

Constructing a Crisis: Mental health, higher education and policy entrepreneurs

Abstract

In 2018, the UK Conservative government issued a 'non-negotiable' instruction for universities to make 'positive mental health' a strategic priority. This was responding to growing pressure from a variety of stakeholders including mental health organisations, student groups and higher education (HE) management who claimed a worsening crisis of student mental health in the UK. We conducted a qualitative media analysis (QMA) of public discussions of student mental health as a social problem (Altheide and Schneider, 2013) in a sample of a) newspapers and b) policy documents produced in the UK between 2010 and 2019 using a contextual constructionist approach and Kingdon's policy streams framework. It identifies expansive definitions of mental illness, assumptions that precede evidence-gathering, 'professional exes' as policy entrepreneurs, and solutions that spread risk across institutions. We conclude by discussing the shift away from autonomous subjectivity towards more heteronomous constructions. In so doing it provides an important contribution to sociological understandings of contemporary subjectivity and social policy regarding mental health in HE.

Keywords: mental health, higher education, social problems, therapeutic cultures, therapy culture

Introduction

Concern has been growing about mental health in UK higher education (HE) over the past decade, with high estimates emerging of the number of students experiencing mental health problems (Kerr, 2013; NUS, 2015; Pandey, 2022). Newspapers and advocacy groups have declared that UK universities are amid a 'mental health crisis' which must be a 'top priority' (*i-Independent* 13/08/2018). The Conservative government endorsed these claims in July 2018 when Sam Gyimah, then Minister for Universities, Science, Research and Innovation, told university leaders that mental health is the biggest issue facing students and instructed vice chancellors (VCs), 'collectively, we must prioritise the wellbeing and mental health of our students – there is no negotiation on this' (*The Independent* 19/09/2018). Advocacy groups have called for wide-ranging overhaul of the university system including not only a focus on individual student needs but also a 'step change' in curriculum, assessment and teaching practices to create 'mentally healthy universities' (Student Minds, 2019b; UUK, 2020).

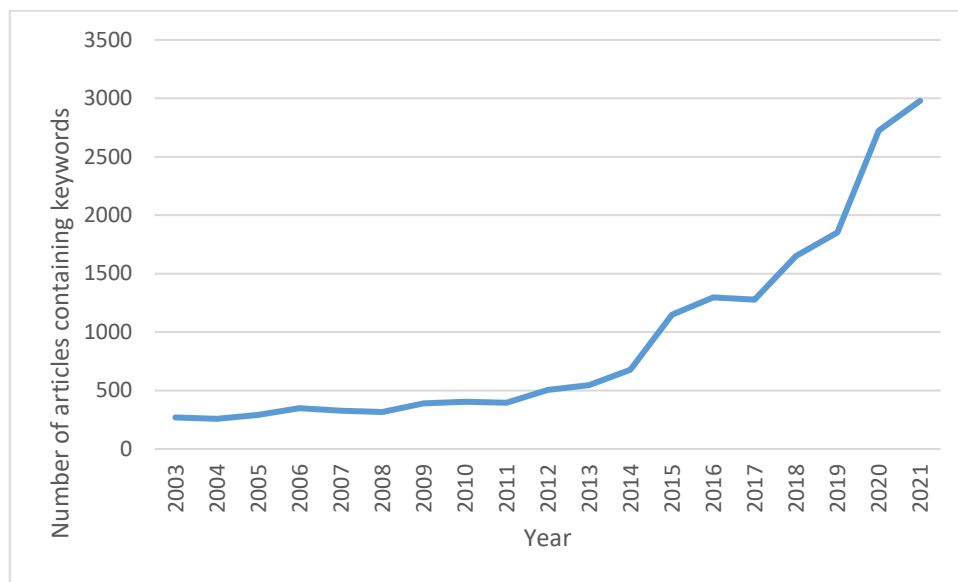
Using a contextual constructionist approach and Kingdon's (2003) policy streams framework, this paper attempts to make sense of the rise of student mental health onto the institutional and policy agenda in the UK focusing on an analysis of news media discourses and documents produced by lobby groups and UK government bodies between 2010 and 2019. We chose this timeframe as it saw a rapid expansion of public discussions of mental health in HE (see graph 1). Organising our analysis around problems, policies and politics, we highlight expansive definitions of mental illness, assumptions that precede evidence-gathering, 'professional exes' as policy entrepreneurs, and solutions that spread risk across institutions. Complementing Brunila et al's (this issue) study of similar trends concerning the valorisation of vulnerability and construction of psychologised subjects in the context of Finnish HE, we highlight the UK as a case study exemplifying similar pervasive assumptions of vulnerability. However, while one of the questions animating this special issue is the consequences of the diffusion of Euro-American constructions of subjectivity as an 'autonomous' and 'enclosed self', we conclude by suggesting that it is precisely autonomy that is being questioned.

In the discourses we sampled, assumptions of widespread vulnerability invite the idealisation of more heteronomous conceptualisations of subjectivity. In these ways, this paper contributes to sociological understandings of mental health discourses and associated constructions of subjectivity and highlights the specific ways these operate within the field of HE and social policy.

Background

Claims about a ‘mental health crisis’ in universities have taken off in the UK in the past decade. The first appearance of ‘student mental health crisis’ in major UK broadsheets occurs in *The Times* in 2010 (*The Times* 13/12/2010), the only article that year to use the phrase.¹ In 2018, this phrase reached a peak of 31 mentions across major broadsheets. Graph 1 illustrates the number of articles in UK broadsheets containing “‘mental health’ AND (‘high education’ OR universities)”.²

Graph 1. "Mental Health" and "Higher Education" OR Universities in UK Broadsheets (2003-2021)



Efforts to address this perceived crisis have included research programmes like the Student Mental Health Research Network (SMaRteN) and the launch of a £14.5 million research programme by the Office for Students (OfS). The University Mental Health Charter (UMHC) (Hughes and Spanner, 2019), supported by government, the OfS, Universities UK, and Student Minds, calls for support services, accommodation, teaching, and institutional bureaucracy to promote mental health and wellbeing for all university community members. In 2020, Student Minds announced three pilot projects to implement the UMHC, funded by the Universities Partnership Programme and the OfS. Private consultancies, charities, commercial companies and mental health advocacy groups including Student Minds (some of whose outputs we analyse below) have emerged, offering a range of interventions aimed at the general student population.

Claims of a mental health crisis in HE are the latest expression of a powerful social and political consensus situating educational settings as central to responding to allegedly worsening psychological and emotional states of children and young people (Author 4, 2019). Successive Labour, Coalition and Conservative governments have promoted a psycho-emotional understanding of wellbeing through an eclectic range of interventions and aims in welfare and educational settings

(Author 4, 2013). As we describe in the sections to follow, a convergence of interests and cultural and political receptivity has led to the gradual institutionalisation of an expansive reimagining of the university in line with promotion of mental health and assumptions of vulnerable subjectivity.

We do not dispute that many students experience problems that require professional intervention. Indeed, awareness of this furnishes the rationale for this study whereby we contend, and as we show below, contemporary developments risk doing little to help such students. On the contrary, encouraging more and more problems to be viewed as “mental health issues” risks hindering efforts to help such students by putting pressure on overstretched services.

Theoretical Perspectives

The contextual constructionist approach to social problems suggests that issues gain salience within specific social, cultural, and economic contexts (Best, 2019). Developing this approach, Best (2017) draws on Kingdon’s (2003 [1984]) multiple streams model to describe how problem constructions and proposals top the legislative agenda. In the problem recognition stream, claims-makers identify and name problems and demand attention/action. In the policy proposal stream, they offer detailed solutions. Finally, the political stream concerns the current political context, including the ideologies and interests of those in power. Competition among claims-makers and an inhospitable political environment can impact chances of having claims recognised and addressed. However, convergence across streams creates opportunities for the institutionalisation of claims.

Success also depends upon compelling rhetorical constructions of problems and solutions as well as on whether policy entrepreneurs emerge to make resource investments ‘in return for future policies of which they approve’ (Kingdon, 2003:115). While many policy entrepreneurs emerged, we consider the case of ‘professional exes’ (JD Brown, 1991) and the role that enlistment of students played in the take up of the agenda.

While Kingdon's approach has been criticised, for example, for lacking tools for meso- or microanalysis of the three streams (Rawat and Morris, 2016), social problems constructionism focuses analysis on discursive formulations of problems/solutions. Moreover, while Kingdon’s approach focuses on policies formulated for government action, we consider the ways claims-makers focused on both governmental affirmation and institutional change and how these worked together to create a favourable environment for both governmental and institutional avowal of the mental health agenda.

Methods

We conducted a qualitative media analysis (QMA) of public discussions of student mental health as a social problem (Altheide and Schneider, 2013). Drawn from symbolic interactionism, QMA emphasises media content’s embeddedness within social and cultural contexts making it particularly compatible with contextual constructionist studies.

We attempted to bridge problem recognition and proposal streams by sampling news media discussions and documents produced by interest groups containing policy proposals. Whilst aware that ‘therapeutic education’ is evident in previous decades (Author 4, 2019), to focus on recent developments at the time of data collection we restricted our timescale to 2010-2019. We searched “mental health” AND (“high education” OR universities) in Nexis across four major broadsheets (*The*

Guardian, Observer, Times, Sunday Times, Independent, Independent on Sunday, Telegraph and Sunday Telegraph) representing the ‘quality press’ and a spread of political viewpoints. The first 100 results by year were sorted by relevance by Nexis and articles selected meeting the criteria: >half of the article about HE student mental health; greater than 300 words; not duplicate. Fifty percent were selected, stratified by year, according to their relevance ranking in Nexis producing a 114-article sample.

Newspapers offer access to a cross-section of diverse stakeholders while frequently repeated claims give insight into the cultural context within which they resonate (Best, 2017). While newspaper readership has decreased, newspapers remain significant for agenda-setting and thus claims-making campaigns (Allcott and Gentzkow, 2017). Additional keyword searching was performed across the Nexis database to elucidate the prevalence of specific themes identified in the sample and to track the repetition of claims across UK news media.

We then conducted additional theoretical sampling of advocacy group and other documents identified during the news media analysis and our unfolding understanding of the phenomenon (Altheide and Schneider, 2013). We selected documents focused on shaping future policy or that were frequently referenced as justifications for policy (e.g. two NUS surveys cited at this paper’s outset). While not exhaustive, they represent a range of policy and practice guides and recommendations from various stakeholders spread across the decade. Table 1 details these documents and rationale for inclusion.

Table 1. Selected policy documents (2011-2020) and rationales for inclusion in our sample

Document Title	Author/Organisation	Year of Publication	Rationale for inclusion
Mental health of students in higher education: College report CR166 Royal College of Psychiatrists	Royal College of Psychiatrists (RCP)	2011	Early intervention from psychiatric profession. Allows comparison with later non-professional, advocacy-type reports
Mental Distress Survey Overview	Helen Kerr, NUS	2013	Survey frequently referenced in news media
20 per cent of students consider themselves to have a mental health problem	Disabled Students, NUS	2013	Press release for survey above
Mental Health Poll	NUS	2015	Survey frequently referenced in news media
The invisible problem? Improving students’ mental health	Poppy Brown, Higher Education Policy Institute (HEPI)	2016	Report produced for HE policy institute by student
Not By Degrees: Improving Student Mental Health in UK’s Universities	Craig Thorley, Institute for Public Policy Research (IPPR)	2017	Key reference point in UUK Stepchange framework; in turn influenced UMHC
Co-producing Mental Health Strategies with Students: A Guide for the Higher Education Sector	Rachel Piper and Talia Emmanuel, Student Minds	2019	Illustrates co-production as increasingly popular approach to intervention

Insight Bulletin 5 Mental Health – Are all students being properly supported?	Office for Students	2019	Adds regulatory weight to injunctions for institutional change
Student Minds Annual Report 2018-2019	Student Minds	2019	Influential interest group; details recent developments, research and beliefs
The University Mental Health Charter (UMHC)	Gareth Hughes and Leigh Spanner; Student Minds	2019	Collaborative output involving thousands of staff/students; aims to shape mental health policy
Stepchange: Mentally Healthy Universities	Universities UK (UUK)	2020	Proposes ‘whole university’ strategies

These samples were analysed in NVivo, beginning with newspapers. We coded claim sources, descriptions of problems/those affected, evidence used, and proposed solutions; e.g. claims advocating hiring more counsellors were coded ‘hire more counsellors’. We then grouped related codes into higher level parent codes, e.g. ‘proposed solutions’. For the policy document sample, we again coded claim sources, descriptions of problems/those affected, evidence used, and proposed solutions. We used Kingdon’s (2003) model to organise the resultant higher and lower-level codes under problems (codes constructing the problem), policies (proposed solutions), and politics (claims/events indicating political opportunities, e.g. HE management statements about risk, administrative changes) and to interpret the findings, detailed in the sections that follow.

Problems

Broad definitions and expanding domains

As briefly described above, in social problems constructionism, the problem recognition stream includes problem constructions, media coverage, and public responses (Best, 2017). Problems are often ambiguously defined, and as Kingdon (2003:78) observes, proposals may already exist before problems are even constructed. Loosely defining problems can be rhetorically advantageous, as a too-restrictive definition risks downplaying the problem’s size and thus necessity for action.

Claims-makers, the most prominent of which included representatives of counselling bodies, charities like Student Minds and Mind, and university administrators, tended towards broad definitions of the emotions and actions considered problematic, requiring intervention, and indicative of a mental health crisis in universities. Although ‘mental health’ was the primary concern, nearly 100 keywords, often ill-defined, were identified. These ranged from ‘sadness’ and ‘blunted mood’ to ‘psychiatric diseases’.

A significant moment in problem construction illustrates claims-makers’ preference for loose/expansive definitions. In 2013, and timed to coincide with Mental Health Awareness Week, the NUS released survey results claiming that 20% of students considered themselves to have a ‘mental health problem’ (Disabled Students, 2013). This figure included students who believed they may have a diagnosable condition (8%), those seeking diagnosis (2%), and those with a diagnosed condition (10%). They also reported that 13% had suicidal thoughts and 92% experienced ‘mental

distress' including 'feeling down' (Disabled Students, 2013). The NUS attributed the sources of distress to coursework and financial difficulties and emphasised their 'primary concern' as students not seeking formal supports.

Seven UK press articles reported on these results in the following month. Most highlighted the 20% figure with inconsistent reference to its basis in self-reports. For instance, while one article in the *Scotsman* states that one in five students '*considers themselves* to have a mental health problem', the headline declares 'One in five students *has* mental health problem' (*The Scotsman* 20/05/2013 emphasis added). No outlets reported the breakdown of the 20% figure. Only one mentioned survey limitations, noting potential exaggerated prevalence and that the figures were in line with the general population (*The Guardian* 20/05/2013). However, it highlights students' lack of help-seeking from formal services as the 'primary concern'.

Media reportage tended to take students' heightened risk for granted. Claims-makers commonly referred to students as 'especially vulnerable' to 'suicide and depression' (e.g. *The Times* 13/12/2010) without or with varying evidence; e.g. statistics for student depression ranged from 1 in 10 (*The Independent* 20/02/2013), 1 in 4 (*The Independent* 24/07/2013), or 1 in 3 (*The Guardian* 19/09/2012). Of the NUS survey, Poppy Jaman of Mental Health First Aid England claimed the findings were 'unsurprising' since 'the student community is considered high risk for mental ill health, with exams, intense studying and living away from home for the first time all contributing factors' (*The Guardian* 20/05/2013). However, that survey showed slightly lower prevalence of even self-reported conditions. Larger estimates (e.g. the 92% figure) were produced by using terminologies interchangeably, eliding negative feelings with 'symptoms' (e.g. as 'symptoms/feelings') (Kerr, 2013).

Student reliance on informal supports was explained by stigmatisation (e.g. *The Guardian* 20/05/2013), but the survey had not solicited rationales. The NUS press release called for increased funding for mental health services and announced advocacy partnerships with mental health organisations. However, the survey was conducted after these partnerships were established. Data gathering appears as a post-hoc justification for a pre-determined problem and course of action by claims-makers.

Another NUS survey conducted two years later asked students the more expansive question of whether they had experienced 'problems with their mental health' in the past year (NUS, 2015). The meaning of this was undefined. Where the 2013 description release noted the possibility of inflated estimates due to self-reports (Kerr, 2013), the 2015 version contained no caveats (NUS, 2015). This approach produced the much higher statistic that 78% of university students suffered from 'mental health problems'. Ten articles appeared within six months (compared to eight for the first survey). Of these, five mentioned this statistic in the headline or first two paragraphs, with some stating it as 'eight out of ten' or 80% (e.g. *The Guardian* 14/12/2015; 03/02/2016). None mentioned any limitations.

Again, coverage highlighted students' lack of formal help-seeking. *The Independent* reports, 'A recent study by the [NUS] has revealed the majority of students experience mental health issues (78 per cent), while 54 per cent of students do not seek help, begging the question: Why don't students seek help from their universities—and how can this be reversed?' (*The Independent* 02/04/2016). The author suggests students should expect more from HE mental health services and be encouraged to use them as 'mental health issues are far more common than people think' (*The Independent* 02/04/2016). While students were already seeking support in larger numbers since the mid to early 2000s despite no evidence they suffered greater diagnosable illness than age matched

non-student populations (RCP, 2003:7), students' lingering preference for informal supports was framed as risky (e.g. *The Scotsman* 20/05/2013). Students were warned that not seeking help, even for seemingly normal experiences, could lead to severe problems. 'Those who are unable to cope may drop out. Left unrecognised and untreated, their problems may become more severe. They may start to self-medicate with drink or drugs, self-harm, or even take their own lives' (*The Guardian* 03/02/2016).

Claims-makers warned no problems were too small for formal services and urged disclosure of conditions. 'Too often "minor" issues' are "brushed away"', worries one advocate, adding that universities must 'reverse this psychology [and] provide a bridge between the student and support services' (*The Independent* 04/06/2013). Another urges use of services 'even if your problems don't seem "serious"' (*The Guardian* 12/02/2016). 'It's not just for people with mental health disorders,' offers an RCP representative. 'It is really for everybody, and there are all kinds of things available' (*The Times* 17/08/2017). Beliefs that problems are minor are depicted as obstacles and risks. Without disclosure, small issues can spiral out of control. In this way, as De La Fabian argues in this issue, profound doubts about subjectivity left to its own devices (no pun intended) are evident. Students' alleged belief in their own autonomy to deal with problems without external guidance is explicitly problematised. A more heteronomous, or externally guided will, is posed as preferential.

Yet increases in disclosure and help-seeking were also seen as indicators of the problem's scale and signs of a mental health 'crisis' in universities. One headline described the 'counsellors on the frontline of the student mental health crisis', citing increased numbers of students seeking supports and disclosing mental health problems (*The Guardian* 28/10/2017). 'A growing number of undergraduates are reporting mental health problems,' says another report on the 'crisis' (Marsh, 2017). Another states, 'Mental health is now considered one of the biggest challenges facing the sector, with 94 per cent of institutions reporting an increased demand for the services in recent years' (*The Telegraph* 08/06/2018).

Documents sampled also struggled with problem definition which tended to be resolved in broad conceptualisations. The RCP (2011) report notes that prevalence estimates 'can vary by more than 100-fold depending on how it is ascertained and defined', creating 'obvious difficulties with regard to planning provision of care for those with mental disorders' (19). Despite these caveats, it cites increasing demand for services as indicating the problem's severity. It concludes with the expansive claim that 'psychiatric disturbance is widely prevalent in the student population' (32), where the choice of 'disturbance' encompasses a broad range of experience.

The HEPI report (P Brown, 2016) states that 'mental disorders are fairly common in higher education' but admits they are not as common as 'in the general population—12 per cent compared to the estimated 25 per cent' (12). It goes on to argue that nonetheless, 'the number of students suffering from *poor wellbeing* is high' (12, emphasis added). The IPPR report (Thorley, 2017) combines formally declared mental health conditions and subclinical 'mental distress' as indicators of a need to intervene:

As well as a significant increase in the number of students who formally declare a mental health condition to their HEI, there is also a high level of self-reported mental distress among the student population. While not always meeting the threshold for a clinical diagnosis, this is likely to have a significant effect on individual students' ability to thrive both academically and personally, as well impacting on demand for a range of student services. (15-16)

These trends are also evident in the most cited risk across the news media and documents: student suicide. Suicide statistics for the entire age population were often cited and absolute rises communicated without the context of greatly increased student numbers and overall low numbers of students affected (thus inflating percent increases). For example, one article blends various figures including three suicides at a university in one year, an increase in university counselling website hits, and a statistic from a youth suicide prevention charity stating that ‘between 600 and 800 people under the age of 24 kill themselves each year’ (*The Times* 13/12/2010). One article begins,

University suicide epidemic; student mental health crisis - these terms are rarely far from the headlines. And the evidence that backs them up is concerning. An Institute for Public Policy Research report last year showed that five times as many students as 10 years ago are reporting mental health conditions to their universities, while student suicides have risen from 75 in 2007 to 134 in 2015 (*The Guardian* 19/06/2018).

These figures are also cited in the HEPI report (P Brown, 2016:15) and the IPPR report (Thorley, 2017:4), the latter of which is in turn cited in the *Co-producing Mental Health Strategies with Students: A Guide for the Higher Education Sector* (Piper and Emmanuel, 2019:9) as evidence of a worsening problem of HE student suicide. However, the figures included all individuals classified as ‘full-time students’ over the age of 18, including those in Further Education (ONS, 2016) and do not account for growth in student numbers. According to ONS estimates released in 2018, the number of HE students who committed suicide in 2014/2015 was 93 (ONS, 2018). The rate at which university students commit suicide appears to be significantly lower than the general population of the same age and has decreased since the 1990s (from 9.7 per 100,000 in 1993/1994 to 4.7 per 100,000 in 2017) (ONS, 2018).

Yet when these statistics were released, assumptions about a student mental health crisis remained entrenched in highly pessimistic framings. A *MailOnline* headline proclaimed the ‘[n]umber of university students committing suicide nearly double[d] since 2000’ (25/06/2018). ‘SUICIDE UNI SHOCK’ ran another headline (*The Sun* 25/06/2018). Another declared, ‘Nearly 100 university students killed themselves last year—as numbers seeking counselling soar’ (*Birmingham Mail* 25/06/2018). The *i* ran the cover story: ‘Mental health crisis among students “must be top priority”’, citing the figures as showing, ‘student suicide rates had risen by more than a fifth over the past 10 years, with 95 deaths in 2017, up from 77 in 2006-07’ (*i-Independent* 13/08/2018). However, several conclusions could be drawn depending upon which year is emphasised; for instance, that the student suicide rate per 100,000 had fallen since 2004/5 and more significantly since the 1990s. Instead, the statistics became fuel for a plethora of claims about the need to make mental health and wellbeing a priority.

Similarly, while the OfS (2019) document indicated student suicide rates were low and warned that mental health advocacy risked inflating perceptions of prevalence, the remainder of the documents produced after 2018 remained pessimistic. The UUK Stepchange document states, ‘The rate is low – half that of in the wider age-adjusted population – but rising’ (UUK, 2020:16). The UMHC (Hughes and Spanner, 2019:35) gives the absolute number of deaths in 2016/2017 and supplements this with claims about suicidal thoughts. The UMHC goes on to note that student suicides are lower than age-matched populations, but continues—somewhat ambiguously—that ‘risk related to mental health is a very real factor within universities’ (35).

The above highlights Kingdon’s (2003) observation that problem claims are often subsequent to the existence of solutions. Pre-existing problem claims in search of evidence have also been highlighted

in broader social problems literature (Lee, 2017). In this case, assumptions of the need for intervention precede the evidence. The RCP (2011) report admitted that evidence was scant, but stated many reasons to believe that problems would be severe once detailed statistics became available. However, rates of mental disorder and even suicide among students appear to be the same or even lower than age-matched populations. With poor evidence or in the face of evidence to the contrary, claims-makers expanded their purview.

Elisions of causes and problems

Academic pressures, transitions and finances were most commonly cited as causes of student mental health problems in the news media sample. The documents cited study, transitions and lower socioeconomic status. The samples suggest that experiences once considered normal or positive, like leaving home for the first time, now pose a risk. One article lists commonplace aspects of beginning university including locating shops and a young relationship breaking up before concluding, 'and everyone keeps telling you that this is amazing fun. No wonder depression, anxiety, eating disorders and addiction are so rife' (*The Guardian* 29/10/2015).

Over time, it becomes difficult to differentiate between causes of mental ill-health and mental health problems themselves. For instance, loneliness is often described as a potential cause of or contributor to mental ill-health. On the other hand, it is described as a symptom, 'mental health issue' and/or problem. 'One of the biggest problems was loneliness,' one report of a survey states before continuing that students did not know 'who to speak to about their mental-health issues' (*The Sunday Times* 03/11/2019).

As causes and problems become blurred, so too does the direction of causation. Lower socioeconomic status is seen as a potential pre-existing cause of mental health problems, e.g. by the RCP report (2011). However, as time goes on, psychological distress is positioned as causing negative social outcomes. Student Minds claims, 'Roughly 1 in 3 students experience clinical levels of psychological distress. This can contribute to decreased performance and interpersonal problems. In turn, this can lead to academic failure and dropout, job difficulties, and negative social outcomes' (Student Minds, 2019a:3). Possessing good mental health is positioned in the UMHC as a precondition for learning and part of the 'core transactional relationships' of universities (Hughes and Spanner, 2019:7). The emergent claim is that first mental health must be promoted before learning/skills development can proceed and broader material problems broached.

This means that one of the most cited causes of mental health problems across the samples, finances and socioeconomic divisions, acquires a psychologised framing. Psychological phenomena come to be conceptualised as causes of economic phenomena; economic phenomena subtly slip into psychological phenomena. For instance, the IPPR report (Thorley, 2017) highlights postgraduate job prospects as the second highest cause of student stress, noting that these concerns were justified. 'But,' the report continues, 'it is also true that the anticipation of entering a competitive jobs market could have an adverse effect on students' mental health and wellbeing' (34). Implicitly, the locus of control is shifted from the external to the internal world. Notably, none of this report's key recommendations focus on this broader context. Instead, governments are called upon to increase funding for student mental health initiatives and improve the integration of services.

Framing issues in mental health terms appears more soluble than calling for expanding opportunities within a struggling economy, now additionally grappling with the fallout of the Covid-19 pandemic. More deeply, these discourses feed into a broader and more generalised consensus that the inner

world is the domain of change while the outside world, and especially its economic processes, is beyond mere human control (Mirowski, 2019).

Professional exes as policy and self-help entrepreneurs

While there are many types of claims-maker identified in the samples, the most common being representatives of university management and counselling bodies, the attempt to enlist students in the uptake of the agenda represents an important development. Counselling bodies had been campaigning to increase their purview and services for decades with the 1990s and early 2000s seeing the emergence of dedicated special interest groups (e.g. University Mental Health Advisers Network [UMHAN] launched in 2003). At the turn of the decade, student groups began to emerge taking ownership of this agenda, many working closely with counselling bodies such as UMHAN, AMOSSHE (student services organisation) and Heads of University Counselling Services (HUCS). For instance, these groups acted as advisers to the Alliance for Student-Led Wellbeing, of which Student Minds was a core member (Alliance for Student-Led Wellbeing, 2015).

Such initiatives grew out of concerns that institutional mental health agendas were too 'top down'. For instance, a 2015 report for HEFCE (Williams et al., 2015), notes that policies had tended to be formulated at the top levels of institutions. Although this ensured 'buy-in at the highest level' and enabled support services to leverage sufficient funds, institutions worried that challenges 'on the ground' might be overlooked and opportunities for students to implement agendas and 'share responsibility' missed (52). If the primary solution to mental health issues is for universities to provide high quality, well-trained counselling staff and demand gets 'out of hand' (50), universities face the risk of failing in their 'duty of care' (50). Spreading out this risk and encouraging other parties to take ownership of the issue represented an opportunity on the part of institutions to diffuse risk across its staff and student body.

These incentives coalesced with those of students for whom uptake of the agenda can offer a means of imputing meaning to their experiences, a sense of mission, and an exit from a potentially 'deviant' career path onto a more 'legitimate' one (JD Brown, 1991). News media often featured 'typifying stories', or individual anecdotes ostensibly illustrating the severity of the problem (Best, 2017), from student campaigners whose 'success' lay in their having turned mental health into a *raison d'être*. The documents also featured such vignettes and most employed some form of student engagement in their production with e.g. the HEPI Report (P Brown, 2016) being produced by an undergraduate.

We might consider these policy entrepreneurs as 'professional exes' (JD Brown, 1991; LeBel et al., 2015) and as 'wounded healers' (Jackson, 2001); transforming potentially 'deviant' careers into legitimate ones by using their experiences to minister to others. While claims-makers often cited reduction of stigma as a goal, an exit from deviance is implicitly constructed as recognising one's struggles as 'mental health issues' and the adoption of effective coping strategies, often including campaigning and mentoring others. Examples include a student who sought a medical diagnosis and later became a mental health campaigner as part of their university's Students Union (*The Guardian* 14/08/2018), and another who founded a campaign group and later a mental health organisation offering workshops and coaching sessions (*The Guardian* 09/10/2018; MindMapperUK, 2022). Many origin stories of emergent student mental health commodities were similarly rooted in leaders' self-described struggles while studying. For instance, the founder of Koko, a crowdsourced peer support app recommended in the press for student use describes how his struggles with depression while learning to code in university led to its development (Morris, 2022).

Such typifying examples tended to produce few stories of full recovery. Maintaining aspects of one's identity as a sufferer of mental ill-health is not an obstacle to the professional ex- or wounded healer position, but rather strengthens it. As JD Brown (1991) describes, aspects of the former role are carried over, as the professional ex must remain constantly vigilant over 'potentially recurring symptoms' and enact rituals of self-care as a key aspect of providing care and support to others (223). Their 'recognition of the need for constant vigilance is internalized as their moral mission from which their spiritual duty (a counselling career) follows as a natural step' (223). It is their identification with their past role that undergirds the present one and differentiates them from other professional colleagues.

Like formerly incarcerated individuals, the role of the professional ex also transforms the individual from a liability to be supervised to an asset to be utilised (LeBel et al., 2015). For HE institutions, struggling students no longer represent individuals whose behaviours (e.g. failing to complete course requirements thus affecting completion rates, becoming a danger to themselves or others, etc.) represent a putative risk to the institution. Instead, they become assets and repositories within which risk and responsibility can be diffused. While unintentionally, the co-production document (Piper and Emmanuel, 2019) puts this explicitly, 'When students are fully engaged in the context of strategy development, they are treated as partners in making decisions that will ultimately affect them or their peers. Students are regarded as assets with a great capacity for change, rather than "problems" that require fixing' (41).

Policies

Peer support initiatives

News media claims-making had focused on encouraging uptake of specialist services, as did some earlier reports (e.g. CVCP 2000) which also focused on targeting specialist services to those most in need. All the documents also recommended expansion of university and other mental health support services. However, a common focus lay in spreading out responsibility for mental health, in forms of peer mentoring and involving different university staff in student mental health. Through peer training, autonomy and judgment is carefully honed in relation to the expertise of external parties. For instance, Student Minds documents (Piper and Emmanuel, 2019) describe a wide range of activities designed to train students and staff in taking charge of mental health initiatives and emphasise the importance of 'lived experience' as a source of expertise, but link this to broader professionalised narratives of mental health intervention. In this way, there is also a perceptible diffusion and dilution of mental health expertise across the university body and away from specialised services.

Early Intervention and Empowerment

Relatedly, early intervention and empowerment form a significant focus of intervention, touted as able to prevent problems before they start. Co-production represents an increasingly significant path to their achievement with current or ex-students envisioned as using their lived experience to formulate interventions to alleviate mental distress and staff and students being trained in recognising signs, causes, consequences of mental ill-health (Hughes and Spanner, 2019). The terms

empower, empowering and empowerment appear 29 times across the co-production document's 98 pages (Piper and Emmanuel, 2019), while Student Minds' (2019a) annual report uses these terms 18 times in 47 pages. These terms figure less prominently in the UMHC and the UUK Stepchange framework, though the emphasis on imbuing the entire university body with skills to 'take responsibility for their own wellbeing' (UUK, 2020:12) and 'develop a sense of empowerment and agency' over mental health remain prominent concerns (Hughes and Spanner, 2019:65).

'Empowerment' is broad enough to capture all students whilst also allowing for targeted interventions. A relatively recent term, it became commonplace within social work in the 1990s (Author 2, 2016). However, its ubiquity in contemporary social policy discourse belies its ambiguity. With no agreed meaning it can be used flexibly as a justification for myriad purposes—an *a priori* good endowing such interventions with ethical intent. However, it also positions those subject to empowerment strategies as requiring the help and wisdom of the empowerers, implicitly questioning pre-existing coping mechanisms and constructing a division between the aware and the unaware, with the former being backed up by institutional and peer policies and interventions.

Whole university approaches

Over time, the expansion of counselling services and various wellbeing interventions have been subordinated to pressing for 'whole university' approaches to mental health promotion. The latter has come with more of an activist slant and focuses on co-production in the way that earlier interventions did not. As with other recommendations, this shift is bound up with de-professionalisation of mental health support and corresponds to the renaming of counselling and specialist support services as wellbeing services, moves of which many in these professions were critical. This pushback is evident in the news media sample wherein the shift to 'wellbeing' is identified as a money saving strategy, with its focus on non-specialist services, peer wellbeing mentors, mental health first-aiders, etc.

Announcing funding for research into universal non-clinical approaches to student mental health, SMaRteN, a national research network working with the mental health charity Student Minds, stated in June 2020:

UK [HE] is seeing a welcome shift towards [...] a whole university settings-based approach to improving mental health [...]. The aim is to create supportive environments and processes enabling all the university community to engage creatively to work towards better mental health.

This change, a representative continues,

is urgently needed; the sector is reporting a mental health crisis [...]. Provision of reactive and individual services cannot keep pace with increases in demand and has been criticised for being too individualistic and ignoring the structural and cultural processes that influence mental health. (King's College London, 2020)

The move to a 'whole university' approach follows on from the gradual expansion of mental health to represent a continuum within which all are situated and can move in either direction depending on life circumstances. Presented as a means of combatting the stigma that can attach to mental illness, it also implies that there is no real dividing line between the well and the ill. There is a strong emphasis on 'holism', with the UMHC mentioning 'holism' and 'holistic' and 'whole' (university, sector, community, etc) 88 times across the document's 92 pages. Moreover, the UMHC expressly

defines 'mental health' as encompassing 'a full spectrum of experience' from mental health to mental illness (Hughes and Spanner, 2019:9) as does the StepChange framework (UUK, 2020). The implication is that if everyone has mental health, then everyone has mental ill-health too. In the current climate such an elision can portray everyone as requiring some form of mental health intervention. The question is not 'do you need mental health support' but 'what level of support do you need'?³

A generalised shift is observable from support for problems to universalised mental health promotion underpinned by views that entire student (and staff) populations are at risk without intervention. Assumptions of potential and actual psycho-emotional vulnerability become an incontrovertible fact that applies to all.

Politics

Claims about a student mental health crisis emerged into institutional and political landscapes saturated with and receptive to claims situating fragile subjectivity at the heart of social problems (Furedi, 2004). UK schools had already overseen at least a decade of expansion of therapeutic interventions (Author 4, 2019). Some claims-makers advocating interventions in primary schools extended these to HE. For instance, advocate of wellbeing education in schools, Anthony Seldon, re-emerged as VC of the University of Buckingham with plans to make it 'Europe's first "positive university"' (Lydall, 2017). Trends already prominent in schools expand as perceptions of childhood fragility stretch into early adulthood.

These claims were met with receptivity in a marketised HE context. Researchers across countries facing similar marketisation have described how these processes have fostered the movement of therapeutic ideals into the heart of HE (e.g. Brunila, 2012:452; Brunila et al, this issue). A loss of meaning and purpose tied to university marketisation has likely fostered receptivity to therapeutic recasting of HE's institutional role.

More significantly, Waggoner and Goldman (2005:88) characterise universities as 'communities of fate', where successes/failures of entire sectors are absorbed by their constituents. Individual institutions become increasingly conscious of industry-wide risks, responding with coordinated risk management. Larger players may also push for regulations knowing weaker rivals will struggle to compete within increasingly strict regulatory frameworks. In the present analysis, many claims-makers stressed risks of suicide and litigation should universities breach their 'duty of care'. Advocates thus adeptly drew on institutional opportunities and risks, warning of dire cross-sector consequences should VCs fail to heed their claims.

Finally, coincidence of interest group pressure campaigns with legislative turnover can increase the prominence of certain issues on the agenda (Kingdon, 2003). While governments have long been receptive to claims situating emotional life at the heart of social problems, a key moment occurred in 2018 when Sam Gyimah became the Conservative Minister for Universities, Science, Research, and Innovation. Some of his first statements in the position prioritised student mental health and the UMHC was launched with his support. Support for student mental health offered an opportunity to take a strong stance on a visible issue—but with little risk—since responsibility ultimately lay with universities. In regulating student emotional life, claims-makers promised to reduce risks and thus save costs on both university services and the NHS. Moreover, it offered the opportunity to recast a contentious issue as noncontroversial, with Gyimah explicitly claiming that mental health's importance trumped that of tuition fees (*The Times* 25/06/2018). Indeed, fees could become just

one more contributor to a broader and more salient epidemic, for which a range of supports could be advertised as an offer and indeed part of the package for which rising fees are necessary. These activities entered a political environment generally favourable to claims framed in therapeutic terms. It was also one in which the broader purpose of HE had been thrown into flux. In other words, they fit the ‘national mood’ (Kingdon, 2003:146).

Conclusions

As Kingdon (2003) describes, the problems, policies, and politics streams come together when a problem is ‘recognised’, solutions are available, and the political climate is conducive/non-prohibitive to change. ‘Advocates develop their proposals and then wait for problems to come along to which they can attach their solutions, or for a development in the political stream like a change of administration that makes their proposals more likely to be adopted’ (88). Advocates used broad definitions to construct increasingly intractable problems, facilitated by the ‘spectrumising’ of diagnostic boundaries (Jackson and Haslam, 2022). They constructed policy solutions foregrounding their expanding array of interventions and expertise. Finally, they exploited institutional and political opportunities, seizing upon sector-wide risks and changes in administration.

In these ways, claims were made acceptable to ‘the values held by members of the policy community’ including the ‘proper role and size of the government’ but also ‘equity’ and ‘efficiency’ (Kingdon, 2003:143)—since responsibility was displaced to universities who themselves diffused it across the institution. While potentially costly for institutions, much more costly and difficult issues (like fees) become therapeutised, recast as so many causes and signs of mental ill-health for which ‘support is available’.

In doing so, mental ill-health becomes positioned as an ever-present risk requiring constant vigilance. Those inhabiting universities must constantly seek and undertake rituals of self-care; regulations and frameworks must be embedded so that mental health becomes part of everything institutions do. Such ideals resonate with a broader context characterised by neoliberal governance’s suspicion of autonomous subjectivity (Chandler, 2014). Even as proposals highlight individual responsibility, the capacity to bear this is deeply in doubt. Subjects must be ‘empowered’ to exercise ‘agency’ (Student Minds, 2019a:3). This plays out not only in this UK-based study, but elsewhere in this issue, for instance, as algorithms bridge individuals and psy-knowledge, pervaded by doubts about the trustworthiness of subjectivity unchecked (De La Fabian). The resultant idealisation is not of an autonomous self-governing subject but a heteronomous other-governing one—an ideal subject constantly looking for external rules and guidance for the correct conduct of life.

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¹ Search of Nexis and Gale in *The Times*, *The Independent*, *The Telegraph*, and *The Guardian* and their Sunday editions/affiliations for “student mental health crisis”.

² Nexis searched in *The Times*, *The Independent*, *The Telegraph*, and *The Guardian* and their Sunday editions/affiliations for “mental health” AND (universities OR “higher education”) by year. Searches were conducted in batches of <200 for Nexis to remove duplicates.

³ Intervention does not necessarily mean formal professional intervention. Indeed, relatively few will require this. However, more informal support from student services, phone apps, support fora, changes to curricula, safe spaces and trigger warnings are all aspects of the universalising of student mental vulnerability.