GENDER AND MENTAL HEALTH CONDITIONS IN UKHE: REORGANISING INCLUSION IN CONTEMPORARY ACADEMIA

UKRI EDI Caucus funded project

Introduction

Staff mental health in UK Higher Education is increasingly under pressure, sitting at the crossroads of equality, health, disability, employability, and education policy. A recent Senedd Cymru report highlights a sector-wide workload crisis, leaving staff overwhelmed and unable to fully support students. Casualisation, intensification, and marketisation have driven academic wellbeing below national averages, with over half showing signs of depression and two-thirds considering leaving the sector. Over 4,000 job cuts across 22 institutions in 2025 have worsened workloads. While all staff are affected, women academics face additional burdens from care responsibilities and gender-based discrimination, making the intersection of gender and mental health a critical area for attention.

Research Focus

This study explores how gendered experiences shape mental health conditions among women academics in UKHE. It investigates how institutional structures, cultural expectations, and workload distribution contribute to mental health challenges, and how these intersect with broader issues of equalities and workplace inclusion.

Methodology

The research methods are:

- 60 semi-structured interviews with self-identifying women academics across UK HEIs.
- 6 focus groups and follow-up interviews with HR/equality managers, national policymakers, and REF leads.
- Policy review of sectoral and national documents.

Participants represented a wide range of roles, disciplines, and ages. Most disclosed mental health conditions such as anxiety, depression, PTSD, or OCD, alongside other marginalising factors like disability, neurodiversity, and caring responsibilities. Ethical approval was secured, and data were collected online and anonymised. Project steering group has met a number of times throughout the project lifecycle to provide strategic oversight.

Findings

- Workload Inequities: Women are disproportionately tasked with pastoral and administrative duties, often unrecognised and emotionally taxing, which exacerbates mental health conditions.
- Individualisation of Mental Health: Institutions often shift responsibility for wellbeing onto individuals, ignoring structural causes and perpetuating stigma.
- Ideal Academic Norms: The dominant image of the ‘ideal academic’ excludes those with mental health conditions or care responsibilities, creating pressure and marginalisation.
- Gendered Microaggressions: Women report exclusion, patronising behaviour, and harassment, often from senior colleagues, with limited institutional recourse.
- Institutional Support Gaps: Disclosure of mental health conditions is risky, and available support is often tokenistic or ineffective in addressing systemic stressors.
- Career Progression Barriers: Gendered workloads, limited networking opportunities, and lack of mentoring hinder advancement, especially for those with mental health conditions or caring roles.

Moving Forward

Policy must address the gendered nature of mental health in academia. Institutions should move beyond individualised wellbeing approaches to tackle structural causes.

Inclusive practices must consider intersectional identities and provide meaningful support. Career progression frameworks should be re-evaluated to ensure equity and accessibility.

Policymakers must consider the structural inequalities in relation to gender and mental health challenges

Intersectionality (e.g. disability, neurodiversity, race, age, migration status) compounds vulnerability which needs to be considered in policy.

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