Sample Essay 1

'Interventions focused on improving sleep are most likely to enhance the well-being of students in higher education'. Discuss.

(Word limit: 2000 words plus references)

1 There have been increasing concerns about student well-being in recent decades and especially about what has been described as a student mental health 'crisis' (Kadison and diGeronimo, 2004). Many surveys and reports attest to large numbers of students being affected by impaired 'well-being' or 'mental health'. It is difficult to evaluate the nature and severity of student well-being issues because terminology is used inconsistently and results are conflicting, not least because most studies are based on small, self-selecting cohorts making it hard to draw generalisations (Barkham et al., 2019). This essay maintains that, whilst sleep interventions have merit, the thesis that they are 'most likely' to enhance student well-being cannot be sustained. Other interventions would be more effective, especially if one considers such matters as the approaches most likely to be adopted by students, those most needed, those likely to reach the largest numbers and the underlying causes of impaired sleep. Additionally, as sleep problems rarely occur in isolation, interventions would be more effective if they addressed multiple, inter-related factors.

2 The term 'well-being' is used in diverse ways. The New Economics Foundation defines it broadly: 'how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole' (NEF, 2012). It is often used interchangeably with 'mental health', confusing the issues (Galderisi et al., 2015). Barkham et al. (2019) argue that it is crucial to differentiate between students' general well-being needs and the particular requirements of those with serious mental health diagnoses. This essay uses 'well-being' in the broader sense, including health, mental well-being, and social, cognitive, emotional, psychological and physical factors but not acute mental health conditions.

3 Sleep is problematic for students worldwide, so it would seem logical that interventions would be useful. In a study of 20,222 undergraduates from 26 countries in Asia, Africa and South America, Peltzer and Pengpid (2014) found that a nocturnal lifestyle and sleep disorders were widespread, especially amongst those with other life disadvantages and/or who engaged in a cluster of risky behaviours (tobacco use, heavy internet use, gambling, skipping breakfast). Most US students surveyed using the Pittsburgh Sleep Quality Index (PSQI) did not get the minimum amount of sleep recommended by the National Sleep Foundation (Carter et al., 2017). A study by Hershner and Chervin (2014) found 50% students experienced daytime sleepiness and 70% insufficient sleep. Li, L. et al. (2018) collated data from 76 studies covering 113,000 Chinese students: 24% experienced sleep disturbances, 24% insomnia and 20% sleep dissatisfaction.

4 Sleep disorders are not just widespread but also have an impact on student well-being. Poor quality sleep promotes anxiety and affects abilities to cope with stress and academic work, all of which are concerns for students (Cottrell, 2019). Sleep deprivation and daytime sleepiness are associated with lower grades/GPA, academic failure, poorer learning, impaired mood, idealising suicide, and even increased risk of motor vehicle accidents (Kelly et al., 2001; Orzech et al., 2011; Friedrich and Schlarb, 2018; Hershner and Chervin, 2014). Other risky behaviours that undermine well-being, such as fighting, smoking and alcohol abuse, are also associated with poor sleep (Trockel et al., 2000). Poor sleepers report 'significantly more' problems with both physical and mental health (Lund et al., 2010). Friedrich and Schlarb (2018) found insomnia, nightmares and impaired sleep quality were associated with a range of student mental health issues. Conversely, sleep length was found to correlate positively with students' life satisfaction (Kelly, 2004).

Sample Essay 1 (continued)

5 Given the potential negative impacts of poor sleep, researchers have suggested interventions to improve student well-being. Carter et al. (2017) concluded that students could benefit from receiving health education focusing on the effects of sleep deprivation and from tips for good sleep hygiene. Similarly, Li, Y. et al. (2020) argued students could be made more aware of how inadequate sleep might affect them, the assumption being that this would change their sleep habits. Friedrich and Schlarb (2018) analysed 27 studies of psychological interventions to improve students' sleep. Their conclusion was that a number of approaches, including cognitive-behavioural therapy (CBT), mindfulness and hypnotherapy, sleep hygiene and relaxation all had an impact though effects varied. They recommended using a combination of such interventions. Such studies suggest that sleep-based interventions could benefit student well-being.

6 However, whilst sleep-focused interventions have merit, other well-being interventions could be more effective. Sleep-focused approaches are not even the best approach for improving sleep. Sleep problems remain widespread amongst students despite many kinds of targeted intervention (Javek, 2023). There have been attempts to end 'all-nighters' (Kloss et al., 2016), but it is not surprising that these fail as lost sleep is not the priority from students' perspective, academic issues being of more concern. Moreover, students most in need, such as medical students, are the least likely to seek help for sleep (Medeiros et al., 2001). Further, even when sleep is improved by such interventions, it doesn't necessarily improve related well-being issues such as anxiety (Morris et al., 2016).

7 One reason for the ineffectiveness of sleep interventions is that they don't address the underlying factors. Singleton and Wolfson (2009) found alcohol consumption had a negative impact on both sleep and GPA so addressing alcohol abuse could be a better first intervention. Sleep problems for some Asian students have been associated with high internet addiction (Morahan-Martin et al., 2000; Choi et al., 2009). Li, Y.'s study of Chinese students (2020) found many factors including perceptions of self and relationships, gambling and skipping class predictive of poor quality sleep. Addressing such underlying factors directly would seem the better route to improving both sleep and other factors that impact on well-being.

8 Significantly, Lund et al. (2010) argued that sleep problems are caused by primarily by academic and psychological stress, more so than factors such as alcohol, caffeine, sleep routine or exercise. Stress, and especially study-related stress, is a perennial concern in its own right for student well-being worldwide (Cottrell, 2019b) as well as being implicated in impaired sleep. In the Youthsight/UPP Report (Neves and Hillman, 2017), 59% identified 'stress of studying' as the key reason for difficulties in coping at university. Almost a third of US students feel stress affects their grades (ACHA, 2017). A *HEPI student survey* (Neves and Hillman, 2019) shows students were 65% more likely to report high levels of anxiety if they had few (or no) experiences of good feedback and helpful teaching staff. Interventions that attack the causes of academic stress, such as by providing supportive teaching and feedback and boosting academic confidence (UUK, 2021), would lessen anxiety, decrease harmful behaviours and improve sleep. Thus, reducing 'study stress' would do more to enhance student well-being – and reduce the need for sleep interventions.

9 A different perspective arises if one considers the effectiveness of interventions by how well they target those most in need. That itself could be defined in different ways. One key consideration in developed countries is that almost half of illness and life impacts there are associated directly or indirectly with a cluster of four unhealthy behaviours (WHO, 2002; Buck and Frosini, 2012; Poortinga, 2007). This includes smoking, alcohol, low physical activity, eating too little fruit and vegetables, and associated impacts on cholesterol and weight. It is worth considering whether such unhealthy clusters of behaviour affect students. This does seem to be the case. In a more recent study by

Sprake et al. (2018), although a large majority (73%) of UK students were conscientious about diet, exercise and healthy behaviours, around a quarter engaged in 'clusters' of risky behaviours such as high consumption of meat, take-away meals and alcohol, smoking and 'unfavourable lifestyle'. In the USA, similar clusters are associated with high body mass intake, BMI (Schmid et al., 2021). Targeting students engaged in 'risky behaviour' clusters could have greatest impact where most needed.

10 Furthermore, being newly away from home creates particular well-being issues associated with those risky clusters. In the UK and USA, first year undergraduates gain weight faster than in the general population: over 60% of students in the USA gain weight and 75% in the UK show a significant gain or loss (Vadeboncoeur et al., 2016). One study found that 60% of students ate less than two helpings of fruit and vegetables daily (Dodd et al., 2010) and another found that around half did not exercise regularly (Rao et al., 2014).

11 HEIs could make food-related interventions to improve student well-being: the authors of studies recommend they promote cooking, make low cost healthy food easily available and prompt healthy choices (Sprake et al., 2018; Rao et al., 2014). Significantly, students seem more receptive to such interventions: Rao (2014) found students welcomed and used campus-wide initiatives that reminded them about making healthy choices. Arguably, such interventions can be assimilated relatively easily into student lifestyles, which could enhance effectiveness.

12 Interventions focused on improving the student environment could have most impact on well-being by reaching the greatest number and addressing their distinct needs. In the USA, medically, students are most likely to be treated for allergies (20%) or sinus infections (17%), raising questions about food and environment (ACHA, 2017; Goncharova, 2023). Affective issues such as 'feeling that you matter' to peers are 'unique' well-being factors for students, that Shine et al. (2021) argue institutions could address when improving the student environment. Exposure to noise pollution is another such factor. According to Schlarb et al. (2017), c 90% of US students share rooms. Of these, 41% lose sleep because of others' noise. Environmental interventions such as sound-proofing and accommodation design would enhance the well-being of large numbers. The communal eating environment, too, has multiple effects on levels of student stress or well-being (Ressa, 2022). Lugosi (2019) argues that interventions that improved campus food environments and services would improve student well-being from many perspectives, social, emotional, academic and psychological as well as nutritional. It could enhance socialising, reduce isolation, raise self-esteem, encourage study discussions, and save study time lost in queuing. Environmental interventions could have the greatest impact because of the variety of ways the student environment affects well-being and the large numbers using services on a sustained basis.

13 As the consideration of nutritional and environmental factors suggests, it is not helpful to consider separate well-being factors in isolation. That is also relevant to the kind of sleep interventions used and their relative impact. The Sleep Foundation explains how exercise, nutrition and sleep are mutually reinforcing (Newsom, 2020). Diets that lack key nutrients or contain too many calories make it harder to sleep; poor sleep stimulates the brain to make poor nutritional choices. By contrast, exercise reduces appetite, improves sleep and reduces disease. Furthermore, for reasons that are unclear, even when sleep does not appear to be the prime issue, improving it can enhance well-being: Fucito et al. (2017) found that improving sleep behaviours reduced alcohol problems. Gildner et al. (2014) found sleep interventions enhanced well-being in cases of high BMI and obesity. Even academic problems, a cause of academic stress, are associated with poor sleep and other well-being factors. This suggests that sleep interventions might help in a range of circumstances and clusters, especially if sleep is considered in combination with other factors. Multi-factor approaches are likely to have the greatest impact.

14 It has been argued that there are numerous ways of evaluating which kinds of interventions would best enhance student well-being. Given that impaired sleep is a widespread student well-being issue, it seems logical to target it for interventions, and these work for some students. However, student stakeholders seem more receptive to interventions focused on making health choices for food and exercise, so those are likely to be more effective. From a different perspective, interventions that address clusters of risky behaviours could have greatest impact as they target those most at risk. As environmental changes have the greatest reach, an argument could be made for these. Alternatively, if one considers what students themselves consider to be the greatest well-being concern, then the focus should be on academic stress.

15 It is also essential to consider two further issues. Firstly, that interventions need to be tailored to cohort, taking on board differences such as course of study and demographic profile. Secondly, many well-being factors, including sleep, diet, exercise, academic stress and risky behaviours, are mutually dependent, and interact in multiple ways. That is true of sleep, academic stress, risky behaviours and environment, so multi-factor approaches could be most effective in terms of need, stakeholder priorities and numbers. Therefore, interventions focused on improving student sleep are not those most likely to enhance the well-being of students in higher education'. **Words: 2045**.

References (Essay 1)*

**** NB Where text is marked *, this is a text from pages 243–8.***

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