Student Mental Health: The View from History

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Abstract: Few periods are as freighted with social expectation as university years, but until now we have known little about how previous generations of students navigated mental health concerns. This paper sets out the impetus for the establishment of university health services and puts student-produced materials alongside health professionals’ views to offer some early thoughts about how exploring the history of student mental health can illuminate the present – a present made urgent by Covid-19. The paper suggests students have long found university to be an emotionally complex environment. This, I argue, destabilises arguments that today’s students are a ‘snowflake generation’: by looking at the student voice in the past we can construct a history of student mental health that shines productive light on contemporary discourses around student mental health.

Paper: Introduction

This paper argues that a historical perspective on student mental health troubles the perception that today’s students are uniquely vulnerable to mental distress. Through examining materials produced by students and by medical professionals we can see that anxiety about student mental health has roots that extend into the immediate post-war period. The aims of this paper are, therefore, three-fold. First, I set out how and why anxiety about student mental health emerged when it did. I then turn to an example of how students themselves have articulated their mental health needs. Finally, I suggest this offers insight into the present moment. This paper contributes to and draws upon histories of students in twentieth century Britain (Burkett 2018, Brewis 2014, Dyhouse 2005, Day 2012), to the history of universities (Mandler 2015, Whyte 2016, Anderson 2004) and to work that explores the diffusion of psychological ideas in post-war Britain (Thomson 2006).

Student mental health after the Second World War

In the wake of the second world war attention turned to how efforts to secure a mentally healthy population might prevent future conflicts. A small minority of young people ascended to university in the late 1940s and early 1950s, rendering higher education an elite exercise, imbuing university students with particular social importance as the leaders of the future. As one leading British psychiatrist wrote in the proceedings of the first international conference on student mental health, held in September 1956, ‘Work for student mental health is not only an essential part of the care of the general health of students, it is in itself something of the highest importance for the future of our
societies of our own countries and of the family of nations.’ (Rees 1959). Such concern gained traction within the medical community as organisations with specific interests in student health were established, allowing ideas about student mental health to spread. As the higher education sector and university health services expanded, so too, did the employment of doctors with specific interests in mental health, such as Anthony Ryle (author of Student Casualties, 1969) at the University of Sussex, and Philip Cauthery (author of Student Health, 1973), at the University of Aston in Birmingham. The establishment of the University of London Research Unit for Student Problems, directed by Nicolas Malleson, lent further impetus and energy to research into student mental health. A keystone piece of research in the 1950s had suggested that mental distress led to significant periods away from study – a concern that grew once student numbers increased and the financial stakes were raised after the publication of the Robbins Report of 1963. Taken together, these factors – the belief that students were particularly important; an increased number of medical professionals taking up roles in universities; a growth of organisations and outlets through which concern about student mental health could circulate; the potential economic consequences of high drop-out rates – led to an advancing interest in student mental health in the years following the Second World War.

Students articulate their mental health needs

Students were not the passive recipients of their educations or of their healthcare. Indeed, the NUS and other student representative bodies explored the state of student healthcare across three reports in the late 1930s and 1940s: Student Health (1937), Health and the Student (1944), and Report on Student Health (1948). Historians have explored the 1950s and 1960s as periods in which there was a distinct generational shift for young people (Todd and Young 2012). As early as 1970 the ‘rise of the student estate’ was being hailed (Ashby and Anderson 1970). It should come as little surprise, then, that students were able to use the devises available to them – in particular, student newsletters and newspapers – to point out ways that the university environment failed to support them. For example, in 1970 Warwick University’s student publication, Campus, dedicated an entire page to the problem of student loneliness. It was, it suggested, a ‘major failing in our present community structure’. ‘Staff must realize that students are not just sponges here to suck up knowledge, but are people too, whose personal problems can have a very real effect on their work’ the student advised (Korman 1970).

How history can inform present conversations

This has important implications for today’s discussions about student mental health: first, it challenges the idea that contemporary students are uniquely vulnerable to distress; second, it helps to identify areas of enduring concern, where successive generations of students have advocated for changes that have not been met. Taken together, the concern expressed about student mental health in the mid to late twentieth century should challenge the idea that today’s students are somehow ill-suited to the demands of higher education; rather, it shows that higher education has long struggled to be a healthy environment for students.
References: Bibliography


Zweig, Ferdynand. The Student in the Age of Anxiety (Heinemann, 1963), p. xiv.