UCAS

STARTING THE CONVERSATION

UCAS REPORT ON STUDENT MENTAL HEALTH

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FOREWORD BY ROSIE TRESSLER OBE

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CEO, STUDENT MINDS

Over the last decade, mental health has become a defining issue within higher education and the COVID-19 pandemic means it is even more so. Whilst challenges to student – and staff – mental health existed long before COVID-19, some have been exacerbated over the past year, such as financial difficulties, uncertainty about life after graduation, inequalities and quick access to effective treatment. Other challenges have been shaped by the pandemic, such as access to learning and digital poverty, and some are new, such as the exposure of students in clinical practice to COVID-19. It will take time to fully understand the impact of this period for the next generation, but we know that the effect on student mental health will outlast the pandemic itself – so we need to keep listening to students and their unique perspectives.

That's why this report, which reflects back students' stories of considering mental health in their application, is so timely and important.

One of the recurring questions on student mental health and wellbeing has related to how many students are experiencing mental health conditions. Another has been about how we create the conditions in which every student and staff member feels able to seek support and discuss how they can thrive in their institution. It's a privilege to have been invited to introduce this report which is helping us all to answer these questions and identify what we need to do next.

UCAS' applicant data show declarations of mental health conditions are increasing and highlights that, when students do disclose, this can have many other positive effects for future

intentions around help-seeking and how they view their own institutions' support. We can see this increase in declarations as a signal that work across the sector and in wider society – from campaigning and efforts to improve mental health literacy, to better sharing of information about services – is helping to create the conditions which support disclosure and reduce stigma. However, these data also show that we are still not being intersectional enough in our approach. For instance, it's not good enough that certain under-represented students, future health professionals and international students feel less safe sharing their story, are afraid of how they will be judged, or face additional barriers in seeking help. We need a world in which every student with a mental health condition can thrive and be proudly their whole selves.

Like colleagues at UCAS, I also believe there's more we can all do to reach into schools and colleges with positive messages – there are examples of places where this is happening, often via widening participation schemes, but the reality is that thousands of teachers and advisers still feel in the dark about the full extent of help available to students in HE, or how Disabled Students' Allowances work, so we have more to do, so it is important that information and advice is cascaded to educators and advisers, making it easier for them to support their students to make the transition to HE. That said, we must be understanding and compassionate about why students don't always want to disclose. Agency and choice is crucial; students must be in the driving seat. Whilst I believe we can continue to work together

as a sector to change the narrative and show disclosure is worthwhile, we simultaneously need to change and improve systems, rather than making students change to fit them. So, I'm really encouraged to read that our friends at UCAS are exploring how they can adapt the application system to better support disclosure.

Getting an accurate mental health diagnosis can take time and, given the age of onset for most mental health conditions bridge the teenage and student years, we need to take a holistic approach and meet students where they are on their journey. We should also be aware that myth-busting can backfire and we sometimes end up accidentally conveying the very messages we are trying to dispel, so we need to use strategies in our public health work that reinforce and normalise positive

help-seeking behaviours, such as hearing from students who've 'been there done that' and benefited from asking their institution for support.

As such, universities and colleges also need to keep working towards comprehensive whole-institution approaches to mental health. This will support and enable disclosure of health conditions at any and every stage of the student journey – an area we pick up in the University Mental Health Charter framework and Award Scheme, and also highlighted in Universities UK's messages to university and college leaders through the Stepchange framework. Once you're at university or college, asking for help with your mental health needs to be as simple as saying you're trying to find the right book in the library. The more our future students see how

ingrained a mental health and wellbeing strategy is within and across an institution, the more confident they will feel that they are entering an inclusive environment that celebrates difference as a strength. I'm encouraged that our sector is heading in the direction in which this is the reality for all.

If you're reading this as a student or supporter for a future student, you can find out about what various providers offer at **Student Space**, check out our blogs with UMHAN about **the benefits of disclosing early**, and draw on our **'Know Before You Go' materials** to help get ready for university or college life.

Thank you UCAS for your work, for listening to and sharing the voices of students. Let's keep working together across sectors to keep this data moving in the right direction.

EXECUTIVE SUMMARY

Student mental health and wellbeing is a paramount consideration for the education sector, and the COVID-19 pandemic has driven this issue even further up the agenda. Bringing together applicant data and finding from UCAS surveys, this report explores the student's experience of sharing a mental health condition in the application . We examine which students are most and least likely to declare, and consider how the sector could work together to support more successful transitions.

In recent years, people have become increasingly comfortable talking about mental health and wellbeing, and this is reflected in our data: in 2020, 21,105 UK applicants shared an existing mental health condition in their UCAS application, equating to nearly one in twenty-five[2] and marking a 450% increase in declarations since 2011. This report aims to build on the progress made to encourage students to discuss their support needs with their university or college, and the work of the Department for Education, the Office for Students, HEFCW, Universities UK's Mental Health in Higher Education Working Group, and other organisations to improve the situation for students in higher education (HE) around the UK.

The benefits of sharing a mental health condition with the university or college are clear: **the Office for Students (OfS) reports** that students with mental health conditions tend to have lower rates of continuation, attainment, and progression into skilled work or further study, so it is vital students are able to access the right support early on to succeed with their studies.

Despite the significant growth in mental health declarations, there remains an equally significant number of students who choose not to declare. We estimate that more than 40,000 students with an existing mental health condition entered HE in 2020, with over half choosing not to share this information with their university or college. There are many valid reasons why students choose not to declare, and they always make the ultimate decision about what information they share in their application. However, our research finds a widespread lack of understanding regarding the purpose of disclosure, and the misconception that sharing a mental health condition might impact their chances of receiving an offer are key reasons students do not tell their university or college.

Although students can seek support at any point during their application or studies, early disclosure can provide a valuable safety net as they undergo a significant lifestyle change, and help ensure a smooth transition. This report forms part of UCAS's duty to consider how a student's support needs are captured throughout the application process, and how to foster a culture of 'positive disclosure' so that everyone who can benefit from support is able to do so.

KEY FINDINGS

- 3.7% of all UK applicants now declare a mental health condition[1] – up from 0.7% in 2011.

- Women are 2.2 times more likely to declare a mental health condition than men.

- Alongside engineering, medicine and dentistry courses have the lowest declaration rates with only 1.4% of accepted applicants sharing an existing mental health condition. Many differences are largely influenced by subject-level gender ratios, but medicine and dentistry is a notable exception.

- Some LGBT+ students are around six times more likely to share a mental health condition, and care experienced students are almost three times as likely – underlining the value of recognising how mental health intersects with other characteristics and support needs.

- One in five students research support specifically for an existing mental health condition before they apply, and more than one in four look at the provision of general mental health and wellbeing services.

NEXT STEPS

To help reframe the process of disclosure as a positive and empowering step giving students independence and agency in managing their own mental health and wellbeing, we propose the following next steps for the education sector:

▶ A joined-up, cross-sector communications campaign to unify messaging – to promote the benefits of declaring a mental health condition, create a culture of positive disclosure, align terminology, and address lingering misconceptions and knowledge gaps.

▶ Targeted action in subject areas with low declaration rates to reassure students that sharing a mental health condition will not affect their chances of receiving an offer. Particular emphasis should be given to medicine and dentistry courses so students feel confident that sharing this information will not have implications for their fitness to practise requirements.

▶ Continued implementation of the Stepchange framework and the University Mental Health Charter in universities and colleges, with UCAS to develop good practice in collaboration with Universities UK and HELOA to support this work.

▶ Student mental health to be a key consideration in discussions around admissions reform – **UCAS' proposed variation of the post-qualification offer model** would allow for the early transfer of information, give the student time to develop a trusting relationship with the university or college, and start the conversation about support ahead of transition.

WORK UCAS IS UNDERTAKING TO ENHANCE THE STUDENT EXPERIENCE

As part of our continued development of the application service, UCAS aims to enhance the student experience by:

▶ Reviewing how UCAS collects information about a student's mental and/or physical health conditions and other support needs, including ongoing collaboration with sector bodies and expert organisations.

▶ Implementing additional fields (e.g. caring responsibilities, estrangement) to facilitate a greater understanding of students' support needs, and how these may intersect with mental health.

▶ Improving fluidity in the UCAS application to allow students to share information at any point during their application journey.

▶ Enabling students to select multiple impairments and conditions so they can provide universities and colleges with more accurate and meaningful information about their support needs.

MORE STUDENTS THAN EVER ARE SHARING A MENTAL HEALTH CONDITION IN THEIR UCAS APPLICATION
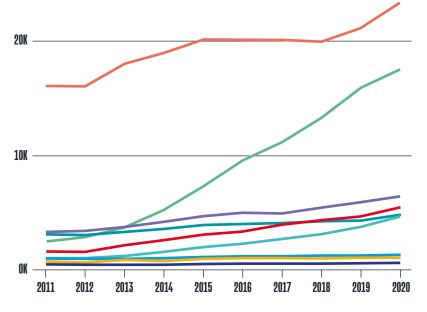
Student mental health is a paramount consideration for universities and colleges, with £50 million spent each year to support students in the UK[4]. A range of national initiatives support this work, including the **University Mental Health Charter**, the **Stepchange framework**, **Student Space**, and increased investment from governments and funding councils across the UK.
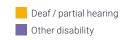
The UCAS application gives applicants the option to declare a physical and/or mental health condition, allowing them to start an important conversation with their chosen university or college about the support they may need. Over the last decade, there has been an 89% rise in the number of UK applicants sharing information about an impairment or condition (Figure 1) with the highest year-on-year increases seen for mental health conditions, from 3,840 in 2011 (0.7% of all UK applicants)[5] to 21,105 in 2020 (3.7% of all UK applicants) – an increase of 450% since 2011. Mental health conditions accounted for over a quarter (27.2%) of all conditions declared by UK applicants in 2020[6].

There has also been a rise in the number of international applicants declaring physical and/or mental health conditions over the last decade, although the proportion (3.9%)[7] is far lower than for UK applicants (13.4%)[8]. In 2020, almost a quarter (24%) of international applicants' declarations were for mental health conditions[9], with the overall proportion of applicants who declared increasing from 0.2% in 2011 to 0.9% in 2020[10]. There is much diversity in the way mental health is perceived in different parts of the world and the considerable stigma[11] in some countries and cultures is likely to account for the very low numbers of international applicants declaring a mental health condition.

As such, the analysis in this report focuses on the experiences of accepted UK applicants.

Although the uplift in mental health declarations offers a positive indication that applicants are increasingly comfortable sharing their support needs, there remains a significant number who choose not to share this information. There are many valid reasons applicants do not declare, and this choice is entirely theirs to make – however, our research found students commonly misunderstood the reasons why UCAS collects this information, or how it is used, which we feel should never be the reason an applicant withholds this information.

Figure 1: UK accepted applicants by declared disability 2011-2020[3]

Legend:
- Autistic disorder
- Learning difficulty
- Blind / partial sight
- Wheelchair / mobility
- Deaf / partial hearing
- Other disability
- Long-standing illness
- Multiple of disabilities
- Mental health

WHAT HAPPENS WHEN AN APPLICANT SHARES A MENTAL HEALTH CONDITION IN THEIR UCAS APPLICATION?

When an applicant shares a physical or mental health condition in the UCAS application, an important process begins within the university or college to arrange support. This process varies significantly between institutions and it may differ for those who have applied for Disabled Student Allowances (DSAs)[12], but it broadly follows a similar pattern to that outlined in Figure 2.

Once an applicant shares a mental health condition with the university or college an important conversation is started; their needs become 'visible' and the process of arranging support begins. However, a greater challenge for universities and colleges lies in reaching individuals who would benefit from support with their mental health and wellbeing, but who have not shared this information – those whose needs are 'invisible' to those in a position to provide help.

Case study:

THE UNIVERSITY OF WARWICK

When an application to the University of Warwick is received, it is looked at purely based on the academic elements such as predicted and achieved grades, the personal statement and reference, and also anything extra sent in – such as our **Warwick AWARDS form**. Any condition or impairment declared through the UCAS form is not looked at until we make an offer, when our Disability Services Team will contact applicants to discuss whether any extra measures for exams or pre-arrival support is needed.

People with a mental health condition should never feel they cannot apply to higher education or be open about any conditions they may have. Universities and colleges are hives of support and are there to help.

Find out more as Amanda Bishop, Widening Participation Co-ordinator gives an overview of the disclosure process at the University of Warwick

1. The application is sent by secure transfer to the university or college admissions department. All health data is handled **confidentially** under UK-GDPR legislation.

2. Admissions staff assess the application based only on the applicant's academic aptitude and potential to succeed on the course. Information about an applicant's health is kept confidential and only accessible to those who are responsible for organising support – **it is not used to make an academic judgement**.

3. If the applicant is made an offer or invited to interview or audition, the information is transferred securely to the student support team where reasonable adjustments are organised as necessary.

4. Once an offer is accepted, the student support team may contact the student with information about the available support or to discuss the support available. This may include completing a questionnaire, a visit to the university or college to arrange support, or more information about applying for DSAs.

5. Before the student's arrival, the student support team may draft a support agreement outlining any reasonable adjustments and discuss this with the student – taking account of DSA recommendations where applicable.

6. Prior to starting the course, the student support team will discuss the distribution of any support document with the student. This will be securely shared on a strict 'need to know' basis. This may include academic staff, the personal tutor, the accommodation team, library staff, and exams officers as appropriate.

Figure 2: A typical process following declaration

WHO SHARES A MENTAL HEALTH CONDITION – AND WHERE ARE DECLARATIONS LOWEST?

Considering students' other characteristics alongside a mental health condition helps us to better understand the profile of those with visible and invisible support needs, and this may offer a useful starting point in identifying how the education sector can improve and refine the way it supports transition to HE. Figure 3 outlines which applicants are most and least likely to share an existing mental health condition.

When looking at how different characteristics intersect with mental health conditions, it is important to be mindful that some applicants are more reluctant to share if they already feel 'different' or at risk of discrimination. One student told us, *"Being black and queer I feared I would not get offers because of my skin tone and sexuality, to add mental health to a list of things that could be used against me passively was something I couldn't do"*. Not only does this serve as a reminder to be conscious of diversity, it also highlights why it is critical that applicants fully understand both why we ask for this information, and at what point in the application cycle that information (e.g. ethnicity) is shared with the university or college[22].

CHARACTERISTIC[14]	GROUP(S) MOST LIKELY TO DECLARE	GROUP(S) LEAST LIKELY TO DECLARE
Gender[14]	Women (4.7%)	Men (2.1%)
Age[15]	21-24 years (7.0%)	18 year olds (2.3%)
ETHNICITY[16]	Mixed (4.3%) White (4.3%)	Black (1.5%) Asian (1.5%
POLAR4[17]	Quintile 1 (4.6%)	Quintile 5 (3.2%)
TARIFF GROUP[18]	Medium tariff providers (4.00%)	High tariff providers (2.97%)
SEXUAL ORIENTATION[19]	Bisexual (15.6%) Gay women/lesbian (15.2%)	Heterosexual (2.6%)
CARE EXPERIENCE[20]	Declared 'in care' on UCAS application (9.2%)	No care experience declared (3.5%)

Figure 3: Accepted UK applicant groups most and least likely to declare a mental health condition in 2020[21]

SUBJECT CHOICES

In the 2020 UCAS report, **What happened to the COVID cohort?**, we started to examine how mental health intersected with applicants' subject choices and found a disparity in the declaration rates, as shown in Figure 4.

There could be many explanations for a difference in declaration rates at subject level, such as the demographic make-up of the course; for example, women are more likely to share information about their mental health, so courses with a higher female:male ratio are more likely to have a higher declaration rate – as seen in Figure 4. Notably, this pattern is not reflected in medicine and dentistry courses; this may be to some extent explained by the POLAR make-up of these courses (as discussed below), but there is also a risk that applicants are more hesitant to share a mental health condition due to uncertainty around fitness to practise requirements. It is, therefore, important they understand and receive reassurance on how a mental health condition is treated in these requirements as these are not always easily understood by applicants.

GENDER

The data in Figure 4 inadvertently spotlights a stark gender gap – and it is growing: in 2012, women were 1.6 times more likely to declare a mental health condition than men, but by 2020 they were 2.3 times more likely[27]. Evidence shows women are more likely to be diagnosed with a mental health condition and seek help[28], as reflected in our data, but this does not mean men are less likely to need support. Conversely, more effort may be required to engage with men around managing their mental health and wellbeing – **research by the Mental Health Foundation** has found that men with mental health conditions are more likely to be under-diagnosed and less likely to access support – but also more likely to reach crisis point, with suicide being largest cause of death for men under 50. Any meaningful attempt to connect with students about their mental health must reach those with invisible support needs as well as those who actively seek support.

	SUBJECT AREA[22]	PROPORTION OF ACCEPTED UK APPLICANTS DECLARING A MENTAL HEALTH CONDITION[24]	RATIO OF MALE: FEMALE ACCEPTED UK APPLICANTS OVERALL[25]
HIGHEST	Languages (including Non-European Languages and Literature)	8.8%	1 : 2
	Linguistics, Classics and related	7.4%	1 : 3.6
	Combined Arts	7.1%	1 : 2.4
	Creative Arts and Design	6.5%	1 : 1.8
	Veterinary Sciences, Agriculture and related	5.5%	1 : 3.5
LOWEST	Medicine and Dentistry	1.4%	1 : 1.8
	Engineering	1.4%	1 : 0.2
	Business and Admin Studies	1.5%	1 : 0.8
	Architecture, Building and Planning	1.8%	1 : 0.5
	Mathematical Sciences	2.3%	1 : 0.5

Figure 4: Subjects where mental health declarations are highest and lowest in 2020, with male:female ratios[26]

AGE

Engagement about mental health throughout the student's educational journey will help support individuals' changing circumstances, and application guidance should clarify that a diagnosis is not essential to sharing this information. Potentially, younger students who experience mental ill health may be inclined to apply to HE later, so outreach work targeting mature students should ensure mental health is prominently featured.

Applicants from disadvantaged areas (as measured by POLAR4)[33] are more likely to declare a mental health condition than those from more advantaged areas[34]. In 2020, applicants from quintile 1 (the most disadvantaged) were nearly 1.5 times more likely to declare than those in quintile 5 (the most advantaged) – with 4.6% declaring compared to 3.2% respectively. Overall, as an applicant's POLAR4 quintile increases, the likelihood of them declaring a mental health condition decreases, as seen in Figure 6 – however, the reverse is true for male applicants from the Black and Asian ethnic groups (see the Ethnicity section on page 11).

The subject-level declaration rates seen in Figure 4 may also be affected by POLAR4: in 2020, 42.9% of accepted medicine and dentistry applicants were from Q5 areas[35], compared to just 8.0% from Q1. As Q5 applicants are least likely to share a mental health condition, this likely contributes to the low declaration rate for medicine and dentistry courses – only 1.1% of Q5 applicants to these courses declared a mental health condition in 2020, compared to 2.5% of applicants from Q1.
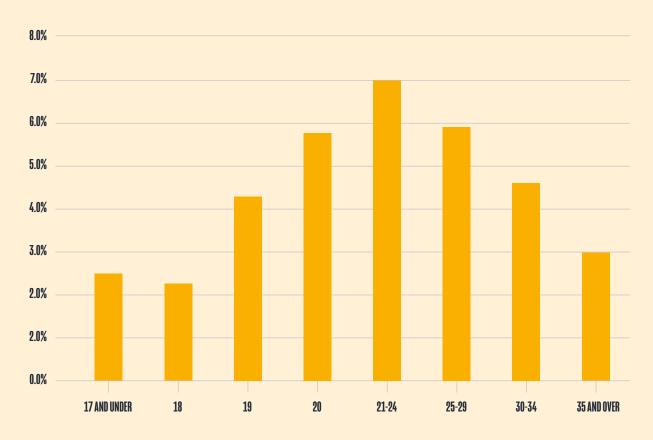

Figure 5: The proportion of accepted UK applicants declaring a mental health condition in 2020, by age group[29]

A higher proportion of accepted mature applicants from the UK declare a mental health condition: 7% of those aged 21-24, 5.9% aged 25-29, and 5.8% aged 20 shared this information in 2020 – compared to just 2.1% of 18 year old applicants[30] (Figure 5). Approximately 75% of mental health conditions start before the age of 18[31], so this lower rate could be due to younger students not yet having received a diagnosis or guidance on how to access support.

POLAR4

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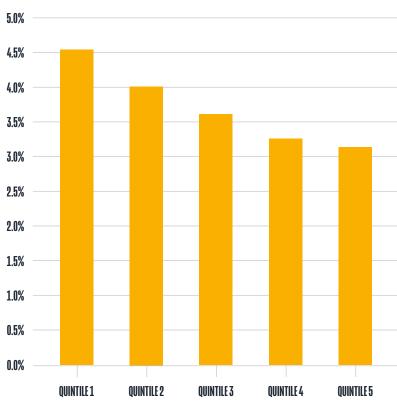
Figure 6: Proportion of accepted UK applicants declaring a mental health condition in 2020 by POLAR4 quintile[32]

ETHNICITY

Research by the Race Equality Foundation finds people from Black and ethnic minority backgrounds are more likely to experience mental ill health but less likely to access support. Similarly, UCAS data shows Black and Asian applicants to be much less likely to declare a mental health condition than those of Mixed or White ethnicity.

However, the intersectionality of ethnicity, POLAR and gender data presents a more nuanced picture. Overall, applicants from the most disadvantaged areas are more likely to declare than those from the most advantaged areas, but this is not true of Black and Asian men from Q1, who have the lowest declaration rates (0.4% and 0.7% respectively[36], compared to 0.9% and 1.1 respectively for Black and Asian male applicants from Q5). Additionally, men in the White ethnic group comprise 69% of accepted male UK applicants from Q5 areas, but they account for 86% of all mental health declarations from male applicants from Q1 areas. 3.5% of White male applicants from Q1 declared a mental health condition in 2020, making White men from disadvantaged areas one of the most likely groups of men to declare a mental health condition.

Again, ethnicity may also play a part in some of the subject-level differences seen in Figure 4. Many subjects with higher rates of mental health declarations also have a higher proportion of accepted White applicants; for example, in 2020, 91.0% of applicants accepted onto veterinary science, agriculture and related courses, and 83.2% of those accepted onto combined arts courses, were White[37]. Conversely, many subjects with a low declaration rate have a higher proportion of accepted applicants of Asian or Black ethnicity; in 2020, 32.1% of applicants accepted onto a medicine or dentistry course were Asian, compared to just 2.4% of those accepted onto veterinary sciences, agriculture or related courses. Similarly, 30.1% of applicants accepted to engineering courses, and 28.2% of those accepted to business and administration courses, were of Asian or Black ethnicity.

LGBT+

Research shows LGBT+ people to be at higher risk of experiencing poor mental health[38] – again, reflected in UCAS' data. Transgender applicants are 6.1 times more likely to share a mental health condition in the application than those who have not identified this way[39], bisexual applicants are six times more likely to declare than heterosexual applicants[40], and gay women/lesbians are 5.7 times more likely. Later this year, UCAS will publish a report on the experience of LGBT+ applicants exploring their experiences in greater depth.

CARE EXPERIENCE AND OTHER CIRCUMSTANCES

When an applicant explores support in HE, it is important that they do not limit their research solely to mental health and wellbeing services – support for other personal circumstances are equally important. For example, care experienced applicants are nearly three times more likely to declare a mental health condition[41], reflecting wider statistics that they are much more likely to experience poor mental health[42]. Applicants can also 'flag' care experience in the application, allowing universities and colleges to provide support targeted to their needs (e.g. year-round accommodation and bursaries), and UCAS will introduce additional fields in a future cycle to allow other support needs to be flagged[43]. These new questions will help UCAS work towards achieving an inclusive and positive culture of sharing support needs, and – importantly – enhance the quality of the conversations UCAS facilitates between the applicant and their university or college.

STUDENTS' EXPECTATIONS OF SHARING A MENTAL HEALTH CONDITION

Students who shared an existing mental health condition reported that they were more likely to be aware of and access support in HE, and find that support more helpful, than those who withheld information about an existing mental health condition in their application – as seen in Figure 7.

STUDENTS WHO SHARED AN EXISTING MENTAL HEALTH CONDITION IN THEIR APPLICATION ARE…	
…**more likely to have accessed information about mental health and wellbeing support services on the university or college website before they started studying**[44]: 41% of those who declared an existing mental health condition, compared to 29% of those who did not declare their condition	…**more likely to have accessed information about mental health and wellbeing support services in an email from their university or college before they started studying**[45]: 48% of those who declared an existing mental health condition, compared to 27% of students who did not declare their condition
…**more likely to know what mental health and wellbeing support is available**[46]: 70% of those who declared an existing mental health condition, compared to 61% of those who did not declare their condition	…**more likely to know how to seek mental health and wellbeing support**[47]: 69% of those who declared an existing mental health condition, compared to 58% of those who did not declare their condition
…**more likely to have used university or college support services for mental health and wellbeing**[48]: 21% of those who declared an existing mental health condition, compared to 11% of those who did not declare their condition	…**more likely to have used NHS or private support services**[49] **to support their mental health and wellbeing**: 17% of those who declared an existing mental health condition, compared to 10% of those who did not declare their condition
…**more likely to report that mental health advice and/ or counselling have supported their wellbeing**[50]: 23% of those who declared an existing mental health condition, compared to 13% of students who did not declare their condition	…**more likely to report that support services for disability and specific learning difficulties have supported their wellbeing**[51]: 17% of those who declared an existing mental health condition, compared to 4% of those who did not declare their condition
…**more likely to report that support with course-related issues has supported their wellbeing**[52]: 25% of those who declared an existing mental health condition, compared to 15% of those who did not declare their condition	…**less likely to be worried about finances as they looked forward to the next semester**[53]: 47% of those who declared an existing mental health condition, compared to 52% of students who did not declare their condition
	…THAN STUDENTS WHO DID NOT SHARE AN EXISTING MENTAL HEALTH CONDITION

Figure 7: The experience of support in HE for students who declared an existing mental health condition compared to those who withheld this information.

It is reasonable to assume that applicants who share an existing mental health condition are subsequently more likely to access support services. However, we found that students with an existing condition who did not share it in their application were still more likely to report that advice and counselling supported their wellbeing than those who did not report having a mental health condition (13% compared to 4%)[54]. It is worth noting, however, that some applicants do not share an existing condition because they feel it is under control and they do not need support – therefore, they are less likely to access support services.

More than two thirds of students who used university or college support services (68%) reported this had helped them manage all or some of their concerns[55], and several used the free text[56] to tell us about their positive experiences. One student explained counselling had helped them *'get a more positive perspective on [their] illness'* and *'make healthier life decisions'*; another said they had been helped to feel *'more purposeful and focused'*.

Students are clearly interested in knowing about support services before they apply: 19% of 2020 applicants researched support for an existing mental health condition at the university or college[57], with 29% researching the more general support available for mental health and wellbeing. With this in mind, universities and colleges may find that clearly signposting their support in marketing or recruitment literature, and through their website and social media accounts, helps prospective students with their research, and prepares them for their transition. There is also a clear opportunity for UCAS to explore ways in which the UCAS Hub could extend beyond signposting general support for mental health and wellbeing, to delivering a personalised approach to information and advice, targeted at different points along their UCAS journey and to an applicant's specific circumstances and course preferences.

WHY DO SOME APPLICANTS CHOOSE NOT TO SHARE AN EXISTING MENTAL HEALTH CONDITION?

In 2020, 3.6% of UK accepted applicants declared a mental health condition via UCAS[58]. However, this number appears lower than other reported sources; for example, **NHS data** suggests one in four adults experience mental health difficulties each year. If we look only at the data for HE, the declaration rate remains low, as one in five HE students are estimated to have a current mental health diagnosis, and almost half of all HE students have needed professional help for a serious mental health issue[59].

The HE sector has long been aware that mental health conditions are under-reported[60] but it is difficult to establish the full extent. To understand this further, we surveyed first year students to ask whether they had an existing mental health condition when they applied to university or college and, if so, whether they shared this in their application. 14% told us they *did* have an existing condition when they applied[61] but a significant proportion did not declare it in the UCAS application[62] (56%, compared to 44% who did declare). And not only do students tell us they are hesitant to declare – so do their advisers: 82% said applicants are 'always', 'often' or 'sometimes' reluctant to declare[63], with only 18% reporting they were 'rarely' or 'never' reluctant.

By comparing the proportion of reported declarations and non-declarations, we estimate[64] that more than 40,000 students started an undergraduate degree in 2020 with an existing mental health condition and, potentially, more than 20,000 started their course without sharing this information with their university or college[65].

Case study:

'START TO SUCCESS' PROJECT, KEELE AND STAFFORDSHIRE UNIVERSITIES

Start to Success takes a whole community approach to support student mental health and wellbeing. Working with the region's colleges, local authorities, police and NHS providers, Keele and Staffordshire Universities, are exploring where they can remove barriers, improve support and services, and enable student success.

As part of this project, FE students are supported to declare their mental health on their UCAS application. The complexity and concerns raised by students in this area highlights what support is needed to further support and educate around disclosure.

Find out more as Laura Kendall (FE Liaison Officer, Start to Success) shares her insights into the barriers faced by students and staff, and how we can combat some of these concerns about disclosure.

When asked to explain their reason(s) for not declaring[66], students' free text responses broadly fell into seven categories, as outlined in Figure 8.

REASON	STUDENT FREE TEXT QUOTES		% OF ADVISERS GIVING THIS AS A COMMON REASON[67]
Thought it would affect the outcome of their application	*I didn't want them to discriminate against me. I have depression and anxiety so I wouldn't want that to jeopardise my application for paramedic science.*	*I did not want to be denied a place due to stigmas such as lack of attendance, lack of interest, lack of self motivation etc. [which are] linked with mental health.*	90%
Worried it would affect their chances of getting onto a competitive course	*I was afraid that I would be rejected. I know they say they can't reject you, but I was applying to a very competitive course.*	*Fear of discrimination especially on a medicine course … I didn't want people to reject me on the basis they think I can't help others as I'm not fully healthy.*	75%
Didn't want to be viewed or treated differently	*Feeling as though I would be judged, or that people would first see my mental health before seeing me as a person and have preconceived ideas of what I'd be like, especially as a children's nurse.*	*Fear that I would be treated differently or put in counselling and my peers finding out.*	58 %
Didn't want others to know (stigma / embarrassment)	*I felt that it was personal to me and didn't want to be stigmatised. I didn't want to be treated differently for it and wasn't sure why this was relevant.*	*I wasn't diagnosed until my early 40s. I am quite embarrassed by it and fear being treated differently.*	53%
Had no formal diagnosis	*I was unsure if I had the proper diagnostic proof as well as not admitting to myself that my condition was something I needed to declare and get support and accommodations for.*	*I'm not officially diagnosed and I didn't know if the university would even be able to provide support that I would find beneficial.*	48%
Didn't think it was relevant / necessary to share	*I did not think it was relevant to my application and I didn't want my condition to impact my application in any way.*	*I did not see why it was necessary for UCAS to know.*	44%
Felt the condition was not serious enough or under control	*I questioned if [my condition] was serious enough to have noted, and felt others would have a more severe situation.*	*I felt like I had [my condition] under control enough to be able to cope by myself and wasn't serious enough to tell them about.*	

Figure 8: Reasons students did not declare a mental health condition, with examples of free text and adviser responses

Many students worry their application will be negatively affected if they share a mental health condition, and 78% of advisers[68] reported being 'always', 'often', or 'sometimes' asked about this. Those applying to competitive courses are particularly concerned (reflected in the free text responses above), which may account for the consistently low declaration rate for medicine and dentistry courses – in 2020, only 1.4% of all accepted UK applicants for these courses shared a mental health condition[69], as already seen in Figure 4.

Some students felt their condition was not 'serious' enough to share (especially if they had no diagnosis), or it was 'under control', or they wanted a 'new start'. However, the transition to HE marks a significant lifestyle change, not only academically but also in terms of lifestyle, such as managing finances and new social relationships. This is particularly true for younger students moving away from home and their established support networks for the first time.

Even if a student chooses never to use the support, sharing a mental health condition means it is in place if the student changes their mind, providing a reassuring safety net. Indeed, some students told us they regretted their decision not to share because the support was not readily available when their circumstances changed – and, for many, the impact of COVID-19 presented unexpected and significant challenges.

> **"I FELT, AT THE TIME, I WAS HANDLING MY MENTAL HEALTH CONDITION WELL [BUT] AS 2020 PROGRESSED, THE PANDEMIC CAUSED ME TO FEEL ANXIOUS AND DEPRESSED, SO I CONTACTED STUDENT SUPPORT AT MY UNIVERSITY AS SOON AS I STARTED MY STUDIES ONLINE LAST YEAR**
> Student

> **"I FELT WAS A BAD NOTE TO START WITH FOR UNIVERSITY. ALTHOUGH, I LATER REGRETTED NOT NOTING IT SOONER AS IT MIGHT'VE LED TO SUPPORT FASTER WHEN NEEDED**
> Student

However, the application is not the only point at which a mental health condition can be shared. Of the students who chose not to declare this in the UCAS application, 11% contacted their university or college upon receipt of an offer[70] showing applicants value the long-term relationship with their university or college – and this must be a key consideration in any discussion about admissions reform. In addition, this signals that applicants welcome the opportunity to share personal information at any point in the cycle so, to make this easier, UCAS is exploring how to introduce greater flexibility around the sharing of information in a future cycle.

It is entirely the applicant's decision to share a mental health condition with their university or college, and there are many valid reasons someone may choose not to. However, misconceptions or a lack of knowledge about the process of disclosure should never be the reason an individual withholds this information, as this can result in students not accessing the full range of support available and potentially affecting their opportunity to thrive in HE. It is vital applicants make this choice based on sound guidance and understanding, and with complete confidence. From the moment they consider HE, this message must ring loud and clear at every turn: **sharing a mental health condition in your application will not disadvantage your chances of receiving an offer**. To empower students to manage their own mental health and wellbeing, and to make informed decisions that are right for their circumstances, UCAS – working with the sector – must unify in highlighting the benefits of sharing support needs and to promote a culture of 'positive disclosure' … to start the conversation.

ANNEX A:
RESEARCH METHODS

This report uses a range of data sources to examine mental health declarations and the characteristics which may affect whether an applicant opts to share this information in their UCAS application. New evidence referenced in this report comes from two UCAS surveys: the Freshers Experience Survey and the Adviser Survey on Student Mental Health. Supporting evidence has been referenced from the UCAS Customer Feedback Survey sent to 2020 cycle applicants to gain insight into their experience of applying to HE through UCAS.

The Freshers Experience Survey was sent out in early January 2021 to a sample of accepted applicants who entered their first year of HE in autumn 2020. In total, over 21,000 accepted applicants took the time to tell us about their awareness and experience of mental health support since they started their studies. Their responses were weighted up to represent the entire population of first year students at universities and colleges in the UK, accounting for differences in response rates observed in different characteristic groups, such as gender, age and mental health status, accounting for differences in response rates observed in different

characteristic groups, such as gender, age and mental health status. As this report focuses on the experience of accepted UK applicants, all figures referenced from the Freshers Experience Survey have been filtered to cover UK responses only.

The Adviser Survey on Student Mental Health was sent out in March 2021 to advisers at UCAS-registered centres in the UK. In total, 257 advisers responded, giving valuable insight into their experience of supporting students with mental health conditions through the application process, and areas for which they felt they or their students would benefit from more information. This survey was designed to learn more about the topics advisers are commonly asked about, and the information they provide about declaring mental health conditions.

UCAS End of Cycle data has been used to report the number of applicants and accepted applicants declaring a mental health condition in their UCAS application between 2011 and 2020. This data was used to illustrate the increase in declarations over the last ten years, as well as to determine which groups of applicants were most and least likely to

declare in the 2020 cycle. We opted to focus on accepted applicants for the majority of the report, to allow for consistent comparison with the Freshers Experience Survey.

Unless otherwise specified, the referenced data applies to accepted applicants domiciled in the UK due to the large disparity between the proportion of UK students and international students declaring mental health conditions. This ensured we were not inferring any information from small groups of international students.

End of Cycle counts have been rounded to the nearest five, and percentages to one decimal place. When referencing the results of the Freshers Experience Survey, the weighted proportion of respondents who selected that response has been referenced and rounded to the nearest whole number. The Customer Feedback Survey received over 15,000 responses from 2020 cycle applicants, and the results were weighted to be representative of all applicants in that cycle. The results referenced from this survey represent the weighted proportion of applicants who selected that response option and have been rounded to the

nearest whole number. Results from the Adviser Survey on Student Mental Health have been referenced using the proportion of UK advisers who selected that response, rounded to the nearest whole number these responses are unweighted.

The number and proportion of accepted UK applicants declaring a mental health condition has been reported in combination with a number of characteristic variables to better identify which groups are more and less likely to declare a mental health condition.

When using subject groupings to discuss which subjects have higher or lower proportions of students declaring a mental health condition, we use the JACS subject groupings to ensure each accepted applicant was assigned to a single subject area[71].

Care experienced applicants were grouped in accordance with their response to the question 'Have you been in care?' in the UCAS application form. Applicants were defined as 'care experienced' if they answered 'Yes', while those who answered 'No', or did not answer the question, were defined as not having care experience.

When reporting on the proportion of transgender applicants who declared a mental health condition, these applicants were identified as transgender based on their response to the 'Do you identify as transgender?' question in the UCAS application form. If a student answered 'Yes', they were included as transgender, while those who answered 'No' were classed as cisgender. The gender identity data table includes the declaration proportions for the those who opted not to answer this question or selected 'I prefer not to say'.

Applicants were grouped by sexual orientation based on their response to the question 'What is your sexual orientation?' on the UCAS application form. Applicants can select a response from a pre-defined list or select 'I prefer not to say'. This question is not compulsory, so they can opt to not answer (also the case for the gender identity and care experience questions). Please refer to the data table covering mental health declarations by sexual orientation to view the full list of response options for this question.

ENDNOTES

1 In the UCAS application, students are invited to share a mental health condition, which may or may not have been medically diagnosed. In recognition of individual applicants' circumstances, we define mental health condition in the broadest sense to allow students the freedom to share as they feel appropriate for their needs.

2 UCAS End of Cycle data showing the number of disability declarations from all UK applicants between 2011 and 2020. Data table: UK applicants disability declarations 2011 – 2020

3 UCAS End of Cycle data showing the number of disability declarations (excluding those who selected 'No disability') from accepted UK applicants between 2011 and 2020. Data table: UK accepted applicants disability declarations 2011 – 2020 (excluding No disability). Supporting reference data table: Figure 1 - UK accepted applicants by declared disability 2011 - 2020

4 www.thetimes.co.uk/article/times-investigation-universities-spend-millions-but-mental-health-crisis-only-grows-23xlnpz08

5 UCAS End of Cycle data showing the number of disability declarations from all UK applicants between 2011 and 2020. Data table: UK applicants disability declarations 2011 – 2020

6 UCAS End of Cycle data showing the number of disability declarations (excluding those who selected 'No disability') from all UK applicants between 2011 and 2020. Data table: UK applicants disability declarations 2011 – 2020 (excluding No disability)

7 UCAS End of Cycle data showing the number of disability declarations from all international (non-UK) applicants between 2011 and 2020. Data table: International applicants disability declarations 2011 – 2020

8 UCAS End of Cycle data showing the number of disability declarations from all UK applicants between 2011 and 2020. Data table: UK applicants disability declarations 2011 – 2020

9 UCAS End of Cycle data showing the number of disability declarations (excluding those who selected 'No disability') from all international applicants between 2011 and 2020. Data table: International applicants disability declarations 2011 – 2020 (excluding No disability)

10 UCAS End of Cycle data showing the number and proportion of mental health declarations from all applicants between 2011 and 2020, split by domicile (UK or International). Data table: All applicants mental health declarations by domicile 2011 – 2020

11 www.ukcisa.org.uk/Research--Policy/Resource-bank/resources/168/Mental-health-and-wellbeing-of-global-access-students

12 DSAs are non-repayable allowances to help cover the extra study-related costs students incur due to a physical or mental health condition, impairment or learning disability, which students can apply for alongside student finance. Full details: www.gov.uk/disabled-students-allowance-dsa

13 This data excludes applicants who have selected the category 'multiple impairments' as it is not currently possible to ascertain how many are including a mental health condition. In order to improve the way this information is communicated between student and university or college, UCAS is exploring how students may be able to select multiple options in a future cycle.

14 UCAS End of Cycle data displaying the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by gender. Data table: UK accepted applicants mental health declarations by gender

15 UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by age group. Data table: UK accepted applicants mental health declarations by age group

16 UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by ethnic group. Data table: UK accepted applicants mental health declarations by ethnic group

17 UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by POLAR4 Quintile. Data table: UK accepted applicants mental health declarations by POLAR4 Quintile

18 UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by the tariff group of the university or college they are studying at. Data table: UK accepted applicants mental health declarations by tariff group

[19] UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by sexual orientation. Applicants were grouped by their response to the question 'What is your sexual orientation?' which is asked in the Equality monitoring section of the application form. Data table: UK accepted applicants mental health declarations by sexual orientation

[20] Proportions calculated from UCAS 2020 End of Cycle data for accepted UK applicants, grouped by response to the question, 'Have you been in care?' on the UCAS application. Those who answered 'Yes' have been in care, and the other group (no care experience declared) either answered 'No', did not answer the question, or were not asked the question as it was not applicable to them. Data table: UK accepted applicants mental health declarations by care experience status

[21] Supporting data table for Figure 3: Figure 3 – Accepted UK Applicant groups most and least likely to declare a mental health condition

[22] Equality and diversity data is only shared with the university or college when an admissions decision has been made, including: ethnic origin, religion or belief, sexual orientation, transgender, and national identity. These questions are only asked of UK applicants. Ethnic origin and national identity are mandatory but applicants can select 'prefer not to say'.

[23] These subject areas were grouped according to JACS 3.0 subject groupings: https://www.hesa.ac.uk/support/documentation/jacs/jacs3-detailed

[24] UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by the JACS 3.0 subject group of their course. Data table: UK accepted applicants mental health declarations by subject group

[25] UCAS End of Cycle data showing the number of accepted UK male applicants and the number of accepted UK female applicants accepted onto each subject group, and the ratio of accepted UK male applicants to accepted female applicants for each subject group in the 2020 cycle. Data table: UK accepted applicants gender ratios by subject group

[26] Supporting data table for Figure 4: Figure 4 – Accepted UK applicants most and least mental health declarations by subject group and the gender ratios for the subject

[27] UCAS End of Cycle data displaying the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by gender. Data table: UK accepted applicants mental health declarations by gender

[28] www.who.int/teams/mental-health-and-substance-use/gender-and-women-s-mental-health

[29] Supporting data table for Figure 5: Figure 5 – The proportion of accepted UK applicants declaring a mental health condition in 2020, by age group

[30] UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by age group. Data table: UK accepted applicants mental health declarations by age group

[31] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf

[32] Supporting data table for Figure 6: Figure 6 – The proportion of accepted UK applicants declaring a mental health condition in 2020, by POLAR4 Quintile

[33] The POLAR measurement was developed by HEFCE and classifies small areas across the UK into five groups according to their level of participation in HE. Each group represents around 20% of young people and is ranked from quintile 1 (areas with the lowest young participation rates, considered as the most disadvantaged) to quintile 5 (highest young participation rates, considered most advantaged).

[34] UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by POLAR4 Quintile. Data table: UK accepted applicants mental health declarations by POLAR4 Quintile

[35] UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by both JACS 3.0 subject group and POLAR4 Quintile. Data table: UK accepted applicants mental health declarations by subject group and POLAR4 Quintile

[36] UCAS End of Cycle data showing the number of accepted UK applicants from the 2020 cycle who declared a mental health condition, split by their ethnic group, gender, and POLAR4 Quintile. Data table: UK accepted applicants mental health declarations by ethnic group, gender and POLAR4 Quintile

37 UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition, split by their JACS 3.0 subject group and ethnic group. Data table: UK accepted applicants mental health declarations by subject group and ethnic group

38 www.lgbthealth.org.uk/wp-content/uploads/2018/08/LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf

39 UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by gender identity. Applicants were grouped based their on response to the 'Do you identify as transgender?' question asked in the Equality monitoring section of the UCAS application form. Those who answered 'Yes' have been classed as transgender and those who answered 'No' have been classed as cisgender. Data table: UK accepted applicants mental health declarations by gender identity

40 UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by sexual orientation. Applicants were grouped by their response to the question 'What is your sexual orientation?' which is asked in the Equality monitoring section of the application form. Data table: UK accepted applicants mental health declarations by sexual orientation

41 UCAS End of Cycle data for accepted UK applicants from the 2020 cycle, grouped by their response to the question, 'Have you been in care?' on the UCAS application. Those who answered 'Yes' have been classed as having care experience, and the other group (no care experience declared) either answered 'No', did not answer the question, or were not asked the question as it was not applicable to them. Data table: UK accepted applicants mental health declarations by care experience status

42 www.careleavers.com/wp-content/uploads/2017/12/Caring-for-Better-Health-Final-Report.pdf

43 Questions will allow students to self-declare if they are estranged from their parents, refugees or asylum seekers, Service children, Service leavers/veterans, and have caring or parenting responsibilities.

44 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Thinking back to before you started studying at university or college, did you use any of the following sources to access information from your uni or college about available mental health and wellbeing services? Please select all that apply.' Data table: Freshers Experience Survey – Q35

45 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Thinking back to before you started studying at university or college, did you use any of the following sources to access information from your uni or college about available mental health and wellbeing services? Please select all that apply.' Data table: Freshers Experience Survey – Q35

46 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Are you aware of what wellbeing support is available from your university or college?' Data table: Freshers Experience Survey – Q45

47 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Are you aware of how to seek support from your university or college if you need it?' Data table: Freshers Experience Survey – Q46

48 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Since starting university or college, have you used any support services or apps, for example, Nightline or counselling services? Please select all that apply.' Data table: Freshers Experience Survey – Q47

49 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Since starting university or college, have you used any support services or apps, for example, Nightline or counselling services? Please select all that apply.' Data table: Freshers Experience Survey – Q47

50 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Thinking about your experience at university or college so far, have any of the following factors helped to support your wellbeing? Please select all that apply.' Data table: Freshers Experience Survey – Q37

51 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Thinking about your experience at university or college so far, have any of the following factors helped to support your wellbeing? Please select all that apply.' Data table: Freshers Experience Survey – Q37

52 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Thinking about your experience at university or college so far, have any of the following factors helped to support your wellbeing? Please select all that apply.' Data table: Freshers Experience Survey – Q37

53 Weighted proportions of UK students from 2021 Freshers

Experience Survey referencing students who declared an existing mental health condition and students who chose not to declare their existing mental health condition. Question asked was 'Please think about the concerns you had about university or college before starting your course. Looking forward to the next semester, do you still have any of these concerns about going back to university or college? Please select all that apply.' Data table: Freshers Experience Survey – Q66

54 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who chose not to declare their existing mental health condition and students who did not have a mental health condition when they applied to higher education. Question asked was 'Thinking about your experience at university or college so far, have any of the following factors helped to support your wellbeing? Please select all that apply.' Data table: Freshers Experience Survey – Q37

55 Weighted proportions of UK students from 2021 Freshers Experience Survey referencing students who have accessed support services run by their university or college. Question asked was 'Did you find the university service(s) helpful?' Data table: Freshers Experience Survey – Q49

56 Free text from current UK students responding to the 2021 Freshers Experience Survey. Question asked was 'Do you feel that your mental health has changed since you began studying at university? Please explain why you feel this way in the box below.'

57 Weighted proportions of UK 2020 cycle applicants who responded

to the 2020 Customer Feedback Survey. Question asked was 'Before submitting your UCAS application, did you find out about the availability of any of the following support services at the universities or colleges you were applying to? Please select all that apply.' Data table: Customer Feedback Survey – Q57

58 UCAS End of Cycle data showing the number and proportion of mental health declarations from accepted applicants between 2011 and 2020, split by domicile (UK or International). Data table: Accepted applicants mental health declarations by domicile 2011 – 2020

59 https://assets.website-files.com /602d05d13b303dec233e5ce3/ 60305923a557c3641f1 a7808_ Mental%20Health%20Report%20 2019%20(2020).pdf

60 www.unite-group.co.uk/campaign/ new-realists-report

61 Weighted proportions of UK domiciled students from 2021 Freshers Experience Survey. Question asked was 'When you applied to university or college, did you declare a mental health condition in your UCAS application?' Data table: Freshers Experience Survey – Q29

62 Weighted proportions of UK domiciled students from 2021 Freshers Experience Survey referencing the students who stated they had an existing condition at the point of completing their UCAS application. Question asked was 'When you applied to university or college, did you declare a mental health condition in your UCAS application?' Data table: Freshers Experience Survey – Q29

63 Proportions of UK advisers who answered the Adviser Survey on

Student Mental Health. Question asked was 'When advising students about declaring a mental health condition in their UCAS application how often do you feel the applicant is reluctant to declare a mental health condition?' Data table: Adviser Survey on Student Mental Health – Q26

64 Calculated by taking the number of accepted UK applicants who declared a mental health condition in 2020 (17,455) as the representative number of the proportion of students with an existing mental health condition who said they declared their condition in the survey (45.5%) and calculating what the equivalent number of students would be for the entire group who said they had an existing mental health condition. This calculation was done by dividing the number of students who declared by the proportion who said they declared, then multiplying that figure by 100. The equivalent number of students who did not declare their existing mental health condition was also estimated using a similar method (the number who declared divided by the proportion who declared multiplied by the proportion who did not declare). These numbers were rounded to the nearest 5,000 as we cannot estimate with certainty the number of students with an existing mental health condition using the survey data alone.

65 This is likely an under-estimation, as the 7% of respondents who selected 'Prefer not to say' to this question are not included in this analysis.

66 Free text from current UK students responding to the 2021 Freshers Experience Survey. Question asked was 'You said that you chose not to declare your mental health condition on your UCAS application form. What were your reasons for not declaring this?'

67 Proportions of UK advisers who answered the Adviser Survey on Student Mental Health. Question asked was 'What are the common reasons why your students do not want to declare their mental health condition on their UCAS application? Please select all that apply.' Note that the options provided for advisers to select from for this question were based on the free text responses for not declaring given by students responding to the 2021 Freshers Experience Survey. Data table: Adviser Survey on Student Mental Health – Q27

68 Proportions of UK advisers who answered the Adviser Survey on Student Mental Health. Question asked was 'How often are you asked for advice from the students you support on the following?' Data table: Adviser Survey on Student Mental Health – Q14

69 UCAS End of Cycle data showing the number and proportion of accepted UK applicants from the 2020 cycle who declared a mental health condition split by the JACS 3.0 subject group of their course. Data table: UK accepted applicants mental health declarations by subject group

70 Weighted proportions of UK domiciled students from 2021 Freshers Experience Survey referencing the students who stated they did not declare their existing mental health condition in their UCAS application. Question asked was 'When you applied to university or college, did you declare a mental health condition in your UCAS application?' Data table: Freshers Experience Survey – Q29

71 An overview to JACS 3.0 subject groups and individual subject codes can be accessed here: https://www.hesa.ac.uk/support/ documentation/jacs/jacs3-detailed

UCAS