



NHS North of Tyne

***Health at University...
“it gets easier when you get
out of first year”***

**Health Needs Assessment of
University students studying in
Newcastle**

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Executive Summary

Aim

This health needs assessment was undertaken to identify the health needs of students studying at either Northumbria University or Newcastle University.

Report

This report documents the student population profile currently studying in Newcastle; an outline of the health services currently supporting students; a rapid review of the published and grey literature focusing on the health issues affecting university students and local data capturing the health attitudes and behaviours of students in Newcastle. Recommendations are made to commissioners and providers of services and to the universities regarding how to meet the health needs of the student population in Newcastle.

There are currently 50,000 university students studying in Newcastle. Whilst the majority are Home UK students there is a rising population of international students, making the student body of Newcastle rich in diversity. There is a distinct Chinese student population which has grown over recent years as well as a growing population of more mature students. A significant proportion of students live in university maintained accommodation or private rented dwellings concentrated around the city centre and Jesmond / Heaton wards.

Through utilising available local health data and rapidly reviewing published literature it can be stated that the student population is, for the most part, a healthy population. However certain risk taking behaviours associated with young adults tends to be concentrated within a student population. Increased alcohol consumption and sexual risk taking emerged as key areas from the literature. The mental health of students was also an area which warranted further attention in the HNA.

The service mapping with the two universities highlighted the breadth of good work taking place within the two institutions. Extensive welfare and therapeutic services are available and very enthusiastic student unions ensure health messages are visible to the student body.

Qualitative engagement work was completed by Involve North East who sought opinions from 146 students via focus groups or participative engagement activities. A purposive sample of students was identified to ensure opinions were gathered from a variety of students.

Working in partnership with the School Health Education Unit (SHEU) an online health related behaviour questionnaire was disseminated to the whole student body. Questions were developed with support from various academic and public health colleagues. Heads of Welfare as well as Student presidents commented on the contents of the questionnaire and then the full questionnaire was piloted with a variety of students. Six topics were included: mental health, sexual health, smoking, drugs, alcohol and health care utilisation. The full ten

question, internationally validated, AUDIT tool was utilised for the alcohol questions to enable comparability to other studies reviewing the drinking behaviours of students. 5,355 students completed the online health related behaviour questionnaire. Across the questions there was some variability with completion but at no point did the response rate drop below 85%.

The headline findings from the qualitative engagement work and the online health behaviour questionnaire can be read in the topic boxes.

Recommendations

Recommendations have been developed out of the rapid literature review, the health profile of students, qualitative engagement work and analysis of the online health related behaviour questionnaire. Discussion with key stakeholders has enabled the co-creation of the final recommendations. The high level recommendations are listed below. The topic specific recommendations can be found in section eight.

Overarching recommendations

There are five high level recommendations from the health needs assessment

1. Universities to consider health across their whole setting – policies, environment, staff and students. (This would align with the concept of the World Health Organisation’s Healthy University approach)
2. Public health commissioners to ensure Universities are integrated into public health work programmes and commissioned contracts where appropriate
3. Newcastle Health Improvement Team to coordinate regular communication with universities for all health improvement/protection campaigns/activities across Newcastle
4. Student Unions to link with city wide organisations (including voluntary sector agencies) such as the Health Improvement Team for Ethnic Minorities (HISEM) and Health and Race Equality Forum (HAREF) to increase city wide opportunities to appropriately engage with international students on health topics.
5. All partners to consider risk taking behaviours holistically and not in topic isolation

More detailed recommendations have been broken down into:

1. Recommendations specific to the universities
2. Recommendations for commissioners
3. Recommendations for health provider

Headline findings from qualitative engagement and on line health related behaviour questionnaire (HRBQ)

Box 1. Mental Wellbeing

Qualitative Engagement

University students requested greater promotion of mental health services, and in particular stress-related information and support, although this should be done in a sensitive way.

On line HRBQ NUMBERS

- 50% (1,698) of female and 40% (768) of male students have experienced emotional or psychological problems within the last 12 months
- 10% (513) of all responding students have accessed some form of counselling during the last 12 months
- 59% (3,161) of responding students identified Study / workload as their biggest worry
- 15% (797) of all responding students said they had considered dropping out of university within the last month due to worries
- 54% (2,914) of all students stated they would rather manage themselves if they had emotional problems rather than accessing any services. This was particularly prevalent among male students and international students
- 21% (865) of Home UK students said they would contact university services if they had emotional problems compared to 38% (1,579) who said they would choose to see a GP
- 10% (179) of 20 – 21 year olds stated that they **would not** know where to go for support with emotional problems.
- 26% (273) of 18 – 19 year olds and 26% (459) of 20 – 21 year olds said they would seek advice about emotional problems from the internet

Box 2. Sexual Health

Qualitative engagement

- Students, for the most part, felt aware of where to go for sexual health advice but did request clear and consistent messages about safe sex to be promoted by all across the university

On line HRBQ

- 10% (77) of 18 – 19 year olds did not use any contraception the last time they had sexual intercourse
- 22% (162) of 18 – 19 year olds and 22% (303) of 20 – 21 year olds had used emergency contraception within the last 12 months
- 72% (112) of 18 to 19 year olds, rising to 85% (142) of 22 to 24 year olds preferred to acquire emergency contraception from a pharmacy
- 2% (66) of students had had a termination since being at university
- 83% (3,211) of home UK students know where to go for free and confidential sexual health advice
- 67% (533) of international students do not know where to go for free and confidential sexual health advice
- 2% (80) of students have experienced sexual assault since being at university

Box 3. Smoking

- 12% (593) of respondents are currently smokers
- 17% (125) of male students in their first year of study are smokers compared to 9% (112) of female students in their first year of study
- 25% (75) of under 21 year olds **do not want** to give up smoking
- 64% (88) of 25 – 30 year olds **do want** to give up smoking

Box 4. Drugs

- 70% (3,734) of all respondents did not use any drugs prior to coming to university
- The majority of students do not use any drugs currently or have only tried a drug once or twice
- 18% (1,508) of students reported using cannabis prior to coming to university
- 25% (1,343) of respondents using drugs had used cannabis once or twice
- 73% (1,538) of students who have tried drugs bought them from a friend or were given them by a friend
- 3% (62) of students using drugs felt their drug use was preventing them from staying alert and concentrating on their studies
- 5% (94) of students using drugs felt their drug use was affecting their health
- 61% (1,298) of students would talk to a friend about their drug use if worried
- 38% (814) of students would talk to a GP about their drug use if worried

Box 5. Alcohol

Qualitative engagement

The majority of Home UK students felt they were aware of safe and sensible drinking messages but did not feel the need to adhere to them as university life was short and not likely to cause long lasting health damage. Some International students were shocked by the British drinking culture and felt it acted as a barrier to integration. The heavy handed promotion of free drinks and bars targeting students was highlighted by all types of students as a pressure to consume excessive amounts of alcohol.

On line HRBQ main findings

- 45% (1,844) of Home UK students are drinking at least 2 to 3 times a week or more
- 18 – 19 year old male students are more likely to drink alcohol 2 – 3 times a week compared to female students aged 18 – 19 years
- 28% (265) of 18 – 19 year olds will drink 10 or more units on a typical day when drinking
- 31+ year olds are more likely to drink 4+ times a week but will only consume 1 – 2 units on a typical day when drinking
- Female students are drinking less frequently than male students
- 70% (655) of 18 – 19 year olds have an AUDIT score of 8 or above. Of these students: 46% (426) have an AUDIT score of 8 – 15 indicating increasing risk drinking levels, 13% (124) are drinking at higher risk levels and 11% (105) are reaching an AUDIT score of 20 or above, indicating possible dependency levels.
- 62% (2,327) of Home UK students disagree or strongly disagree that the amount of alcohol they are drinking is harmful to their health. When their alcohol consumption was analysed this cohort were drinking at increasing risk levels.
- 20% (751) of Home UK students were not sure whether the amount they were drinking was affecting their health. When their alcohol consumption was analysed this cohort were drinking at increasing risk levels.
- 19% (702) of Home UK students agreed or strongly agreed that the amount they were drinking was affecting their health. When their alcohol consumption was analysed this cohort were drinking at harmful risk levels.
- 59% (2,740) of all students who drink prefer to drink vodka
- 87% (906) of 18 – 19 year olds and 84% (1,509) of 20 to 21 year olds drink to get drunk
- 17% (163) of all 18 to 19 year olds responding to this question reported having had unplanned and unprotected sexual activity whilst under the influence of alcohol within the last 12 months
- 26% (245) of 18 to 19 year olds reported having physical injuries (non hospital) related to alcohol within the last 12 months
- 38% (1,774) of all students would go to their GP to talk about alcohol
- 24% (1,097) of all students would seek advice and support from the internet

Box 6. Health Care Utilisation

Qualitative Engagement

Whilst the majority of students were registered with a GP there was a swell of opinion regarding how to improve the process for registration.

On line HRBQ

- 71% (3,525) of all responding students are registered with a GP in Newcastle
- 48% (96) of international students who are not registered with a GP in Newcastle do not know how to register
- 77% (882) of Home UK students who are not registered with a GP in Newcastle state they wish to stay with their home GP
- 48% (295) of those not registered with a Newcastle GP have a home GP more than 50 miles away from their university accommodation
- 83% (2,253) of Home UK students and 73% (433) of international students are satisfied with their GP service in Newcastle
- 60% (1,843) of Home UK students reported seeing a GP within 3 days compared to 49% (288) of international students
- 10% (60) international students reported waiting more than 2 weeks to see a GP
- 89% (3,114) thought it was important to be registered with a GP whilst studying in Newcastle
- 17% (177) of 18 – 19 year olds had visited A&E in Newcastle within the last 6 months
- 23% (240) of 18 to 19 year olds and 24% (429) of 20 to 21 year olds had visited a walk in centre in Newcastle within the last 6 months

Box 7. Food/Nutrition

Qualitative Engagement

- The topic of nutrition and healthy eating was one area all students felt strongly about.
- Students stated their dissatisfaction with healthy options available across the two universities and the cost of healthier options
- Students acknowledged a difficulty in cooking meals on a budget or for one person.
- Those students more likely to achieve cooking on a budget cooked together within their house and took a more planned approach
- Chinese students were particularly disappointed with the western choices within university food outlets and identified a wish for more Chinese options
- Students identified that it was easier to be more physically active at university due to the amount of walking during the day between lectures and also all of the sports facilities and clubs

1 Introduction

This student health needs assessment was requested by the Director of Public Health for Newcastle to inform the commissioning of services to support the health needs of students studying in Newcastle.

The report covers the student population profile currently studying in Newcastle, a rapid review of the international evidence base on health issues affecting students, local data on the health attitudes and behaviours of students in Newcastle and stakeholder views on how to improve service delivery to students.

Recommendations are made to commissioners and providers of services and to the universities regarding how to meet the health needs of the student population in Newcastle.

1.1 Aim

The student health needs assessment was undertaken to identify the health needs of students studying at either Northumbria University or Newcastle University.

1.2 Objectives

1. Describe the demographic profile of university students studying within Newcastle
2. briefly describe the available evidence base on what is already known about the health needs of university students and existing service provision
3. Obtain target audience views through a mixture of qualitative focus groups and health related behaviour questionnaire
4. Share target group findings with stakeholders and obtain views to inform recommendations
5. Disseminate recommendations to commissioners, providers of health care services and the two universities
6. To consider the longer term implications of the universities joining the *Healthy University International Network*

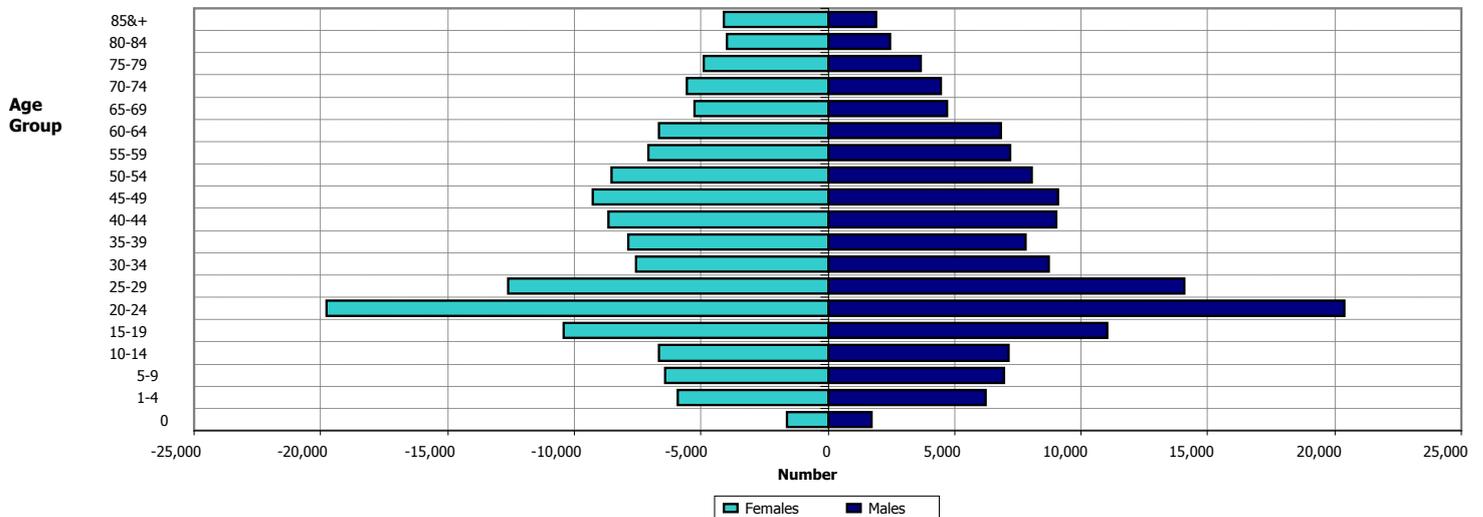
1.3 Background

As can be seen from the age pyramid below Newcastle has a disproportionate 20 – 24 year old population. This can be accounted for by the two large universities based in Newcastle City and is a useful proxy measure when assessing the size of the student population.

Whilst it can be assumed that, for the most part, university students will be a healthy population it is essential to gain an understanding of their health needs. An understanding of their health needs can inform the planning of health care services across the city.

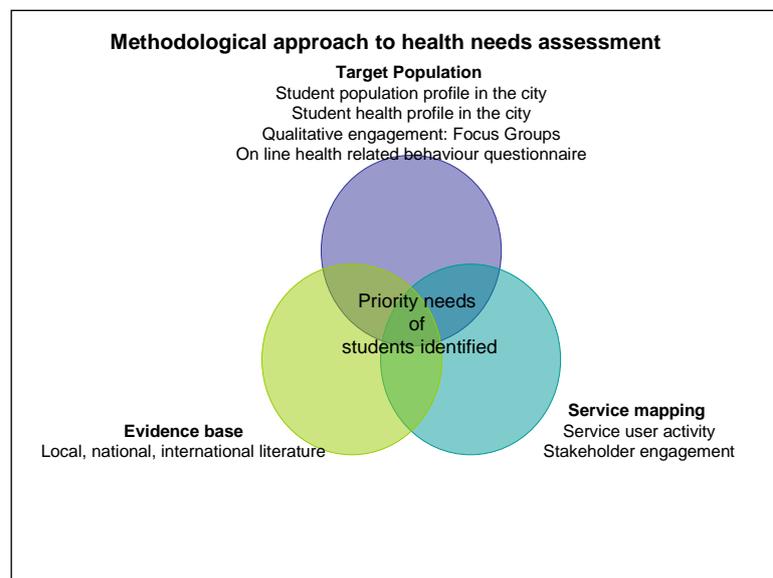
Newcastle City has a Student Forum in operation which brings stakeholders around the table to discuss how Newcastle Council, the universities and wider partners can improve the student experience for those choosing to study in the city. The Student Forum is chaired by the Deputy Leader of Newcastle City Council and attended by Director level council officers as well as high level representation from both Newcastle University and Northumbria University. The Student Forum endorsed the work to enable completion of the health needs assessment.

Newcastle population profile



2 Methods

The main goal of any health needs assessment is to improve the health of a population and reduce inequalities (Hooper and Longworth, 2002). This student health needs assessment is built on three overarching elements: evidence base, service mapping and target population perceptions. There has been a particular focus on engaging the views and behaviours of the students as this has not been completed on a large scale across the city before.



2.1 Definitions and boundaries

'Student' is taken to mean a higher education student studying at either Newcastle or Northumbria University. Students on any course, full or part time, living in Newcastle or commuting to university have been included in the health needs assessment. It is important to acknowledge that 'students' are not a homogenous group and instead form an eclectic mix of nationality, age, culture etc. This has been taken into account when seeking the views of the target population.

2.2 Student profile

A profile of the student population was developed by collecting local data from the two universities as well as local population data. Data for students was difficult to source due to the lack of services collecting detailed demographic

information regarding occupational status. Proxy data was used for 18 – 24 year old population when a student category was not readily available.

Specific work was done with the local health protection unit (HPU) to determine whether any communicable diseases were of particular interest to the student population such as TB, meningitis and sexually transmitted infections.

Local health improvement services were contacted to request student user activity in relation to sexual health, mental health and smoking services.

2.3 Rapid review of literature

A rapid review of international, national and local literature on student health and wellbeing has been completed. Literature searches were carried out as specific subjects emerged. Key issues such as alcohol and mental health have been particularly focused on borne out of discussions with the universities. Leeds University were a particular source of knowledge as they had completed a large health needs assessment with students across the city in 2006. Local joint strategic needs assessments (JSNAs) have also been utilised where appropriate.

2.4 Service mapping and university stakeholder engagement

To be able to gain an understanding of the health activities / services being delivered within the university setting an asset mapping activity was undertaken.

A standard template was designed to capture the information in a consistent way across the two institutions (appendix x). The themes considered in the template included: alcohol, other substance misuse, smoking, sexual health, mental health, nutrition / weight management, physical activity, immunisations, infectious disease awareness and promotion of access to health care services. These topics were considered in light of how student need was identified, core services on site, signposting activities, one-off campaigns, information dissemination, listening to students' needs and feedback.

Emails and face to face visits were conducted with each of the institutions to populate the template. Once information was captured it was then typed up and re-sent to respondents to ensure accuracy. It was important that the institutions were happy with the content of the asset mapping and that it appropriately reflected the current provision.

The information collected may not be an exhaustive list as it was dependant on the knowledge of the institution's representatives. However, it is a relatively comprehensive first attempt to capture current activity and delivery as seen by university stakeholders.

2.5 Qualitative Perceptions of Target Audience

Qualitative data was collected by a third party organisation, Involve North East. This organisation is commissioned by NHS North of Tyne to undertake in-depth engagement work across Newcastle City. Involve North East were provided with a purposive sampling frame and topic guide. The sampling frame was based on the demographic profile of students studying in the city and the topic guide based on the emerging evidence from the literature regarding student health.

2.5.1 Qualitative Objectives

1. Explore perceptions of being healthy and what aspects of health are important to students
2. Understand any differences between being healthy at home and at university
3. Identify any barriers to staying healthy whilst at university
4. Gauge attitudes towards publicity around students and alcohol consumption
5. Identify any information needs around safe and sensible drinking
6. Explore the use of health services whilst at university
7. Explore experiences of GP registration and identify any barriers to registering
8. Identify activities to support the promotion of health services to students
9. Identify any actions organisations could take to support students' health needs

These objectives were utilised as the key discussion points either in the focus groups or through participatory engagement events.

2.5.2 Qualitative Participant profile

Recruiting participants for the focus groups required a purposive sampling technique. The overall criterion was that they were students at either Newcastle University or Northumbria University. In addition, the following student groups were targeted:

- **Students living in halls of residence**
 1. First year undergraduate students from the UK
 2. First year undergraduate students from outside of the UK
- **Students living in private rented accommodation**
 1. Second and third year undergraduate students from the UK
 2. Second or third year undergraduate students from outside the UK
 3. Mature students (over 22 years old)
- **Students living at home**
 1. First, second or third year undergraduate
 2. Mature students 22 – 25 year olds
 3. Mature students over 25 year olds

Finally it was requested that the views of Chinese students in particular were represented in the research due to the higher proportion studying in Newcastle as well as a general mix of international and Home UK students.

2.6 Quantitative on line health related behaviour survey

School Health Education Unit (SHEU) were contracted to develop the online tool and coordinate the administration of the on line survey. SHEU also provided support with collating the data. The School Health Education Unit (SHEU), based in Exeter, have been administering health related behaviour questionnaires (HRBQ) to primary and secondary schools and further education colleges for over a decade. The university HRBQ started with the template of questions originally developed by SHEU. To ensure the questionnaire was appropriate for an 18+ years target audience various public health, health intelligence, academic and university welfare colleagues were involved in the development of the questions.

Leeds University provided additional advice regarding questionnaire content as they had previously conducted a student HNA and had administered a health survey to students (ref).

Whilst it would have been ideal to have had all validated questions being used throughout the survey, feedback from students was to keep the questionnaire as short as practically possible. For this reason mental health validated tools were not utilised. However, it was decided to use the full 10 question AUDIT (NICE PH 24) for the alcohol section. As other studies (Heather et al, Reavley et al) have used the full 10 question AUDIT with students, it enables direct comparison across studies. This is explored within the discussion section.

Six topic areas were chosen to be included in the survey, based on the rapid review of the literature and local priorities:

1. Mental health
2. Sexual health
3. Smoking
4. Drugs
5. Alcohol
6. Health care utilisation

The questionnaire was piloted with both international as well as Home UK students to ensure reading comprehension and question suitability. Questions were modified based on the feedback received but at no point was any validated question changed.

To provide an incentive to complete the HRBQ NHS North of Tyne Communications department provided an IPAD as part of a free prize draw for all those who completed a questionnaire.

The data has been analysed using the following variables:

Sex
Age
Fee category (IE Home UK, Home EU, International)
Ethnicity
Year of study
Accommodation type

By analysing the data across the various demographic variables a clearer picture can be developed about the different sub groups of the student population.

2.7 Stakeholders

Initial findings from the combined qualitative and quantitative elements of the HNA have been cross referenced to the reviewed literature to develop draft recommendations. These draft recommendations are to be shared with key stakeholders to gain views regarding the findings. Discussions with the two universities, provider organisations and commissioners will subsequently inform the development of the final list of recommendations.

The Student Forum will receive a copy of the health needs assessment to inform their future work on health needs of students in the city.

3 Student population profile: based on 2010/11 data

3.1 Size of student population

Northumbria University has 34,000 students in total. However, some of these students are studying overseas. The 'on campus' student population at Northumbria in Newcastle totals 29,426 students.

Newcastle University has 20,414 students on campus.

This gives a total population of 49, 840 university students studying within Newcastle during term time.

3.2 Approximate age distribution

Northumbria University

40% of students are 18 – 20 years old, 25% are 21 – 24 years, 15% are 25 – 29 years and 20% are 30 years and above

Newcastle University

63% of students are under 21 years of age, 10% are aged 21 to 24 years, 8% are aged 25 to 30 years and 7% are aged 31 years and above. The university had 12% missing information at December 2010.

3.3 Gender split

Newcastle 49% female

Northumbria 58% female

3.4 Fee categories of students

Newcastle University

Home UK students 74% (15,087)

International students 19% (3,879)

Home EU/Channel Island students 7% (1,448)

Northumbria University

Home UK students 86% (25,350)

International students 12% (3,530)

Home EU students 2% (550)

3.5 Ethnic groups of students

Northumbria

Ethnicity	Number	%
White	24207	82
Black or Black British - Caribbean	76	0.3
Black or Black British - African	448	2
Other Black background	37	0.1
Asian or Asian British - Indian	744	3
Asian or Asian British - Pakistani	271	1
Asian or Asian British - Bangladeshi	333	1.1
Chinese	1567	5.3
Other Asian background	858	2.2
Other (including mixed)	734	2.5
Not known (includes code 'information refused')	151	0.5
Grand Total	29426	100

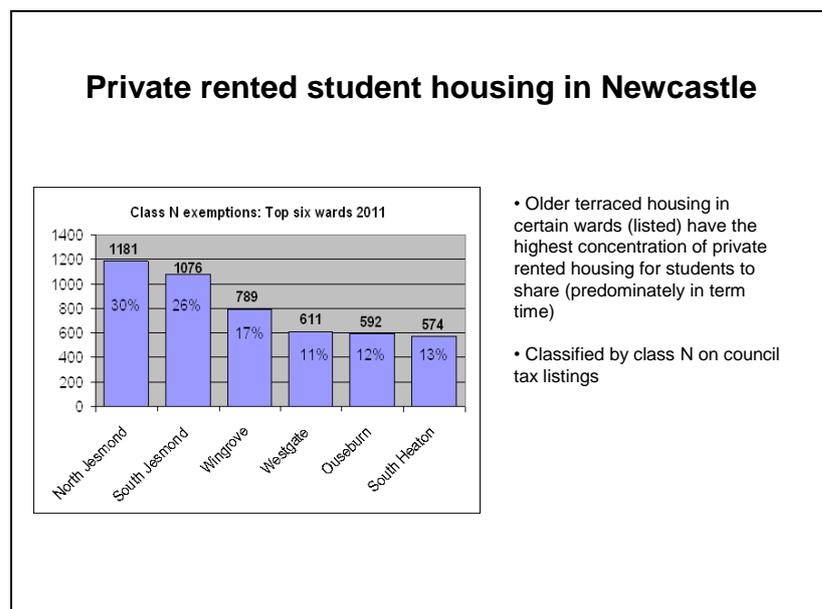
Newcastle

Ethnicity	Number	%
White background	15572	76
Black background	457	2.2
Asian background	1647	8
Chinese Background	1723	8.5
Mixed background	423	2.1
Not known	28	0.1
Other Ethnic background	298	1.5
Information refused	241	1.5
(blank)	25	0.1
Grand Total	20414	100

3.6 Student residence in Newcastle (Not all students provide this information)

Term time accommodation	Northumbria		Newcastle	
	No	%	No	%
Institution maintained property	5,664	27	5631	28
Parental/guardian home	5,091	25	1813	9
Own residence	3,022	14	1951	10
Other rented accommodation	6,625	31	9846	48
Private-sector halls	2	.01	393	2
Other	45	0.2	196	1
Not known	298	1	354	2
Not in attendance at the institution	18	.09	188	1
Total	20,765	100	20414	100

When reviewing where the majority of students are residing in Newcastle the chart below highlights the main ward areas:



3.7 Health of students in Newcastle (18 – 24 year olds)

As highlighted previously, there is little data relating directly to students. Therefore, proxy data is used for 18 – 24 year olds instead.

3.7.1 Communicable diseases

A senior epidemiologist and senior nurse from the Newcastle health protection unit provided data on infectious diseases which were potentially of importance to the student population, due to the age profile of students or because of the type of close contact living conditions. Reviewing the data provided identified that:

3.7.2 Mumps

There has been an outbreak of mumps in recent years across colleges and universities. Newcastle has seen an increase in cases in last 5 years, especially in 16 – 24 years olds.

3.7.3 Measles

The North East region has seen an increase in reported cases over recent years. However, this is not specific to the student population.

3.7.4 Meningitis

Students and teenagers are an increased risk group, as identified in the epidemiology of the disease. The rate in the 16 – 24 year old population within Newcastle has remained stable over the last couple of years.

3.7.5 TB

Newcastle PCT has seen a small increase in the number of TB cases in higher education institutions over the last three years. This is due to the increase in numbers of international students studying in Newcastle coming from countries with a high prevalence of TB and is a growing concern for the city to manage appropriately.

3.7.6 Sexually Transmitted Infections

Young people aged less than 25 years experience the highest rates of Sexually Transmitted Infections (STIs). Amongst North East residents attending GUM clinics in 2010, 73% of Chlamydia, 67% of gonorrhoea, 49% of genital herpes, and 65% of genital warts were in those aged under 25 years (HPA, 2010)

3.7.7 Chlamydia

Chlamydia was the most commonly diagnosed STI in Newcastle in 2010 with 1,620 new diagnoses, an increase of 17.1% on the previous year. Diagnosis rates are highest in the 15-24 age group. About 85% of Newcastle residents diagnosed in 2010 were in this age group. Increased disease rates could be due to the high priority placed on services to meet screening targets rather than the disease prevalence actually increasing.

3.7.8 Genital warts

Genital warts is the second most commonly diagnosed STI among Newcastle residents, with 685 diagnosed in 2010; a 3.5% increase over the previous year. Rates of new diagnoses are slightly higher in males than females, with males accounting for 54% of new diagnoses in North East residents in 2010 (HPA 2010) Rates are highest in the 15-24 age group. Almost two-thirds (65%) of total persons resident in the North East and diagnosed in 2010 were in this age group. The 25-34 age group accounted for 23% of new diagnoses in 2010. (HPA, 2010)

3.7.9 Herpes

Herpes was the STI which had the highest percentage increase in Newcastle residents in 2010, from 175 in 2009 to 249 in 2010, an increase of 42%. Nationally figures increased by 12% and regionally by 16.5%. Rates of new diagnoses are higher in females. Sixty percent of total persons resident in the North East and diagnosed in 2010 were female. Rates are high in the 20-24 age group accounting for one in three (29.7%) new diagnoses. Rates are also

relatively high in the 15-19 age group and in the 25-34 age group which accounted for 19% and 30% of new diagnoses respectively (HPA, 2010).

3.7.10 Gonorrhoea

In 2010, 110 new diagnoses of gonorrhoea were made in Newcastle residents and treated in GUM clinics. This compares to 104 in 2009 - an increase of 5.8% (9.3% increase regionally, 8.4% increase nationally). Rates of new diagnoses are higher in males than females – 58.4% of total persons resident in the North East and treated at a GUM clinic in 2010 were male. Of those men whose sexual orientation was recorded, 27.6% of cases were men who have sex with men (MSM). In 2012 Newcastle HPU have identified an increase in Gonorrhoea cases, particularly focused around Jesmond/Heaton area, where many students are residing.

Rates are highest in the 15-24 age group, followed by the 25-34 age group. Two thirds (66.7%) of North East residents diagnosed with the infection in 2010 were in the 15-24 age group, and 22.6% were aged between 25 and 34 (HPA, 2010)

3.7.11 Syphilis

In 2010, 21 new diagnoses of syphilis were made in Newcastle residents and treated in GUM services, compared with 24 in 2009 – a decrease of 12.5% (23.4% decrease regionally and 4.1% decrease nationally)

3.8 *Students accessing health services*

3.8.1 Primary care

There are 36 GP practices across Newcastle City. There are two practices who have the highest proportion of students registering with them due to their close proximity to student accommodation or near to a university campus. These two practices are Saville Medical Group and Newcastle Medical Centre. However all other practices are keen to support students with their health care needs.

3.8.2 University welfare services

Newcastle University Student welfare Services (2010 data)

545 students accessed the counselling service out of a total student population of 20,414. This is 2.7% of the student population.

Females constituted 61% of those seeking counselling support.

A total of 2,361 interviews were given to students with the average person receiving 4.3 interviews

The top three reasons for seeking counselling support were:

Anxiety (36%),

Depression / low mood (24%)

Academic difficulties (10%)

Northumbria University Student welfare services (2009/10 data)

654 students accessed counselling which equates to approximately 2.5% of the student population.

75% of these visits resulted in at least one counselling interview

The top four reasons for seeking counselling support were:

Anxiety 23%

Depression/mood change 16%

Academic 14%

Loss or relationships 11%

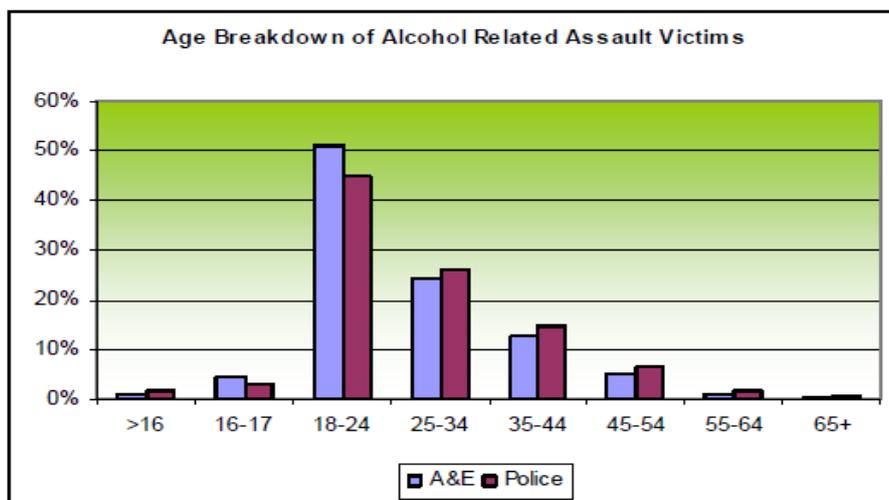
3.8.3 Sexual health services

A meeting with the Newcastle Sexual Health Services manager and Public Health commissioner of sexual health services identified that students were a high user of sexual health services across Newcastle. The sexual health service always prioritises student fresher's fares to promote Chlamydia screening and where to access free and confidential sexual health advice. Streetwise and WEYES (West End Youth Enquiry Service) also support student fresher's events and provide literature in the university.

3.8.4 Alcohol services

When reviewing the data for alcohol related ambulance call outs across Newcastle the age group with the overall highest call outs for females was 15-19 years at 14.1% and for males was 20-24 at 19.3%. It is not currently possible to identify what proportion of these young people are students.

Safe Newcastle (2011) produced a report on alcohol related assault presentations at A&E departments in Newcastle. The data for 2010/11 identifies that alcohol related assault presentations increase significantly for over 18's. The graph below shows that young people (18 – 24) are far more likely to be victims of alcohol related assaults than other age groups. The data does not specify occupational status so there is currently no data identifying what proportion of these 18 to 24 year olds are studying at Northumbria or Newcastle universities.



There is currently on-going work to review the data for Newcastle alcohol treatment services. At the time of writing this HNA the data on the patient profile for alcohol treatment services was not available.

3.8.5 Mental health services

A meeting was held with a manager of the IAPT (Improving Access to Psychological Therapies) service to ascertain what data was collected on the users of the IAPT service and their links to the two universities. It was felt by the IAPT service that the universities would support any student with a low level psychological problem rather than being referred to IAPT, however a student could self refer to IAPT.

IAPT's data identified that between the period of April – September 2011 6.8% of their total referrals were classified as full time students. It was not possible to ascertain the definition of full time student being at school, college or university.

Data from the primary care mental health team identified that approximately 32% of their referrals were between the age of 18 – 29. There was no data received on whether these people were students, employed or unemployed. Discussing mental health services with the Public Health lead for mental health it was felt that older people were a priority group to encourage into services but young people had not been identified as a target population within current contracts. There was little interaction noted between the two university therapeutic services and the NHS mental health services delivering across Newcastle.

3.8.6 Newcastle stop smoking services

The NHS Stop Smoking Service supports university fresher's fairs and provide information for No Smoking day. In 2010/11, 261 full time students set a quit

date of which 94 (36%) were successfully quit at 4 weeks. It was not possible to tell whether these full time students were university, college or school students.

In 2010/11, 40% of 18 – 34 year olds that set a quit date with the NHS Stop Smoking Service were successfully quit smoking at four weeks. It was not possible to tell how many of this age group were in higher education.

3.8.7 Physical activity services

A meeting with the leisure services manager from Newcastle City Council highlighted the popularity of Newcastle city council's leisure services. The council's sports facilities are competitively priced to attract students and so many students access the council services instead of their own university sports facilities.

4 Rapid review of the literature

A rapid literature review was undertaken to provide a flavour of the international and national published literature on student health. America has a dedicated journal to 'College Health' providing a wealth of research on university students. However, the American culture and education system is very different to the British system and so the evidence from America needs to be read without assuming generalisability. Local literature has been used, including recent Joint Strategic Needs Assessments (JSNAs) for specific topic areas. Leeds University completed a student HNA in 2006. These results have been utilised as grey literature.

NHS Evidence and Newcastle University library key word searches were performed across a range of electronic databases.

A GOOGLE search was undertaken to identify if any previous health needs assessments had been completed with students.

A request was put out across the national Public Health Specialty Training email group to seek out any unpublished literature on student health needs across other PCT areas.

Academic colleagues from Leeds University signposted various key peer reviewed articles.

Academic colleagues from Newcastle University identified key texts relevant to student health needs, especially in relation to alcohol and students.

4.1 Key findings

4.1.1 Mental health

Prior to reading the literature on Mental health it is important to note that there are inconsistencies in the terms applied to mental health which makes comparison across the literature difficult. (Royal College of Psychiatrists, 2011)

Young adults between the ages of 18 – 25 years are at high risk of developing serious mental health illnesses such as schizophrenia and bipolar disorder. Such conditions can sometimes be difficult to diagnose in their early stages (RCP, 2011).

The student population is in some ways more vulnerable than other young people. First year students have to adapt to new environments and ways of learning. Academic demands and workload increase and university courses require much more self directed learning and the capacity to manage time and

prioritise work. Both of these can be easily disrupted by mental disorder and misuse of drugs and alcohol (RCP, 2011).

In 2003 the Royal College of Psychiatry (RCP) (2003) conducted a review of the literature on the mental health of university students. This has then been updated in 2011 (RCP, 2011) with new and emerging evidence. The review highlighted the following:

- The number of students presenting to counselling services has increased in recent years. However this could be due to a general increase in student numbers or an increasing willingness and choice to access services. A recent study reported that across the UK approximately 4% of university students are seen by counsellors each year for a wide range of emotional and psychological difficulties.
- Available evidence suggests that students report increased symptoms of mental ill health compared with age matched controls.
- Higher education is associated with significant stressors such as the emotional demands of transition from home, the pressure of independent study and exams as well as financial pressures of living away from parental/carer home.
- Mental health problems can be disruptive to educational attainment.
- International students may be more vulnerable to mental health problems as they have to undertake a major process of adjustment to a new academic and cultural environment.
- It is appropriate for higher education institutions to work with NHS providers in a coordinated manner to provide mental health services.
- NHS providers of mental healthcare are urged to recognise and respond to the particular mental health needs of their student population and the difficulties that many experience in gaining equal access to services

The Royal College of Psychiatry (RCP, 2003) provided the following recommendations regarding the mental health of students:

- Mental health promotion and emotional literacy to be delivered across Universities
- Information about mental health services needs to be well circulated
- Universities should develop a holistic environment as part of a 'health promoting university'. Mental health policies should be in place

- University counselling services are in affect the primary mental health care option for many students and should be resourced and supported accordingly
- Where there are large numbers of students the PCT should develop a student mental health strategy
- Collaboration should be evident between health care practitioners – counselling service and student GP practice etc
- Specific attention to the mental health needs of students in medical and other health care professions

Chew-Graham et al 2003 completed a qualitative study with medical students and identified a certain amount of stigma with mental ill health and the lack of willingness to seek support for mental health problems.

Leeds HNA (2005) student data on satisfaction and well being identified that 24% of level 1 undergraduates had a mental health score suggesting raised levels of psychological distress

4.1.2 Sexual Health

A number of factors that affect the probability of experiencing poor sexual health have been highlighted within the Health Protection Agency Annual report (2010). These include:

- Misuse of alcohol and/or substances.
- Early onset of sexual activity.
- Unprotected sex/poor contraceptive use.
- Frequent change of and/or multiple partners.
- Low self-esteem.
- Lack of skills including negotiation skills to avoid unwanted sex.
- Lack of knowledge about the risks of different sexual behaviours.
- Availability of resources such as sexual health services or free condoms.
- Peer pressure and societal attitudes and prejudices.

Increasing risk taking behaviour may be contributing to the rise in STIs, but much of the change will have been due to the increasing application of more sensitive tests and to the recent expansion of Chlamydia screening to young

adults in community settings. The rise may also be related to more people coming forward for testing due to increased awareness of the risk of sexually transmitted infections (HPA, 2010).

The evidence base for young people and sexual health emphasises the strong links across other risk taking behaviours such as the excessive consumption of alcohol. There is a strong case for not separating sexual health and alcohol. Health professionals should be trained to discuss both when meeting with a young person (JRF, 2011, Kenny 2010, Sullivan, 2010, NWPFO, 2009, Cairns associates 2010)

The effectiveness of interventions aiming to improve the sexual health of people in minority ethnic communities has not been well researched in the UK¹ and the range of experiences of people in minority ethnic communities, in terms of cultural background, gender, age, faith, sexual orientation and disability, tends to be hidden by reference to the 'BME community'. (Newcastle Sexual Health JSNA, 2011).

4.1.3 Alcohol

Prior to reading the literature on alcohol it is important to note that there are inconsistencies in the terms applied to describe drinking behaviour which makes comparison across the literature difficult. The timing of administering a questionnaire on alcohol is crucial – fresher's week, pre or post exams can all influence drinking patterns differently. Measurements by unit are difficult due to the culture of 'pre-loading' alcohol prior to going out. Alcohol consumed within homes is usually self measured and larger than standard pub measures.

Freedom from parental supervision, peer pressure and stress are all associated with the transition to university which can influence drinking in the first year of study (Bewick, 2010). As the data is self reported there is usually an assumption that measures are under reported however some studies suggest that within the student population there may be a case for over reporting alcohol consumption (Reavley et al, 2011, Heather et al, 2011).

The ethnic origin of students is a critical factor and not always reported. Due to religious beliefs a lot of non white British students do not consume alcohol.

Gill (2002) completed a review of papers on student alcohol consumption and identified that as many as one in two male students may exceed sensible weekly guidelines and take part in binge drinking. As many as one in ten male healthcare students destined to influence and administer sensible drinking advice is regularly drinking >50 units per week. 34% of male medical students exceeded their own guidelines, three times as many female students exceed sensible drinking compared to women in the general population and binge drinking for many within this age cohort may be viewed as a normal pattern of alcohol consumption.

More recent studies have used the ten question AUDIT (Alcohol use Identification Test) (Babor et al, 2001)) tool to measure alcohol consumption in the student population. This enables direct comparison across studies as the questions are internationally validated for a population aged 18 and above. The table below describes the scoring system for the AUDIT tool.

AUDIT Score	Type of drinking	Intervention recommended
0 – 7	Low risk drinking	Positive reinforcement to maintain sensible drinking levels
8 – 15	Increasing risk drinking	Simple structured brief advice
16 – 19	Higher risk drinking	Simple advice plus brief counselling and continued monitoring – possible referral to tier 2 service
20 – 40	Possible dependence	Brief advice and possible referral to specialist for diagnostic evaluation and treatment

Heather et al (2011) conducted a purposive cross sectional survey of 770 undergraduate students across seven universities: two northern universities, two midland universities and three southern based universities. 61% of the sample scored 8+ on the AUDIT indicating increasing risk drinking and above. 40% of these were increasing risk drinkers, 11% were harmful drinkers and 10% demonstrating possible dependence. The two northern universities were significantly higher in their AUDIT scores compared to the midlands and Southern universities. The main independent risk factors demonstrating an increase in drinking behaviour were:

- Younger age
- Students of white ethnicity were over three times more likely to be AUDIT positive (Score 8+)
- Students living on campus were nearly 2.5 times more likely to be AUDIT positive.

A longitudinal study completed by Newbury-Birch (2002) identified that dental students in Newcastle drinking above the recommended low risk levels reduced their drinking from 47% in their second year of study to 25% as a final year and then increased to 41% as qualified dentists. Medical students in the same study steadily increased their drinking over the three time points (33%, 43% to 54%). However Bewick et al (2008) identified that student drinking patterns reduced as they progress through their university career. The differing outcomes from these studies identify the need to undertake more research into drinking behaviour Post University (Heffernan, 2011).

There is evidence that social norm marketing campaigns, intended to correct misperceptions of subjective drinking norms and reduce alcohol consumption, can have a positive impact on lowering alcohol consumption by college university students (Turner et al, 2008; DeJong et al, 2006).

Beanstock et al (2010) completed a cross sectional study in a northern university to look at the association between students' increased drinking levels and their present/future time perspective. The study concluded that greater consideration of future time consequences was associated with lower drinking levels. This can be drawn into the development of alcohol campaigns aimed at students to increase their awareness of future consequences of drinking to excess.

4.1.4 Smoking (Taken from Newcastle smoking JSNA 2011)

In 2009 according to the Health Survey for England, 24% of men and 20% of women aged 16 and over were current cigarette smokers. As in previous years, cigarette smoking was associated with age. Among both men and women, cigarette smoking was highest among younger adults and lowest among older adults. Among those aged 16-24, men and women were equally likely to smoke cigarettes (24% for men and 25% for women). However, among those aged 25 to 44, male smoking prevalence overtook that of their female counterparts. Among men aged 25-34 and 35-44 smoking prevalence was 32% and 28% respectively. Equivalent estimates for women were 26% and 20% respectively.

According to the synthetic estimate in the 2010 Health Profiles, Newcastle's smoking prevalence is estimated to be considerably higher (28.6%) than the national average (22.2%), although, with the exception of Birmingham, it does not appear to be significantly different to the other Core Cities. These figures have recently been updated in the 2011 Health Profiles showing a comparative slight decline in both the national and Newcastle rates (Health profiles, 2011).

4.1.5 General health

Malik et al (2011) studied the health of student nurses compared to qualified nurses. With the exception of smoking, registered nurses generally had healthier lifestyles compared to pre registered nurses. Almost half of the cohort failed to meet the public health recommendations for physical activity, almost two thirds did not eat five portions of fruit or vegetables a day and almost half ate food that were high in fat and sugar content on a daily basis.

5 Results: Service Mapping and Student's Perceptions

5.1 Service mapping

5.1.1 Alcohol

Northumbria University has undertaken a number of successful alcohol awareness campaigns, including a recent one raising awareness of the impact of drink driving. During Christmas 2011 a community safety campaign was delivered focusing on getting home safely after a night out. Currently signposting for students in need would be to a GP or North East Council on Addictions (NECA).

Newcastle University has recently convened a new group with the remit to reduce the drinking culture amongst students. This is in the context of a *duty of care* towards their students and is a very proactive measure. Currently Newcastle University would support students through their student services department and refer onwards to NECA and GPs if a student had an alcohol problem.

Both Universities display and promote alcohol awareness messages throughout the student union on large screens and beer mats etc.

Northumbria University identified that not all their welfare staff were trained in alcohol awareness and brief advice and would benefit from being able to have a structured conversation with students regarding alcohol.

5.1.2 Substance misuse

Both institutions offer support through their student services department and advocate signposting through the dissemination of literature, such as Talk to Frank leaflets and information on websites.

No dedicated campaigns have been delivered on illicit drugs other than through stands at Fresher's fairs

Across the two universities there is a strong zero tolerance policy and deal with drug issues very strictly.

5.1.3 Smoking

The whole of Newcastle University's campus is smoke free, including outside spaces. Leaflets are available in both institutions about the harms of smoking. Neither of the institutions currently offers on site stop smoking services. Signposting would be to the Newcastle Stop Smoking Service or GP practice.

5.1.4 Sexual Health

Newcastle University has an outreach drop in clinic delivered by Streetwise on a Friday morning. This is well accessed and includes C card scheme, Chlamydia screening and general sexual health advice.

Northumbria University offer Chlamydia screening at Fresher's fair and signpost to the Newcastle sexual health centre and GP practices.

5.1.5 Mental Health

Dedicated therapy services are offered by both Northumbria and Newcastle Universities. These are well accessed and well promoted.

Newcastle University has self help guides on its website promoting mental well being. They also have a referral system to the sports centre for students with a mental health problem where exercise has been a factor in previous recovery or is deemed to be likely to have a positive impact on recovery on this occasion.

Northumbria has developed a referral pathway between their sports centre and mental well being services.

Northumbria University has held *healthy mind healthy body* events in 2011 promoting mental well being.

Newcastle University Student wellbeing Service and Students Union held a Healthy Universities Day in 2012. This incorporated information and events around positive mental health.

Newcastle University highlighted the need to continue to have strong links with NHS mental health services.

5.1.6 Nutrition / Weight Management

Leaflets are available promoting the benefits of a balanced diet in both institutions. Northumbria University brought Jamie Oliver's kitchen onto campus for a food event in 2011. There are no specific services available for weight management or nutritional advice in either of the institutions. Signposting to GP would be the first pathway if a student presented with weight issues.

5.1.7 Physical Activity

Northumbria University has a new sports complex which promotes generic recreational activities such as Pilates and rock climbing alongside the more traditional sports.

Newcastle University has received Sport England funding for a Go Play initiative which encourages physical activity for health and not just competitive sports. All students in halls of residence receive a gym membership included in the cost of their halls accommodation (which they can then opt out of if they wish).

5.1.8 Infectious diseases awareness

Newcastle University has produced a DVD called 'Tom's story' which is about a student who had meningitis. This DVD has been bought by other universities as an awareness raising tool for the signs and symptoms of meningitis. There is also information on their website on meningitis.

Northumbria University has held a TB awareness campaign in 2011, especially targeting international students and Newcastle University have representation from the NHS TB service at student registration.

The Health Protection Agency liaises regularly with the two Universities on an as required basis regarding students presenting with any relevant illness. They also liaised with the two higher education institutions during the flu pandemic and subsequently developed appropriate plans to protect both students and staff.

A discussion took place regarding the increase in the number of TB cases being reported in students from countries with higher prevalence of TB.

5.1.9 Access to NHS health care services

Both universities have details of all GP practices and dentists on their websites

Northumbria University and Newcastle University invite some local GP practices with high student patient numbers onto campus to their Fresher's fair to encourage registration.

Both universities provide information to international students regarding how the NHS operates.

Both universities expressed a desire to provide more objective choice about where students should register with a GP, via a more generic registration system.

5.2 Qualitative: Student's Perceptions

146 students participated in either focus groups and / or participatory engagement events. Due to the increased Chinese student population over the last three years, it was deemed appropriate to undertake one focus group dedicated to this population.

Specific extracts and quotes have been incorporated into the separate topic sections. However, a brief overview of the qualitative work is summarised below.

5.2.1 Summary

What does being healthy mean to you?

The majority of participants felt that being healthy meant being active, having a healthy diet and having good mental health and these were mirrored when students were asked what aspects of health were most important to them.

What helps you to achieve good health whilst at university?

Availability and access to sports facilities, having a lifestyle that involved lots of walking and accessing university societies and sports activities were mentioned.

What are the barriers to achieving good health whilst at university?

Access to healthy food

The most commonly mentioned barrier to students achieving good health was food related. Eating unhealthy food which was exacerbated by a lack of healthy food on campus and for Chinese students a lack of healthy food to suit them was mentioned. Also, cooking for one and having time to eat healthily were seen as barriers.

Drinking Culture

The drinking culture associated with being a university student was another barrier to achieving good health and this was reinforced by the promotion of cheap drinks on campus and access to the pubs and clubs of the 'party city'.

Lack of time

Lacking time to lead a healthy lifestyle was also mentioned.

Integration

International students identified their own barriers, in particular, integrating with UK students and alcohol, getting used to a new culture entirely, not speaking English as their first language and not understanding how the NHS works.

6 Results from on line health related behaviour survey and quotes from qualitative findings

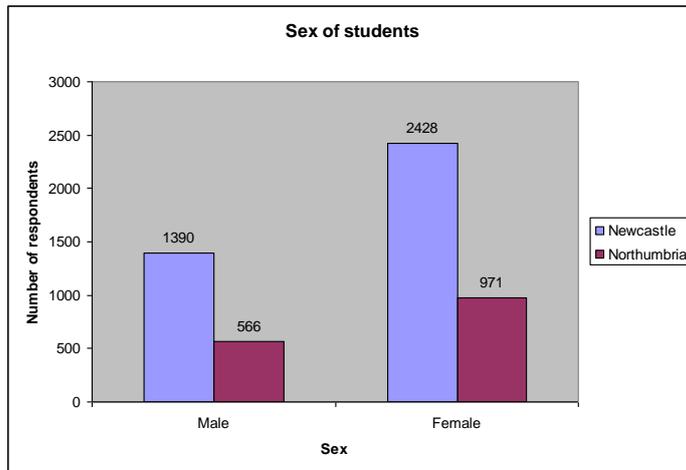
6.1 Population profile of student respondents

5,355 students responded to the questionnaire out of 50,840 students across the two universities. This gives an overall return rate of 10.5%. However, it needs to be noted that question completion varies throughout the questionnaire but does not dip below a 10% reduction in respondents for any question.

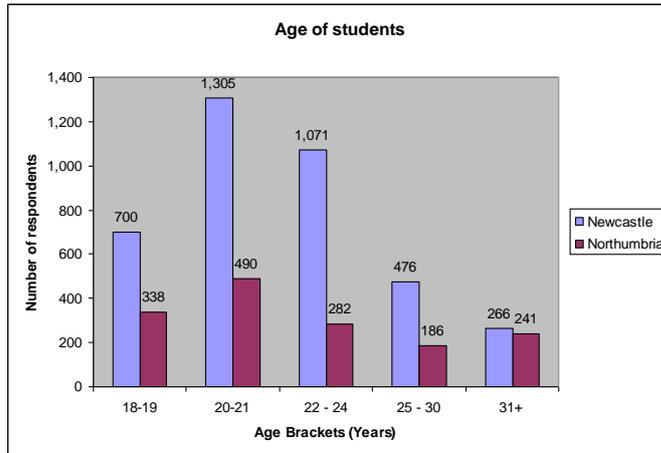
71% (n=3814) of survey respondents were from Newcastle University which represents 19% of the Newcastle University student population (20,414). 29% (n=1,543) of survey respondents were from Northumbria University which represents 5% of the Northumbria University student population (29,426).

6.1.1 Sex of respondents.

Across the two universities 63% (n= 3399) of respondents were female. The student profile for Northumbria is 58% female and 49% for Newcastle. Therefore males are under represented within the survey sample. However, this is usually the case for surveys.



6.1.2 Age of respondents

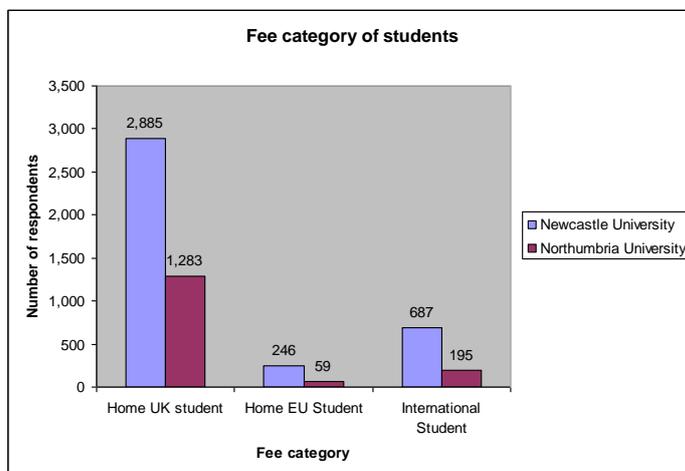


Age distribution (Years)	18 – 19	20 – 21	22 – 24	25 – 30	31+
Number Student respondents	1,038	1,795	1,353	662	507
% Students	19%	34%	25%	12%	10%

53% (n=2,833) of respondents were between 18 and 21 years, of which 96% were studying an undergraduate degree.

Newcastle University’s student profile for 2010 identifies 63% of students under the age of 21 whilst Northumbria University have 40% of students under 21 years studying with them.

6.1.3 Fee category of student



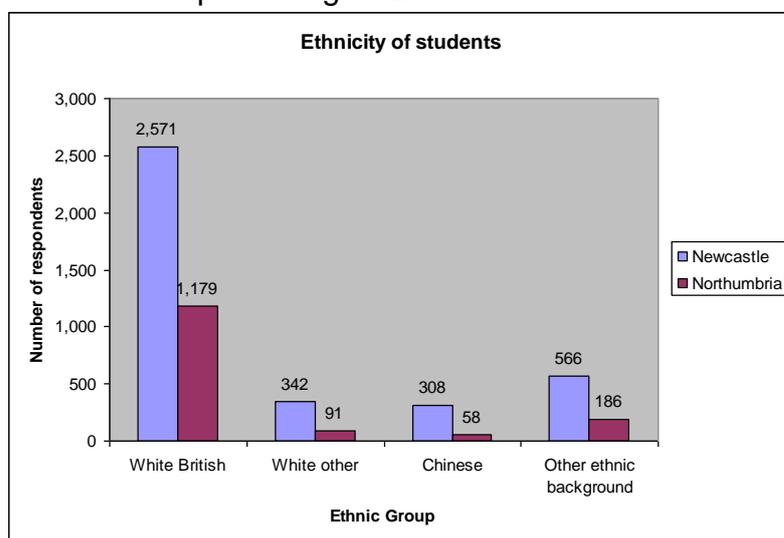
78% (n=4,168) of overall respondents were Home UK students. 6% (n=305) were a Home EU student and 16% (n=882) were international students

Newcastle University's profile for 2010 reflects a similar profile of 74% Home UK, 7% Home EU and 19% International.

Northumbria University's profile for 2009 reflects slightly different proportions compared to the sample for the survey. 82% of Northumbria campus based students were UK domiciled, 3% were EU domiciled and 14% were categorised as domicile outside of the EU.

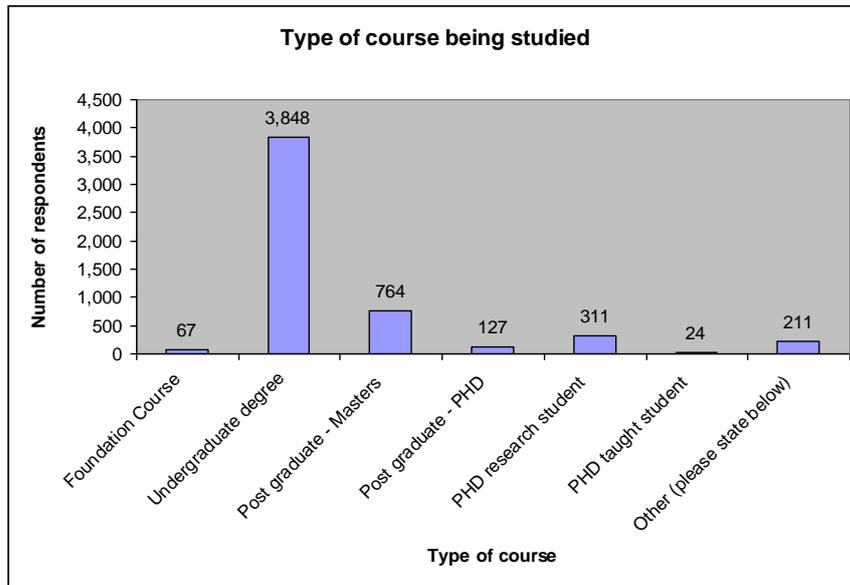
6.1.4 Ethnicity

Due to the range of ethnic groups some of the numbers were very small. For this reason ethnic groups have been re-categorised into four broad groups based on the percentage size.



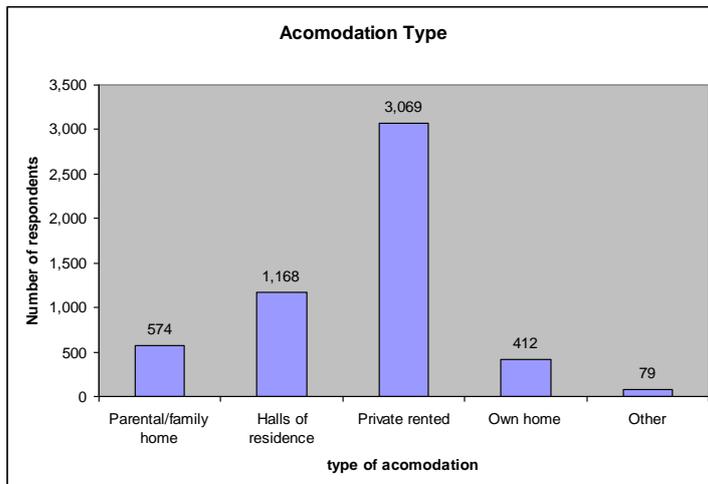
71% (n=3,750) were White British which is lower than the proportion reflected in Northumbria who have an 83% white population and Newcastle who have a 76% white population. 8% (n= 433) classified themselves as white other, 7% (n = 366) were Chinese and 14% (n=752) fell into other ethnicity categories as identified by the census categories. The Chinese population is 5% in Northumbria University and 3.5% in Newcastle University. Therefore the Chinese survey respondents were a slightly higher proportion than the population.

6.1.5 Type of course being studied



72% of survey respondents were completing an undergraduate degree course

6.1.6 Type of accommodation



58% of all survey respondents were living in private rented accommodation.

However this varies depending on the age / year of study. 65% of 18 – 19 year olds were living in Halls of residence. 73% of 20 to 24 year olds were living in private rented. As the students age increased there was more variety with accommodation type. 50% of 31+ year olds were living in their own home.

6.1.7 Disability

97% (n=5,167) stated they did not have a disability. This is in line with the student profile for both universities.

6.1.8 Summary

Results from the survey have been analysed using the demographic variables identified above. The six sections below provide a comprehensive overview of the categories of questions. The two universities have been combined to produce a student cohort for Newcastle City.

6.2 Mental health

6.2.1 How many hours sleep do you have on an average night?

Sleep is as important to health as eating, drinking and breathing. Poor sleep is linked to physical problems such as a weakened immune system and mental health problems such as anxiety and depression.

Getting too little sleep creates a "sleep debt". Humans don't seem to adapt to getting less sleep than needed. While people get used to a sleep-depriving schedule, judgment can be impaired, reaction times can slow, and other functions are impaired. The average amount of sleep for normal functioning is 6 – 8 hours but some people can function perfectly well on less or may require more.

83% (n= 4,332 out of 5,231) of respondents within this survey stated they had 6 – 8 hours sleep on an average night. 8% (n =440) were getting between 4 – 5 hours sleep on an average night which would be below the average for good health.

6.2.2 Is the amount of sleep you normally get enough for you to stay alert and concentrate on your studies?

75% (n= 3946 out of 5,227) of the full sample felt they were getting enough sleep to keep them alert. There was only a 5% variation across all of the demographic variables.

21% (n262) of females in their 1st year and 23% (n=195) of females in their second year of study did not feel as though they were getting enough sleep to stay alert.

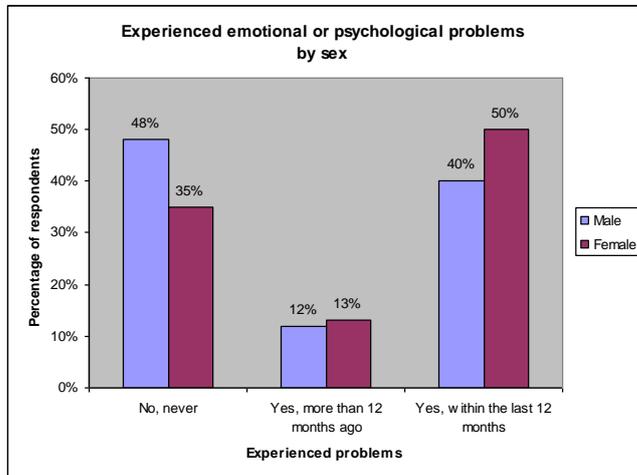
21% (n=215) of 18 – 19 year olds reported they were not getting enough sleep to stay alert.

6.2.3 Is the amount of sleep you get enough for your health?

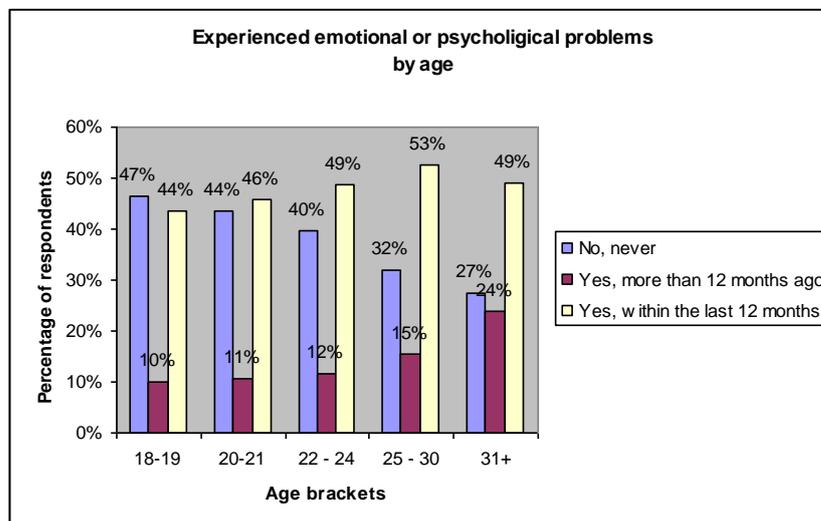
Responses ranged between the lowest response of 69% (n 336) of 31+ year olds to 77% (n=1,010) of 22 to 24 year olds agreeing that they got enough sleep to stay healthy.

18% (n=63 out of 243) of Chinese students did not feel as though they were getting enough sleep to stay healthy.

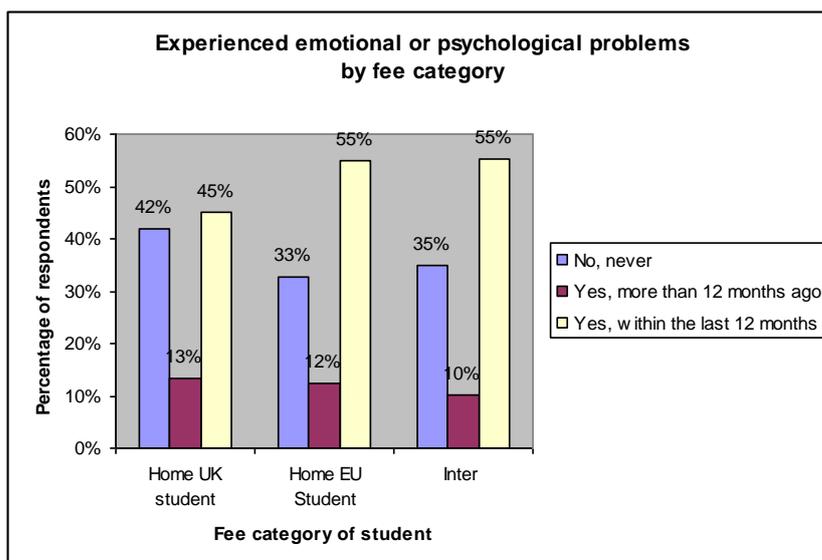
6.2.4 Have you experienced emotional or psychological problems (for example depression, anxiety, worry or stress) that interfered with your life?



50% (n=1698/3330) of females responding to this question said they have experienced emotional or psychological problems within the last 12 months. This is compared to 40% (n=768/1897) of males.



It can be seen from the graph that 53% (340) of 25 to 30 year old students have experienced emotional or psychological problems over the last 12 months compared to 44% (442) of 18 – 19 year olds.



55% (471) of international students and 55% (165) of Home EU students reported experiencing emotional or psychological problems during the last 12 months. This can be compared to 45% (1,830) of Home UK students.

6.2.5 How often have you worried about the things listed below within the last month?

A choice of 18 categories were provided in the questionnaire. Students could tick as many as applied to them. 19% of respondents (n=1042/5355) had none of the worries listed or data was missing. 27% (882) of international students did not choose any of the 18 categories or missed the question out. The lower response rate to this question from international students means slightly more caution should be applied to the responses even though the response rate is still high overall.

Worry	Overall %	Number
Study/work load	59%	3,161
Money problems	35%	1,881
The amount you are eating	35%	1,888
The way you look	31%	1,686
What people think of you	29%	1,539
Emotional health	21%	1,113
Physical health	19%	1,031

Study/workload problems

60% (n=747) of females in their first year of study were worried about study/workload problems. This rose to 71% (n=617) of females in their second year of study. This can be compared to 43% (n=342) first year males and 48% (n=228) of males in their second year of study.

The amount you are eating

White British females from the home UK fee category were most likely to have concerns about the amount of food they were eating.

The way you look and what people think of you

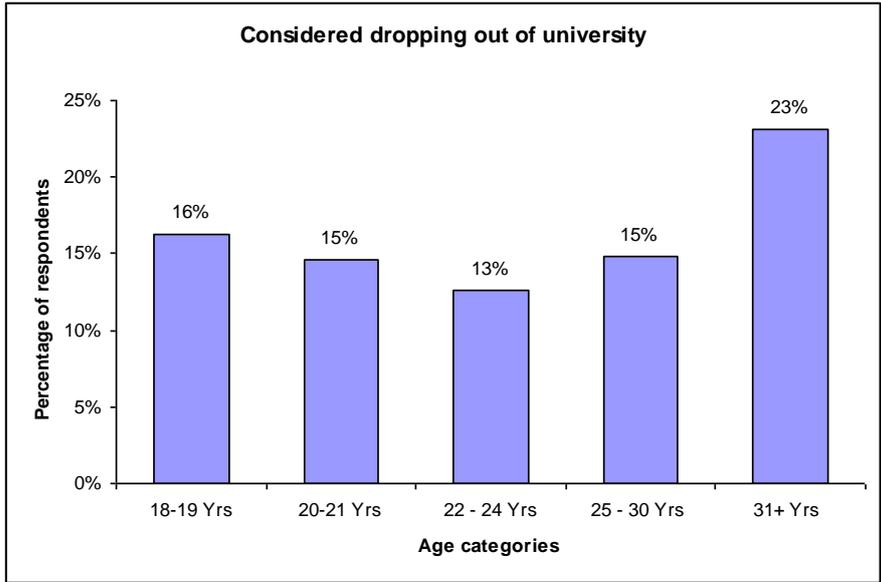
40% (n=423) of 18 – 19 year olds were worried about the way they looked. This then dropped as age increased with 21% (n=107) of 31+ year olds ticking this concern. A similar pattern can be seen with the 'what people think of you' concern. White British female students were more worried about the way they looked and what people thought of them compared to males and other ethnic groups.

Emotional and physical health

Worries about emotional and physical health remained stable across the age categories. Home UK students were more likely to document they had emotional or physical health worries compared to Home EU or International students. 25% of female students reported having emotional or physical health worries compared to 16% of male students.

6.2.6 In the last month have you worried so much about any issues listed that you have considered dropping out of university?

15% (n=797.5228) of all respondents said they had considered dropping out of university in the last month. There is greatest variation across the age categories with 23% (n=114) of 31+ year olds considering dropping out compared to 13% (n=166) of 22 to 24 year olds.

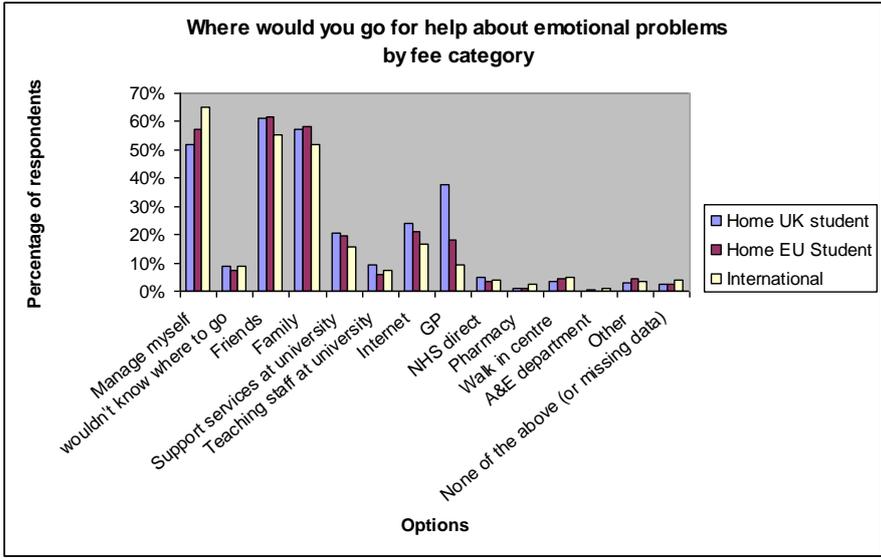


6.2.7 Have you ever received counselling or other help for depression or other emotional problems?

80% (n=4,158/5228) of total respondents have not received counselling

6.2.8 If you needed help about emotional or psychological problems where would you go for help?

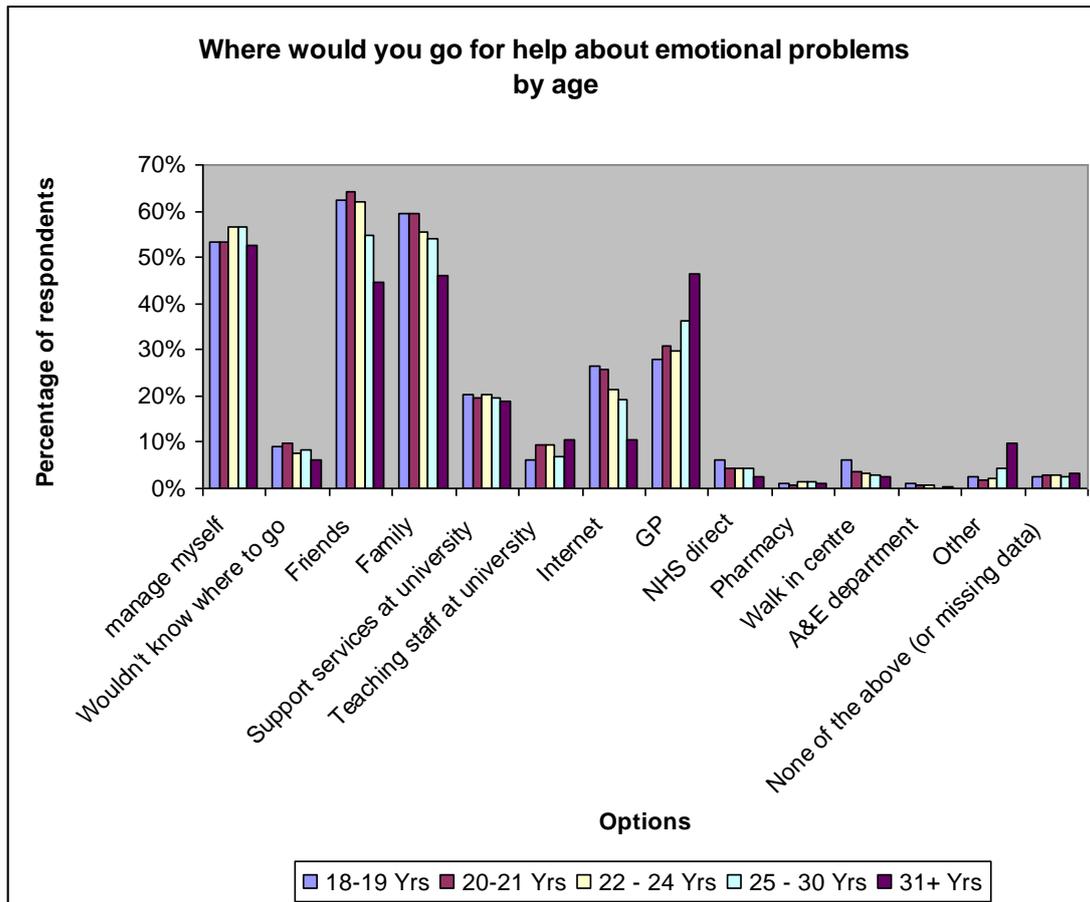
65% (n=574) of international students said they would manage themselves compared to 52% (2,165) of home UK students.



Friends and family were by far the most popular options for seeking support about emotional problems

61% (1,201) of male students responding to question stated they would manage themselves compared to 50% (1,713) of female students.

21% (n=865) of Home UK students said they would contact university student services compared to 38% (n=1579) who said they would contact a GP. Of those who said they would contact their GP they were more likely to be in the older age categories.



Age did change the preferences. It is important to note that 10% (n179/1,795) 20 – 21 year olds **would not** know where to go for support.

The majority of 18 – 21 year olds would seek support from friends and family.

26% (n= 273) of 18 – 19 year olds and 26% (N=459) of 20 – 21 year olds would seek advice and support through the internet.

47% (n=236) of 31+ year olds would seek help from a GP for emotional problems.

6.2.9 Qualitative feedback on good mental health

The third most common response when students were asked what being healthy meant to them was having good mental health. However, only 27

participants actually cited this and a number of focus group participants felt that mental health would not even be considered by students when thinking about being healthy.

“On the mental side being able to do – to get through day to day functions without having to put too much emotional stress on yourself”.

“I think happiness is very important, mind and emotions are more important instead of the physical”.

“When you think about being healthy I don’t think most students would consider the health - the mental health around students, you wouldn’t say to someone ‘oh I’m concerned about your mental health’ or anything like that, they’d just be like everyone else’...just everyone gets on with it don’t they. Especially at exam time, you’d just be like ‘it’s just exam stress, get over it’ and everyone’s going through the same thing so no-one – well not that no one has sympathy but no one has time to have sympathy for you because they’re too busy stressing about their own course. And you’re in that environment we’re everybody’s at a heightened level of stress so you think your level of stress is normal – it’s a normal level of stress yeah”.

Students mentioning mental health were slightly more likely to be from Northumbria University, in their first year of study, aged 22 to 25 years old or international students.

Newcastle University students highlighted the increase in mental health support available to them and in particular to international students as a response to an incident on campus last year where a Chinese student committed suicide.

“Well, I just mentioned the health including the mental health as well, but the university didn’t pay much attention in the past but now they pay a lot of attention on this programme because some issues happened last year”.

“Yeah they are paying more attention to the international students”.

Provision of mental health information and support

Students at both universities mentioned this but slightly more Northumbria University students requested mental health and in particular stress-related information and support or as highlighted below, greater promotion of these services although this should be done in a sensitive way.

“There should be a place on campus that you can drop in with mental health problems.

There is!

Where? Well they never shout about it”.

“But would it not be better if there was a website where you knew that there was a website that you could go to without having to walk in to somewhere that was like the mental health room – would that not be like – if they put a thing on back of a toilet door saying ‘feeling stressed? This is the website’ or something like that? Rather than be like going somewhere like the therapist room?”

“Mental health could be better promoted. It takes four weeks to see someone at university, longer at the GP. There should be more support”.

“There could be more info from the NHS and university about stress management”.

“I'd like to know how to access mental health services. In China there are good psychological services on campus for all students and it is free. If a student is suffering with stress, the lecturers are notified that that person needs a break or extra support”.

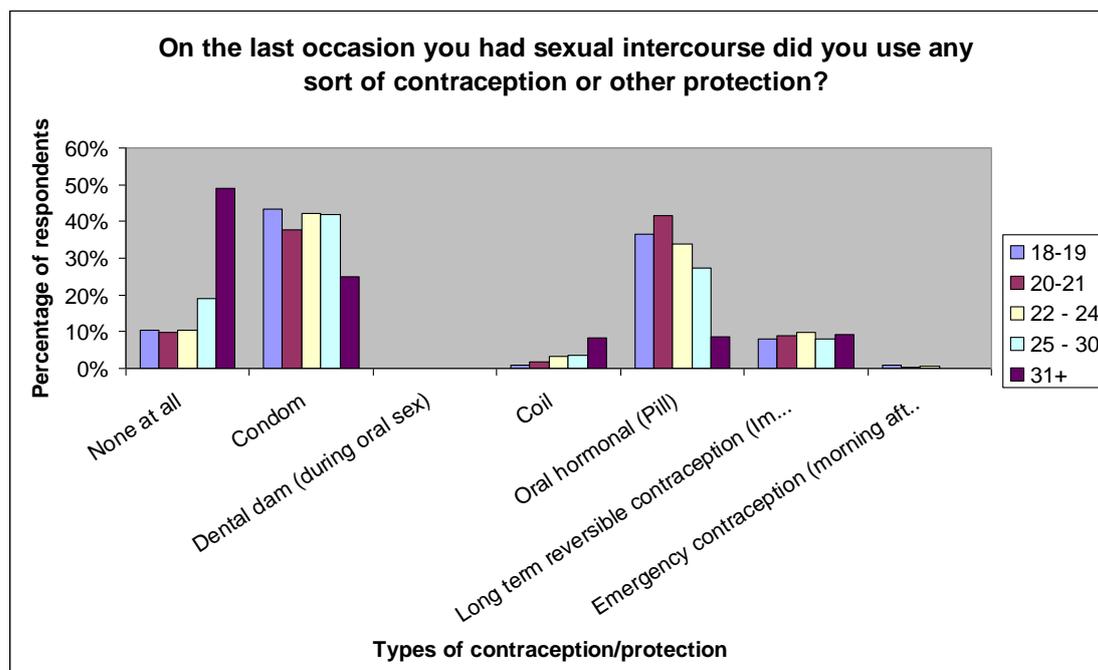
6.3 Sexual Health

Ten questions were asked about sexual health within the survey. In the pilot phase international students stated that they found the sexual health questions embarrassing. Cultural differences may have prevented some international students from completing this particular section of the survey. However, there is still a 92% (n = 4,819) response from the overall sample to these questions indicating a high completion rate.

6.3.1 Sexual identity

Sexual identity	Number and Percentage
Straight/heterosexual	92% (n=4606)
Gay / Lesbian	3% (n = 132)
Bi sexual or Transgender/transsexual	2% (n=104)
Unsure	1% (n=48)
Prefer not to say	1% (n=67)
Other	1% (n=26)
Valid response	4,983

6.3.2 On the last occasion you had sexual intercourse did you use any sort of contraception or other protection?



Responses to this question varied by age. Older respondents are more likely to be in a long term relationship and therefore not be using a condom if their partner is on an oral hormonal contraception or has a long term reversible contraception.

There are two caveats to this question:

- Some respondents may be trying to conceive and so will not be using contraception.
- The survey did not account for long acting non reversible contraception such as vasectomy or Tubal Ligation. This is an error in the question design. However, due to the majority of students being 18 – 24 years it was likely to affect very few respondents.

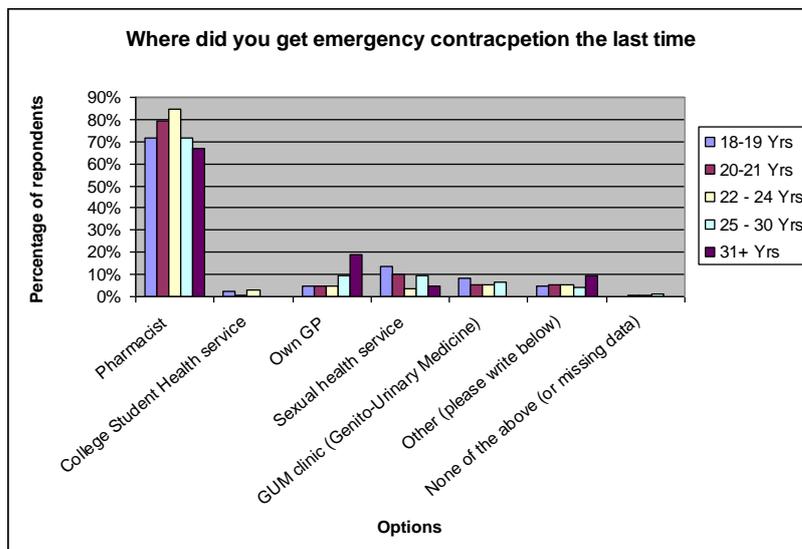
6.3.3 Have you or a partner taken emergency contraception within the last 12 months

78% (n=3,226) of all respondents had not used emergency contraception within the last 12 months.

When analysing across all the variables 22% (n=162/733) of 18 – 19 year olds and 22% (n=303/1400) of 20 to 21 year olds had used emergency contraception within the last 12 months.

Of those who have used emergency contraception at some point 66% (n=478) have used it once, 20% (n=148) have used it twice and 7% (n=53) have used it three times.

6.3.4 Where did you get your emergency contraception from last time?



The pharmacist is the most popular venue for receiving emergency contraception across all the age categories. This highlights the benefit of having a holistic approach to health services within the pharmacy setting.

14% (n=22/162) of 18 – 19 year olds went to a sexual health service whilst 19% (n=7/53) of 31+ year olds went to their GP practice.

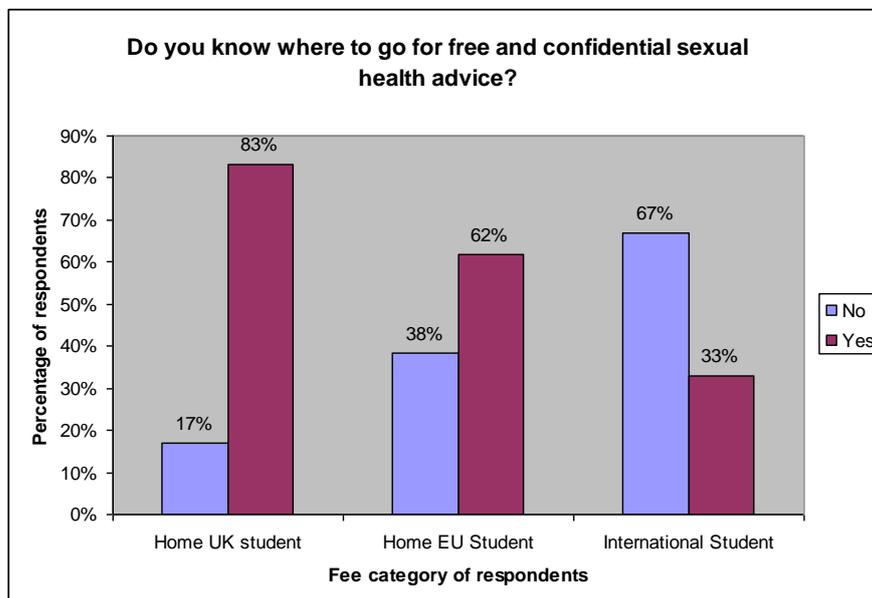
6.3.5 Have you or a partner had a sexually transmitted infection (STI) in the last 12 months?

91% (n=3,741) of those who have had sex stated they had not had an STI in the last 12 months.

6.3.6 Have you or a partner had a termination since being at university?

66 out of 4,097 students, equating to 2% of the sample, have had a termination since being at university.

6.3.7 Do you know where to get free and confidential sexual health advice?



Whilst 83% (n= 3,211) of Home UK students do know where to go for free and confidential sexual health advice, 67% (n=533) of international students do not.

6.3.8 Have you ever experienced sexual assault or sexual harassment since being at university?

2% (n=80) of students responding to this survey had experienced sexual assault or sexual harassment since being at university.

6.3.9 Qualitative findings from Involve North East:

Several UK students at both universities mentioned the amount of sexual health information available to them although one Newcastle University student highlighted the mixed messages given to students.

“That’s advertised a lot with us. You see them everywhere, in the SU and stuff. Advertising, getting tested and using condoms”.

“I think most people know about the New Croft Centre”.

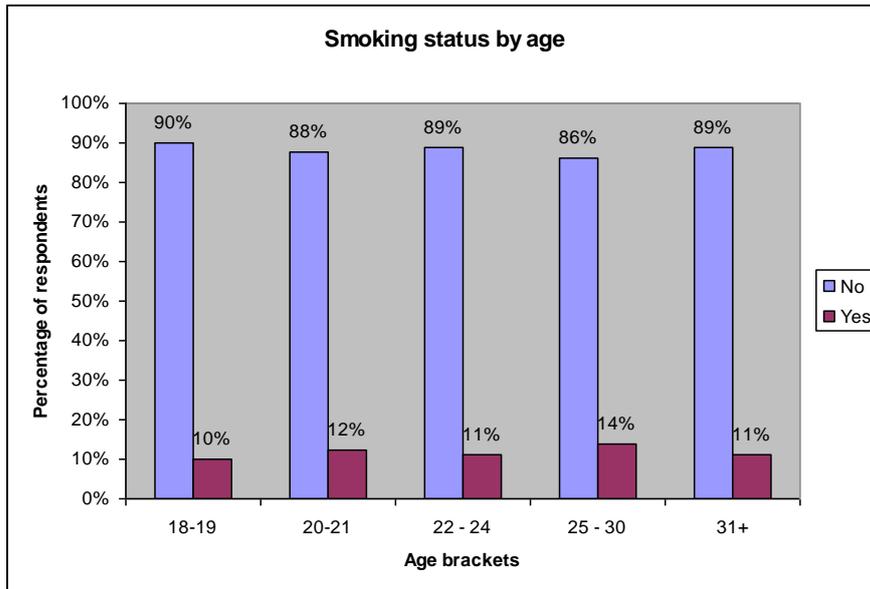
“I know where to get a free chlamydia test for 16 to 25s, there’s no excuse if you don’t know about it because it’s well enough advertised”.

“I think students are becoming increasingly aware of their sexual health at the moment partly due to the publicity about it but maybe also because there’s been such an increase - like more people are experiencing it so during fresher’s and stuff when we’ve been giving out condoms and things like that we’ve had loads and loads of people”.

“Yeah they advertise it but then we’ve got a student newspaper which this week has been promoting ‘Ten Best Ways To Leave After A One Night Stand’, and like I don’t think – well not that - I don’t think that – well it depends whether the health sort of agencies are trying to challenge promiscuous sex or trying to say ‘if you’re going to do it, do it safely’ like there’s never any mention of safe sex within all these articles”.

6.4 Smoking

12% (n=593/5,060) of respondents currently smoke cigarettes. This is below the national average but bearing in mind the population studying at university are likely to be from professional classes rather than manual groups this would account for the lower levels.

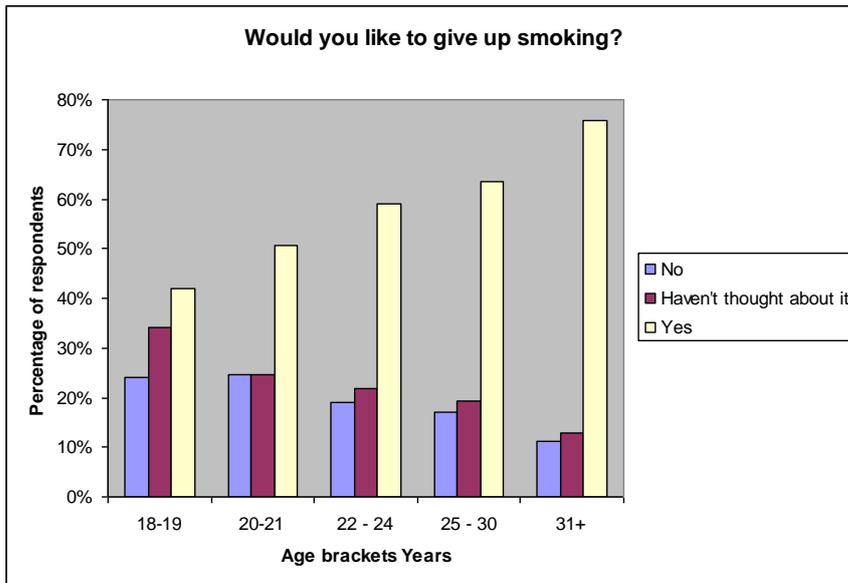


When analysing smoking across the different variables 17% (n=125) of male students in their first year of study are smoking compared to 9% (112) of females in their first year of study.

18% (n=51/284) of Home EU students completing the survey are currently smoking. This is compared to 12% (n=473) of Home UK and 8% (n=69) international students.

At present neither university deliver any direct smoking cessation support on campus and would refer to the GP if a student wanted to stop smoking.

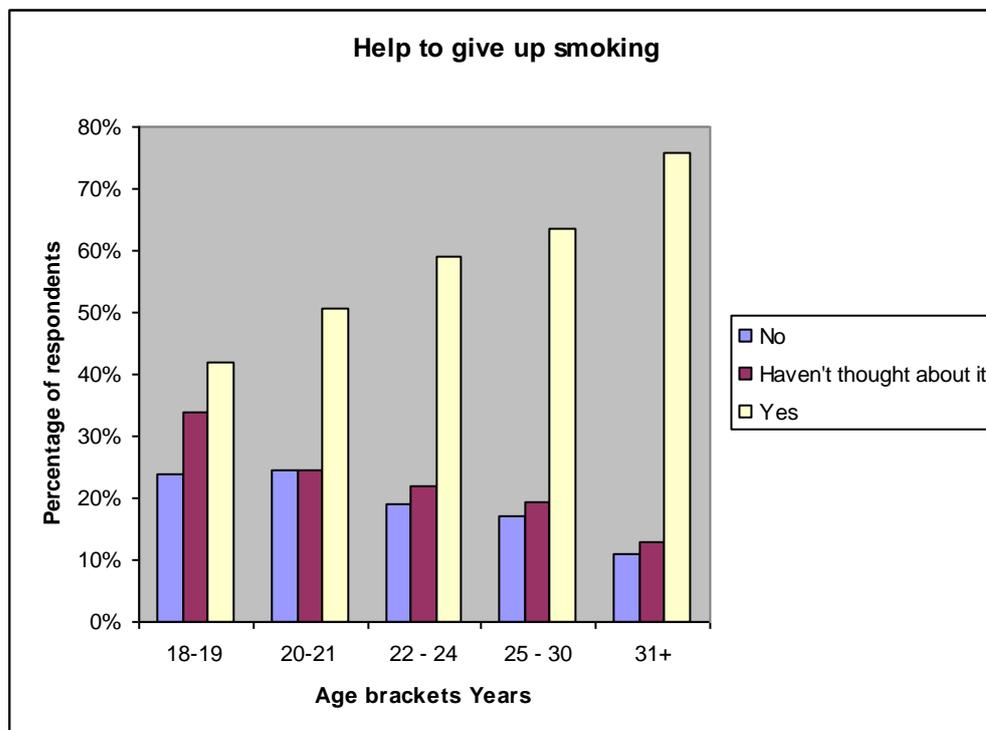
6.4.1 Would you like to give up smoking?



25% (n=75) of under 21 year olds do not want to give up smoking

The proportion who do want to give up smoking increases with age. 64% (n=88) of 25 to 30 year olds responding to the survey want to give up smoking.

6.4.2 Would you like help to give up smoking?



The proportion who would like help to give up smoking increases with age.

6.5 Drug Use

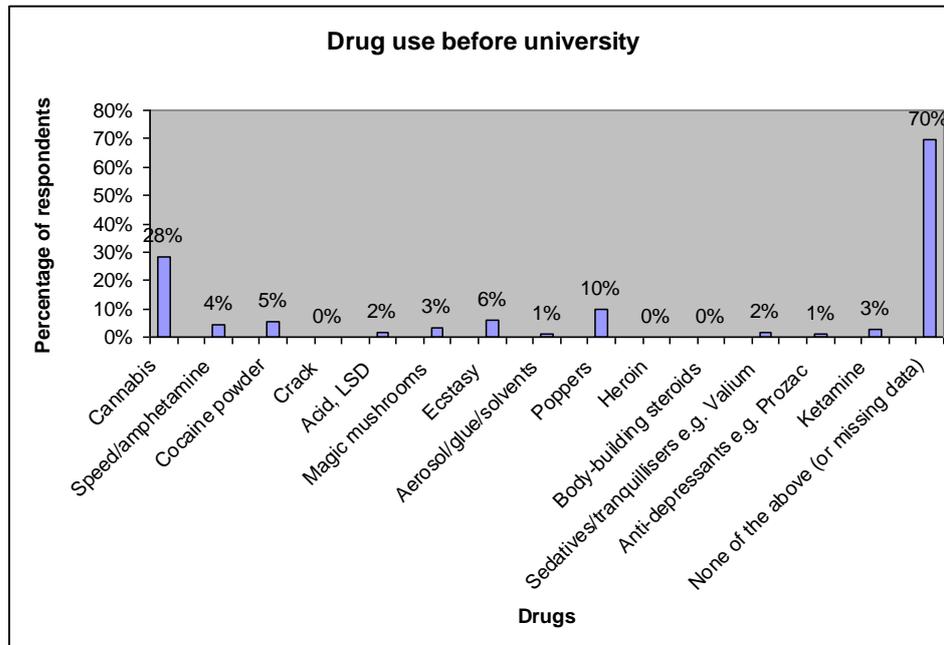
6.5.1 Which of the following best describes your use of drugs?

Drug	Never used	Used once or twice
	N (%)	N (%)
Cannabis	3055 (57)	1343 (25)
Speed/amphetamine	4633 (87)	272 (5)
Cocaine powder	4535 (85)	353 (7)
Crack	4956 (93)	21 (0)
Acid, LSD	4827 (90)	119 (2)
Magic mushrooms		247 (5)
	4699 (88)	
Ecstasy	4419 (83)	350 (7)
Aerosol/glue/solvents	4881 (91)	67 (1)
Poppers	4209 (79)	675 (13)
Heroin	4961 (93)	8 (0)
Body building steroids	4958 (93)	12 (0)
Sedatives/tranquilizers (not prescribed)	4804 (90)	137 (3)
Anti depressants (not prescribed)	4889 (91)	35 (1)
Ketamine	4703 (88)	205 (4)
Other	4448 (83)	62 (1)

The majority of students have never used any drugs. The only drug to be used by 25% of respondents is Cannabis.

6.5.2 Had you used any of the following before coming to university?

70% (n= 3,734) of respondents did not use any of the drugs listed or left this question blank. The following information is therefore drawn from a much smaller sample.



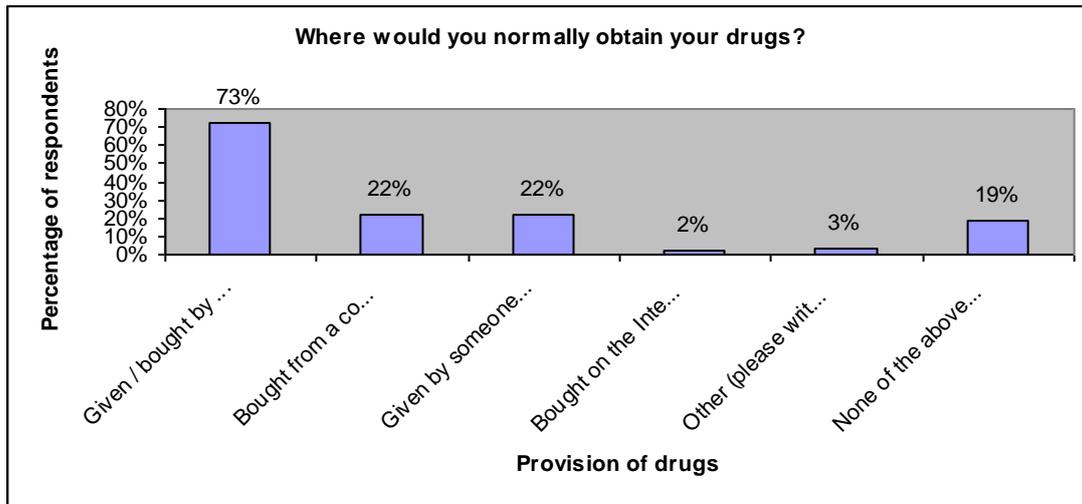
28% (n=1,508) of respondents reported using cannabis prior to coming to university.

10% (n= 525) of respondents reported using poppers prior to coming to university

6% (n= 325) reported using ecstasy prior to coming to university

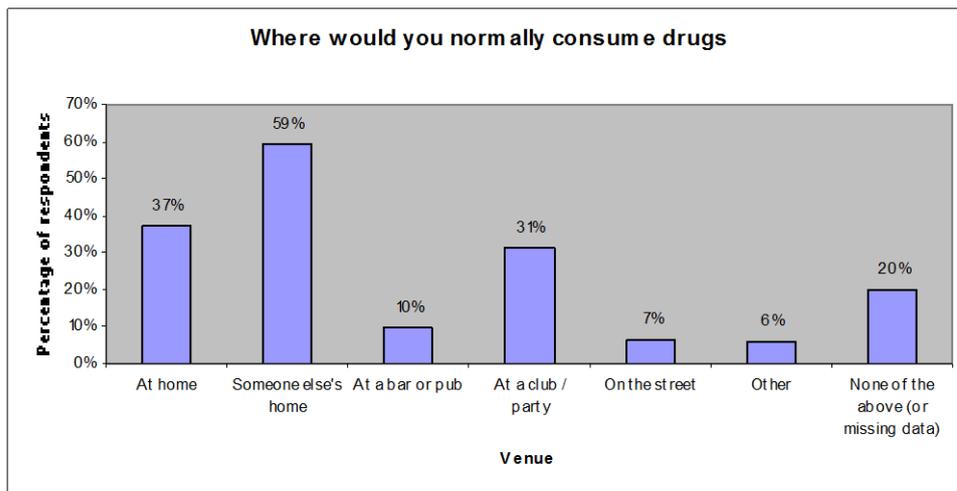
5% (n= 288) reported using cocaine powder prior to coming to university

6.5.3 Where would you normally obtain your drugs?



The majority of students using drugs, who completed this survey, were given the drugs by a friend or bought by a friend.

6.5.4 Where would you normally consume drugs?



Note that columns add up to more than 100% because respondents were able to tick more than one venue.

59% (n= 1,258/2119) of respondents reported that they would consume drugs at someone else's house.

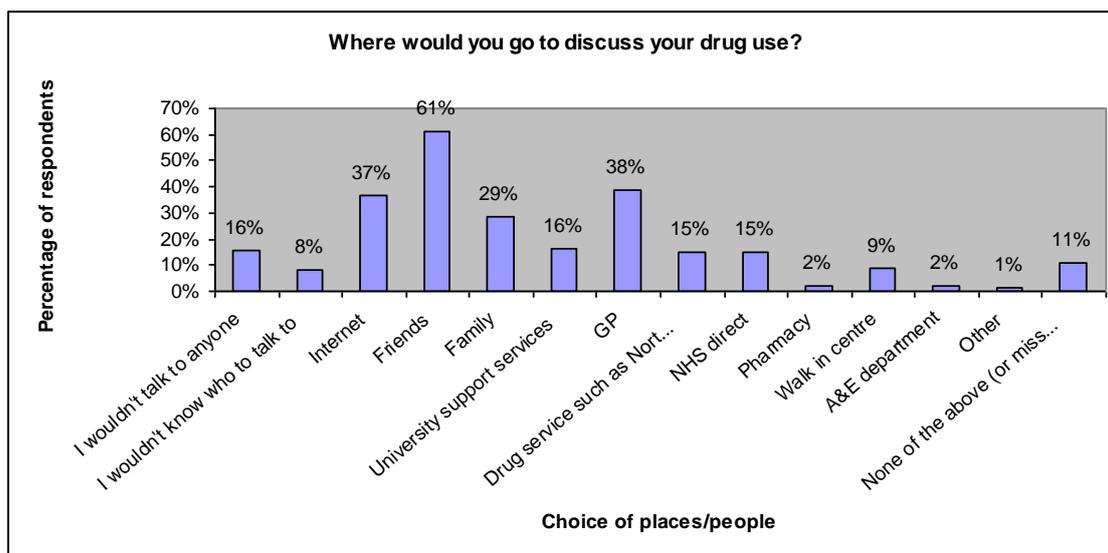
6.5.5 Thinking about your use of drugs does it prevent you from staying alert and able to concentrate on your studies?

62 out of 2,075 (3%) respondents felt their drug use was preventing them from staying alert.

6.5.6 Thinking about your drug use does it affect your health?

94 out of 2,075 (5%) respondents felt their drug use was affecting their health

6.5.7 Where would you go for advice and support about drugs if you wanted to discuss your drug use with someone?



Note that columns add up to more than 100% because respondents were able to tick more than one venue.

Students expressed a wide range of places to go to seek advice about their drug use. Friends had the highest preference at 61% (n=1,298/2119). 38% (n=814) stated they would go to their GP practice to discuss their drug use.

6.6 Alcohol

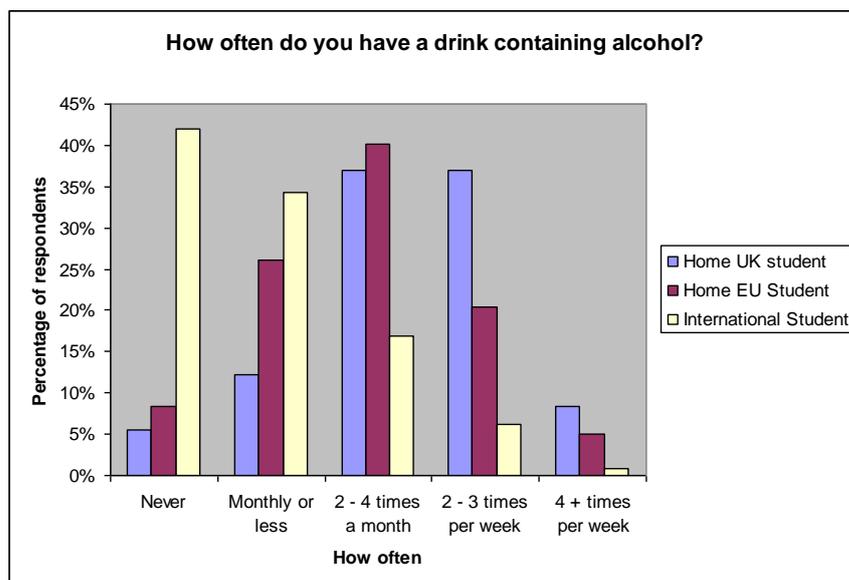
When considering the media portrayal of students drinking excessively, about two-fifths of participants said that this was a fair representation. However, others felt that students were being stereotyped, the stories were exaggerated or sensationalised by the media or simply that students were an easy target and other groups in society behaved in the same way (Involve North East).

Students overwhelmingly agreed that they had enough information and support around safe and sensible drinking although some acknowledged that the effects of drinking were difficult for students to comprehend as they were only noticeable many years later. Moreover, ***some students were of the opinion that drinking excessively was acceptable if they were only doing it for three years.*** The minority of students who requested more support wanted information on units, campaigns using shock tactics and information provided by the universities.

Validated questions were used for the alcohol section of the survey. The full ten question AUDIT (Alcohol Use Disorders Identification Test), as recommended by NICE, was utilised (NICE PH 2004). This enables direct comparison to other studies both in the general population and in other university settings. Additional questions were asked on alcohol regarding type of alcohol consumed, the purchasing of alcohol and venues for consumption of alcohol as well as knowledge on where to seek support if worried about alcohol consumption.

The results section below focuses on the first two questions of the AUDIT and then utilises the AUDIT score to identify whether students were lower, increasing, higher risk drinkers or indicating possible dependency levels.

6.6.1 How often would you have a drink containing alcohol?



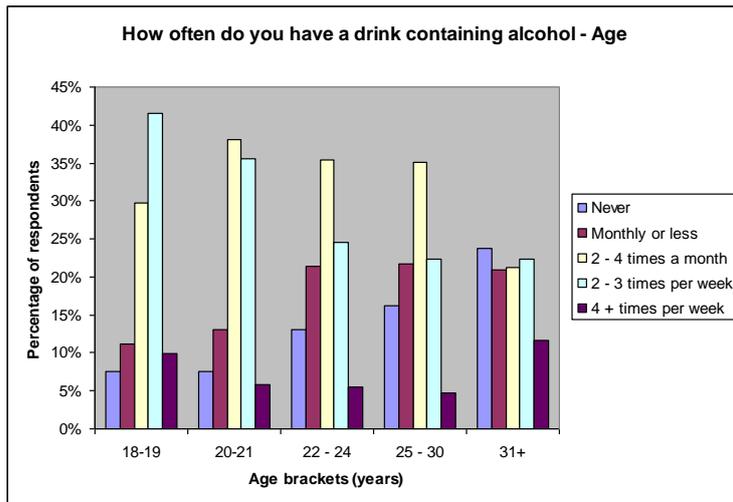
6.6.2 How often do you have a drink containing alcohol?

Frequency of drinking	Home UK No	Home UK %	Home EU no	Home EU %	Inter no	Inter %
Never	221	5	25	8	357	42
Monthly or less	498	12	78	26	291	34
2 - 4 times a month	1,501	37	120	40	143	17
2 - 3 times per week	1,504	37	61	20	52	6
4 + times per week	340	8	15	5	7	1
Valid Responses	4,064		299		850	
Total Sample (Count)	4,168		305		882	

It can be seen from the graph and table above that 42% (n=357) never consume a drink containing alcohol.

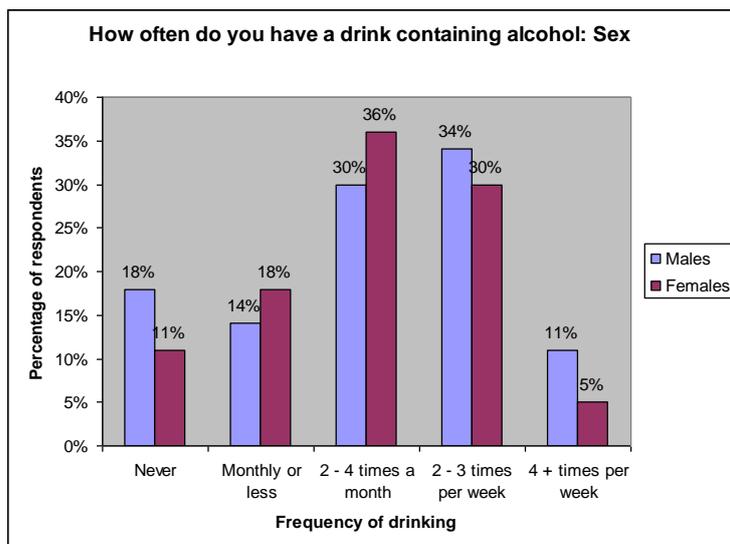
37% (n=1,501) of Home UK students consume a drink containing alcohol 2 – 4 times a month and a further 37% (N=1,504) consume a drink containing alcohol 2 – 3 times a week.

8% (n=340) of Home UK students consume a drink containing alcohol 4+ times a week.



18 – 19 year olds and 20 – 21 year olds are more likely to drink 2 – 3 times a week compared to students aged 22 years and above. 22 year olds and above more likely to drink 2 – 4 times a month compared to under 21 year olds.

31+ year olds are more likely to drink 4+ times a week.

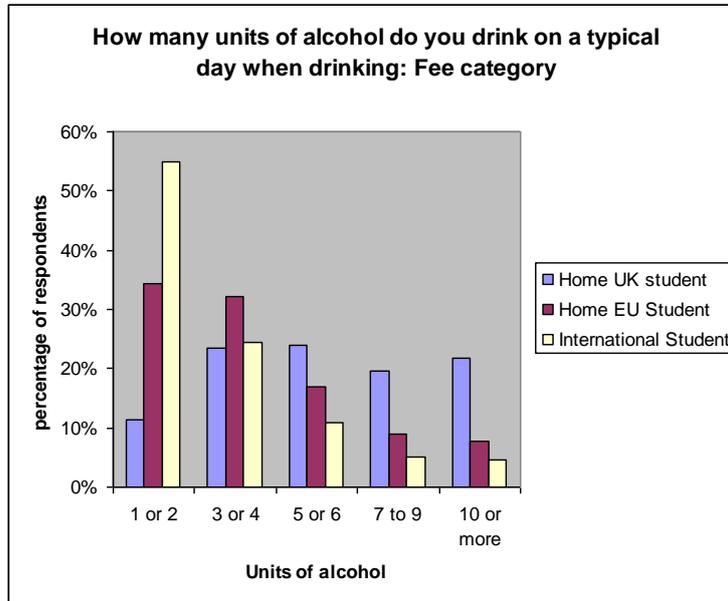


There are differences in drinking behaviour between males and female students. 7% more male respondents compared to female respondents never drink alcohol.

Female student respondents are more likely to drink monthly or less or 2 – 4 times a month. Male students are more likely to drink 2 – 3 times a week. There is a 6% difference in males drinking 4+ times a week compared to females.

6.6.3 How many units of alcohol do you drink on a typical day when drinking?

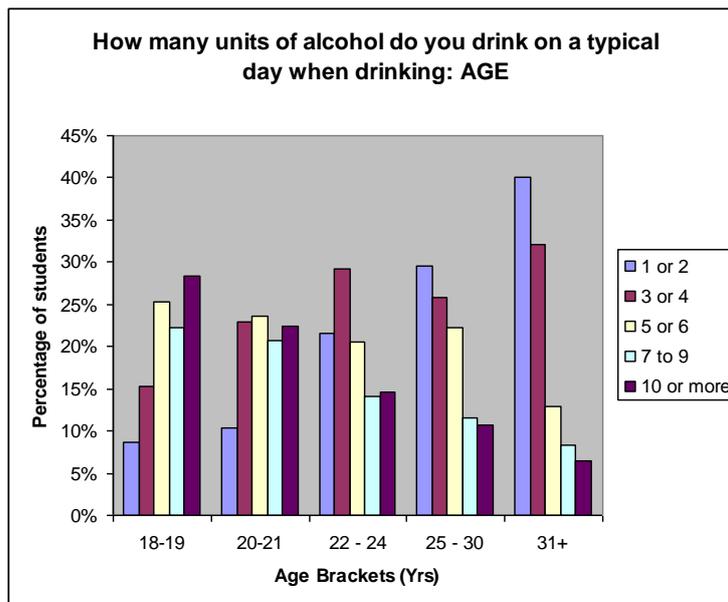
This data is drawn from the respondents who did drink alcohol. The response sample is 4,581 students.



The graph above highlights that of those international students who do drink 55% (n=268) will only drink 1 – 2 units.

Home EU students are more likely to drink 3 or 4 units on a typical day.

24% (n=916) of Home UK students reported having 5 to 6 units on a typical drinking session, 19% (n=745) of Home UK students reported having 7 – 9 units on a typical drinking session and 22% (n=830) reported drinking 10 or more units on a typical drinking session.



28% (n=265) of 18 – 19 year olds drink ten or more units on a typical drinking day.

The volume of alcohol being consumed on a typical drinking day reduces as the students get older.

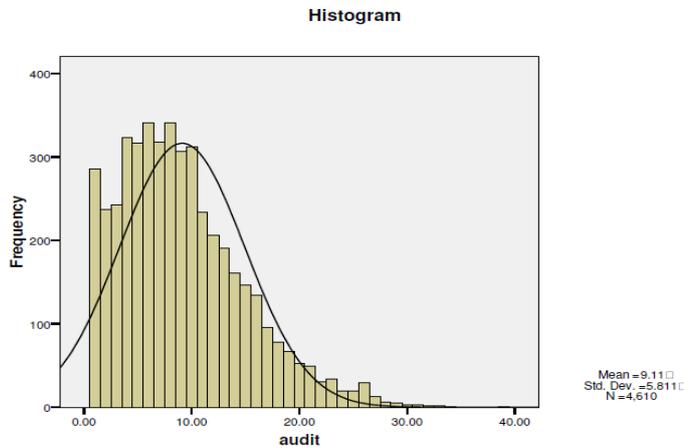
Whilst 31+ year olds are more likely to drink on 4+ times a week, 40% (N=148) will only consume 1 – 2 units on a typical drinking day and 32% (n=119) will consume 3 or 4 units.

AUDIT scores

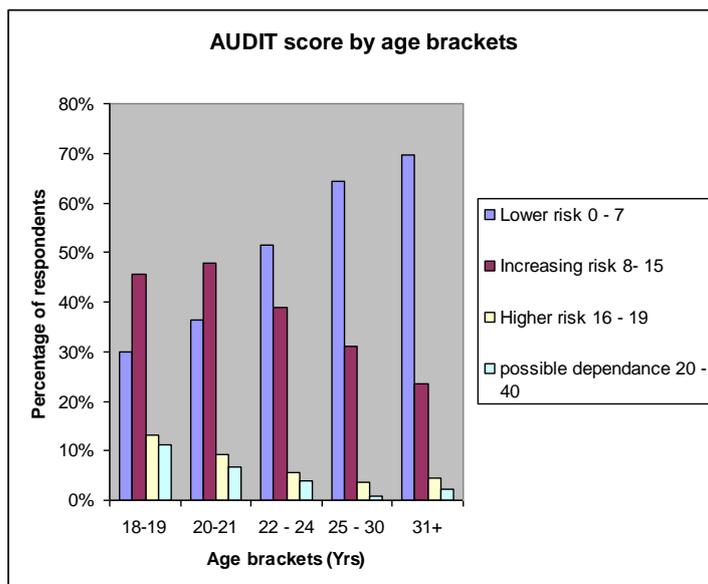
AUDIT was developed to screen for excessive drinking and in particular to help practitioners identify people who would benefit from reducing or ceasing drinking. The majority of excessive drinkers are undiagnosed. AUDIT helps to classify drinking behaviour and ascertain the level of intervention required to support individuals with their alcohol consumption. Certain caveats need to be applied to specific populations such as pregnant women.

AUDIT Score	Type of drinking	Intervention recommended
0 – 7	Low risk drinking	Positive reinforcement to maintain sensible drinking levels
8 – 15	Increasing health risk drinking	Simple structured brief advice
16 – 19	Higher risk drinking	Simple advice plus brief counselling and continued monitoring
20 – 40	Possible dependence	Brief advice and possible referral to specialist for diagnostic evaluation and treatment

As expected there is not a normal distribution of AUDIT scores. The mean AUDIT score is 9 which places the average score within the increasing risk category. Applying two standard deviations places the data within a range of an AUDIT score of 4 through to 14.



6.6.4 AUDIT score by age:



46% (n=426) of 18 – 19 year olds have an AUDIT score between 8 – 15, placing them in the increasing risk category.

13% (n=124) of 18 – 19 year olds are drinking within the higher risk category and 11% (n=105) are drinking at possible dependency levels.

The AUDIT scores decrease by age and a shift in pattern can be seen after the age of 21. 51% (n=588) of 22 to 24 year olds are categorised within the lower risk drinking category. The proportion of students within the lower risk category increases to 64% (n=347) for 25 to 30 year olds and 70% (n=261) in the 31+ age group.

6.6.5 AUDIT score by sex and year of study

51% (n=531) of female students in their first year of study are categorised as lower risk drinkers compared to 37% (n=247) of male students in their first year of study.

Male students are more likely to be within the higher risk categories than female students. 12% (n=80) male respondents in their first year of study are categorised as higher risk drinkers compared to 7% (n=70) of female students in their first year of study.

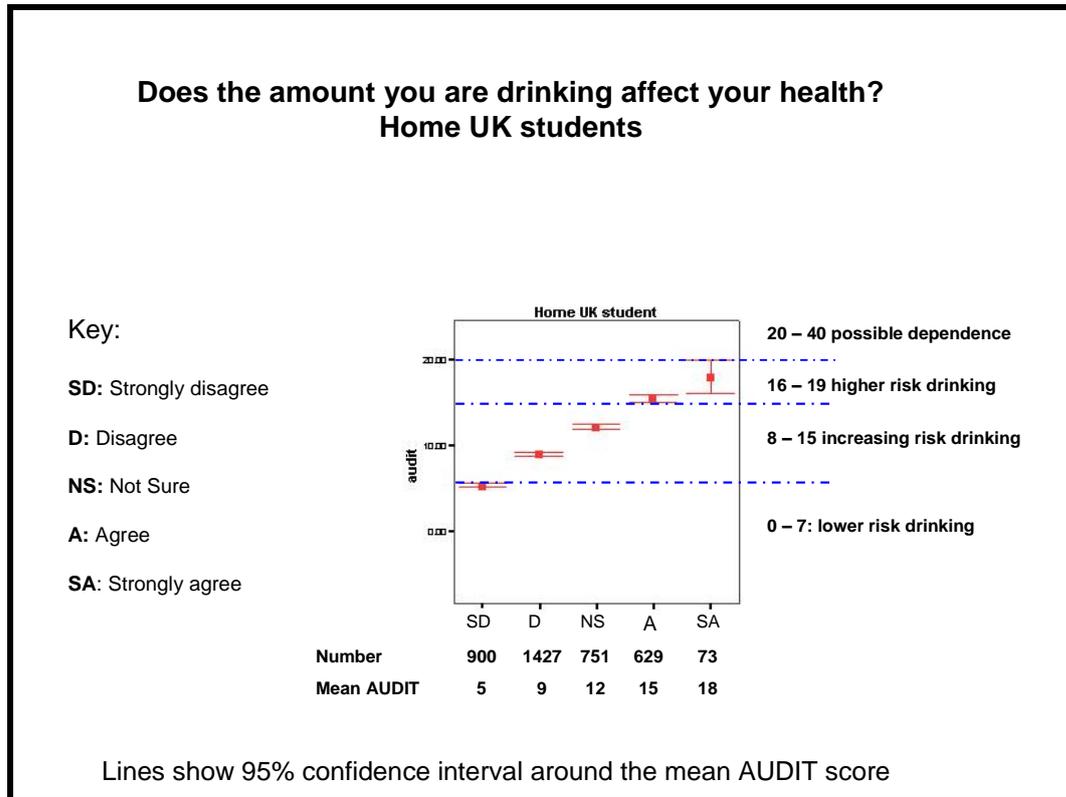
10% (n=65) of male respondents in their first year of study are categorised as drinking at possible dependency levels. This is compared to 5% (n=53) females in their first year of study.

AUDIT score and perception of whether alcohol consumption is affecting their health.

There is a clear correlation between students who drink more thinking that the amount they are drinking is affecting their health negatively. This highlights the fact that students responding to this survey understand the health effects but do not feel it is a sufficient risk to change their behaviour.

The charts below demonstrate the correlation between the AUDIT score increasing and students demonstrating knowledge regarding alcohol affecting their health. Due to the larger numbers in the cohort of Home UK students the confidence intervals are much narrower, demonstrating a more accurate picture.

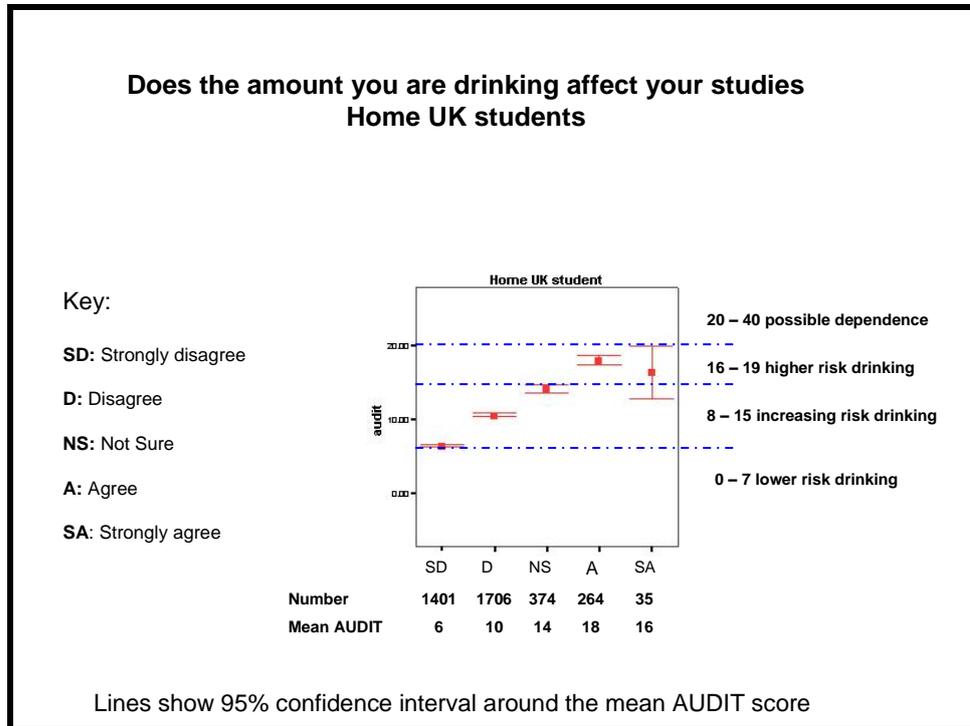
6.6.6 The amount you drink at present is harmful to your health?



The chart above highlights that those disagreeing, or stating they are not sure whether the amount they are drinking is affecting their health, are drinking within the increasing risk category. The recommended intervention for this level of drinking would be simple structured advice.

Those students that agree or strongly agree with the statement that the amount they are drinking is harmful to their health are drinking within the harmful drinking levels. Interventions recommended for this level of drinking would be simple structured advice as well as possible extended support to look at behaviour change.

6.6.7 The amount you are drinking at present is harmful to your studies



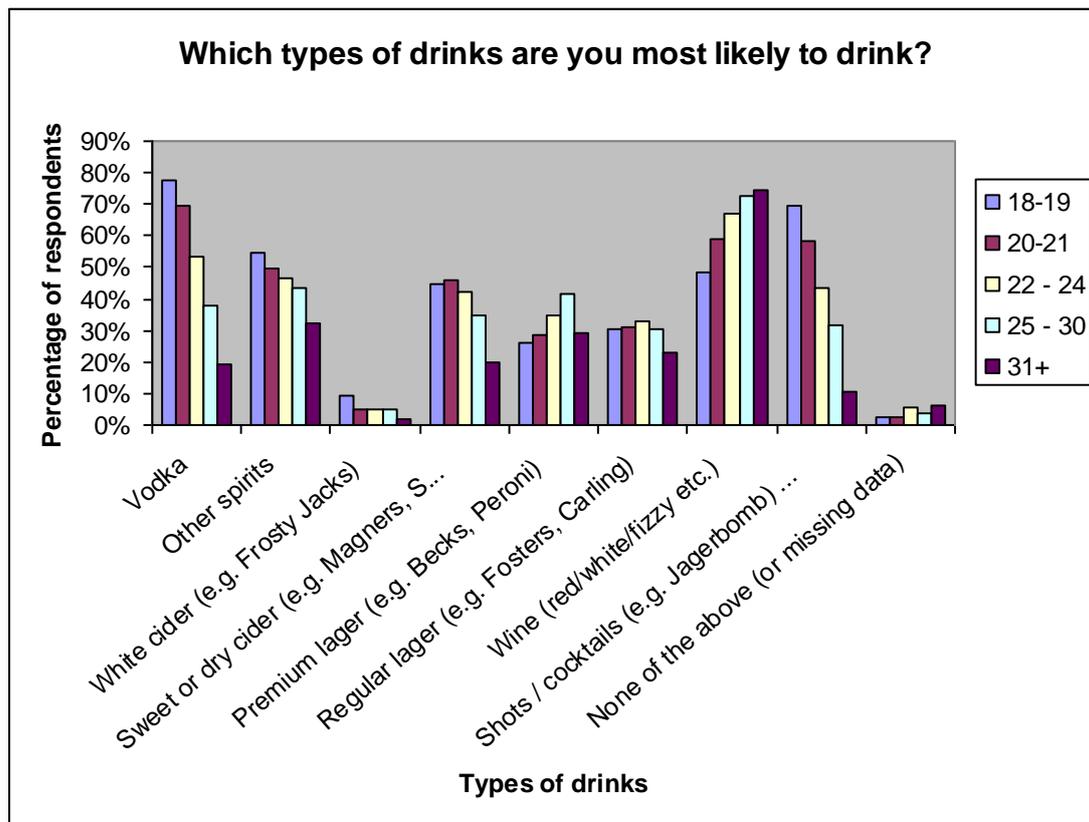
The chart above highlights that the majority of Home UK students (82%) either strongly disagreed or disagreed that the amount they were drinking was affecting their studies. When the responses are correlated to the individual student's AUDIT scores those disagreeing with the statement are drinking within the increasing risk category.

374 (9%) of Home UK students were not sure whether their drinking was affecting their studies. These respondents all fell within the increasing risk drinking category.

8% (n=299) Home UK students agreed or strongly agreed that the amount they were drinking was affecting their studies. These respondents, for the most part, fell into the higher risk drinking category.

The above two charts indicate that there is a need to provide further education regarding the health harms and harms to studying when drinking within the increasing risk levels.

6.6.8 Which of the following drinks are you more likely to drink?



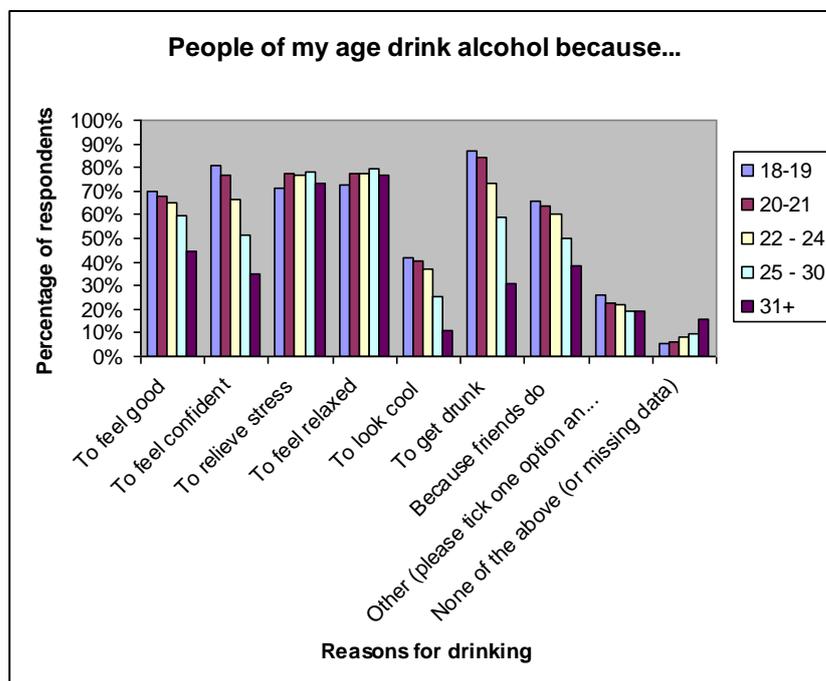
Respondents could tick more than one drink so percentages do not add up to 100%.

Vodka is the preferred drink of 18 – 19 year olds with 78% (n=727) of respondents ticking this preference.

Wine remains a popular choice across the age groups but most popular in the 25+ year olds.

Male students are more likely to drink premium and regular larger compared to females and females are more likely to drink wine.

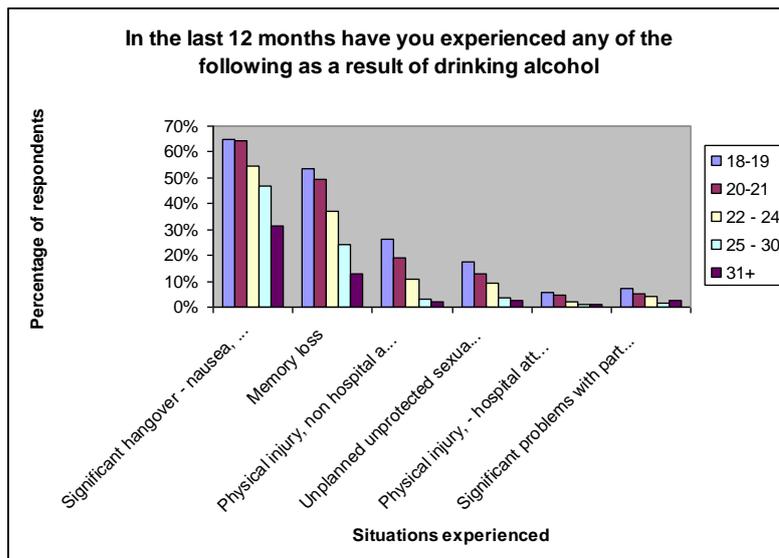
6.6.9 People of my age drink alcohol because...



87% (n=906) of 18 to 19 year olds and 84% (n=1509) of 20 to 21 year olds drink to get drunk. This reduces to 31% (n=157) of 31 + year olds drinking to get drunk.

6.6.10 In the last 12 months have you experienced any of the following as a result of drinking alcohol?

Twelve situations were listed within this question, with the ability to tick as many that apply. Inevitably numbers were quite small for some of the categories so in order to maintain anonymity the top six experiences are reported within the graph below.



The most common experience was a significant hangover, nausea, illness across all age categories. The proportion experiencing this did reduce as age increased.

54% (n=501) of 18 – 19 year olds reported having had memory loss over the last 12 months.

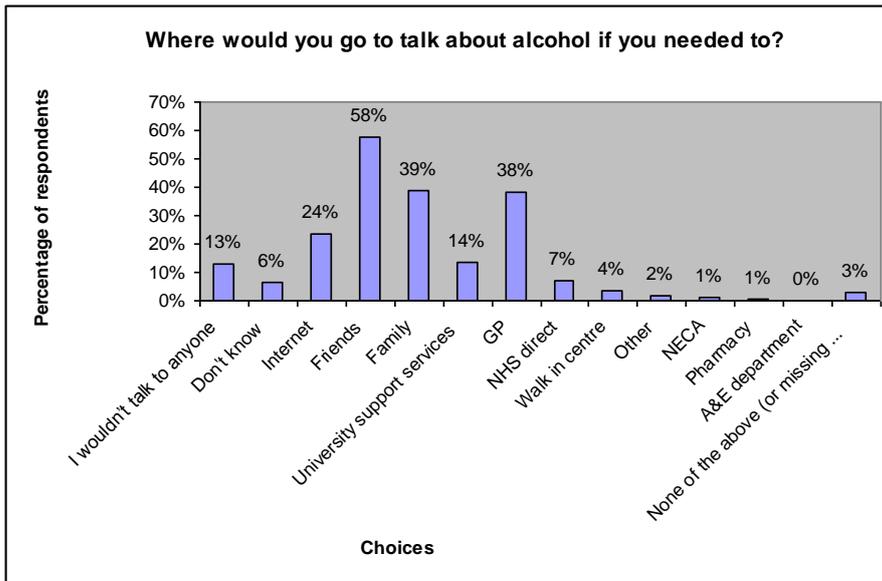
26% (n=245) of 18 – 19 year olds reported having had a physical injury but no hospital attendance within the last 12 months whilst under the influence of alcohol.

17% (n=163) of 18 – 19 year olds and 13% (n=206) of 20 to 21 year olds had experienced unplanned and unprotected sexual activity whilst under the influence of alcohol.

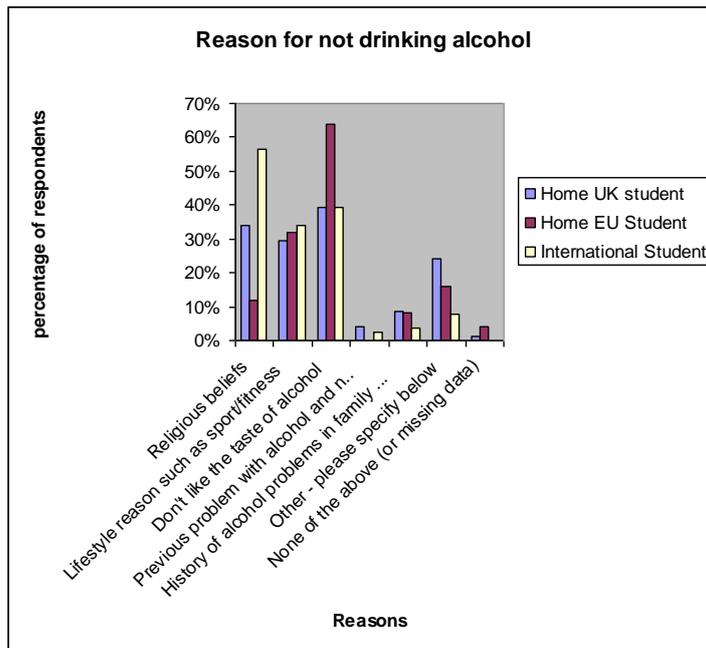
2% (n=77) of the entire cohort of respondents had experienced assault or affray whilst under the influence of alcohol and 1% (n=34) had experienced sexual assault.

6.6.11 Where would you go for advice about alcohol if you wanted to discuss your alcohol use with someone?

There was a wide range of choices. There was little variation across the different demographic variables except older students were more likely to state they would visit their GP. Home UK younger students are more likely to utilise the internet for support and advice about alcohol.



6.6.12 What are your reasons for not drinking alcohol?



57% (n=202) of international students do not drink alcohol due to religious beliefs

39% (n=87) of the Home UK students who never drink alcohol don't because they do not like the taste.

6.6.13 Qualitative findings from Involve North East

Stereotypically alcohol and recreational drug consumption are often associated with students. It is therefore interesting to note that drinking alcohol in moderation was only the fourth most frequently mentioned answer when students were asked what being healthy meant to them. Only 19 of the 146 participants mentioned alcohol including only two international students (drugs were only mentioned by two students). During focus group discussions, two participants suggested that this was because students simply did not consider drinking alcohol as being unhealthy.

“Alcohol’s not something that people really take into consideration when they’re thinking about their health, like especially students, because you’ll be doing really well, like eating really well and trying to make a conscious effort to do it and then you’ll just go out and drink like five trebles and that is so - like you don’t realise how unhealthy alcohol is”.

“And I think people won’t necessarily know it’s damaging their health because until they start getting fatter because of it and then I think that’s when students start to realise ‘oh actually I’m putting on weight because I’m drinking loads, maybe that’s not good for me’ whereas if they weren’t to put on any weight or have any noticeable effects, they’d just consider it fine”.

“Personally I wouldn’t say – quite badly probably, that it’s something I think about, in terms of being healthy, in terms of prioritising being active physically or eating well, but then no one really thinks about the fact that you could be doing sport eight times a day and you could eat your salad all the time and then drink an obscene amount on the weekend”.

Drinking and socialising

A culture of students socialising focused primarily on drinking alcohol was the second most common response when students were asked what prevents them from being healthy whilst at university. This was mentioned by over two-fifths of students but strikingly fewer international students and also fewer students living at home. Younger students were most likely to mention this barrier.

This culture is reinforced by the promotion of and access to cheap drinks on and off campus and is perpetuated by the number of pubs and clubs in the city, many of whom target students with drinks promotions and noticeably during Fresher’s Fairs. In fact, Newcastle’s reputation as a ‘party city’ actually attracts students to the city’s universities with participants of two focus groups stating that they or some of their friends had chosen to go to university in Newcastle because of this reputation.

Culture

“I think the association with uni now is too involved with going to uni and sleeping around and drinking and that – the emphasis isn’t on getting your education”.

“There is an overwhelming social scene, it’s massive jump from A level to university – a bit of a culture shock”.

“I think it’s quite heavily engrained the drinking aspect of it and you don’t even think ‘oh this is going to be really bad for me’ before you start maybe on a night out, you just get on with it because you do just assume from day one that ‘right it’s only three years, I can live with it’ kind of thing”.

“It’s always a social thing and I think particularly for a fresher...I think you’ve kind of got that culture here where it’s like ‘let’s get wasted”.

“There’s too much emphasis on going out, like they should advertise other stuff to do. There’s nothing else to do in Newcastle or it’s not promoted. There probably is loads of things that you could do but it’s not promoted to students”

Peer pressure

“It’s a social thing drinking though isn’t it, being part of the group “.

“There is such a pressure. Like we got out with teams on a Wednesday, like we go on sports night and everyone gets shots and if you don’t want it or if you don’t feel like drinking everyone’s like ‘oh come on, drink it’ blah blah blah...”

“You can’t not drink on a night out ‘cause everyone will say that you’re boring”.

Promotions

“There are lots of drinks offers in the Student Union and also in town for students”.

“I think the drinking promotions as well don’t necessarily sort of promote a healthy sort of living aspect because, you know, you can go to a place like ‘Sinners’ and get a treble for £2.50 or something so you don’t think anything of it”.

“I go to buy a single and it’s like ‘oh well it’s 50p less for a treble’. Yeah so you might as well have a treble”.

“Even just casual drinking, because if you want to go to nicer bars and just like have drinks it’s more expensive whereas going to treble bars and having a drunk drink...”

“Sometimes I’ve been out and it’s like ‘can I get a Diet Coke?’ ‘Oh that’s £1.80’ but it’s £1.50 to get it with vodka..[I’m] spending more money not drinking!”

International students

Focus group discussions also revealed several barriers to good health specific to international students. For all participants, integrating with UK students was difficult, particularly because, as discussed above, socialising is inherently linked to drinking alcohol.

“I am from Spain and I lived all my live in Brussels so it’s really different and I was really shocked and some of the English girls were like ‘what’s the point of going out if you’re not drunk’ or like the typical comment like ‘I don’t remember anything of last night’ and like ‘oh my God look I had to go get stitches’ or ‘oh what a great night’ and I’m like ‘are you really kidding me?’ Okay, obviously I’m not going to lie, I’ve been like really happy and stuff but not to the point where I don’t know what I’m doing, like that for me that’s not having fun”.

“It’s totally like – I’m sorry for the English people. I was really shocked and I’m not going to lie, in fresher’s year...I didn’t know my limits and everything and because everyone was doing the same thing I just did it and I was quite shocked and then in second year I would be like ‘oh okay, no now you know you don’t have to be like them’ but it’s so easy to do – follow everyone and I’ve been in that situation so...”

“My little sister when she came to visit me once... it was just like 9 o’clock and she was just seeing people on the floor everywhere and she was like ‘XXX, is this your uni? What’s going wrong here?’”

“The pressure is more coming from loneliness, the - no friends, cannot really get into the British culture”

“I just think that alcohol is a very important part of the English – British culture just like with the football sort of...I remember the first few months over here I always go out with my friend to get always into a pub or a club, always drank, but I saw no Asian or Chinese students, I am the only one in the pub or the club”.

“Like my friend, a girl, tells me she is living in student accommodation with local students and she said the fastest way to get to join them...alcohol!”

UK students also acknowledged these pressures.

"It's like a massive culture – Newcastle especially, a massive culture shock to people who have come from countries where alcohol's not rammed down your throat and it's very different culture".

"And like socialising as well you might not feel like part of a group and I think that is a massive emotional, sort of..."

Campaigns

The majority of participants did not take much notice of any safe and sensible drinking campaigns largely because they felt that they knew their own limits or they were unrealistic.

"I feel that I am capable of gauging how much I drink therefore I don't take much notice".

"No I don't take much notice but I know what is safe for me".

"I've seen the campaigns on TV but I take little to no notice".

"None. When I go out I will drink. Campaigns aren't that realistic".

"There was something on posters in halls. The suggestions are often unrealistic e.g. drinking water in between pints".

"I take notice of information about spiking but not about safe limit".

"I read the information but I don't abide by it. It is too hard to resist. The guidelines are idealistic. I just stick to my personal limits".

Focus group participants also discussed whether the alcohol health information resonated with them; the fact that the effects of excessive drinking on the body are not usually seen for many years, coupled with the short period of time students are at university diluted the safe and sensible drinking messages.

"I think most of the effects that you see from drink is stuff that's very far in the future to do with your liver and everything like that and I think it's very easy to kind of brush it aside and go 'ahh I'm not damaging myself'".

"Somebody told me some statistics about long term liver damage over a kind of - you know 10 to 15 years in the future, that we're all going to get liver damage in our 30s and 40s rather than 50s and 60s so that's quite a shocking statistic...it's really hard for them to actually hit home because when you kind of go 'oh you going to get it when you're forty instead of fifty' you're like 'I'm having a great life' so...it's so far in the future that it's just not hitting home".

"Psychologically I can't relate binge drinking to the health risks when I'm older. I don't take any notice of people high up telling me what to do. It's become normal, like wallpaper".

“With students as well, we’re students we’ll be like ‘oh yeah we’re drinking loads’ but it’s only while I’m a student – it’s only around three years and I don’t think a single one of us could think that we would have effects with drinking later on. It would just never cross your mind that you would get ill from it”.

“People are aware of the information. Lots of people have the attitude that the excessive drinking will stop after university so it is a chance to drink a lot for a short part of your life and then stop”.

One student also felt that they were given mixed messages; on the one hand they were told not to drink too much but on the other they had easy access to cheap alcohol.

“It’s a vicious circle though people like the government are going ‘don’t drink this’ you go over the road ‘come in here, three trebles for a fiver’ I know it’s all down to choice but if you don’t have a lot of money or you want to go out, like casual drinks...”

The minority of students (one in ten) who did want more or different information or support suggested:

- Units – information more readily available or presented in a different way

“I’d like to know the damage that £2 trebles can do to you. People should be told this at the start of term”.

Yeah I think like students think in terms of double and trebles, not in terms of units, it’s too official”.

Party city

“Newcastle is one of the greatest cities just to get drunk because it’s so cheap”.

“In somewhere like Newcastle it’s quite difficult to be sensible and health conscious on a night out”.

“When I looked at unis, I know I came here because I knew the nightlife would be good. Maybe the course I did might have been better at Staffordshire but there was no way I was going to Staffordshire Uni!”

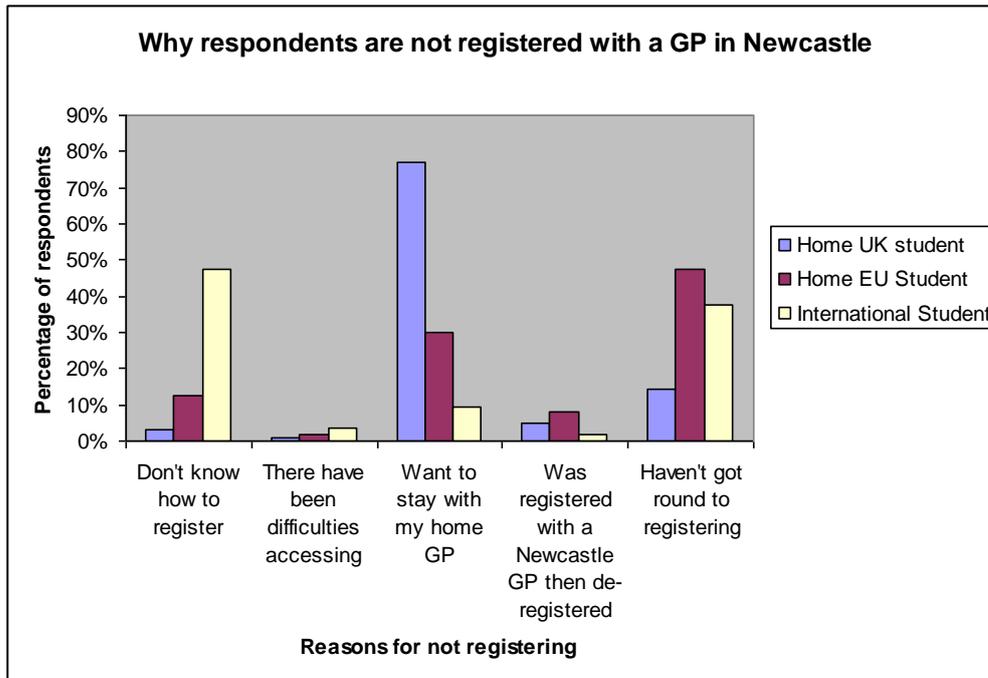
“Yeah that’s same as me, I wasn’t going to come to anywhere but Newcastle Uni. No way”.

6.7 Health Care Utilisation

6.7.1 Are you registered with a GP in Newcastle?

71% (n= 3,525/4,937) are registered with a GP in Newcastle.

6.7.2 Reasons for not registering with a GP in Newcastle

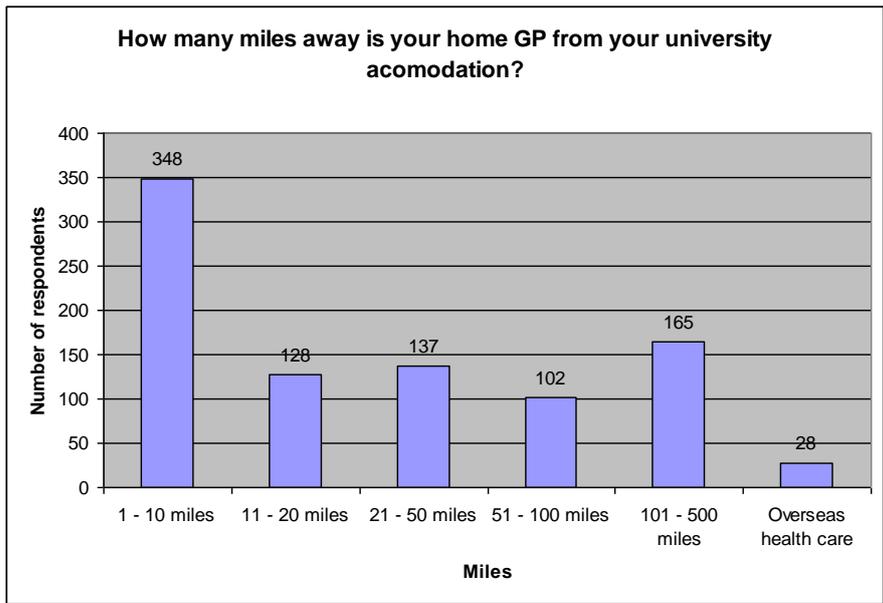


48% (n=96) of international students completing the survey are not registered with a GP because they do not know how to register.

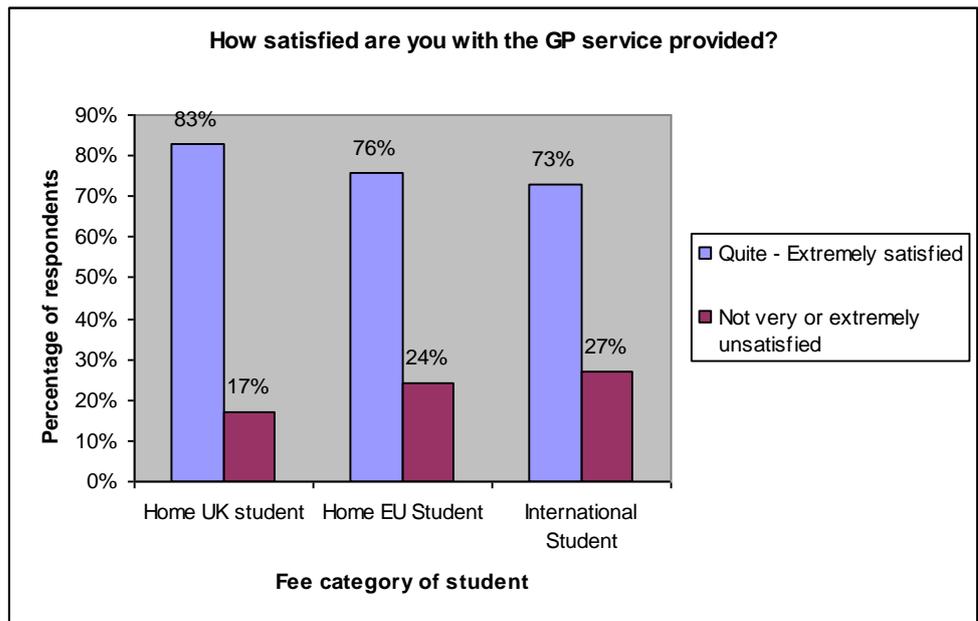
Out of 1,146 Home UK students not registered with a GP in Newcastle, 77% (n=882) of these wished to stay with their 'home' GP practice.

6.7.3 How far away is your 'home' GP practice?

It is recommended that a GP practice is close to where you live. 48% (n=295) of those not registered with a GP in Newcastle live over 50 miles away from their home GP.



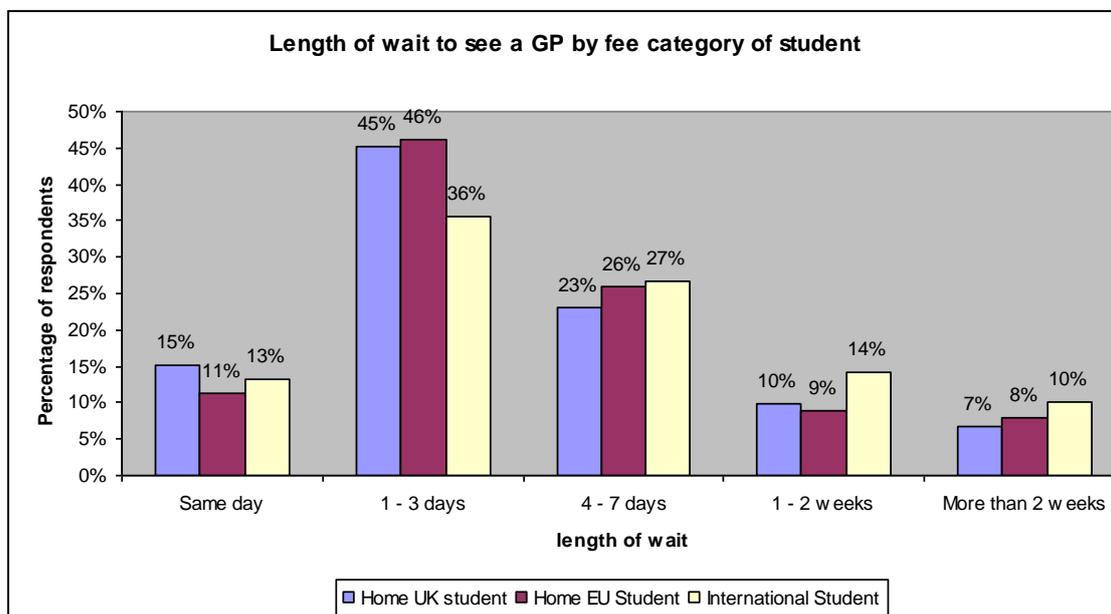
6.7.4 How satisfied are you with the GP service provided?



Satisfaction levels are high ranging from 73% (n=433) of International students up to 83% (n=2,253) of Home UK students.

27% (n= 157) of international students are quite or extremely dissatisfied with the GP service provided.

6.7.5 How long do you normally have to wait for a GP appointment?



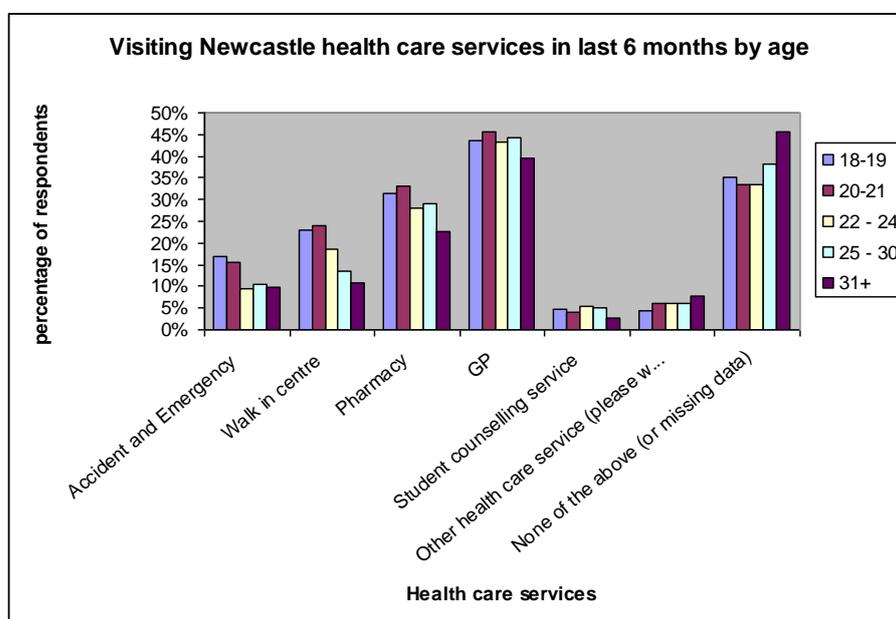
60% (n=1,843) of Home UK students reported seeing a GP within 3 days compared to 49% (n = 288) of International students responding to this question.

24% (144/589) of international students reported waiting one week or more for a GP appointment. This is compared to 17% (24/204) of Home EU students and 17% (448/2,698) of Home UK students.

6.7.6 How important is it for you to be registered with a GP whilst studying in Newcastle?

89% (n= 3,114) of respondents thought it was quite or very important to be registered with a GP whilst studying in Newcastle. This is higher than the 71% actually registered with a GP in Newcastle.

6.7.7 In the past six months have you visited any of the following in Newcastle?

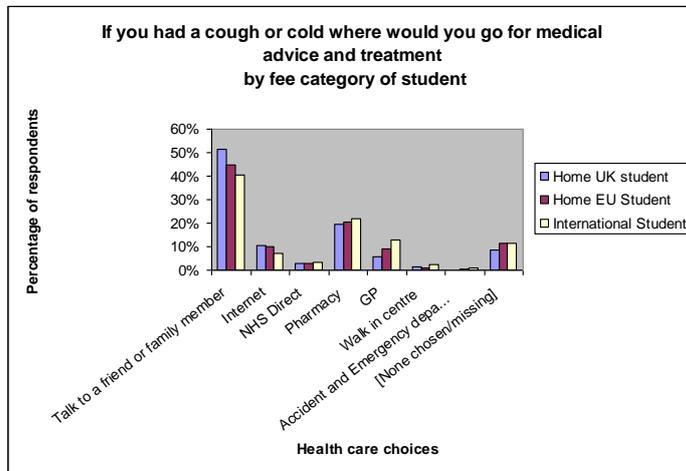


It should be noted that there is no data capture relating to the reason for attending any of the health care services.

17% (n=177/1038) of 18 – 19 year olds had visited A&E within the last six months of completing the survey.

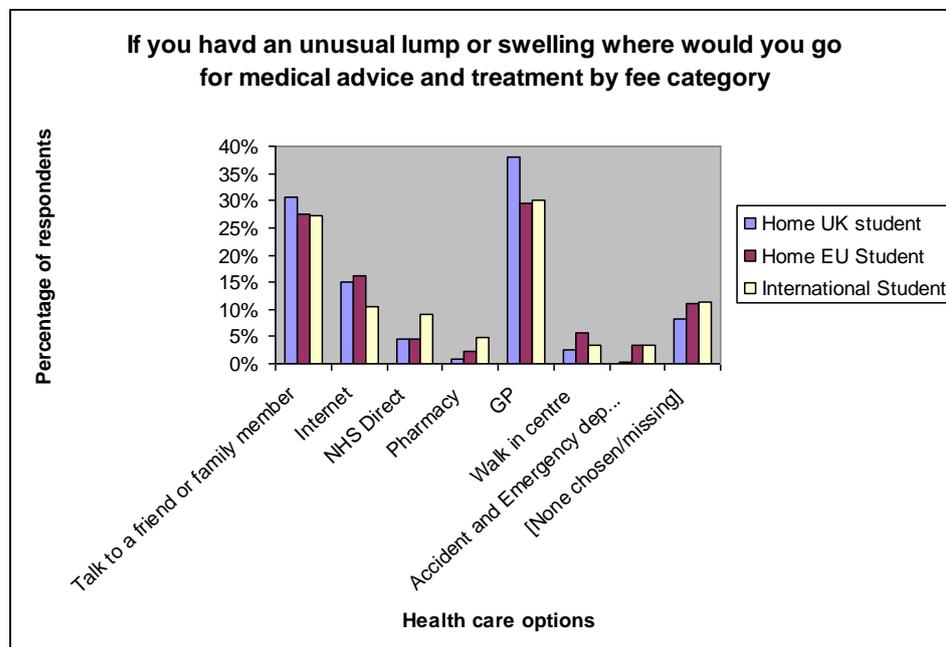
23% (n=240) of 18 – 19 year olds and 24% (n=429) of 20 – 21 year olds had visited a walk in centre in Newcastle within the last 6 months.

6.7.8 Where to go for medical advice with the following health concerns:



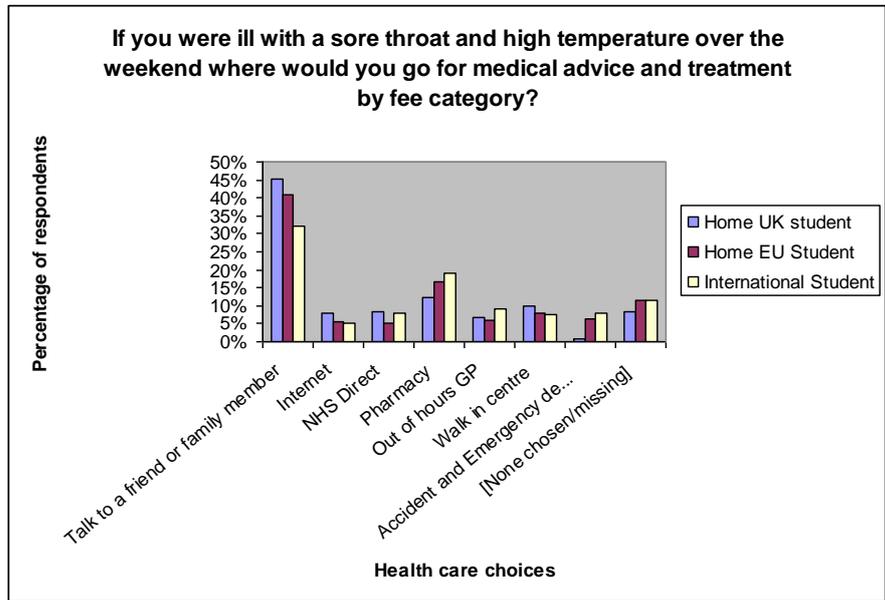
Using the NHS Choose Well campaign message, the public are advised to visit their pharmacy and self medicate for a cough or cold unless the cough has lasted longer than three weeks.

The graph above highlights the variety of places students would go for medical advice and treatment. 13% (n=112) of international students said they would go to a GP as their first choice. Seven international students stated they would go to A&E.

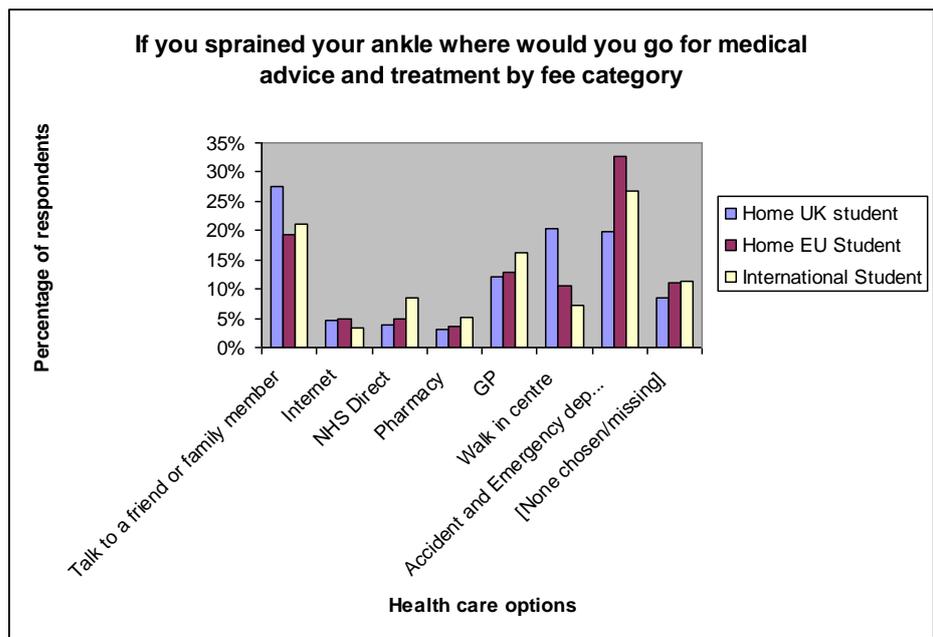


A visit to the GP would be the best place to go first if an unusual swelling or lump appeared. The graph above highlights that most students would talk to a friend or family member first, as well as visit their GP.

15% (n=632) of Home UK students would use the internet as their first place to seek medical advice. 3% of Home EU and International students (n=40) would go to A&E.



Advice from NHS direct, call the out of hours GP, visit a pharmacy, visit a walk in centre would be the best options for this health condition. The most popular option for respondents, across all fee categories, was to talk to a friend or family member. 19% (n=167) of international students would visit a pharmacy however, 8% (n=70) of international students also identified that they would attend A&E.



Spraining an ankle requires medical assessment. A patient would be advised to go to a walk in centre or A&E for initial assessment.

The majority of respondents choose these options highlighting an understanding of where to go for a more urgent health issue.

6.7.9 Qualitative findings from Involve North East

In terms of the health services students have used, GP practices were the most commonly used, followed by walk-in centres and A & E. Although not identified as heavy users of A & E in this research, Chinese students discussed others using this facility as a first port of call when ill because hospitals are the only place to go in China. Some students also mentioned negative experiences whilst in A & E due to the attitude of staff towards them.

Over half of participants (n=83) had registered with a GP practice whilst at university and most agreed that the main advantage was having access to a doctor nearby. The majority of those that had not registered lived locally and had chosen to remain with their family GP. Others, all first years and the majority international students, did not know how or where to register. Chinese focus group participants also identified other barriers to registering:

- Not knowing why they should register
- Not knowing whether it was free
- Not knowing whether they could and how to use interpreters
- A belief they could not get timely appointments
- A preference for Chinese medicine they brought from home
- A belief it was a waste of time unless they were guaranteed medication

“There’s a point at which in fresher’s week all Newcastle University new students have to walk through this area and you join a queue and you pick up your smart card which is your student card for life basically – all university life, and you have your picture taken and then you leave. And that’s the one point that all 6,000 new freshers every year have to pass and then just while you’re waiting in the queue there were rooms off to the side with like, sign up for GPs and stuff in there. But it wasn’t very good...they were just fighting over students like they just try and persuade you to sign up with them, it was really unprofessional, they were being really catty in the room, it was a really awkward atmosphere and I remember walking in and I’m – I’d done a gap year I was a pretty headstrong fresher, and I walked in and just said ‘look don’t sell yourself, I’ll read the information and I’ll make an informed decision thank you very much’”.

“Yeah when you register your card you get the option – it was so bizarre, we went into a room with three different medical practices and whichever one cornered you first that’s the one you signed up for. I didn’t really know how to sign up, what to do, and they gave me loads of freebies so I thought ‘yeah I’ll sign up for these guys then’. Didn’t really know how the process worked”.

Students also identified disadvantages to registering and in particular, having to register as a temporary patient when they went home and in fact some students did not know what registering meant. Getting timely appointments and not being able to see your family doctor were also mentioned.

In order to support their health needs, students requested:

- Information about GP services
- Information about all NHS health services
- Health services on campus
- Healthy food
- Mental health information and support

Organisations supporting student health needs

Just over half of participants offered suggestions for things that organisations could do to support students' health needs and there were five most frequently mentioned:

1. Provision of information about GP services
2. Provision of information about all NHS health services
3. Provision of health services on campus
4. Provision of healthy food
5. Provision of mental health information and support

Provision of information about GP services

1. How to register with a GP practice and what happens to your old doctor and medical record
2. Where all of the GP practices are located
3. What services each GP practice offers

“I signed up for Heaton doctors and I didn’t have a clue where that was and it cost me seven quid in a taxi to get there, taxi driver couldn’t even find it”.

“I’m not sure but when I arrived to uni I didn’t really have much guidance on where to go and what sort of GP to sign up for or anything like that so...more information on that would have been useful because I didn’t really know where to look”.

They also wanted information all year round, not just during Fresher’s Week and did not want it to be provided by each GP practice individually because they wanted it to be “completely unbiased” and not to feel like “they want me as their number”. The Primary Care Trust and also the City Council were preferred to provide the information.

“I think maybe a more coherent approach, because at the moment it’s really confusing, like you said you didn’t know where to go and there’s just loads of different GPs with different names - some are called surgeries, some are called medical groups, what’s a medical group? What’s a surgery? Like, the only thing you recognise is ‘well I know what

a pharmacy is, I get that, I know what that's going to do for me', but when it comes to doctors it doesn't say in big letters on the outside 'doctors' you know, so then you just kind of like 'well what's the difference between a medical group and a doctor, or a surgery or a...'"

In terms of the format of this information, a booklet was suggested. When considering how the information was disseminated, students outside of first year or not living in halls of residence could receive it through their door whereas those starting university should be provided with information and a registration form in advance of arriving in the city when they are more likely to read it and the information should also be available at the Freshers' Fairs.

Both UK based and international students requested information about the different health services available in the city however for international students there was also a need for general information about how the National Health Service works.

"Make us more aware of what is available in the city. I have no idea where to go for things".

To promote health services effectively to students, it was suggested that Fresher's Week was targeted and also having a specific mandatory lecture or incorporating the information into students' lectures. The information should be delivered by an objective GP practice neutral conduit. Posters, followed by emails to university accounts, information on university websites and Facebook, plasma screens, a staffed promotional stall and flyers or leaflets were suggested as a way to do this. Promotion should take place on campus, in the Students Union and in halls of residence.

6.8 Nutrition and physical activity

Due to the size of the HRBQ it was decided not to incorporate questions on nutrition and physical activity. However, healthy eating and physical activity were frequently mentioned within the qualitative findings.

6.8.1 Qualitative findings from Involve North East

6.8.2 Factors supporting good health

Focus group participants identified a number of factors which helped them to be healthy whilst at university, in particular:

- Sports facilities
- Walking
- Activities and societies

The availability of sports facilities at both of the universities, cited by one third of students (and slightly more so by those aged under 22 years of age), was the main factor that students felt supported them to be healthy whilst at university and several participants also mentioned the accessibility of the City Council's sports facilities which were sometimes less busy than university services.

“In terms of being active, as a student Newcastle has got loads of sports and things and even like citywide, I just joined the city gym and that was 20 quid for a month which is a bargain and that’s in town. So I find that access to that kind of side of a healthy lifestyle is quite easy”.

“You get a student card which gives you cheap passes to council pools and facilities”.

“The sports centre is cheap and it is close to my halls of residence”.

“The university gym makes it easy to be healthy”.

“I think at university you’re exposed to – there’s quite an exposure to student services and student gym membership and you get the amenities all readily available for you, you don’t really have to hunt for them, they get advertised quite well for students”.

Almost one quarter of students (although a lesser proportion of international students) mentioned that being at university gave them the opportunity to walk more frequently and this was bore out in the focus groups when participants were asked whether their health differed between home and university.

“In terms of how active you are I would say when you go home for the holidays I’m not active at all, I don’t even try to attempt to do any clubs or sports or anything like that, I barely walk anywhere because you just get

chauffeur driven, but when you're up at uni you're walking around campus all the time, just generally a lot more active than you are couch potato for three or four weeks".

"I do lots of walking. I also walk up the stairs instead of using the lifts".

University societies and sports activities and teams were also identified in terms of supporting students to be healthy whilst at university. This was mentioned by 23 participants and noticeably more so by Newcastle University students.

"You have access to sport societies and being part of them is university life".

"There's lots of other sort of sporting activities and stuff you can do at uni".

"You have societies you can join, such as the zumba or yoga - they are very cheap and easy".

"You walk to university, there is a gym on campus and sport and other societies such as pole dancing - it's a fun way to keep fit".

6.8.3 Food

Nearly two-thirds of participants mentioned food-related barriers to staying healthy whilst at university and slightly more were students living in halls of residence. One third of students simply stated that their diet consisted mostly of fast food, with much of it consumed after drinking.

"Then there's the inevitable takeaway after alcohol and then the junk food the day after when you've got a hangover".

The availability of healthy food on campus was a particular issue for both sets of university students equally. Newcastle University has a Starbucks and Subway on campus but it was felt that both universities sell a disproportionate amount of unhealthy food, although as described by one Northumbria University student, advertisements do not necessarily reflect this. Where there is a healthy choice on offer, it is always more expensive than the unhealthier foods.

"Our main, sort of, area that we eat at the university, we've been there today, Castles Restaurant it's called. It's not owned by the university, they have other people that come in and run it, so I understand, but all the way across the top of the restaurant there are pictures of fruit like strawberries, kiwis, do you ever see strawberries and kiwis there? No you get chips, you get jacket potatoes and cheese, and you get curries and..."

“Our university canteens haven’t got a good healthy range of stuff it’s all really stodgy stuff and if you get something healthy, it’s always much more expensive”.

“When you think of the SU as well all that’s on their menu is like burgers, pizzas and chips. There’s like nothing – salad or anything”.

“But we’ve got a restaurant in the language block and that’s all healthy food but then if you buy a healthy main meal that’s seven or eight pounds for a – just a dinner”.

In addition, Chinese students mentioned a lack of food to cater for their tastes as barrier to good health, resulting in them eating most meals in China Town which can be more expensive and unhealthy.

“I don’t know other international students but for Chinese students, I think most of the Chinese students, the majority of the Chinese students, they prefer Chinese food or they’re - whatever for breakfast, lunch or dinner but here we just got any bread, potato, like bread, potato, bread...not any choice”.

“Most of the Chinese they all prefer Chinese food so we go to Chinatown... Such as every day I just eat with my friends outside...that’s one reason my food is not that healthy”.

Cooking for one person was also seen as a barrier. Students are unable to cook or do not have the inclination to cook a meal just for themselves and instead turn to more unhealthy convenience food.

“And like I can’t cook, so I buy super noodles and stuff do you know what I mean? So then I’m eating unhealthy but I would like to eat like a chicken dinner”.

“I have to cook my own food but I can’t cook so I eat unhealthily”.

“Having to cook for yourself means you eat tinned stuff or microwave meals”.

“You have to cook for yourself, so you end up getting takeaways”.

Conversely, several female focus group participants discussed the benefits of cooking together, pooling money and making an effort to cook a healthy meal for housemates.

“But I think a lot of people make excuses for only eating pizzas and crisps and stuff like that, it’s so easy, especially – it’s very dependent as well on what kind of flat you get put in with and who you eat with and stuff”.

“And yeah it does definitely depend on your peer group as well because there’s a lot of people – I really like vegetables full stop anyway but I know some of my friends didn’t really but then we started cooking together so it was kind of a case of well ‘do I just eat that food that’s been made for me or do I kick up a fuss and eat something that’s really unhealthy?’” “Because as a group we’ve been trying to...cook healthy meals, like we did the shopping today at Grainger Market and we literally got meals for the rest of the week for twenty quid”.

“I think it is completely based on who you live with because your friends are getting take outs or whatever then you just join them”.

Finally, having the time to cook healthy food or to sit down and eat a healthy meal was also mentioned and for Chinese students not having a designated lunch break was an issue.

“The long days mean you will end up having fast food”.

“The workload makes it difficult to eat healthy”.

“You have time constraints; you don’t have time to prepare food for the next day”.

“I notice that the lunchtime here is very short because I have some classes at noon so there’s not enough time for us to have lunch. For the students we normally [in China] finish class at half eleven, not 12 o’clock, and afternoon classes start from 2.30pm”

7 Discussion

7.1 Summary of findings

7.1.1 Mental health

There are good quality services available within both universities with approximately 2.5% of the student population accessing them. With a high proportion of students identifying that they have experienced emotional problems over the last 12 months there is clearly a disparity between those seeking support from university and those either seeking support elsewhere or trying to manage themselves. Drawing learning from the published evidence base (RCP, 2003, 2011), and reviewing the students' attitudes and behaviours from the HNA, student well being services may be able to promote themselves more visibly amongst the student population.

54% (2,914) of students stated they would wish to manage themselves if they were experiencing emotional difficulties. The qualitative engagement work highlighted the need to better promote the use of self help materials accessible from university websites. Published evidence also highlights the potential stigma associated with accessing mental health services and the need to break down barriers to accessing, especially for male students.

Primary care services would benefit from promoting their mental health offer to students, in particular to mature students who identified that they would be more likely to access their GP for support with emotional problems.

7.1.2 Sexual Health

Home UK students, for the most part, are aware of where to go for free and confidential sexual health advice and treatment. Even though there is good awareness of sexual health messages the survey has highlighted that 10% (77) of 18 – 19 year olds did not use any contraception the last time they had sexual intercourse. This highlights the need for continued high profile campaigns. As 18-19 year olds are coming straight from school to university it also highlights the need for good sexual health and relationships education within schools and 6th form colleges prior to university.

22% of students surveyed had used emergency contraception within the last 12 months. Again this highlights the importance of continued sexual health messages. The benefits of using LARCS (long acting reversible contraception) should be promoted to university students as currently only 9% of students reported using LARC as a method of contraception.

As the majority of women stated that they would go to a pharmacist for emergency contraception there is a significant benefit in training pharmacists in

holistic health messages. The literature identifies the strong links between sexual risk taking and alcohol consumption. Training pharmacists in alcohol screening and brief advice is a priority as 17% of survey respondents stated they had had unplanned and unprotected sexual intercourse whilst under the influence of alcohol.

67% of international students did not know where to go for sexual health advice and treatment. There needs to be a more targeted approach to the international student population to reduce possible health inequalities.

Whilst 91% of sexually active students stated they had not had an STI this may not be the case. Many STIs are asymptomatic and so unless a person has been screened or they are sure they have only had protected sexual activity then it is possible that a proportion of students are infected with an STI without knowing about it. There has been a prolonged campaign for Chlamydia but there is a rise in other STIs such as Gonorrhoea. There needs to be a revised campaign to increase awareness of other STIs and the benefits of having regular STI health checks and continued use of condoms.

7.1.3 Smoking

Smoking rates within the students surveyed was significantly lower than the national average. Whilst this is encouraging there is still scope to promote stop smoking services, especially to older students who stated they would like support to give up smoking.

There is much benefit in the enforcement of a complete smoke free campus.

7.1.4 Drugs

There were very few students who stated they were actively using illicit drugs in the health survey. Of all drug options cannabis was the preferred drug. Alcohol is the drug of choice for students and is by far the drug to be prioritised for any health campaign.

7.1.5 Alcohol

The number of students drinking at increasing risk levels and above is high. When compared to the national literature the health survey completed for this HNA has identified higher drinking levels than reported by Heather et al (2011) and Gill (2002). Whilst further statistical analysis will support the development of a 'risk profile' for those students most likely to consume alcohol in excess, the descriptive analysis has identified that White British students, male students, 18 – 20 year old students and students living in halls of residence or private rented accommodation are more likely to binge drink on a regular basis. The younger years, ethnic origin and accommodation type were all identified by Heather et al (2011) to be increased risk variables.

The qualitative engagement work had a powerful narrative identifying that students were aware of the safe and sensible messages but were at university

to have fun for a short space of time. There was a belief amongst students that drinking to excess for a three year period would not affect their longer term health. There was little interest in health campaigns.

There was an acknowledgement from students that pubs and clubs targeting them for promotional drinks offers was very difficult to refuse due to peer pressure and drinking on a budget meant that students would go for the cheapest option to get them drunk the quickest.

Whilst the student unions and wider university were promoting safe and sensible drinking through promotional campaigns, there was a contradiction in their written literature promoting Newcastle as a 'party city' and endorsing binge drinking through societies. International students were quick to highlight the difficulties with integration due to the extent to which social events focused on alcohol.

There are evaluated interventions which could be tried and adopted in Newcastle (Bewick et al, DeJong et al) which are based on social norms theory. There is a great opportunity to work in partnership with Balance (the North East Alcohol Office) to develop a regional alcohol social norms campaign for students. Following completion of the Leeds HNA there has been a well evaluated social norms campaign delivered called 'What the flock' which could be reviewed for Newcastle. Beanstock et al (2010) also highlight the need to utilise messages associated with positive future time preferences to encourage a greater understanding of the future impacts of alcohol.

7.1.6 Health care utilisation

There was a clear message from both universities and students that there was a real interest to have a better understanding of how to register with a GP. International students at present do not have a full understanding of how the NHS operates and may well be experiencing inequalities, which is something to be addressed. This came out in the Leeds HNA too. Students completing the survey appreciate the importance of being registered with a GP but may need greater support with regard to the logistics of practically registering.

Whilst the majority of students are accessing health care appropriately the on line survey highlighted that some students are still accessing A&E or walk in centres unnecessarily. A targeted promotional campaign utilising the NHS Choose Well message would be of benefit to the student population. The qualitative engagement work also highlighted potential interest in students having lecture time dedicated to discussing the benefits of registering with a GP.

7.1.7 Food and physical activity

Whilst little published literature was sourced through the brief review, this was clearly an area of interest for the Newcastle student population. The qualitative engagement work identified a need to review the healthy eating options available across the two university campuses. There is also the opportunity to develop some work to support students in eating healthy options on a budget.

7.2 Limitations

Whilst Northumbria University was fully engaged in the whole HNA process, the student numbers completing the online HRBQ were significantly lower for Northumbria than Newcastle. This may be due, in part, to the fact that Newcastle sent a second global email out as a reminder from their academic registrar. The HRBQ data was analysed as one university cohort rather than separating the data out across the two universities. It was felt that analysing the data at a city level was easier to develop city wide recommendations.

Two issues arose during the administration of the on line survey which require discussion. One question asked about the type of contraception used did not include an option for students who had chosen long term non reversible contraception, such as vasectomy or tubal ligation. This is an omission which would be addressed if the survey were to be repeated.

The second issue that came to light was the sensitivity of the question regarding outcomes experienced as a result of drinking alcohol. Out of a 12 option list one of the experiences was sexual assault. Two students felt that this question alluded to a sense of blame on the victim for drinking alcohol. The issue was taken very seriously and addressed as a matter of urgency. The question has been used in national questionnaires and did not come to light as a concern through the pilot phase of the Newcastle based questionnaire. The issue has been fed back to SHEU to ensure they review the question content for future questionnaires.

It should be acknowledged that the data drawn from the qualitative engagement work and the on line HRBQ may not be directly generalisable to the wider student population. Arguably, people prepared to complete a health survey are potentially more health conscious. There may have also been an impact on the incentive of winning an IPAD which could have skewed the population completing the on line survey.

7.3 Further work

At present the on line survey has only been analysed using simple descriptive techniques. This is sufficient for a health needs assessment as the purpose is to describe the current health needs of the population and not to enquire into statistical significance. There is scope for more complex statistical analysis to review the data in a more comprehensive manner in the future.

Wider stakeholders now need to be consulted regarding the initial outcomes of the HNA. The purpose of consulting with wider stakeholders is to inform the final recommendations.

8 Recommendations

These recommendations have been developed out of the rapid literature review, the health profile of students, qualitative engagement work and analysis of the on line health related behaviour questionnaire. Discussion with key stakeholders will enable the co-creation of the recommendations which can then be endorsed by the Newcastle Student Forum.

Overarching recommendations

There are five high level recommendations from the health needs assessment

1. Universities to consider health across their whole setting – policies, environment, staff and students. (This would align with the concept of the World Health Organisation’s Healthy University approach)
2. Public health commissioners to ensure Universities are integrated into public health work programmes and commissioned contracts where appropriate
3. Newcastle Health Improvement Team to coordinate regular communication with universities for all health improvement/protection campaigns/activities across Newcastle
4. Student Unions to link with city wide organisations (including voluntary sector agencies) such as the Health Improvement Team for Ethnic Minorities (HISEM) and Health and Race Equality Forum (HAREF) to increase city wide opportunities to appropriately engage with international students on health topics.
5. All partners to consider risk taking behaviours holistically and not in topic isolation

More detailed recommendations have been broken down into:

- Recommendations specific to the universities
- Recommendations for commissioners
- Recommendations for health provider

There are seven topic areas covered within the detailed recommendations:

1. Mental Health of students
2. Sexual health
3. Smoking
4. Drugs
5. Alcohol

6. Nutrition
7. Health Care Utilisation

8.1 Recommendations for University

8.1.1 Overarching recommendations

- Utilising the Student Union's current modes of communication develop a student health blog, updated by Health Improvement Team contact, for relevant campaigns and call to action notices
- To undertake student health related behaviour questionnaires every two years to maintain understanding of the health needs of the student population and demonstrate impact of interventions
- Universities to continue to promote themselves as looking after the whole student and not just their academic needs.
- To review the benefits of becoming part of the WHO Healthy University network

8.1.2 Mental Health

- Improved promotion of on line self help advice and guidance for stress, anxiety and depression
- Continue the promotion of the benefits of accessing therapeutic services within the university – 'It's good to talk' campaign
- Support World Mental Health day 10th October as part of an integrated approach with city wide health improvement campaigns
- Develop the skills of staff to be able to identify a student in need of mental health support and appropriate signposting – this could be through Mental Health First Aid training.
- Develop a more integrated approach between university primary mental health services and secondary care services.

8.1.3 Sexual Health

- Continued promotion of free and confidential sexual health services which are available in Newcastle throughout the academic year, not just at Fresher's events.
- Increased promotion of the risks of all STIs, not just Chlamydia, and the need for regular sexual health checks and the use of condoms

- To maintain a zero tolerance approach to sexual harassment and to continue to promote safe sex messages holistically throughout the university
- Targeted promotion of advice and support to international students who may not be familiar with the culture of STI screening and safe sexual practice
- Liaison with Sexual Assault Resource Centre (SARC) team to increase the support available for those who may have experienced sexual assault

8.1.4 Smoking

- To raise the profile of where to go in Newcastle to receive support to stop smoking
- Support No smoking day in March 2013 and target older students 22 years and above, linking with city wide interventions/campaigns
- Whole campus, including outdoor spaces, should be smoke free – zero tolerance message

8.1.5 Drugs

- Continued zero tolerance messages
- Continued promotion of support services available
- Maintain links with Safe Newcastle regarding current trends in drug taking amongst students

8.1.6 Alcohol

- Review whole university approach to alcohol promotions and duty of care to students
- Review student led alternative prospectus to balance the promotion of alcohol in the city
- Identify an appropriate cohort of staff to be trained in alcohol awareness, screening and brief advice that can be monitored and linked to wellbeing service.
- Work in partnership with BALANCE to develop a social norms campaign focusing on alcohol and students
- Identify resources to support the development of a region wide social norms campaign
- Work in partnership with the Student Forum and Newcastle Alcohol Strategy Board to tackle drinks promotions across the city targeting the student population

8.1.7 Nutrition

- Review healthy options being served across campus sites for cost compared to fast food
- Review cultural diversity of food being served within food outlets across university sites – Chinese food in particular
- Coordinate the delivery of 'eating on a budget' sessions in canteens targeted at second years moving into private rented accommodation
- Work in partnership with identified organisation to develop menu planners with costs and time commitment factored into literature
- Promote the positive link between good nutrition and good mental health

8.1.8 Health Care Utilisation

- Standardise the method for new students to register with a GP whilst living in Newcastle.
- Ensure students have appropriate information to make an informed choice regarding which GP practice they register with.
- Provide objective and standardised information to students about health care in Newcastle
- Promote the benefits of registering with a GP close to university accommodation
- Promote the NHS Choose Well campaign highlighting the different types of health care services available and when to use them
- Target international students who are eligible for free NHS health care, ensuring they have a sound understanding of how the NHS works and the benefits of registering with a GP whilst living in Newcastle.
- Target second year students through email and internet to raise the importance of registering with a GP if they have not already done so. Provide the same standardised information to ensure students can make an informed decision regarding their health care provider.
- Promote the use of pharmacies for over the counter remedies as well as specific health care needs such as emergency contraception or stop smoking advice

8.2 *Commissioner Recommendations*

8.2.1 Overarching recommendations

- To include data on occupational status as a requirement in contracts

- To consider how University services play a part in the health care system across Newcastle
- To consider the health care needs of students, especially international students, studying in Newcastle
- Support the roll out of the Healthy Living Pharmacy model as a key provider of health information and support for students

8.2.2 Mental Health

- Within contract review meetings discuss how links between NHS mental health services and university therapeutic services can be improved
- Improve the pathway of care between university therapeutic services and secondary care mental health services

8.2.3 Sexual Health

- Set targets for STI screening specific to university population, especially male students 18 – 22
- Increased promotion of LARCs to reduce the need for emergency contraception amongst student population
- Within contract review meetings discuss the need to incorporate alcohol screening and brief advice into all sexual health consultations
- Quality assure alcohol conversations by specifying the need for all sexual health staff to undertake training in alcohol screening and brief advice
- Incorporate data collection on alcohol screening and brief advice into sexual health data capture process and monitor progress
- Review sexual health contracts with pharmacy to include alcohol screening and brief advice
- Review the need to include a discussion about sexual assault in a sexual health consultation
- To continue the risk and resilience messages in schools and 6th form colleges to better inform young people prior to coming to university

8.2.4 Smoking

- Within contract review meetings discuss the involvement with universities and in particular targeting work with Home EU students

8.2.5 Nutrition

- Within contract review meetings discuss the development of a student campaign focused on eating on a budget – targeting second year students living in private rented accommodation
- The Student Forum to consider the benefits of environmental health teams providing literature to students living in private rented accommodation focusing on food safety and how to read a food label

8.2.6 Alcohol

- To identify financial resources to support the development and roll out of a student alcohol social norms social marketing campaign
- To embed alcohol screening and brief advice across other health contracts, such as sexual health contracts, and not keep alcohol as a single topic
- To work in partnership with licensing colleagues through the Newcastle Alcohol Strategy Board to reduce the targeted drinks promotions to students
- To develop, implement and evaluate the inclusion of alcohol screening and brief advice into pharmacy sexual health contracts

8.2.7 Health Care Utilisation

- NHS communications team to provide standardised and objective information to new students coming to Newcastle to promote the benefits of registering with a GP whilst living in Newcastle.
- Develop mechanisms in partnership with the universities to support students to make an informed choice regarding where they choose to register with a GP
- Develop a student specific NHS Choose Well campaign accompanied by a frequently asked questions check list
- Commission targeted work with international students to ensure those eligible for free NHS health care know how to access it appropriately

8.3 Health Provider Recommendations

8.3.1 Overarching recommendations

- In partnership with University Student Unions support the development and continued maintenance of an on line student health blog focusing on key messages and call to action notices

- International students are a vulnerable group requiring targeted messages
- Student health should become part of the Health at Work award as many students are guest lecturers or work as part of the student union

8.3.2 Mental Health

- GP practices to promote their mental health services in partnership with the universities therapeutic services
- Develop ratified on line self help guides for students with a strong call to action message if a student does not notice any improvements
- Target mental health promotion messages to female students in their first and second year of studies focusing on self esteem and self efficacy
- Social norms campaign focused on male students reticent to talk about their mental well being
- Support universities to promote world mental health day 10th October

8.3.3 Sexual Health

- Continue the high profile campaign work during fresher's events and throughout the year
- Target international students who may not be familiar with the culture of screening for STIs or free contraception
- Target STI screening to male students
- Whole service training on alcohol screening and brief advice to ensure any sexual health consultation incorporates a structured conversation about alcohol
- Review the need to include a conversation about sexual assault within a sexual health consultation

8.3.4 Smoking

- A 'Don't Start Smoking' campaign targeted at first year students
- Support universities to have a zero tolerance message about smoking and have all outside spaces smoke free
- Support the universities to promote No Smoking Day and target students aged 22 years and above

8.3.5 Drugs

- GP practices to promote themselves as being there to talk through any health issue including drugs

8.3.6 Nutrition

- Encourage two universities to participate in the City's sustainable food strategy
- Production of a healthy eating menu for students living on a budget
- Develop listings for healthy eating outlets in Newcastle
- Development of food safety literature for students living in private rented accommodation

8.3.7 Alcohol

- All providers to support the student social norms campaign when developed
- GP practices to promote themselves as being there to talk to students about alcohol issues

8.3.8 Health Care Utilisation

- To provide clear and consistent information about health care services available to students
- Provision of student friendly services available at a time convenient to the student population – IE no lectures on a Wednesday afternoon
- All eligible students to have equitable access to health care services across Newcastle
- To be considerate of the different cultural backgrounds and expectations of health care depending on country of origin
- Well promoted translation services available
- To consider student drop in clinics
- To develop text messaging services and promotion of health services through face book

Appendices

Appendix One: Asset Mapping template

Topic	How has student need been identified?	Student service(s) delivered on site	Level of use of 'in house' service	Signposting to other services - where?	Specific campaigns delivered – when / who / success	Information dissemination – leaflets / emails / posters – when, who targeted	Listening exercise – what do students want in this topic	Student satisfaction with provision
Alcohol								
Other drugs - cannabis / cocaine etc								
Smoking								
Sexual health								
Mental health								
Physical activity								
Nutrition								
Weight management								
Immunisations								
Infectious disease awareness								
Access to health care services: GP, dentist etc								

Appendix Two: Qualitative engagement purposive sampling template

7 focus groups, ideally split across Northumbria and Newcastle

	1st Yr undergraduate (18 – 21)	2 nd yr undergraduate (18 – 21)	3rd yr undergraduate (18 – 21)	Postgraduate – 21 – 25 yrs	Mature students over 25 years
Students living in halls	UK student groups International student groups	//	//	//	//
Students living at home				Mix of UK and international students	Mix of UK and international students
Students in private rented	//	UK student groups general international group			

Key trigger points to discuss in focus groups:

1. What does being healthy mean to this population?
2. Are you able to achieve good health whilst at university – barriers and opportunities
3. What areas (if any) of health are you bothered about – alcohol, sexual health, mental health, access to culturally appropriate food etc
4. Alcohol and students gets a lot of publicity – how do you feel about this? – do students need better support and advice about safe and sensible drinking?
5. Where do you go to access health care services – go home, A&E, WiC, NHS Direct, GP
6. What do you think about registering with a GP whilst at university – advantages and barriers?
7. What, if anything, could organisations within the city do to support your health needs?
8. When and where would be the best place to promote health services to students?

Key demographic data to collect:

Equal split across Newcastle and Northumbria – capture which university they are from and which school
 Equal gender split if possible across all focus groups
 Capture age range in group
 If living at home ask if Newcastle or elsewhere in North East
 International students – where is their home country
 International students - ensure Chinese represented

Appendix Three: HRBQ Email invitation

Dear Student

Northumbria University are working with the NHS to consider ways to improve local health services for students in Newcastle City. We would like you to complete this short questionnaire which will help us to understand how you think about your health and how you use health services in Newcastle.

To thank you for your time we are running a free prize draw to win an Apple iPad.

Once you have submitted your questionnaire you will be asked for your email address to register for a free prize draw to win an Apple iPad4. Your email address is not linked to your questionnaire so your answers will remain completely confidential.

The questionnaire is completely confidential and only you will see your individual answers. The reports that are returned to the university and the NHS only show the overall results split by gender, age, fee category and ethnicity. No one can be identified individually. It is important that the information collected is accurate, so please answer all questions honestly.

Please complete and submit the questionnaire by Friday 25th May.

LINK to Questionnaire

The winner of the free prize draw will be announced by Monday 11th June 2012.

Should you have any questions about the questionnaire please contact gillianoneill@nhs.net who is coordinating the process.

If any of the questions raise an issue or concern which you would like to talk to someone about there is a list of appropriate contacts at the end of the questionnaire.

Appendix Four: HRBQ Questions

1. What is your age in years?
- 2: Sex
- 3: Years at college?
- 4: What type of course are you on?
- 5: Are you a full time or part time student?
- 6: What fee category do you fall into?
- 7: Which university do you attend?
- 7a: Please select your school
- 8: Where are you currently living? Halls, parental home, private rented etc
- 10: Are you registered disabled?
- 11: What is your ethnic background?
- 12 postcode
- 13: Is the amount of sleep you normally get...
Enough for you to stay alert and concentrate on your studies?
Enough for your health?
- 14: Have you experienced emotional or psychological problems (for example depression anxiety worry or stress that interfered with your life)? No never, over 12 months ago, within last 12 months
- 15: How often have you worried about the things listed below in the last month? % OFTEN or MOST DAYS
Study, work-load problems
Money problems
Physical health
Emotional health
Problems with friends
Problems with lecturers teachers
Boyfriend/girlfriend problems
Sex
Family problems
The way you look
The amount you are eating
What people think of you
Sexually transmitted infections
Your gambling e.g. lottery tickets
Your smoking
Your alcohol use
Your drug use
Other (please write below)
None of the above
- 16: In the last month have you worried so much about any of the issues listed that you have considered dropping out of university?
- 17: Have you ever received counselling or other help for depression or other emotional problems listed above
- 18: If you needed help now about emotional or psychological problems where you would go for help?
- 19: How often do you have a drink containing alcohol?
- 20: How many units of alcohol do you drink on a typical day when drinking? DRINKERS ONLY
- 21: How often have you had 6 or more units if female and 8 or more if male on a single occasion in the last year?
DRINKERS ONLY
- 22: How often during the last year have you found that you were not able to stop drinking once you had started?
DRINKERS ONLY
- 23: How often during the last year have you failed to do what was normally expected of you because of drinking?
DRINKERS ONLY
- 24: How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? DRINKERS ONLY
- 25: How often during the last year have you had a feeling of guilt or remorse after drinking? DRINKERS ONLY
- 26: How often during the last year have you been unable to remember what happened the night before because of your drinking? DRINKERS ONLY
- 27: Have you or someone else been injured because of your drinking? DRINKERS ONLY
- 28: Has a relative friend doctor or other health care worker been concerned about your drinking or suggested you cut down? DRINKERS ONLY
- AUDIT score (Alcohol Use Disorders Identification Test, derived from Q19-28) DRINKERS ONLY
- 29: Have you bought alcoholic drink at any of these places during the last 7 days? DRINKERS ONLY
- 30: Please tick the top three places you are most likely to drink alcohol. DRINKERS ONLY
- 31: Which of the following drinks are you more likely to drink? DRINKERS ONLY
- 32a: a) People of my age drink alcohol: % AGREE / STRONGLY AGREE
- 32b: b) The amount you drink at present is harmful to your health? DRINKERS ONLY
- 32c: c) The amount you drink at present is harmful to your studies? DRINKERS ONLY
- 33: In the last 12 months have you experienced any of the following as a result of drinking alcohol? DRINKERS ONLY
- 34: Where would you go for advice about alcohol if you wanted to discuss your alcohol use with someone? DRINKERS ONLY
- 35: What are your reasons for not drinking alcohol? NON-DRINKERS ONLY
- 36: Do you currently smoke cigarettes?
- 36a: i) At what age did you start smoking? SMOKERS ONLY
- 36b: ii) About how many cigarettes do you smoke per day? SMOKERS ONLY

36c: iii) Would you like to give up smoking altogether? SMOKERS ONLY
36d: iv) Would you like help to give up smoking? SMOKERS ONLY
36e: Have you ever smoked? NON-SMOKERS ONLY
37: Which of the following best describes your use of drugs? CANNABIS
37: Which of the following best describes your use of drugs? % USE WEEKLY

Cannabis
Speed/amphetamine
Cocaine powder
Crack
Acid, LSD
Magic mushrooms
Ecstasy
Aerosol/glue/solvents
Poppers
Heroin
Body-building steroids
Sedatives or tranquillisers e.g. Valium (not prescribed)
Anti-depressants e.g Prozac (not prescribed)
Ketamine
Other (please state below)
None of the above
Total Sample (Count)

38: Had you used any of the following before coming to University?
39: Where would you normally obtain your drugs? DRUG USERS ONLY
40: Where would you usually consume drugs? DRUG USERS ONLY
41: Thinking about your current use of drugs... DRUG USERS ONLY
42: Thinking about your current drug use would you like to change it? DRUG USERS ONLY
43: Have you ever injected drugs? DRUG USERS ONLY
44: Where would you go to for advice / support about drugs if you wanted to discuss your drug use with someone?
DRUG USERS ONLY

45: Which of the following best describes you?
46: Please indicate how many sexual partners you have had in your lifetime:
47: On the last occasion you had sexual intercourse did you use any sort of contraception or other protection? OF THOSE WHO HAD SEX
48: Have you or a partner taken emergency contraception (morning after pill or emergency coil) within the last 12 months? OF THOSE WHO HAD SEX
48a: a) how many times? OF THOSE WHO HAD USED EHC
48b: b) where did you (or a partner) get emergency contraception (morning after pill or emergency coil) from last time? OF THOSE WHO HAD USED EHC
49: Have you or a partner had a sexually transmitted infection in the last 12 months? OF THOSE WHO HAD SEX
50: Have you or a partner had a termination (i.e. an abortion) since being at university? OF THOSE WHO HAD SEX
51: To what extent do you agree with the following: If you have sex with a new partner you would: % AGREE or STRONGLY AGREE
52: Do you know where to get free and confidential sexual health services?
53: Have you ever experienced the following?

54: Are you registered with a GP in Newcastle
54a: a) If not why not? Non-registered
Don't know how to register
There have been difficulties accessing
Want to stay with my home GP
Was registered with a Newcastle GP then de-registered
Haven't got round to registering

54b: b) How many miles away is your home GP from your university accommodation? Non-registered
1 - 10 miles

11 - 20 miles

21 - 50 miles

51 - 100 miles

101 - 500 miles

Overseas health care

54c: a) How satisfied are you with the GP service provided?
Extremely satisfied

Quite satisfied

Not very satisfied

Extremely unsatisfied

54d: b) How long do you normally have to wait for a GP appointment?

Same day

1 - 3 days

4 - 7 days

1 - 2 weeks

More than 2 weeks

55: How important is it for you to be registered with a GP whilst studying in Newcastle

Not important at all

Not very important

Quite important

Very important

56: In the past 6 months have you visited any of the following in Newcastle?

Accident and Emergency

Walk in centre

Pharmacy

GP

Student counselling s service

Other health care service

(Please write below)

57: How important is it for you to know about the other types of NHS services that are available such as Walk in centres pharmacy and accident and Emergency Departments

Not important at all

Not very important

Quite important

Very important

58-61: [Expected use of health services] FIRST CHOICES ONLY

58: If you had a cough and cold where would you go to for medical advice and treatment?

Talk to a friend or family member

Internet

NHS Direct

Pharmacy

GP

Walk in centre

Accident and Emergency department of hospital

59: If you had an unusual lump or swelling where would you go for medical advice and treatment?

Talk to a friend or family member

Internet

NHS Direct

Pharmacy

Out of hours GP

Walk in centre

Accident and Emergency department of hospital

60: If you were ill with a sore throat and high temperature on a weekend where would you go for medical advice and treatment?

Talk to a friend or family member

Internet

NHS Direct

Pharmacy

GP

Walk in centre

Accident and Emergency department of hospital

61: If you sprained your ankle where would you go for medical advice and treatment?

Talk to a friend or family member

Internet

NHS Direct

Pharmacy

GP

Walk in centre

Accident and Emergency department of hospital

62: For each of the following services at your university which best describes your knowledge and use?

Careers service or Connexions

Mental health/Counselling service

Personal tutors

Other academic member of staff
Student Advice Centre
Student Union officers e.g. Equality & Diversity Officer
Disability support for students with physical health conditions and physical disabilities
Disability support for students with long term mental health problems
Specialist Learning Difficulties e.g. dyslexic and dyspraxia tutors

64: What could your university do that would be effective in improving any aspects of student health information?

Flyers and leaflets
Discussions and workshops
Talks and videos
Tutorials
Events in lunchtime
Posters and notices
E-mail
College website
College nurse
Posters and stickers in toilets
Trained students (peer education)
Other ways (please write below)
None of the above

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