

The History of Student Health in Post-War Britain

This project, currently under development, will provide a preliminary historical narrative charting the main changes in conceptualisation of student health in post-war Britain and the impact on policy and practice. It will use historical research to foster increased awareness about issues of student health in British higher education and more specifically at the University of Warwick. This will involve collaborating with student volunteers in researching the history of student health at Warwick, disseminating the results to students and professionals in this area, and organising opportunities to engage with these audiences in discussing the issues that emerge. The project will be of interest to academics working on post-war British history, and particularly the history of medicine, psychology, youth, sexuality, education. It will also be relevant for academics in fields associated with these subjects, including education, medical science, and sociology. More generally, it is being designed to have relevance across higher education among academics, staff involved in the delivery of health and welfare services, and students.

The project will largely confine itself to the history of student health and healthcare in Britain since 1945, with particular emphasis on the period coinciding with the history of the University of Warwick, which admitted its first undergraduate students in 1965. This latter period is distinguished as one that saw a step-change in ambition in terms of student numbers and state funding, particularly following the Robbins Report of 1963.

The first aim of the project is to provide an overview of the history of student healthcare from the Second World War to the present. The research will examine the burgeoning medical literature on student health from the 1950s to the 1970s, assessing the ways in which student health was reconfigured in this period, particularly the extent to which formerly academic and moral issues became questions of health. It will consider the way that a new generation of doctors (most notably Nicolas Malleon) became increasingly concerned about the impact of psychological anxiety on academic performance, and their attempts to mobilise support for action on grounds of student 'wastage'. It will study the extent to which new services emerged to meet this new challenge, and the attitudes of other groups such as the student movement, university administrators, and government. The research will also consider the response of student healthcare to a rapidly changing social and moral climate, and specifically to increased student militancy, use of recreational drugs, and changing sexual morality. Our hypothesis is that the period between the Second World War and the 1970s saw the rise of student health care as a speciality within medicine and that this was related to a shift in understanding of the main health challenges faced by students and of the relationship between academic performance and health. However, this was both a potentially difficult situation in terms of conflicting roles and duties of medicine in the university setting, and difficult to realise in terms of the levels of specialist service necessary if the purported scale of the problem was to be believed (for instance, 20% of students estimated to need some kind of psychiatric intervention). The latter, but also disquiet about the medical model, led to the development of allied services, most notably the field of counselling. It also came to be recognised that many of the health problems associated with students were equally applicable to people of this age outside of the full-time education. We will investigate these issues and whether such developments may have challenged the distinct identity of the speciality.

The second main task for the research is to examine what happened to the model of student health care that had emerged by the mid-1970s, as universities faced retrenchment in the 1980s and then a new era of expansion and competition towards the end of the century. Did the pressures identified above lead to a dilution of the vision? Did this period see a lessening in ambition towards the potential value of a comprehensive student health care system? And did on the one hand the distinction between role of student health and broader public health in relation to student

populations become less marked, and on the other the period see a shift in emphasis from medical intervention, education, and prevention, towards approaching the student as a consumer of a menu of self-help opportunities? We envisage that the case study of healthcare at Warwick, involving study of student experience and consultation with those who have worked in the health services during this period, will be particularly valuable in mapping this period since the 1970s.

The research will build on the Centre for the History of Medicine's current [Sexual Health Awareness Week](#) project at the University of Warwick, which will involve students in engaging with academics in thinking about the recent history of sexual health, and will involve a week-long festival of arts events, witness seminars, and debate.