

Academic Pressures and Mental Distress During Adolescence: Associations with Participation in Higher Education

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Abstract

Recent evidence suggests that adolescents with mental health issues are more likely to go on to attend university. Reasons for this point to academic pressures that may cause mental distress potentially being greater for those who plan to attend university. We aimed to investigate this hypothesis further by examining whether the extent to which mental distress is elevated relates to the selectivity of university that young people go on to attend. Logistic regression analyses were performed on survey responses from a nationally representative data set. Young people going on to more selective universities had elevated levels of mental distress at 15 and 17. By age 25, symptoms were no longer elevated for those who had attended either type of university. We argue that additional support needs to be provided during times that adolescents complete qualifications they perceive as being high-stakes.

Paper

Introduction

Recent research on the prevalence of mental health problems among higher education (HE) students has led to differing conclusions. For example, one analysis of a population-based survey found that students had better mental health outcomes than non-students (Tabor et al., 2021), whereas another study found the opposite (Lewis et al., 2021). Nonetheless, adolescents who feel that they must succeed academically may experience elevated anxiety and depression (Luthar et al., 2020), and these same students are more likely to go to university. Thus, students who feel under more pressure to perform well in qualifications that are essential to enter HE (i.e. GCSEs and A-levels in England) may experience elevated symptoms of mental distress (Lewis et al., 2021). This assumption was substantiated in recent analyses that revealed that 17 year-olds with greater symptoms of mental distress were more likely to attend university (Lewis et al., 2021). We hypothesised that if academic pressures during adolescence are driving this association, adolescent mental distress would even more strongly predict attendance at more selective universities, because of the increased academic demands of meeting their higher entry requirements. We also predicted that if this mental distress was indeed due to the perceived high-stakes nature of school assessments, by adulthood there would be no differences in symptoms between those who went to university (selective or otherwise) and those who did not.

Method

We analysed survey responses from a national representative cohort study of people born in England (LSYPE; CLS, 2021). Sample sizes analysed in the current study ranged from 7428 to 8568.

Symptoms of mental distress were measured using the General Health Questionnaire (GHQ-12) (Goldberg & Williams, 1988), and a validated cut-off threshold for indicating a probable diagnosable mental disorder was applied (Lundin et al., 2016). Symptoms were assessed at ages 15 (when they were studying for their GCSEs) and 17 (when they were studying for their A-levels), then again when they were aged 25 (after completing university).

Selective universities included those that are part of the Russell Group of Universities in the UK (The Russell Group, 2017). Participation in HE at age 19 was recorded for each respondent as: 'Not in HE', 'Attending an other university' (Non-Russell Group university), or 'Attending selective university' (Russell Group University). Sex, ethnicity, highest parental education qualification, and social class status were controlled for in logistic regression analyses.

Results

Respondents who experienced symptoms of mental distress at age 15 only were no more likely to go to either type of university than no university at all. Those who experienced symptoms of mental distress at age 17 only were more likely to attend either type of university than no university (1.2 times), but this effect only reached significance for other universities. Respondents who experienced symptoms of mental distress at both ages were no more likely to attend an other university than no university, but they were 1.4 times more likely to go to a selective university than no university. At age 25, respondents who had attended either type of university at age 19 were no more likely to experience symptoms of mental distress than those who did not attend university at that time.

Discussion

The current study provides evidence for there being critical points in which adolescents may experience heightened mental distress that could be linked to academic pressures. For those who went to a non-Russell Group University, having symptoms of mental distress at age 17 only (i.e. when completing their A-levels) predicted their participation. For those who went to a more selective Russell Group University, having symptoms of mental distress for a more prolonged period, from their GCSEs at age 15 to their A-levels at age 17, predicted attendance. Therefore, issues do not seem to be specific to the particular qualification, but likely more to do with the perception of it being high-stakes.

Respondents who had been to university had similar levels of mental distress as those who had not. Therefore, although issues do not seem to last in the long-term, respondents still experienced symptoms during adolescence that were at clinical levels for a diagnosable common mental disorder (e.g. anxiety or depression), and this can be linked to academic pressures.

The implications of this research are that schools may need to provide more support for adolescents going to university, particularly targeted during periods in which they are completing high-stakes qualifications. Furthermore, it is unclear how long symptoms last. Therefore, universities need to ensure that students who could be entering with mental health problems are supported as they transition into HE.

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