

**Financial Stress and Mental Health among Higher Education Students in the United Kingdom
up to 2018: a Rapid Review of Evidence**

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Introduction

In the UK, as in many other high-income countries, debt due to higher education has increased substantially in recent decades. For example, as of 2018, the average student in England will have accrued £50,000 of debt upon university completion. The prevalence of common mental health problems has also increased, alongside these increased financial pressures. However, it is as yet unclear whether there is an association between financial stress and mental health among higher education students.

Methods

We conducted a rapid review of the peer-reviewed scientific literature to examine the links between indicators of financial stress and mental health among university students in the UK. Studies were located through a systematic search of Psychinfo, Pubmed and Embase up to November 2018. Eligible studies were English-language publications testing the association between any indicator of financial stress and mental health among higher education students in the United Kingdom.

Results

The search strategy above yielded 1,272 studies, from which only 9 met the inclusion criteria. A further two studies were identified through hand-searching. Financial indicators included amount of debt, experience of financial difficulties and financial concerns/debt worry. There was little evidence that debt level was associated with mental health—only 3 of 7 studies found an association in the expected direction between higher debt and worse mental health. Evidence was more consistent for a cross-sectional relationship between subjective measures of financial difficulty (7 of 7 studies) and debt worry/financial concern (4 of 5 studies) with worse mental health, though longitudinal evidence was very limited.

Conclusion

Among higher education students in the UK, there is little evidence that the amount of debt is associated with mental health, while subjective measures of higher financial stress are more

consistently associated with worse mental health outcomes. The identified evidence was judged to be weak due to uncertain study generalisability, and the potential for bias due to common causes of financial stress and mental health outcomes (confounders). Thus, further research is required to examine whether links between financial stress and mental health outcomes are robust and causal in nature.

Key words: Debt, financial stress, mental health, psychological wellbeing.

Introduction

As participation in higher education has expanded in recent decades, its funding has undergone marked change. The UK has moved from a taxpayer-funded to an individual-funded system, and with this tuition fees have increased and grants have been replaced by loans. This leaves the average student in the UK - particularly England - with average debts of over £50,000¹. While there are specific repayment criteria - students only have to make repayments if their post-graduation earnings exceed £25k per annum – these are not widely understood². A recent government report found that 19% of university applicants didn't know how much they would be taking out in loans, but 72% anticipated undertaking paid work to cope with the increased financial demands³. In a study published in 2004, 21% of students surveyed at a university in London reported experiencing a major financial crisis in the past year⁴. There is growing concern among students, the wider public, and policymakers that this debt burden may have a negative impact on students' mental health.

Andrews and Wilding reported in 2004⁴ that among students without a history of mental health problems, 20% reported clinical levels of anxiety by halfway through their degree, and 9% reported depression. This is likely in part because students typically start university at an age where they are particularly vulnerable to developing mental health disorders such as depression and anxiety⁵, but the numbers appear to be rising. A recent report indicated that from 2006/7 to 2015/16 the number of higher education students who reported mental health disorders rose five-fold, and university deaths by suicide increased by 79%⁶. As a result, student mental health services are under pressure - the Royal College of Psychiatrists reported in 2011⁷ that the demand for student mental health services in the UK had been increasing in recent years, and a 2016 report by the Higher Education Policy Institute stated that this demand is not being met⁸. Moreover, consequences of poor mental health can include poor academic performance and even dropping out of university^{9,10}. These trends have implications for individuals, their families, the higher education sector and the public health community¹¹.

A number of studies suggest that rising amounts of student debt may be responsible for these increases in students' mental health problems^{12,13}, but other studies have reported null findings^{10,14}. Nevertheless, in the 2018 Save the Student survey of over 3,000 UK students¹⁵, 84% reported worrying about having enough money to live on, 3 in 5 students indicated that they worry about paying back their loan, and 50% believe that their mental health has suffered as a result of financial difficulties. Given the existing evidence, it is difficult to conclude with any certainty whether it is the amount of debt, the experience of financial difficulties, or the amount of worry about debt that is most important, and whether any of these are robustly associated with students' mental health. Additionally, it remains to be seen whether there is a causal relationship, and whether this is bidirectional - that is, whether mental health also impacts on financial situation. As such, the present review sought to rapidly summarise the existing literature in this area. We focused on studies conducted in the United Kingdom due to ongoing policy concerns regarding the potential impact of recent changes to funding there, and since between country differences in student debt, student characteristics, and student support could lead to differences across countries in the relationship between financial stress and mental health.

Methods

We conducted a rapid review of the peer-reviewed scientific literature which examined the bidirectional links between financial stress and mental health among higher education students in the United Kingdom. Rapid reviews are a form of evidence synthesis which are typically systematic in nature (eg, the search terms used), yet not as comprehensive as a full systematic review (for example, 1 rather than 2 authors screens the identified papers). In this way, they can be considered a streamlined approach to traditional systematic review methods which can yield valid inferences on the research topic addressed, albeit with less certainty than a full systematic review.¹⁶

The databases Psychinfo, Pubmed and Embase were searched for any papers up to the 29th November 2018. The search term ‘student’ was combined with keywords related to mental health and financial stress. Owing to the scarcity of literature in the field, any studies which reported any measure of financial situation, debt, or financial stress, crisis or difficulties, however this was defined, were considered to be measuring financial stress. Similarly, owing to the time constraints and the large number of studies examining ‘debt stress’ and ‘financial stress’ but not mental health outcomes, the word ‘stress’ was not included among the mental health terms. We therefore executed the following search:

(Mental or Depress* or Anxi*) AND (Debt* or Loan* or Financ*) AND Student

The authors pre-identified four key studies in the field eligible for inclusion and ensured that this search strategy found all of them. Titles and abstracts of the results returned by the search were screened by one author (TM) for eligibility, followed by the full texts of any seemingly eligible papers. Additionally, we hand-searched papers from a recent systematic review¹⁷ and recent work by lead authors on included studies to ensure that no key papers had been missed. Only studies that recruited students from universities within the United Kingdom were eligible for inclusion. Studies were therefore included if they measured both mental health and financial stress in higher education students within the United Kingdom.

Data were then extracted by one author (TM), into a data extraction table devised by the authors to include key study characteristics. These were year(s) of data collection, sampling method, number of participants and response rate, finance and mental health measures as well as any other relevant outcome measures (examination results, for example), analytical strategy and main findings. This data can be found in Appendix 1. We narratively summarised findings from each study, stratified by indicator of financial stress.

Results

Study characteristics

The search strategy above yielded 1,272 results once duplicates were excluded, from which only 9 studies were deemed to meet the inclusion criteria (Figure 1). A further two studies were identified by through hand-searching. Thus, the final number of included studies was 11.

Characteristics of the included studies can be found in Table 1. The earliest study took place between 1997 and 1998, and the most recent papers reported on data collected during a study that took place between 2012 and 2014. Seven of the studies only recruited undergraduates, and three studies had a mixed sample of undergraduates and postgraduates each made up of over 80% undergraduates. Four of the included papers reported contacting all student unions in the UK, two papers recruited participants from two universities in London, and the five remaining studies were all based at one institution only. Response rates ranged from 38% to 95% for the six studies that reported this and were unreported for five studies. Sample sizes ranged from 89 to 2,146 with a mean of 536.7 (standard deviation 558.5).

All of the included studies were survey-based. Five of the included papers reported on cross-sectional surveys, whilst the remaining six reported on data taken from longitudinal prospective studies. The longest study was conducted over 3 years (one time point per year), while the remaining five were conducted over the first two years of students' degrees (one with two time points and four with four time points).

In terms of financial measures, seven studies asked about the amount of debt students anticipated leaving university with or the amount of their tuition fees. Five papers reported asking students if they had ever considered abandoning their studies due to financial issues, while four asked which of various other financial difficulties the students had experienced. Three papers also reported using the Index of Financial Stress¹⁸ (IFS), a measure of financial difficulties experienced in the past six

months. For the purposes of synthesis, these three measures (financial difficulties experienced, considering dropping out due to financial issues, and the IFS) were all considered to be measures of financial difficulties. Three studies asked about debt worry or debt stress, and two studies asked about financial concern; these were also grouped.

The majority of studies (8 out of 11) used questionnaires often used for measuring general mental health in the general population, such as the General Health Questionnaire¹⁹ (GHQ; 4 studies) and the General Population version of the Clinical Outcomes in Routine Evaluation questionnaire²⁰ (CORE-GP; 3 studies). Two of these studies also asked specifically about anxiety and depression. The remaining three studies used only measures of anxiety and depression (HADS), psychosis (PQB) and disordered eating behaviours (EAT-26). Five studies also asked about alcohol use behaviour, though discussing this was beyond the scope of the present review. Additionally, two studies measured examination results and one asked about help-seeking via GP and satisfaction around help-seeking. The characteristics and key findings of each study can be found in Appendix 1.

Debt and mental health

Seven studies investigated the relationship between debt and mental health (Table 1). Out of these, three found an association between more debt and poorer mental health, and one found an association between less debt and poorer mental health. The remaining three studies reported that there is no association between amount of debt and mental health.

Cooke et al.¹⁴ found no association between anticipated debt and mental health among students from a single UK university in their final year (N=2,146). Similarly, Richardson et al.¹¹ found no difference longitudinally in general mental health, depression or anxiety between groups with different tuition fee debt amounts (N=390). The only study that looked at psychosis also found no evidence that debt was cross-sectionally associated with psychosis risk, when gender, age and ethnicity were controlled for²¹.

One particularly small study²² (N=89) found that higher debt was associated with poorer mental health, as well as with more financial concern. Two other cross-sectional studies^{23,24} (N=103 and N=360) used structural equation modelling to estimate that larger debt was associated with worse mental health through longer hours worked or a higher likelihood of considering abandoning studies, highlighting the role of financial difficulties.

On the other hand, Ross et al.¹⁰ found in another single UK university (N=334) that students with worse mental health had less debt, though students who reported that worrying about money affects their academic performance had significantly higher debt than those who did not. This study also found that there was no association between debt amount and academic performance (examination results).

Financial difficulties and mental health

All seven studies that investigated the relationship between experiencing financial difficulties and poorer mental health found some association between the two, though longitudinal and bidirectional findings were mixed (Table 1).

All three studies by Roberts et al.^{9,23,24} reported that difficulty paying bills was associated with poorer mental health, using cross-sectional data from two UK universities (N=103, N=360, and N=408). All three also reported that participants who had considered abandoning their studies due to financial reasons had poorer mental health than those who hadn't.

Andrews and Wilding⁴ used longitudinal data collected from students at one UK university (N=351) one month before their first year and halfway through their second year, and found that experiencing financial difficulties during university (such as being unable to afford essentials) was associated with the development of depression mid-course, but not anxiety. This study also reported a relationship

between more financial difficulties and worse examination performance at the end of their second year, a relationship that was mediated by the mid-course depression scores. Another longitudinal study²⁵ found that those who reported experiencing financial difficulties (according to the Index of Financial Stress; IFS) at baseline were also more likely to report anxiety, depression and stress, and to report anxiety 2 months later. Those who indicated at baseline that they had considered abandoning their studies for financial reasons had higher depression scores 6 and 8 months later. None of the mental health measures at baseline were associated with IFS scores 2 months later, though worse general mental health at baseline was associated with more financial difficulties 4 months later.

The only study that looked at psychosis outcomes observed no relationship between considering abandoning studies for financial reasons and psychosis symptoms²¹. However, this study found that higher IFS scores at baseline were associated with both increased mental distress and psychosis symptoms after 4 months, and distress symptoms only after 6 months. Conversely, higher psychosis symptom scores at baseline were not associated with higher IFS scores at either of these time points. Lastly, one study concluded that experiencing financial difficulties (a higher IFS score) at baseline was associated with more severe eating attitudes long-term (at 8 and 12 months), but only in women²⁶. In the opposite direction, severe eating attitudes at baseline were associated with higher IFS scores at the 4 month time point only (not at 8 or 12 months).

Debt worry/financial concern and mental health

Four out of five studies found an association between an indicator of financial concern or debt worry and poorer mental health (Table 1). The fifth study (N=408) collected data from multiple UK universities and found that students' reported stress about debt was not associated with their psychosis risk²¹.

Cooke et al.¹⁴ collected data from undergraduates at one UK university (N=1,391) every year for 3 years, and observed an association between more financial concern (as measured by one question) and

worse mental health at every time point. This study also found that, among third year students, worry about debt was associated with worse general mental health. When students were split into groups according to 'no debt worry', 'low debt worry' and 'high debt worry', there was some evidence for differences between the 'low' and 'high' groups in outcomes such as reporting feeling more unhappy, more irritable with others, and less able to cope when things go wrong, but fewer differences between the 'no' and 'high' groups.

A second longitudinal study²⁵ demonstrated that greater subjective stress about debt at baseline was associated with greater anxiety, depression, stress and poorer global mental health cross-sectionally, and greater anxiety, stress and poorer global mental health at the longest follow-up point, around 8 months later.

One particularly small study²² (N=89), also from a single UK university, found that those with more financial concern (amount of agreement with statements such as 'I worry about my financial situation') had worse general mental health, but were not more likely to indicate that their mental health affects their everyday functioning.

Finally, Ross et al.¹⁰ (N=334) identified that students with poorer mental health were more likely to indicate that worrying about money affects their academic performance. Additionally, students who indicated that they thought that worrying about money affected their performance on average ranked lower in academic performance than students who did not indicate this.

Discussion

Summary of Evidence

In summary, this review identified 11 papers which examined associations between indicators of financial stress and mental health among higher education students in the UK. These are likely to have been from 6 separate studies.

Our findings differed by financial stress indicator. There was little evidence that debt level was associated with mental health - the only studies (3 of 7) which reported an association were either very small or suggested that debt impacted on mental health through the experience of financial difficulties.

With regard to financial difficulties, findings were more mixed. Cross-sectionally, experiencing financial difficulties was associated with worse general mental health, and increased symptoms of anxiety and depression. In longitudinal studies, findings for depression, anxiety, severe eating attitudes and psychosis were mixed and generally differed by follow-up time point and measure. This may be owing to the mix of subjective and objective aspects to measures of financial difficulties. There was some very limited evidence for a bidirectional relationship between financial difficulties and general mental health and severe eating attitudes, but null results were found in terms of anxiety, depression and psychosis symptoms.

The evidence was more consistent for a relationship between mental health and the subjective measures of debt worry/stress and financial concern. Four studies reported a cross-sectional relationship between these indicators and mental health outcomes including general mental health, anxiety and depression. Longitudinal evidence was much more limited, however.

Taken together, we believe that the strength of the identified evidence is weak, such that it is unclear how robust associations are between financial stress and mental health among UK higher education students. While there is indicative evidence that more subjective measures of financial stress may be

associated with worse mental health, it is unclear whether the reported associations reflect causal relationships, whether these act in either or both directions, and whether they have long-term implications.

Limitations of the available evidence

The studies included were typically very small in size, and many were conducted at just one UK university. It is therefore unclear whether their findings generalise to the UK higher education student population as a whole, particularly as associations between financial stress and mental health may differ in different universities, due to differences in the availability and quality of support provided to students, for example. The small sample sizes of studies in this field (minimum N=89) also mean that publication bias may be more likely - small studies with null findings may have been less likely to get published, leading to a distorted evidence base.

In some instances, key information was not provided in each study, which made appraisal challenging. For example, information on survey dates and analytical strategies used would have been relevant in critically appraising studies^{9,22-24,26}. It also appears that where multiple papers with the same lead author are included, they may have been reporting on findings from the same survey, but without additional details we cannot be completely certain. Additionally, response rates were frequently not reported^{9,21,25,26}, which means that the possibility of selection bias could not be appraised - those experiencing both financial difficulties and mental health problems may be less likely to respond to surveys, potentially leading to an underestimation of the association between these variables.

Finally, a key limitation was that studies were by design limited in the extent to which they could make causal claims regarding the relationship between financial stress and mental health. Studies which report cross-sectional associations are unable to demonstrate the direction of causality, and this is often still not possible in longitudinal analyses. The associations reported may also be confounded

by other variables (common causes of both poor mental health and financial stress, such as socioeconomic factors), and many studies did not account for these (or any) confounding variables in their analyses^{9,14,26}.

Limitations of this review

In addition to limitations of the included studies, there are several limitations of this review. Rapid reviews are increasingly used in evidence synthesis²⁷, and may be a more efficient alternative to full systematic reviews which typically take substantially longer (eg, 24 months vs 2) and may yield similar findings¹⁶. However, there remains more uncertainty in the conclusions drawn in a rapid versus full systematic review. In this review, while multiple search engines were used, and we additionally manually searched for relevant papers, it is possible that some relevant evidence was missed. A full systematic review could therefore be warranted. This review was limited to studies conducted in the United Kingdom. Understanding how this association differs across countries may be useful in order to identify support systems and policies that may have an impact to alleviate links between financial stress and mental health. As such, future work could consider a broad range of countries, while examining potential reasons for cross-national differences in the association between financial stress and mental health.

Conclusions

In summary, whilst evidence in this field is still very limited, it appears that students' financial concern may be important for mental health outcomes—potentially more so than the amount of debt accrued. Given ongoing concerns regarding student mental health, further research should use robust methods and a range of financial stress measures to establish whether there are long-term causal relationships between financial stress and mental health.

Acknowledgements

This work was originally funded by Blackbullion (www.blackbullion.com). These funders had no role in this review beyond the original brief—the design, screening, analysis, and preparation of the manuscript for this review were completed by the authors independently of Blackbullion. TM is funded by the Economic and Social Research Council and the Medical Research Council. DB is supported by the Economic and Social Research Council (grant number ES/M001660/1) and The Academy of Medical Sciences / Wellcome Trust (“Springboard Health of the Public in 2040” award: HOP001/1025). We thank Dr Praveetha Patalay for her helpful comments on an earlier version of this manuscript, and Prof Alex Bryson and Dr Gill Wyness for helpful discussions.

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Figure 1. Flow diagram

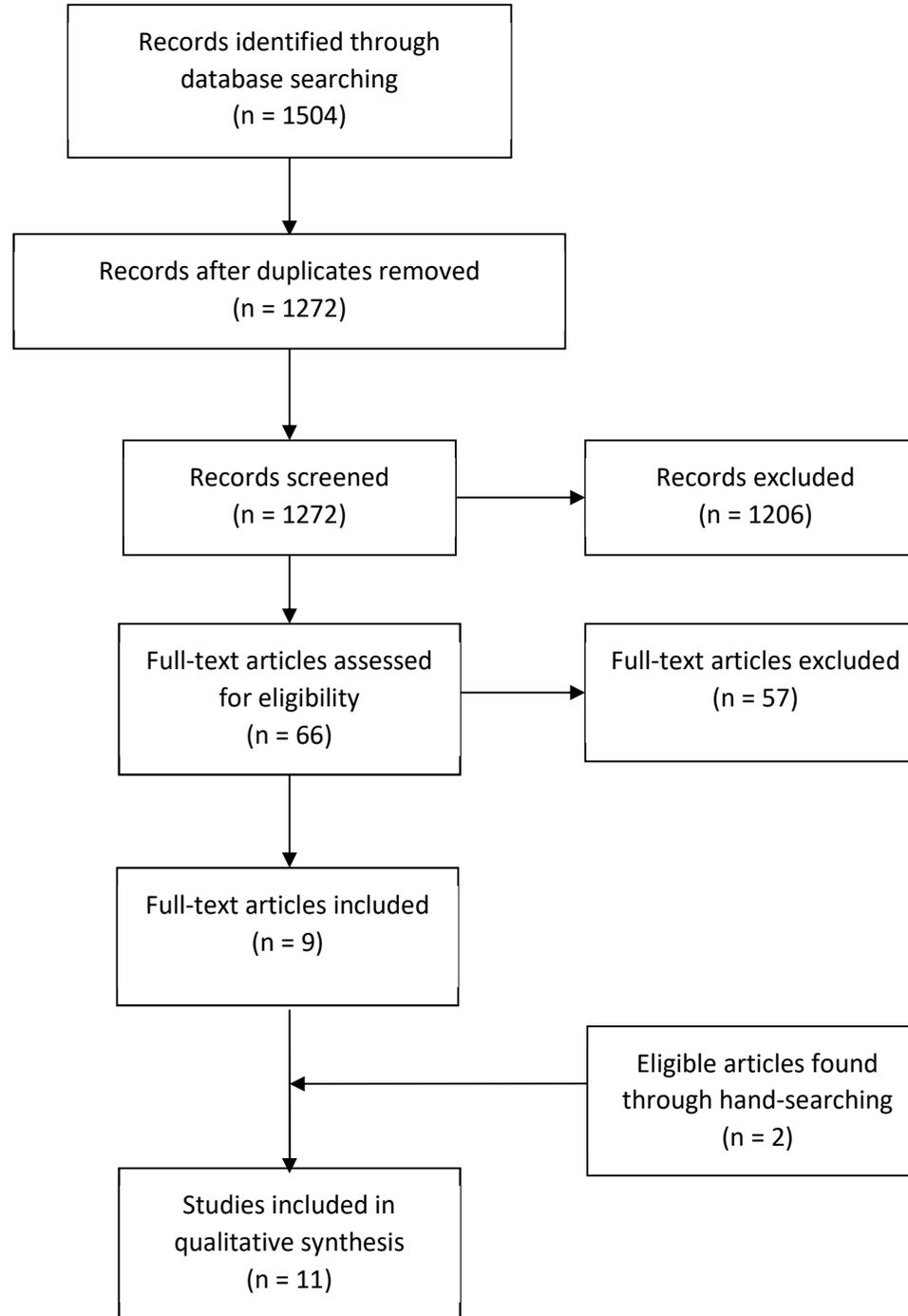


Table 1. Characteristics of included studies

Study	Year(s) of data collection	Sampling/ Selection	N and response rate	Study design	Finance measures	Mental health measures	Other outcome measures	Analytical strategy	Main findings
Andrews and Wilding, 2004 ⁴	2000-2	One pre-1992 University in London, England (Royal Holloway). Undergraduates only.	676 students at T1, 351 at T2; response rate 76%	Prospective cohort – 2 time points. 1 month before 1 st year and halfway through 2 nd year.	Financial difficulties: major financial crisis, unable to afford essentials (taken from adverse life experiences list)	Anxiety and depression (HADS), adverse life experiences (death, separation, etc)	Examination results (at the end of 2 nd year) obtained from University Registrar	Logistic regression to determine relative contribution of variables to the prediction of anxiety and depression (separately) mid-course. Adjusted for mental health at baseline, caseness of anxiety or depression mid-course, gender, age & ethnicity.	Found an association between financial difficulties and depression, but not anxiety. Depression mediated relationship between financial difficulties and subsequent exam performance.
Cooke et al., 2004 ¹⁴	2000-3	One pre-1992 University in England (University of Leeds). Undergraduates only.	38% at T1 (N = 2146), 23% (N = 1360) at T2 and 26% (N = 1391) at T3.	Prospective cohort – 3 time points at the end of semester 1 each year	Anticipated amount of debt (T3 only); financial concern (one question) and debt worry (one question, T3 only)	Mental health functioning, problems & subjective wellbeing (CORE-GP)		Effect size differences using z scores (0.4 standard deviation units as threshold).	Found an association between debt worry/financial concern and mental health, but no association between amount of debt and mental health.
Jessop et al., 2005 ²⁸	Unknown	Middlesex University, London; overseas students excluded (also conducted in Finland but separate analyses reported only). Graduate status unclear.	89 students; response rate 95.2% (across London and Finland)	Cross-sectional survey	Amount of debt; financial concern: 6 5-point Likert-scale items, eg ‘I worry about my financial situation’	General health questionnaire (SF-12) – includes questions on mental health and its interference with role; units of alcohol consumed		Correlations; multiple regressions with amount of debt, age, gender, financial concern, no. of hours worked and units of alcohol as predictors and each of the SF dimensions as outcome.	Found higher debt and more financial concern were correlated with worse mental health, but financial concern did not predict mental health functioning. Financial concern was positively correlated with amount of debt.
Richardson et al., 2015a ¹¹	2012-14	All UK student unions contacted (46 of 114)	390; response rate unclear [very low]	Prospective cohort – 4 time points ~2 months apart over	Fee amount (amount of debt): 0-£2.9k, 3-4k or 8-9k	Anxiety (GAD-7), depression (CES-D), general mental health (CORE-		Correlation between tuition fee group and student wellbeing, with no apparent adjustment for confounders	Found no association between debt and wellbeing.

		agreed). Undergraduates only.		first 2 years at university		GP), stress (PSS)			
Richards on et al., 2015b ²⁶	Unknown	All UK student unions contacted (46 of 114 agreed). Undergraduates only.	444 (completed baseline and at least one other time point); response rate unclear [very low]	Prospective cohort – 4 time points 3-4 months apart over first 2 years at university	Financial difficulties over past 6 months (IFS)	Attitudes towards food and eating (EAT-26)		Hierarchical linear multiple regressions to test whether IFS at baseline predicted later EAT-26 scores (and vice versa), after adjusting for socioeconomic status, baseline EAT, gender, ethnicity and age. Significant findings repeated separately for each gender. Missing data replaced with the mode.	Found financial difficulties predict more severe long-term eating attitudes, for women only. Mixed findings for a bidirectional relationship.
Richards on et al., 2017 ²⁵	2012-14	All UK student unions contacted (46 of 114 agreed). Undergraduates only.	454; response rate unclear [very low]	Prospective cohort – 4 time points ~2 months apart over first 2 years at university	Financial difficulties: over past 6 months (IFS), considering abandoning course for financial reasons; debt stress and view of loan	Anxiety (GAD-7), depression (CES-D), general mental health (CORE-GP), stress (PSS), alcohol use (AUDIT)		Linear hierarchical multiple regression used to see whether financial variables predicted mental health scores at each time point, adjusting for age, gender, disability, mature student status, ethnicity and mental health at baseline. Regression models with baseline IFS, socioeconomic status, demographics and all mental health measures to predict IFS at T2. Missing data filled in with the mode.	Found an association between financial difficulties and mental health cross-sectionally, but mixed longitudinal findings. Evidence points to a potential bidirectional relationship. Greater subjective stress about debt predicted worse mental health cross-sectionally, and at the longest follow-up point.
Richards on et al., 2018 ²¹	2012-14	All UK student unions contacted (46 of 114 agreed). Undergraduates only.	408; response rate unclear [very low]	Prospective cohort – 4 time points ~2 months apart over first 2 years at university	Amount of debt; financial difficulties: over past 6 months (IFS), considering abandoning course for financial reasons; debt stress	Psychosis risk (Prodromal Questionnaire-Brief Version; PQB)		Hierarchical multiple linear regression with financial variables as predictors and PQB score at baseline as outcome (controlling for gender, age and ethnicity). Significant variables entered into a regression with PQB over time as outcome.	Found that debt stress and amount of debt are not associated with psychosis risk. Some indicators of financial difficulty are associated with psychosis risk, but not others (IFS scores were but considering abandoning was not). No evidence of bidirectionality.
Roberts et al., 1998 ⁹	“Over the past year” – 1997-8 assumed.	Unknown British university. Undergraduates (83%) and postgraduates.	103; response rate unclear	Cross-sectional survey	Amount of debt (see findings note); financial difficulties: difficulty paying bills, considering abandoning course for	General health questionnaire (GHQ); drug and alcohol behaviour		Not reported	Found there is an association between mental health and financial difficulties. Poorer mental health was significantly related to difficulty paying bills. People who had considered abandoning for financial reasons had significantly poorer mental health.

					financial reasons				
Roberts et al., 1999 ²³	Unknown	Students from 2 Universities in London – one pre-1992 and one post-1992. Undergraduates (90%) and postgraduates.	360; response rate 65%	Cross-sectional survey	Amount of debt; financial difficulties: difficulty paying bills, considering abandoning course for financial reasons	General health questionnaires (SF-36 and GHQ-12); drug and alcohol use		Regression models with GHQ and SF-36 subscale scores as outcome and hours worked, difficulty paying bills and considering dropping out as predictors. Structural equation modelling of pathways linking financial variables and mental health.	Found that there is an association between mental health and financial difficulties (difficulty paying bills and considering dropping out). Conclude that there are two pathways through which amount of debt is associated with mental health.
Roberts et al., 2000 ²⁴	Unknown	Students from 2 Universities in London – one pre-1992 and one post-1992. Undergraduates (87%) and postgraduates.	482; response rate 66%	Cross-sectional survey	Amount of debt; financial difficulties: difficulty paying bills, considering abandoning course for financial reasons	General health questionnaires (SF-36 and GHQ-12); drug and alcohol use	Help-seeking: whether have consulted a GP in past 2 weeks and satisfaction with most recent consultation	Linear regression models adjusted for age and sex to assess association between financial difficulties and GHQ scores. Separate linear models to assess whether mental health variables discriminated between students who had considered dropping out and those who hadn't. Regression models to examine the relationship between debt and help-seeking (adjusted for age and gender). Structural equation modelling of pathways linking financial variables and mental health.	Found that there is an association between financial difficulties (difficulty paying bills and considering dropping out) and mental health. Two pathways confirmed (as above).
Ross et al., 2006 ¹⁰	2004	Medical students from one University in Scotland (University of Aberdeen). Undergraduates only.	352 responses out of 900 students (39% response rate) – 334 included.	Cross-sectional survey	Amount of debt; questions on worrying about money	General mental health status (GHQ-12); smoking and alcohol use	Examination results (students' rankings relative to the rest of the year group)	Pearson's partial correlations controlling for effect of year.	Found that indicating that worrying about money affects performance was associated with poorer mental health. Mixed findings on relationship between debt and mental health.