



# Student Wellbeing Survey 2021

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## Results Summary

# Authors

Jacks Bennett (Doctoral Researcher), Dr Myles Jay Linton (Vice Chancellor's Fellow), & Professor David Gunnell (Professor of Epidemiology) – University of Bristol

## Acknowledgements

Many thanks to the University of Bristol Student Wellbeing Survey Steering Group, Professor Sarah Purdy and the Student Experience Team, UoB Comms Team, Bristol Students Union, and not least the Elizabeth Blackwell Institute for funding this research.

Once again this is a university wide co-production and there have been many staff and students involved in the design and dissemination of this year's survey. To Ruth Day, Olivier Levy, Sam Jones, Matthew Bailey, Tysha Nicholson Grant, Laura Greenwood, Laura McCormick, Professor Rachael Goberman-Hill, Dr Olivia Maynard, Professor Alan Emond, Professor Agnes Nairn, Dr Jon Heron, Dr Helen Bould, Dr Dee Knipe, and Dr Alex Kwong - thank you for the generous gift of your time and expertise. To all those who work tirelessly (and in challenging circumstances) to support students at the University of Bristol we hope this research will continue to help inform the important services you offer.

Finally, to the 15,000 students who have taken part in this study since 2018. We salute you. You are helping to shape and improve the student experience for your peers and for students to come. In sharing your journey, researchers and policymakers can better understand the issues facing the university community and focus on evidence-informed strategies to support good mental health and wellbeing for us all. Twenty minutes of your time on 'just another' survey may change someone else's journey dramatically. Thankyou.

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## Executive Summary

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The University of Bristol Wellbeing Survey is now in its fourth year, with almost 15,000 students sharing their mental health and wellbeing experiences since 2018. In a period of continued uncertainty and disruption for both the Higher Education sector and young people’s lives, there has been a rise in symptoms of depression and particularly anxiety for University of Bristol students this year; similarly, average wellbeing is poorer. More encouragingly, despite continued online and remote learning, students do not appear to have felt more isolated than previous years. Likewise, levels of severe financial stress have not got worse. Mental health inequalities reported in previous surveys do still exist but the gap between some minority groups and their peers appears to be closing e.g., Black, Asian and Minority Ethnic students, international students and those who are the first generation in their family to go to university. For others, particularly students with disabilities, there is clearly more work to do to ensure they feel better supported. Student perception of how helpful university support services are overall, has improved. Against a backdrop of increased demand again this year, while some specialist services e.g., mental health professionals,

appeared more inaccessible to students, they also found non-specialist support like Wellbeing and Residential Life advisers easier to access. Student drinking behaviour at University of Bristol appears to be less harmful than it was four years ago, although more than half of all students are still drinking at hazardous levels. There are caveats in drawing definitive conclusions from the Wellbeing Survey due to changes in its timing, low response rates and the mental health characteristics of the students that do and do not take part. Nevertheless, this pragmatic, evidence-based report provides an important annual snapshot of the overall mental health of University of Bristol students, and perhaps not unexpectedly, it appears to be worsening after another challenging academic year.

# Introduction

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The last eighteen months have seen unprecedented disruption to both Higher Education and young people's lives. The global COVID-19 pandemic has impacted our studies, our teaching, and our day to day activities. All registered Bristol students are invited annually to *anonymously* share their wellbeing experiences of the past academic year and complete validated mental health questionnaires. It has never been more important to reflect on what good support looks like and what might need changing. Findings from this research inform the [University of Bristol Mental Health Strategy](#) and feed directly into UoB Support Service approaches and School/Faculty strategies for improving the student wellbeing experience. Summary findings help teams across the university to plan their resource and wellbeing provision for the 30,000 students studying across 28 disciplines.

The following report is an overview of students' self-reported mental health and help-seeking behaviour in 2021: It also outlines any changes since the first Wellbeing Survey in 2018 (Maughan et al., 2019). Once again, the authors urge caution in making definitive assumptions about these findings due to differing timings, lower response rates and differing student characteristics.

## Headlines

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- Only one in five (20%) students reported an improvement in their mental health and wellbeing over the last year; almost two thirds (63%) said it had worsened.
- The proportion of students with high levels of anxiety (screened using the General Anxiety Disorder scale) was higher than seen in previous surveys - 41% versus 28% in 2020 and 35% in 2019.
- Similarly, levels of depression symptoms (as screened by the Patient Health Questionnaire) had increased – almost half (47%) of students had high levels of depression compared to 37% in 2020, and 45% in 2018 and 2019.

- Poor mental health (as measured by depression and anxiety) was still more common in female (49%) than male students (44%) and far greater in minority gender (e.g., non-binary, transgender) students (76%).
- Comparison of overall levels of low mood and anxiety for students **with** and **without** diagnosed mental health issues, to examine real change over time, suggests there was an increase in depression and anxiety symptoms for all students and not just the most 'at risk'.
- Students with physical disabilities showed a marked deterioration in their mental health and wellbeing again this year.
- Respondents from Arts and Life Sciences reported some of the poorest mental health compared to their peers, but Health Sciences students showed the most marked deterioration compared to students in other faculties.
- Students in their first and second years were again at risk of facing more mental health challenges than other years, with a particular increase in anxiety in 2021.
- Notable differences in symptoms of depression and anxiety had reduced for some minority groups highlighted in previous surveys including Black, Asian and Minority Ethnic students (45%), international (44%) and first-generation university (47%) students compared to their peers (White British 47%, home 47%, non-first generation 47%).
- Student wellbeing levels (as measured by a short wellbeing scale) were on average slightly lower at 19.6, compared to 20.3 in the summer term 2020 (20.1 in 2019). The general population average for 16-24 year olds is 23.
- The number of respondents who had experienced a diagnosed mental health issue at some point in their lives was 30%. That compares to 18% last year (2020), but 34% in 2018 and 2019.
- A quarter of all students (25%) had experienced disordered eating since starting university (22% reported an eating disorder in 2018).
- Almost one in four (23%) students said they felt *often or always* lonely (24% in 2020, and 22% in 2019), far higher than 16-24 year olds in the general population (7%).
- Almost one in five respondents said money worries were causing them *severe or very severe* stress (17%), compared to 18% last year and 16% in 2018 (pre-pandemic).



- 43% of students found university services helpful overall (an increase from 37% in 2020).
- Almost a third (31%) of students found it overall *very or fairly* easy to seek help at university this year (33% in 2019), however almost half (44%) found it hard (37% in 2019)
- Students found it easier to access non-specialist wellbeing support e.g., Wellbeing and Residential Life advisers compared to specialist support e.g., GPs and counsellors.
- Levels of harmful alcohol use had decreased since 2018, however more than half of respondents (56%) were still drinking at hazardous levels.
- The most frequently used (illegal) drugs were cannabis (38%), ketamine (19%), nitrous oxide (18%), cocaine (15%), MDMA (12%), and psychedelics (12%).
- One in five (21%) students had experienced sexual violence or harassment while at university.
- One in four (23%) had experienced discrimination of some kind since they started at university.
- Mental health outcomes differed by survey completion date – a higher proportion of students who took the survey before the stressful summer assessment period had symptoms of depression (50%) and anxiety (43%) than those who responded during or after assessments (38% depression and 36% anxiety).

## Background

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Even before the global pandemic, the wellbeing and mental health of university students was of growing concern both in the UK and globally, with several large international studies showing a worsening trend in student mental health over the last decade ([Auerbach et al., 2018](#); [Duffy, Twenge & Joiner, 2019](#)). These trends reflect an increase in depression, anxiety and self-harm in young people more widely, particularly for teenage girls ([Ford, John & Gunnell, 2021](#)). Recent government research shows higher levels of common mental health

disorder for young people in Higher Education in 2018/19 compared to those who were not ([Lewis, McCloud & Callender, 2021](#)). At a time of unprecedented disruption in university education, [Student Minds](#) recently reported that 74% students have seen a negative impact of the pandemic on their mental health over the last year (Frampton & Smithies, 2021).

The University's annual Wellbeing survey charts the way students use and view support services, allowing policymakers to target resources and improve student experience based on evidence and data. That has been particularly relevant in the last eighteen months as many support services have moved online and students have been studying remotely. In a break from previous years, the survey in 2020 was carried out after the exam period and showed a marked decrease in the number of students reporting moderate to severe depressive and anxiety symptoms - 37% compared to 45% in 2019. 28% had moderate/severe anxiety symptoms compared to 35% in 2019 and subjective wellbeing had remained largely stable (20.3 versus 20.1 in 2019). It is important to note that only 18% of respondents in 2020 had experienced a mental health issue at some point in their lives, far fewer than previous years (34%), indicating a possible difference in the characteristics of responders and biases in making direct comparisons between survey findings in 2020 versus other years. While mental health disparities seen in previous surveys for certain student characteristics were still apparent e.g., gender, ethnic diversity, course level, fee status and previous mental health history, the pre-existing gap had not widened, with the exception of students with a disability ([Bennett, Linton & Gunnell., 2020](#)). Student satisfaction with university support services as well as their personal support networks in May 2020 had improved since 2018.

A key challenge in 2021 is comparing data trends since 2018. The survey was amended in 2020 to become the [Covid-19 Education and Student Experience Survey](#), only focusing on students' summer term experience. Different timings of the survey in relation to the stressful exams period, along with differing response rates and the presence of Covid restrictions in 2020 and 2021, as well as differences in mental health characteristics of responders (see Characteristics), present challenges for definitive interpretation of the findings across survey

years. As a result, the authors strongly recommend comparing this year's findings to 2019 and 2018.<sup>1</sup>

## Methods

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### Timings and Dissemination

The annual Student Wellbeing Survey is an anonymous online questionnaire; in 2021 it was open for nine weeks (April 26<sup>th</sup> to June 30<sup>th</sup>, 2021) to all registered postgraduate and undergraduate students at the University of Bristol (n=29,536). Due to promotion challenges the survey window was extended this year, running before, during and after the summer assessment period (see Appendix B). The response rate was similar to 2019 but slightly lower than the Covid-19 Survey response last year (see Characteristics).

### Survey Questions

The Student Wellbeing Survey 2021 is based on questions asked in previous years and includes validated measures of: depression symptoms - PHQ-9 (Kroenke & Spitzer, 2002); anxiety symptoms - GAD-7 (Spitzer et al., 2006); and subjective wellbeing - [the 7-item Warwick and Edinburgh Mental Wellbeing Scale](#) or SWEMWBS (Stewart Brown et al., 2009). All three scales ask about aspects of mental health and wellbeing in the two weeks prior to questionnaire completion (see Appendix A). Wellbeing scores range between 7 and 35, with a meaningful difference between 1 and 3. In line with previous reports, depression and anxiety scores are displayed as percentage of students scoring  $\geq 10$ , the recognised cut off point for clinical concern (see Appendix A). Other questions taken from the previous Wellbeing Surveys explored mental health diagnoses, loneliness, financial stress, physical health, disordered eating, domestic violence, and support seeking behaviour (see Appendix A). The survey also included questions about alcohol use previously used in the 2018 Wellbeing Survey; the AUDIT (Alcohol use disorders test) is the gold standard for alcohol screening in many global settings including universities (Davoren et al., 2016). 10 questions assess and score patterns of drinking behaviour. A score of 8 or above is considered hazardous, and a score of 16 or more, harmful. A referral for specialist assessment is

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<sup>1</sup> Graphs and figures throughout this report emphasise 2020 as a different year with a dashed line

suggested if a score is more than 20 (Babor et al., 2001). Two items reflecting the ongoing pandemic disruption were also taken from the Covid-19 Survey last year - they covered changes in living arrangements and coronavirus symptoms. New items for 2021 include: drug use, gambling and gaming, and students' own perceptions of any changes to their mental health. There were also questions related to the new [University of Bristol Report and Support tool](#), e.g., any experience of discrimination, hate crime and sexual harassment (also Appendix A).

## Survey Limitations

It is important to note that the anonymity of the questionnaire makes it more challenging to track differences in respondents and any real changes over time, however there are now four years of data for comparison. The Wellbeing Survey returned to its original format in 2021 (similar to 2018 and 2019). Last year's survey had been branded the Covid-19 Survey 2020 and may have engaged a different group of respondents i.e., students who differed in their mental health characteristics and particular interest in wellbeing and mental health. The annual Wellbeing Survey has previously run in May (in 2018, 2019), just before the standard exam/assessment period (see Appendix C). However, the Covid-19 survey ran six weeks later, at the end of the academic year, this potentially reflected different levels of academic stress, as the university year and exam period were over, as well as any early wellbeing impact of the pandemic on wellbeing. It also only reflected students' wellbeing and support experience of the summer term (post UK restrictions) and not the whole academic year as in other survey years. The 2021 Wellbeing Survey spanned both before and during/after assessment periods (beginning of May to end of June).

In line with previous surveys, this year's prevalence estimates may have also been influenced by an over-representation of female responders (63% of respondents were female compared to 55% in the overall student population). As described above, mental health problems are typically more frequent among young women, and even more so in marginalised gender groups i.e., non-binary and other genders, therefore some estimates for males and females have again been sex-standardised to account for sex differences in response, and to reflect the gender split in the broader university population - this year (55% female/45% male). Smaller gender groups e.g., 'non-binary', 'another gender', and those who 'prefer not to

disclose' (n=126) have been omitted from further depression, anxiety and wellbeing sub-analyses to avoid further bias, and because the actual size of this population is unknown, making standardisation impossible.

## Analysis and Ethical Consideration

Ethical approval was obtained from the University of Bristol Faculty of Health Sciences Ethics Committee (no. 49861- Amendment 5) and all students gave informed consent. The Wellbeing Survey 2021 was also approved by the University of Bristol Student Surveys Panel.

## Student Characteristics

### Respondents

This year's survey had a response rate of 9.4% (n=2,772/29,536). That compares to 13% for the Covid-19 2020 Survey, 10% in the Student Wellbeing Survey 2019, and 22% in 2018. See Table 1 and Appendix C (for detailed respondent characteristics).

*Table 1 shows response rates, timings, respondent mental health characteristics and gender 2018-2021.*

	2018	2019	2020	2021
<b>Response rate</b>	22%	10%	13%	9%
<b>Number of students (n=)</b>	5,570	2,637	3,693	2,772
<b>Survey data collection</b>	Pre-exams (UG <sup>2</sup> : May PG: June)	Pre-exams (May)	Post-exams (June-July)	Pre and Post exams (May-June)
<b>% Lifetime Mental Health diagnosis</b>	34%	34%	18%	30%
<b>% Female respondents</b>	65%	70%	65%	63%

<sup>2</sup> UG undergraduate PG postgraduate

Compared to the wider student population, as well as an overrepresentation of females (63% versus 55% in the whole cohort) there are also:

- More students with disabilities – 29% compared to 12% in the whole study body (26% recorded non-physical disabilities)
- Fewer international students (15% respondents versus 21% in whole student body)
- Fewer Black, Asian and Minority Ethnic students 24% compared to 28% in whole student body and last year's survey (33%)
- More undergraduates (77%) than the wider student body (74%) and last year's survey (69%)
- Fewer postgraduate taught students (10%) than the wider student body (18%) and last year's survey (18%)

There are also other notable differences between survey years:

- More LGBTQ+ students than previous years (23% versus 17% in 2020 and 16% in 2019)
- Fewer first year students than last year (40% versus 46%) but more than 2019 (36%)

96% of respondents were on a full time course, 4% had caring responsibilities and 5% were repeating a year - one in five (19%) of those had transferred from other universities to start again. Respondents came from similar school background profiles compared to previous surveys (65% state/grammar sector and 27% private sector). However, 29% respondents said neither of their parents had been to university, which is a marked increase on previous years (21% in 2020, 22% in 2019) and may reflect a shift in the student demographics e.g., growth in student numbers, policies aimed at widening participation (see Appendix C). It could also be because the question was more clearly worded this year<sup>3</sup> and students responded differently. Both education measures are used as social economic indicators.

## Completion dates

It is also important to note that mental health outcomes differed by completion date and whether students took the survey before or during/after the stressful summer assessment

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<sup>3</sup> Did one or both of your parents go to university? (2021) vs. Are you the first person in your family to attend University? (2018-2020)

period. 50% of students had higher depression symptoms pre-assessment, and only 38% after that. Similarly, 43% of students had high anxiety before start of exams, and only 36% afterwards. The average wellbeing score went up across assessment period by more than one point from 19.2 to 20.3. Students' own perception of changes to their mental health also differed according to when they took the survey (see Appendix D). This supports the argument that the timing of the survey (in a stressful term) may also contribute to some of the high figures we historically see.

### Living arrangements

At the start of the Autumn term this year 15% of students were living off campus (outside of the BS postcode or the UK) rising to 26% by the end of summer term. In 2020 before UK pandemic restrictions were introduced, 15% of respondents said they had been living off campus, and that rose to two thirds (64%) in the summer term. In 2019, only 4% of respondents were living outside of the UK or the BS postcode during term time.

### Covid-19 Symptoms

Against the backdrop of ongoing health consequences due to the global pandemic, 7% (n=188/2,772) of students said their health had been seriously impacted by Covid-19 symptoms compared to 6% in 2020. 82% said it hadn't and 11% weren't sure. Students whose health had been affected by Covid-19 were more likely to be experiencing symptoms of depression and anxiety and poorer wellbeing.

## Key Findings

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### Mental Health and Wellbeing

#### **Students' own perception of changes to mental health**

Only a fifth (20%) of Bristol respondents said they felt *slightly or much better* about their mental health and wellbeing since the start of the Autumn Term 2020, whereas almost two thirds (63%) felt *slightly or much worse* (see figure 1). That compares to a quarter of students nationally (26%) who said *slightly/much better* and 50% *feeling worse* in the [ONS Student](#)

[Insights Survey](#) in May\* (ONS, 2021). Students' perception of how their mental health has changed varied according to course level and whether they took the survey before or during/after the stressful exam period (see Appendix D).

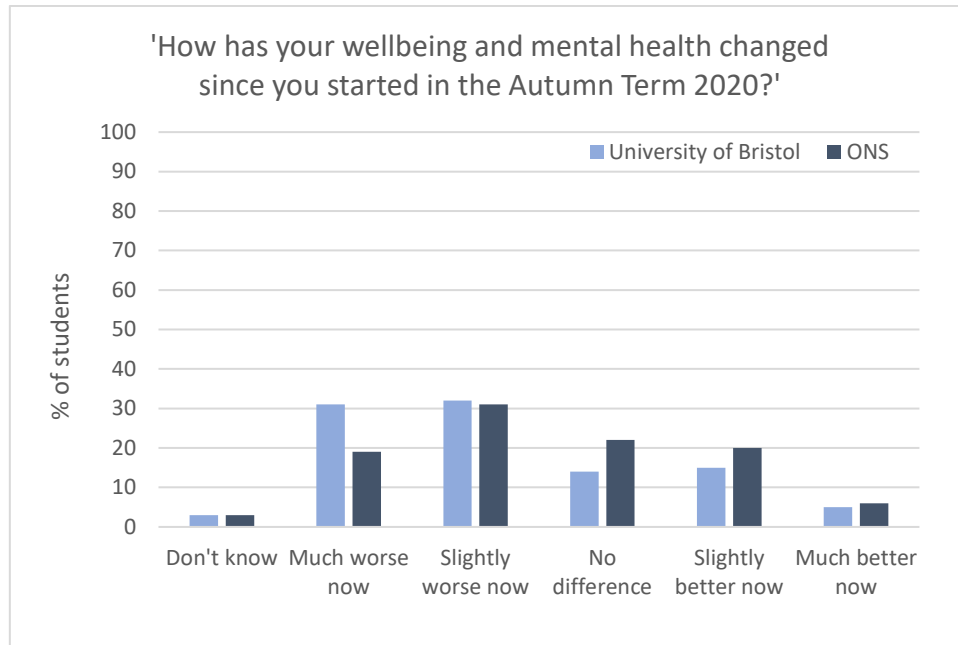


Figure 1. Chart shows student perception of changes to their own wellbeing and mental health since start of Autumn Term 2020. \*ONS sample n=1,128/2,076,000

### Mental Health Diagnosis

30% students had been diagnosed with a mental health condition by a doctor or medical professional at some point in their lives, suggesting the mental health characteristics of students taking part in 2021 are more comparable to 2018 and 2019 (34%) than last year, when only 18% of students recorded a lifetime mental health diagnosis. Of those reporting a mental health issue, 52% (n= 426/825) were diagnosed before they came to university (55% in 2020).

To explore any real trends over time in the proportion of students with high levels of depression or anxiety, whilst taking account of changes in survey respondents, we can examine differences for those *with* and *without* diagnosed lifetime mental health issues. While the number of respondents with higher levels of depression and anxiety symptoms has gone up this year, the increases were seen both amongst those with and those without



a prior mental health diagnosis, suggesting those who are potentially more ‘at risk’ are not disproportionately driving the overall change (Figures 2 and 3).

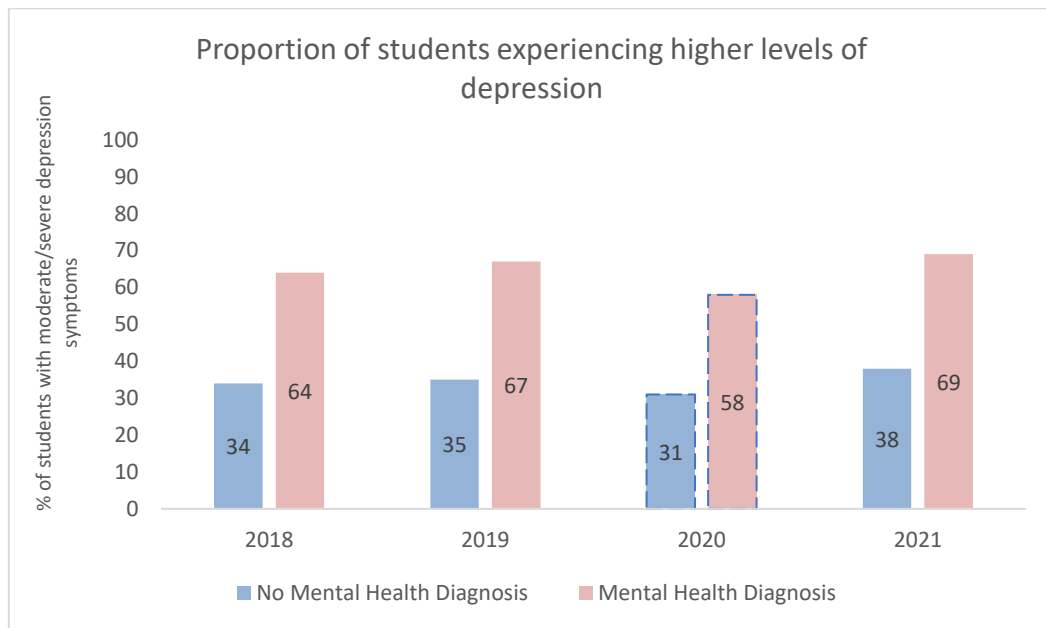


Figure 2. Proportion of high levels of depression (as indicated by PHQ9 scores >10) in students with and without a mental health diagnosis 2018-2021<sup>4</sup>

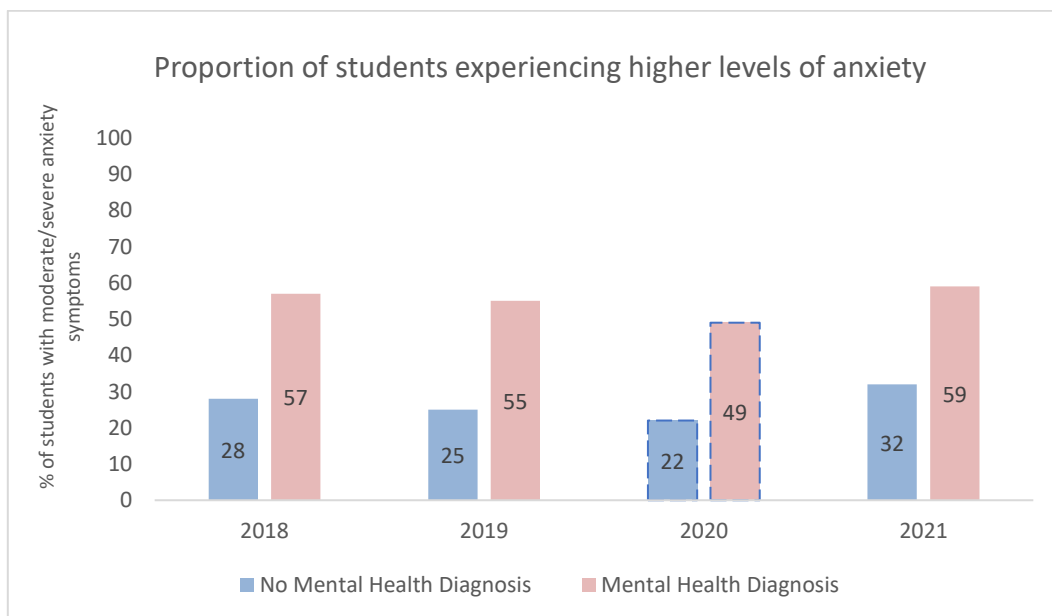


Figure 3. Proportion of high levels of anxiety (as indicated by GAD7 scores >10) in students with and without a mental health diagnosis 2018-2021

<sup>4</sup> 2020 highlighted as a different year in mental health characteristics and timing

## **Treatment**

31% (n=866/2,772) of all respondents had received some form of therapy, medication or other treatment for a mental health condition in the last 12 months (31% in 2019). 43% of students had treatment from university services (n=376/866<sup>5</sup>) and 54% from the NHS (n=469/866). 33% had used other treatment options including: private counsellors and psychiatrists both in the UK and overseas, as well as support services and charities like Bristol Wellbeing Therapies, Vitamins, and Off the Record. Several students indicated that they had been able to access treatment through private healthcare and insurance.

## **Wellbeing**

University of Bristol students are asked to complete the 7-item Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS) on registration and then again in the Wellbeing Survey towards the end of the summer term. The general population score for 16-24-year olds is approximately 23 (Fat et al., 2017). This year's average summer scores were lower than last year's 19.6 versus 20.4, but Wellbeing Survey scores have been largely stable since 2018 (see Appendix D).

Previous gender differences (with males showing slightly better wellbeing) were less marked in the Wellbeing Survey this year (19.5 (males) versus 19.6 (females)). However, students who identified as non-binary or another gender still showed considerably poorer wellbeing by comparison (17.4). For other groups identified as more vulnerable to mental health issues, those with a physical disability showed the largest decrease in wellbeing score this year (18.9 in 2021 from 19.9 in 2020). Students showing any slight improvement in wellbeing included Black, African, Caribbean or Black British students (20.9 (2021) versus 20.2 in 2020) and Year 5/6 students (21.6 (2021) vs. 20.9 in 2020) and postgraduate researchers (20.5 (2021) versus 20.1 in 2020) (see Figure 4).

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<sup>5</sup> Students could tick all options

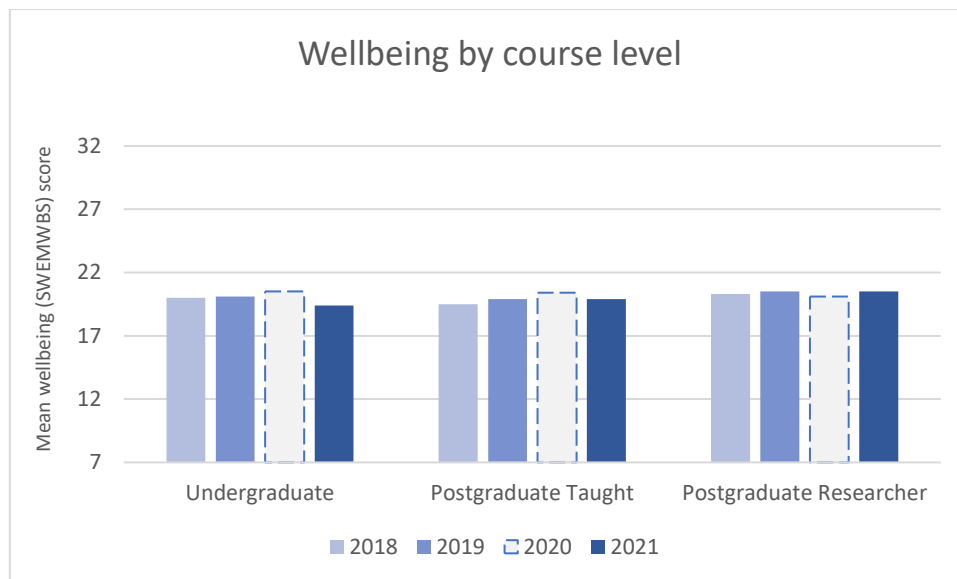


Figure 4. Wellbeing scores by course level 2018-2021. Scale adjusted to reflect scoring between 7 and 35

## Anxiety

Using the GAD-7 to screen for general anxiety disorder (over the last two weeks), with higher scores indicating greater severity of symptoms, and further assessment and treatment advised when an individual's score is 10 or more (see Appendix A). The average student score was 8.6, higher than the last two years (7.1 in 2020; 7.8 in 2019) (see Appendix C). As in previous years, we see similar gender differences - female average score 9.2, males 7.9 and minority gender students 11.8.

There has been a marked increase in symptoms of anxiety this year, with 41% of students experiencing moderate/severe symptoms (scores  $\geq 10$ ), compared to 35% in 2019. That had dropped to 28% in 2020, potentially due to the timing or contextual reasons discussed earlier. Again, the gender difference in 2021 was apparent: 45% of females, 36% of males and 62% of minority gender students had greater symptoms of anxiety. LGBTQ+ students also showed far higher levels of anxiety (50%), as well as students with a physical (56%) and non-physical disability (65%) and those with a mental health diagnosis (59%). For the first time white students (41%), home students (41%) and undergraduates (42%) have higher symptoms of anxiety than their peers. While differences between postgraduate (30% PGR, 40% PGT), international (39%) and Black Asian and Minority Ethnic (39%) students and their peers were less marked in 2020 than in previous years, any gap has disappeared in 2021,

and the trend has now reversed (see [Mental Health by Course, Ethnicity etc](#) and Appendix D).

### **Depression**

The survey uses the Patient Health Questionnaire to screen for depressive symptoms over a two-week period (see Appendix A). Like the anxiety scale, higher screening scores start to become a cause for concern at  $\geq 10$ . Mean depression scores in 2021 were 10.0 compared to 8.5 in 2020 and 9.7 in 2019 (see Appendix C). There are again gender differences - average female scores were 10.2 (8.9 in 2020, 10 in 2019), male 9.7 (7.8 in 2020, 9.2 in 2019), and for minority gender students - 15.3 (13.7 in 2020 and 2019). The pattern was similar in 2018.

Almost half (47%) of all respondents reported moderate to severe depressive symptoms (see Appendix D), slightly more than the 2019 and 2018 Wellbeing Surveys (45%) but a considerable increase on last year (37%), again arguably reflecting the change in student survey profile and the ongoing context of a global crisis. As with anxiety patterns seen in previous years, students who had a lifetime mental health diagnosis were more likely to have symptoms of depression (69%), as were students with a physical (58%) or non-physical disability (70%). Minority gender students (76%) and LGBTQ+ students (58%) also had considerably higher levels of depression, as seen in previous years. The mental health disparity seen since 2018 for International and Black, Asian and Minority Ethnic students, has not only significantly reduced, but also reversed (see Figure 10). Like anxiety symptoms, home (47%) undergraduates (49%) are now doing slightly worse in relation to their peers than previous years (see Figure 5). Shifts in mental health inequalities could be related to the considerable changes in student life over the last eighteen months.

### **Mental Health outcomes by course, year, faculty, disability, ethnicity**

Postgraduate researcher mental health appears to have largely improved since 2018 while undergraduate mental health appears to be deteriorating (see Figure 5).

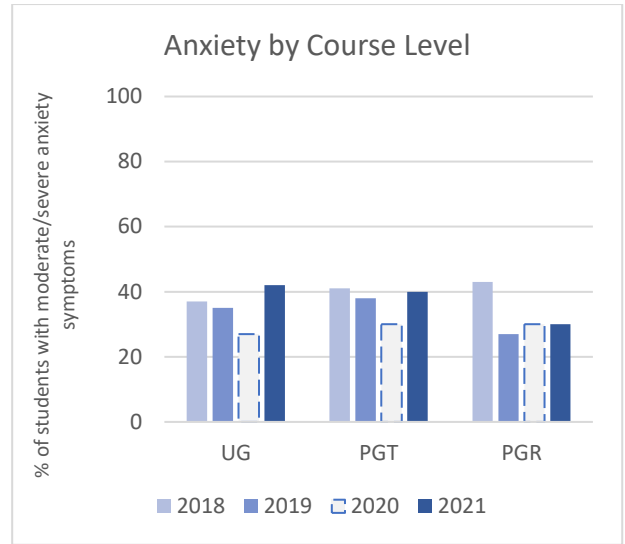
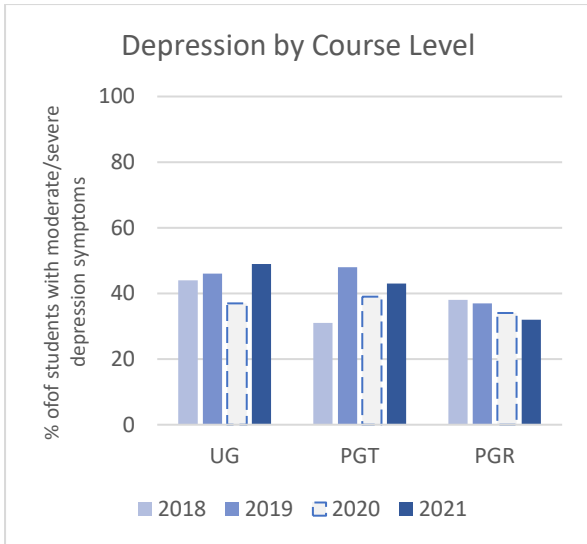


Figure 5. Trends in the proportion of students with higher levels of depression (PHQ9≥10) and anxiety (GAD7≥10) by Course Level 2018-2021

International students have shown poorer mental health than home/EU students in previous surveys, however that trend has now reversed (see Figure 6). Numbers of home/EU students with high levels of depression have increased since 2018 but decreased among international students.

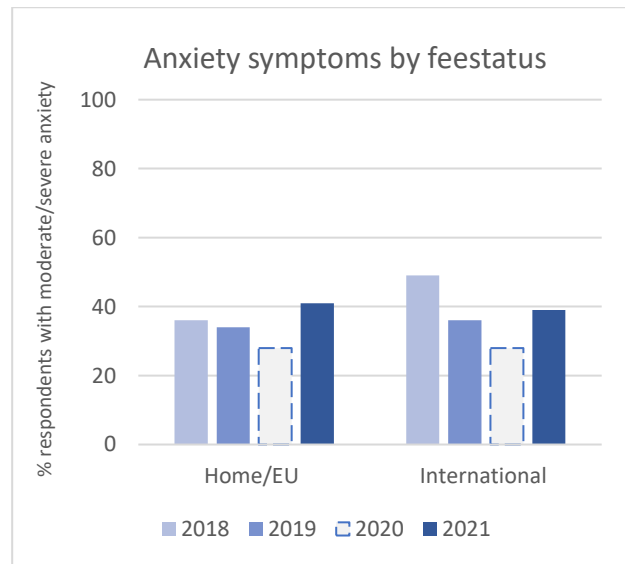
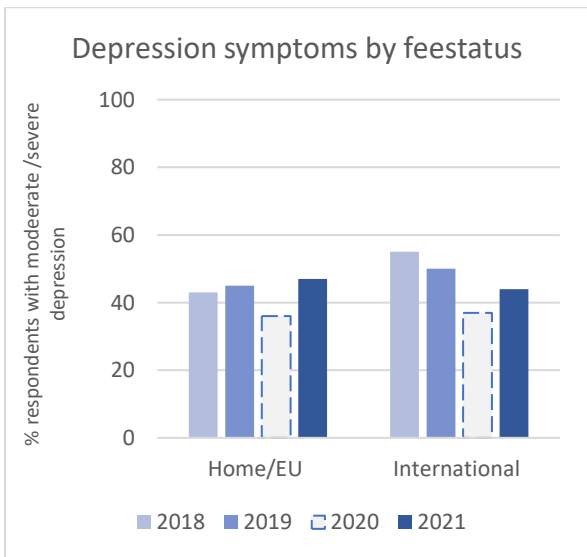


Figure 6. Trends in the proportion of students with higher levels of depression (PHQ9≥10) and anxiety (GAD7≥10) by Fee Status 2018-2021

Students studying in their first and second year showed the highest levels of depression (49% and 50% respectively) and the biggest increases in anxiety (41% and 44%) particularly compared to those that started before the pandemic (see Figure 7).

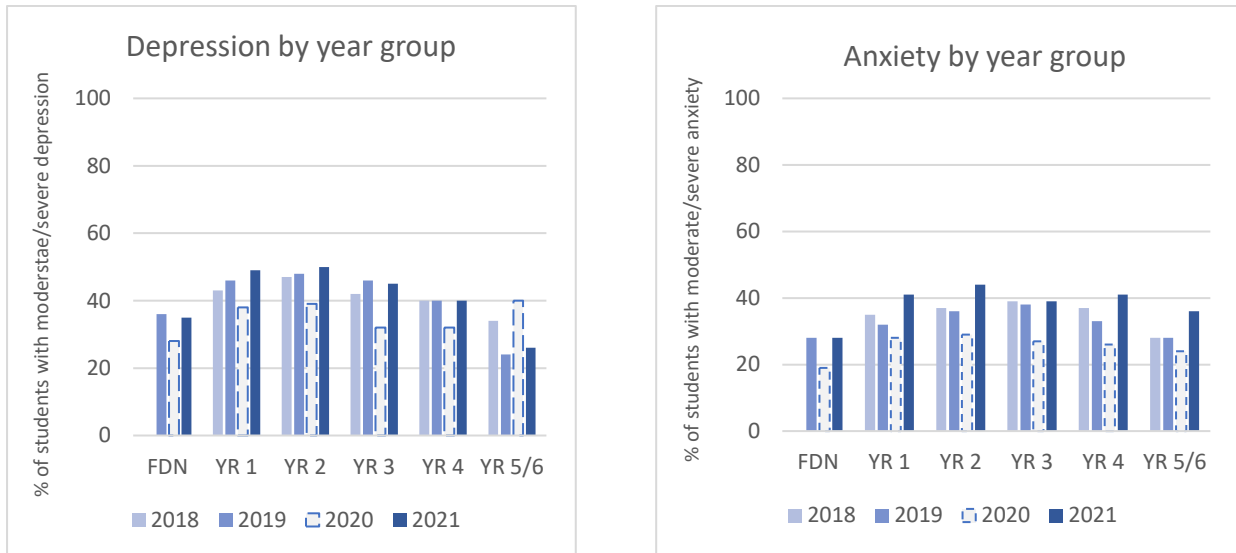


Figure 7. Trends in the proportion of students with higher levels of depression (PHQ9 $\geq$ 10) and anxiety (GAD7 $\geq$ 10) by Year group 2018-2021

Students in Arts, Life Sciences showed more risk for both depression and anxiety than any of their peers, a similar picture to previous years (see figure 8). While Health Sciences students typically report the best mental health overall, symptoms of anxiety for these students (41%) are for the first time higher than some of their peers and also considerably higher than 2019 in comparison (see figure 8).

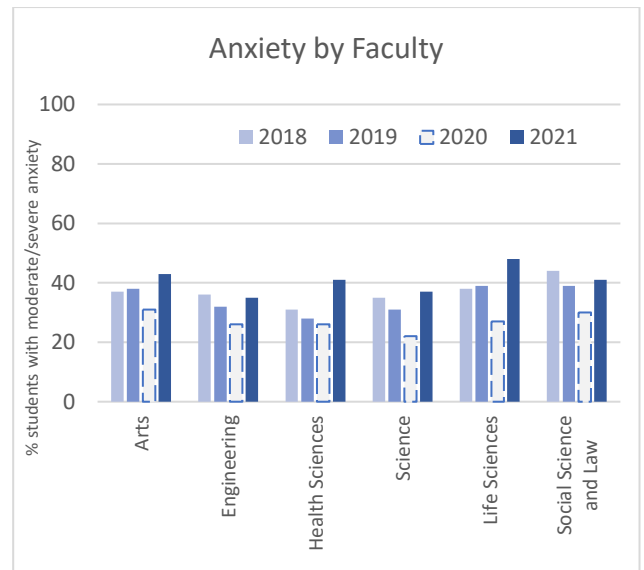
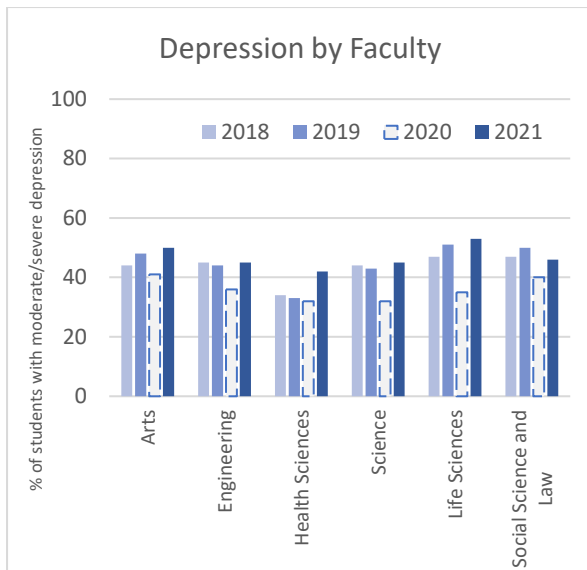


Figure 8. Trends in the proportion of students with higher levels of depression (PHQ9 $\geq$ 10) and anxiety (GAD7 $\geq$ 10) by Faculty 2018-2021

There has been a marked increase in the number of students with physical disabilities with high levels of depression (58%) and anxiety (56%) symptoms (see figure 9). This was one of the only groups of students to also see an increase in anxiety last year (38% (2020) from 33% in 2019) .

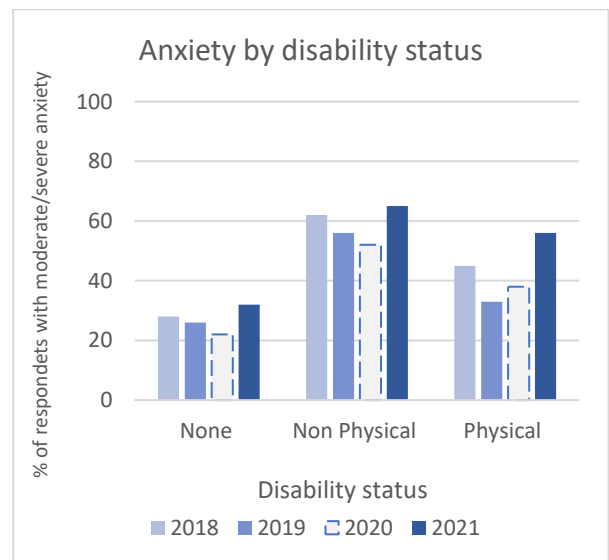
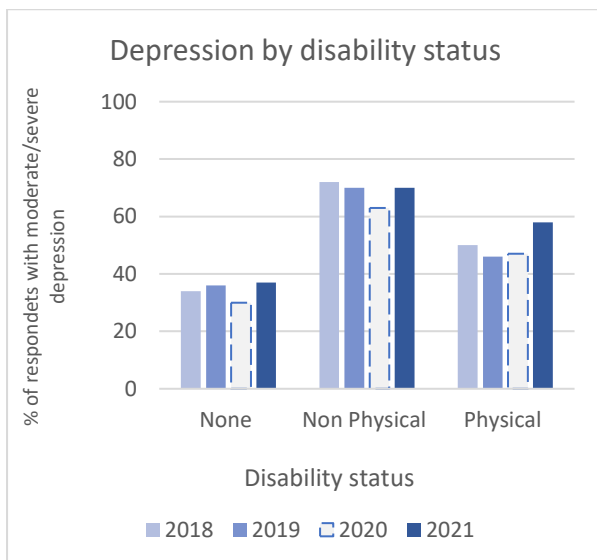


Figure 9. Trends in the proportion of students with higher levels of depression and anxiety (PHQ9 or GAD7 $\geq$ 10) by disability status 2018-2021

Black Asian and Minority Ethnic students have slightly lower levels of depression (45%) and anxiety symptoms (39%) overall than White British students (47% and 41% respectively). Figure 10 shows the detailed trends according to the ONS ethnicity groupings (ONS, 2011).

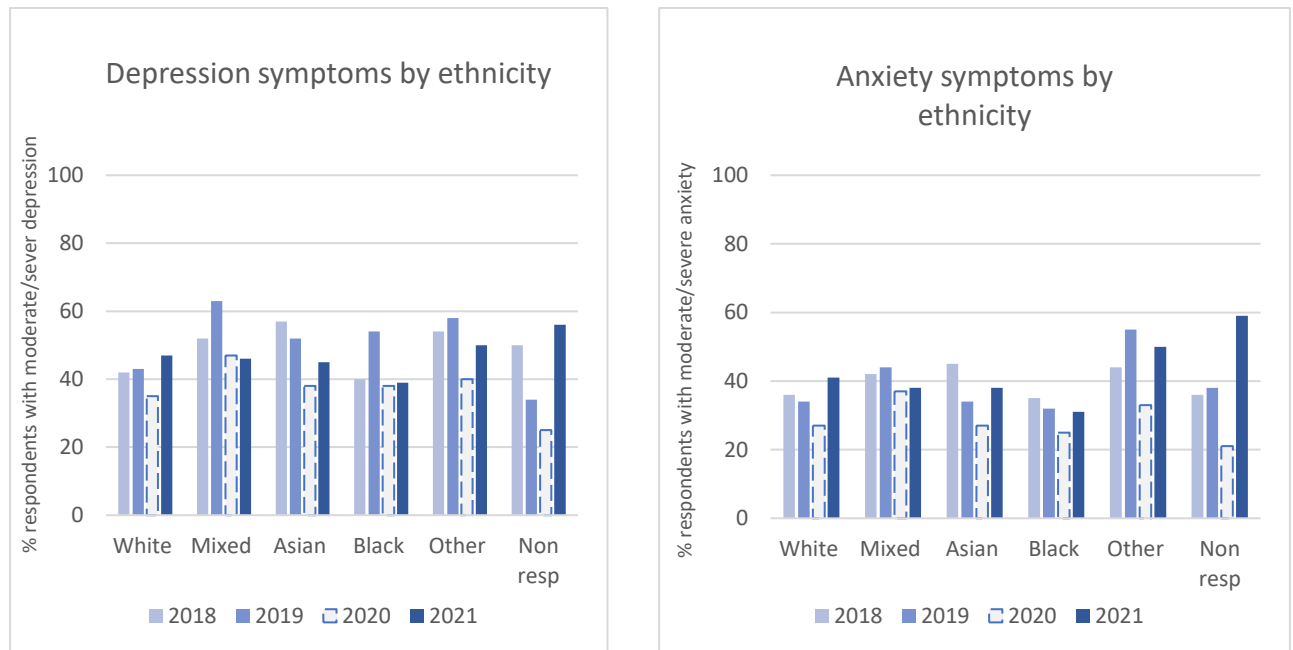


Figure 10. Trends in the proportion of students with higher levels of depression (PHQ9 $\geq$ 10) and anxiety (GAD7 $\geq$ 10) by ethnicity 2018-2021

### Disordered Eating

One in four (25%; n= 680/2,772) students reported experiencing ‘disordered eating since starting university’, 17% were *unsure* but only 58% said *no*. There has been growing concern about a rise in disordered eating over the last year, and its association with poor mental health outcomes and self-harm (Treasure Duarte & Schmidt, 2020; Marsh, 2021). In 2018, when this was last asked, 22% (n=952/4,423) of students agreed they thought ‘*might have an eating disorder since starting university*’, 78% said *no*. There are gender differences: 14% of male students thought they might have experienced disordered eating, 29% of females, and 46% of minority gender students.

While the figure may appear high, research from a study of ~6,000 young people in the South West found 33% of 16 year old females had experienced disordered eating in the last year



(8% males) compared to 37% of 24 year old females and 19% males (Warne et al., 2021). 6% (n= 174/2772) respondents had sought professional help for an eating disorder in 2021, compared to 7% (n=305/4667) in 2018.

## Mental Health and Wellbeing Support

In another academic year disrupted by UK government pandemic restrictions, students were asked about their help-seeking for any mental health or emotional issues. The question was asked in several ways: who they had reached out to, how useful the support was, and a number of questions about overall helpfulness, ease of access, availability and barriers in university support services. As before, the findings are better compared to 2018 and 2019 than 2020 (which only reflected part of the year).

More than half of respondents (56%; n=1,567/2,772) indicated they had sought help from a GP/mental health professional or had used university support this year (not including academic staff). In 2020 that was 16% (n=607/3,693) and 58% (n=1,536/2,637) in 2019 <sup>6</sup>.

### Overall helpfulness of university support services

More students reported finding university support services *fairly/very* helpful in 2021 (43%) compared to 2020 (37%). However, more students also found them unhelpful (33% compared to 21%). Overall students seeking support found university services more helpful than not (see Figure11).<sup>7</sup>

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<sup>6</sup> Help seeking findings only reflect summer term in 2020 survey compared to whole academic year in 2018, 2019, 2021

<sup>7</sup> This question was not asked in 2018 or 2019.

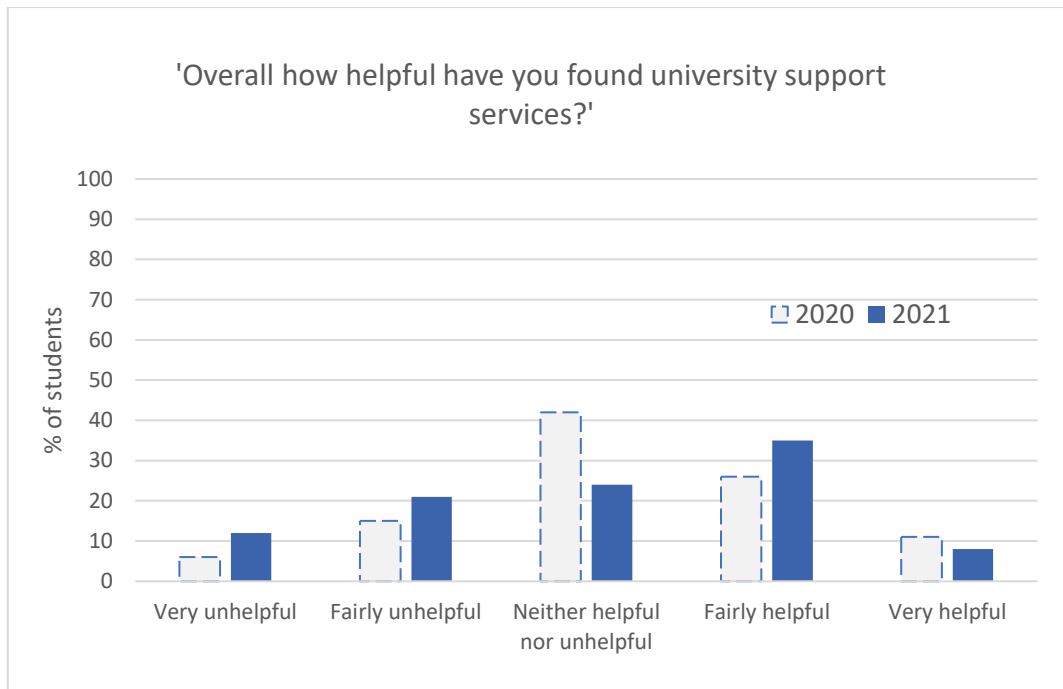


Figure 11. Chart shows perceived overall helpfulness of university support (\*students who indicated they have used support services, not including academic staff)

### Overall ease of seeking help at university

Students were asked ‘overall, how easy have you found it to seek help while you have been at university?’ (see figure 12). This year, slightly fewer students found it easy to access services (31% from 33% in 2019). More concerningly, a greater number found it harder (44% compared to 37% in 2019). That growing perception of inaccessibility may reflect the ongoing challenges of lockdown restrictions, students studying remotely or having to self-isolate.

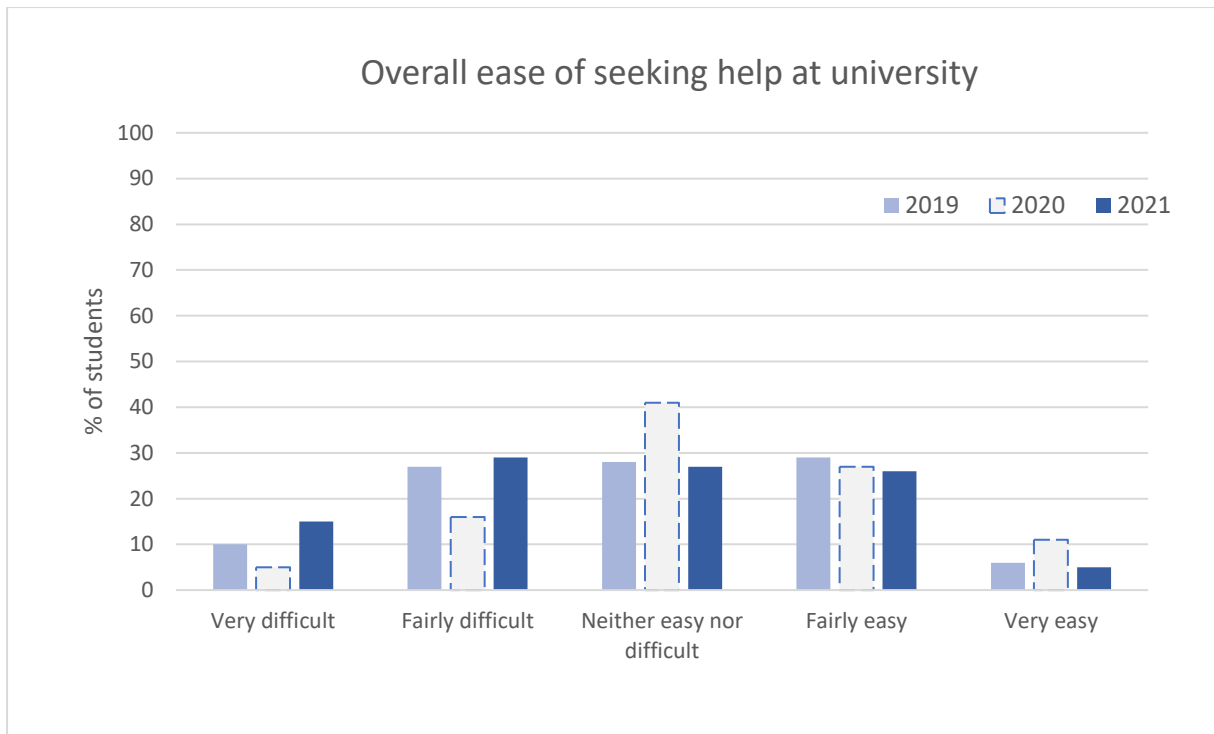


Figure 12. Chart shows student responses concerning overall ease of seeking help from 2019-2021. \*2020 reflects summer term of UK pandemic restrictions only. Students who did not use support weren't included

### Accessibility of individual support sources

Respondents were also asked, 'if they had ever used university support how accessible it was' (see Figure 13). The most accessible support came from non-specialists e.g., tutors and supervisors, Wellbeing and Residential Life Advisers, the UoB website, Nightline and the Students Union. With university specialist services facing renewed demand this year, it is perhaps not surprising that Student Counselling, Disability Services and the Student Health Service were perceived as the hardest to access (Bennett, Linton & Gunnell, 2020).

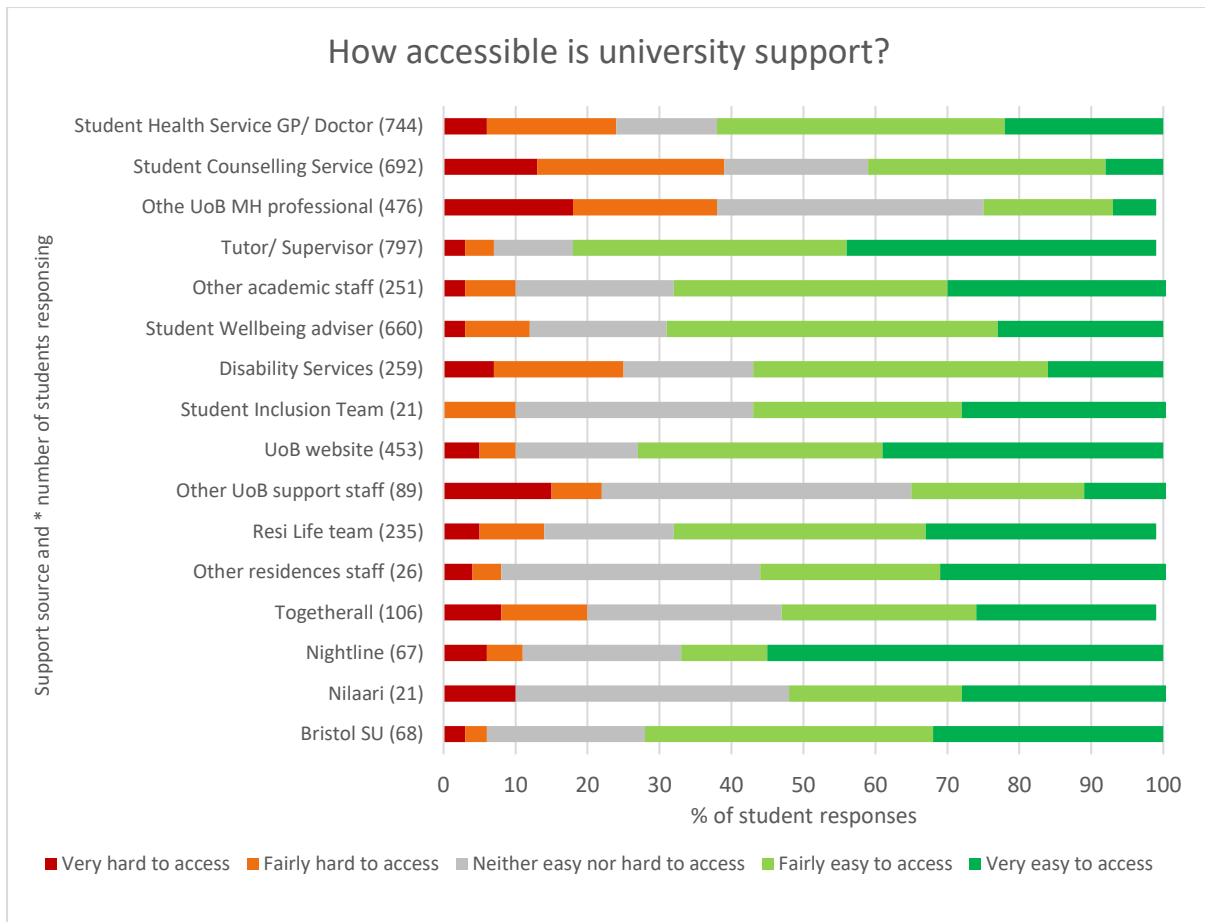


Figure 13. Stacked graph showing student perception of accessibility of university support (students not using university support were not included)

### Usefulness of student support networks

Students were asked how useful any of their sources of support had been. Figure 14 shows all the support sources that the respondents said they had turned to and how highly they valued them. Student perception of the usefulness of their networks (except for religious leader) had diminished since 2020 and 2019 (see Appendix E). As seen in previous years, partners, friends and family were particularly highly valued for their support along with mental health professionals. Over 70% of students found Wellbeing and Residential Life advisers useful to some degree (see figure 14).

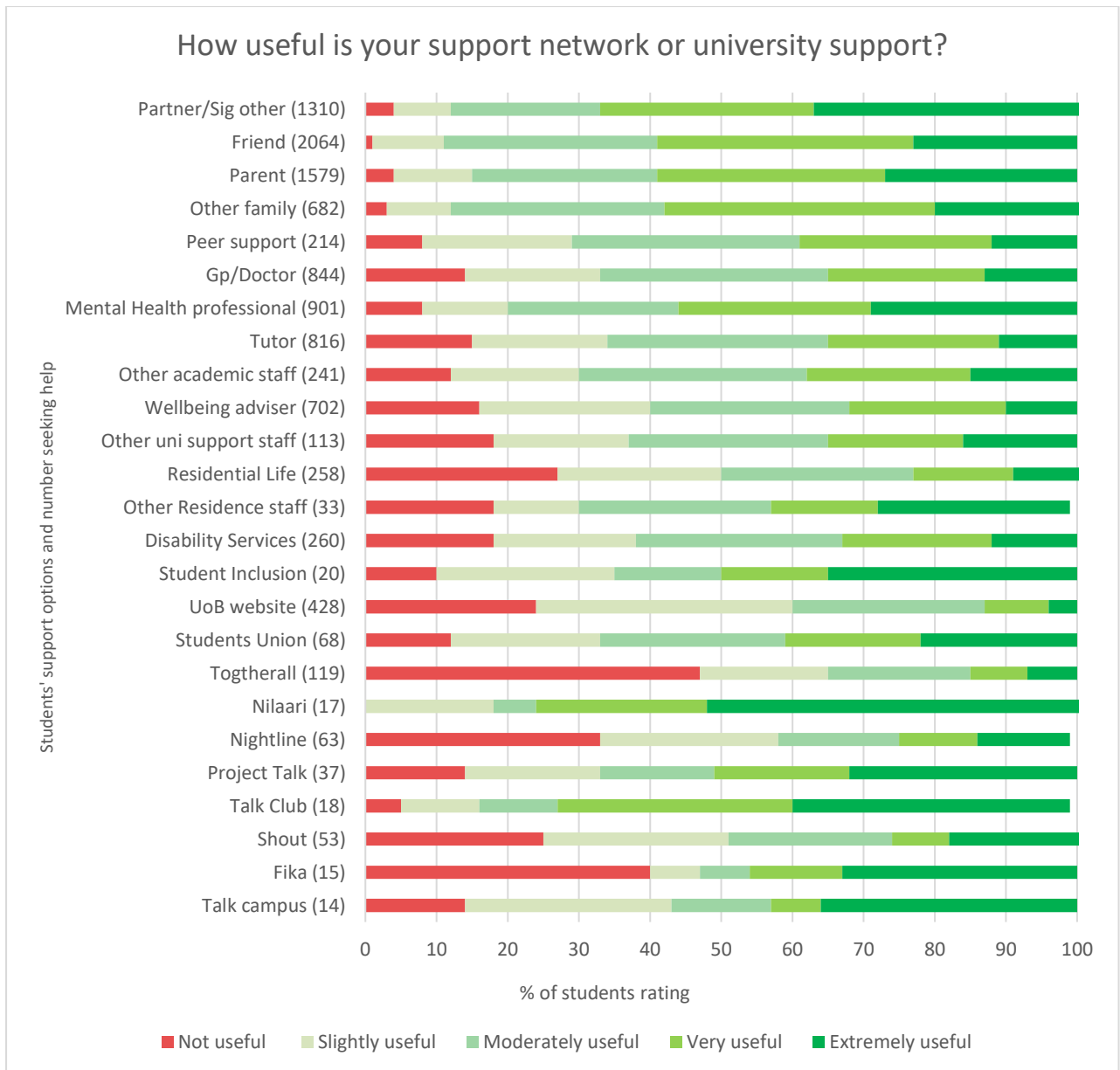


Figure 14. Chart shows student perception of the usefulness of their networks. Note that small numbers of support users can skew their graphic representation. Only those using a support source were included. Appendix E includes a brief description of each service.

### Barriers to seeking support

Research shows that stigma, fear of documentation and waiting times can prevent students from seeking timely help (Knipe et al., 2018; Frampton & Smithies, 2021). Students were once again asked what might stop them seeking support, with items including both structural and perceptual barriers (see Figure 15).

Only 21% of students said they *'didn't have a problem'* when asked *'if they had had a mental health concern why hadn't they used university services'* (19% in 2019). Reassuringly, many of the help-seeking barriers that the survey has highlighted since its inception e.g., *'stigma'*, and *'lack of available or accessible'* services appear to have reduced. The biggest barrier to seeking help from university support services is *'feeling problems aren't important enough'*, with 53% of students saying it is a hurdle (see figure 15). *'Concerns that no one will understand'*, or *'a fear of documentation or academic consequences'* are notably greater this year. Minority groups e.g., international, LGBTQ+, Black and Minority Ethnic students report particular barriers in relation to *'understanding'*, *'documentation'* and *'confidentiality'* (see Appendix E). The detailed analysis also suggests LGBTQ+ and students with disabilities have ongoing problems accessing services (Appendix E).

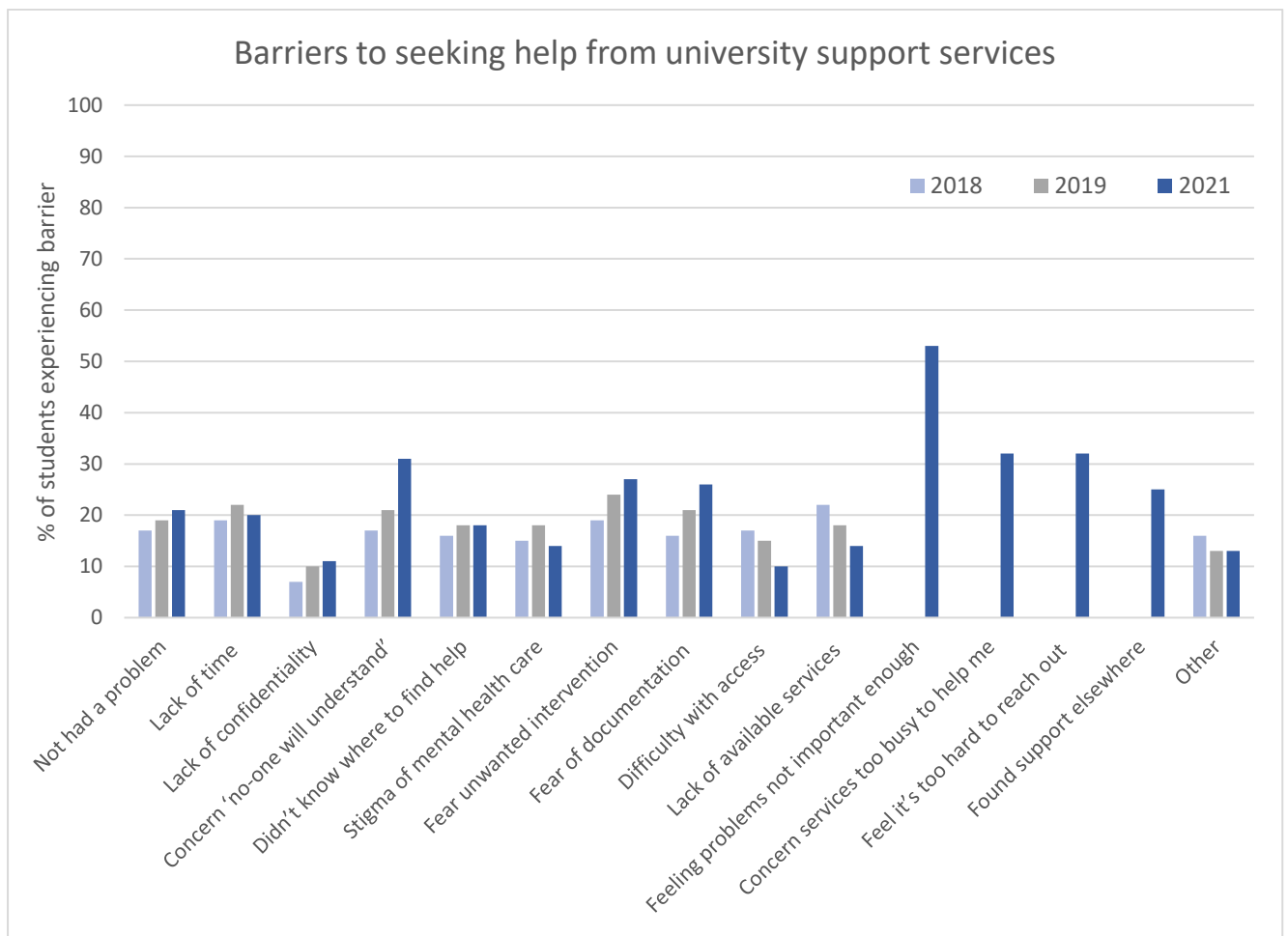


Figure 15. Figure shows perceived barriers to seeking help from university support services. Students could tick all that applied (n= 2,179). Some items are new for 2021.

## Opt-In Consent

The University of Bristol 'Consent to Contact' opt-in scheme was the first of its kind in the UK and is now completed each year at registration. Only 34% students said they recalled opting to allow named contacts to be notified in an emergency (25% in 2019).

## Student Experience

### Loneliness

Almost one in four (23%) students said they feel *often or always* lonely, using a national measure of loneliness (ONS, 2018). That was 24% in 2020, and 22% in 2019 (pre-pandemic) as shown in Figure 16. The ONS [Student Covid 19 Insights Survey](#) has been tracking students nationally since November last year (SCIS, 2021) and 21% of students in the national sample in May felt *often or always* lonely compared to 7% of 16-24 year olds in the UK general population and 5% in the UK adult population. (SCIS, 2021; ONS, 2021).

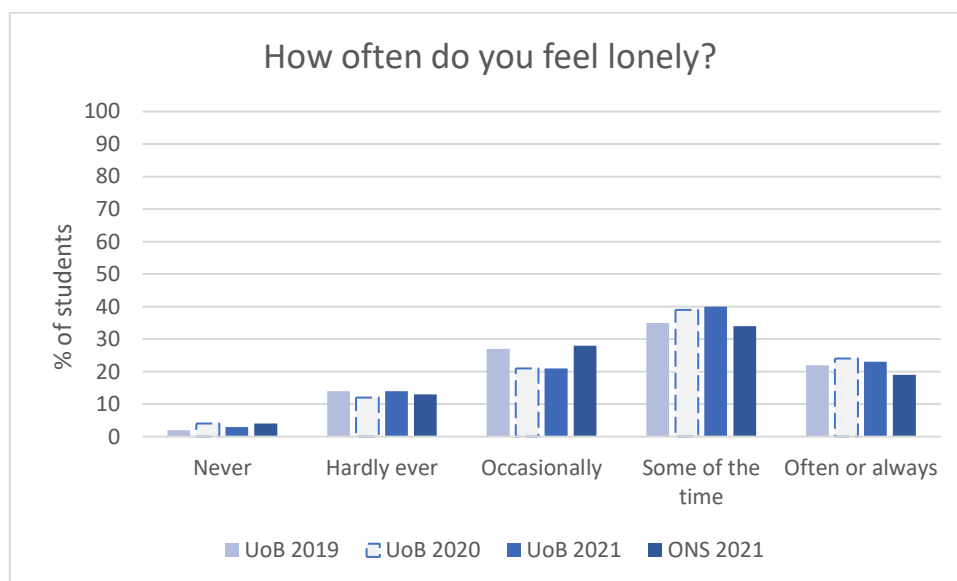


Figure 16. Self-reported sense of loneliness in UoB students 2019-2021 matched to ONS student data (n= 1,128/2,076,000) in May 2021

### Work Life Balance

Students were asked to indicate whether they agreed or disagreed with the statement '*I am satisfied with my work-life balance*'. A third (33%) of respondents were satisfied, and half (50%) were dissatisfied. The picture has worsened each year since 2018 when 39% of respondents were satisfied with their work-life balance, and 41% were dissatisfied. As in

previous years, PGR students were more satisfied (41%) than other students. Across Faculties, work-life balance was lowest among Engineering students (22%), with more than half (59%) disagreeing, showing the most dissatisfaction for the third survey in a row.

### Finances

Students were asked their current financial stress. 17% said they have had *severe* or *very severe* money worries, compared to 18% in 2020 and 16% in 2018 (see figure 17). However, the numbers of students experiencing *no* financial stress is going down year by year and the numbers feeling *mild stress* is going up.

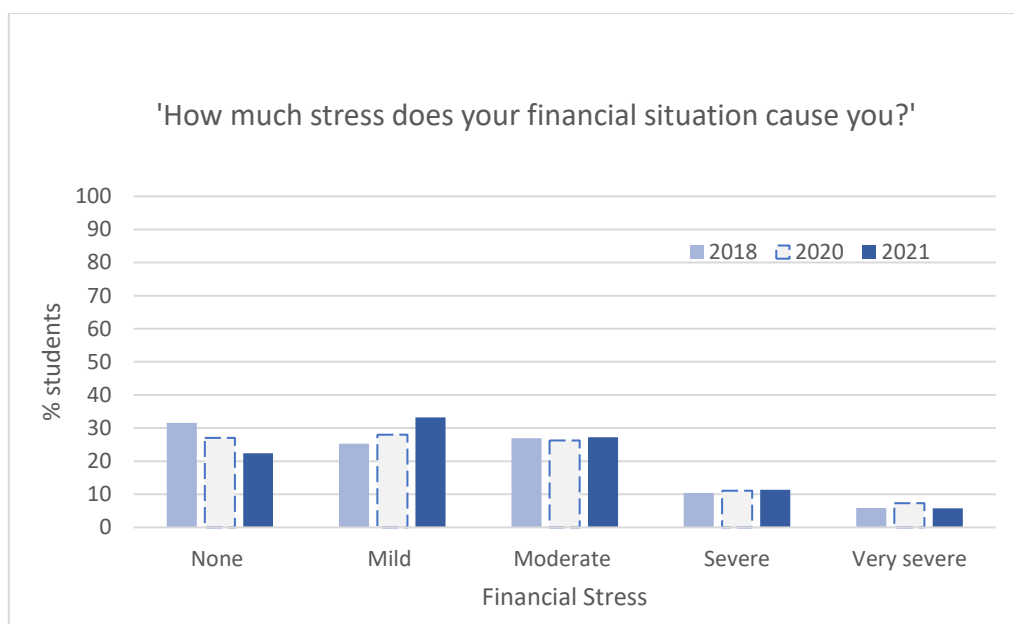


Figure 17. Chart shows student perceived levels of financial stress in 2018, 2020 and 2021.

### Alcohol, Drugs and Gambling

#### Alcohol consumption

Students were asked whether their *'drinking had changed since starting university'* (see Figure 18). More than half said it had increased (53%), with almost a third saying it had stayed the same (32%).



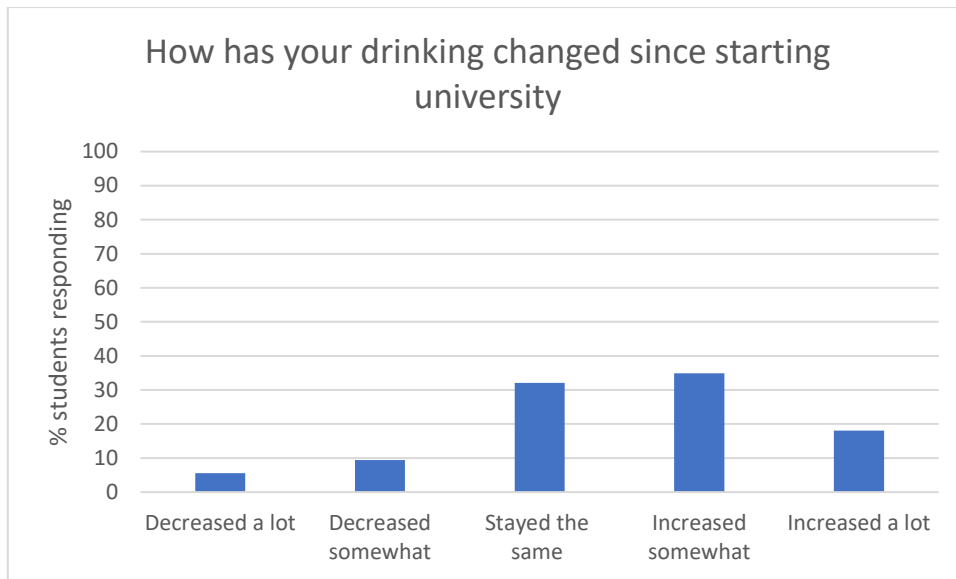


Figure 18. Graph shows self-reported changes to students drinking behaviour in 2020/21

Elevated levels of drinking (as indexed by AUDIT scores) have dropped since 2018 (Babor et al., 2001). While the figures show improvement, this may be due to physical distancing restrictions and restrained socialising across the 2020/21 academic year. With more than half of all respondents (56%) still drinking at hazardous levels, there is still considerable cause for concern.

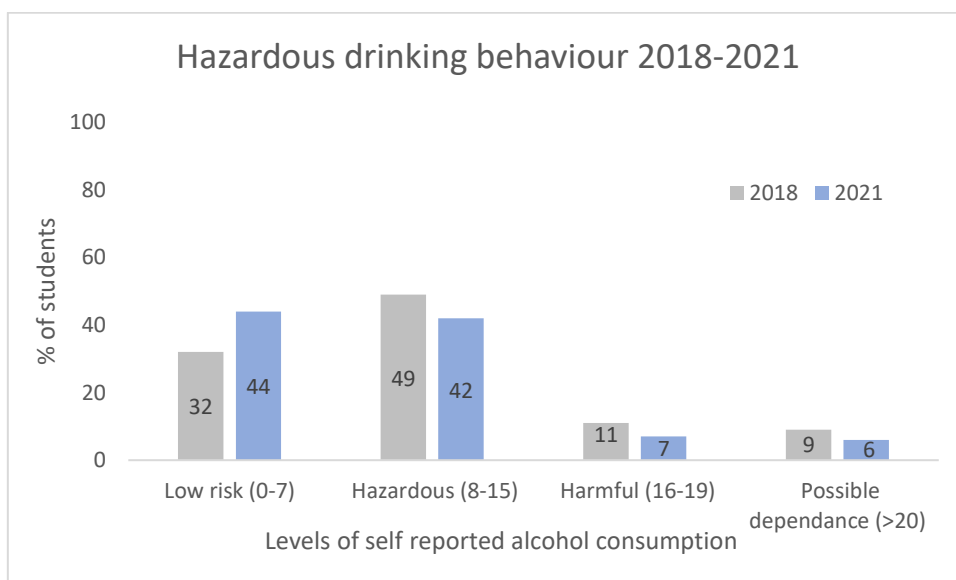


Figure 19. Chart shows percentage of students screening low to high risk for alcohol harm in 2018 and 2021

## Drug use

The most frequently used (illicit) drugs were cannabis (38%), ketamine (19%), nitrous oxide (18%), cocaine (15%), MDMA (12%) and psychedelics (12%); some of these drugs were taken less than once a month (see figure 20). 39% of students smoked tobacco products and 20% non-tobacco nicotine products e.g., e-cigarettes, vapes.

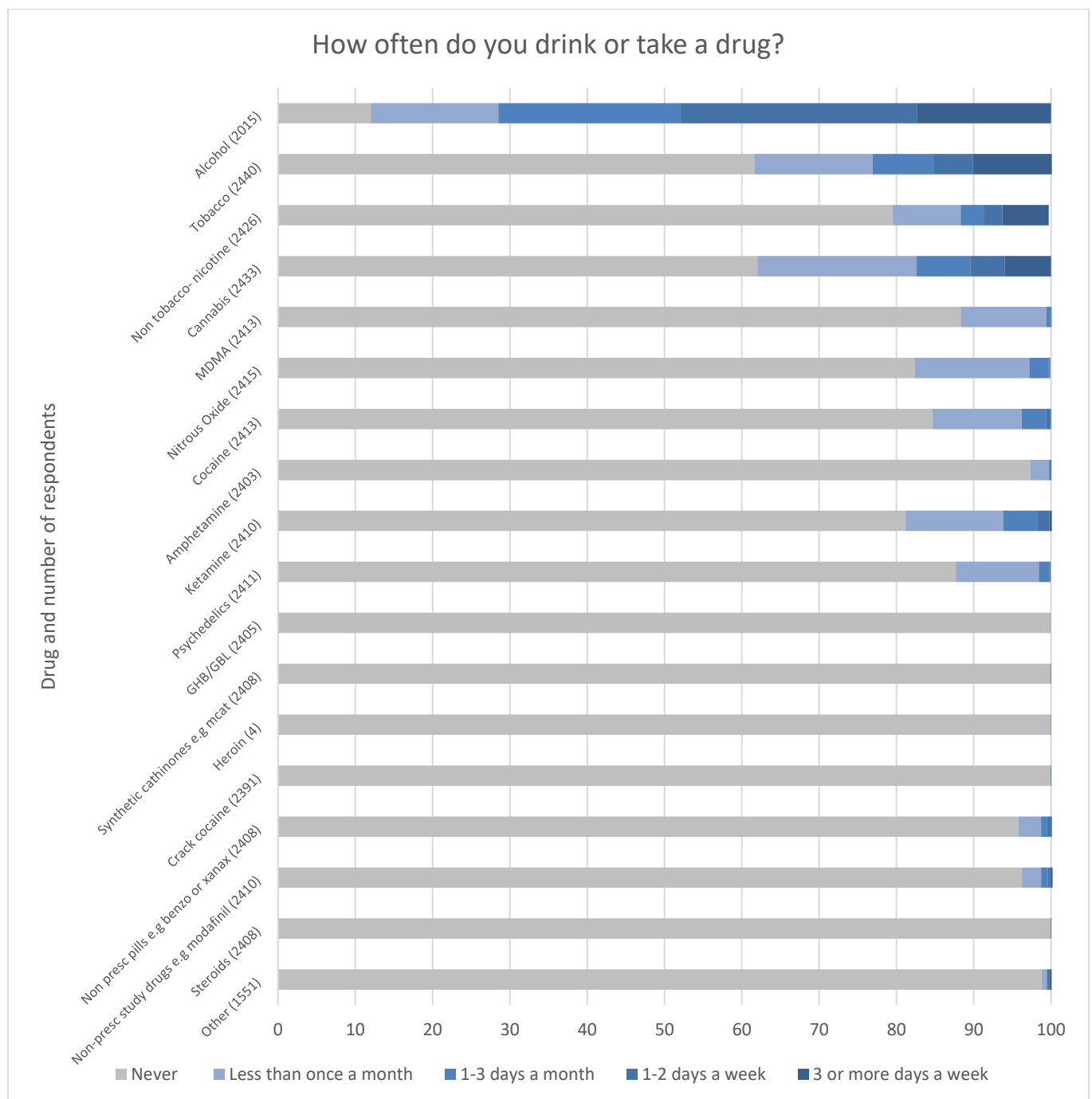


Figure 20. Stacked bar chart shows how often students drink alcohol and take drugs. Approximately 13% students skipped these items (n~350).

Along with tobacco and alcohol - cannabis, cocaine and ketamine caused students who used them greater concern than party drugs like MDMA, psychedelics and amphetamines (see figure 21).

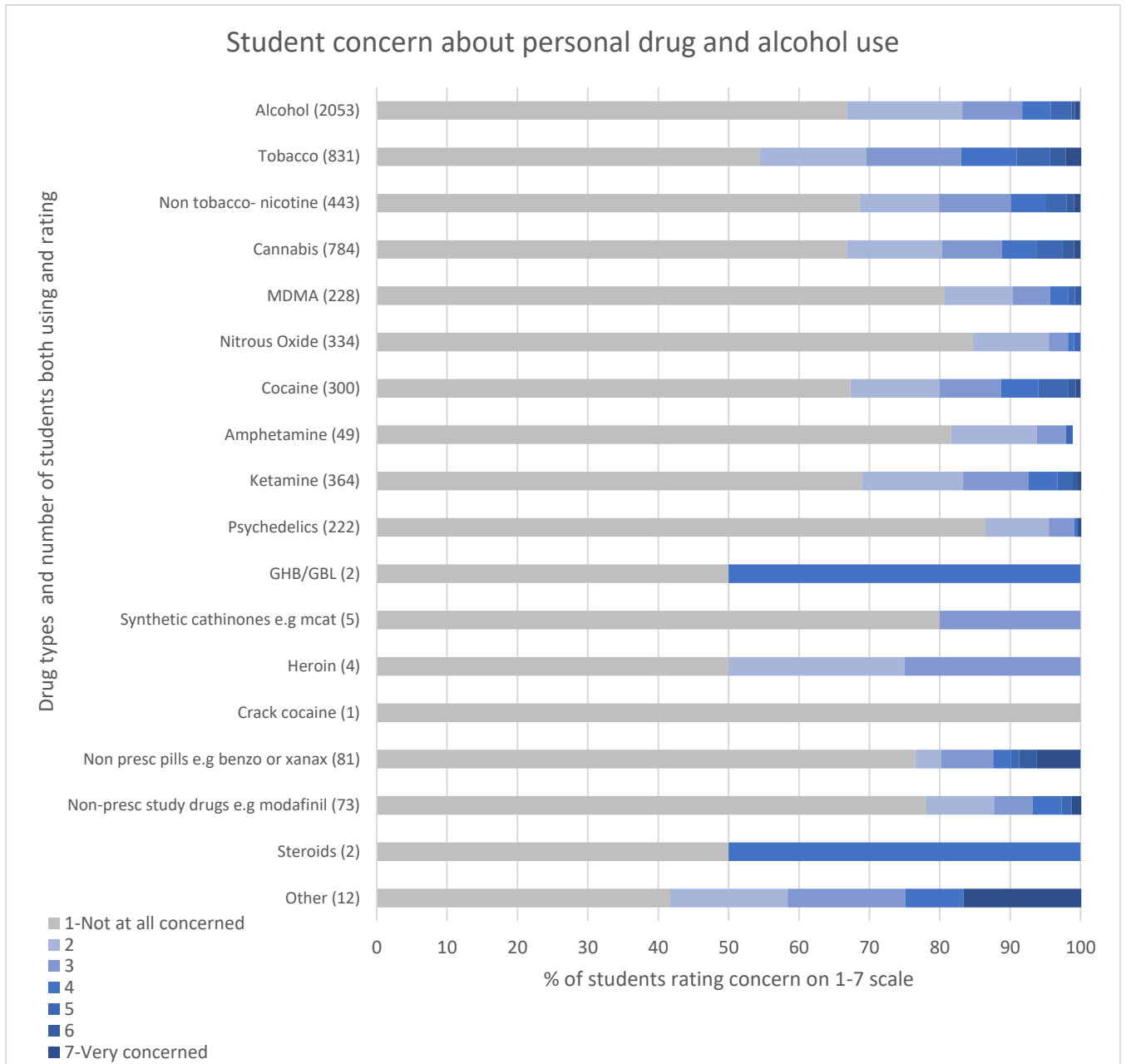


Figure 21. Stacked bar chart shows numbers of students drinking alcohol and taking drugs and their level of concern about use. Students were omitted if they skipped answer or indicated they had 'never taken'

64% (n=1,672/2,594) of students said they had **not** taken an illegal drug before starting university. The university recently introduced drug testing kits. 88% of students had never

used drug testing services or home reagent testing kits when using drugs, 3% (n=85/2,528) used them *sometimes* and <1% *always* did (n=9/2,528).

Only limited further comparisons can be made with student drug and alcohol use in previous years due to question changes.

### **Gambling and Gaming**

For University of Bristol students responding to the survey, only 1% (n=33/2,772) agreed that 'they or others think they've had a problem with gambling or betting while at university'. 2% (n=63/2,772) admitted to a 'problem with gaming' and less than 1% (n= 15/2,772) said *both* gambling and gaming was an issue. Problem gambling and gaming behaviours in students have attracted increased attention as the social focus for many shifted online during the pandemic (BBC, 2020). The estimated global prevalence of pathological gambling in students of 6% and problem gaming 10% (Nowak, 2018). Of those who did report a gambling problem, 16% admitted it had a serious impact on them or others (n=8/50).

## **Unacceptable behaviour**

### **Domestic Violence and assault**

Rates of domestic physical and verbal abuse reported in the Wellbeing Survey appear to have decreased since 2018 (see figure 22). 7% (n= 180/2,738) of students had felt pressured or physically forced into unwanted sexual activity by a partner or significant other since starting university, compared to 9% (n= 213/2,504) in 2018. As yet, there is little data from wider population surveys, but domestic violence helplines have seen an increase in demand for support since the start of the pandemic, and women's safety in particular on UK university campuses is an ongoing area of concern (Feder et al., 2021; Frampton & Smithies, 2021).

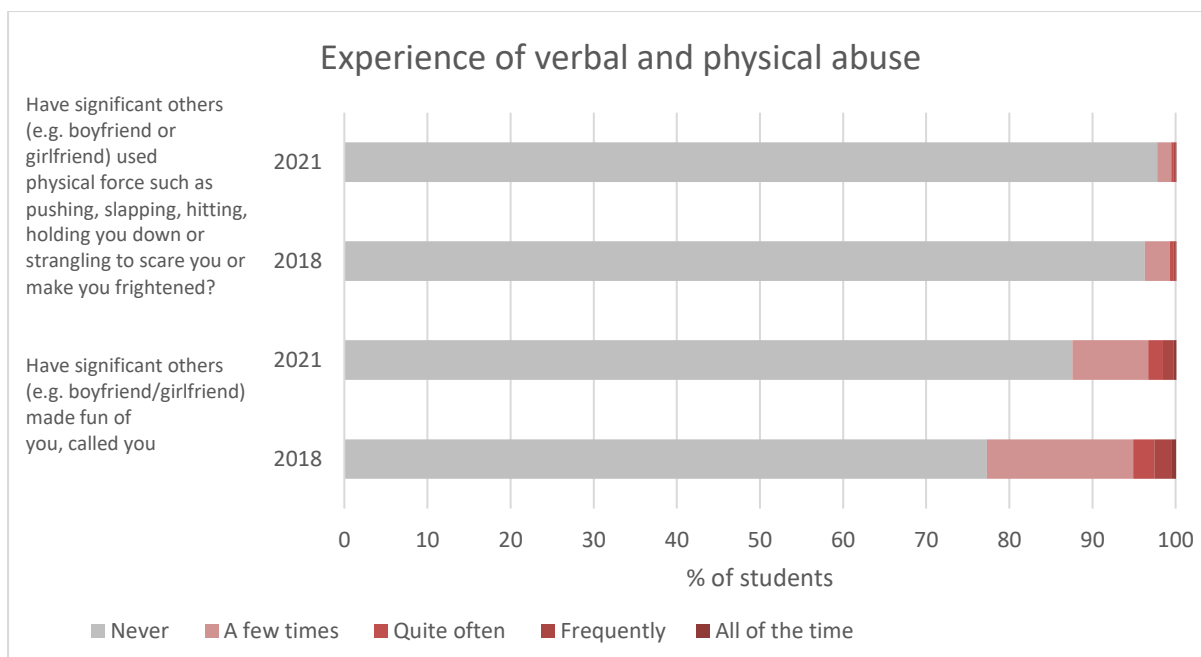


Figure 22. Chart shows number of students experiencing verbal or physical violence or abuse (n=~2,700/2,772 in 2021 and n=~2,500/5,562 in 2018)

### Report and Support

Almost one in four (23%) students said they had experienced discrimination of some kind while at university, one in five sexual harassment or violence (21%), and 17% had been bullied in some way (see figure 23). University of Bristol now has a [‘report and support’](#) webpage where students (and staff) can seek advice or report unacceptable behaviour anonymously. 2% of respondents had used the report and support tool this year (n=55/2,731).

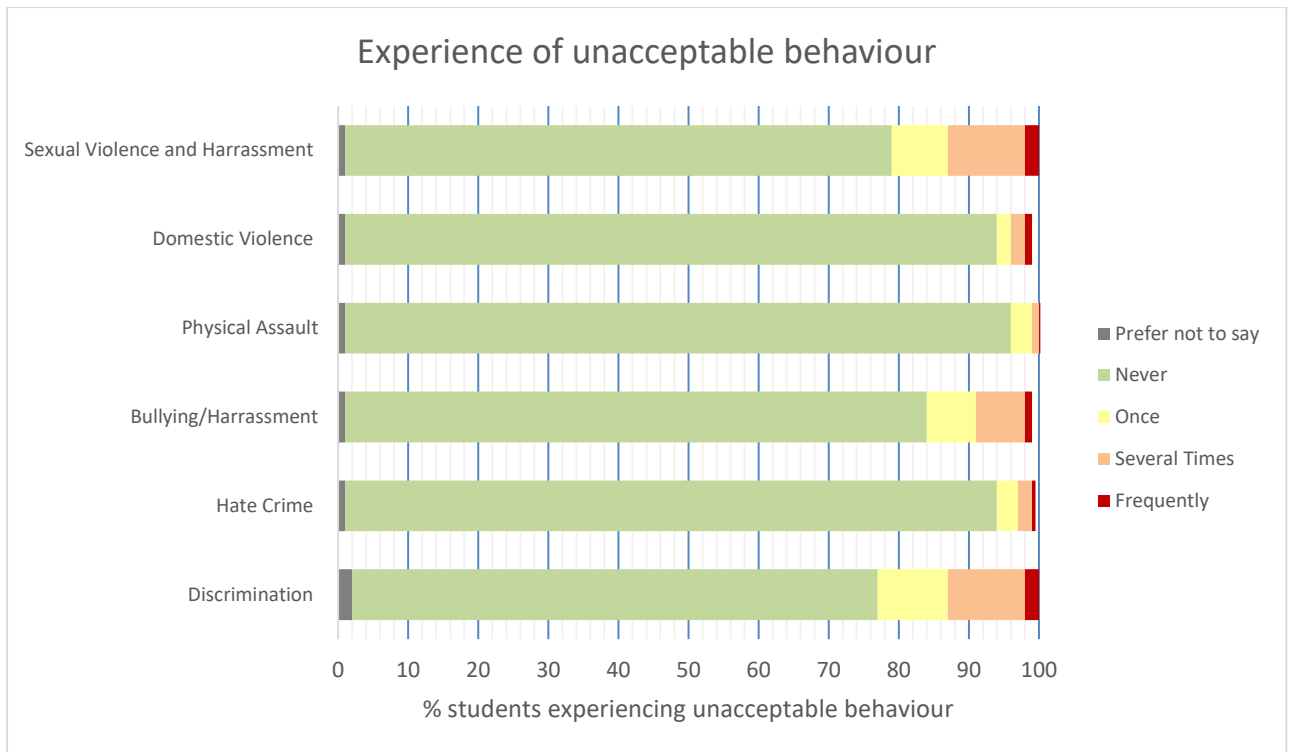


Figure 23. Stacked graph showing percentages of students experiencing unwanted behaviour during their time at university (n= ~2,720) \*not all 100% due to rounding

## Summary

In summary, there has been a worsening of mental health and wellbeing for students taking part in the University of Bristol Wellbeing Survey this year. Almost half of all respondents showed heightened symptoms of depression and four in ten students had high levels of anxiety. Student wellbeing levels have also dipped and perhaps not surprisingly, students themselves report feeling worse in 2021. Nevertheless, in another year of widespread upheaval and uncertainty, it is notable that the general deterioration is not simply for students who are typically most ‘at risk’. The increase in mental health distress (particularly in heightened anxiety), has affected the whole student community and is mirrored in the wider population mental health landscape. It suggests that the national and global context is driving the changes seen in 2021, something that a rolling vaccination programme, the opening of global borders and a return to campus may go some way to mitigate. While clear

pre-existing mental health inequalities remain, many of the gaps have not widened, and for some groups (e.g., international students, those who are first generation at university, and Black, Asian and Minority Ethnic students), disparities seen in previous surveys appear to be closing. Careful consideration needs to be paid to the students who do appear to have been disproportionately affected in the last twelve months, those with disabilities, those studying at the frontline of health science and other disciplines where students appear to typically have poorer mental health e.g., Arts and Life Sciences. We urge caution in making concrete assumptions about any detailed findings here - different survey timings and respondents (in a global crisis) make it harder to determine detailed change. On a final note of optimism, students increasingly say that when they do seek help from the University of Bristol, 43% find it helpful. And while it may reflect the dramatic changes to our lives and a move online, some of the traditional barriers to student support seeking have also decreased e.g., mental health stigma and difficulty accessing services. Those were key issues raised in the Wellbeing Survey four years ago and are a positive step in the right direction.

## Recommendations

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- A summary of these findings should be discussed at senior level and made available to all students and staff.
- Schools should be offered the opportunity to have individual summary reports where data allows.
- Careful strategic consideration is needed for students in ongoing particular need of greater support: students with a pre-existing mental health condition, LGBT students, and students with disabilities.
- Further focused attention should be given to faculties with higher numbers of students with poorer mental health (e.g., Arts and Life Sciences), and after this year's upward spike in poorer mental health - Health Sciences.
- Continued focus should remain on all at risk groups identified in previous surveys e.g., Black and Minority Ethnic Students, International Students and students from poorer backgrounds.

- The numbers of students experiencing heightened levels of depression and anxiety are at their highest since 2018. There are challenges for the whole university sector post-pandemic, but with increasing student numbers, careful consideration needs to be given to preventing both poor mental health as well as supporting students when they face difficulties. That includes drugs and alcohol strategy and community building across the university.
- Further consideration should be given to how accessible students view some specialist services this year e.g. (Student Health Service and Student Counselling).
- One in four students still feel isolated, far higher than seen in the general population. With a return to campus, opportunities for connection and social integration, particularly in halls of residence must be prioritised.
- Response rates this year are at their lowest since the survey began. Renewed attention needs to be given to fully engaging students from across the university e.g., timings, incentives, promotion. Low response rates threaten the validity of the findings.
- These findings are only a brief summary of the detailed insights that the annual Wellbeing Survey has to offer. Sufficient resource should be allocated to the future management, analysis, and research implications of this important and valuable dataset.

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## Appendices

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### Appendix A Survey Methodology

#### Survey Questions

What is your level of study? *UG/PGT/PGR*

What year of study are you in? *0 / Foundation, 1-6, Other (please specify) (open text box)*

Have you had to repeat a year of your studies? *Yes/No*

Was this repeat year at the University of Bristol? *Yes/No*

Are you studying for a joint programme which is 'owned' by two different departments? *Yes No Don't Know*

Which school are you in? (If you're on a joint programme, which school is the primary programme 'owner'?)

Bristol Dental School	School of Chemistry	3. School of Modern Languages
Bristol Medical School	School of Civil, Aerospace and Mechanical Engineering	4. School of Physics
Bristol Veterinary School	School of Computer Science, Electrical and Electronic Engineering, and Engineering Mathematics	5. School of Physiology, Pharmacology and Neuroscience
Centre for Academic Language and Development	School of Earth Sciences	6. School of Psychological Science
Centre for Innovation and Entrepreneurship	School of Economics	7. School of Sociology, Politics and International Studies
School for Policy Studies	School of Education	8. University of Bristol Law School
School of Accounting and Finance	School of Geographical Sciences	
School of Anatomy	School of Humanities	
School of Arts	1. School of Management	
School of Biochemistry	2. School of Mathematics	
School of Biological Sciences		
School of Cellular and Molecular Medicine		

Which department are you in?

What is your mode of study? *FT/PT*

What is your university fee status? *Home/EU/International/Channel Islands and the Isle of Man*

Where were you living at the beginning of the Autumn term?

- a. *University Residence*
- b. *Non-University allocated residence*
- c. *With parents within the Bristol postcode*
- d. *Property rented from a private landlord within the Bristol postcode*
- e. *In a property you own within the Bristol postcode*
- f. *Outside of the Bristol postcode*
- g. *Outside of the UK*
- h. *Other (please specify)*

Where are you living now? *As above*

What is your ethnicity?

*\* Arab, \* Asian - Bangladeshi, \* Asian – Chinese \* Asian - Indian, \* Asian - Other, \* Asian – Pakistani, \* Black - African, \* Black - Caribbean, \* Black – Other, \* Gypsy or Traveller, \* White, \* White and Asian, \* White/Black African, \* White/Black Caribbean, \* Other, \* Other Mixed, \* Unknown, \* Prefer not to say*

How do you define your gender? *\* Woman \* Man \* Non-binary \* Another gender \*Prefer not to Say*

Do you define yourself as transgender? *Yes No Prefer not to say*

What is your sexual orientation? *Bisexual \* Heterosexual/straight \* Gay man \* Gay woman or lesbian \* Prefer not to say \* \*Prefer to self-describe*

How old are you?

Do you have caring responsibilities for a child or adult dependent? *Yes, No or prefer not to say*

Do you consider yourself to have any of the following? (Tick all that apply)

*\* A physical disability - this includes any physical condition that has an effect on your day-to-day activities \* A non-physical disability - - this includes any learning difficulty, mental health condition or condition such as autism that has an effect on your day-to-day activities \* None of the above \* Prefer not to say*

University of Bristol Researchers are currently interested in the experience of students who are diagnosed/self-diagnosed as being on the autism spectrum. Does that describe you?

*Yes, No or Prefer not to say*

What sort of school did you attend at secondary/high school level?

*\* State (non-fee paying) \* Grammar (non-fee paying) \* Private or grammar (fee paying) \* Other (please specify) (open text box)*

Did one or both of your parents go to university? *Yes, No, Unknown, Prefer not to say*

**SWEMWBS** Please tick the box that best describes experience in last 2 weeks

*\*None of the time \*Rarely \*Some of the Time \*Often \*All of the time*

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well

- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

#### UCLA 3-item

- How often do you lack companionship?
- How often do you feel left out?
- How often do you feel isolated from others?

*\*Hardly ever or never, \*Some of the time, \*Often*

How often do you feel lonely?

*\* Often/always \* Some of the time \* Occasionally \* Hardly ever \* Never*

How much stress does your financial situation cause you?

*\*None \*Mild \*Moderate \*Severe \*Very severe*

Please show the extent of your agreement with each of the statements below

*\*Definitely agree \*Mostly agree \*Neither agree nor disagree \*Mostly disagree \*Definitely disagree*

*\*Not applicable*

- I am satisfied with my work-life balance
- I am content with my overall physical health

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? (This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that may be part of a job)

*0, 1, 2, 3, 4, 5, 6, 7, Prefer not to say*

Has your health been seriously impacted by Covid-19 symptoms?

*\* Yes \* No \* Not sure \* Prefer not to say*

How has your wellbeing and mental health changed since you started in the Autumn term 2020?

*\*Much better now, \*Slightly better now, \*No difference \*Slightly worse now, \*Much worse now,*

*\*Don't know, \*Prefer not to say*

Good support is available for my mental health and wellbeing from the university

*\*Definitely agree \*Mostly agree \*Neither agree nor disagree \*Mostly disagree \*Definitely disagree*

*\*Not applicable*

#### PHQ9

In the last two weeks how often have you been bothered by any of the following?

*\*Not all \*Several Days \*More than half the days \*Nearly everyday*

- Little interest or pleasure in doing things?
- Feeling down, depressed, or hopeless?
- Trouble falling or staying asleep, or sleeping too much?
- Feeling tired or having little energy?
- Poor appetite or overeating?
- Feeling bad about yourself – or that you are a failure or have let yourself or your family down?
- Trouble concentrating on things, such as reading the newspaper or watching television?

- "Moving or speaking so slowly that other people could have noticed?"
- Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?"
- Thoughts that you would be better off dead, or of hurting yourself in some way?

**GAD7** In the last two weeks how often have you been bothered by any of the following?

*\*Not all \*Several Days \*More than half the days \*Nearly everyday*

- Feeling nervous, anxious or on edge?
- Not being able to stop or control worrying?
- Worrying too much about different things?
- Trouble relaxing?
- Being so restless that it is hard to sit still?
- Becoming easily annoyed or irritable?
- Feeling afraid as if something awful might happen?

Has a doctor, psychiatrist or other medical professional ever diagnosed you with a mental health condition?

Yes No Prefer not to say

Please specify the diagnosis or condition (open text)

Was this before you started University or whilst you were studying at University?

1. Before University
2. Whilst at University

In the last 12 months, have you had any therapy, medication or other treatment for a mental health condition?

Yes No Prefer not to say

Please indicate how you received this treatment

*\* University Service \* NHS \* Other (please specify) (open text box)*

Since starting university have you ever experienced disordered eating?

Yes, No, Not sure, Prefer not to say

Have you ever sought professional help for an eating disorder?

Yes, No, Prefer not to say

Which of the following have you ever sought help from for mental health or emotional problem since you started university? Please provide an answer for each row

Yes No Not applicable

- Partner / significant other (e.g boyfriend/girlfriend)
- Friend
- Parent
- Other relative / family member
- Peer support or peer mentor
- General Practitioner (GP) / Doctor,
- Mental health professional (psychiatrist, psychologist, counsellor, social worker)
- Personal Tutor / Academic mentor / Supervisor
- Other member of academic school staff (e.g a lecturer)

- Student Wellbeing Adviser
- Other member of University support staff
- Residential Life Adviser / Residential Life team
- Other member of staff in University residences
- \*\* Disability Services
- \*\* Student Inclusion team
- \*\*University of Bristol Wellbeing website
- Bristol Students' Union Adviser / Just Ask
- Togtherall (formerly Big White Wall)
- TalkCampus
- Shout Crisis Messenger
- Fika
- \*\* Nilaari
- Nightline
- \*\*Project Talk
- \*\*Talk Club
- Samaritans
- Religious leader
- The internet
- None of the above/wouldn't seek help
- Other (please specify)

Alongside each support source please indicate how useful this source was?

*Extremely Useful \* Very useful \* Moderately useful \*Slightly useful \* Not useful \* Not applicable*

Overall how easy have you found it to seek help while you have been at university?

*\* Very easy \* Fairly easy \*Neither easy nor difficult \*Fairly difficult \*Very difficult \*Not applicable*

Overall, how easy was it to find the wellbeing support information you needed?

*\* Very easy \* Fairly easy \*Neither easy nor difficult \*Fairly difficult \*Very difficult \*Not applicable*

If you have ever accessed any of the following sources of help for mental health and wellbeing, please indicate how accessible it was (if you have not accessed something please leave blank)

*\* Very easy to access \* Fairly easy to access \*Neither easy nor difficult to access \*Fairly hard to access \*Very hard to access*

- Students' Health Service (General Practitioner (GP) / Doctor / Nurse)
- Student Counselling Service
- Other University mental health professional
- Personal Tutor / Academic mentor / Supervisor
- Other member of academic school staff (e.g a lecturer)
- Student Wellbeing Adviser
- Disability Services
- Student Inclusion team
- \*University of Bristol Wellbeing website
- Other member of University support staff
- Residential Life Adviser / Residential Life team
- Other member of staff in University residences
- Big White Wall
- Nightline

- Nilaari
- Bristol Students' Union Adviser / Just Ask

Overall, how helpful have you found the university support services?

*\*Very helpful \*Fairly helpful \*Neither helpful nor unhelpful \*Fairly unhelpful \*Very unhelpful \*Not applicable*

If you have experienced any mental health or wellbeing concerns during your University studies, have you ever informed any member of University staff about them?

*Yes, No, Not applicable*

Can you tell us why you didn't let someone from the university know?

If you have had a mental health or wellbeing concern and have not used the University's support services, please indicate why (tick all that apply)

- \* I have not had a problem*
- \* Lack of time*
- \* Lack of confidentiality*
- \* Concern that "no one will understand my problems"*
- \* I didn't know where to find help*
- \*Feeling my problems aren't important or severe enough to warrant support*
- \*Concern that university services are too busy to help me*
- \*Feel it's too hard to reach out*
- \* I found support elsewhere*
- \* Stigma of mental health care*
- \* Fear of unwanted intervention*
- \* Fear of documentation on academic record*
- \* Difficulty with access to care*
- \* Lack of available services*
- \* Other (please specify) (open text box)*

Did you opt-in to the University being able to speak your emergency contact in the case that we had significant concerns about your health or safety (including mental health concerns)?

*Opted in, Did not opt in, Unsure*

What reasons motivated this decision?

*Open text*

Have you experienced any of the following behaviours during the time that you've been at university?

*Never, Once, Several Times, Frequently, Prefer not to say*

- Discrimination e.g. being treated unfairly because of who you are or a protected characteristic (such as age, disability, gender, marriage, pregnancy/maternity, ethnicity, religion/belief, sex, sexuality)
- Hate crime e.g. an action or behaviour that is motivated by hostility towards a protected characteristic (such as age, disability, gender, marriage, pregnancy/maternity, ethnicity, religion/belief, sex, sexuality)



- Bullying / harassment e.g. unwanted behaviour that is intimidating, offensive or insulting
- Physical assault e.g. an individual or a group has attacked you physically, with or without the use of a weapon, or threatens to hurt you
- Domestic violence e.g. emotional, psychological, physical, financial and sexual abuse in couple relationships (current or previous) or between household members
- Sexual violence and harassment e.g., any physical sexual intimacy that you have not consented to, or unwanted sexual comments/gestures

Since starting at university have any of your partners pressured you or physically forced you into sexual activity against your wishes?

*Yes No Prefer not to say*

Since starting at university have any of your significant others (e.g., boyfriend/girlfriend) made fun of you, called you hurtful names, shouted at you?

*Yes No Prefer not to say*

Since starting at university have any of your significant others (e.g., boyfriend or girlfriend) used physical force such as pushing, slapping, hitting, holding you down or strangling to scare you or make you frightened?

*Never, A few times, Quite often, Frequently, All of the time*

Have you used the University Report and Support tool?

*Yes No Not applicable Prefer not to say*

Can you tell us what prevented you from using the Report and Support tool?

*(open text)*

## **AUDIT**

How often do you have a drink containing alcohol?

*\*Never \* Monthly or less \* 2-4 times a month \* 2-3 times a week \* 4 or more times a week*

How often do you have six or more drinks on one occasion?

*\*Never \*Less than monthly \*Monthly \* Weekly \* Daily or almost daily*

How often during the last year have you found that you were not able to stop drinking once you had started?

*\*Never \*Less than monthly \*Monthly \* Weekly \* Daily or almost daily*

How often during the last year have you failed to do what was normally expected from you because of drinking?

*\*Never \*Less than monthly \*Monthly \* Weekly \* Daily or almost daily*

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

*\*Never \*Less than monthly \*Monthly \* Weekly \* Daily or almost daily*

How often during the last year have you had a feeling of guilt or remorse after drinking?

*\*Never \*Less than monthly \*Monthly \* Weekly \* Daily or almost daily*

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

*\*Never \*Less than monthly \*Monthly \* Weekly \* Daily or almost daily*

Have you or someone else been injured as a result of your drinking?

*No, Yes, but not in last year, Yes, during the last year*

Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

*No, Yes, but not in last year, Yes, during the last year*

How has your drinking changed since starting university?

- *It has increased a lot*
- *It has increased somewhat*
- *It has stayed about the same*
- *It has decreased somewhat*
- *It has decreased a lot*

Had you ever taken an illegal drug before starting at university?

*Yes, No, Prefer not to say*

In the last year, how often have you used any of the following: (if your answer is "never" for all of the items then please skip the next two pages of questions).

*\*Alcohol*

*\*Tobacco products – e.g. cigarettes, shisha*

*\*Non-tobacco nicotine products – e.g. e-cigarettes, vapes*

*\*Cannabis (weed)*

*\*MDMA (ecstasy)*

*\*Nitrous oxide (laughing gas, nos, balloons)*

*\*Powder cocaine*

*\*Amphetamine (speed)*

*\*Ketamine*

*\*Psychedelic drugs – e.g. LSD/acid, magic mushrooms, 2C drugs*

*\*GHB / GBL*

*\*Synthetic cathinones – e.g. Mephedrone/M-CAT*

*\*Heroin*

*\*Crack cocaine*

*\*Non-prescribed benzodiazepines or sleeping pills e.g. Xanax*

*\*Non-prescribed study drugs e.g. Modafinil, Ritalin, Adderall*

*\*Anabolic steroids*

*\*Other (please specify)*

On a scale of 1-7, where 1 is 'not at all concerned' and 7 is 'very concerned', how concerned are you about your use of any drug you take more than once a month?

*See above*

Do you ever use drug testing services or home reagent testing kits when using illegal drugs?

*No, Sometimes, All the time*

What do you think of the University's approach to drugs including alcohol?

*Open text*

Do you (or others) think you may have had a problem with gambling/betting or gaming while at university?

*\*Yes - gambling/betting*

*\*Yes - gaming*

*\*Both*

*\*Not applicable*

My gambling has had a serious impact on me or on others?

*Strongly agree*

*Agree*

*Neither agree nor disagree*

*Disagree*

*Strongly disagree*

Regarding the University's mental health and wellbeing support for students, please let us know if you have any comments on:

- what you think is good and works well?
- what more you feel the University could do to improve the support offered?

Please let us know how you found out about the survey?

*\*University student newsletter, \*Digital screens on campus, \*Digital screens on bus, \*MyBristol Portal \*Posters in School/Dept, \*Posters round campus (not in School/Dept), \*University website, \*Instagram \*Facebook, \*Twitter, \*LinkedIn, \*Personal Tutor\*Lecturer, \*Friend / course mate, \*Email, \*Other*

## **Patient Health Questionnaire (PHQ9) and General Anxiety Scale (GAD7) scoring**

The PHQ 9 depression scale recommends further assessment and possible intervention when scores are more than 10 (see table below). The GAD-7 anxiety scale is scored and assessed in the same way. *Table shows PHQ-9 Scores and Proposed Treatment Actions - Kroenke and Spitzer, 2002.*

<b>PHQ-9 Score</b>	<b>Depression Severity</b>	<b>Proposed Treatment Actions</b>
1 to 4	None	None
5 to 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 to 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 to 19	Moderately Severe	Immediate initiation of pharmacotherapy and/or psychotherapy
20 to 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

## Appendix B Survey delivery and communication

Students were invited to take part in three separate emails: one from the Pro Vice Chancellor Student Experience, Professor Sarah Purdy, and two from the research team, Jacks Bennett and Dr Myles Jay Linton. It was also advertised on the Blackboard portal and on social media by the University of Bristol comms team and Bristol Students Union. The survey had originally been scheduled to end on 24<sup>th</sup> May 2021- before the summer assessment period, but due to promotion and communication challenges, the window was extended to June 30<sup>th</sup> - after term end. 80% of respondents said they found out about the survey through an email, 5% via Facebook.

## Appendix C Respondent Characteristics

Table shows profile of students taking part in the Student Wellbeing Survey in 2021 compared to previous years (2018- 2020) and Education Administration data (2020/21) – some percentages may not total 100% due to approximating

	<b>2018</b> (UG: May PG: June)	<b>2019</b> (6/5-27/5)	<b>2020</b> (22/6-12/7)	<b>2021</b> (26/4- 30/6)	<b>UoB Registry 2020/21*</b>
<b>Gender %</b>					
Female	65	70	65	63	55
Male	33	28	33	32	45
Non-binary/Another gender	1	1	2	3	n/a
Prefer not to say	<1	1	n/a	2	n/a
Transgender	n/a	<1	<1	2	n/a
<b>Fee Status %</b>					
Home	88	81	76	78	74
EU	5	7		7	5
International	7	12	24	15	21
Channel Islands & Isle Man	<1	<1	<1	<1	
<b>Ethnicity %</b>					
White British	81	80	66	74	63

Black, Asian and Minority Ethnic	17	20	33	24	28
Non-disclosed	2	1	1	3	9
<b>Ethnicity ONS %</b>					
White	81	79	66	74	n/a
Mixed or multiple ethnic groups	5	5	5	6	
Asian or Asian British	9	11	22	13	
Black, African, Caribbean or Black British	1	2	2	2	
Other ethnic group	2	2	4	2	
Non-disclosed	2	1	1	3	
<b>Sexual Orientation %</b>					
Heterosexual/straight	79	75	74	66	n/a
LGBTQ+	16	16	17	23	
Prefer not to say	4	6	9	8	
Prefer to self-describe	2	2	n/a	4	
<b>Disability % (could tick all that applied)</b>					
Physical disability	2	2	3	3	12
Non-physical disability	24	22	14	26	
None	70	66	77	66	88

Prefer not to say	4	5	6	5	<1
<b>School Education %</b>					
State	49	53	54	55	n/a
Grammar (non-fee paying)	14	11	10	10	
Private (fee paying)	34	33	29	27	
Other or Prefer Not to Say	3	3	7	8	
<b>Level of Study %</b>					
Undergraduate	88	77	69	77	74
Postgraduate Taught	5	12	18	13	18
Postgraduate Research	7	11	12	10	8
<b>Year of Study %</b>					
Foundation	n/a	1	2	2	n/a
First	33	36	46	40	
Second	29	26	24	28	
Third	25	22	17	19	
Fourth or more	12	15	10	11	
<b>Faculty</b>					
Arts	22	21	16	18	18
Engineering	12	10	14	13	15

Health Sciences	14	17	12	14	13
Life Sciences**	7 Biomedical Science 1 Other	14	13	14	11
Science	23	17	15	15	13
Social Science and Law	21	21	30	26	30
<b>Mental Health Diagnosis</b>					
Yes	34	34	18	30	n/a
No	66	66	76	66	
Prefer not to say	n/a	Not asked	6	4	
<b>Other %</b>					
Age 16-21	71	60	55	62	n/a
Age 22+	29	40	45	39	n/a
Repeat Year	8	6	n/a	5	n/a
First Generation university	30	22	21	29	n/a
Average Wellbeing score (Swemwbs)***	20.0	20.1	20.3	19.6	23.8
Average Depression score PHQ9***	9.4	9.7	8.5	10.0	n/a
Average Anxiety score GAD7***	8.1	7.8	7.1	8.6	n/a

\*UoB figures taken from Education Administration Office 1/12/20.

\*\* Reconfigured as Life Sciences in 2019

\*\*\*Sex weighted and excluding minority gender



## Appendix D Mental Health outcomes

### Student personal perception of their mental health change

Chart shows students' own perceptions of mental health changes according to course level

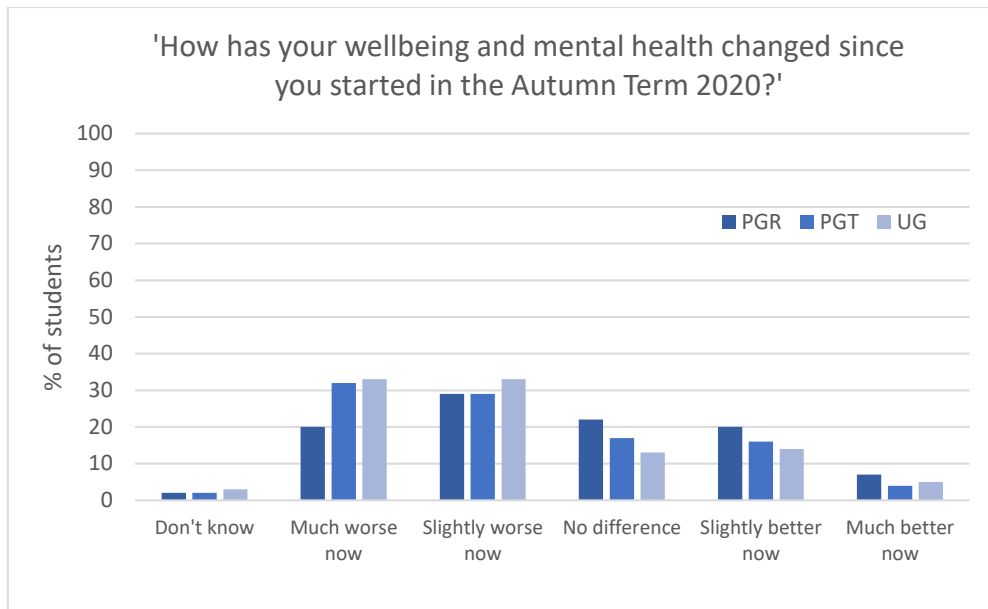
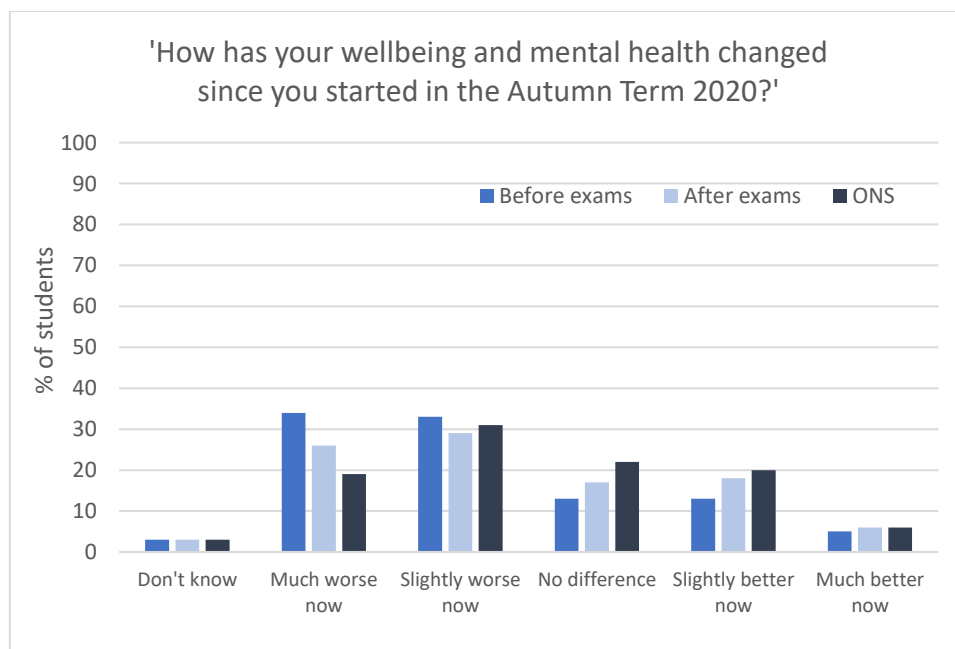


Chart shows students' perceived mental health changes in 2020/21 according to timing of survey completion i.e., before or during/after exams



## Depression, Anxiety, and Wellbeing trends 2018-2021

Table shows prevalence of high depression/anxiety and average wellbeing scores across different student groups

	% of students with moderate to severe depressive symptoms (PHQ-9 >10)				% of students with moderate to severe anxiety symptoms (GAD-7 >10)				Average SWEMWBS Score <small>** important note- these are mean scores not %s and calculated to one decimal place</small>			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
All Students	45*	45*	37*	47*	37*	35*	28*	41*	20.0	20.1*	20.4*	19.6*
<b>Gender</b>												
Male	41	41	33	44	32	29	22	36	20.3	20.3	20.8	19.5
Female	46	48	40	49	41	39	32	45	19.7	20.0	20.1	19.6
Non-Binary/another gender	80	78	76	76	65	52	36	62	17.1	18.7	17.2	17.4
<b>Ethnicity*</b>												
White British	42	43	35	47	36	34	27	41	20.1	20.4	20.4	19.6

Black, Asian and Minority Ethnic	54	56	40	45	43	38	29	39	19.3	19.4	20.4	19.6
<b>Ethnicity ONS*<sup>8</sup></b>												
White	42	43	35	47	36	34	27	41	20.1	20.4	20.4	19.6
Mixed or multiple ethnic groups	51	63	47	46	42	44	37	38	19.6	18.8	19.9	19.3
Asian or Asian British	57	52	38	45	45	34	27	38	19.1	19.7	20.7	19.6
Black, African, Caribbean or Black British	40	54	38	39	35	31	25	31	20.6	19.8	20.2	20.9
Other ethnic group	54	58	40	50	44	55	33	50	19.0	18.9	20.0	19.4
Non disclosed	50	35	25	56	44	38	21	59	19.8	19.4	20.5	18.1

<sup>8</sup> Detailed ethnicity groups ([ONS, 2011](#))

<b>Fee Status*</b>												
Home/EU	43	45	36	47	36	34	28	41	20.0	20.2	20.3	19.5
International	55	50	37	44	49	36	28	39	19.2	19.8	20.7	19.9
<b>Sexual Orientation*</b>												
Heterosexual	41	40	33	42	35	31	25	37	20.2	20.5	20.8	19.9
LGBTQ+	55	63	51	58	45	43	40	50	19.0	19.1	19.3	19.0
<b>Level of Study*</b>												
Undergraduate	44	46	37	49	37	35	27	42	20.0	20.1	20.5	19.4
Postgraduate Taught	41	48	39	43	41	38	30	40	19.5	19.9	20.4	19.9
Postgraduate Research	38	37	34	32	43	27	30	30	20.3	20.5	20.1	20.5
<b>Disability*</b>												

No disability	34	36	30	37	28	26	22	32	20.7	20.9	20.8	20.2
Physical disability	50	46	47	58	45	33	38	56	20.0	20.5	19.9	18.9
Non-physical disability	72	70	63	70	62	56	52	65	18.1	18.3	18.6	18.0
<b>Mental Health (MH) Diagnosis*</b>												
With a MH diagnosis	64	67	58	69	57	55	49	59	18.8	18.6	18.8	18.4
Without a MH diagnosis	34	35	31	38	28	25	22	32	20.6	20.9	20.8	20.1
<b>School Education*</b>												
State	46	48	37	48	38	38	28	42	19.9	19.9	20.3	19.5
Grammar (non-fee paying)	44	43	32	48	36	29	26	38	20.0	20.4	20.6	19.7
Private (Fee paying)	39	41	36	43	35	31	26	40	20.2	20.5	20.5	19.7

Parental Education *												
First generation Higher Education	50	54	41	47	43	42	33	43	19.4	19.7	20.3	19.6
University educated	41	43	35	47	34	33	26	40	20.2	20.3	20.4	19.5
Year of study*												
Foundation	n/a	36	28	35	n/a	28	19	28	n/a	20.3	21.3	21.4
1	44	46	38	49	36	32	28	41	20.0	20.2	20.4	19.5
2	47	48	39	50	38	36	29	44	19.9	20.1	20.2	19.3
3	42	46	32	45	39	38	27	39	20.0	20.0	20.4	19.4
4	41	40	32	40	37	33	26	41	20.2	20.3	20.6	20.3
5/6	35	24	40	26	29	28	24	36	20.5	21.2	20.9	21.6

Other *(n=13)	59	71	34	43	52	50	8*	34	18.5	19.0	22.3	19.6
<b>Faculty*</b>												
Arts	44	48	41	50	37	38	31	43	20.0	20.0	19.8	19.6
Engineering	45	44	36	45	36	32	26	35	20.0	19.8	20.3	19.4
Health Sciences	34	33	32	42	32	28	26	41	20.8	21.2	21.1	20.2
Science	44	43	32	45	35	31	22	37	19.9	20.2	20.5	19.5
Life Sciences	Biomedical 48	51	35	53	Biomedical 39	39	27	48	Biomedical 19.7	20.0	20.5	19.1
Social Science and Law	47	50	40	46	44	39	30	41	19.6	19.8	20.3	19.6

*\*Scores have been sex weighted and non-binary respondents were omitted from this analysis*

## Appendix E Help Seeking

### Sources of student support and usefulness ratings

Table briefly outlines different university support services

<b>GP/Doctor/Nurse</b>	Student Health Service (on campus)	<b>Shout Crisis Messenger</b>	24hr text crisis support
<b>Student Counselling Service</b>	Specialist counsellors (on campus)	<b>Fika</b>	Mental health app
<b>Mental Health Professional</b>	Other university specialists	<b>Nightline</b>	Confidential non-advisory listening service
<b>Student Wellbeing Adviser</b>	Trained support staff in schools	<b>Nilaari</b>	Black, Asian and Minority Ethnic counselling
<b>Residential Life Adviser</b>	Trained support staff in university accommodation	<b>Project Talk</b>	Student-led peer support scheme
<b>Peer Support</b>	Mentoring support with current students	<b>Talk Club</b>	Student-led peer support scheme
<b>Togetherall</b>	Online support community (formerly known as Big White Wall)		
<b>Talkcampus</b>	Peer support app		



Table shows number of students using a source of support and how useful they found it 2018-2021

Source of support	% Total Not useful				% Total Extremely/very useful				Number of students using support and giving a rating
	2018	2019	2020	2021	2018	2019	2020	2021	
Partner/significant other	4%	4%	2%	4%	66%	68%	79%	67%	48% (1324)
Friend (not related)	1%	2%	<1%	1%	66%	65%	74%	59%	75% (2078)
Parent	3%	3%	2%	4%	65%	65%	72%	59%	58% (1594)
Other relative/family member	3%	2%	2%	3%	60%	64%	72%	59%	26% (712)
Peer Support/ Peer Mentor	18%	7%	2%	8%	35%	44%	56%	39%	10% (266)
GP/Doctor	12%	14%		14%	37%	39%		35%	14% (844)

GP/Doctor/Health professional *only GP/Doctor in 2018/19	12%	14%	5%		37%	39%	51%		9% (344)
Mental Health Professional	12%	6%		8%	50%	60%		56%	34% (953)
Personal Tutor/Academic Mentor	17%	16%	5%	15%	34%	40%	65%	35%	32% (878)
Other member academic staff	14%	15%		12%	39%	45%		39%	11% (295)
Student Wellbeing advisor	24%	14%	8%	16%	28%	48%	59%	32%	28% (765)
Member University support staff	20%	14%	6%	20%	34%	49%	59%	39%	7% (181)

Residential Life advisor/ Residential Life team	*All staff Residences 9%	19%	8%	36%	*All staff Residences 51%	35%	55%	29%	10% (281)
Other member of staff in Residences		19%	33%	18%		37%	33%	42%	2% (43)
Student Union advisor	14%	14%	27%	12%	29%	45%	47%	41%	3% (85)
Togetherall (Big White Wall)	41%	40%	32%	47%	8%	12%	20%	14%	5% (130)
Talkcampus			18%	14%			27%	43%	<1% (18)
Shout Crisis Messenger			33%	25%			33%	26%	2% (57)
Fika			0%	40%			100%	47%	<1% (16)
Nightline	41%	32%	29%	33%	25%	28%	14%	24%	3% (78)

Samaritans	22%	15%	27%	25%	32%	36%	53%	35%	5% (142)
Religious Leader	7%	7%	2%	4%	63%	64%	69%	65%	3% (91)
Internet	8%	11%	7%	12%	20%	23%	33%	21%	42% (1174)
Disability services				18%				33%	10% (285)
Student Inclusion Team				10%				50%	<1% (24)
UoB website				24%				13%	21% (582)
Nilaari				0%				76%	<1% (21)
Project Talk				14%				46%	1% (40)
Talk Club				6%				72%	<1% (18)
None									4% (116)
Other									2% (54)

*\*number of students rating support may be fewer*

## Barriers to Seeking University Support

Table shows responses to: 'If you have had a mental health or wellbeing concern and not used university support services, please indicate why?' 2018-2021. Respondents ticked all that applied.

	2018	2019	2021 (n= 2179)	LGBTQ+* (71)	BAME* (663)	INTERNATIONAL* (406)	DISABILITY* (818)
Not had a problem**	17%	19%	21%	8%	24%	27%	11%
Lack of time	19%	22%	20%	25%	23%	27%	18%
Lack of confidentiality	7%	10%	11%	12%	15%	18%	10%
Concern 'no-one will understand my problem'	17%	21%	31%	37%	38%	40%	35%
Didn't know where to find help	16%	18%	18%	17%	15%	16%	18%
Stigma of mental health care	15%	18%	14%	12%	13%	12%	15%
Fear unwanted intervention	19%	24%	27%	38%	26%	27%	26%
Fear of documentation	16%	21%	26%	29%	28%	31%	27%

Difficulty with access	17%	15%	10%	22%	10%	11%	16%
Lack of available services	22%	18%	14%	26%	14%	12%	21%
Feeling my problems aren't important or severe enough to warrant support**			53%	57%	51%	52%	44%
Concern university services are too busy to help me**			32%	32%	28%	23%	33%
Feel it's too hard to reach out **			32%	48%	33%	31%	35%
Found support elsewhere**			25%	22%	23%	20%	22%
Other	16%	13%	13%	17%	11%	10%	15%

*\*Barriers for some 'at risk' groups - 2021 only*

*\*\*respondents who indicated 'not had a problem' removed from further analysis*

*\*\*new for 2021*