, and relevant reports, such as those of the European Commission, the WHO or the OECD).

As much as possible, pan-European sources were sought, or at least research which considered a variety of European countries, to ensure more consistent and comparable measures. However, we found few studies which provided data across the European Union or European region specifically focused on student or young people's mental health.

Work dated within the last ≈5 years was favoured. It is notable that this period spans both pre- and post-Brexit (research included studies pertaining to the UK) and as well as both prior to, and after, the COVID-19 pandemic.

In relation to the latter, we examined work exploring the impact of the pandemic on mental health of students across Europe, many of whom were at home or self-isolating in student accommodation during lockdowns, and were experiencing heightened levels of stress generally. The impact of the pandemic on mental health trends is considered in the research discussed below, particularly in the context of trends over time and access to mental health support.

Drawing on the studies, reports and sources reviewed, we present key findings and narratives on prevalence, factors and trends on student mental health in Europe below.

[8] Within some research, and within institutional literature in particular, 'mental health' and 'well-being' are also often used interchangeably.

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01.1

The state of play on Student Mental Health

The state of play on Student Mental Health (SMH) in Europe

Across the reviewed literature, the most commonly discussed concerns were clinical anxiety and depression in students, with grey literature (non-academic, or policy or NGO reports) focusing particularly on student suicide. Tellingly, mental health issues which fell outside of clinical criteria for diagnosis, or present in ways other than anxiety and depression, received less attention.

There was no comprehensive analysis of student mental health in Europe. This is due to the 'umbrella' nature of the term 'mental health', encompassing many disorders and conditions, and often understood in different ways by different interlocutors. Comprehensive analysis across Europe is also made more difficult from a lack of uniform indicators (Jané-Llopis & Braddick, 2008), differing methods of data collection (i.e. anonymous self-report vs. mental health conditions disclosed to one's university). We also found an imbalance in available data, skewed towards more economically prosperous European countries such as Germany, the United Kingdom (UK), and France.

Prevalence

The European University Association reported in 2022 that 40% of Higher Education (HE) EU students experience mental health or well-being difficulties, with around one in five facing a mental disorder.[9]

One study observed a 29.5% prevalence of clinically relevant depressive symptoms[10] among first-year university students under the age of 23 from four EU countries (Mikolajczyk et al., 2008). In their 2024 report on well-being and mental health for students in European HE, based on data from the WHO-5 Index, Eurostudent found that the percentage of students reporting poor well-being varied between 37% (Iceland) to 58% (Poland) (Cuppen et al., 2024). Research conducted by the Insight Network in 2019 found that 42.8% of university students in the UK said they were often or always worried (Insight Network, 2019).

Some research suggests university students may have a higher risk of poor mental health compared to the general population. A systematic review of studies between 1990-2010 on depression in undergraduate university students found an average prevalence of 30.6%, compared to a 9% mean rate of depression prevalence for the general population in the USA (Gonzalez et al., 2020, in Ibrahim et al., 2013) and a 9.8% mean rate for North America, Latin America, Europe and Asia (Andrade et al., 2003, in Ibrahim et al., 2013).

Almost one in five (19%) HE respondents in a Eurostudent report considered that disability or health problems limited their studies, most commonly mental health problems (13%).

They were also more likely to suffer from a disability than the rest of the population (with the exception of Denmark) (Hauschildt et al., 2021). Other data corroborates these findings in specific European countries. In Ireland, one study of 5201 students across 13 Higher Education Institutions (HEI) estimated a prevalence of mild-moderate and severe depression among college students of 29% and 19% respectively, as well as 25.9% and 20.7% prevalence for mild-moderate and severe anxiety respectively (Cullinan et al., 2022). In a 2018 study among first-year college students in Belgium, 19.1% reported having experienced a mental disorder including depression and anxiety as well as other significant diagnoses in the past 12 months, while 22.4% indicated having experienced such issues at some point in their lifetime (Auerbach et al., 2018). In France, in 2021, prevalence rates for depression stood at 36.6% for students, compared to 20.1% for the overall population (OVE, 2018).

[9] Van Hees, V., & Bruffaerts, R. (2022, July 14). Student mental health across Europe: Towards a public mental health approach. European University Association (EUA). Retrieved in October 2024. https://www.eua.eu/our-work/expert-voices/student-mental-health-across-europe-towards-a-public-mental-health-approach.html.

[10] as per a modified Beck Depression Inventory.

Self-harm affects a significant amount of young people, often as a maladaptive coping response to mental health struggles. A 2023 meta review of research on self-harm and students in the UK found a higher prevalence for self-harm for undergraduate students than the non-student population from 2012-3 onwards.

The review also observed that students' socio-economic background or gender placed particular individuals at higher risk of self-harm than the general population (for example female students, Lesbian, Gay, Bisexual community members, students living alone, students who were single or of a vulnerable migration status) (Clements et al., 2023).

Research in the UK by the Insight Network echoes this. 1 in 10 university students admit to thinking about self-harm 'often or always', an increase compared to previous research in 2017 (Insight Network, 2019). In 2021, a survey conducted by Ifop for the Fondation Jean Jaurès and the Foundation for European Progressive Studies (FEPS) of a sample of around 6000 people aged 18-24 in six European countries[11] found that 62% had suicidal thoughts, compared to 34% of the overall population (IFOP, 2022).

However, the FEPS/IFOP findings appear to be inconsistent with other research. A 2018 metareview of research on university students across the world found average prevalence of lifetime suicidal ideation, plans, and attempts of 22.3%, 6.1%, and 3.2% respectively (Mortier et al., 2018). In addition, a study carried out in seven European countries with children aged 6-12 reported a considerably lower score of 16.96% for suicide ideation for the overall sample (Kovess-Masfety et al., 2015). In France (one of the European countries with the highest levels of suicide) data from the national suicide body gives a much lower rate of 7.4% suicide ideation for 18-24 year olds in 2020 - although this does represent a significant increase from 3.3% in 2014 (Observatoire National du Suicide, 2022). These seemingly conflictual findings demonstrate an urgent need for more data to provide an accurate picture on student mental health in Europe, including on suicide ideation.

In addition to depression and anxiety, poor mental health for students is also evident in the presence of mental disorders such as schizophrenia, bipolar disorder, and eating disorders. As noted in the introduction, the majority of mental disorders appear before the age of 25, with almost half of these emerging by the age of 14 (Kessler et al., 2005; Solmi et al., 2022). For students in Europe who self-disclose as having one or more 'limiting mental health problems', research from Eurostudent revealed depression and anxiety as the top two conditions (71% respectively) followed by ADHD (25%), eating disorders (20%), and then personality disorder (11%), addiction disorder (8%) and psychosis (4%) (Cuppen et al., 2024).

When it comes to eating disorders, anorexia nervosa typically begins between ages 17-22 (Solmi et al., 2022). Like any other mental health disorder, these conditions should be taken seriously: anorexia has one of the highest mortality rate among psychiatric disorders (around 5% after 10 years), including from suicide (CUNEA, 2021). Within the category of young people, students are a high-risk group for eating disorders, with varying prevalence. In France, for example, bulimia affects about 1.5% of young people aged 11 to 20, with peak onset around 19 to 20 years[12].

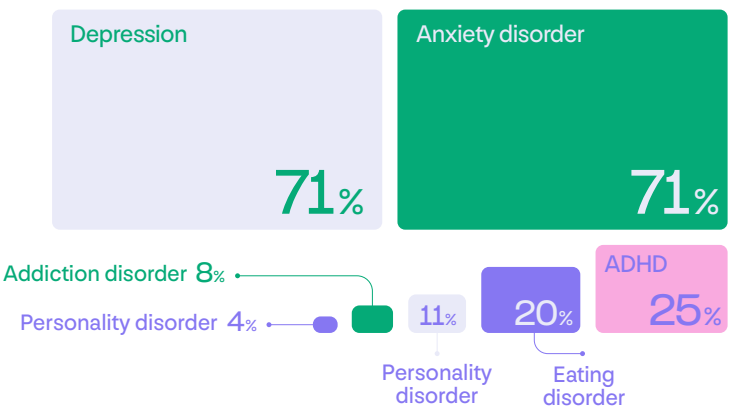


Fig. 1. Specific types of mental health problems, for students indicating having a limiting mental health problem (%)

[11] Self-administered survey (questionnaire) completed online between 3-17 May 2022 by participants from France (1000 participants), Germany (1001 participants), Ireland (1000 participants), Poland (1001 participants), Spain (1005 participants) and Sweden (1002 participants). in Debout, M. (2022, July 7). Covid-19 : Alerte sur la santé psychique des Français et des Européens. Fondation Jean Jaurès. Retrieved in September 2024 from https://www.jean-jaures.org/publication/covid-19-alerte-sur-la-sante-psychique-des-francais-et-des-europeens/

[12] Assurance Maladie (2022, January 13). Boulimie et hyperphagie boulimique : Définition et causes. Ameli. Retrieved in October 2024 from https://www.ameli.fr/assure/sante/themes/boulimie-et-hyperphagie-boulimique/boulimie-hyperphagie-boulimique-definition-causes

Gender appears closely correlated to eating disorders, regardless of the country under study. A systematic literature review of research on eating disorders across America, Europe, Asia and Australia found in 2019 an average prevalence of 1.4% for anorexia in women compared to 0.2% in men (Galmiche et al., 2019). This correlates with findings from a study focused on Europe specifically, which found 2-3% prevalence of eating disorders (classed as including anorexia nervosa, bulimia, binge-eating and 'subthreshold eating disorders') for women, compared to 0.3–0.7% for men (Keski-Rahkonen & Mustelin, 2016). In 2010, the French Haute Autorité de Santé (HAS) and Federation of Eating Disorder Associations (FNA-TCA), estimated nine out of ten cases of anorexia and bulimia concerned female patients (HAS/FNA-TCA, 2010).

Eating disorders, though multifactorial, are frequently associated with other mental health conditions like depression and anxiety. For example, a high prevalence of mood and anxiety disorders was found in Swedish patients with eating disorders (Keski-Rahkonen & Mustelin, 2016). However, the reasons for these trends remain unclear, though evolving diagnostic practices may contribute to the identification of more cases.

Both schizophrenia[13] and bipolar disorder[14] typically begin in late adolescence or in a person's twenties, with an earlier onset in men compared to women, who tend to develop these conditions later in life (Kennedy et al., 2005). While trends vary across countries, the prevalence of bipolar disorder among the 20-24 age group is 1,239.43 cases per 100,000 people, compared to 824.47 cases per 100,000 in the general Greek population, for instance (GBD, 2021).

Risk factors and common stressors

The risk factors for poor mental health for students are correlated to, and exacerbated by, existing socio-economic and intersectional determinants.

For example, mental health prevalence appears to be gendered. Depression is 50% more common among women than men globally[15]. Female students tend to be at a significantly higher risk of mental health conditions than their male counterparts (Kokou-Kpolou et al., 2021; Ochnik et al., 2021). A study conducted in the UK reported a 12.3% point-prevalence[16] in female students, compared to 5.4% in male students (Sanders, 2023).

This gendered analysis also plays out for suicide. Overall, suicide is the main cause of death in the 15-24 age group in the European Union (including candidate and EFTA countries), after road traffic injuries (OECD, 2018). Men remain at greater risk of death from suicide, with suicide rates on average 3.7 times higher for men than for women across the EU (OECD, 2018). A similar ratio is found specifically for the 15-24 age group, with 2,197 deaths for young men compared to 625 for young women in 2017 (OECD, 2020). However, higher numbers of suicide attempts are observed among women. In France, for example, the rate of suicidal thoughts and of suicide attempts for adolescent girls (aged 15-19) is double that of adolescent boys (Observatoire national du suicide, 2018).

[13] World Health Organization (WHO) (2022, January 10). Schizophrenia. World Health Organization. Retrieved in October 2024 from https://www.who.int/news-room/fact-sheets/detail/schizophrenia

[14] Assurance Maladie (2024, July 5). Comprendre le trouble bipolaire. Ameli. Retrieved in October 2024 from https://www.ameli.fr/assure/sante/themes/trouble-bipolaire/comprendre-troubles-bipolaires

[15] World Health Organization (WHO) (2023, March 31). Depressive disorder (depression). Retrieved in October 2024 from https://www.who.int/news-room/fact-sheets/detail/depression

[16] The proportion of individuals who have a particular mental health condition at a specific point in time.

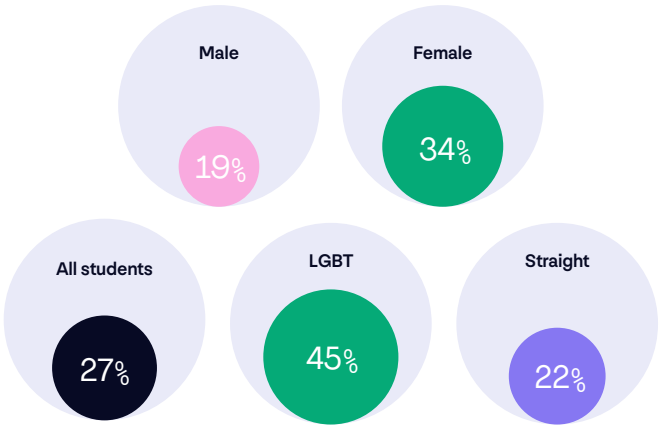
[17] 'Cis': a person who identifies with the gender assigned to them at birth.

[18] Mental Health Europe (2024, June 25). Pride Month 2024: Time to reflect on LGBTQIA+ rights and mental health in the EU. Retrieved in September 2024 from https://www.mentalhealtheurope.org/pride-month-lgbtq-mental-health/

[19] Lesbian, Gay, Bisexual, Transgender, Queer, Intersex people.

It is beyond the scope of the report to comment on mental health and gender in detail, but it is worth noting that stereotypes and societal expectations create pressures which can result in gendered disclosure or diagnosis of mental health conditions. In this way, norms of virility may prevent or discourage men from discussing emotional difficulties or seeking medical help (Rice et al., 2021). Gendered stereotypes also have an influence on the development of mental health conditions resulting from sexism, sexual violence or discrimination against women in a patriarchal society; or norms of beauty and appearance, which are linked to eating disorders in girls and women (Kearney-Cooke & Tieger, 2015). Finally, we also observe a gendered response to poor mental health, such as the difference noted above between women's attempted suicide and men's suicide rates.

Fig. 2. Disparities in the prevalence of mental health problems among UK students. Source: YouGov, 2016.



Black and racialised students also face a higher likelihood of mental health problems related to racial or ethnic discrimination, as well as institutional or systemic racism when seeking healthcare.

A report from the European Agency for Fundamental Rights (FRA) in 2023 found that almost 10% of African-descent citizens in 13 EU countries felt discriminated against when using healthcare services, and that this population were almost twice as likely to have unmet medical needs compared to the overall EU population (FRA, 2023). In HE, Black and Minority Ethnic students consistently face barriers in accessing culturally appropriate mental health services, and lack information on where and how to seek help at university. These structural issues undermine their confidence in accessing available support systems, and negatively impact their psychological well-being and academic attainment (Arday, 2018).

Similarly, students who are members of the Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual + (LGBTQIA+) community are more likely to suffer from poor mental health given bullying, discrimination or trans/homophobic attitudes. Mental Health Europe reports that in Germany, 26% of the LGBTQIA+ community members will experience depression at some point in their lives, compared to 10% of cis[17]-heterosexuals[18]. In addition, a 2023 survey conducted by the FRA also found that more than a third (37%) of LGBTQI[19] people had experienced suicidal thoughts in the year before the survey, rising to 62% of young LGBTQI people and to 59% for pansexual and trans women, 60% for trans men, and 55% for non-binary and gender diverse respondents (FRA, 2024). However, despite these reports, a solid research base for mental health of the LGBTQIA+ student community in Europe is lacking. This represents a significant barrier to analysis, as underlined by the European Network of Ombudspersons for Children (ENOC) in their 2018 report on child and adolescent mental health in Europe (ENOC, 2018).

Students with disabilities are also more likely to suffer from higher prevalence of mental health disorders. In Northern Ireland, it is estimated that 20% of children and young people with physical, sensory or learning disabilities suffer from mental health problems by the age of 18, and are more at risk of anxiety, depression, self-harm or suicidal thoughts than other young people (ENOC, 2018).

A 2016 report by YouGov, pictured above, captures some of these differences for students, for example in the UK (see Figure 1)[20].

Other risk factors include specific challenges arising from a particular stage of university studies. First-year students often report difficulties adjusting to life in an unfamiliar environment, away from their existing support networks (Lewis & Stiebahl, 2023; Puthran et al., 2016; Bayram & Bilgel, 2008). Other research finds higher levels of anxiety, loneliness, substance misuse, and thoughts of self-harm among second or third year students, attributed to concerns about life after graduation or to an end of dedicated support of the first year of studies (Insight Network, 2019). Doctoral students also face pressures specific to their post-graduate studies or work/family responsibilities held in parallel (Satinsky et al., 2021).

A link between university disciplines and prevalence for poor mental health is also frequently observed. For example, in France, research prior to the Covid-19 pandemic found an association between a Major Depressive Episode (MDE) for students in law, economics, human/social sciences, and medicine; and between suicide and human/social sciences students (Frajerman et al., 2016). Rates of recent study examining the links between mental health and fields of study in Northern Ireland and the Republic of Ireland showed higher levels of depression and ADHD for art students, of psychological distress for psychology students, of drug abuse for business students, and of alcohol abuse and suicidal ideation thoughts for law students, amongst other trends (McLafferty et al., 2022).

However, the researchers also found that this could be because disciplines are somewhat self-selecting. Students with pre-existing mental health conditions appear attracted to particular disciplines, for example nursing, humanities, social work, or psychology, leading to the conclusion that the correlation between disciplines and poor mental health was not always unidirectional.

Research in Germany also found links between elevated stress levels and first-year studies in medicine (Heinen et al., 2017), with an overwhelming academic workload leading to a notable increase in depression within the initial months of medical school (Schindler et al., 2021). Highly selective academic programmes also impact the mental health of students. In France, students enrolled in elite HE 'Grandes Écoles' face intense pressure from both the programme of work and highly competitive entrance exams, requiring two years of equally high-pressure preparatory study (Strenna et al., 2014).

In addition to underlying or structural risk factors, conjectural factors include interpersonal stress and pressure for students to perform academically (including for specific fields of study, as mentioned above). Students from underprivileged backgrounds, or those with lack of financial support during their studies, are also at risk. Undertaking tertiary education (especially undergraduate and post-graduate courses) creates debt caused by course fees and living costs, which adds to either self-imposed or family pressure to do well and ensure that the investment pays off.

[20] Aronin, S., & Smith, M. (2016, August 9). One in four students suffer from mental health problems. YouGov. Retrieved in September 2024 from https://yougov.co.uk/society/articles/16156-quarter-britains-students-are-afflicted-mental-hea?redirect_from=%2Fnews-%2F2016%2F08%2F09%2Fquarter-britains-students-are-afflicted-mental-hea

[21] Eurostat. (2023, September 28). EU youth: 25% employed while in education. Retrieved in September 2024 from https://ec.europa.eu/eurostat/fr/web/products-eurostat-news/w/ddn-20230928-1

Faced with debt or limited means to cover living costs while studying, many students balance their study workload with paid work to ensure financial security (Student Minds, 2023; Riva et al., 2023).

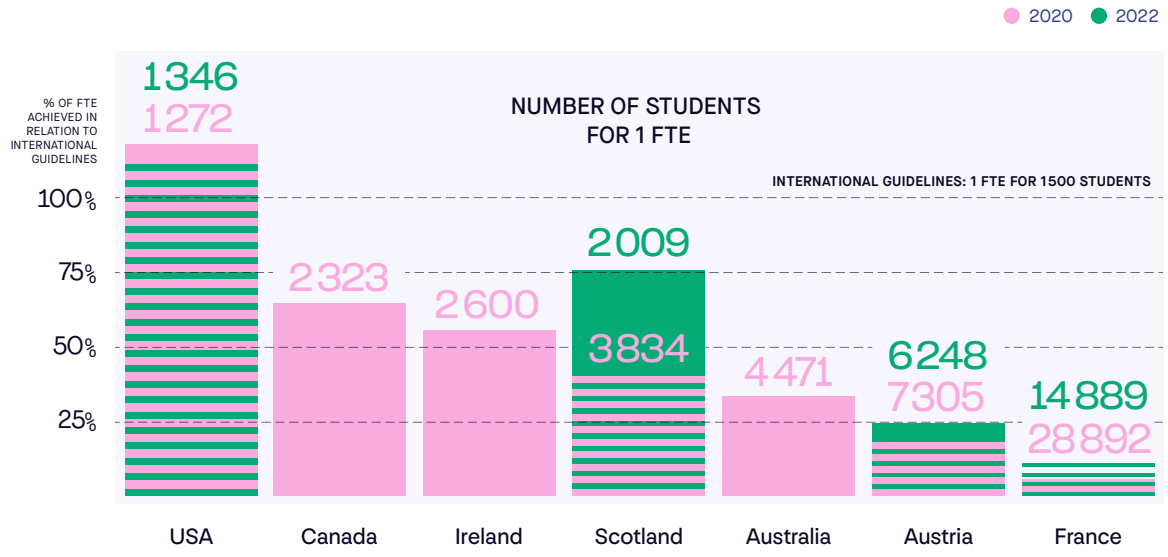
Working while studying remains a common trend for students in the EU: 25% of young people aged between 15-29 take on paid employment during their studies, but this average reflects distinct differences between Member States, with the highest rates concentrated in the Netherlands (73%), Denmark (52%), and Germany (45%), compared to lowest rates in Romania (2%), Slovakia (5%), and Hungary (6%)[21].

A report from Eurostudent found an even higher rate of students combining work and studies, reporting that half of all working students combine studying with a paid job because "they would not be able to study otherwise". 16% of students across the EU report serious financial difficulties, with an additional 27% reporting moderate financial difficulties (Hauschildt et al., 2021). In mainland France, 40% of students living away from their parents were below the national poverty line in 2014 (Marteau et al., 2023).

While indicators or categories of financial distress can be challenged if too narrow, or only subjectively self-assessed, a level of stress about making ends meet can only be detrimental to students' mental health. A study conducted in 2020 for the WHO found a strong correlation between depression and anxiety and finances in particular for students (Karyotaki et al., 2020). In the UK, students who fund their studies through familial support or scholarships are less likely to have mental health difficulties compared to those relying on paid work or loans/grants (Sanders, 2023).

For students not living at home, accommodation represents the largest single expenditure in budgets across Europe (an average of 35%, followed by food, at 23%; again with significant variety across EU Member States) (Hauschildt et al., 2021). These inescapable costs also offer an obvious lever for both the state and HEI to facilitate access to quality, low-priced accommodation during university studies, and to alleviate an obvious factor for stress and poor mental health.

Fig. 3. International guidelines: 1 FTE university psychologist for 1500 students; data sourced from literature reviews and discussion with university student health services. Nightline France, 2022



International students also experience additional stressors which can aggravate or lead to poor mental health. These include language barriers, cultural differences, new educational environments or teaching styles, discrimination (overall, or related to access to services) and isolation from familiar support networks (Lee & Rice, 2007; Smith & Khawaja, 2011). In addition, poor acculturation for international students can result in 'maladaptive' coping mechanisms such as denial, self-blame or harm, anxiety or depression (Smith & Khawaja, 2011). In France, foreign students report higher levels of psychological distress (35% versus 29% for French students) (OVE, 2020) as well as stress (63.1% versus 58.8%) and loneliness (35.9% versus 27.2%) (OVE, 2016)[22].

Social normalisation of alcohol and drug use compared to the general population further exacerbates mental health symptoms among university students, partly as a dysfunctional coping mechanism. A 2008 study from the Institute of Alcohol Studies found that 24% of 15-24 year olds reported binge-drinking[23] at least once a week (DHS, 2008), with the highest levels for tertiary-education students in 2019 occurring in Denmark, Romania, Luxembourg, Germany, Belgium and Ireland[24]. More recent data confirms this finding: the WHO Global Status Report on Alcohol and Health 2018 highlights that heavy episodic drinking[25] is more prevalent in adolescence and early adulthood than in the general population, with a rate of 33.9% among young adults aged 20-24 in the European Region in 2016 (WHO, 2018).

Similarly, the OECD finds that nearly 40% of adolescents reported binge-drinking at least once in the preceding month (OECD, 2018), a similar figure to research conducted in the UK in 2019, revealing that 44.7% of students admitted to using alcohol or drugs to cope with personal struggles and 6.9% reported using drugs or alcohol in order to fall asleep at night (Insight Network, 2019).

Drug and substance abuse is linked to a 2 to 3-fold increase in mental health problems such as depression, anxiety, and stress (Paul et al., 2024). There is a paucity of studies researching substance use and abuse in the European student population, but data from a 2012 study across seven European countries concluded that 8.3% of students had used illicit substances at least once in their life, and nearly half of the students surveyed believed their peers were using illicit substances more frequently than they were (Helmer et al., 2014).

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), drug use in the EU is predominantly concentrated among young adults: an estimated 19.1 million young adults (aged 15-34) used illegal drugs in 2018, representing 16% of this population. Cannabis is the most commonly used drug, and the study has shown an increase in use among 15-24 year-olds in 11 countries compared to previous years (EMCDDA, 2019). Gender also plays a role here: drug and alcohol use disorders are twice as likely for men than women across the EU, according to 2018 data from the Institute for Health Metrics and Evaluation (OECD, 2018).

[22] Data based on the Mental Health Inventory-5 (MHI-5) questionnaire.

[23] There is no official international definition of 'binge-drinking', but previous Eurobarometer surveys on alcohol consumption define binge-drinking as 'at least five drinks or more on one occasion'. in European Commission. (2010). Special Eurobarometer 331: EU citizens' attitudes towards alcohol. Conducted by TNS Opinion & Social at the request of the Directorate General Health and Consumers. Retrieved in October 2024 from https://europa.eu/eurobarometer/surveys/detail/798. See also footnote24 for definition of heavy episodic drinking.

[24] Eurostat (2021). Alcohol consumption statistics. Data extracted in July 2021. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Alcohol_consumption_statistics#General_overview

[25] The report defines heavy episodic drinking as 60 or more grams of pure alcohol on at least one single occasion at least once per month.

Health literacy — and mental health literacy in particular — plays a key part in students' own ability to seek support or information about mental health. The Network of Experts in Social Sciences of Education and Training (NESET) report on student and staff mental well-being in European HEI underlines the importance of mental health literacy in preventing depression and highlights its positive correlation with mental well-being (Riva et al., 2023).

However, simply being aware of mental health issues is insufficient: prevention or management also depends on the availability of services, which varies across Europe and within European countries. For example, although France has one of the highest rates of psychological professionals per capita in Europe (with 23 psychiatrists/100,000 inhabitants and 88,647 psychologists in 2023) these professionals remain concentrated in and around Paris and other high-populated areas, leaving coverage gaps in rural or overseas *départements* (Haut Commissariat au Plan, 2024).

In their report on mental health for children and adolescents, ENOC also finds widening territorial and social inequalities for young people across the European region to access mental health specialists, and, in parallel, long waiting times (ENOC, 2018).

Students are a part of the population and, as such, must be able to access national or local health services like any other individual. However, given the challenges in accessing these services outlined above, the provision of additional and dedicated services to students on campus is highly effective. Indeed, the recommendation from the International Accreditation of Counselling Services is one full-time trained psychologist for every 1000-1500 university students[26].

Research published by Nightline France in 2022 showed that several European countries were far from meeting this guideline. For example, in 2022, Ireland only achieved 58% of the recommendation, Scotland 75%, Austria 24%, and France only 10% - despite the comparatively high rate of health professionals for the general population highlighted above (Nightline France, 2022).

In addition, cultural and financial barriers persist which prevent students from seeking support, including the stigma attached to mental health. The OECD notes that half of young people (aged 18-29) in the EU reported unmet needs for mental health care services in spring 2021 and spring 2022, more than double the share for all adults (OECD, 2022). A comprehensive review of literature shows that young people consistently face barriers to seeking help, such as limited mental health knowledge, social stigma, financial costs, and trust issues with professionals (Radez et al., 2021). Research also indicates that even when aware of existing psychological support services, students remain cautious about using them, or assess them as less helpful than study-related counselling (Cuppen et al., 2024). Similarly, in the UK, 80.1% of students reported awareness of services offered by their university, but only 10.2% of the 33% who considered that they needed professional help with their mental health sought assistance from those services (Insight Network, 2019).

[26] International Accreditation of Counseling Services. Statement regarding recommended staff-to-student ratios. Retrieved in November 2024 from https://iacsinc.org/staff-to-student-ratios/

Linked to this, detection, diagnosis and an appropriate response to mental health disorders represent a significant barrier to assistance and recovery. Diagnosis for young people in particular remains a challenge. Several studies have highlighted that delays in initial contact for treatment often exceed 1 year for common disorders in Europe and even 15 years for anxiety disorders (Wang et al., 2017). This problem affects young adults more than the general adult population (Have et al., 2013). Such a prolonged delay is concerning, as early intervention has been shown to significantly improve long-term outcomes, including quality of life, employment rates, reduced hospitalisations, and improved depressive symptoms (Salazar de Pablo et al., 2024). For example, one study found that early detection and integrated care for young people aged 12-29 with psychotic disorders led to significantly higher rates of a combined symptomatic and functional remission compared to treatment in standard care, and a healthier outcome after 1 year of treatment (Lambert et al., 2016).

Perceived or experienced stigma on mental health plays a part in these unmet needs. The Insight Network in the UK found in 2019 that more than three-quarters of students had concealed their symptoms from their families and friends due to fears of stigmatisation, an increase of 40% compared to 2017 (Insight Network, 2019). Also in the UK, only 4.9% of students disclosed a mental health condition to their university at enrolment in 2019-20 (HESA, 2020), compared to much higher (27%) self-disclosure rates found in other research (Student Minds, 2023).

Finally, in addition to these long-term or underlying determinants for mental health, it is important to note the impact of anxiety stemming from political and environmental instability.

For example, one multilingual online survey of over 13,500 responses from young people aged 9-30 from 23 European countries revealed the top three fears as not finding a job (53%), the possibility of war or terrorist attacks (48%), and climate change (41%)[27].

Similarly, a global survey conducted in 2021 among 10,000 young people aged 16-25 from ten countries found that 59% were highly concerned about climate change. More than 50% reported feeling sad, anxious, angry, powerless, helpless, and guilty about climate change, and 45% reported that these concerns negatively impacted their daily functioning (Hickman et al., 2021).

A 2016 Ipsos survey, summarised in research conducted by the WISE project, found that 15% of young people reported experiencing eco-anxiety[28] (WISE, 2023a).

The WISE project also found that war and conflict was the single biggest concern for respondents, with over two-thirds expressing moderate or extreme anxiety on this topic (WISE, 2023a). Unexpected life-threatening events, conflicts and wars have significant impacts on the mental health of not only affected children and young people but also those in neighbouring countries[29]. For instance, just three months into the war in Ukraine, 66% of Ukranian students were diagnosed with PTSD, 19% experienced moderate or extreme insomnia, 45% showed moderate or severe anxiety symptoms, and 47% moderate or severe depressive symptoms (Pinchuk et al., 2024). The war has even impacted youth in nearby countries (Raccanello et al., 2024), for example in the Czech Republic, where over one-third of young participants reported moderate (22.3%) or severe (13.7%) anxiety, and more than two-fifths showed signs of moderate to severe depression (Riad et al., 2022).

[27] Child Fund Alliance, Eurochild, Save the Children, SOS Children's Villages, & UNICEF (2024). Our rights. Our future. The Europe we want: Children's recommendations to European Union decision-makers. Europe Kids Want. https://www.childrightsmanifesto.eu/wp-content/uploads/2024/04/EuropeWeWantReport2024.pdf

[28] Again, there is no formally recognised international definition of eco-anxiety. A 2024 report from the European Union-Council of Youth Partnership (Stapleton & Jece, 2024) defines the term as "chronic fear of environmental doom", following Clayton et al., 2017.

[29] Mellese, J. (2022, March 1). The war in Ukraine can have devastating long-term consequences on the mental health of children and young people. Mental Health Europe. Retrieved in November 2024 from https://www.mentalhealtheurope.org/ukraine-crisis-mental-health-impact-young-people/

All of these fears make it difficult for young people to plan for, and believe in, their futures. The Youth Forum *Being Young in 2023 Memorandum*, which gathered testimonies from over 1,000 individuals aged 16 to 30 in Belgium, found that faced with a 'gloomy' context – including rising living costs, environmental crises, and clashes between young people and older generations – most of the young respondents expressed feeling 'worried' when it comes to making future plans (Forum des Jeunes, 2023).

These findings underscore the need for targeted early interventions and addressing barriers to mental health care for young people, especially students. The structural and conjectural factors which contribute to the underlying conditions for the emergence of poor mental health, as well as barriers to students' access to support when struggling, are multiple.

They are often commonly experienced by students, but also uniquely so, by each individual. Addressing these overlapping factors therefore requires understanding and action throughout the lifespan and across social, environmental and economic policy at local, national and international level, bringing together the education, health and youth sectors.

Trends

Poor mental health is increasingly prevalent across the world. Data from the GBD tool demonstrate a 16.4% increase in DALYs for depressive disorders, and 16.7% in anxiety disorders, between 2010-2021 (The Lancet Psychiatry, 2021). Students are particularly affected. For example, the proportion of UK-resident students who disclosed mental health conditions was five times higher in 2020-2021 than it had been ten years before (Lewis & Stiebahl, 2023). Similarly, a different study reports the percentage of UK students reporting having a mental health challenge has almost tripled in six years, rising from 6% in 2017 to 16% in 2023 (Sanders, 2023). Similar results are found in Ireland, where the percentage of young adults aged 18-25 with severe or very severe depression rose from 14% to 21% between 2012-2019, and with severe or very severe anxiety, from 15% to 26% in the same period (Dooley & Fitzgerald, 2012; Dooley et al., 2019).

In France, the rate of suicidal thoughts has doubled for 18-24 year-olds, rising from 3.3% in 2014 to 7.2% in 2021, and the percentage of 18-24 year-olds with depression has also doubled in four years, from 11.7% to 20.8% (Léon et al., 2024). The same risk factors identified above are relevant for trends: for example, with regards to gender, prevalence for mental health difficulties has been rising by an average of 0.6 percentage points per year more for female students than for male students in the UK (Sanders, 2023). Within the increase in global depressive disorders observed by the GBD, females aged 15-19 and 60-64 were most at risk (The Lancet Psychiatry, 2021).

The COVID-19 pandemic undoubtedly played a role in some of these trends, particularly for students. One study showed a considerable decline in mental health for university students across Germany, Italy, Spain and the UK, compared to pre-pandemic levels, with elevated forms of psychological distress (Allen, 2022). A study conducted on 3783 students in France showed that restrictive measures such as lockdown and curfew had a stronger negative impact on students than on non-students, with much higher rates of depressive symptoms and anxiety (Macalli et al., 2021).

Additional studies conducted both during and 15 months after the first lockdown in France also found higher prevalence for mental health problems for university students, particularly during the lockdown for medical and non-medical health students (Leroy et al., 2021), observing an increase in stress (20.6%), anxiety (23.7%), depression (15.4%), suicidal thoughts (13.8%) and post-traumatic stress disorder (29.8%) compared to a month after the first lockdown was lifted in March 2020 (Wathelet et al., 2022). Similar results were also found in Spain where students showed significantly higher depression, anxiety and stress scores compared to the different groups of university employees (Odriozola-González et al., 2020).

Indeed, lockdowns and remote learning were found to have led to increased feelings of social isolation and uncertainty about the future (Allen et al., 2022), with students in lockdown demonstrating higher incidences of mental health issues than non-students (Arsandaux et al., 2021). The pandemic had a particularly negative impact on female students, those with existing mental health problems, students struggling financially and those without access to a calm study environment (Doolan et al., 2021).

In examples gathered by the European Students' Union (ESU), studies from National Union of Students (NUS) conducted in different European countries during and shortly after the pandemic demonstrated these difficulties. In the Netherlands, the NUS (Interstedelijk Studenten Overleg) found that more online education meant less concentration, lower motivation and more loneliness, with 30% of students interviewed in December 2020 sharing that they often felt lonely.

A study conducted by the Danish NUS (Danske Studerendes Fællesråd) revealed that six out of ten students found online learning was damaging for their professional development, compared to traditional teaching methods.

In Finland, the NUS (SAMOK) found in a survey that 61.8% of students felt their motivation dropped during the pandemic and 60.1% felt their mental health had deteriorated in the past year, compared to 47.3% in the previous survey (ESU, 2022).

Students entering the workforce during or after the pandemic have also been affected in terms of their mental health in a professional context. In France, a barometer analysing employee sick leave immediately after the pandemic found that employees under 30 had a higher rate of sick leave (and that this had also risen from 21% in March 2021 to 36% in March 2022). Employees under 30 reported higher levels of difficulty sleeping (48% versus 32% for other employees), stress (42% versus 28%), emotional exhaustion (34% versus 22%) or feeling completely run down (29% versus 19%)[30].

More recent statistics also suggest that these trends were not simply a temporary phenomenon linked to the pandemic, whether in Europe or elsewhere. For example, according to data drawn from the US Census Bureau (2020-23) prevalence for anxiety and depression in the USA remained at 32.3% on average for all adults in February 2023, only a slight fall from 35.9% in April 2020 at the onset of the pandemic. This figure reached an astonishing 49.9% for the 18-24 age group in February 2023[31].

Longitudinal data from a WHO Regional Office study on health in children and adolescents in Europe, central Asia and Canada also showed a decline in life satisfaction and self-rated health for 11, 13 and 15 year-olds which began before the pandemic (2017-18 data) and continued even as the pandemic had ended (2021-22 data) (Cosma et al., 2023). In France, the Observatoire National de la vie Étudiante (OVE), which tracks students across multiple health related variables since 1994, found in 2023 that 36% of French students showed clinical signs of psychological distress, which is lower than during the pandemic (43%) but higher than prior to it (about 30%) (OVE, 2023).

[30] Malakoff Humanis (2022, July 6). Arrêts maladie et santé mentale dégradée : les jeunes actifs particulièrement touchés selon une étude de Malakoff Humanis. Retrieved in September 2024 from https://tinyurl.com/42jntdbw

[31] Panchal, N., Saunders, H., Rudowitz, R., & Cox, C. (2023, March 20). The implications of COVID-19 for mental health and substance use. KFF. https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

However, it must be noted that a rise in prevalence can also reflect a greater awareness of mental health and/or reduced stigma, encouraging higher rates of self-disclosure and diagnosis-seeking. A recent systematic review on the impact of mental health campaigns on young people in eight different countries worldwide found awareness-raising had proximal impacts such as reduced stigma and increased intention to seek help, as well as intermediate impacts including some decreased mental health experiences (such as depressive moods) and increased health-seeking behaviours (Tam et al., 2024).

Positive influences on student mental health

Poor mental health, and the long-list of potential or existing trigger factors, can appear overwhelming. However, student mental health is not only influenced by the risk factors students may face but also by several positive factors that foster resilience and well-being, across the physical, social and psychological spectrum of mental health.

Proactive public policy and university investment which create the conditions for students to thrive, and take a whole of university approach, will benefit students' mental health outcomes. Examples are accessible housing, adapted transportation, campuses designed to foster social connections, creative activities, and sport. Ensuring access to quality healthcare and promoting a positive approach to mental health information and treatment are also essential measures. Students themselves can contribute to this macro-level investment through their everyday actions and routine. Getting regular exercise, practising good sleep hygiene, and maintaining a balanced diet, have been found to play a significant role in mental health. Physical activity, in particular, is shown to improve mental health and well-being for students (Donnelly et al., 2024).

Beyond physical well-being, a sense of social connectedness is another key factor in supporting mental health for students, as demonstrated earlier with the impact of the pandemic on students. A 2023 survey by WISE highlighted that strong ties with family, friends, and supportive faculty contribute to well-being, which can buffer against feelings of loneliness and stress often reported by students. The survey also highlighted the importance of off-campus relaxing and cultural activities (WISE, 2023a). Additionally, social engagement through volunteering offers students ways to develop empathy and self-confidence, which are transferable skills for both academic success and personal growth. This is particularly true for volunteering for peer-led support services (Crisp et al., 2020; Gulliver & Byrom, 2014; Cyr et al., 2016).

Emerging studies also emphasise the importance of mindfulness and exposure to nature. Research suggests that mindful practices, such as yoga, can heighten students' awareness of their own mental and emotional needs, facilitating better stress management (Hagen et al., 2023). Additionally, spending at least 120 minutes in natural settings each week has been associated with improved health and well-being (White et al., 2019).

It is important to note that such actions are dependent on each student's individual situation, opportunities and/or limitations. HEI, local and national governments have an essential role to play in facilitating students' ability to look after mental health and access support when needed.

Nightline Europe

01.2

Action on student mental health in Europe

Universities and HEI

Mental health support for students at state and HE level varies across European countries. Approximately half of European Higher Education Area (EHEA) countries[32] do not have a legal requirement to provide psychological services, leaving HEI as the sole providers[33]. Most HEI do however provide some form of well-being staff or student services. University counselling services, available without additional charges for students, are typically included, and help promote students' overall access to support and reduce economic disparity in ability to access counselling.

However, this is not a uniform picture across Europe. Indeed, in a survey of 33 European National Student Unions (NUS), only 14 reported that HEI provide counselling services, with 7 of those 14 clarifying that this applied only to a 'subset' of their HEI. Reported obstacles to counselling services included stigma, difficulty accessing services, and even a perception of efforts by staff to dissuade students from seeking mental health support (ESU, 2022).

Research also suggests a lack of defined procedures for student mental health. In one quantitative survey conducted in 2023 with HEI, one third (33.3%) of respondents did not have an official definition of student well-being, and almost half (47%) relied on an informal definition to guide their work. Only 3.42% claimed to have an official definition. In parallel, almost 40% of HEI admitted they were unaware of national or regional legislation on student well-being, with a further third (36.7%) of respondents who did not respond at all (WISE, 2023a).

This level of investment is echoed in the students' responses from the same survey, with only 25% believing that their university was taking student mental health into account (compared to just over 30% when asked about the consideration for student well-being across Europe generally).

University lecturers or administrative staff often describe a feeling of pressure to support students' mental health as they work with a student base who are increasingly vocal about their well-being (Thorley, 2017) and a sense of being ill-equipped, in time and skills, to respond to this need (Brown, 2016). As such, having a dedicated team to advise and support students in their well-being and mental health is important, and enables other university staff to prioritise their respective responsibilities. In their 2022 survey, the ESU found that 14 NUS across Europe indicated their HEI provided counselling services, but that these were often limited, or suffered from long delays. The same report indicated that, in some countries, there is a legal requirement for HEI to have or facilitate access to a student health service, for example in Sweden or Norway, but that in practice, there are discrepancies in how and whether these services are provided (for example, by the local students' union rather than the university). Only 8 out of the 33 NUS respondents said their HEI provided training for staff to help students struggling with mental health issues (ESU, 2022).

In the absence of in-person services, some online support is available. The UK-based NGO TASO (Transforming Access and Student Outcomes in Higher Education)[34] offers a cross-European platform for HE professionals, giving them research and toolkits to understand and support the well-being of their students. Similarly, MP4S (Mindfulness Practices for Students Society, funded by Erasmus)[35] encourages a culture of well-being and mental health support to be integrated into HEI across Europe. A further example is the EU-wide Buddy System project[36], pairing Erasmus students with local students to ease the stress of the welcome period and helping them overcome difficulties to access state health systems which stem from language or citizenship eligibility barriers.

[32] EHEA Members: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungry, Iceland, Ireland, Italy, Kazakhstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Russia, Serbia, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, Vatican City.

[33] Van Hees, V., & Bruffaerts, R. (2022, July 14). Student mental health across Europe: Towards a public mental health approach. European University Association (EUA). Retrieved in October 2024 from https://www.eua.eu/our-work/expert-voices/student-mental-health-across-europe-towards-a-public-mental-health-approach.html

[34] https://taso.org.uk/

[35] https://mp4s.eu/

[36] https://buddysystem.eu/en/

External providers in the form of charities or private companies are vital to incorporate into the HE system. Models typically include HEI paying for the service to be accessible or specified to their student base. Though there can be drawbacks to entirely remote mental health support systems, such as lower engagement and impact (Bornheimer et al., 2022), such initiatives can pool resources and data, as well as enable accessible support to students regardless of location. Examples include TogetherAll[37] (formerly Big White Wall), a popular for-profit system available for students, consisting of an online peer-support forum that is monitored by mental health professionals.

Finally, peer-led student helplines, such as Nightlines, occupy a joint space between internal and external services, with funding and operations run by students and their institutions, but typically maintaining some level of institutional independence. By providing a judgement-free, accessible first step for students facing mental health challenges, they often serve as a preferred alternative to professional help for many students (Pointon-Haas et al., 2023).

However, overall, cohesive cross-European digital support services are rare.

European institutions and policies

There is growing recognition of mental health as a fundamental right in the European Union[38], and this is especially true since the COVID-19 pandemic. Some of the responses to this recognition and prioritisation on mental health are summarised here.

In June 2023, the European Commission adopted its Communication on a Comprehensive Approach to Mental Health, intended as a prevention-oriented and multi-stakeholder approach to mental health which — like the WHO definition — recognises that mental health also carries a social and economical imperative[39]. Principal channels for delivery of the comprehensive approach include the EU4Health Programme[40], providing more than EUR 60 million in support for the public health aspects of mental health, and the Joint Action on Implementation of Best Practices in the area of Mental Health (JA ImpleMENTAL15)[41], funded under the third Health Programme, which supports EU countries to improve or promote mental health by implementing best practice examples from other Member States. In addition, the joint action Mental Health Together (MENTOR) is focused on social inclusion, tackling stigma and discrimination associated with mental health, particularly vulnerable groups like children and young people, and migrant/refugee populations (European Commission, 2023).

The Commission's best practice portal[42], targeted to Member States, lists reliable information on practice implementation, sharing a similar goal with the JA ImpleMENTAL. In addition, the NESET analytical report, conducted by the European Commission, provides a literature review of student mental health and some recommendations, including a 'whole of university' approach to student and staff mental health promoting positive learning environments and institutional cultures (Riva et al., 2023).

Similarly, 2022 was declared 'European Year of Youth' with a speech from the President of the European Commission, Ursula von der Leyen, announcing a new initiative to support young people's mental health through to 2027 and encouraging Member States and the Commission to support the implementation of the 20 flagship initiatives, including prevention toolkits and data collection campaigns (Mental Health Europe, 2023). In 2023, the European Parliament advised Member States to provide accessible and cohesive psychological support to their students, with a particular view to equalising existing disparities (European Parliament, 2023). This call to action has had some take up: Spain's Network of Universities is being supported by the Spanish Ministry of Health and Consumer Affairs to conduct a nationwide Healthy Universities Plan[43], in which 57 universities are providing mental

[37] https://togetherall.com/en-us/

[38] European Parliament Resolution, July 2020 https://www.europarl.europa.eu/doceo/document/TA-9-2020-0205_EN.html

[39] European Commission (2023). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health (COM(2023) 298 final). https://health.ec.europa.eu/document/download/cef45b6d-a871-44d5-9d62-3cecc47eda89_en?filename=com_2023_298_1_act_en.pdf

[40] https://hadea.ec.europa.eu/programmes/eu4health_en

[41] https://ja-implemental.eu/

[42] https://webgate.ec.europa.eu/dyna/bp-portal/mental-health

[43] European Agency for Safety and Health at Work (EU-OSHA). Spanish network of healthy universities: Case studies. https://osha.europa.eu/sites/default/files/ES-%20network%20of%20healthy%20universities.pdf

health support, enhancing student well-being and overall experience. In France, the platform Mon Soutien Psy provides 12 reimbursed therapy sessions[44]. Meanwhile, in the UK, and following significant governmental discussion of HEI duty of care in cases of student suicide in 2023[45], the UK government encouraged HEI to sign up to Student Minds' Mental Health Charter (Hughes & Spanner, 2019), to examine existing provisions and provide guidance on further action[46].

On 10 October 2024, for World Mental Health Day, the EU Health and Food Safety Commissioner Kyriakides introduced an EU Support Package on Stigma to break down barriers on inclusivity around mental health, as well as an updated tracker to monitor progress on the 20 flagship initiatives[47]. The tracker indicated that the majority of these initiatives, totalling an investment of €1.25bn, are either ongoing or complete[48]. However, although some of these initiatives focus on children and young people, none of the initiatives appears to focus specifically on (tertiary) students.

International organisations and civil society

In addition to European institutions, global organisations working on health and economic issues have also focused action and research on European mental health. The OECD's 'Health at a Glance' reports, focusing on Europe, encourage action from governments to implement mental health services by providing latest data on the state of mental health in Europe, including the impact of Covid-19.

The WHO is also active in informing analysis on mental health in Europe. In addition to the WHO European Framework for Mental Health covering 2021-2025 (WHO Regional Office for Europe, 2022), the WHO Pan-European Mental Health Coalition was set up in 2021 to transform mental health services; integrate mental health into emergency response and recovery efforts; and promote and protect mental health across the life-course. Since then, the Coalition has created a framework for youth participation, 'Youth engaged for mental health', which provides recommendations for how stakeholders should incorporate youth participation in their policies (WHO, 2021b). These include ensuring work with young people on mental health is diverse, inclusive and accessible; transparent; engaging; safe and supportive; and empowering (WHO Regional Office for Europe, 2023).

National Students' Unions (NUS) are also active in the mental health space. The Mental Health Charter provided by the ESU, an umbrella organisation for NSU in Europe, advocates against mental health stigma in HE and society[49]. In a 2022 report, the ESU highlights initiatives being taken by some NUS in Europe alongside university, civil society and/or national government partners to address student mental health issues, such as promotion and prevention of free counselling services (Austria, Italy) influencing parliamentary work and debates on mental health for young people (Finland), using cultural interaction such as theatre to break taboo (Netherlands), launching national campaigns to prevent suicide or tackle stigma (Ireland, France, Malta, Latvia, Belgium), enabling additional data collection (Belgium), holistic action plans (Scotland), and mentoring/buddy programmes between different generations of students (Hungary). However, in the same report, the ESU highlighted that a third of respondents reported their NUS was not yet actively working on student mental health (ESU, 2022).

A limited number of European non-profit organisations also engage in research or policy advocacy on mental health in Europe, like Mental Health Europe, EuroStudents, the European Students' Union or European Youth Mental Health.

[44] Assurance Maladie (2024, November 26). Accompagnement avec un psychologue conventionné : Mon soutien psy. La prise en charge par situation et type de soin. Ameli.fr. Retrieved in November 2024 from https://www.ameli.fr/medecin/exercice-liberal/prise-charge-situation-type-soin/accompagnement-psychologue-conventionne-mon-soutien-psy

[45] Shearing, H. (2023, December 11). The law needs to catch up on student mental health. BBC News. Retrieved in October 2024 from https://www.bbc.com/news/education-67652089

[46] Student Minds (2024, March 13). Universities achieve University Mental Health Charter Award. Retrieved in September 2024 from https://hub.studentminds.org.uk/universitymentalhealthcharterawardwinter24

[47] European Commission (2024, October 9). Statement by Commissioner Kyriakides ahead of World Mental Health Day. https://ec.europa.eu/commission/presscorner/detail/en/statement_24_5181

[48] European Commission (2024, October 10). Tracking framework for the implementation of the Commission Communication on a comprehensive approach to mental health. https://health.ec.europa.eu/document/download/6317c605-5f5d-4d4f-9c8a-d5c93e869814_en?filename=ncd_tracking-framework-mh_en.pdf

[49] European Students' Union (ESU) (2020, September 28). Mental Health Charter. Board Meeting 79, Document number: BM79/8.b.3. Retrieved in September 2024 from https://esu-online.org/wp-content/uploads/2020/12/Mental-Health-Charter_final-version-2.pdf

02

Nightline Europe

Your Nightline, here for you

The growth of peer-led student listening services in Europe

The history of the Nightline model

A 'Nightline' is a non-profit organisation providing peer-to-peer mental health support for HE students through a night-time listening helpline. The first Nightline was established in the UK at the University of Essex in May 1970, when a university lecturer and a chaplain noticed high levels of stress and anxiety among their students. A group of students was formed to take calls from fellow students in the evening, forming the first-ever Nightline.

More Nightlines were then launched across the UK, followed by Ireland (with Niteline Dublin launching in 1993) before developing in mainland Europe, starting first in Germany (Nightline Heidelberg, 1995) then Switzerland (Zurich, 2005), France (2016) and Austria (Innsbruck, 2019). Today, there are an estimated 60-70 Nightlines around the world, principally in Europe, but also with some branches in the USA and Canada. Nightlines are often situated within a local university/group of universities.

The peer-led listening service remains at the heart of every Nightline, regardless of their location. Volunteers are fellow students, who apply four key principles in the support they provide to their peers, which is intended to be:

CONFIDENTIAL **ANONYMOUS**

NON-DIRECTIVE **NON-JUDGEMENTAL**

Why invest in peer-led services ?

Though Nightline volunteers do not replace trained mental health professionals, they offer a complementary system of support for fellow students in need. Peer-listening is beneficial because fellow students are seen as less judgemental, and living a shared experience (Gulliver & Byrom, 2014). Not all students need professional psychological or psychiatric help. For those who do, it is often easier for students to first reach out to peers. A 2023 systematic review on the effectiveness of these support for student mental health in HE found that peer-led services increase accessibility by being easier to use, with 75% of students going through mental health difficulties reporting telling a peer about it, and a preference to seek help from peers rather than professional services (Pointon-Haas et al., 2023).

Research thus shows that students are more likely to confide in their peers than professionals, either because of a shared experience (Dunne et al., 2009) or because of the stigma attached to talking to a mental health professional (Maccotta & Corcos, 2017). Reaching out to a student listening line can also open a door to professional help at a later stage (Miyamoto & Sono, 2012). Students also feel they can reach out because the conversation is seen as a safe space, where they can speak without fear of judgement or taboo (Gulliver & Byrom, 2014).

Nightlines provide a secure framework for this peer-led 'safe space'. Volunteers receive extensive training on how to listen to their peers, and on taking more challenging calls. They follow clear and consistent guidelines in terms of their listening approach, ensuring a coherent and quality response to those who reach out to them.

Volunteers are also accompanied during their volunteering through ongoing or refresher training, support from more experienced volunteers and, in most cases, trained psychologists either within their Nightline or HEI/health service partner.

For volunteers, there are also many benefits in helping others. Social engagement through volunteering offers students ways to develop transferable skills for both academic success and personal growth. Volunteering with a listening line requires learning and applying the principles of active listening (such as non-directivity and non-judgement) and builds social, emotional and communication skills, as well as acceptance and empathy toward others (Crisp et al., 2020; Gulliver & Byrom, 2014; Cyr et al., 2016).

These skills are all fundamental for individuals' happiness and success in later life, and to form more inclusive and supportive communities.

Given the prevalence of poor mental health discussed in Part One, and the difficulties for students to seek and access help, Nightlines therefore play an essential complementary part of the student mental health ecosystem. The importance of this is evident, as seen with the number of calls received by Nightlines across Europe, rising every year. Research therefore points to the need to integrate peer-led services into the overall system of help available to students, to multiply 'entry points' (Maccotta & Corcos, 2017).

The role of Nightlines in mental health support

The principal mission of any Nightline is to provide support for students struggling during their studies. Nightlines therefore offer a response to these needs, but are also a key part of prevention work on student mental health: both in terms of reaching students for whom a listening ear plays an essential and sometimes crucial part in managing their well-being; and in terms of helping those who express the need to find professional support. Nightlines are also unique in providing peer support at night. The reason for this is threefold: students who find themselves anxious or lonely after, or in anticipation of, a difficult day; the fact that these feelings can be amplified by the solitude of evenings and nights; and the lack of other standard/university support services at this crucial time, most of which are only open in the daytime.

Student listening services also provide support to students already receiving professional help, sometimes even following recommendations of their therapist or counsellor, between formal sessions. Some Nightlines also work with HEI partners or services working with young people to provide training to identify signs of distress or poor mental health, and take early action. Nightlines also contribute to student mental health promotion and prevention of poor mental health through awareness-raising (communication campaigns, advocacy).

Some Nightlines also have paid employees to work with volunteers and partner institutions, conduct and update training according to best practice, and carry out prevention, research or awareness-raising work on student mental health.

Additionally, Nightlines provide essential data on student mental health. Calls and chats are anonymous and confidential, but data collected by listening volunteers enables Nightlines to share information about the volume of calls received, their length, and the principal subject(s) raised by callers. Some Nightlines also enable the caller to provide (anonymous) feedback following their call or chat, which is highly useful in assessing the role played by peer-support and exploring ways to improve listening services. For Nightline France, for example, of the 79% of callers who were struggling when they reached out, about 70% felt better after speaking/chatting online with a volunteer, and 67% felt less lonely[50].

The Nightline Europe network pools statistics from member Nightlines on calls and chats received in order to contribute to a better understanding of student mental health across Europe. Highlights from this unique dataset are presented in Part Three.

[50] Evaluation conducted by Nightline France for calls/chats taken by volunteers between November 2022 and April 2024.

Founding Nightline Europe

The idea of working across European Nightlines is not new. In the last few years, the three existing regional/national Nightline federations in Europe[51] discussed closer cooperation, recognising the benefits of working together across Europe on student mental health to boost attention, investment and action on the issue at European level. In autumn 2023, the Nightline Europe network was officially created, with the following objectives in mind:

01

Create connections between existing and future european nightlines

- Share best practice, tools and knowledge on student mental health
- Safeguard and improve the quality, accessibility and availability of European Nightline student services

02

Support the development and impact of European Nightlines

- Implement innovative projects dedicated to mental health for young people
- Access funding for existing or new Nightlines
- Boost visibility of the network and its members, its projects, and student mental health as a public policy issue

03

Improve awareness and action on student mental health in Europe

[51] Förderinitiative Nightlines Deutschland (German-speaking Nightlines in Austria, Germany and Switzerland), Nightline Association UK (British Nightlines) and Nightline France (representing 7 regional branches).

By October 2024, the network had 29 members across the UK, Ireland, France, Austria and Germany.

Members of the new network meet online quarterly and in-person once a year to discuss and agree on projects, including the following:

BUILDING A 'STARTER-KIT' TO OUTLINE THE PRINCIPAL STEPS AND REQUIREMENTS FOR OPENING A NIGHTLINE SERVICE

to support those HEI or groups of students interested in starting a Nightline

BENCHMARKING AND POOLING TRAINING AND GUIDELINES BETWEEN EACH NIGHTLINE

in order to learn from each other and maximise the journey and well-being of our volunteers

CONSOLIDATING AND HARMONISING DATA COLLECTED BY EACH MEMBER

on calls, to produce an annual student mental health report for Europe with recommendations for policy-makers

03

Nightline Europe

Data

from the Nightline Europe network

Nightline Europe

Objectives

This first edition of our report on student mental health in Europe integrates data from 19 of the 22 member Nightlines who made up the Nightline Europe network at the time of data collection[52] in Austria, France, Germany, Ireland, and the UK (including England and Scotland), representing 14,590 calls and chats[53] from students in need across Europe.

[52] At the time of data collection (June-July 2024), the network had 22 Members. 19 of the 22 were able to provide their call and chat data in time for publication of the report.

[53] A 'chat' is an instant messaging service.

This data:

COMPLEMENTS AND ILLUSTRATES FINDINGS FROM RESEARCH

presented in Part One of the report

REVEALS EMERGING TRENDS

for the Nightline Europe network as a whole

DEMONSTRATES THE CHALLENGES IN DATA COLLECTION

for which more investment and support is needed from institutional partners in the coming years.

Methodology

At the time of writing, the Nightline Europe network is developing a cross-network data collection system to be implemented and inform the 2025 report. While this system is being implemented, member Nightlines individually provided the call/chat statistics they currently collect across the following categories, for the academic year 2023-24[54]:

NUMBER OF VOLUNTEERS

NUMBER OF CALLS/CHATS TAKEN

AVERAGE LENGTH OF CALLS/CHATS

NUMBER OF ABUSIVE, RECURRING, SUICIDAL CALLS/CHATS

NUMBER OF CALLS/CHATS TAKEN

PRINCIPAL AND SECONDARY (IF RECORDED) THEME(S) FOR THE CALL/CHAT

according to a list of categories[55].

[54] September 2023-May 2024.

[55] Academic/studies/exams; Identity (incl gender, ethnic, sexual orientation, religion); Mental Health (including suicide); Physical Health (including handicap, self-harm, sexual health); Substance use/addiction (alcohol, drugs, ..); Daily life: society (money, housing, ecology); Daily life: relationships with others (including grief, break-ups, family); Personal life - feelings about self (including loneliness, feeling homesick); Physical or emotional violence; Sexual violence; Other.

Data challenges

Due to differences in volunteer capacity, and specific cultural or historical settings for each individual Nightline, not all Nightlines in the network collected — or were able to provide — data for each category analysed in this section. For others, the different ways in which data on calls or chats is recorded meant that overall percentages were higher than 100% (for example, Nightlines which record only the main theme for a call or chat; others which record a main and secondary -or more- theme for chat).

It is also important to note that data for countries should be considered as representative of the Nightlines in that specific country which are members of Nightline Europe.

Not all Nightlines in Europe are members of the Nightline Europe network: this is particularly the case for the United Kingdom and Germany.

Specific data gaps in areas such as suicidal contacts, addictions, and violence, also limit a comprehensive and balanced comparison across all Nightlines. For example, due to data gaps, certain Nightlines or countries may seem less affected by specific issues, though this could simply be a reflection of incomplete data collection.

We include footnotes where relevant to present the methodology used in calculating the findings.

Findings

Overall findings across the Nightline Europe Network

38 minutes
The average call length

59 minutes
The average chat length

Between 1st September 2023 and 31st May 2024, i.e. over an academic period of 9 months, the 1118[56] active student volunteers of the Nightline Europe Network took 14,590 calls and chats[57]. As not all Nightlines record the number of calls or chats received (rather than taken) it was not possible to ascertain the total number of times students reached out across the network during the period under study, but this number would no doubt have been substantially higher than the number of calls/chats taken[58].

[56] Three members of the network did not provide their number of volunteers. This number is therefore higher than noted here.

[57] At the time of data collection, the network had 22 Members. 19 of the 22 were able to provide their call and chat data in time for publication of the report.

[58] The number of calls or chats received is usually higher than those taken, given volunteer availability to respond (i.e. already engaged on other calls).

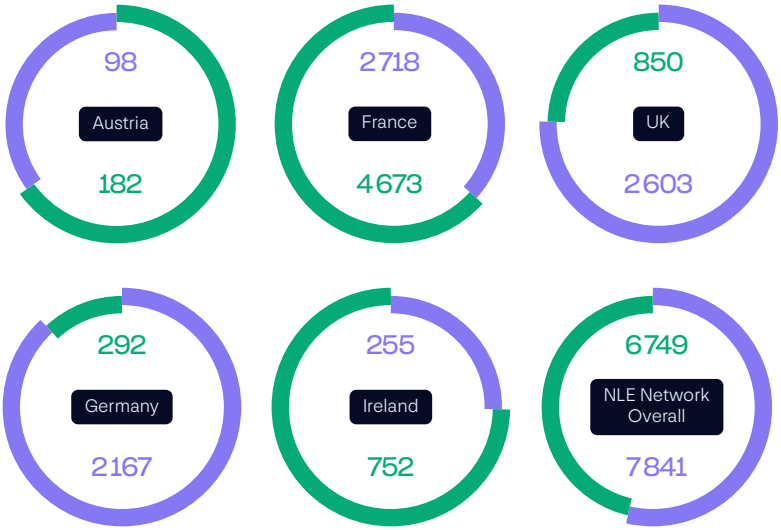


Fig. 4. Distribution of calls and chats per country

[59] Method of calculation: the total is derived by adding the number of chats and calls handled by each Nightline member.

Students' preferred methods for reaching out to Nightlines

Not all Nightlines have an online messaging (chat) system. For those that offer both call and chat options, we analysed the distribution of calls and chats. For the network as a whole, volunteers took a total of 7,841 calls and 6,749 chats between September 2023-May 2024. Overall, calls therefore slightly outnumber chats, primarily due to data from Germany and the United Kingdom, where students appear to prefer calls to chats - and also due to the fact that some Nightlines in the network only take calls. In contrast, countries like France, Austria, and Ireland show a stronger preference for chats. Differences in the adoption of calls vs. chats reflect local preferences, technological availability, or strategic or communications focus by each Nightline service[59].

Length of calls and chats

The data reveals that the average duration of chats is generally longer than calls across the Nighline Europe network. The average call duration across the network is 38 minutes, and (for those Nightlines who have an online 'chat' option available) the average chat duration is 59 minutes.

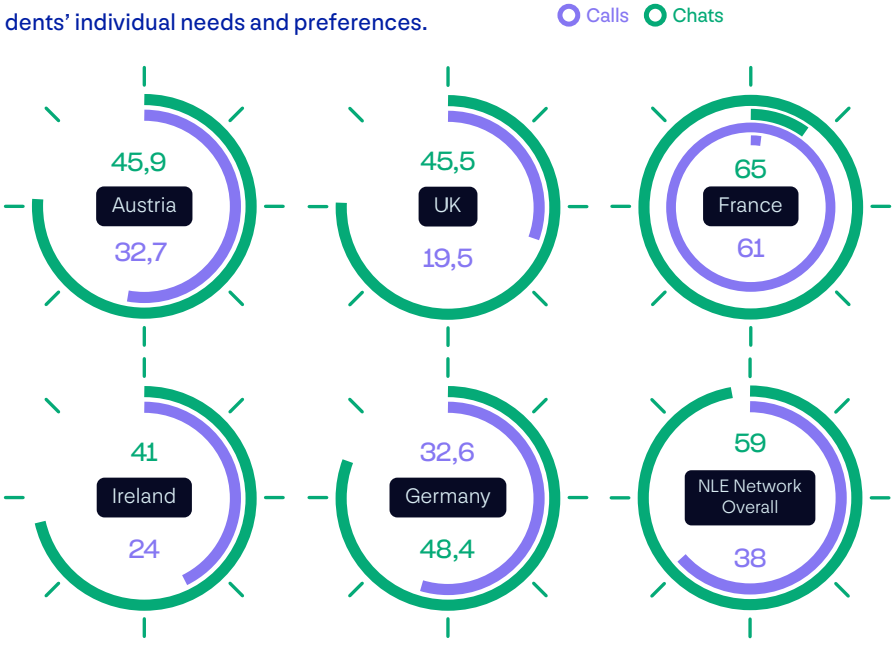
However, this does not imply that one contact type is inherently more effective or preferable than the other.

The difference in duration is likely influenced by the availability of contact methods for each Nightline member, and the personal preferences of those reaching out. Indeed, some individuals may feel more comfortable expressing themselves orally in calls, while others may prefer the privacy and flexibility, or written communication, of chats. The longer average duration for online chats exchanges may also be linked to the fact these exchanges require both the caller and the listening volunteer to type out questions and answers, which can add to the length of the exchange.

In addition, with chat durations ranging from around 36 minutes to as long as 65 minutes across the Nightline Europe network, it's clear that the depth and complexity of issues can vary significantly. Factors like local demographics, cultural attitudes towards seeking help, and the specific nature of the services offered likely contribute to these differences.

The variations in duration and type of contact therefore emphasise the importance of offering multiple communication options to cater to students' individual needs and preferences.

Fig. 5. Average length of calls vs. online chats in minutes.



Why do students contact their local Nightline?

Data from the Nightline Europe network, which captures the primary reason for each call and chat reveals that the three principle reasons which motivated students to contact their Nightline were their daily life and relationships (28%) (including sub-themes such as grief, break-ups and family); their mental health (18%) (including suicide) and personal life (15%) (including sub-themes such as loneliness or homesickness).

The dominance of these topics across the network demonstrates the emotional challenges faced by students and the need for emotional and psychological support, the importance of relationships (family, friends or romantic) as part of students' well-being, and the impact of loneliness on their mental health.

Other topics featured, but less prominently. 9% of contacts included discussions about everyday (daily) life, principally sub-categories including money, housing, or ecology, demonstrating students' fears about financial pressures or the environment.

A similar figure (8%) of calls and chats related to academic issues, including - naturally - students' feelings regarding their studies and exams. The same percentage (8%) of contacts was linked to discussions on physical health.

On a lesser scale, the network received 3% of contacts regarding sexual violence, and 2% for each of the categories regarding substance use or addiction, identity, and physical or emotional violence.

Finally, the data captures 4% of contacts falling within the 'other' category covering unique or unspecified situations. This variety illustrates the complexity and range of concerns brought forward by students.

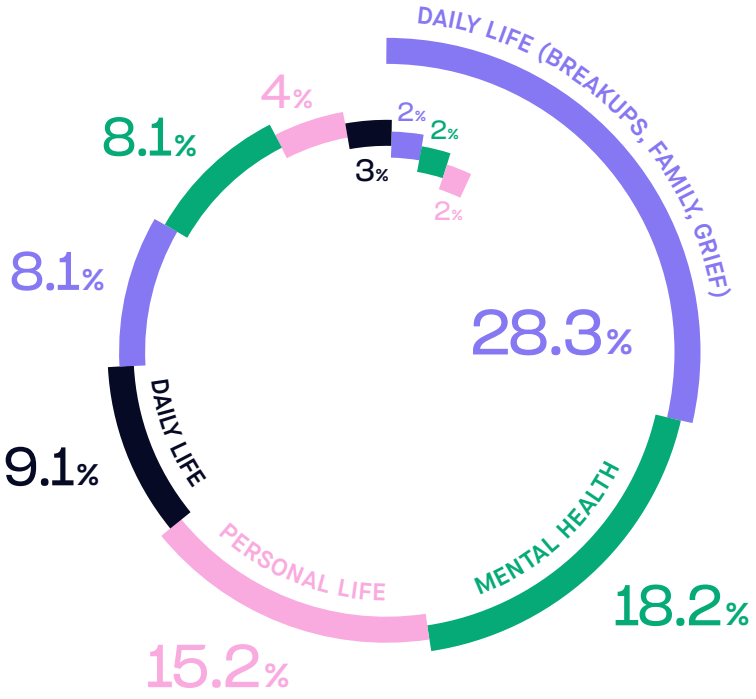


Fig. 6. Reasons for contacting Nightlines in the Nightline Europe network

- 8.1% PHYSICAL HEALTH
- 8.1% ACADEMIC (EXAMS, STUDIES)
- 4% OTHER
- 3% SEXUAL VIOLENCE
- 2% PHYSICAL OR EMOTIONAL VIOLENCE
- 2% SUBSTANCE USE/ADDICTION
- 2% IDENTITY

Differences among Nightline Europe countries

We also analysed the data by country[60], to explore whether there were national differences in the reasons why students contacted their Nightline. Although we were required to create fairly broad categories when requesting data from each member Nightline, in order to reflect the existing differences in categorisation in themes for calls and chats, the data gathered demonstrates that there are some trends and differences between countries.

With these constraints in mind, the graph below presents the findings for reasons for contacting Nightline per country, including the category 'Other' (any call or chat which did not fit into the other categories, or for which the theme was not clear).

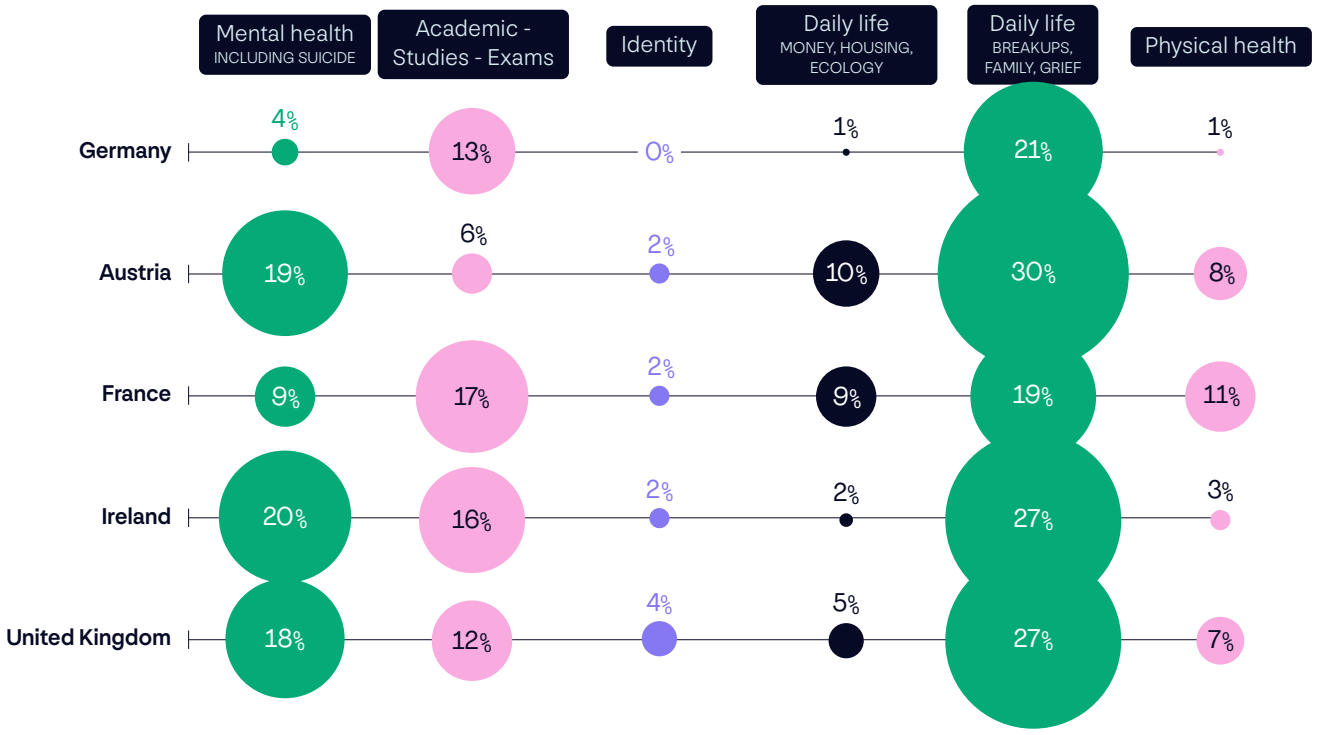
Overall, it would appear that the reasons for contacting Nightlines are fairly balanced across Nightline Europe members, although we note a difference between French and Austrian students in calls or chats related to mental health, academic studies, and 'daily life' (including relationships, breakups, family or grief).

There would also appear to be more concerns from students in Austria and France about both 'daily life' (including societal concerns, money, housing or ecology) as well as physical health. Austrian and German students appear less inclined to contact their Nightlines to talk about mental health (including suicide) and for academic stress (particularly for Austria) than their counterparts in the UK, Ireland and France. The UK and Ireland appear fairly similar overall in terms of themes, except for the physical health category.

However, it is important to note that, while the data demonstrates some variations in reasons for reaching out, the number of Nightline members in each of the 5 countries - and the number of calls and chats each member Nightline took - means that the sample size also differed between countries. In this way, the sample may be less representative for Austria (3 Nightline members) than for France (combining calls/chats for 7 local branches of Nightline France across the country). The high number of calls or chats noted as 'Other' for German Nightline members is also important to take into account when considering these results

[60] Method of calculation: to calculate weighted averages, the percentages for each category within a country were first collected. The total percentage was then calculated by adding up all the category percentages for that country. Each category percentage is divided by the total percentage to obtain a weighted percentage. This method ensures that the totals do not exceed 100%, allowing for relative comparisons between categories without being influenced by the total volume.

Fig. 7. Reasons for contacting Nightlines, per country



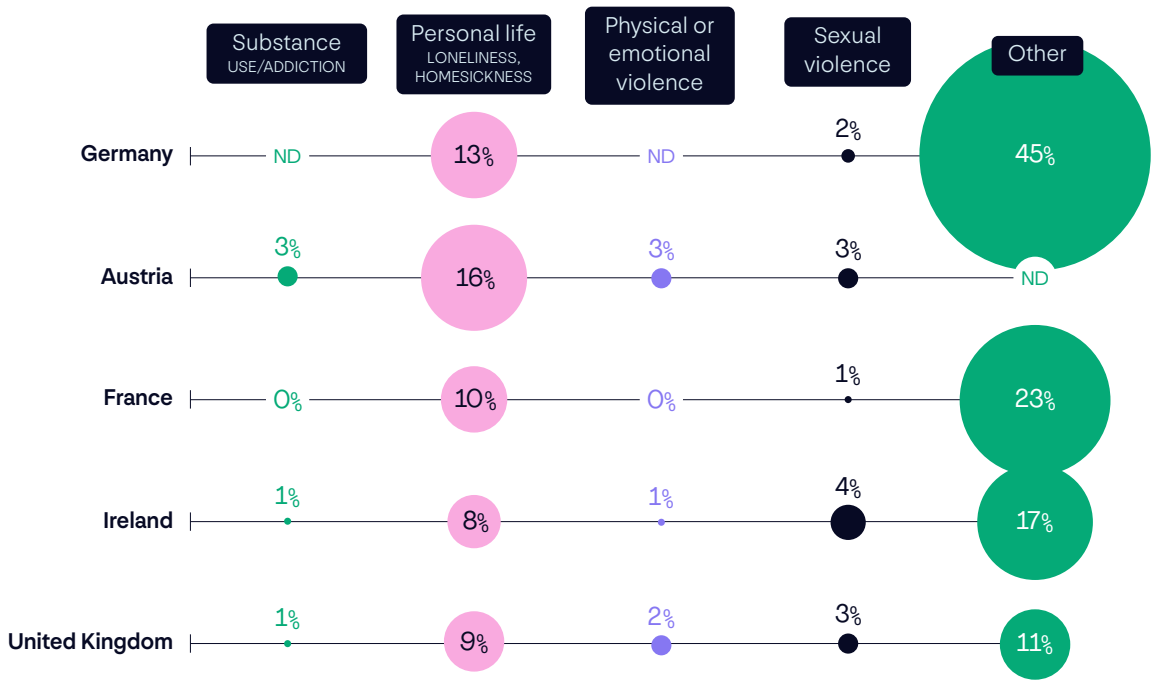


Fig. 7. Reasons for contacting Nightlines, per country

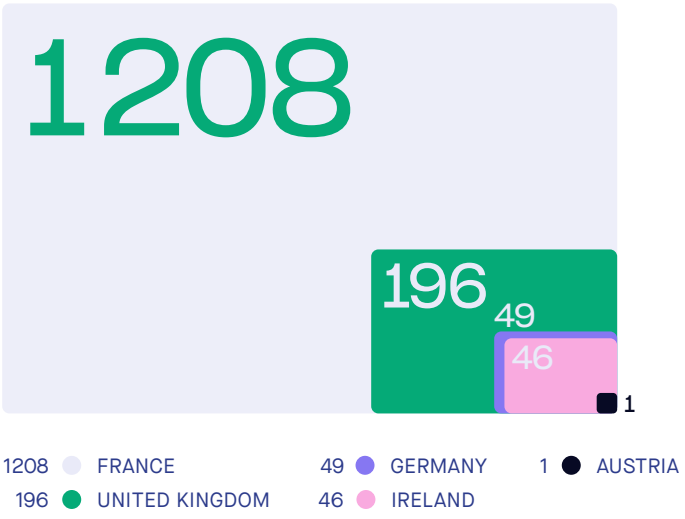
Suicide and recurring calls

It is worth noting that 1,500 calls/chats were listed by Nightline Europe members as related to suicide — over 10% of the total taken. These calls and chats appeared particularly high for French Nightline members, as the graph below reveals. However, it is important to note that 6 out of the 19 member Nightlines who provided their data did not specifically collect data on suicidal calls, including most of the Nightlines in Austria.

In addition to suicide, some Nightlines also collected data on calls or chats which were recurring[61]. A total of 456 contacts were noted as 'recurring' for 10 out of the 21 member Nightlines who collected information on this type of call, or 3.13% of the total calls/chats taken.

[61] A caller who repeatedly contacts the listening service, identifiable from the way in which the call or chat is conducted.

Fig. 7. Suicidal contacts per country



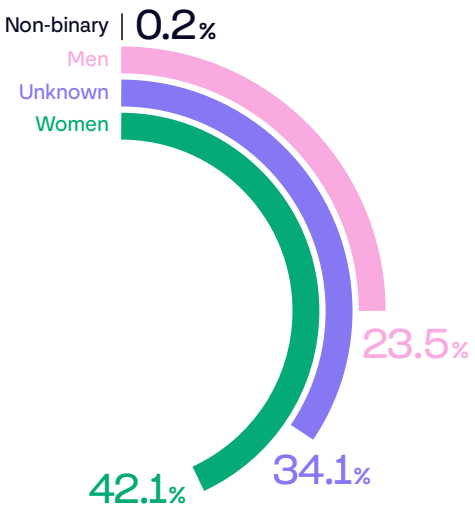
Gendered use of the Nightline listening service

The data gathered from Nightline Europe members did not cover callers' gender. Many members do not collect this data category currently, and for those who do, it is information that can only be recorded if the caller has specifically used gender pronouns or described a situation in which they self-identify their gender; easier in some languages than others. For those Nightlines who do collect this data category, listening volunteers are therefore careful not to record the gender of their caller data based on unconfirmed assumptions.

However, for the purposes of this report, we include below a graph from Nightline France. Nightline France is one member of the network which does collect data on the gender with which callers self-identify, which demonstrates a clear trend in gender identity of those who are contacting the listening line.

As highlighted in Part One, women may be more likely or feel more comfortable to reach out for help than men. This discussion is beyond the scope of this report, but remains an area which Nightline Europe intends to explore in more depth in future analysis.

Fig. 8. Caller gender



Analysis

What do these results mean? As discussed in Part One, students are faced with specific challenges linked to the pressure of their studies and their living costs; but they are also often vulnerable to loneliness or missing family and friends if they are studying in a new town where these support networks are not yet established.

Away from home or living more independently than before, students are also actively seeking and entering into relationships, particularly romantic. Relationships can act as a source of comfort and support when positive and healthy, but can be equally devastating when they end, or become draining.

All of these different situations may challenge students in terms of their well-being, and, without sufficient support or resources, substantially impact that well-being and either lead to or exacerbate mental health disorders, such as anxiety or depression.

Once again, both the volume of contacts taken by our volunteers, and the kind of subjects raised during calls or chats, demonstrate how important it is for students to be able to reach out to a listening service which represents a 'safe space' where they can talk to a fellow student, someone who has mostly been through similar difficulties. Calling or messaging a Nightline means being able to talk about anything and everything[62].

Sometimes, what young people need above all is a listening ear, to feel better or to feel empowered and comfortable about seeking additional help elsewhere, if necessary.

[62] For example, Nightline France communicates about the listening line by reminding students that 'no problem is too small'; and Nightline Association UK encourages callers with the motto, 'we'll listen, not lecture' and 'whatever's on your mind, we'll listen'.

04

Nightline Europe

Recommendations

01 Defining the issue

Defining mental health - and more importantly mental health for students, is an essential first step. We began this report with the WHO definitions for health, mental health and well-being: these definitions are frequently quoted in literature we consulted. Even so, it was quickly apparent from the literature that mental health or well-being encompassed a wide scope of conditions and approaches. Without specific differentiation between key terms such as 'mental health' or 'well-being', the risk is high for conflation and inappropriate or ineffective approaches, in particular given the knock-on impact on accurate data to inform best practice (see recommendation 2).

In the best-case scenario, good intentions are rendered less impactful if the definition of what 'mental health' entails is not agreed and communicated at the outset.

In the worst-case scenario, there is a high risk of actually doing harm: "an unclear and vague definition undermines the cause" (WISE, 2023b).

Given a lack of well-being can develop into mental health issues, the support therefore offered by services such as Nightlines - where no issue is too small to reach out - is crucial to provide resources for students who would not be judged as priority for support elsewhere. Nightlines or other peer-led services are also essential partners for HEI/local universities for understanding the issue and working together on a suitable student-led response.

1.1

Fund and support student-led, peer-to-peer initiatives on student mental health

such as Nightlines

1.2

Ensure each institution adopts a formal and clear definition for student mental health

and/or well-being

1.3

Recognise and address the physical, social and psychological components of student mental health

as well as students' individual and intersectional contexts

02 Collecting the right data

The WHO European Framework for Mental Health 2021-2025 encourages data collection on youth well-being, and the European Parliament has also called for enhanced data collection to understand mental health issues and enable early detection (European Parliament, 2023). Indeed, quality data is essential for planning and assessing mental health prevention or treatment interventions (Worsley et al., 2020). And beyond ensuring effective interventions, data can be viewed as an ethical prerequisite to enable equal access and opportunity in the field of health overall (Active Minds, 2020).

As this report has demonstrated, however, these data are missing, particularly for the student population. Students are often grouped together within the broad category of 'young people' ranging from 15-30, and little is available providing disaggregated data on prevalence in terms of determinants such as students' socio-economic status, ethnicity, gender, disability, or sexual orientation. Even the recent high-quality report from Eurostudent analysing student well-being across the EU (based on data from the WHO-5 wellbeing index) only analyses data by country, rather than any other determinant.

While some EU countries do collect data specifically on their student population, such as the Observatoire national de la Vie Étudiante (OVE) in France, this data is collected for domestic purposes only. Comparison with data from other countries is rendered complicated given differing data collection techniques or infrequent reporting.

Of the international organisations who do investigate mental health for students, research is often partial (only a certain number of countries covered) or focused only on identifying prevalence/self-disclosure, rather than exploring risk factors and solutions. In this way, the World Mental Health International College Student initiative (WMH-ICS)[63] tracks prevalence, consequences and barriers to treatment for mental health for students in Belgium, France, Germany, Northern Ireland, Sweden and Spain. However, findings are based on web surveys rather than on official/nationally representative data from government organisations (such as the OVE for France) and there is no analysis of underlying factors or students' individual context.

Secondly, we face a lack of data which goes beyond prevalence to understand what influences (positively or negatively) student mental health in Europe. Much more research is urgently needed to understand what students need - both in terms of a group sharing specific experiences and needs, but also as individuals, with unique contexts - to ensure their well-being during their studies. For this, it is crucial to couple quantitative data with qualitative research, or even combine mixed research methods. Even if the costs or complexity of undertaking such research may appear challenging, the investment is both necessary and revealing - as demonstrated by initiatives such as the WISE 2023 qualitative study, which used focus groups to nuance and complete the picture provided by quantitative research into student mental health prevalence (WISE, 2023b).

Thirdly, data tends to focus on students' or young people's mental health conditions without properly assessing the wider conditions of their academic lives.

[63] https://www.hcp.med.harvard.edu/wmh/college_student_survey.php

National representative data panels which combine information on health conditions alongside living conditions are rare. And yet these studies are crucial. Students do not exist in a vacuum: their mental health is affected by factors such as the support services on offer at their university, the quality of accommodation, or opportunities to create social connection with others. Placing data on prevalence within a wider assessment of the lived experience of students - and the 'whole of university' approach - is therefore also essential to understanding positive and negative factors influencing their mental health. Such data would also be useful for HEI in understanding what students think of the services offered to them and how much their mental health is being taken into account by their university.

The data provided by the Nightline Europe Network presented in Part Three is an initial contribution to understanding the issues which drive or aggravate mental health issues for students, and to making the link between prevalence statistics and a more in-depth exploration of the difficulties faced by students. It is the start of a longer journey for the Nightline Europe network towards developing a more in-depth data collection framework for future editions of this report and setting out the role that peer support plays in student mental health.

However, continued support from existing and new partners will be essential to enable Nightline Europe, and other non-profit or volunteer-led organisations, to invest in providing both quantitative and qualitative data on student mental health. That support also contributes to provision of independent and transparent reporting on student mental health, avoiding the potential bias of data funded by for-profit actors who may stand to gain from a particular line of data collection or interpretation.

2.1

Invest in data on a European-wide level which:

→ Clarifies prevalence of mental health disorders as well as perceptions of well-being

→ Places prevalence within a broader context ('whole of university' approach) in order to inform ideas on macro-level solutions

→ Provides both quantitative et qualitative insights, as well as mixed methods approaches, to explore students' mental health and living conditions as individuals

→ Is independently funded and produced

2.2

Fund and support student-led, peer-to-peer initiatives on student mental health

such as Nightlines

03 Facilitating student-informed responses to principal risk factors

In Part One of this report, we reviewed research on the principal risk factors and causes for mental health problems for students. Part Three of the report provided an overview of Nightline Europe's own data exploring the difficulties faced by students when they reach out to their local Nightline. These can be summarised as external or environmental factors, such as cost of living, quality of accommodation and student infrastructure, access to services for student health and well-being, policies which prevent or correct the impact of discrimination or vulnerability; and factors specific to studying such as academic pressure. Other factors are unique to each student as individuals, for example socio-economic determinants, gender, faith, disability, ethnicity or sexual orientation.

The majority of these factors require a multi-actor response: for example, subsidised university accommodation which necessitates planning and investment from service providers, local or national authorities, and financial partners. The timing of prevention and intervention is also important, as states of well-being change over time (accessing the right professional, at the right time, for the right amount of time). This also points to the need for a life-span approach to mental health care, coordinated sustainably. Factors underlying mental health do not only emerge when young people begin their studies, but influence the life journey long before, and long after.

As those experiencing mental health disorders or simply as the end-service user of infrastructure, students must be able to co-construct these services. As the WISE qualitative report on initiatives for student well-being pointed out, there are three levels at which students can be involved: through elected student representatives, such as Students' Unions; students representing or with special needs or vulnerabilities; and a broad consultation of student population overall (WISE, 2023b).

And of course, another, crucial way to ensure student-led solutions for mental health is for HEI to support peer-to-peer initiatives, such as Nightlines, or other non-profit organisations which are run by student volunteers committed to helping their peers. As set out in the first and second recommendations, data from specialist, student-led organisations can prove critical in the design of such services.

The findings from the WISE qualitative report were also echoed within their quantitative report of a larger sample of students and university staff, which demonstrated a discrepancy between what students said they needed for their mental health from their HEI, and what HEI chose to provide (WISE, 2023a). Finding out what students want is therefore good business sense before committing investment and energy to initiatives which may not achieve their intended purpose - or worse, lessen well-being. In addition, evaluating initiatives put in place (are students using them, which students, how, what impacts do students say these initiatives are having on their well-being?) will inform best-practice.

As our data demonstrates in Part Three of this report, in an age where HEI are increasingly investing in digital/online student services, human contact remains an important pillar of student mental health support.

This is also true of working with the student and staff population to embed a culture of inclusivity across the student life spectrum, for example mental health awareness campaigns, flexible learning or mentoring programmes, cultural and social activities which are welcoming and accessible to all, and peer support systems (such as Nightlines). Efforts undertaken by faculty and student organisations to build an inclusive and respectful learning environment can help to remove or reduce some of the stress associated with studying (WISE, 2023b).

Local/national authorities also have the ability to alleviate the burden of financial distress for students, one of the biggest factors for anxiety and poor well-being for students, regardless of the country in which they are studying or their individual circumstances. This can be achieved through quality, subsidised accommodation - reducing one of the principal expenditures leading to financial distress and improving students' living conditions in parallel - transport and food; free or means-tested tuition; grants and or interest-free financial aid schemes available widely at at early stages, to avoid students only seeking solutions when they are already struggling financially. And for those students who choose or need to work alongside their studies, governments should be attentive to regulations for minimum wages or labour rights to protect student workers from additional vulnerability.

Investment in such schemes not only supports mental health and positive learning experiences; it also makes economic sense, given the cost of students dropping out of HE in particular due to financial pressures.

3.1

Involve students in discussions on understanding and providing solutions

to the issues they identify for their mental health

3.2

Be informed by/produce disaggregated data to support understanding of student mental health

and of the impact of proposed measures

3.3

Fund and support student-led, peer-to-peer initiatives on student mental health

such as Nightlines

3.4

Encourage and enable HEI to adopt a 'whole of university' approach

to act on the major factors for poor student mental health

International students: going the extra mile

What can be done in particular to support the well-being of international students? In a review of research on acculturation for international students, Smith & Khawaja (2011) set out the importance in particular of social support networks (friends, families, friendships with local students) to help manage feelings of isolation, and to integrate within their community. Specific initiatives to help international students adjust to local or academic cultures, teaching or learning techniques, and to overcome social or linguistic barriers, should be implemented by HEI. These are not necessarily resource-intensive; for example, a simple peer-pairing or mentoring programme can help to avoid a feeling of loneliness.

However, some initiatives do require specific investment, such as the provision of student counselling services or information about university life in different languages. Aside from a prevention perspective, efforts such as these can "reduce drop-out rates and increase positive perceptions about the institution", as noted by the WISE report in 2023 (WISE, 2023a). Investing in mental health prevention for all students, including international students, is also good business sense: international students represent a significant financial market for host countries. For example, international students brought in $19 billion to the Australian and American economies alone in 2010 (Smith + Khawaja, 2011)

04 Building mental health literacy and empowerment

Though perspectives on mental health are changing, we have seen in this report that students still feel disempowered, or a sense of taboo, when struggling with feelings of anxiety or depression. Addressing this requires facilitating access for students to information about mental health, including a clear definition, reliable guidance on the factors influencing our mental health, and accessible tools or actions to help take care of mental health.

The latter, in particular, is often neglected. While mental health disorders require professional diagnosis and treatment, students can also learn about actions which can prevent the emergence or aggravation of anxiety or stress, such as eating and sleeping well, or getting exercise. It is possible to learn and apply techniques to manage stress, identify and handle negative emotions, and avoid maladaptive coping mechanisms such as drug or alcohol consumption. Indeed, the review by Student Mental Health of different techniques suggested that mindfulness-based interventions such as cognitive therapy, body-scanning, yoga, or mindful stress reduction, often in technological formats (such as through apps or university intranet) were particularly impactful for students (Worsley et al., 2020).

Mental health literacy is also about knowing when, where and how to seek additional or professional help. The first few months of studying are crucial to reach out to students with mental health resources. As this report has identified, many students are away from home and family or friends for the first time. Even those who appear to enjoy the transition to life as a young adult at university may face difficulties adjusting at particular points. Universities can ensure that they communicate with new students on multiple different channels (through freshers' fairs, introduction events, newsletters, teachers, students' union, social media, etc) about where to find help if it is needed.

Mental health support is often provided by or through student health services, who should also have the necessary resources and training to identify and accompany mental health issues for students, or a way of referring students on to appropriate services elsewhere.

Of course, it is not only students who have just started at university who require help. HEI must ensure that communication and initiatives on mental health support are not restricted to this group of cohorts, or to the start of term (WISE, 2023a). They should also target and adapt their communication to specific times of stress (such as during exams) or groups of students particularly at risk, such as international students. It is also important to invest in a range of different resources, across different languages and channels, since each student will have individual preferences in the way they access and process information about mental health.

Finally, as underlined previously, students' ability to understand and seek help must be met with availability of free and confidential services. This remains the remit of HEI and national/local government authorities, and dependent on sustainable financing for mental health.

Non-profit organisations working on student mental health in partnership with universities can also, with sufficient funding, support the offer for services. Nightlines in particular offer an essential safety net, operating in the evenings or night-time when other helplines are shut, and offering a reassuring first-step towards feeling better or seeking professional help.

4.1

Fund and support student-led, peer-to-peer initiatives on student mental health

such as Nightlines

4.2

Empower students to build their mental health literacy

and provide them with the necessary resources and conditions for their well-being

4.3

Destigmatise mental health

through an approach which considers mental health as an essential component of our everyday health and well-being

Bridging the mental-health digital divide: towards a student mental health platform in Europe

Online support remains especially important for those students in rural areas or with disabilities who face limited access to physical services. However, while some national websites offer mental health information, there is no central, open-access platform in multiple European languages providing clear and positive information about student mental health.

Furthermore, there is a paucity of resources in varied formats – podcasts, online modules, social media campaigns – specifically designed to discuss the issues which cause or aggravate poor mental health students.

An index or directory of available mental health resources would be highly useful, particularly for international or Erasmus students in Europe who are faced with cultural or linguistic barriers to accessing services.

Nightline Europe will continue to work toward the launch of a student mental health platform in Europe in the coming months, and is actively seeking partners to support this initiative as it goes forward.

05 Prioritising coordinated investment in prevention

Providing support for treatment of poor mental health for students is essential. However, investing in prevention - measures to address or mitigate the structural and conjectural risk factors identified in this report - should be an equal priority. Not doing so has a crippling effect on our societies and economies: according to the WHO, an estimated 12 billion working days are lost every year globally to depression and anxiety, at an annual cost of US$ 1 trillion per year in lost productivity[64]. The OECD estimated total costs related to either treating mental ill-health, or indirect costs in the labour market, at more than 4% of GDP or approximately €600 billion for the 28 EU Member States in 2015 (OECD, 2018). This is no doubt a conservative estimate, especially since the pandemic. For example, the FondaMental Foundation puts direct and indirect costs for mental health illness at €163 billion in 2023 for France alone, up from €109 billion in 2007[65]; and other research estimates a staggering US$5 trillion globally lost in annual DALYs due to mental illness (Arias et al., 2022).

Upstream investment is also much more cost-effective than dealing with the consequences of poor mental health for health systems and societies. The Lancet finds that every US$ 1 invested in scaling up treatment for depression and anxiety leads to a return of US$ 4 in better health and ability to work (The Lancet, 2020). Enabling students to complete their university course in the best possible conditions, and equipping them with the tools to understand and address issues of stress and pressure, makes economic sense.

For example, programmes which provide all students, regardless of their backgrounds, with skills to manage stress, build resilience, and cultivate healthy life practices, are an essential investment. This begins before tertiary education: awareness-raising in primary and secondary schools, as well as techniques to manage academic stress, can ease the challenges of studying later in life. In addition to this, as Student Minds underline, more can be done to facilitate a joined-up approach on mental health across each individual's educational journey, which begins long before students arrive at university (Student Minds, 2023).

Indeed, students suffering from poor mental health are prevented from reaching their potential in later life. In France, students with a major depressive episode put their studies on hold for an average of 2 months (Morvan & Frajerman, 2021). The OECD reports people with mild to moderate mental health problems are twice as likely to be unemployed (OECD, 2021). Mental health also has an impact on life expectancy. In France, average life expectancy for women with mental disorders is reduced by 16 years, and by 13 years for men (Coldefy & Gandry, 2018).

[64] World Health Organization (2024, September 2). Mental health at work. Retrieved in September 2024 from https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work

[65] Fondation FondaMental (2023, September 1). En 2023, nous estimons le coût direct et indirect des maladies psychiatriques en France à 163 milliards d'euros: Interview avec Isabelle Durand-Zaleski, professeure de médecine, docteure en économie, responsable de l'unité URC ECO (AP-HP). Retrieved in September 2024 from https://www.fondation-fondamental.org/en-2023-nous-estimons-le-cout-direct-et-indirect-des-maladies-psychiatriques-en-france-163-milliards

The structural or conjectural factors which impact the prevalence and severity of poor mental health require a holistic, intersectional response across policy areas such as health, education, and youth.

At a minimum, new policies or investments must ensure they 'do no harm'. Action to prevent or mitigate poor mental health also requires recognition that each student combines and evolves within different identities and cultural, linguistic and political contexts.

In parallel, as underlined previously, European institutions could play a greater role in supporting and encouraging universities to create the conditions in which students may thrive, such as a 'whole of university' approach to inclusive and compassionate culture, curricula and services (Riva et al., 2023). The importance - and potential impact - of this approach lies within both the responsibility and the capacity of universities and HEI to take action on many of the conjectural factors behind poor student mental health and outcomes, such as curricula, learning environments, financial struggles and relationships with both staff and other students.

More broadly, the WHO emphasises the importance of addressing social determinants of health through a comprehensive approach to supporting young people, calling for coordinated action at national, regional, and community levels to foster supportive environments, reduce inequalities, and strengthen the systems that young people rely on (Badura et al., 2024).

Finally, political parties and governments have a responsibility to put the needs of young people at the heart of their political vision and action. The COVID-19 pandemic shone a light on the prevalence and impact of poor mental health for societies and economies. Despite ongoing - and for the most part, still undocumented - consequences of the pandemic on individuals and communities, political will to strengthen health systems and efforts on prevention has waned with the return to a post-pandemic world, dominated by geopolitical crises. Young people who are unable to believe in their futures struggle to invest and build for them. Politicians and world leaders must do more to create and strive towards a more inclusive, sustainable, and equitable society.

5.1

Ensure equal importance and investment in prevention for student mental health

5.2

Adopt a political vision which strives toward more inclusive, sustainable, and equitable societies

5.3

Encourage and enable HEI to adopt a 'whole of university' approach

to act on the major factors for poor student mental health

06 Strengthening coordinated investment in diagnosis and treatment

Prioritising prevention must go hand-in-hand with investment in quality and accessible diagnosis and treatment for mental health. As this report demonstrates, there is a lack of student mental health care professionals and services across Europe, with regional and local inequalities across the urban/rural divide, and long waiting lists. In addition, as the EPP Group in the European Parliament points out, even if care is available, many students will be unable to seek help if the medicine or medical consultations they need - both of which may be necessary over a long period - are not free of charge or reimbursed by the state[66].

In part, this is a question of underinvestment in mental health, and particularly mental health for young people. In Ireland, for example, the percentage of the health budget dedicated to mental health (for the whole population) fell from 13% in 1984 to 7.3% 2004, and further still, to 6.1% in 2017 (ENOC, 2018). Public spending on mental health remains at a global median of just 2.1% of health budgets, showing little change from 2017 to 2020 despite calls for increased investment (United for Global Mental Health, 2023) and international recommendations for dedicated domestic spending on mental health.

For example, the Lancet Commission on Global Mental Health and Sustainable Development calls for high-income countries to ensure a mental health allocation of at least 10% of the total health budget (Patel et al., 2018).

While the OECD finds an overall average of 13% of health spending on mental health services across EU countries in 2015 (OECD, 2018), only 5 European countries were achieving the minimum Lancet target of 10%: France, Germany, the Netherlands, Norway and North Macedonia (Patel et al., 2018). This persistent underfunding highlights a gap between recommended and actual mental health spending, leaving services critically under-resourced in most regions.

Apart from budgetary constraints or changing political priorities, this lack of investment also stems from the fact that student mental health does not fall neatly into one ministerial portfolio, therefore risking deprioritisation across competing priorities in youth, education or health ministries.

Finally, even with investment and available resources, successful diagnosis and treatment can only take place if students are willing to seek help. Improving mental health literacy (see recommendation 4), breaking down taboo, adjusting the offer to each student's unique situation (Active Minds, 2020) and ensuring a non-judgemental and welcoming response, are all essential to make seeking help as easy and beneficial as possible.

[66] EPP Group in the European Parliament (2023). The Silent Crisis of Youth Mental Health. https://www.eppgroup.eu/newsroom/the-silent-crisis-of-youth-mental-health

6.1

Adopt an EU-wide target on mental health spending within the EU budget

and meet international targets for domestic (Member State) spending on mental health, directed to agreed priority spending areas

6.2

Empower students to understand mental health

and the ways in which they can take action to address factors within their power

6.3

Adopt recommendations and a blueprint for best practice

on coordination for planning and provision across relevant sectors or ministries

07 Helping the helpers

Students' welfare is closely linked to the learning culture in which they study. Relationships with teachers, professors and university support staff are important to students' well-being. Consequently, HEI need adequate support to ensure that faculty staff are equipped with the necessary knowledge and tools to identify students struggling with mental health issues and refer them, where necessary and desired, toward professional resources or support. This is supported by WHO recommendations, which also underscores that faculty should be trained to recognise and respond to signs of academic stress (Badura et al., 2024).

To do so, it is firstly essential for faculties to appoint a mental health champion at a senior level, capable of ensuring buy-in and action. Support positions dedicated to mental health in central positions (student welfare, student international services, academic support services, etc) are also crucial to embed mental health awareness throughout the academic process, and to ensure teaching staff are not left with the sole responsibility of supporting their students' mental health.

Secondly, HEI must receive funding and guidance to provide staff with training which enables them to understand what mental health is, and the factors which influence it, particularly for students.

Training can be provided either as a stand-alone approach, and/or embedded into standard training courses (Active Minds, 2020). Whatever the format, courses must enable staff to support their students to find help, on campus or elsewhere. If the specialist knowledge to train staff is not available within the university, outside organisations, such as non-profits specialised in mental health, may be able to provide external training.

Centralised coordination between university health and teaching staff on student mental health is often problematic, and requires dedicated processes and clear communication of roles and responsibilities. It is imperative that investing in staff training and mental health literacy does not replace recruitment of dedicated mental health professionals.

Lastly, HEI can play a role in facilitating the creation and development of peer-led support schemes, such as the launch or financing of a local Nightline; or financing training for students to alert when their peers are at risk of mental health distress. Ensuring that HEI have the means to support faculty staff with the necessary knowledge and tools is therefore essential, as students' well-being is inherently connected to their learning environment.

7.1

Empower students to understand mental health

and the ways in which they can take action to address factors within their power

7.2

Encourage and enable HEI to adopt a 'whole of university' approach

to act on the major factors for poor student mental health

7.3

Adopt recommendations and a blueprint for best practice

on coordination for planning and provision across relevant sectors or ministries

Conclusion

This report has provided an overview of existing data, trends and initiatives on mental health for students in Europe. Despite a multitude of studies and initiatives, we find that there is a great deal of room for improvement, notably in terms of a holistic, targeted and coordinated response across understanding and responding to determinants of student mental health in Europe.

Policy- and decision-makers at European and national level, HEI, and those financing initiatives on mental health therefore have a golden opportunity to work with organisations like Nightline Europe to take action to improve prevention and treatment.

This report has set out a series of recommendations to do so. In learning these lessons together, we can make a significant difference in the well-being and futures of millions of young people in Europe.

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(MEMBER COUNTRIES)

AUSTRIA

European emergency number:

☎ 112
🕒 Open 24/7
→ From anywhere in the European Union

TelefonSeelsorge – Notruf
Free and anonymous listening service for young people.

☎ 142
🕒 Open 24/7
🔗 https://www.telefonseelsorge.at/&ts=1736158039932

Rat auf Draht

☎ Free and anonymous listening service for young people.
🕒 Open 24/7
🔗 https://www.rataufdraht.at/

FRANCE

European emergency number:

☎ 112
🕒 Open 24/7
→ From anywhere in the European Union

3114 - Numéro national de prévention du suicide:
You can call this number if you are in distress and/or having suicidal thoughts, or if you want to help someone who is struggling.

☎ 3114
🕒 Open 24/7
🔗 https://3114.fr/

IRELAND

European emergency number:

☎ 112
🕒 Open 24/7
→ From anywhere in the European Union

Samaritans
Free and confidential number, that you can call whatever you're going through.

☎ 116 123
🕒 Open 24/7
🔗 https://www.samaritans.org

Shout
Free, confidential, 24/7 text messaging mental health service. Text only.

☎ 0800 111 0 111
🕒 Open 24/7
💬 TEXT the word 'Shout' to 85258.
🔗 https://giveusashout.org/get-help/

GERMANY

European emergency number:

☎ 112
🕒 Open 24/7
→ From anywhere in the European Union

TelefonSeelsorge
Anonymous helpline open to everyone in Germany.

☎ 0800 111 0 111
🕒 Open 24/7
💬 Chat service http://www.online.telefonseelsorge.de/
🔗 https://www.telefonseelsorge.de/

Krisenchat
Chat service (WhatsApp and SMS) for people under 25 years old. Text only.

☎ 0800 111 0 111
🕒 Open 24/7
💬 via SMS or Whatsapp https://krisenchat.de/en?chat=true
🔗 https://krisenchat.de/en

UNITED KINGDOM

UK national emergency number:
For life-threatening emergencies only.

- ☎ 111
- 🕒 Open 24/7
- 🔗 https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

Samaritans
Free and confidential number, that you can call whatever you're going through.

- ☎ 116 123
- 🕒 Open 24/7
- 🔗 https://www.samaritans.org

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Free, confidential, 24/7 text messaging mental health service. Text only.

- ☎ 0800 111 0 111
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- 💬 TEXT the word 'Shout' to 85258.
- 🔗 https://giveusashout.org/get-help/

Raising awareness on student mental health throughout Europe.

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