Applications for Fees Waivers on Medical and Psychiatric Grounds at an Irish Third Level College

There are no competing interests to declare
Abstract

Background Physical and mental illness present substantial challenges to college students and authorities.

Aims (1) To characterize medical and psychiatric reasons underlying requests for fees waivers at an Irish third-level college; (2) to identify information included in applications; and (3) to develop proposals for standardizing applications.

Methods We examined all applications for exemption from fees for medical or psychiatric reasons over two academic years at an Irish third-level college.

Results Two hundred and twenty-two students applied for exemptions; 91% were successful. Psychiatric problems were more common than physical illness (64.1% versus 27.9%). There was wide variation in details provided in applications with few providing details on likely ongoing duration of illness (5.0%).

Conclusions We recommend that (a) a structured medical application form be completed by medical practitioners supporting applications; (b) a medical practitioner review applications; and (c) there should be annual re-audit of this process.

Key-words Colleges; Depression; Mental health; Students; Student health services
INTRODUCTION

Physical ill-health, mental illness and psychological problems present substantial challenges to a significant number of college students [1-7]. In Irish third-level colleges, more than one student in ten describes their general health as poor or less than ‘good’ [5]. In the United Kingdom, 12% of male and 15% of female college students have measurable levels of depression [1].

In Irish third-level colleges, one student in thirteen is currently depressed and more than one third of students report being depressed in the past [2]. It is also significant that the prevalence of depression in female students is twice that in male students [2]. Furthermore, 93% of Irish students believe that depression needs to be treated, but only one third of depressed students receive treatment. Fifty-five percent of depressed students did not attend their general practitioner for treatment because they could not afford it [2].

The current study was performed at the request of the Fees and Grants Office at University College Dublin (UCD). This study aimed to:

1. Characterize the medical, psychiatric and psychological reasons underlying requests for fees waivers at UCD;
2. Identify the precise information most commonly included in such applications (e.g. age of applicant, medical details, treatment plans, etc.);
3. Develop proposals for standardizing the provision of medical, psychiatric and psychological information submitted in support of applications for fees waivers.
METHOD

We analysed all applications for fees waivers on medical, psychiatric and psychological grounds received by UCD over a two year period (2004-2006). We used a standardised pro-forma (Table 1) to record the relevant details from each letter.

INSERT TABLE 1 AROUND HERE

This information was entered into a specially-created data-file and analysed on an anonymous basis using the Statistical Package for the Social Sciences [8]. Permission for access to student medical letters and applications for fees waivers for the purposes of this study was provided by the Registrar of the college.

RESULTS

Sample Characteristics

Two hundred and twenty-two students applied for exemption from fees for medical or psychiatric reasons over two academic years (2004-2005 and 2005-2006). One hundred and eight (48.6%) were male and 114 (51.4%) were female. The mean age was 23.50 years (range 17 to 64, standard deviation 7.01). There was no difference between the mean age of male (23.37 years, standard deviation 5.16) and female applicants (23.62, standard deviation 8.43; t -0.255, p=0.799).
Applications were received from all five colleges that constitute UCD; i.e. Arts and Celtic Studies (52.7% of applicants), Business and Law (9.5%), Human Sciences (8.1%), Life Sciences (6.8%) and Engineering, Mathematical and Physical Sciences (23.0%). The colleges of Arts and Celtic Studies and Human Sciences were over-represented amongst students who applied for fees waivers; for example, while less than one-third of UCD students attend the college of Arts and Celtic Studies, this college accounted for over half of all applicants for fees waivers. The college of Engineering, Mathematical and Physical Sciences was proportionately represented: approximately one fifth of UCD students attend this college and this college accounted for approximately one fifth of all applicants for fees waivers. The colleges of Business and Law and Life Science were under-represented; approximately one quarter of UCD students attends these colleges and these colleges accounted for approximately 7% of all applicants for fees waivers.

Two-hundred-and-two applications for fees waivers (91.0%) were successful. There was no difference in success rates between male and female applicants (90.7% versus 91.2% successful, respectively). There was no significant difference in success rates amongst applicants from different colleges within UCD (Pearson Chi Square 6.977, p=0.137) or amongst students in different years of college courses (Pearson Chi Square 1.679, p=0.795).

Medical and Psychiatric Diagnoses

Ninety-five applicants (42.8%) submitted letters from their own general practitioners (primary care providers) with their applications for fees waivers and 31 applicants
(14%) submitted letters from the student health psychiatrist at UCD. The other applicants submitted letters from various other health professionals, with the exception of 22 applicants (9.9%) who submitted a student letter only. There was no significant relationship between success rates and profession of letter-writer (Pearson Chi Square 10.952, \( p=0.690 \)). Nonetheless, it is noteworthy that 77.3% of applicants with a student letter only were successful; 36.4% of these student letters concerned bereavements.

One-hundred-and-thirteen applicants (50.9%) for fees waivers were applying for psychiatric reasons alone and seven additional applicants (3.2%) cited both psychiatric and medical grounds for their application. Life events or other psychological factors (apart from mental illness) formed the grounds for a further 29 applications (13.2%); these included bereavement, financial stress and family illness. Amongst the 113 applicants who applied for fees waivers for psychiatric reasons alone, the most common diagnosis was depression (57.5%); other diagnoses included stress/adjustment disorder (8.8%), panic disorder (6.2%), eating disorder (5.3%) and anxiety disorder (4.4%). Overall, psychiatric illness or psychological factors accounted for 67.3% of all applications for fees waivers on medical or psychiatric grounds. A precise diagnosis was not provided in 11.6% of letters. There was no relationship between the nature of problem leading to the application and the likelihood of success (Pearson Chi Square 10.269, \( p=0.174 \)).

**Contents of Letters Supporting Applications for Fees Waivers**
There was wide variation amongst health professionals in the documentation of details in medical letters supporting applications for fees waivers. Health professionals documented the nature of the illness or diagnosis in 90.4% of letters. Services attended by the student were included in more letters (83.9%) than details about the treatment (40.4%), likely course (1.8%), prognosis (5.5%) or likely impact on performance at college (54.1%). The majority of letters did not provide details on the duration of illness to date (35.3%) or the likely ongoing duration of the illness (5.0%). Health professionals who treated students for physical problems were more likely than those treating students for psychological problems to include details about treatments received (50% and 36.2%, respectively) and services attended by the student (90.3% and 81.9%, respectively). Letters regarding physical problems were more likely than letters regarding psychological problems to state whether the problem was old or new (58.1% and 37.0%) and outline the duration of the problem to date (39.7% and 34.1%). Conversely, letters regarding psychological problems were more likely to include details on the nature of the problem or diagnosis (92.3% and 85.7%) and previous rehabilitation attempts (32.4% and 8.1%).

DISCUSSION

Psychiatric illness or psychological problems were cited more commonly than physical illness in students’ applications for fees waivers at UCD (64.1% and 27.9% respectively). This finding is consistent with research conducted in college students in many different countries, where high rates of psychiatric illness and psychological problems were found [1-7]. In the United Kingdom, 23% of male and 36% of female
college students have moderate to severe levels of anxiety and these rates are not associated with drinking, drug use or financial debt [1].

The prevalence of severe mental illness is increasing amongst students in higher education, resulting in substantial disruption to study and learning [9]. This increasing prevalence may relate to (a) increasing numbers of students entering higher education; (b) the stresses of college life; (c) increasing pressures on students resulting from financial constraints or academic competition; and (d) the increasing numbers of students with prior psychiatric illness now entering third level education, due to the success of other treatments. It is also likely that decreasing stigma associated with mental health issues might allow for increased use of psychiatric diagnosis in fee waiver applications in recent years, whereas in the past physical illness may have been more likely to be recorded.

As a result of these factors, it is to be expected that increasing numbers of students will seek fees waivers as a result of episodes of illness. An appropriate system of fees waivers may prove an effective method of encouraging students who have left college as a result of depression or other psychological illness to return and complete their college training.

Fees waivers are currently granted by UCD upon the receipt of letters from medical practitioners and other professionals such as psychologists, counsellors and chaplains. The information contained in these letters is important in enabling the college authorities to assess the severity of the illness and facilitate decision-making that is equitable, evidence-based and in the best interests of both student and college.
Guidelines for medical practitioners writing letters in support of fees waivers are not currently available. As a result, such letters tend to contain varying amounts of information. This study demonstrates that details regarding the nature of the problem, diagnosis and health services attended by the student are comparatively well documented, but information about onset of illness, duration of illness and impact on college performance are documented less frequently. This information may be important in establishing the strengths of the claim for fees waivers and this information is also likely to assist the college in responding to the needs of students.

CONCLUSIONS

Based on the results of this study, we made three recommendations:

1. Many organisations (e.g. insurance companies) use standardized forms to request specific clinical information from medical practitioners for specific purposes (e.g. assessing applications for income protection policies). We propose that a detailed, structured “Medical Application Form for Fees Waivers” would help in systematically obtaining information to assist college authorities in assessing applications for fees waivers. This form should be filled out by medical practitioners supporting applications for fees waivers. Based on the results of this study we have designed such a form (Table 2) which would make the application process objective and equitable. It would be essential that all medical and psychiatric information was processed and
stored in accordance with the principles of medical confidentiality and appropriate data protection legislation.

**INSERT TABLE 2 AROUND HERE**

2. In order to further standardize the application process, it would be appropriate for the college to engage the services of a medical practitioner (possibly on a sessional basis) to review all applications for fees waivers and, if necessary, seek further information regarding such applications. This may involve (a) gaining the student’s permission to contact the medical authority supporting the application, or (b) requesting that the student attend for interview and/or medical examination. This arrangement would ensure relevant and detailed medical information was provided to college authorities in order to better inform their decision-making. It would be important that such procedures only occur with the written consent of the student or, if the student were a minor, with the consent of the parents or guardian.

3. We recommend detailed re-audit of this process on an annual basis. Use of the proposed “Medical Application Form for Fees Waivers” (Table 2) would greatly assist ongoing audit and help optimize clinical and administrative governance of this important process.

Ultimately, greater standardization of applications for fees waivers would assist both students and college by ensuring an equitable and standardized application process that will best meet the needs of both parties.
References


**TABLE 1: Pro-forma used to record letters of application for fees waivers**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of application for fees waiver</td>
<td></td>
</tr>
<tr>
<td>Date of birth of the student</td>
<td></td>
</tr>
<tr>
<td>Gender of the student</td>
<td>Male/female</td>
</tr>
<tr>
<td>College course to be studied</td>
<td>E.g. Arts</td>
</tr>
<tr>
<td>Year of course to be studied</td>
<td>E.g. first year</td>
</tr>
<tr>
<td>Type of medical authority involved</td>
<td>E.g. doctor writing letter, psychologist</td>
</tr>
<tr>
<td>Medical, psychiatric and/or psychological diagnosis</td>
<td>E.g. depression, stress, etc.</td>
</tr>
<tr>
<td>Duration of symptoms</td>
<td></td>
</tr>
<tr>
<td>Likely impact of symptoms on performance at college</td>
<td>E.g. poor concentration</td>
</tr>
<tr>
<td>Specific information on treatment</td>
<td>E.g. psychotherapy, duration, medication, dose</td>
</tr>
<tr>
<td>Whether information about prognosis is included</td>
<td>Yes/no</td>
</tr>
<tr>
<td>Whether a fees waiver was granted or not</td>
<td>Yes/no</td>
</tr>
</tbody>
</table>
### Table 2: Medical Application Form for Fees Waivers

<table>
<thead>
<tr>
<th><strong>Student number</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of application for waiver</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of next exams or assignment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of birth of the student</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gender of the student (tick)</strong></td>
<td>Male ☐ Female ☐</td>
</tr>
</tbody>
</table>
| **College faculty** | ☐ College of Arts and Celtic Studies  
☐ College of Business and Law  
☐ College of Engineering, Mathematical and Physical Sciences  
☐ College of Human Sciences  
☐ College of Life Sciences |
| **College faculty** |   |
| **Year of course** | ☐ 1st  
☐ 2nd  
☐ 3rd  
☐ 4th  
☐ 5th  
☐ 6th |
| **Health professional writing the letter** |   |
| **What is the nature of the problem?** |   |
| **Is it a new or an old problem?** | ☐ New  
☐ Old |
| **Duration of symptoms to date** |   |
| **Likely ongoing duration** |   |
| **Likely impact on performance at college** | ☐ Unable to attend lectures  
☐ Unable to complete assignment/ coursework  
☐ Unable to sit examinations  
☐ Failed examinations |
| **Information on treatment** | (i.e medications, surgeries, procedures etc) |
| **Which services are they attending** |   |
| **Have rehabilitation attempts been made?** | ☐ Physiotherapy  
☐ Occupational Therapy  
☐ Psychotherapy  
☐ Counselling  
☐ Other (specify)__________________________________________ |
| **What is the course of the illness?** | ☐ Acute/ expected to fully resolve  
☐ Chronic/ deteriorating  
☐ Chronic/ relapsing |