

Why is this issue important?

Students have particular health needs in terms of mental health, sexual health, smoking, alcohol and drug use and physical activity. There are also issues relating to access to health services, particularly for international students who may be living in the UK for the first time, and the challenges of integrating large student populations into local communities.¹

There are several characteristics of the student population that distinguish them from young adults in the general population that may potentially make them more at risk of ill health:

- Studying for a degree in itself brings emotional and social challenges. New students have often left home for the first time and are learning to manage their own finances, build new social networks and deal with academic pressures, all of which may impact on physical and mental wellbeing.
- Students with an impairment or long-term condition may be managing their condition outside of their family home environment for the first time.
- The student population is relatively transient with students often moving between their studies and home, making service provision and continuity for this population challenging.
- There are lifestyle factors associated with student life that may increase the risk of short and long term ill health: alcohol use, smoking, low levels of physical activity and sexual health.
- Students from overseas may originate from countries with high TB rates, where diseases not endemic to the UK are common and where healthcare services are delivered in vastly different ways to the UK.
- Many students live in halls of residence, spending time together in shared areas. This is a risk factor for the propagation of infectious diseases such as measles, meningitis and TB.

Nationally it has been found that students are also struggling with rising debt and fewer employment opportunities.²

Impact in Brighton & Hove

Brighton & Hove has a substantial student population with two universities: University of Brighton & University of Sussex. According to the 2011 Census students represent 16% of the city's total population aged 16-74 years (or 12% of the total population of the City).³ This will include students in sixth form, further education and higher education. The rest of this section focusses on students in higher education.

There had been a sustained increase in the numbers of students at the two universities in the city from around 26,000 in 1995/96 to 35,205 in 2011/12, with many students staying on after university.⁴ However 2012/13 onwards saw a decrease in total student numbers at the two universities to 34,220 in 2014/15 (a fall of 985 students between 2011/12 and 2014/15, or 3%).

Whilst the number of full-time students changed little from 2011/12 to 2014/15 (a fall of 35 students), the number of part-time students fell from 6,650 to 5,730 (a fall of 920 students, or 14%). The number of undergraduate students is the same as in 2011/12 and but the number of postgraduate students has fallen by 990 (12%).

	University of Brighton	University of Sussex	Total
Total number of students	20,685	13,535	34,220
Full-time	15,790 (76%)	12,705 (94%)	28,495 (83%)
Part-time	4,895 (24%)	835 (6%)	5,730 (17%)
Undergraduate	16,860 (82%)	10,150 (75%)	27,010 (79%)
Postgraduate	3,820 (18%)	3,390 (25%)	7,210 (21%)

Source: Higher Education Statistics Authority (HESA)

² Royal College of Psychiatrists. Mental Health of Students in Higher Education, 2011:1-96. Available at <http://www.rcpsych.ac.uk/files/pdfversion/cr166.pdf> [Accessed 28/07/2015]

³ Office for National Statistics. Census 2011. KS601EW to KS603EW - Economic activity by sex. Available at http://www.nomisweb.co.uk/census/2011/KS601EW/view/1946157280?rows=cell&cols=c_sex [Accessed 28/06/2016]

⁴ Higher Education Statistics Agency. Statistics by Institution. Available at http://www.hesa.ac.uk/index.php?option=com_content&task=view&id=1897&Itemid=239 [Accessed on 28/06/2016]

¹ Leeds Primary Care Trust. Health Needs Assessment; 2007.

4.2.9 Students

Note: Figures may not sum due to rounding as 0, 1, 2 are rounded to 0 and all other numbers are rounded up or down to the nearest multiple of 5 in HESA tables.

It is important to note that the University of Brighton also has campuses outside of the city and so not all their students will be resident in Brighton & Hove. Campus enrolments show that of about 20,000 students predicted for 2015-16, around 3,500 will be enrolled away from the city at Eastbourne and Hastings, giving approximately 16,500 within in the city.⁵

Around 27,000 students are undergraduates and 7,200 postgraduates (Table 1). Just over four fifths of students are full-time and just under one fifth part-time. This differs by institution – at the University of Brighton 24% of students are part-time compared with 6% at the University of Sussex.

Students can register with any GP practice in the city but there is a practice at the University of Sussex, and the Stanford Medical Centre has a branch surgery at the University of Brighton. As would be expected, the University of Sussex Health Centre has a large population in the 15-34 years age group (89% in 2015).⁶

Where we are doing well

According to the 2016 National Student Survey, students at Brighton and Sussex Medical School (95%) were more likely to be happy with the quality of their university course (11th highest in the country), compared with the national figure of 85%. At the University of Brighton 80% of students were happy and at the University of Sussex 89% were happy.⁷

General health and limiting long-term illness: The general health of students, as reported in the 2012 Health Counts survey is good with 94% stating they are in good or better health compared with 84% of all respondents. Students (14%) were also significantly less likely to have a limiting long-term illness or impairment than all respondents (26%).

Healthy weight: Studies have reported stress-related weight gain and loss in UK university

students.⁸ In Health Counts, students were significantly more likely to be a healthy weight (68%) than all respondents (53%).

Local inequalities

The majority of students at the two universities are from the UK (79%) with 6% (2,190 students) from other European Union (EU) countries and 14% (4,925 students) from non-EU countries (Table 2). This is similar to all higher education providers across England where the equivalent figures are 81%, 5% and 14%.⁴

There has been an increase of 20% in students from non-EU countries from 4,095 students in 2011/12 to 4,925 in 2014/15. Conversely there has been a fall of 9% in students from the UK, from 28,665 in 2011/12 to 27,095 in 2014/15.

Table 2: Student numbers by country of residence 2014/15

	University of Brighton	University of Sussex	Total
Total number of students	20,685	13,535	34,220
United Kingdom	17,770 (86%)	9,325 (69%)	27,095 (79%)
European Union	1,145 (6%)	1,045 (8%)	2,190 (6%)
Non-European Union	1,760 (9%)	3,165 (23%)	4,925 (14%)

Source: Higher Education Statistics Agency

Note: Percentages do not sum to 100 due to rounding

A higher proportion of students from the University of Sussex are from ethnic groups other than White than at the University of Brighton. At the University of Sussex 21% of students are Asian or Asian British (Table 3).

Across the UK in 2014/15, 11% of first year UK domiciled undergraduate and postgraduate students defined themselves as disabled. The largest group of students are those with a specific learning difficulty, followed by students with a mental health condition, a long-standing illness or health condition, or two or more conditions (Figure 1).⁹ At both universities in the city, over one in ten

⁵ University of Brighton. Information provided as part of the call for evidence for the JSNA

⁶ Public Health England. National General Practice Profiles. Available at: <http://fingertips.phe.org.uk/profile/general-practice> [Accessed 18/10/2016]

⁷ Higher Education Funding Council for England. National Student Survey 2016. Available from: <http://www.hefce.ac.uk/lt/nss/results/> [Accessed 30/08/2016]

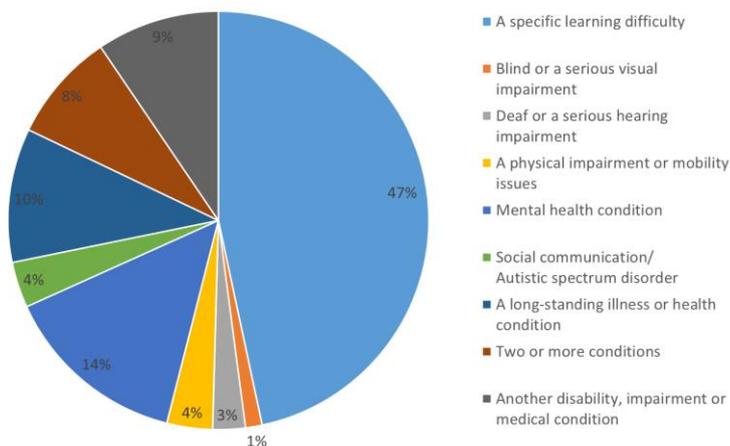
⁸ Serlachius A, Hamer M, Wardle J. Stress and weight change in university students in the United Kingdom. *Physiol Behav* 2007;92(4):548-53.

⁹ Higher Education Statistics Agency. Table 14 - First year UK domiciled HE students by level of study, sex, mode of study and disability 2014/15. Available at: [https://www.hesa.ac.uk/data-and-analysis/students/overviews?keyword=584&breakdown\[\]=583&year=2](https://www.hesa.ac.uk/data-and-analysis/students/overviews?keyword=584&breakdown[]=583&year=2) [Accessed 18/10/2016]

4.2.9 Students

students define themselves as having a disability (Table 3).

Figure 1: First year UK domiciled Higher Education students by disability status 2014/15 (of those with known disability)



Source: Higher Education Statistics Authority

Table 3: Students by equality characteristics, Universities of Brighton and Sussex, 2014

	Brighton (Nov 2014)	Sussex (Dec 2014)
Age		
Under 25 years	68%	79%
25-29 years	10%	10%
30 years or over	22%	11%
Gender		
Female	60%	54%
Male	40%	46%
Disability		
Disability	14%	11%
Ethnicity		
White*	72%	62%
Black or Black British	6%	5%
Asian or Asian British (inc. Chinese)	10%	21%
Mixed	4%	5%
Other ethnic group	3%	4%
Refuse / not known	5%	3%

Source: University of Brighton¹⁰ and University of Sussex¹¹

¹⁰ University of Brighton. Student Equalities Report 2014/15. January 2016. Available at <http://www.brighton.ac.uk/equality/facts-figures.php> [Accessed 11/10/2016]

*Information is presented as all White ethnic groups as is not broken down to White British, White Irish and White other.

Table 3 shows the student breakdown for both universities by equalities groups. Students at the University of Brighton have an older age structure and a greater proportion is female than at the University of Sussex. Nationally a higher proportion of higher education students are female (56%) than male (44%) in the UK. This imbalance is more pronounced among part-time students of whom 60% are female.¹²

The 2015 Brighton & Hove trans needs assessment¹³ highlighted national research demonstrating the value of higher education settings in providing a space for trans students to 'be themselves', come out, and develop an independent adult identity.¹⁴

However, the national research also identified that nearly one in three had taken time out of because of trans related issues or bullying and harassment. A National Union of Students study of UK students in 2014 found that just two in ten students felt completely safe on campus and one in three had experienced at least one form of bullying and harassment on campus. One in two had considered dropping out, and of these, two in three cited feeling 'not fitting in' and health problems as factors.¹⁵

Forty-three respondents to the community survey conducted as part of the needs assessment had been a university or college student in Brighton & Hove within the last five years. Some respondents had chosen to study in Brighton & Hove because it was seen as trans friendly. Both good and bad experiences were reported by these respondents. Positive experiences included: being supported by staff, including overt efforts to respect privacy and confidentiality; other students pro-actively

¹¹ University of Sussex. Statistics on the protected characteristics of students. December 2015. Available at: <http://www.sussex.ac.uk/ogs/policies/equalityduty/statistics> [Accessed 11/10/2016]

¹² Higher Education Statistics Agency. Table B - HE students by mode of study, sex and domicile 2014/15. Available at: [https://www.hesa.ac.uk/data-and-analysis/students/overviews?keyword=584&breakdown\[\]=583&year=2](https://www.hesa.ac.uk/data-and-analysis/students/overviews?keyword=584&breakdown[]=583&year=2) [Accessed 18/10/2016]

¹³ Brighton & Hove City Council. Trans needs assessment. 2015. Available at <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 18/10/2016]

¹⁴ Equality Challenge Unit (2009), The experience of lesbian, gay, bisexual and trans staff and students in higher education

¹⁵ National Union of Students (2014), Beyond the Straight and Narrow: LGBT students' experience in higher education

correcting misgendering; and being granted time off needed for medical procedures. Negative experiences ranged from being questioned inappropriately about their genitalia to being misgendered by staff, intimidated and excluded.¹³

Participants in focus groups reported there was a need for more trans-specific services and improved and embedded trans policies at both an institutional and student union level. Peer mentoring for trans students was regarded as very helpful in supporting the student both in their health and wellbeing and in their studies.¹³

Bullying/harassment: At the University of Brighton during 2014/15 the majority of formal reports of bullying and harassment were general bullying and harassment and did not relate to a specific protected characteristic. There were two reports of disability-related bullying and harassment; five reports of gender-related bullying and harassment; the same number of reports for race-related bullying and harassment and; there was one report of religion/belief-related bullying and harassment.¹⁰

Mental health: The 2012 Health Counts survey found that whilst the proportion of students at risk of major depression (42%) was higher than for all respondents (38%), this difference was not statistically significant.¹⁶

The survey also found that students were significantly more likely to say that they had ever self harmed (19%) than all respondents, however as self harm was generally higher in younger age groups this could be a reflection of the younger age of students.

Recorded figures for the University of Sussex Practice show that 3.4% of patients are on a depression register, compared with 8.6% of patients across the city and 7.3% across England.⁶

Alcohol, smoking and illicit drug use: Alcohol use above recommended levels by young people is increasing in the UK, particularly for young women,¹⁷ and this increase is reflected in the

student population.^{18,19,20,21} There is some evidence that illicit drug use increased in students between 1973 and 2002²² and that whilst tobacco use has decreased in line with population decreases, smoking prevalence may be higher in some student groups.²³

However, the 2012 Health Counts survey found:

- Students drinking at increasing/higher risk levels was similar to all respondents (15% students, 17% all respondents)
- The proportion of students who had ever tried drugs (46%) was higher than for all respondents (40%), though the difference was not significant
- Smoking was more common in students (28% daily or occasional smokers) than for all respondents (23%), but again the difference was not significant²⁴

A 2013 survey of students at both universities in the city found that around three quarters of the students have had a drink in the last week. Whilst most students don't drink to get drunk, or do so only sometimes, a significant minority (35%) do so most, or every time, they drink.²⁵

Preloading and cheap alcohol deals in supermarkets are much reported as the norm. These results suggest that this is not the case for the majority: however again a significant minority (38%) pre-load before they go out and 29% usually take advantage of cheap supermarket deals.

The survey results also showed that students don't drink as a coping strategy, to look good, to help them when they are depressed or to feel more confident. Instead they drink because it's what

¹⁸ Webb E, Ashton CH, Kelly P, Kamali F. Alcohol and drug use in UK university students. *Lancet* 1996;348(9032):922-5.

¹⁹ Gill JS. Reported levels of alcohol consumption and binge drinking within the UK undergraduate student population over the last 25 years. *Alcohol* 2002;37(2):109-20.

²⁰ Morton F TB. Prevalence of, and factors influencing, binge drinking in young adult university under-graduate students. *Journal of Human Nutrition and Dietetics* 2011;24:277-31.

²¹ Dodd LJ, Al-Nakeeb Y, Nevill A, Forshaw MJ. Lifestyle risk factors of students: a cluster analytical approach. *Prev Med*;51(1):73-7.

²² Boland M, Fitzpatrick P, Scallan E, Daly L, Herity B, Horgan J, et al. Trends in medical student use of tobacco, alcohol and drugs in an Irish university, 1973-2002. *Drug Alcohol Depend* 2006;85(2):123-8.

²³ Watson H, Whyte R, Schartau E, Jamieson E. Survey of student nurses and midwives: smoking and alcohol use. *Br J Nurs* 2006;15(22):1212-6.

²⁴ Brighton & Hove City Council Public Health Department. Health Counts 2012. Report available at <http://www.bhconnected.org.uk/content/surveys>

²⁵ Brighton & Hove Drugs and Alcohol Action Team, and student researchers Harminder Kaur-Nijjar, Georgia Andrews and Theona Makorie. Taken from Brighton & Hove City Council and NHS Brighton & Hove. Annual Report of the Director of Public Health. 2012/13.

¹⁶ Brighton & Hove City Council Public Health Department. Health Counts 1992-2012. Report available at

<http://www.bhconnected.org.uk/content/surveys>

¹⁷ Joseph Rowntree Foundation (JRF). Drinking in the UK: an exploration of trends. In: Foundation JR, editor, 2009.

they do when they get together with friends, to be sociable, although the outcomes of their drinking experiences vary from the pleasant to the regretful.

The solution to excessive student drinking may then be to develop more ways for students to unwind and socialise, that don't involve alcohol. In 2014 the University of Brighton introduced the Student Residential Advisors (SRAs) programme in Halls of Residence. The SRAs have worked with the organisation Red Frogs to provide a range of social activities for students in Halls that do not involve alcohol.

Both universities and their student unions are on the city's Alcohol Programme Board, and The University of Brighton's Student's Union have undertaken focused work on this in recent years due to the concern about businesses and promoters who target students, especially at the start of autumn term (arrival of new students), with cheap alcohol products.

Physical activity, healthy eating and weight: In a national 2008 study, 70% of university students sampled in the UK did not meet recommended guidelines for physical activity.²⁶ In addition, two thirds did not eat at least five portions of fruit and vegetables per day.

Locally, Health Counts shows that being physically active at recommended levels is significantly lower in students (16%) than all respondents (25%). Less than half of students were eating five portions of fruit or vegetables per day (48% compared with 52% of all respondents).

Sexually transmitted infections (STIs): The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in men who have sex with men (MSM). Young heterosexual people (16-24 years) are at highest risk of STIs, accounting for 63% of all Chlamydia and 55% of gonorrhoea and 52% of genital warts diagnosed in genitourinary medicine clinics across the UK in 2007.²⁷ Although overall numbers of diagnoses in those aged 15 to 24 years have risen considerably in the last ten

years, there has been some decline recently in cases of genital warts in young females. Factors contributing to the increased risk include higher rates of sexual partner change and more concurrent partnerships.

One in ten students responding to Health Counts reported that they had ever been diagnosed with a common STI (Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, Gonorrhoea) compared with 17% of all respondents. This difference was not statistically significant.

Happiness and social connectedness: The Health Counts 2012 survey showed similar levels of life satisfaction, feeling that the things you do in life are worthwhile, and happiness and anxiety yesterday for students and all respondents. Satisfaction with the local area as a place to live was also similar. However, students had a significantly lower feeling of belonging to their immediate neighbourhood (41%) than all survey respondents (58%).

Infectious Diseases²⁸:

Meningococcal meningitis: University students are considered to be at increased risk of invasive meningococcal disease, particularly in institutions that provide catered halls accommodation.²⁹ Since vaccination for Meningococcal C was introduced in 2000, the proportion of meningitis caused by this subtype has reduced.

Measles, mumps and rubella: These vaccine-preventable diseases are more likely to spread quickly in unvaccinated groups living in close proximity. There is a cohort of young adults, born between 1983 and 1992, that may have missed their second MMR vaccination owing to the time it was introduced, putting them at risk of potentially life-threatening infections.

Student retention, progression and achievement rates: The University of Brighton Equalities Report for 2014/15 highlights that male students, students from Black Minority Ethnic backgrounds and overseas (non-EU) students and disabled students generally have lower progression, retention and

²⁶ Dodd LJ, Al-Nakeeb Y, Nevill A, Forshaw MJ. Lifestyle risk factors of students: a cluster analytical approach. *Prev Med*;51(1):73-7.

²⁷ Public Health England. Health Protection Report: Infection Report. Volume 9 Number 22. HIV and STIs. June 2015. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437433/hpr2215_STI_NCSP_v6.pdf

²⁸ Nottingham City Council. JSNA Students; 2012. Available at

<http://www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-students.aspx>

²⁹ Neal KR, Nguyen-Van-Tam J, Monk P, O'Brien SJ, Stuart J, Ramsay M. Invasive meningococcal disease among university undergraduates: association with universities providing relatively large amounts of catered hall accommodation. *Epidemiol Infect* 1999;122(3):351-7.

achievement rates than female students and students from White backgrounds. There also continue to be barriers facing disabled students in relation to progression and achievement.¹⁰ The equivalent information is not available with the equalities report for the University of Sussex.

Predicted future need

There had been a sustained increase in the numbers of students at the two universities in the city from around 26,000 in 1995/96 to 35,205 in 2011/12, with many students staying on after university. However, 2012/13 onwards saw a decrease in total student numbers at the two universities to 34,220 in 2014/15 (a fall of 985 students between 2011/12 and 2014/15, or 3%). Whether this can be attributed to the impact of changes to student tuition fees and grants is not yet known.

The proportion of UK, EU and international students may also change. And the impact of the EU referendum in 2016 is also not known.

What we don't know

Currently the University of Brighton does not systematically record student data for gender identity, religion and belief, sexual orientation and pregnancy / maternity. However, the collection of student data at online enrolment has been expanded to include gender identity, religion, sexual orientation from 2016/17 so data should be available in the future. In 2014, Student Services also conducted a small research project into trans students' experiences at the university. The research found that whilst trans students generally reported feeling safe on campus, they all had experienced some form of transphobic verbal abuse or ignorant comments from other students. They also reported a lack of basic trans awareness amongst both staff and students. Making assumptions about a student's gender and using the wrong name and pronoun (such as 'he' or 'she') was a common experience. Trans students felt that there needed to be a clearer protocol for updating records. When asked what the university could do to make it a more inclusive environment for trans students, staff and student participants frequently mentioned creating more gender neutral toilets. Since the research results were published, the

number of gender-neutral toilets have been increased at the university, trans awareness training has been provided for Student Services staff, and guidance on updating records is currently being developed.

Student Services also worked with one of the University's Student Support and Guidance Tutors to carry out research into the experiences of student parents.

The research identified that, while good practices exist, there is currently inconsistency across the university with respect to including student parents fully in learning, teaching and university life. Some issues arose around the culture of the university which was perceived to be geared to meet the needs of younger students without caring responsibilities while student parents felt they had a lack of visibility, voice, understanding and representation. The overarching recommendation is therefore to work towards a more inclusive culture for students who provide care through understanding and awareness; inclusive teaching and learning practices and through ensuring their needs are taken into account in every aspect of university life.¹⁰

Information for the University of Sussex is also not available for these groups of students.

Key evidence and policy

The main health needs identified from the research for students are mental health, alcohol, smoking and sexual health. The evidence and policy for these are given in the relevant sections of this summary.

Tuberculosis: NICE has developed guidance indicating that new entrants (including students) into the UK arriving from countries with a high prevalence of TB should be screened for active and latent tuberculosis and treated appropriately or given the BCG vaccination.³⁰

Recommended future local priorities

The 2012 Health Counts survey, along with improved equalities monitoring within the universities means there is now greatly increased

³⁰ National Institute for Health and Care Excellence (NICE). Tuberculosis. NICE Guideline [NG33]. May 2016. Available at <https://www.nice.org.uk/guidance/ng33> [Accessed 18/10/2016]

4.2.9 Students

evidence available on the health and wellbeing of students within the city. This evidence suggested areas for particular focus include:

- Physical activity
- Mental health and self-harm
- Alcohol and substance misuse
- Sense of belonging

Key links to other sections

- Emotional health and wellbeing
- Mental health
- Alcohol
- Substance misuse
- Healthy weight
- Physical activity
- Sexual health

Further information

Higher Education Statistics Authority
<http://www.hesa.ac.uk/>

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