

Disabled Students and Mental Health: a briefing

27th June 2024 – written by Jenny Smith and Dan Thompson

Introduction

“Disabled people are underrepresented in higher education and disabled students in higher education have somewhat worse outcomes from higher education than non-disabled students. Students with a disability are more likely to drop-out of courses and those that finish their degree tend to have lower degree results; in 2016/17 a lower proportion of UK disabled students were awarded a first or upper second-class degree than those without a reported disability.”

House of Commons Library (Bolton & Hubble, 2021)

This briefing provides an overview of key topics concerning disability and student mental health. We explore various legal and regulatory frameworks, practice, student voice, and academic literature. By virtue of being a mental health charity, Student Minds have a natural interest in disability issues. We are also keen to understand how inequitable environments, services, policies and practices within higher education can affect any disabled student, with or without a diagnosed mental health condition, at detriment to their mental wellbeing.

Our resolve to do work in this area has only grown. In 2019, DSA QAG announced its closure. In the wake of this news, we were humbled to receive a tranche of leftover funds to support our ongoing mission. We have not taken this lightly and are honoured to take a next step with the publication of this targeted document. We have renewed our commitment to disabled students through our 2024 [Student Mental Health Manifesto](#). There is much more to be done.

One key message from multiple allies across the VCSE and higher education sectors is that it is absolutely critical that disabled students are not punished for their hard work and resilience. Disabled students who successfully, albeit with great effort, manage to navigate the university experience, can appear to show that pursuing truly inclusive practice is unnecessary by virtue of their success. An overfocus on academic and graduate outcomes as the primary metric for success could mask years of unnecessary struggling and additional effort, when disabled students have had to work twice as hard as their peers to achieve similar results.

At Student Minds, we don't think this is good enough or fair. We want truly inclusive university environments which allow disabled students to engage with their learning and student life on equitable terms. We want disabled students to flourish and be able to engage with academic and extracurricular life without facing additional barriers. We want to see university communities which

preempt these challenges through truly inclusive design and practice, from facilities, to curricula, to community-building.

Finally, this briefing would not exist without the time and expertise shared with us by many allies across the sector. We particularly want to take this opportunity to thank the teams at the Thomas Pocklington Trust, Diversity and Ability, and UMHAN, for their contributions.

Context

Disabled Student Commitment

The Disabled Students' Commission was a panel of sector experts who, between 2020 and 2023, worked to reduce inequality gaps for disabled students in HE. The [Disabled Student Commitment](#) was the culmination of three years' work, a document which stands as “a call to the sector and its organisations to take a structured, comprehensive and partnership approach with their disabled students to assess what needs to change” (Advance HE, 2023a, p.4).

The Commission calls for higher education providers (HEPs) to use the commitment to enact comprehensive change in their own institution, and encourage others to do as well. They argued that “there are many committed staff who support disabled students and numerous examples of innovative practice across the sector but unfortunately, typically there is not a holistic approach across the provider”.

One year on, the Commitment continues to provide a strong case for HEPs to take a targeted and specific approach to improve the experiences of disabled students. It highlights four main areas which disabled students wish to see improvements in support: communication, certainty, consistency, and choice. Suggested improvements include information sharing, transition support into, during, and out of university, and taking more proactive approaches to support.

We note specifically that the Commitment “calls upon HEPs to ensure that the mental health and wellbeing of disabled students is prioritised through a whole institution approach.” Mental health and wellbeing provisions are key pillars to support and help to embed a whole-university approach for improving the experiences of disabled students.

Student Minds echoes the call of the Disabled Students Commission for the sector to move towards a shared understanding of, and approach towards, our disabled student population. This includes making public commitments to supporting disabled students, alongside taking a whole-institution approach to improving the experiences of university communities, through programmes such as the University Mental Health Charter. [The Disabled Students Commitment is available to read online \[PDF\]](#).

The University Mental Health Charter

Published in 2019, the [University Mental Health Charter](#) (UMHC or “the Charter”) is Student Minds' flagship sector improvement programme. The Charter is informed by a peer-reviewed, evidence-led

framework, and the programme itself has been joined by 96 institutions from across the UK. Central to the Charter is the “whole-university approach” which captures how every aspect of the university experience, from learning and teaching to risk management to social belonging, can shape student mental health. The whole-university approach was first championed in UUK’s StepChange Framework and the Healthy Universities Network (HUN).

“The whole university approach:

- recognises the effect of culture and environment, and specific inequalities on mental health and wellbeing
- seeks to transform the university into a healthy setting.
- empowers students and staff to take responsibility for their own wellbeing”

Universities UK (de Pury & Dicks, 2020, p.12)

The Student Mental Health Manifesto

Launched in April 2024, the [Student Mental Health Manifesto](#) lays out our ambitious vision for the next government to support student mental health. The Manifesto covers five priority themes: healthcare, financial hardship, higher education, inclusive education and healthcare, and a mentally healthier nation. Although by no means exhaustive, these themes provide a core of policy changes and improvements that students, sector staff, researchers, clinicians, and other VCSE allies want to see. A sample of these recommendations, that we believe will benefit disabled students, include:

- For the government to work closely with the higher education sector to ensure universities are meeting their legal obligations, as set out in the Equality Act (2010). This includes to ensure reasonable adjustments are fairly, consistently delivered in an accessible manner.
- For universities to embrace truly inclusive practice which addresses differences and inequalities in access at the outset. This spans all domains of the university experience, from academics to accommodation to social cohesion and support service provision.
- For the government to intervene to address any ongoing disruption to Disabled Students Allowance (DSA) processes due to changes in service models. This includes committing to providing enough capacity and funding for all eligible students to successfully access DSA.
- To give special focus to improving regulation around disabled students’ access to housing.

The Student Mental Health Manifesto (Frampton et. al., 2024)

We will doubtlessly build upon this platform as we progress through the next government. However, by spotlighting disabled students’ experiences within the Manifesto, we signal our commitment now to advocating for their interests in our policy and influencing work. Of course, we can’t do this alone, and as with every Student Minds initiative we will act in partnership with students and sector allies every step of the way.

Student Mental Health and Disability

This section collates existing scholarly evidence and “grey literature” covering the mental health of disabled students. Through our search, we found a concerning lack of material on this subject. We

highlight key areas for future investigation to better understand the experience of disabled students and ensure all future work to improve support is led by evidence. For the purposes of this briefing, we are covering the connection between student mental health and disability in two respects:

- The experience of students who are defined as disabled due to their long-term mental health condition;
- How challenges and inequalities within university life can impact the mental health and wellbeing of all disabled students

Of course, these circumstances are not mutually exclusive; students may be disabled in multiple respects, including and excluding having a mental health condition. We also note that there is a massive breadth of experience across our disabled student population; different disabilities lend themselves to different challenges which, in turn, may have a varying impact on the mental health of our students. Wherever possible we capture this detail. It is crucial not to treat disabled students as a monolith, whether in research, policy, or procedure.

The mental health continuum

We don't see mental health through a deficit model. We're not just interested in tackling mental illness, but in the maintenance of good mental health and wellbeing, too. Throughout our work we use the "mental health continuum" to model student mental health and wellbeing accordingly. We use the following definitions to distinguish mental health and mental wellbeing:

"Mental Health – a full spectrum of experience ranging from good mental health to mental illness.

Mental illness – a condition and experience, involving thoughts, feelings, symptoms and/ or behaviours, that causes distress and reduces functioning, impacting negatively on an individual's day to day experience, and which may receive or be eligible to receive a clinical diagnosis.

Mental health problems/issues or poor mental health – a broader range of individuals experiencing levels of emotional and/ or psychological distress beyond normal experience and beyond their current ability to effectively manage. It will include those who are experiencing mental illness and those whose experiences fall below this threshold, but whose mental health is not good.

Wellbeing – a wider framework, of which mental health is an integral part, but which also includes physical and social wellbeing. This uses a model provided by Richard Kraut (2009), in which optimum wellbeing is defined by the ability of an individual to fully exercise their cognitive, emotional, physical and social powers, leading to flourishing."

The University Mental Health Charter (Hughes & Spanner, 2019)

Using the mental health continuum model, we can conceive of mental health and wellbeing as two separate, but interconnected, states. This is important because we believe that while a student may have poor mental health - for instance, they may be living with a diagnosed mental health condition - they can still maintain a good level of mental wellbeing with the correct support. They could have a strong support network, reasonable adjustments in place, be taking medication, and so on.

Equally, a student may not have any mental health diagnosis, but life circumstances such as bereavement or academic stress could severely impact their day-to-day wellbeing and quality of life. This would not be a pathological response. In fact, it would be quite normal and understandable given the circumstances. It makes no sense to medicalise a proportionate emotional and mental reaction to life adversity.

The social model of disability

At Student Minds we use the social model of disability when thinking about our university communities. Contrasted with the medical model of disability, the social model can be defined as:

“[People] are disabled by barriers in society, not by their impairment or difference. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things.”

- Scope UK (n.d.)

We use the social model as we believe strongly that a world is possible where no student, no matter their condition, should feel othered, excluded or disadvantaged by the way our university communities are set up. If we designed our facilities, our curricula, and our services with meaningful inclusivity at the outset, this would remove many of those barriers which prevent disabled students from having an equitable, empowering experience at university. Not everybody uses the social model, and different disabled students may relate to their disability and the world differently. However, the social model is useful for us in this case in that it helps us to articulate how external systems and factors let disabled students down.

It is important to note that, while we champion and believe in truly inclusive practice from the outset, this will not completely address the need for individualised, reasonable adjustments. Some students will always benefit from personal support such as note-takers or sighted guides, while others will find that they manage with communal improvements.

Another world is possible

In some respects, the Covid-19 pandemic served as a leveller by forcing institutions to adopt more inclusive teaching and learning approaches. For many disabled students this removed barriers to access by empowering them to engage with their learning in ways that suited their needs best. In 2022, Disabled Students UK (2022) found that 84.5% of disabled students reported that they would find continuing remote or distance learning beneficial.

In their report, [“Going Back is Not a Choice”](#), Disabled Students UK highlighted key changes, learnings and good practice from the pandemic which could be taken forward to ensure improvements from that period were not lost. In other regards, the pandemic proved particularly challenging for disabled students, and Disabled Students UK found that “only 23% of the disabled students surveyed agreed that they had received the disability support that they have required during this time.”

Areas for further research

There is very limited research exploring the relationship between disability and student mental health in a UK higher education context, particularly so far as the experiences of students with non-mental health-related conditions are concerned. Research is even more scarce with regard to the experience of students with specific conditions or categories of disability. There is a clear, wide knowledge gap here that would benefit from further exploration.

We are also keen to understand more about the experience of disabled students throughout their university journey, and how navigating university systems and structures may influence their mental health and wellbeing. As noted prior, it is possible for students to have a positive experience at university with a mental health condition, and we believe this to be true of all disabilities.

Access, Participation, and Outcomes

Disabled students generally fare worse in higher education than non-disabled students in terms of access, participation, attainment and graduate outcomes - though this does vary based on disability type. There have been improvements in the gaps between disabled and non-disabled students but it is clear there is still work to be done. Disabled students are also shown to have worse experiences in terms of impact on mental health at university and feeling part of a community. There are many areas, and many institutions, where great strides are being made to support disabled students but we must redouble our efforts to ensure an equitable and safe experience for all.

Access

Disabled people in the UK are much less likely to access higher education than the rest of the population, with data from 2021 showing that 42.7% of non-disabled people aged 21-64 in the UK hold at least an undergraduate degree, compared to just 24.1% of disabled people (Office for National Statistics, 2021). This number has steadily increased from 15.9% in 2014, demonstrating movement in the right direction, but it is clear there are significant barriers to disabled people accessing university in the UK.

Research from UCAS (2022) has shown that the disabled students body has a markedly different demographic population than the general student population: disabled students are more likely to be mature students, to be care experienced, and more likely to live further away from campus. Disabled students are also, as a result of barriers before higher education, less likely to have achieved top grades in their A levels and therefore to attend a high tariff institution. The AdvanceHE (2024) [Student Academic Experience Survey](#) also notes that disabled students are more likely to be carers, emphasising the importance of addressing intersectional barriers.

The same UCAS report demonstrates that the support provided by a university is key to disabled students choosing where to study, with 56% of respondents stating that they “research an institution’s support for disabled students before applying”. 65% also expect that the pastoral support provided at an institution will be good - an expectation that providers should be matching.

The University Mental Health Charter highlights the importance of providing unique interventions for specific student groups, such as disabled students, who may struggle to access traditional support. Indeed, “mere presence of these interventions can help to make the university feel a more welcoming and supportive environment” (Hughes and Spanner, 2019, p.52). Issues of access also extend to physical barriers across brick and mortar campuses, including accommodation and places of study.

Outcomes

The Office for Students (OfS) collects data for their Access and Participation dashboard (Office for Students, 2024c), which reports on access to higher education, attainment, progression, continuation and completion for a range of demographics at English institutions. According to the OfS’ dashboard data, students who report a disability have worse outcomes on almost every metric collected from the 16/17 academic year through to 21/22, the latest data publicly available. Disabled students are less likely to complete their degree (85.5% vs 87.6%). They are also less likely in England to progress into professional or managerial employment, further study, or other positive outcomes, 15 months after gaining their qualification.

In the academic years of 18/19 through to 19/20, disabled students were also less likely to receive an outcome of first or upper second class degrees according to the OfS data. However, disabled students performed slightly better than those without a reported disability in 20/21, in which 79.4% achieved a first or upper second class classification.

Scottish institutions also pose barriers to attainment and progression for disabled students, with the Commissioner for Fair Access reporting in 2019 that “overall, outcomes for each of the disability groups were worse than for non-disabled students, but the difference was small for most groups, particularly if subject and institution were accounted for” (Commissioner for Fair Access, 2019). It is true across all four nations that statistically significant differences exist between the outcomes of disabled students and those with no known disability, but these gaps are relatively small and parity in the near future is not unrealistic. It is, however, important not to reduce the university experiences to simply access and outcome data - to understand the mental health and wellbeing impacts of higher education, we must also look into the lived experiences of disabled students.

Experience

Brewer, Urwin, and Witham’s (2023) analysis of disabled students’ online forum posts found multiple themes relating to the impact of a disability on the higher education experience. These include education, social isolation, and barriers to support and accommodation, caused by a range of factors such as unnecessary bureaucratic and financial constraints, a lack of understanding and limited training for staff.

The Covid-19 pandemic provided a snapshot into the possibilities of accessible, remote study in higher education. Rather than just specialised remote courses and universities (such as the Open University), almost all institutions were forced to provide remote access to learning and assessment

during a series of lockdowns. Notably, the gap in attainment between (full-time, domiciled) disabled students and non-disabled students reduced to its lowest point in 2020-21.

A report by Disabled Students UK (2022) highlighted that the majority of disabled students (84.5%) wished to retain the option of studying online post-pandemic, yet only 23.1% stated they had received adequate support during the period. Alongside reported delays in DSA allowance payments as a result of the pandemic (AdvanceHE, 2021), this suggests a sector ill-equipped to effectively facilitate reasonable adjustments for disabled students. It further highlights that improvements in accessibility for some disabled students, such as moving the university experience online, may in fact be a hindrance for others. Nevertheless, it is true that effectively implemented and distributed technological support can be hugely beneficial to students with certain disabilities.

The [Student Futures Commission](#) argue that:

“the reductive argument about online vs in person masks the real challenges of digital access and participation, and how new methods of mixed mode teaching and assessment might support groups of students who are often marginalised from the debate – including students with disabilities” (Student Futures Commission, 2022, p.5)

This means equal access and fairness of the student experience should be at the forefront of decision making in higher education. Above all, it is vital that disabled students feel listened to and welcomed within higher education, and that interventions are co-created with them - disabled students are much more inclined to consider leaving an institution if they had not been consulted on the accessibility of teaching methods (Disabled Students UK, 2022). Feeling a sense of belonging is a crucial determinant of good mental health and wellbeing in the student population; universities should look to foster a strong sense of community that is inclusive of disabled students.

Variations in outcomes between disabled students

It must be stressed that disabled students are not a homogenous group - each student will have a specific set of needs and solutions which must be accommodated for by their institution. Alongside the disparities between disabled and non-disabled students discussed above, there are also significant differences between disability types.

The OfS' Access and Participation dashboard splits outcomes by disability type*, within which there are statistically significant differences. Confusing matters, the OfS uses different categories from UCAS and HESA, and regardless of category scheme used, there are further challenges surrounding safety in disclosure and effectively capturing multiple impairments.

Whereas disabled students as a whole experience lower outcomes in terms of progression, continuation, and completion, students with cognitive or learning difficulties are more likely to fare better. Students with a mental health disability are also more likely than other disabled students to achieve a first or upper second class degree, yet less likely to progress onwards into managerial employment, further study, or other positive outcomes.

A report from Cibyl (2023), supported by Student Minds, compared the mental health of students with a mental health condition as a disability, and those with another disability or none. They found that those with a mental health condition were much more likely to experience suicidal thoughts and feelings (82%) than the average (42%). Almost half of these students said they have planned or attempted to take their own lives.

Students with a mental health disability also had a much harder time transitioning into university, with 54% finding the transition from school to higher education hard, compared to 30% of students with no disability. Issues of transitions are true across disabled students in general - the Student Futures Commission found that disabled students are more likely to want transition support throughout their time at university, as well as being less inclined to feel they belong at university and more likely to say their mental health has declined during their studies (Wonkhe, 2024a).

Whilst it is vital that the sector works to support all disabled students, solutions to improving access and participation within institutions must come from a place of understanding the specific needs of students with certain disabilities, and how a certain adjustment may not be suitable for all disabled students.

Intersectionality

Some disabled students also hold intersecting social identities which may impact their university experience, outcomes, and their mental health. Again, it is important to highlight that the disabled student experience is not universal and must be understood at both the individual and institutional level.

Whilst an intersectional understanding of student mental health is crucial to a truly inclusive higher education sector, there is relatively little research when it comes to disabled students and intersectional identities. Institutions may therefore be inadvertently creating additional barriers to disabled students who belong to another marginalised group.

We urge the sector to commit to research that not only develops our understanding of the disabled student experience, but which seeks to understand intersectionalities within the disabled student population.

Access and Participation Plans

The Office for Students (OfS) takes regulatory steps in higher education to encourage providers to reduce equality gaps for students with a protected characteristic (Office for Students, 2023a) as defined in the Equality Act (2010). They state that one of the body's "primary regulatory objectives is to ensure that all students, from all backgrounds, with the ability and desire to undertake higher education, are supported to access, succeed in, and progress from higher education".

Alongside developing a register to identify risk of underperformance in higher education, the Equality of Opportunity Risk Register (EORR) (Office for Students, 2024a), OfS requires HEPs who

charge above the basic fee level to submit an Access and Participation Plan (APP) over a four year period. According to the risk register, disabled students are at risk from all 12 metrics covering access, on-course measures, and progression (these risks are, however, not presented with intersectional analysis).

APPs are an obligation for universities to set out these key risks for current and future students, notably those from underrepresented backgrounds. The plans must lay out how the provider will support schools to raise pre-16 attainment, how they will promote “diverse and flexible pathways and provision”, and how they will improve the mental health of their students. The plans should also go through a process of evaluation and impact assessment, and should be ambitious yet financially achievable.

Providers are encouraged to carry out analysis as to **why** a certain group may be underperforming in higher education, defining these as “risks to equality of opportunity”. For example, a disabled student may face barriers to accessing higher education and not have the opportunity to attain high grades, due to unequal access to appropriate, inclusive methods of teaching and assessment in prior education.

There is a fair amount of discretion afforded to providers through the detail and implementation of APPs. They are, however, required to pay close attention to the EORR, and the OfS retains the right to reject an APP if it deems it insufficient. Whilst APPs are, on paper, an effective tool for improving the experiences of marginalised communities in higher education, consulted stakeholders did raise some concerns with the process.

One concern raised by stakeholders was that the quality of APPs may vary between institutions, as well as inconsistencies in language, and specific institutional acronyms, meaning the plans can be inaccessible to students or stakeholders who wish to engage with them (this is somewhat mitigated by publishing a supplementary summary documents). There can also be a lack of uniformity with regard to reporting on data, with institutions differing in the use of benchmarks (e.g. national averages, their own previous performance, comparisons), making it difficult to analyse the data produced across the sector. This is compounded by a lack of intersectional analysis of the population by uniformly splitting the student population into marginalised groups.

We also note that APPs are used to cover any characteristic that may lead to unfair treatment or outcomes in higher education, rather than specific, targeted strategies. This means that HEPs are entrusted to correctly identify which groups are underperforming at their institution compared to their peers or the national average, examining and evaluating the data in any way they see fit (for example, some have taken the decision to appoint an APP evaluation manager (Wonkhe, 2024b), but this is not mandatory). Many universities therefore do not identify disabled students as a priority area for further early intervention approaches and other support, or indeed the mental health of identified student groups.

Nevertheless, APPs do provide a significant opportunity for institutions, and higher education as a whole, to expand upon work relating to diversity and inclusion. To demonstrate the work that is being shown, it is important to delve into some specific examples of publicly available APPs which do prioritise disability - this discussion is not an endorsement or criticism of specific institutions, but rather a useful indicator of approaches. The following universities have been identified as ones with

significantly different student body's and modes of study. Both prioritise improvements for disabled students in their APPs.

The Open University

The Open University (OU) is a remote learning institution with the highest number of students of any provider in the UK, totalling over 170,000. The university is easily accessible and thus can be studied anywhere in the UK and, indeed, the world. This level of digital accessibility presents opportunities for students who may have a disability that impacts their ability to attend a campus or study without digital assistance - the provider has a significantly higher proportion of disabled students than the average UK institution.

Nevertheless, the OU's access and participation plan (2020/21-2024/25) still highlights significant gaps in continuation and outcomes within the university (The Open University, 2020a). The plan commits to reduce the gap between disabled students and non-disabled students in further employment and attaining either a 'good' module pass or a module pass. The document also commits to specifically reducing the gap between these metrics for students with a mental health condition and those with no disability. These commitments follow the university achieving 'expected progress' of reducing module completion gaps for disabled students in their 2019-20 APP, demonstrating progress being made (The Open University, 2020b).

To achieve the goals outlined above, the OU outlines case studies of effective practice within the university, such as a progression tutor model, and external research highlighting progress made through schemes such as peer-to-peer mentoring. The plan also outlines student consultation, and an evaluation strategy with the university committing to hiring "two Research and Evaluation specialists to lead the development of the evaluation and collaborate with colleagues responsible for delivering our strategic priorities" (The Open University, 2020a, p.45).

The data and commitments outlined in this plan highlight the case for providers carrying out significant analysis to understand the unique needs of their disabled student population. Despite providing a digitally accessible service, the OU still recognises outcome and participation gaps for disabled students, and notably those with a mental health condition. Each institution will contain specific barriers, both visible and hidden, to a positive experience in higher education which must be tackled through understanding and co-creation.

Leeds Arts University

Leeds Arts University (LAU) represents a much smaller, more vocational type of HEP. As of 17/18, the university also had a higher proportion of disabled students than the national average, standing at 19% compared to 15% (Leeds Arts University, 2020). Due to the small number of students at the university, the plan accepts that disaggregating by disability type made analysis difficult. Despite this, they found that the LAU had a disproportionate number of students with cognitive and learning difficulties, and with a mental health disability.

The provider found that differences between disabled students and non-disabled students, in terms of continuation and progression, were minimal, whilst in terms of attainment the gap

fluctuates too much in order to deduce a trend. In terms of access, the plan notes that “there are specific challenges in entrants with sensory or physical conditions entering a creative arts institution which is practice-based and the proportion of students with this disability remains very low” (Leeds Arts University, 2020, p.10). Again, the nature of courses at the institution provides unique barriers to access which requires unique solutions.

The majority of APPs are focused solely on outcomes, access, and participation data. As highlighted throughout this briefing, these metrics are vital but limited in their ability to accurately convey the student experience. If we are only to draw conclusions based on analysis of metrics, we fail to recognise that each disabled student needs bespoke support that is delivered by competent and trained staff members.

We encourage all HEPs to consult their disabled student population directly, both in the creation of Access and Participation Plans and designing (or re-designing) education, support, physical space, and transition periods. The OfS does encourage universities to accompany the main plan “a separate student submission in relation to the provider’s plan”, yet this is not mandatory. Involving students in the development of AAPs is crucial for a holistic and whole-institution approach to supporting our disabled student population. It is also important that institutions share any data and learnings collected with other universities, to enable collaboration and understanding of best practice across the sector.

Whilst APPs may contain inconsistencies and imperfections as noted above, at Student Minds we believe that cooperation between the Office for Students and HEPs is a positive approach to improving the mental health and wellbeing of marginalised students, if carried out with a continuous improvement strategy. Providers across all four nations should commit to implementing co-created and well resources widening participation strategies alongside the Disabled Students Commitment.

Disabled Students’ Allowance (DSA)

Disabled Students’ Allowance (DSA) is financial support awarded to students to cover study-related costs incurred by a mental health problem, long term illness or any other disability. The aim of DSA is to provide disabled students with the funding to redress any barriers to succeeding in higher education settings. Lord Chris Holmes, in publishing his landmark 2022 report on the Allowance, described it as “a gem of a policy and when it works well, it achieves and does exactly that.”

While it can have a meaningful impact on the experience and success of disabled students, evidence suggests the majority of eligible students are not accessing Disabled Students’ Allowance. According to figures from 2022, only 29% of disabled students received DSA. In conversation with our Student Advisory Committee and various VCSE allies, we heard how, even once they applied for DSA, students faced significant hurdles throughout the application process and then, receiving their support once their application was approved. In recognition of these challenges, the Student Loans Company pursued a range of reforms which were rolled out in February 2024. We discuss these reforms in greater detail below.

“I want Disabled Students Allowance to be more accessible and available to students with long term mental health conditions. A lot of people don’t even know that they can access disability support for mental health. If a student pays for private therapy, where does that fit?” - Evidence session participant, Student Mental Health Manifesto, p.29

The 24-25 academic year maximum DSA, per student, is set at £26,948. Various adjustments have been recommended for students with mental health conditions, including:

- “Computer software that can help with study e.g. for time management or organisation
 - Notetaking support for issues with concentration
 - Travel allowance e.g. if you have a condition which makes it hard for you to use public transport
 - 1:1 Specialist Mental Health Mentoring/1:1 Specialist Autism Mentoring.”
- UMHAN (n.d.)

In conversation with our Student Advisory Committee (SAC) and VCSE sector allies, we heard concerns about how misconceptions surrounding mental health and disability status meant that students with mental health diagnoses were missing out on help to which they were entitled. More widely, sector experts we spoke to raised wider questions about whether the reforms would target all the barriers to DSA access. Key issues were raised including funding caps, challenges providing specialist support (particularly concerning ambulatory disabilities) and course-specific challenges (such as laptops provided through DSA not being powerful enough to run necessary software).

Going forward, we are keen to understand the impact of these changes and hope the reforms will be thoroughly evaluated. From there, any further areas for improvement should be identified and targeted alongside the gaps we have raised above.

The Holmes Report

The Holmes Report (2022) was commissioned to explore the experiences of disabled students in accessing and utilising Disabled Students’ Allowance. The report makes twenty targeted recommendations to improve student access to DSA and the impact it makes on the lives of disabled students. A number of these recommendations are technical, targeted directly at the Student Loans Company. A sample of the recommendations includes:

1. The DfE must launch an information and awareness campaign about the DSA. The DfE must provide sufficient resources to fund the campaign and fully involve stakeholders including the SLC, Student Finance England (SFE), HEPs, the Universities and Colleges Admissions Service (UCAS), the National Union of Students (NUS), Disabled Peoples Organisations (DPOs). In particular information about the DSA should be provided for schools, colleges, and Local Authority SEN departments.
2. The Government must create a new system to support disabled people throughout their lives. A ‘passport’, could ensure a coherent and consistent approach to language, credentials, and processes, joining up all public sector organisations including Local Authorities, the NHS, the DfE and the Department for Work and Pensions (DWP).

3. The DfE must use existing data to direct research and target objectives. For example, looking at the data presented on page 2, the significant gap between known disabled students and students receiving DSA must be understood and addressed. Similarly, the difference in progression rates for pupils with no identified SEN and those receiving SEN support or EHCPs must be understood and addressed.

Lord Holmes noted the significant administrative burdens entailed by the application process at the time, including a thirty-page application form, which served as a barrier to accessing support rather than an enabler.

2024 reforms to Disabled Students' Allowance

In February 2024, the Student Loans Company rolled out a series of reforms to Disabled Students' Allowance - particularly to the application and procurement aspects - with the aim of streamlining the process for students. In a 2022 Guardian article, a SLC spokesperson said that “[the reforms] will remove key pain points in the customer journey, provide the student with a single point of contact and support throughout the process, and contractual control to ensure consistent quality of service.”

Student Minds were invited to sit on the Disabled Students' Allowance Quality Committee in 2023 as part of a group of charitable stakeholders. We joined the process at the point where the procurement approach was agreed. Work is still being done in this area - the Department for Education is holding an ongoing, open consultation into Disabled Students' Allowance and Non-Medical Helper Support, set to close on 3rd July, 2024. A coalition of disability organisations have co-authored a response:

Resource: [“Improving non-medical help for Disabled students in higher education - additional information”](#) (2024)

At time of writing, it is too soon to fully assess the impact of these reforms. At Student Minds, we welcome any efforts to streamline the DSA application process and minimise the need for repetitive disclosures, with the administrative and emotional burden those create. Allies in the sector cautiously welcomed the changes, although it was noted that they did not expect that the reforms would resolve all the barriers to accessing DSA. We are keen to continue to work with government and sector allies to ensure access to Disabled Students' Allowance is straightforward, inclusive, and equitable.

The Equality Act and Reasonable Adjustments

The Equality Act 2010 sets out the conditions by which a person is legally defined as disabled and, from there, what protections and support they are entitled to under UK law. A mental health

condition will qualify as a disability provided it is long-term and limits a student’s ability to complete normal day-to-day activities.

For the purposes of the Act, “long-term” means an illness that lasts, or is likely to last, more than twelve months. Meanwhile, “normal day-to-day activity” refers to tasks you do “regularly in a normal day, [including] things like using a computer, working set times or interacting with people.” (GOV.UK, 2012) Conditions such as depression, schizophrenia, and obsessive-compulsive disorder, are all examples of illnesses which may fit these criteria.

Reasonable Adjustments

“[Universities] have a legal duty to try to remove the barriers you face in education because of disability. This is called ‘making reasonable adjustments’.” - Scope (2023)

Any student can ask for reasonable adjustments at university, but in England and Wales, universities are legally required to provide reasonable adjustments for students who are defined as disabled under the Equality Act. The ultimate aim of reasonable adjustments is to ensure that disabled students get the same access to education as their peers. Some examples of reasonable adjustments include, but are not limited to:

- “You may need extra time or opportunities to take rest breaks during exams
 - You may need exam papers in your preferred format, such as braille, enlarged or coloured papers
 - If you use assistive technology on your course, you should be able to use it for your exams e.g. computer equipment, specialist software, a computer reader or a scribe. It’s important that technical support is on hand in case there are any problems with equipment
 - You may need to use a separate room so that you’re not disturbed by other candidates, and they are not disturbed by you
 - You may need assistance from another person as a practical assistant, prompter, a scribe (amanuensis) or as a reader
 - Your assistant should have time before the exam to get used to their role, the style and format of the test and any subject- related issues.
 - You may need to sit your exam at an alternative location, such as your home or a hospital.”
- Disability Rights UK (2024)

In conversation with members of our Student Advisory Committee, we heard how it was not commonly understood by students that mental health conditions count as disabilities (provided they fit the above parameters). As a result, it follows that students with qualifying mental health conditions would not be aware they could access Disabled Students’ Allowance and reasonable adjustments. In conversation with sector colleagues we heard how differences in language - such as the acronym “SEND” - differ from the language of disability at university. This makes it harder for students to self-identify. In this way, disabled students with mental health diagnoses may be missing out on a variety of support, such as:

- “Access to mentoring and study skills support

- Extension on library loans
- Support from welfare and counselling staff
- Named contact to go to for support when necessary
- Contact from staff during any periods of time away from studies
- Academic staff to be clear about what they expect from you”
- Disability Rights UK (2024)

Resource: [Disability at University: guidance and a glossary of terms](#) (Cannon, 2021)

An April 2024 TASO report found that 81% of students registered with disability services were receiving reasonable adjustments, spanning learning, teaching, assessment, and physical access, in addition to tailored adjustments to address more personalised needs (2024, p5). Students receiving reasonable adjustments for their mental health condition were also likely to have additional support alongside them, such as signposting to counselling or other mental health services (TASO, 2024, p10).

It is encouraging that, once disabled students are known to services, a clear majority are receiving reasonable adjustments. However, it is not clear how many students there are, unknown to services, who are pursuing higher education without the support they may well be entitled to. Data from UCAS suggests that only 53% of prospective students with a mental health condition disclose their mental health condition when applying for university. At Student Minds we have worked in partnership with UCAS to improve this percentage for several years. Disclosure at the application stage enables universities to contact students prior to their arrival to arrange their disability support, facilitating an easier transition into higher education.

Resource: [our UCAS blog on disclosing your mental health condition](#) (2023)

Constructive knowledge

In 2024, the landmark case, “Dr Robert Abrahart vs. the University of Bristol” (May 2022), and subsequent appeal, “The University of Bristol vs Dr Robert Abrahart” (Feb 2024), affirmed that universities have a statutory duty to implement reasonable adjustments for students when they have constructive knowledge of the student’s disability. “Constructive knowledge” here can be taken to mean that a student’s disability has been made readily apparent to them even if they have not shared their diagnosis through formal channels. While we at Student Minds believe this was the appropriate outcome, such serious, avoidable suffering, and devastating loss of life should never have occurred in the first place.

Through this case and the following appeals, it seems to Student Minds that the Equality Act is sufficient in determining what students can legally expect with regard to reasonable adjustments and competence standards. The concern now is to ensure that these determinations are made appropriately before any harm is done.

As constructive knowledge has been determined to be sufficient to warrant intervention and support by the university where disabilities are concerned, this raises questions about how academics -

typically at the frontline of the student experience - can facilitate this. Our 2018 report, “Student Mental Health: The Role and Experiences of Academics”, articulates many of the vital considerations in fully supporting academic staff to support students who are struggling with their mental health in an appropriate, bounded manner. Questions about the evidence that students must provide to access adjustments also arise, although we note that the requirements for DSA remain the same. This means that even if constructive knowledge is sufficient to access reasonable adjustments, students will still need to meet a higher standard of proof for accessing Disabled Students’ Allowance.

Resource: [“Student Mental Health: The Role and Experiences of Academics”](#) (2018)

Competence standards

According to the Equality Act 2010, competence standards are “academic, medical or other [standards] applied for the purposes of determining whether or not a person has a particular level of competence or ability.” Competence standards must be “objectively justifiable”, meaning they are proportionate and set in order to achieve a legitimate aim - such as to determine a student’s knowledge of a core concept in their curriculum. They must also be genuinely relevant to the student’s course of study. Universities are not required to make reasonable adjustments to competence standards, but they are required to make reasonable adjustments to the way they are assessed so as to not disadvantage disabled students.

While it is reasonable for the ability to discuss material to constitute a competence standard, this does not necessarily suggest that standard should extend to, for instance, presenting such material to large audiences of hundreds of peers. It could be argued that this would be disproportionate. If this is the case, then such a requirement would not be construed as a competence standard and as such could be subject to reasonable adjustments.

We note that assessment approaches serve as a means to an end, rather than an outcome in their own right. Assessment methods that are inaccessible or exclude students on the basis of disability, including on mental health conditions, are a barrier to meaningful learning. We urge all those engaged in teaching and learning to keep questions of proportionality strongly at the forefront of their mind when determining competence standards, and vitally to explore alternative, inclusive modes of assessment.

Next steps and areas for further consideration

Several questions and challenges arise which show a need to better operationalise the provision of reasonable adjustments across institutions. The Equality and Human Rights Commission (EHRC) are expected to publish a guidance note in response to both cases concerning the University of Bristol after the general election. The National Association of Disability Practitioners (NADP) identified a range of areas for focus and improvement including (but not limited to) the following:

“Awareness raising action related to:

- What constitutes a disability
- The implications of the ruling in terms of internal process and evidential requirements
- Competence standards

Consideration of reviews of:

- Existing evidence thresholds for disabled students and HEP processes
- Training provision for all staff

Use the Disabled Student Commitment framework to map each HEPs current position in relation to each of the 6 elements of the commitment to develop a strategic plan to improve the educational experiences of disabled students.”

(NADP, 2024, p.3)

Conclusion

Disabled students need improved support in higher education. This briefing has served to highlight the gap between the experiences and outcomes of disabled and non-disabled students, alongside the sector’s approach to widening access and participation.

We believe that university life should be inclusive by design, from education through to living settings and support structures, and must provide the scaffolding to allow disabled students to grow and learn in a manner that is wholly accessible to them. Some students will naturally require extra reasonable adjustments and support, but by crafting a sector that considers equity of experience throughout the university structure, we can provide an experience that significantly widens access as the norm.

To do so, we strongly believe that the sector must continue to work towards a whole university approach to mental health and wellbeing. Support for disabled students does not end with a commitment or a charter, but these strategic approaches are essential to the lifeblood of a functional, inclusive, and mentally healthy university community.

Through an improvement-led strategy, one that prioritises prevention and support, higher education can be accessible and empowering for all students. We must intensify our efforts to stem knowledge gaps and break down barriers in the transition into university, to the curriculum, to our accommodations settings and beyond.

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