Historicising the "Crisis" in Undergraduate Mental Health: British Universities and Student Mental Illness, 1944-1968

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Abstract

This article explores how and why student mental health became an issue of concern in British universities between 1944 and 1968. It argues that two factors drew student mental health to the attention of medical professionals across this period: first, it argues that the post-war interest in mental illness drew attention to students, who were seen to be the luminaries of the future, investing their wellbeing with particular social importance. Second, it argues that the development of university health services made students increasingly visible, endorsing the view that higher education posed distinctive yet shared mental challenges to young people. The article charts the expansion of services and maps the implications of the visibility of student mental distress for post-war British universities. It suggests that claims that British higher education is currently in the midst of an unprecedented mental health "crisis" should be seen within this broader historical context, for while the contours of the debates around student mental health have shifted substantially, evidence that there was anxiety around student mental wellbeing in the immediate post-war years undermines accusations that contemporary students constitute a unique 'snowflake generation'.

Higher education; mental illness; universities; students; post-war Britain; psychiatry

Introduction

Writing in 1961, Alexander Mair, Professor of Social and Preventive Medicine at St Andrews University, claimed that both mental illness and pulmonary tuberculosis were "known to be two hazards to which university students are especially liable." Mair argued that physical and mental health were critical to academic effort, and postulated that "Perhaps a high failure rate, in future, may have to be explained in psychological and personality terms rather than on grounds of intellectual inadequacy". He pointed to broader shifts in the definition of health to support this:

he quoted approvingly the 1948 definition of health by the World Health Organisation, as a "state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity." This definition, he contested, was "very apposite to the present argument and sufficiently all-embracing."[1] As Mair's argument shows, students' psychological status has long been of interest in British universities. Indeed, anxiety about student mental health has a longer historical lineage than that which is allowed by headlines proclaiming a contemporary crisis ("UK Universities Act to Tackle Student Mental Health Crisis").[2] Instead, the perceived crisis in student mental health can be traced back to the period following the Second World War, as undergraduates came to be positioned as the luminaries of the future and mental health came to be seen as a pressing social issue. While the contemporary debate is different in scope and intensity, the history of student mental health suggests that since the 1940s the student mind has been a locus of particular concern in the medical imagination and that medical professionals have long argued that distinct care and services are required to meet student mental health needs.

This post-war era shift in interest in student mental health was set in a landscape of changing attitudes towards mental health more broadly. Rhodri Hayward has noted that during the 1930s and 1940s a belief emerged that "human nature itself could be improved through a coordinated series of psychological interventions."[3] While during the Second World War, as Chris Millard has established, the "psychological significance of personal relationships, of adjustment to situations, of communication and social interaction become central to the linked aims of maintaining military and civilian morale on one hand, and returning psychological casualties to service as soon as possible on the other".[4] As demonstrated by Mathew Thomson, the aftermath of the Second World War positioned psychology as a "tool of social engineering", in which mental health was configured as "inextricably linked to the defence of a democratic way of life".[5] The period was one of transformation in British welfare history; the creation of the

[1] A. Mair, "A Review of Student Health Services in Britain," *The Proceedings of the British Student Health Association 13th Annual Conference, London 1961,* 124-137, 125-126.

[2] "UK Universities Act to Tackle Student Mental Health Crisis," *Financial Times*, 5 March 2018 [accessed online 15 April 2018, https://www.ft.com/content/8e53ee5a-1e13-11e8-aaca-4574d7dabfb6]. See also *The I Paper,* "Student Mental Health Crisis Must be a "Top Priority," University Watchdog Warns," 13 August 2018 [accessed online 13 August 2018, https://inews.co.uk/news/education/student-mental-health-top-priority-watchdog].

[3] Rhodri Hayward, "The Invention of the Psychosocial: an Introduction," *History of the Human Sciences,* 25 (2012), 4.

[4] Chris Millard, *A History of Self-Harm in Britain: a Genealogy of Cutting and Overdosing* (Basingstoke: Palgrave Macmillan, 2015), 62.

[5] Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford: Oxford University Press, 2006), 209-225. Thomson has written about the importance

National Health Service (NHS) in 1948 and the integration of mental health care into its services, alongside the increased availability of minor tranquillisers, framed the importance accorded to mental health in the period following the Second World War. As historians have demonstrated, too, eugenics retained influence even after 1945; as we shall see, there are strands of eugenic thinking that emerged in discussions about the importance of student mental health.[6]

While the development of British higher education, universities, and students have been subject to historical study, for example by Carol Dyhouse, William Whyte, and Michael Sanderson, scholarship on the history of university student mental health in Britain has not yet developed.[7] When Universities UK compiled a bibliography of the work on mental wellbeing and university students in 2016, the authors found little that explored the British context, instead pointing readers to the better-developed literature around American college campuses.[8] A study of mental health in higher education under New Labour noted the "long tradition of viewing education as curing, or causing, mental illness" but stopped short of exploring how the years immediately following the Second World War shaped the mental health and higher education

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and influence of psychological ideas in British pedagogy in schools; see his chapter on 'Psychology and Education' in *Psychological Subjects*.

[6] See Lucy Bland and Lesley Hall, "Eugenics in Britain: The View from the Metropole," *The Oxford Handbook of the History of Eugenics*, 2010; Chris Renwick, "Eugenics, Population Research, and Social Mobility Studies in Early and Mid-Twentieth-Century Britain," *The Historical Journal* 59 (2016), 845-67.

[7] William Whyte, *Redbrick: a Social and Architectural History of Britain's Civic Universities* (Oxford: Oxford University Press, 2016); Carol Dyhouse, *No Distinction of Sex? Women in British Universities 1870–1939* (London: UCL Press, 1995); Carol Dyhouse, *Students: A Gendered History* (London: Routledge, 2006); Michael Sanderson, "Higher Education in the Post-war Years," *Contemporary British History*, 5, (1991), 417-431; see also Harold Silver and Pamela Silver, *Students: Changing Roles, Changing Lives* (Buckingham: SRHE and Open University Press, 1997); Jodi Burkett (Ed) *Students in Twentieth-Century Britain and Ireland* (Cham: Palgrave Macmillan, 2018); Georgina Brewis, *A Social History of Student Volunteering: Britain and Beyond 1880-1980* (Basingstoke: Palgrave Macmillan, 2014).

[8] Annie Grant and Ruth Liss, *Mental Wellbeing in Higher Education: a Select Bibliography* (Universities UK, 2016), 3. [accessed online 06 May 2018, https://www.universitiesuk.ac.uk/about/Documents/mental-wellbeing-in-higher-education-bibliography.pdf]. The three texts they particularly highlight in the introduction as providing historical context are R.L. Arnstein, "Mental Health on the Campus Revisited," *Journal of American College Health,* 43 (1995), 248-251; D.P. Kraft, "One Hundred Years of College Mental Health," *Journal of American College Health,* 59, (2011), 477-481; Mental Wellbeing in Higher Education Working Group and Universities UK, "Student Mental Wellbeing in Higher Education: Good Practice Guide," 2015 [accessed online 22 August 2018, https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2015/student-mental-wellbeing-in-he.pdf].

climate of Blair's Britain.[9] Meanwhile, scholars have explored the history of concern about the effect of schooling and examinations on children's mental health. Recent scholarship has established that children in the mid-1880s were diagnosed as suffering from "over-pressure", a scourge that might, in extreme cases, result in child suicide.[10] The controversy allowed teachers, argues Christopher Bischof, to lay claim to "specialised, uniquely intimate knowledge about children."[11] The debate about undergraduate mental health in post-war Britain similarly allowed professional expertise to be affirmed: as we shall see, the expertise of those overseeing student health was recognised by the establishment of a professional association in 1951 that held conferences, conducted research and promoted the development of student health services.[12]

Concern that student mental health was in crisis can be traced back to the post-war years in Britain. This unease, it is worth noting, was international: a conference on student mental health hosted in London in April 1961 was convened in light of the suspicion that in recent years "the incidence of mental ill-health among students in some countries has increased apparently to an alarming extent."[13] It was widely argued that while all young people faced difficulties, university students faced particular challenges and that these were increasing in magnitude. In 1963 the sociologist Ferdynand Zweig conducted a study into *The Student in the Age of Anxiety* and mourned that the "happy and easy tone, the gaiety, the carefree existence of the bohemian are largely replaced by the conscientiousness of the plodding student who wearily drags his feet and sweats out his examination papers to the satisfaction of his superiors. A zest for life, the exuberance of youth, lightness, humour and wit are largely lacking."[14] The Cambridge University Student Representative Council reported in February 1967 that while students did not seem to suffer mental illness disproportionate to their age group, the present generation of students was under greater pressure to succeed than those studying twenty to thirty years ago. Like the psychiatrist G.M Carstairs - who observed in his 1962 Reith Lectures that the landscape of morality had changed, leaving adolescents psychologically unmoored - the Cambridge committee observed that "At present, when the moral values of society are constantly being re-examined, it

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[9] Sally Baker, B.J. Brown, John A. Fazey, "Mental Health and Higher Education: Mapping Field, Consciousness and Legitimation," *Critical Social Policy*, 26 (2006), 31-56.

[10] Christopher Bischof, "A "Rich Crop of Nervousness": Childhood, Expertise, and the State in the mid-1880s British Over-Pressure Controversy," *The English Historical Review*, 131, 553, 2016, 1415-1444.

[11] Ibid, 1417.

[12] "The British Student Health Association", *The Proceedings of the British Student Health Association, Annual Conference, London, 1961,* 1.

[13] Bodleian archive, 1535 d.471, *Student Mental Health: Report of a Conference held at Campbell Hall, London, 8th-9th April 1961* (London: World University Service, 1961), 4.

[14] Ferdynand Zweig, *The Student in the Age of Anxiety* (London: Heinemann, 1963), xiv.

may be difficult for a young person to form his own set of principles, and failure to do this can result in psychological disturbances."[15] Anxiety about student mental health became a lexicon through which broader concerns about social shifts could be articulated. As we shall see, it was not just Cambridge that was uneasy: a report from the University of Sheffield suggested that the incidence of anxiety had more than doubled over the five years preceding 1965.[16] The report asked if the students themselves had changed, if they were indeed more anxious, or if they were more likely to seek help, as this upsurge was "far greater than can be accounted for by the increase in student population."[17]

The student population did indeed change between the end of the Second World War and the cusp of the 1970s. Before the war just three percent of the age group received some tertiary education, rising to 6 percent by the early 1950s.[18] By the end of the 1950s, Peter Mandler argues, demand for access to higher education had flourished, driving expansion.[19] The post-war expansion of higher education was unambiguous and rapid as new institutions were awarded university status. Student numbers rose, driven, as Michael Sanderson has argued, by a concern for greater social justice and a perceived need for expertise after the Second World War.[20] The Robbins Report of 1963 was, John Carswell tells us, dominated by two themes: the expansion of higher education to enable greater numbers of students to access it, and the assertion of the autonomy of higher education institutions.[21] The report established that "courses of higher education should be available for all those who are qualified by ability and attainment to pursue them and who wish to do so".[22] By 1972 14 percent of school leavers went on to higher education: a new cohort of students emerged, and the stage was set for universities to become more socially diverse than ever before.

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[15] Bodleian archive, 1535e.881, Student Representative Council, Mental Health Committee, *Student Mental Health in Cambridge* (1967); G.M. Carstairs, *This Island Now* (Harmondsworth: Penguin, 1964), 54.

[16] C. Davies and E. Stengel, "The Effects of Anxiety on Students' Progress," *The Proceedings of the British Student Health Association, Eighteenth Conference, Hull July 1966*, 105-111, 107.

[17] Ibid.

[18] Whyte, *Redbrick,* 236.

[19] Peter Mandler, "Educating the Nation II: Universities," *Transactions of the Royal Historical Society,* 2015, 25*,* 1-26.

[20] Sanderson, "Higher Education in the Post-war Years," 417.

[21] John Carswell, *Government and the Universities in Britain 1960-1980* (Cambridge: Cambridge University Press, 1985), 38.

[22] Committee on Higher Education, Report (1963), 8, quoted in Mandler, "Educating," 2.

Significantly, the Robbins Report also recommended greater research into universities, a call heeded by those concerned about student mental health. Dr Nicolas Malleson (1923-1976), a key figure in driving the interest in student mental health in this period, was critical to the foundation of the Society for Research into Higher Education (SRHE) in 1965. Malleson, who in 1965 wrote a handbook on student health services in Britain, was the Director of the University of London Research Unit for Student Problems as well as leading the University of London Central Institutions Student Health Service. As Michael Shattock has noted, Malleson's early research into student drop-outs at UCL, where he had been Physician in Charge, was not welcomed as his findings that wastage was as high as 27 percent reflected unfavourably on the institution.[23] Malleson believed that too many students were failing at university because of emotional and psychological problems and that this wastage exacerbated the pressure on university places.[24] The drop-out rate at British universities remained a problem: at the end of the 1960s it was around 14 per cent.[25] As I later discuss, concern about student mental health was the driver for the establishment of organisations that treated the university as the subject of research.

This article explains the interest in student mental health as arising from a particular investment in young people whose educational status made them visible and imbued them with a distinctive social value in post-war Britain. Moreover, I argue that student visibility was intensified by the conviction that they were a community that was particularly vulnerable, or liable to, mental distress. As I show, anxiety around student mental health in post-war Britain transformed the university into what Nikolas Rose has termed a "surface of emergence", a site at which "psychology would find its subjects, scrutinize and study them, seek to reform or cure them, and, in the process, elaborate theories of mental pathology and norms of behaviour and thought."[26] The transformation of the university into a site of introspective research in the post-war period was enabled and encouraged by concern for student mental health. Spanning from the 1944 publication of the Goodenough Report to the cusp of student protests in 1968, this article demonstrates that the contemporary "crisis" in student mental health has historical antecedent in post-war Britain.

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[23] Michael Shattock, *The Society for Research into Higher Education and the Changing World of British Higher Education: a Study of SRHE Over its First 25 Years,* https://www.srhe.ac.uk/downloads/ShattockSRHEfirst25years.pdf.

[24] Nicolas Malleson, "Avoiding Failure by University Students," *The Listener,* March 1959, 401-403.

[25] Whyte, *Redbrick,* 238.

[26] Nikolas Rose, *Inventing Our Selves: Psychology, Power, and Personhood* (Cambridge: Cambridge University Press, 1998), 70.

Drawing primarily on materials written by medical professionals working in university health services, this article makes a second argument. This further argument is that that the development of discrete student health services enabled the collection, articulation and dissemination of data about student mental illness, and that this process itself affirmed that students experienced distinct mental health challenges. Here, the article is in dialogue with historians who have charted the rise of surveying techniques, and the ways that personal experiences and private feelings become legible and stable in the public realm. As Ian Hacking, discussing an earlier period noted, statistics provide more than information; statistics are "in itself part of the technology of power in a modern state".[27] The institutional enablement of the production of data about student mental health forms a part of a larger story about how statistics became a guiding logic of institutional life. "Being studied, and being privy to the results, is an understood and unexceptional feature of modern life", Sarah Igo has argued about modern America; we see here how student minds came to be studied and how concern for undergraduate mental health came to be a feature of the modern British university.[28]

Emergence of student health care structures

While the years preceding the Second World War witnessed the partial emergence of the infrastructure and principles of student healthcare in British universities, this was driven by concern for students' fitness and physical health rather than their mental wellbeing. This pre-Second World War structure, nonetheless, determined the localised and heterogeneous approaches to student mental health that were instituted by universities later in the century. As Keith Vernon has shown, the First World War provoked anxiety about the physical wellbeing of the nation and affirmed the position of the university sector, which had expanded since the end of the nineteenth century: the foundation of a University Grants Committee (UGC) in 1919 signalled the perceived importance of universities in producing future leaders.[29] The UGC,

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[27] Ian Hacking, "How Should We Do the History of Statistics?," in G. Burchell, C. Gordon and P. Miller, eds, *The Foucault Effect: Studies in Governmentality* (Chicago: University of Chicago Press, 1991), 181-196, 181, 194; See also Mike Savage, *Identities and Social Change in Britain Since 1940: The Politics of Method* (Oxford: Oxford University Press, 2010).

[28] Sarah Igo, *The Averaged American: Surveys, Citizens, and the Making of a Mass Public* (Cambridge, Massachusetts, 2007), 3.

[29] Keith Vernon, ""A Healthy Society for Future Intellectuals": Developing Student Life at Civic Universities," in Christopher Lawrence and Anna-K. Mayer, eds, *Regenerating England: Science, Medicine and Culture in Inter-War Britain* (Amsterdam-Atlanta, GA: Rodopi, 2000), 179-202, 179; Keith Vernon, "The Health and Welfare of University Students in Britain, 1920–1939," *History of Education*, 2008, 37, 227-252, DOI: 10.1080/00467600701803465.

Vernon demonstrates, was committed to the idea that students should have a corporate education, in which students were provided with a full, rather than merely academic, education. To this end, the UGC retained an interest in facilitating students' engagement with one another through sport facilities and Student Unions, both reflecting the growing interest in student health.[30] This interest in student health in Britain, however, lagged behind America.[31] In 1925 interest in student physical health received a boost when, at the Annual Conference of the Universities of Great Britain and Ireland, Dr. J.G Adami, the Vice Chancellor of Liverpool University, appealed for the medical supervision of university students.[32] This was supported a year later by Sir Charles Grant Robertson, then Vice-Chancellor at the University of Birmingham, who declared that universities were "responsible quite as much for the physical welfare of our students as for their intellectual or moral welfare".[33] A few months later, in October 1926, the Vice Chancellor of the University of Edinburgh appointed a committee to examine the "Question Generally of the Provision of Facilities for Student Athletic Activities and their Adequate Supervision". In 1927 the resulting report recommended that universities provide facilities for athletic activities and appoint professional staff to oversee the development of a healthy student body.[34]

A Department of Physical Education was introduced at the University of Edinburgh in 1930.[35] This department offered medical services, including offering students a medical examination at entry to the university.[36] This, claimed R.E. Verney, the senior physician at the Student Health Service at the university in the 1950s, established a "new era of student welfare" at the university.[37] Significantly, one of the early aims of the service was to "obtain data concerning the health of the students and to assess the effects of the various strains and stresses

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[30] Vernon, "A Healthy Society," 193.

[31] R.E. Verney, "II. The History of the Student Health Services in Great Britain," *Universities Quarterly,* 1954, 9, 23-31.

[32] Ibid., 24.

[33] The National Union of Students of the Universities and University Colleges of England and Wales, *Student Health: Report of an Enquiry into University Health Services by the National Union of Students* (London, 1937), 6.

[34] Verney, "II," 24-25.

[35] James K. Slater, "Physical Education in the University of Edinburgh," *Edinburgh Medical Journal,* 1940, 47, 32-48.

[36] Slater, "Physical Education," 32-48.

[37] Verney, "II," 25.

(mental, environmental, nutritional, etc.) to which they are subjected."[38] The era of collecting data about student health had begun in earnest.

One of the consequences of this collection of data at Edinburgh was an increased visibility of student health in medical journals: as Verney notes, the Principal Medical Officers, doctors James K. Slater and Dorothea Walpole – who oversaw the examination of women students at Edinburgh – published articles about student health in the following years.[39] Indeed, in 1936 Slater published an article in the *Edinburgh Medical Journal* "in the hope that you may be able to give helpful suggestions as to how we can make the greatest use of the large amount of available material" drawn from the students who had taken up the voluntary medical examinations.[40]

Further weight was thrown behind the cause of student health in December 1937, when the National Union of Students (NUS) published its report into university health services.[41] The thrust of the NUS report was to encourage universities to institute a more thorough approach to physical education. The NUS urged universities to see their responsibility for students' physical welfare as beyond that which could be "discharged by the provision of playing-fields and facilities for organised games".[42] The organisation that acted as the voice of the student body, therefore, was involved in demanding enhanced healthcare services for students. At this point some universities were conducting physical examinations of some students upon entry: students given a grant to study education underwent a physical examination, for example, and some universities, including University College London (UCL), were exploring the possibility of expanding this.[43]

Although, as Charles Webster has suggested, the British state had accrued a significant body of legislation in its efforts to intervene in public health prior to the establishment of the

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[38] Ibid., 26.

[39] Ibid.

[40] James K. Slater, "A Preliminary Communication Regarding the Progress Made by the Medical Side of the Department of Physical Education, University of Edinburgh," *Edinburgh Medical Journal*, 1936, 43, 145-164, 145.

[41] This article draws upon and brings to the fore materials written by medical professionals working in student health in post-war Britain; the input of student organisations and the student demand for health services – such as that made by the NUS in 1937 and then again, by the NUS, BMSA, BDSA and Scottish NUS, in 1943, and then again by the NUS in 1948 – is the subject of an article under development by the author.

[42] NUS, *Student Health: The Report of an Enquiry into University Health Services by the National Union of Students* (London, 1937), 5.

[43] Ibid.*,* 54-55.

NHS,[44] students were not covered by the National Insurance Scheme. In recognition of this, some universities established their own health insurance schemes in order to meet the needs of their undergraduates: in Oxford, the Oxford University Provident Association was established in July 1932, receiving over 700 applications to join by October the same year.[45] UCL's Student Health Association began in 1945 by offering a "fairly comprehensive insurance scheme" that covered medical and dental expenses, "compulsory in principle for all students", in addition to a free, voluntary diagnostic inspection and chest X-ray scheme.[46] Establishing an insurance scheme was seen to be more financially expedient than dedicating space to bespoke health facilities.[47] The establishment of the NHS removed the need for these insurance schemes; after the establishment of the NHS the model of student health care services shifted.[48]

Student mental health in the wake of the Second World War

Anxiety about student health assumed a fresh urgency in the wake of the Second World War and acquired a new and distinctive emphasis on mental health. As has been documented elsewhere, the upheaval of the war drew greater governmental and medical attention to psychological disturbances and to mental wellbeing. This interest in mental health was particularly acute for university students given their perceived social, intellectual and personal promise. As the Director of the World Federation for Mental Health 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 the societies of our own countries and of the family of nations."[49] The *BMJ* also noted the dual significance of student mental health. While poor mental health could underpin poor academic performance, the issue also had a "second and wider importance in the framework of society", as students comprised a "special group" as "the next generation's teachers" through whom wisdom "could best flow to society as

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[44] Charles Webster, *The National Health Service: a Political History* (Oxford: Oxford University Press, 2002), 2.

[45] "Oxford University Provident Association," *Lancet,* 1932, 220, 757.

[46] British Library 8369.tt.33. Student Health Committee, *The Student Health Association: its Foundation, Development and Activities 1945-1955* (London, 1957), 9.

[47] NUS, *Student Health,* 57.

[48] Student Health Committee, *The Student Health Association, 12.*

[49] J.R. Rees, "Foreword," *The Student and Mental Health: an International View, The Proceedings of the First International Conference on Student Mental Health, Princeton, New Jersey 5-15 September 1956.* Eds. Daniel H. Funkenstein (US: The Riverside Press, 1959), vii-xi, vii.

a whole."[50] Students promised change that could be conveyed through generations: Lady Margaret Platt, who began to provide a psychotherapeutic service in Manchester University's health centre in 1951, argued that while the aim of "treatment is to relieve suffering", there was a "secondary gain": that equipping "intelligent young people" with the right psychological tools would enable them to adequately rear their own children within stable marriages.[51] This national importance was set out at a conference on student mental health held in London in April 1961, where the opening address observed the significance of students; "if there is mental illness among them that clearly has consequences for the nation as a whole."[52] The theme was expanded upon later in the conference by a psychiatric adviser from the London School of Economics (LSE), who declared that students were "worthy of particular care" because "more is expected of them and because they will probably have a greater effect on the immediate future welfare of society, either for good or ill, on account of their superior ability and the positions of responsibility and influence which they will come to fill." Students, he continued, "respond to the social climate around them and express it… more vividly than the rest of us… by paying attention to students and getting to know about their difficulties and needs, I think we have a better chance of understanding the problems of our times".[53] In 1963, Cecil B. Kidd, from the University of Edinburgh, noted that the years at university were a "*vital* period of opportunity, of transition from adolescence to adulthood, of vulnerability that accompanies this transition, where the foundations are laid for a life-time career in which the student of today will add to the highly skilled and intellectual resources of the nation."[54] "Students", he continued, "are a highly selected, intelligent and important group of individuals… it would be difficult to suggest a group of young people in whom the consequences [of psychiatric disorders] are more drastic than that of university students."[55] University students, on the cusp of their professional and marital lives, were seen to act as conduits for the diffusion of social values and bore the promise of the future. With this conviction came the onus to research student mental health.

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[50] "Student Mental Health," *British Medical Journal,* 1956, 2, 936-937, 936.

[51] Margaret Platt, "Some Emotional Problems of Students," *The Proceedings of the British Student Health Association, Seventeenth Conference, Manchester July 1965,* 96-104, 104.

[52] Bodleian archive, 1535 d.471, "Opening Address," *Student Mental Health: Report of a Conference held at Campbell Hall, London, 8th-9th April 1961* (London: World University Service, 1961), 5.

[53] John C. Read, "Social Problems and Student Mental Health," *Student Mental Health: Report of a Conference held at Campbell Hall, London, 8th-9th April 1961* (London: World University Service, 1961), 6-12, 6.

[54] Cecil B. Kidd, "Research into Emotional Disorders in Students," *The Proceedings of the British Student Health Association, Fifteenth Conference, Aberdeen July 1963*, 80-90, 80. Emphasis in original.

[55] Kidd, "Research," 80.

While it was not until the post-war years that the majority of universities established medical healthcare services, the governmental impetus was provided in 1944, when the Goodenough Committee on Medical Education encouraged universities to provide students with an organised health service. "We believe that university authorities, in relation to the welfare of their students, are… in need of advice from medical officers whose duty it is to keep under close observation all matters likely to affect the health of the students, collectively and individually", the Goodenough Committee wrote.[56] Mental health was a part of this broader responsibility, the Committee declared: health officers, while not providing treatment, would on occasion "deal with the psychological problems such as arise for some students under the strain of intensive study and examinations."[57] Psychological health, then, was framed as coming under the institutional remit.

Information about students was positioned as a desirable component of the development of services. The Royal College of Physicians published an important report in 1946 on student health that recommended, amongst other things, that student health services collect information about student illness before acceptance. As Rhodri Hayward has shown, there was "wide excitement" about the potential to assess personal characteristics as a part of the process of medical student selection in the wake of the Goodenough Report and the Royal College of Physician's report.[58]

Following the Goodenough Report student health services proliferated rapidly: three started between 1927 and 1939, while thirteen began between 1944 and 1951, with three opening in 1948 alone.[59] The years between 1947 and 1950 were the "formative" years in establishing student health services, Nicolas Malleson observed.[60] However, at this point "mental health was regarded as one of the lesser problems that would face the new services" and "neither [physicians nor universities] anticipated that this would become a prime function of the service."[61] By 1958, however, its centrality had become apparent, and it was possible for

[56] Ministry of Health, Department of Health for Scotland, *Report of the Inter-departmental Committee on Medical Schools* (London: His Majesty's Stationary Office, 1944), 107. Hereafter Goodenough Report.

[57] Ibid.

[58] Rhodri Hayward, *The Transformation of the Psyche in British Primary Care, 1870-1970* (London: Bloomsbury, 2015), 108.

[59] A. Mair, "A Review of Student Health Services in Britain," *The Proceedings of the British Student Health Association 13th Annual Conference, London 1961,* 124-137, 128.

[60] Nicolas Malleson, "The Ecological Concept in the Student Health Service," *The Matrix of Medicine: Some Social Aspects of Medical Practice* ed. Nicolas Malleson (London: Pitman, 1958), 52-79, 61.

[61] Nicolas Malleson, "The Ecological Concept," 61.

physicians such as Malleson to explore the extent of the "mental-health problem" and the "subtle change it has brought about in the concepts underlying the student health service." This exploration was made possible by experience and the "wealth of student morbidity records".[62] The records kept by student health practices were, therefore, critical to the assertion of the significance and scale of students' mental health concerns.

Oxford was one institution that took up the mantle of research into student health. John Ryle, director of the Institute of Social Medicine - set up by the Nuffield Trust in the early 1940s - had a longstanding interest in student health.[63] Ryle first suggested a pilot study into student health in May 1946. [64] Following this, in 1947 health examinations and advice – but no treatment – was offered to students at two colleges. R.W. Parnell, the physician in charge of the student health service at the Institute of Social Medicine, argued that this study provided "convincing evidence" for the need for student health supervision.[65] In 1951 *The Lancet* published a report by Parnell that augured a new era of research into student mental health. Here Parnell suggested that the suicide rate for students at Oxford was significantly higher than for their age-group as whole and noted that mental illness was responsible for over half the illnesses that caused students to be absent for at least a full academic term.[66] Given this, Parnell concluded, there was "ample justification for further and more detailed investigation into the mental health of students and the prevention of mental disorder."[67] This call for further research would be answered by the health services developing at other British universities.

Of course, 1948 marked the establishment of the NHS, which offered new possibilities for universities' health care provision. The Goodenough Committee had noted that "the proposed national health service will improve the position of university students", and the NHS

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[62] Ibid.

[63] John Stewart, "John Ryle, the Institute of Social Medicine and the Health of Oxford Students," *Family & Community History*, 2004, 7, 59-71, 63.

[64] John Stewart, "John Ryle, the Institute of Social Medicine and the Health of Oxford Students," *Family & Community History*, 2004, 7, 59-71, 63.

[65] R.W. Parnell, "Health Examinations of Students: Pilot Survey in Oxford," *Lancet,* 1947, 250, 939-941, 939.

[66] R.W. Parnell, "Mortality and Prolonged Illness Among Oxford Undergraduates," *Lancet*, 1951, 257, 731-733.

[67] Parnell, "Mortality and Prolonged Illness," 733. It is worth noting that because of the collegiate structure, Oxford did not establish a centralised student health service and while some colleges did have a college nurse or a college doctor by the 1960s, this was not consistent. See B.E. Juel-Jensen, "The Incidence of Illness Amongst Oxford Undergraduates," *The Proceedings of the British Student Health Association Fourteenth Conference, Leeds July 1962,* 82-92.

did indeed signal a new period of expansion.[68] In universities that already employed a medical officer the NHS promised a financially-sound route for potential growth; for others it encouraged the founding of some health services. The NHS did not meet all the potential costs of university health provision, however, and the role of student health services in supporting student mental health was deployed to defend the expense.[69] In 1954 the medical officer at the University of Birmingham, R.H. Bolton, argued that many university medical officers had found "that a consultation about some minor condition or a fear of a major illness has led them to discover a source of conflict or maladjustment that is critical for the development of the student and occasionally for his life."[70] Moreover, he suggested that there was "little doubt that tension and maladjustment are more conspicuous in, and disastrous for, students than for many others, and no opportunity should therefore be lost by [university medical officers] who wish to contribute to the welfare of students, in seeking for every chance of early contact with the maladjusted."[71] While this psychological care was time-consuming, Bolton conceded, it was how the university medical officer could "do the greatest good to the greatest number."[72] "Students, after all," he continued, "are potential leaders of the next generation, and the pattern of development in their rather hot-house environment must be observed and absorbed by anyone who hopes to help in bringing stability to their lunatic fringe."[73] A further advantage to having a medical officer charged with overseeing student health at a university, Bolton argued, was their relationship with academic staff. This relationship should be "honest but confidential", for the "maintenance of the good reputation of the health service is paramount and is not easy to sustain amongst such a critical and self-contained group as an undergraduate population."[74] Teaching staff could refer students to the medical officer, providing relevant academic context, and the medical officer would be able to advise the student on how to address their academic workload.[75]

In 1951 the particularity of student healthcare was recognised by the establishment of the British Student Health Officers' Association. I argue that this organisation made student mental

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[68] Goodenough Report, 107-108.

[69] R.H. Bolton, "Health and the Student: I. the Student Health Services, the National Health Service, and the University Medical Officer," *Universities Quarterly,* 1954, 9, 15-22, 16.

[70] Bolton, "Health and the Student," 17.

[71] Ibid.

[72] Ibid.

[73] Ibid.

[74] Ibid., 18.

[75] Ibid., 17.

health issues visible to medical professionals and entrenched the idea that students were a distinct social group negotiating particular yet shared challenges. The Association advocated for "the promotion of health, by medical and other means including research, in universities and other higher education establishments."[76] The Association emerged from the final national conference in a series sponsored by the Nuffield Provincial Hospitals Trust. The first of these conferences had been held in Oxford in 1947; two years later a further conference was held in Edinburgh, where discussion centred on the prevention of tuberculosis; but by 1951, demonstrating the enhanced interest in student mental health issues, the focus of the conference held in Cambridge was on the "best means for unobtrusive but effective supervision of the minority who need help for mental health problems."[77] It was observed in the *BMJ* that "it is the mental health of students which offers the most rewarding work in preventive medicine to the university health officer" and reiterated the importance of student mental illness.[78] The British Student Health Association flourished after its foundation: in 1973 it was claimed that almost all doctors working in student health were members.[79]

The importance of student mental health to the Association is underlined by its prevalence and significance in talks given by physicians at the organisation's annual conferences; for example, at its 1959 conference six of the fourteen talks centred on psychological issues.[80] At its 1958 conference the President of the Association, Dr C.J.L. Wells, implored attendees to embrace their role in dealing with student mental illness. He highlighted the importance of knowing who to turn to in times of crisis: it made "all the difference in the world" to students.[81] In 1964 the conference was told by Seymour J.G. Spencer, consultant psychiatrist and deputy physician superintendent at the Warneford Hospital in Oxford, that the Warneford, a mental hospital, could be known as "Warneford College", such was its relationship with the university's

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[76] R.W. Parnell, "British Student Health Officers' Association," *British Medical Journal*, 1951, 2, 499. www.jstor.org/stable/25376202. The organisation retained this name from 1951 to 1965, when it was renamed the British Student Health Association. This name then changed again in 1988, when it took the name British Association of Health Services in Higher Education, and then again in 2011 when it was renamed Student Health Association.

[77] Parnell, "British Student Health Officers' Association," 499.

[78] "Student Health," *British Medical Journal,* 1951, 2, 458-459.

[79] Nicolas Malleson, "Foreword," in Philip Cauthery, *Student Health* (London: Priory Press, 1973), 7-11, 7.

[80] "Contents", *Report of the Eleventh Conference, Student Health in British Universities and Medical Schools, held by the British Student Health Officers' Association, Sheffield July 1959.*

[81] C.J.L Wells, "Things Physical - Things Psychological," *Report of the Tenth Conference, Student Health in British Universities and Medical Schools, held by the British Student Health Officers' Association, Belfast July 1958,* n/p.

students.[82] The hospital, which was founded in 1826, transformed into "Warneford College" in 1954, he said, before which undergraduates sitting their exams in a small invigilated room on Male 1 Ward was "relatively rare"; since then, the Male 1 Ward had developed "an extremely good reputation for getting examinees high honours."[83] Spencer related an anecdote about meeting C.S. Lewis in the Senior Common Room at Magdalen College, where Lewis remarked that "he understood [the Warneford] to get more Firsts than any other Oxford College: the only trouble was that it was so difficult to get into."[84] According to Spencer, in 1964 31 Oxford students – from a total student body of 2,218 students sitting finals – sat 'Schools' exams in the Warneford hospital.[85] It was a "virtual annex of Examination Schools during Finals".[86] The Warneford, therefore, had come to play a significant role in the university. Other universities, however, rather than relying on services like the Warneford, developed their own health care services, some of which offered mental health care support to students.

Sites of mental health care in universities from 1948

In October 1964 the British Student Health Association published a survey of student health services in Britain as a supplement to the Association's sixteenth conference.[87] The questionnaire sought to ascertain the current state of student health services in Britain and included questions about how many full- and part-time psychiatrists were employed by universities. The results were uneven: for example, Aberdeen's student health department began in 1946 and did not, in 1964, employ any psychiatrists itself but did have psychiatrists at a clinic to whom they referred students; Bristol's service began in 1939 and employed one part-time psychiatrist for three hours weekly in the year of the survey; Leeds opened its service in 1949 and in 1964 employed one psychiatrist for 3 hours a week; Manchester's service began in 1951 and in 1964 it employed two part-time psychiatrists, available for four to five half-days a week during term; Sheffield revealed that it employed two part-time psychiatrists for three hours each "with occasional emergencies";

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[82] Seymour J.G. Spencer, "Warneford College, Oxford," *The Proceedings of the British Student Health Association, Sixteenth Conference, Oxford July 1964,* 37-45.

[83] Ibid., 37.

[84] Ibid, 37-38.

[85] Ibid, 40.

[86] Ibid, 38.

[87] Bodleian archive, Per. 1672 d. 234. *Supplement to the Proceedings of the 16th Conference of the British Student Health Association* (October 1964).

Southampton's service had begun in 1964 and employed neither a full- nor a part-time psychiatrist, and so forth.[88]

The growth of student health centres contributed to the growing visibility of student mental health issues by facilitating research and by enabling the development of a community of university physicians. Significantly, too, university services allowed students to make their emotional and psychological difficulties visible: as Nicolas Malleson - who argued that mental illness was the "occupational disability" of the student, given the extent to which distress could impede academic work - suggested, the availability and good reputation of university health services encouraged students to come forward with their psychiatric problems.[89] While the proliferation of services and the research they generated affirmed the scale and importance of students' psychological disorders, it also bred a degree of defensiveness: as early as 1961 medical officers pointed to evidence that they were responding to demand for psychiatric services rather than provoking psychiatric distress. Nonetheless, they admitted that "there is a real danger of harm resulting to students from thoughtless "spoon-feeding", and from "welfare" provision tending to undermine and hinder healthy independence." This caveat did not negate the necessity to cater to real need, although doctors were encouraged to emphasise the "development of the student's own native talents and character" in their treatment.[90] It is worth, then, turning to an example of how mental health professionals came to be employed and health services established.

A student health centre was established at the University College of Leicester in 1948.[91] This small centre was "concerned only with those individuals who are hampered in their work and in their general health and development by some problem which is suspected of being primarily psychological in origin", rather than addressing the needs of other student problems: financial hardship, career uncertainties, or accommodation instability.[92] Between 1949 and 1951

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[88] Ibid., 1-33.

[89] Malleson, "The Ecological Concept", 68-69.

[90] Bodleian archive, 1535 d.471, Ronald J. Still, "The Incidence, Variety and Severity of Symptoms of Psychological Ill-Health Occurring Among University Students," *Student Mental Health: Report of a Conference held at Campbell Hall, London, 8th-9th April 1961* (London: World University Service, 1961), 20-25, 22.

[91] Mary Swainson, "Building a University Psychological Service: The First Three Years," *Mental Health,* 1951, 11, 10-18. In her autobiography Swainson notes that there was some resistance to the service, and that the title of this *Mental Health* article attracted some ire in her institution. See Mary Swainson, *The Spirit of Counsel: the Story of a Pioneer in Student Counselling* (London: Neville Spearman, 1977), 50-54.

[92] Swainson, "Building," 10.

35 students – 11 women and 24 men, reflecting the preponderance of men in the college – used the service. It was observed that students tended to receive psychological help too late, and that the service needed to raise awareness among the student body "without running the risk of encouraging a cult to "be psycho-analysed."[93] There was a difference between how students, tutors and the psychologists saw student problems, it was noted, although for slighter cases and those with minor problems it was argued that "encouragement, understanding, and the conviction that someone is taking a personal interest in their private problems" could help. One problem was the fear of judgement that arose from a lack of privacy around meetings. "In the future," the educational psychologist wrote, "when a psychological service in a university has become recognised as a normal institution, the fear of public opinion should not arise."[94]

The idea that university psychological services might become more normal was borne out at other institutions. In January 1952 the LSE, with the Institute of Psychiatry, established a psychiatric service for its students.[95] The idea of the service was credited to Professor Aubrey Lewis of the Institute of Psychiatry.[96] Individual letters were sent to students inviting them to the free service if they were worried about their work or personal lives. Between 1951 and 1952 68 students sought help at the service, 64 of whom were full time students; between 1952 and 1953, 63 new students were seen, of whom 59 were full time students.[97] The total number of students studying at the LSE in these years was comparatively small, with 402 part-time and 1743 full-time students in 1951-1952 rising to 1753 full-time and 434 part-time students in 1952-1953.[98] Patients at the psychiatric service were rarely seen more than once a week for meetings that usually lasted 50 minutes. The average number of meetings was nine, although this average occurred within the boundaries of one meeting and 53 meetings.[99] It was tricky to know how beneficial the service was, Read acknowledged, particularly as "So much else goes on in the lives of students, and so many of them are at a period of great change in their personal development".[100] Nonetheless, Read argued that "a psychiatric service for students appears to meet a real need and deserves to become an integral part of a university school. It is justified by

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[93] Ibid., 10-11.

[94] Ibid., 15.

[95] J.C. Read, "The Mental Health of Undergraduates in England; a Report on the First 18 Months of a Psychiatric Service for Students at the London School of Economics," *Lancet*, 1954, 263, 822-824.

[96] Ibid., 823.

[97] Ibid., 822.

[98] Ibid.

[99] Ibid.

[100] Ibid., 823.

the immediate gain for certain students and the probably good effect on their future well-being", and, moreover, "over a number of years such a service would be a valuable source of information about the mental health of the community".[101]

The working relationship between the psychiatric service and academic staff was argued to be critical: Read argued that one advantage of the university service was the convenience of liaising with university staff "without the least difficulty."[102] "By functioning within the School and being on friendly terms with all parties, the Psychiatric Adviser obtains a grasp of the whole life of the establishment which is of subtle assistance to understand the student's difficulties", Read wrote.[103] The Psychiatric Adviser had access to student records, "so that he can evaluate a student's progress without drawing attention to his enquiry."[104] The association with the LSE helped to reduce social stigma, Read suggested, noting that "Present-day students find it no more unconventional to have psychiatry available in case of need than any other form of medicine."[105] Read did, however, see the Psychiatric Adviser as separate from the academic functioning of the School:

> The strength of the Psychiatric Adviser's position is that he is within the School and yet distinct from it. He is thus identifiable in the mind of the student with both the teaching and the administrative staff and yet separate from them; so that in interviews with him, his patients can reveal weaknesses of which they are ashamed with the fear of losing respect or damaging themselves in the eyes of the authorities reduced to a minimum.[106]

Similar studies affirming the importance of psychological support for university students emerged from other institutions. In 1954 Ronald J. Still, from the Student Health Department at the University of Leeds, reported that one in every ten students who visited the university's medical officers between 1952-1953 and 1953-1954 "did so because of psychological illness".[107] While this did "not suggest that the incidence of psychological illness is higher among students than among other sections of the community", Still said, psychological illness was "the chief cause of prolonged absence from studies."[108] Between 1953-1954, of the 182 University of Leeds

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[101] Ibid.

[102] J.C. Read, "IV. Psychiatry and the Undergraduate," *Universities Quarterly,* 1954, 9, 39-45, 44.

[103] Ibid.

[104] Ibid.

[105] Ibid.

[106] Ibid.

[107] Ronald J. Still, "III. The Prevention of Psychological Illness Among Students," *Universities Quarterly,* 1954, 9, 32-38, 33. Still was President of the British Student Health Officers' Association from 1956-57.

[108] Ibid., 34.

students who presented with a psychological illness, 134 were judged to be a mild case; 28 moderate; and 20 as experiencing a severe illness.[109] Among the moderate to mild cases, anxiety reactions were most common. These, Still wrote in 1954, arose "from a great variety of stresses (homesickness, ill-judged overwork through over-conscientiousness, inability to handle an emotional situation, faulty judgement of capacity under pressure of finals, and many others.)"[110]

As well as stressing the role of anxiety provoked by examinations,[111] Still looked for explanations for distress in students' personal histories. Family violence, acute familial disunity, broken homes and the suicide of a close relative were to be found in moderate to severe cases of psychological illness.[112] Still argued that family pressure, too, could contribute to students' poor mental health: ambitious parents, comparisons with siblings and a sense of duty were all factors offered as explanations for distress in the 1950s.[113] This was not to marginalise the role of personality weakness, however; Still suggested that the university environment was not itself illness-inducing, but rather that prior susceptibility to mental illness made some students particularly vulnerable.[114] Stress caused by exams, emotional flux by struggling relationships, and the challenges faced by international students were other causes of psychological distress identified by Still.[115]

Five years later, at the eleventh conference of the British Student Health Officers' Association, held in July 1959, Still gave a report on student mental health based on the findings of the student health service at Leeds.[116] In these ten years 10,502 students, 7,915 of whom were male and 2,587 were female, visited one of the three medical officers in the department. This comprised a large proportion of the student population: across the ten years 11,303 students were registered for full time courses. The student health service, then, saw 93 per cent of the student population.[117] The survey of the ten years found that 14.7 per cent of the whole student body had presented at the service with a psychological complaint, although Still thought that the

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[109] Ibid.

[110] Ibid.

[111] RIBA Archive, Ronald J. Still, *The Mental Health of Students,* September 1966.

[112] Still, "The Prevention", 35.

[113] Ibid.

[114] Ibid., 35-36.

[115] Ibid., 36. Still also discusses "sex deviants"; regrettably, there is not space to expand on the treatment of gay students in this article.

[116] R.J. Still, "Preliminary Report on a Ten Year Survey of the Mental Health of Students," *Report of the Eleventh Conference, Student Health in British Universities and Medical Schools, held by the British Student Health Officers' Association, Sheffield July 1959,* 33-49, 33.

[117] Ibid.

proportion suffering from a psychological disorder was likely to be higher.[118] Between 1951 and 1957, Still observed, there had been a "slight and continuing" rise in cases of psychological disorder seen at the service, although he cautioned against assuming that this reflected an increase in the incidence of distress.[119] Indeed, he later reflected that "the apparent incidence of psychological conditions among students will rise where there is known to be a service capable of dealing with them."[120] In order to engage with students suffering from psychological complaints, Still advocated for close relationships between academic and health staff. "In this way", he wrote, "the university… will fulfil its duty to see that its social structure and climate do not bring the predisposed closer to illness."[121] The psychological landscape of the university, therefore, was brought into view.

A mounting interest in student mental health was just one way in which the responsibilities of the university were seen to be changing in post-war Britain. The changed grant structure of higher education was argued to have extended universities' responsibilities to their students. As William Whyte has observed, the percentage of students at Redbrick institutions receiving some form of financial help doubled after the war to 80 percent in 1951.[122] By 1961 92 percent of students at civic institutions were the beneficiaries of a grant.[123] In 1954 J.C. Read, Research Assistant at the Institute of Psychiatry at the University of London, wrote that the extension of the grants system had "encouraged new types of person to the adventure", and, as a result of this, "society has a responsibility to assist these new candidates to master the difficulties for which nothing in the experience of their families could have prepared them."[124] For students in the 1950s the "financial problem is very real", suggested Read, for if the grant came from a "vaguely envisaged body" such as a County Authority it could make the student feel insecure; if the student came from a family that did not appreciate the value of higher education this feeling could be exacerbated.[125] While there were "psychological risks" to all students, "this is especially true of those for whom the opening of the door of the university has created a marked contrast

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[118] Ibid., 35.

[119] Ibid., 38.

[120] R.J. Still, "Discussion," in B.E. Juel-Jensen, "The Incidence of Illness Amongst Oxford Undergraduates," *The Proceedings of the British Student Health Association Fourteenth Conference, Leeds July 1962,* 82-92, 91.

[121] Still, "III," 38.

[122] Whyte, *Redbrick,* 236.

[123] Ibid.

[124] J.C. Read, "IV. Psychiatry and the Undergraduate," *Universities Quarterly,* 1954, 9, 39-45, 39.

[125] Ibid., 40.

in the pattern of their social and cultural environment."[126] The expansion of student numbers did not, however, increase the proportion of working class students: in 1961 middle-class pupils were eight times more likely than their working-class peers to reach university.[127] While some studies found that there was little correlation between social class and vulnerability to disorder among students, others argued that the grant system had exacerbated the student health problem.[128] The President of the British Student Health Officers' Association claimed in 1958 that "the award of scholarships and bursaries is so widespread that any precocious neuropath-judged hardly at all on personality, but almost entirely on knowledge, can obtain one for little more than the asking - are we not bound to get a number of square pegs in round holes, are we not bound to find a number of the disillusioned?"[129] He gave examples of students who had found that their degree courses had not met their expectations. Their physical symptoms, he suggested, indicated that they "are seeking, often desperately, to find their escape."[130] While he clarified that he was not disparaging state aid, he argued that the apparent ease with which grants were obtained had malign consequences for vulnerable students. Concern for working-class students was not restricted to medical practitioners: as Whyte has suggested, the array of challenges faced by working-class students meant that they were considered to constitute a distinct problem by the wider public and university officials.[131]

The student body was starting to diversify in other ways, with implications for student mental health care services. As Dyhouse has noted, women constituted less than a quarter of university students at the start of the Second World War, a proportion that hardly fluctuated until the late 1960s, with women reaching just 28 per cent of the student population in Britain in 1968.[132] However, female students were not evenly represented across institutions; in 1961-2 women comprised 12 percent of students at Oxford and Cambridge; 22 percent of students at Sheffield, and around 40 at Reading, Keele and Exeter universities.[133] As Dyhouse has noted, the new universities of the 1960s proved particularly attractive to female candidates.[134]

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[126] Ibid.

[127] Whyte, *Redbrick,* 239.

[128] M.A. Davidson, D. Lee, R. W. Parnell, and S. J. G. Spencer, "The Detection of Psychological Vulnerability in Students," *Journal of Mental Science,* 1955, 101, 810-825. doi:10.1192/bjp.101.425.810.

[129] Wells, "Things Physical - Things Psychological," n/p.

[130] Ibid.

[131] Whyte, *Redbrick,* 239.

[132] Dyhouse, *Students,* ix, 82.

[133] Silver and Silver, *Students,* 25.

[134] Ibid, 100.

Female students, it was observed at some health services, presented with psychological complaints more often than their male counterparts.[135] In 1959 Still observed that a fifth of the British female student body at Leeds had sought a consultation for psychological symptoms in the decade following 1949, a greater proportion than their male peers.[136] Still argued that

> I find it difficult to avoid the conclusion that women react to a University environment with a greater liability to the effects of stress than the men do. My own conclusion from this is that, while on general principles one might wish to treat men and women in exactly the same way, there are still differences between them and in, for example, the provision of tutorial advice and over matters of residence, we cannot regard them as having exactly the same requirements as the men.[137]

This pattern of female consultation continued into the next decade at Leeds. In the mid-1960s Still reported that while women made up just 27 percent of the students registered at the university, they comprised 34.8 percent of students consulting the doctors for physical and mental conditions.[138] The difference was more marked when broken down by complaint; 348 of the 1,901 female students had consulted for a psychological issue, by comparison to 471 of the 5,147 male students registered at the university. "It is a matter of conjecture whether University life provides a more stressful environment for women than for men, or what other reasons may underlie this greater tendency for women to seek advice about their health, physical and mental", Still observed.[139] However, other university services reported less variation between the sexes: Dr A.H. Macklin, from the University of Aberdeen, retorted that in a five-year survey they had found no difference between the rates of distress in men and women students.[140]

There was a longer history to conversations about women's psychological wellbeing and aptitude for higher education in Britain; as Katharina Rowold has explored, the effect of education on women's bodies and minds was the subject of fierce debate in the late-nineteenth and early-twentieth centuries.[141] As Dyhouse has shown, female students in the post-war years studied in a climate of ambivalence about the value of women's university education and faced

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[135] Juel-Jensen, "The Incidence of Illness Amongst Oxford Undergraduates," 88; Still, *The Mental Health of Students,* 3; Philip Cauthery, *Student Health* (London: Priory Press, 1973).

[136] Still, "Preliminary Report," 39.

[137] Still, "Discussion," "Preliminary Report," 45.

[138] Still, *The Mental Health of Students, 3.*

[139] Ibid.

[140] A.H. Macklin, "Discussion" in Still, "Preliminary Report," 45.

[141] Katharina Rowold, *The Educated Woman: : Minds, Bodies, and Women's Higher Education in Britain, Germany, and Spain, 1865-1914* (New York/Oxford: Routledge: 2010).

greater surveillance than their male counterparts.[142] Discussions of female students' mental health exposed the additional stresses they could face: in 1954 Still gave one example of a distressed female student who was expected to undertake all the housekeeping on behalf of her father and young brother in addition to her studies.[143] While women were attaining greater access to British universities in post-war Britain, they continued to have unequal experiences of the higher education environment.

Similarly, additional challenges were seen to afflict international students who, it was argued, were more likely than their British counterparts to present with psychological distress.[144] It was noted that of the 849 students who sought guidance for psychological conditions at Leeds between 1965-1966, 142 (16.7 percent) were from overseas although overseas students constituted just 10.8 percent of the student population.[145] As Hilary Perraton has explored, while the numbers of international students increased in the decades after the Second World War and British universities were interested in their welfare, until the Race Relations Acts of 1965, 1968 and 1976 foreign students experienced discrimination that was both legal and widespread.[146]

The difference in consultation rates was largely explained by university doctors as emerging from difficulties in adjusting and settling in. There were "too many overseas students who arrived in this country inadequately briefed", it was argued at a 1961 conference on student mental health.[147] Mary Trevelyan, head of welfare services for overseas students at London universities, observed in 1961 that "The majority of students who come to this office do not have serious mental conditions but simple maladjustments resulting very often from natural causes – the sudden uprooting from home and security, the change of climate, food, speed, noise and the natural anxieties deriving from facing an alien world – but if a student has to meet these teething troubles alone they can too easily assume alarming proportions and lead to serious

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[142] Dyhouse, *A Gendered History,* 94-95.

[143] Still, "III," 35.

[144] R.J. Still, "Mental Health in Overseas Students," *The Proceedings of the British Student Health Association, 13th Annual Conference, London 1961,* 59-73.

[145] Still, *The Mental Health of Students,* 3.

[146] Hilary Perraton, *A History of Foreign Students in Britain* (Basingstoke: Palgrave Macmillan, 2014), Chapters 5 and 7; For discussion of the issues faced see also Mary Trevelyan, "Welfare Services for Overseas Students," *The Proceedings of the British Student Health Association, Annual Conference, London, 1961,* 51-54.

[147] Bodleian archive, 1535 d.470, A.J. Bennitt, "Overseas Students – Mutual Opportunities and Responsibilities in Higher Education," *The Student and Mental Health: Papers Read at a Conference held at B.M.A. House, London 28-29 December 1961* (London: World University Service, 1961), 25-31, 25.

complications."[148] Of the four students who took their own lives at the University of Leeds in the eleven years prior to 1961, two were overseas students. This, Still explained, indicated that "the feeling of loneliness and of lack of friends, which can beset the foreigner more easily than the home student, may be the factor which turns the scales for the foreign student towards this despairing act."[149] While Still noted the genetic, constitutional and environmental factors that research into student health should consider, he noted additional stresses that overseas students might face: difficulties communicating because of language issues; different "social, cultural and political backgrounds" that required understanding and adjustment; the challenges of adapting to climactic and dietary changes.[150] In an acknowledgement of the fraught racial politics of post-war Britain, he also reflected that "difficulties due to colour prejudice" may arise.[151] An increase in the reporting of student suicides was one explanation given for the raised public and medical interest in student mental health in the post-war period.[152]

Student suicides

Student suicide was a topic of concern for those interested in higher education and health in post-war Britain.[153] While it was not until the Suicide Act 1961 that attempted suicide and suicide was decriminalised, the parliamentary origins of the Act, argues Chris Millard, can be seen in the late 1950s, alongside a "surge" of wider debates around the law on suicide.[154] In 1951 Parnell's important study revealed a relatively incidence of suicide at Oxford. As Sir Alan Rook noted, Parnell's estimate that Oxford undergraduates took their lives at eleven times the rate of the general population "came as a surprise to university authorities, and that many responsible people were startled and shocked was obvious from the wide interest taken and the correspondence evoked in the national press."[155] "Many people, it seemed, held strong opinions

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[148] Trevelyan, "Welfare Services for Overseas Students," 53.

[149] Still, "Mental Health in Overseas Students," 61.

[150] Ibid., 62.

[151] Ibid.

[152] Bodleian archive, 1535 d.471, *Student Mental Health: Report of a Conference held at Campbell Hall, London, 8-9th April 1961* (London: World University Service, 1961), 5.

[153] P. Balogh, "Student Suicides," *New Statesman and Nation,* 1953, 46, 591; R.G. Carpenter, "Statistical Analysis of Suicide and Mortality Rates of Students," *British Journal of Preventative and Social Medicine,* 13:4, 1959, 163-174; Alan Rook, "Student Suicides," *British Medical Journal,* 1:5122, 1959, 559-603; R.W. Parnell and I. Skottowe, "Towards Preventing Suicide," *Lancet,* 1957, 272: 6961, 206-208.

[154] Chris Millard, *A History of Self-Harm in Britain: A Genealogy of Cutting and Overdosing* (Basingstoke: Palgrave Macmillan, 2015), 106.

[155] Alan Rook, "Student Suicides," *The British Medical Journal,* 1959, 1: 5122, 1959, 599–603, 599.

on the subject," he observed, "although the foundations on which such opinions could be based were acknowledged to be insecure."[156] In 1953, *The Times* reported that the Senior Tutor of St. Catharine's College, Cambridge, had declared that student suicides had received an "undue amount of publicity in the newspapers", while placing the blame for student suicides on universities "forcing… students into work against their true inclinations and training" as well as a more general national "failure to develop a sane attitude to examinations."[157] The Senior Tutor had also noted the significance of "class conflict", which was to be a recurrent theme and subject of concern as universities expanded and the student body grew. He highlighted situations where a student "seemed to acquire standards of living, taste, and outlook which widened the gap between his family and himself. The family… tended by their attitude to emphasize the burden of the student's obligations to do well, and hence his fear of failure."[158]

This condemnation of the publicity granted to student suicides did little to supress concern. In 1954 an article in *The Lancet* claimed that "Recently in this country there has been a considerable amount of publicity about mental ill health in the universities, and in particular about its tragic highlight - suicide."[159] Five years later Rook noted that while the number of student lives lost to suicide was relatively low, it caused significant upset to the university community and to family and friends.[160] Similarly, in 1958 Rook delivered an address at the British Student Health Officers' Association conference that reflected upon the "striking findings" by student health services about the "comparatively high incidence of mental illness" in student populations. Between 1 October 1948 and 30 September 1958, Rook reported, suicide was the second most frequent cause of student death at Cambridge, with fourteen suicides, including one female student, occurring overall. Discussing the Cambridge rates, Rook noted the role of family pressure from parents, saying that "parents often expect much of their children or, what comes to the same thing so far as mental stress is concerned, the children believe they do and so ask much of themselves." "Pressure to do well in competitive examination, whether real or fancied, can be a potent cause of anxiety and worry", he observed. Rook was not persuaded that Cambridge's selection mechanisms bore responsibility, nor that financial worries could cause this level of distress students, but instead pointed to the ways that the transition to student life might unsettle vulnerable students. "The intellectual freedom… may foster self-reliance in a majority of undergraduates," he said, "but in the weaker members it may lead to a sense of loss

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[156] Ibid.

[157] "Suicides Among Students," *The Times*, 29 August 1953, 4.

[158] Ibid.

[159] Nicolas Malleson, "The Distressed Student," *Lancet,* 1954, 263, 824-825, 824.

[160] Alan Rook, "Student Suicides," *The British Medical Journal*, 1959, 1: 5122, 1959, 599–603.

of direction and a feeling of inadequacy."[161] The importance of the transition from school to university was felt to be highly significant: later in the conference, six attendees spoke on a symposium dedicated to the topic.[162]

Examinations at Cambridge, Rook observed, were a cause of anxiety for students, and the expansion of student numbers had meant that some students may slip through the net:

> the detection of the earliest stages of mental ill-health must almost inevitably fall on those with whom undergraduates are in daily contact. When it is suspected that trouble is brewing the patient can be guided to where specialist help can be obtained. The increase in the number of undergraduates must mean that tutors find it more difficult to get to know each man personally so that they are in a position to detect small, but possibly significant, changes in personality or performance.[163]

Other, demographic factors suggested different axes of risk of suicide to student populations, according to Rook. He noted the comparatively high incidence of suicides by students of colour at Cambridge and suggested that cultural differences might account for this, but also advised that it was "easy to think of a number of reasons why coloured students should be under nervous stress. Besides the difficulties of study common to all students they have to contend with difficulties of homesickness, of language, of food, of climate, of other ways of life, and sometimes with considerable loneliness."[164]

Other commentators pointed to further contributory factors to student suicides. In May 1959 it was argued in the *BMJ* that job insecurity underpinned student mental health problems; failing a final examination might pose both an economic and psychological risk.[165] Another doctor suggested that away from their families, immature students were vulnerable to stress and to the "somewhat solitary, unguided life" at universities. "Until universities… pay as great attention to the complete maturation of the student as they now do to his intellectual equipment… will there be any significant fall in the incidence of mental breakdown in students", the author warned.[166]

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[161] Alan Rook, "Student Suicides," *Report of the Tenth Conference: Student Health in British Universities and Medical Schools, held by the British Student Health Officers' Association, Belfast July 1958,* n/p.

[162] See Eric Ashby, J.W. Darbyshire, Sir Alan Rook, Dr A.H. Macklin, Dr P.W. Gifford, "The Transition from School to University," *Report of the Tenth Conference: Student Health in British Universities and Medical Schools, held by the British Student Health Officers' Association, Belfast July 1958,* n/p.

[163] Rook, "Student Suicides", 601.

[164] Ibid.

[165] Gareth R. Davies, "Student Suicides," *British Medical Journal*, 1, 1959, 1246.

[166] Robert Thompson, "Student Suicides," *British Medical Journal*, 1, 1959, 787-788.

Students themselves sought to devise sociological explanations for student suicides: in 1968 two undergraduates at the University of Cambridge wrote a report on student suicides and concluded that the gender imbalance was to blame for Cambridge's unusually high suicide rate as the preponderance of men led to low levels of social integration.[167] By 1969 it was observed in *Higher Education Quarterly* that it was "widely accepted in the universities and elsewhere that suicide is a special problem for the student, and the recent increase in the demand for mental health services in universities makes it a subject of particular relevance at the present time."[168] As we can see, then, student distress and its consequences were topics of concern within British universities in the post-war years and were being made visible in medical and professional journals.

Implications of visibility

The visibility of student distress had several major implications for medical practitioners and universities in post-war Britain. First, psychiatrists and doctors created universities as sites of professional practice, forging a new area of interest and displacing earlier student welfare structures. Previously, particularly at older universities, "moral tutors" and chaplains had been seen to take responsibility for student wellbeing. In post-war Britain, however, university chaplains were no longer felt to be a sufficient resource to provide psychological guidance to students. Instead, the secular help of the psychiatrist and the doctor were argued to be increasingly valuable. "Students… belong to a variety of religious creeds or none at all and… it seems unpractical to provide a religious adviser to cope with the needs of some who are in a small minority when they are quite ready to get help with the personal and non-theological aspect of their problem from a psychiatrist whose religious orientation does not obtrude itself on the situation", Read observed.[169] University chaplains did not entirely step away from their mental health role, however. Rev. James Blackie, the University of Edinburgh's chaplain, suggested at the British Student Health Officer's Association conference in 1960 that chaplains and student health officers must work together, and asserted the role of the chaplain in offering guidance on matters relating to sex, pastoral aid, and integrating students into the university. Nonetheless, he framed his work as a "contribution" and deferred to psychiatrists" expertise, saying that while "my colleagues and I lack the professional experience and knowledge of doctors and psychiatrists, perhaps our service is still in its infancy and we seem to be making

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[167] Bodleian archive, 26589e.33, P.A. Cresswell, *Student Suicide: A Study in Social Integration* (1968).

[168] J. Maxwell Atkinson, "Suicide and the Student," *Higher Education Quarterly*, 23, 1969, 213-224.

[169] Read, "Psychiatry and the Undergraduate," 43.

many mistakes", they were attempting to "keep abreast of the needs and thought-forms of students and to be sensitive enough to know when to act and when to remain silent."[170]

Similarly, while university health services stressed the benefits of close relationships with teaching staff, tutors were not thought to be an adequate source of support for students in mental distress. At the 1959 conference of the British Student Health Officers' Association it was observed that

> contrary to the old supposition, the tutor is not always the person who can deal with these [student] problems… the relationship with the tutor is very helpful indeed but very often just because of the work difficulty they cannot handle it. Just as some tutors tell their students to "pull their socks up and get on with the job", this in some cases may do a great deal more harm than good.[171]

Certainly, some tutors were aware of the possible conflicts that could arise from combining roles. Mary Swainson both tutored and provided psychiatric interviews for her students at the University College of Leicester. She found that this made some students apprehensive, so recommended that "if possible a psychological advisor who is not at the same time functioning as a university teacher should be appointed".[172] Others focused their attention on educating tutors. In 1966, Myre Sim, the consultant psychiatrist at the student health service at the University of Aston in Birmingham, wrote a pamphlet entitled *Tutors and their Students: Advice from a Psychiatrist*.[173] The pamphlet noted the tutor's capacity to observe changes in student behaviour, and aimed "not to encourage tutors to refer students to the psychiatrist but to make them aware of the problems that beset students and to help them handle these problems intelligently and thus reduce the number requiring psychiatric help."[174] The role of the tutor was therefore identified as important to the identification of distress in students.

Furthermore, the proliferation of student health centres and medical experts in universities created new research communities; undergraduate students were a resource about whom useful data could be readily extracted. As an article in the *BMJ* said, the "benefits of

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[170] Rev. James Blackie, "The Contribution of Chaplaincy Services to Student Health," *The Proceedings of the British Student Health Officers' Association 12th Annual Conference, Edinburgh 1960,* 39-50, 45.

[171] Bolton, "Discussion" in A. Wilkinson, "Handling Student Problems," *Report of the Eleventh Conference, Student Health in British Universities and Medical Schools, held by the British Student Health Officers' Association, Sheffield July 1959,* 67-79, 75.

[172] Swainson, "Building," 15.

[173] Myre Sim, *Tutors and their Students: Advice from a Psychiatrist* (Edinburgh and London: E.&S. Livingstone, 1966).

[174] Sim, *Tutors and their Students*, 4.

student health examinations are not restricted to the individual. University health officers have been finding that students provide an untapped source of research material."[175] Information and data were framed as critical to the broader project of the health services: Rook claimed in 1959 that "information and statistics are the bricks and mortar of prevention, and until mental disease in university students is regarded in the same way as any other illness, as a misfortune and not something of a stigma, it is unlikely that much progress will be made in preventing its occurrence."[176] At a British Student Health Association conference at which a good deal of conversation circulated around research methodologies, reliability and data collection in student health services, G.M. Carstairs claimed that "Research is the leaven which prevents clinical work (and clinical workers) from becoming too stodgy and dull."[177]

Leeds was one university that used a medical history of its students to gather data on diverse aspects of their medical and social life. In July 1969 it published a two-volume report on *University Student Performance: The Changing Pattern of Medical and Social Factors Over Three Years and their Correlations with Examination Results*, making use of a medical history form posted in September to incoming undergraduate students. Through this medical history form, the university gathered data on 1,829 students in October 1965, 1,956 students in October 1966, and 2,327 incoming undergraduates in 1967. The information gathered ventured beyond the medical: data including that on age, sex, civil state, country of origin, first language, religion, type of school, size of family, smoking and drinking habits, exercise, interests and hobbies, menstruation and accommodation were gathered and were then correlated with first-year examination results.[178] The relationship between treatment and research, however, was not seen to be wholly straight-forward. As Still reflected, there "is real difficulty in the work of research into student problems being undertaken by the same persons who undertake the clinical care and counselling of students", given this, "the problems involved in exercising this dual function need to be carefully considered and understood before the attempt is made."[179] Nonetheless, the university population provided a rich body of research for health professionals.

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[175] "Student Health," 459.

[176] A. Rook, "Student Suicides," *British Medical Journal*, 1959, 1, 599-603, 603.

[177] G.M. Carstairs, "The Study of Groups," *The Proceedings of the British Student Health Association Annual Conference, London, 1961,* 81-90, 81.

[178] Dermot McCracken, *University Student Performance: the Changing Pattern of Medical and Social Factors over Three Years and their Correlations with Examination Results* (British Student Health Association), July 1969, Vols. I & II.

[179] Still, "Discussion," in Kidd, "Research," 89.

Concern about student health also prompted the establishment of organisations that researched the higher education sector. In 1965 the Society for Research into Higher Education (SRHE) was founded. While the Robbins Report "created the climate" for the foundation of the SRHE, with its recommendation that government and private foundations should be encouraged to undertake research into higher education, the "intellectual driver" was, according to Michael Shattock, "a concern about the health and welfare of the student body."[180] Indeed, the prime mover behind the SRHE - and its first Chairman – was, as noted in the introduction to this article, none other than Nicolas Malleson, who was then the University of London Student Medical Officer and Director of Research into Student Problems.[181] The interest in student mental health provoked the foundation of organisations dedicated to researching the sector as a whole and further enabled the collection of student data. The establishment of such research bodies affirmed the university as a site of introspective investigation.

Conclusion

Students at contemporary British universities study in an environment charged with neoliberal values.[182] The related pressures – financial, ideological and emotional – they face are often posited as underpinning the contemporary crisis in reported rates of psychological distress. As this article has shown, this concern has historical antecedent in post-war Britain. This article demonstrates that the current cohort of students is not a "snowflake generation" of uniquely labile and emotionally fragile individuals; rather, it suggests that universities have long been sites where young people have sought professional mental health guidance and that services to meet their psychological needs were required. That is not to suggest that the intensity of anxiety about student mental health has stayed constant since the post-war period, or that there has been continuity in the discourse around university mental health in Britain. Nor does it suggest that the current rate of psychological distress in the student population is not remarkable or symptomatic of considerable social ills. It does, however, suggest that claims to "crisis" should be seen as part of a longer historical narrative. Moreover, while this article has focused on the discourse generated by medical professionals, investigations published by the NUS in the 1930s

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[180] Shattock, *The Society for Research into Higher Education and the Changing World of British Higher Education*; Robbins Report, recommendations 168 and 169.
[181] Ibid.
[182] James Vernon, "The Making of the Neoliberal University in Britain," *Critical Historical Studies,* 2018, 5, 2, 267-280.

and 1940s indicate that contemporary student campaigns for enhanced health provision build upon the work of their predecessors.[183]

This article has shown that university health services and those who work in them have been an integral and widespread part of the higher education sector since the 1940s. Indeed, in 1957 Malleson argued that the psychological support offered to students by university health services were a defining feature of the modern university: "the student health services are becoming increasingly part of the main stream and purpose of university organisation. They are becoming incorporated into that body of humane institutions which, taken together, distinguish a university from an intensive correspondence course."[184] The health services at contemporary universities form a part of this story.

I have shown how the psyche of the undergraduate student – for whom the university could be argued to be in loco parentis until the age of majority was lowered in 1970 – was invested new potential in the wake of the Second World War and was thus transformed into an object of particular medical concern. Michal Shapira has investigated how children became subject to psychoanalytical intervention and treatment after the Second World War, while Mathew Thomson has shown how education and schools assumed an important role in circulating psychological ideas in post-war Britain.[185] This article has contributed to the literature on the diffusion of psychological ideas in post-war Britain through its study of how university health services became sites of psychological research after the Second World War.[186] Moreover, I have highlighted how the 1951 establishment of a professional association for those working in student health services enabled student mental health to be made legible by encouraging, producing and disseminating research into the topic.

As researchers discussed distress in student communities, concern over undergraduate mental health opened new conversations about the value and potential vulnerabilities of student life. Much like today, post-war concern about student mental illness gave voice to anxieties about the changing nature of higher education and the role of the universities. In the early 1960s a student health doctor urged colleagues to remember that "the University should try to make a

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[183] NUS, *Student Health: The Report of an Enquiry into University Health Services by the National Union of Students* (London, 1937); NUS, *Report on Student Health* (London, 1948); NUS, 'The Next Steps for Student Mental Health Campaigning', 20 September 2018 [accessed online 11 August 2019 https://www.nus.org.uk/campaigns/campaigns-in-scotland/student-mental-health/]

[184] Nicolas Malleson, "The Changing Concept of Student Health: A Personal Appraisal", in *The Student Health Association,* ed. Student Health Committee (London, 1957), 17-20, 19.

[185] Thomson, *Psychological Subjects;* Michal Shapira*, The War Inside: Psychoanalysis, Total War, and the Making of the Democratic Self in Post-War Britain* (Cambridge: Cambridge University Press, 2013)

[186] See Thomson's *Psychological Subjects* and Rhodri Hayward's *The Transformation of the Psyche.*

student a whole man and not just an examination machine".[187] In the immediate post-war period, then, the mental health of students was seen to be an object of medical concern. The crisis in student mental health, far from being a contemporary problem, has a lineage that is grounded in the distinctive visibility and importance granted to this social group.

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[187] B.E. Juel-Jensen, "Discussion on Methodology in Research," *The Proceedings of the British Student Health Association 13th Annual Conference, London 1961,* 86-90, 90.