

# Covid-19 Survey

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## Wellbeing Summary 2020

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## Executive Summary

The University of Bristol Covid-19 Survey replaced the annual Student Wellbeing Survey in 2020. The survey was motivated by calls to examine student experiences during a period of global uncertainty, and to inform future service provision. This year's mental health and wellbeing findings reflect students' education and wellbeing experiences shaped by the impact of the Covid-19 pandemic and the move to remote learning and support. The survey results are encouraging: In general students did not appear to be experiencing higher levels of anxiety and depression than last year and levels of subjective wellbeing remained stable. Similarly, levels of isolation and financial stress had not increased from 2019 and 2018. While existing mental health inequalities remain, for the majority of student groups identified in previous surveys as most at risk of higher levels of depression and anxiety, the gaps did not appear to have widened. This suggests the most vulnerable students (e.g. Black, Asian and Ethnic Minority students, non-binary gender, or those with a previous mental health diagnosis) were not disproportionately affected by the consequences of the pandemic in the UK. The number of students using university support services had, perhaps understandably, decreased. However, student perception of the accessibility and helpfulness of individual university wellbeing support services had improved for the second year in a row. There are limitations in drawing definitive conclusions from this data: they need to be viewed in the context that, unlike previous surveys, the Covid-19 Survey was carried out after the assessment period and this year's responding students tended to have lower levels of pre-existing mental health problems in comparison. Nevertheless, against a backdrop of increasing global concern for students' mental health and wellbeing over the last few years, we might have expected to see evidence of a negative impact during this unprecedented challenge for the education sector. Reassuringly, overall for University of Bristol students in the summer term of 2019/20, that was not the case.

## Headline Findings

- 39% of students found the transition to online teaching and learning *very or fairly easy* and 40% *very or fairly difficult*
- N=212 (6%) of respondents said their health had been seriously impacted by Covid-19 symptoms; 8% respondents said they have a condition that puts them at greater risk from Covid-19
- 9% students had suffered a bereavement since March 2020
- Almost one in four (24%) students said they had *often or always felt lonely* since lockdown restrictions - only half that number (12%) said they would normally have felt this way. 22% Bristol students said they experienced high levels of loneliness last year
- Almost one in five respondents said money worries were causing them *severe or very severe stress* (18%). This compares to 16% in 2018
- 18% of Covid-19 survey respondents had experienced a diagnosed mental health issue at some point in their lives compared to 34% students in both the 2018 and 2019 Wellbeing surveys. This drop most likely reflects the difference in the characteristics of students responding to each survey rather than a true change in the proportion of students with a history of mental health diagnosis
- Levels of depression (as indexed by the Patient Health Questionnaire) were lower than seen in the 2018 and 2019 Wellbeing surveys. 37% students showed symptoms of low mood compared to 45% in previous years
- Similarly, symptoms of anxiety (as indexed by the General Anxiety GAD7 scale) were on average lower than previous years - 29% compared to 35% (2019) and 37% (2018)
- Students with a physical disability (3%; n=107) were one of the only groups to show increased levels of depression, anxiety and poorer wellbeing over the summer term
- Poor mental health (as measured by depression and anxiety symptoms) was considerably more common in female than male students
- Comparison of overall levels of depression and anxiety for students **with** and **without** diagnosed mental health issues, to examine real change over time, suggests both groups have shown a reduction compared to previous survey years

- Pre-existing mental health inequalities (symptoms of depression and anxiety) still remain for marginalised groups highlighted in previous surveys including non-binary students, LGBTQ, first-generation university students, and students with a mental health diagnosis. However, overall levels of depression and anxiety symptoms were lower than previous years and the gap has not widened
- Marked differences in depression and anxiety symptoms for home and overseas students, seen in previous years, are reduced in 2020 (36% vs 37%)
- The mental health disparity (in higher depression and anxiety symptoms) for Black, Asian and Minority Ethnic and White British students shown in previous surveys is still apparent but the gap has narrowed (35% vs 40%)
- Students in their first and second years were at particular risk of facing mental health challenges in the form of anxiety and depression in the summer term, as well as students studying in the Arts, Social Sciences and Law faculties. This mirrors findings from 2019
- Student wellbeing levels (as measured by a short subjective wellbeing scale) remain largely the same as in May of last year at 20.3 (20.1 in 2019). The population average for 16-24-year olds is 23
- N=607 (16%) of respondents report using one or more university support services over the summer term (excluding tutors, supervisors and other administrative/academic staff)
- Asked about university support services **overall**, more than a third of all students using them (37%; n=226/607) found them *very or fairly* helpful, and 21% found them *very or fairly* unhelpful.
- Similarly, more than a third of all students using university support services during the summer term and giving a rating (38%; n=605) found them **overall** *very or fairly* easy to access and 21% found them *very or fairly* difficult to access. In 2019, 33% of respondents said it was *very or fairly* easy to seek help at university and 27% said it was *fairly or very* difficult

- Individual satisfaction ratings for all of University of Bristol's support services have risen for the second year in a row. Across the board in 2020, 'very positive' ratings for university support have increased and 'very negative' ratings have fallen
- More than half of all students turning to different university teams for support during the summer term of 2020 e.g. peer supporters, wellbeing advisers or academics, rated them very positively i.e. *extremely or very useful*

## Introduction

This report summarises the key wellbeing findings from the Covid-19 Survey carried out across the University of Bristol between June 22<sup>nd</sup> and July 12<sup>th</sup>, 2020. The Covid-19 Survey replaced the annual Student Wellbeing Survey which has evaluated student experience on a number of wellbeing and mental health measures since 2018. As a result of the pandemic-related disruption across the UK since March 2020, the planned questionnaire was revised to include items reflecting changes to education, teaching and support during the summer term.

Students' lives, studies and support services were significantly disrupted by the Covid-19 pandemic. Where possible this report outlines any changes in student mental health and wellbeing compared to previous years as well as any shift in the way students use and rate University Support services. However it should be noted that the comparisons are likely to have been influenced by the different characteristics of students responding to the Covid-19 survey, the fact it only reflects on the summer term (i.e. after UK Covid-19 restrictions were introduced), and the time period in which it ran (i.e. following the university exam/assessment period in June).

## Background

There has been growing concern over the last few years for the mental health and wellbeing of university students in the UK and internationally (IPPR, 2017; Auerbach et al., 2018). Adolescence is the peak age for onset of a mental health issue, coinciding with a time when

more than half of all young people in the UK leave home to enter higher education, and this period of major transition may increase their vulnerability (Kessler et al., 2007; UUK, 2018).

A recent large US review shows a broad worsening trend in student mental health over the last decade with more than 41% students screening positive for depression and 34% screening positive for anxiety in 2017-2018 (Duffy, Twenge & Joiner, 2019). It reflects a wider rise in levels of depression, anxiety and self-harm in young people in the broader population in the UK and elsewhere, but there is little evidence that prevalence of common mental health disorders is higher in students versus non-students, except for the suggestion of an increase in females (McManus & Gunnell, 2020).

Drivers for the rises may include increasing disclosure as a result of greater awareness and reduced stigma around mental health issues. In student populations, policies aimed at widening participation, the growth in student numbers, and the introduction of fees may all contribute to changes in the characteristics of the student body and the proportion of those most vulnerable.

With rising numbers of university students now reporting mental health problems, UK university services are under increasing pressure, with as many as 21.5 % of students declaring a current mental health issue and 33.9% experiencing a serious issue for which they need professional help (Hubble & Bolton, 2020). The impact of the Covid-19 pandemic on studies, finances and job prospects means concerns about young people's mental health are more relevant than ever.

In 2018 University of Bristol invested in a 'whole-university' approach to student mental health and wellbeing, working with Universities UK and the UK Office for Students on new initiatives aimed at improving student wellbeing and mental health (UUK, 2017; OFS, 2019). 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. Headline findings in last year's survey showed that 45% of students reported moderate to severe depressive symptoms and 35% reported similar levels of

anxiety; however, those rates varied according to student characteristics e.g. gender, ethnic diversity, course level, fee status and previous mental health history (Bennett & Gunnell., 2019). Student satisfaction with university support services had improved slightly since 2018.

This year the Covid-19 Survey replaced the annual Wellbeing survey after the introduction of UK government social distancing restrictions, campus closure and the rapid transfer of university teaching, assessment and support online in the summer term of 2020.

## Methods

The Covid-19 survey ran for three weeks (June 22<sup>nd</sup> to July 12<sup>th</sup>, 2020). It was an anonymous questionnaire and open to all registered postgraduate and undergraduate students at the University of Bristol (n=27,513). Students were invited to take part in three separate emails from the Pro Vice Chancellor Student Experience, Sarah Purdy, and one from Vice Chancellor, Hugh Brady. It was also advertised on the Blackboard portal and via social media by the University of Bristol comms team and Bristol Students Union.

The Covid-19 survey included previously used measures of depression symptoms - PHQ-9 (Kroenke & Spitzer, 2002); anxiety - GAD-7 (Spitzer et al., 2006); and subjective wellbeing- the short 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. Other questions taken from the 2018 and 2019 Wellbeing surveys explored loneliness, financial stress, and support seeking behaviour. New items were added covering: living arrangements, Covid-19 health risk, bereavement, and the transition to online teaching and assessment (Appendix A).

It is important to note that the questionnaire was branded a Covid-19 survey rather than Mental Health and Wellbeing Survey, which may have engaged a different group of respondents, meaning the students who answered each survey may also be different in their mental health characteristics. The added anonymity of the survey makes it difficult to disentangle not only the differences in respondents, but any real changes over time.



Additionally, the questions only reflect students' wellbeing and support experience of the summer term (post UK restrictions) and not the whole academic year, as asked in 2018 and 2019. Similarly, the annual Wellbeing Survey has previously run in May, just before the standard exam/assessment period, and the Covid-19 survey ran six weeks later, at the end of the academic year and beginning of the holiday, potentially reflecting different levels of academic stress as well as any wellbeing impact of the pandemic.

As seen in the 2018 and 2019 surveys, prevalence estimates in this survey may again be influenced by an over-representation of female responders (65% respondents were female compared to 55% in overall student population). 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 reflect the gender split in the broader university population - this year (55% female/45% male). Smaller gender groups e.g. 'non-binary', 'other gender', and those who 'prefer not to disclose' have been omitted from the sub-analysis to avoid further bias, and because the size of the population is unknown, making standardisation impossible.

The data has been cleaned and analysed using Stata software. Student demographics come from the University of Bristol Registry <http://www.bristol.ac.uk/ssio/statistics/> and baseline University of Bristol mental health figures come from the 2018 and 2019 Student Wellbeing Survey findings <https://www.bristol.ac.uk/media-library/sites/students/documents/mental-health-and-wellbeing-survey-2019-update.pdf>

Ethical approval was obtained through the University of Bristol Faculty of Health Sciences Ethics Committee (no. 49861) and students gave informed consent. The Covid-19 Survey was also approved by the University of Bristol Student Surveys Panel.

## Characteristics of responders

3,693 students responded to the survey - a 13% response rate (of 27,513 registered students in Dec 2019). This compares to 2,637 students - a 10% response rate for the annual Wellbeing Survey in 2019. See respondent characteristics in Appendix B.

Compared to students responding to the 2019 Wellbeing survey, this sample better matches the overall student population in a number of factors e.g. BAME background, home versus overseas status, disability, and level of study e.g. UG/PG. There is still an overrepresentation of female students (65% vs 55% in the wider student population) but the difference is less marked than last year (70% in respondents vs 56% in the wider population). When compared with 2019 respondents, this survey has more first year students (46% compared with 36% in 2019), fewer undergraduates (69% versus 77%), fewer students with a non-physical disability (14% vs 22%), more postgraduate taught students (18% vs 12%). There is also a greater proportion of Social Sciences students this year (30% vs 21% in 2019) and a smaller proportion of Arts (16% vs 21%) and Health Science students (12% vs 17%), however it is more reflective of the wider university makeup.

95% of this year's respondents were on full-time courses, 21% were first generation university students, more than two thirds came from state education (64%), and 5% had caring responsibilities.

## Key Wellbeing findings from the Covid-19 Survey 2020

### Educational Experience and Student Mental Health

Asked about how easily students 'adapted to online teaching or PGR supervision' in the summer term, 39% found it *very or fairly easy* and 40% *very or fairly difficult*. Not surprisingly, those with past experience of a mental health issue, higher levels of symptoms of depression/anxiety or poorer wellbeing found the transition harder than those without. For example, of those respondents who said they found it *very easy* to adapt, the majority (80%; n=217/272) had never experienced a diagnosed mental health issue, but 63% (n=332/533) of those who found it *very difficult* had. While it is difficult to establish the

nature and direction of the association, it would suggest that, perhaps not surprisingly, potentially vulnerable students found it harder to adapt to the online teaching environment.

### Health risk and impact of Covid-19

8% respondents indicated that they have a medical condition that puts them at greater risk from Covid-19, which is high given the population risk for this age group (Clark et al., 2020). 84% believed they are not at greater risk from the virus, and 8% were unsure. This may due to an individual's subjective perception of risk e.g. asthma or other health conditions that would not necessarily necessitate clinical shielding measures but may cause personal concern. For example, the incidence of asthma in the UK is 12% and far higher in children and young people than older adults (BLF,2020).

Students were also asked if their health had been seriously impacted by Covid-19 symptoms, and 6% (n=212/3682) agreed yes it had, 77% said no and 16% weren't sure. Students who answered yes to this question were then asked more generally about 'any support provided by the university'. 28% (n=51/180) of those seriously affected by symptoms indicated that any university support provided had been *very or fairly helpful*, however 41% (n=74/180) said it was *very or fairly unhelpful*. Note that 15% of these students (n=32/212) indicated that university support in this context was *not applicable* to them.

### Changes in living arrangements

#### Residence

58% students were living at a different address in the summer term compared to autumn and spring terms, relocating when the Covid-19 restrictions were introduced. 28% of respondents lived in university halls of residence before March 2020 and only 6% during the summer term (see Figure 1). The number of students who said they were living in rented accommodation in Bristol more than halved (44% to 20%) and the number of students living outside the UK doubled (from 8% to 17%) during UK restrictions. Overall, two thirds of

respondents were living outside the Bristol area (64%) during the summer term compared to only 16% before UK restrictions

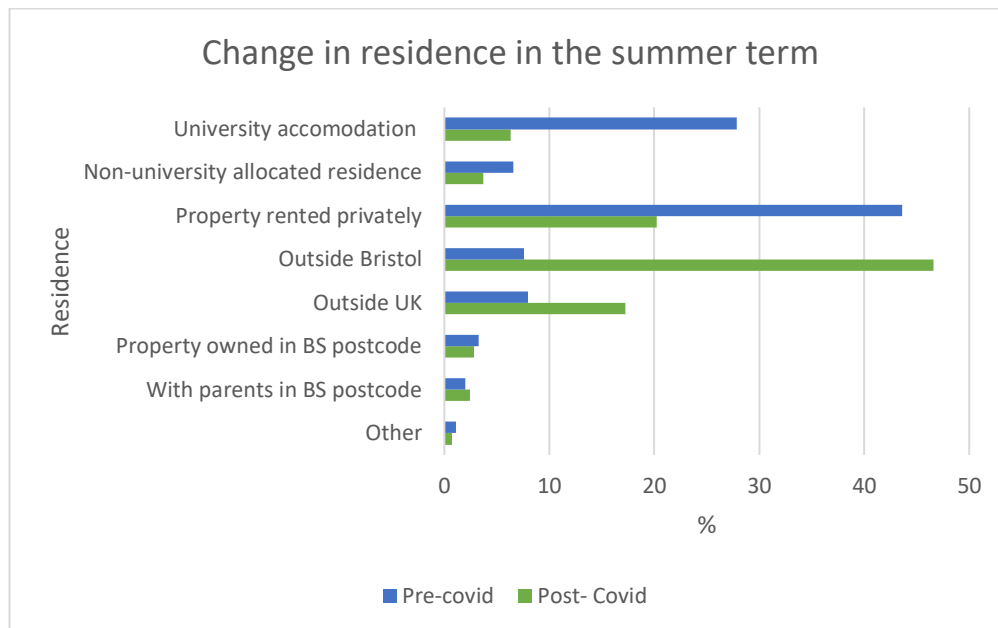


Figure 1. Changes in students' place of residence before and after UK restrictions in March 2020

## Household

Students were also asked about who they had been living with during the summer term (see Figure 2). Two thirds of students had been living with parents, family or partners (67%) and one in five (20%) living in shared accommodation, however more than one in ten said they had been living alone (11%).

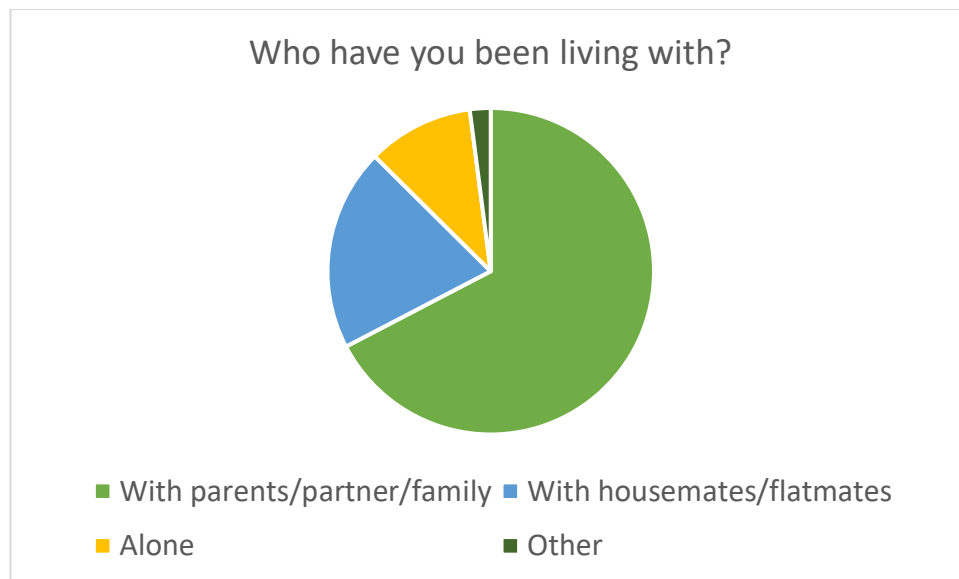


Figure 2. A breakdown of student living arrangements after UK restrictions in March 2020

### Loneliness

The Covid-19 survey asked, ‘how often have you felt lonely since UK government restrictions were introduced’ and 24% of students responded *often or always*. Only half that number (12%) said they usually felt this way. In last year’s Wellbeing survey, one in five students (22%) suggested they felt *often/always* lonely (see Figure 3). This may reflect the case mix in respondents; however, the same question was asked by the Office for National Statistics in April/May 2020 at the height of lockdown restrictions, and the UK population average for 16-24-year olds was 7.1% (ONS, 2020). It is not surprising that students may have been feeling more isolated due to the Covid-19 disruption, but this group already have a far higher than average perceived sense of loneliness, and this will need to be considered when prioritising opportunities for social connection in the new blended learning model.

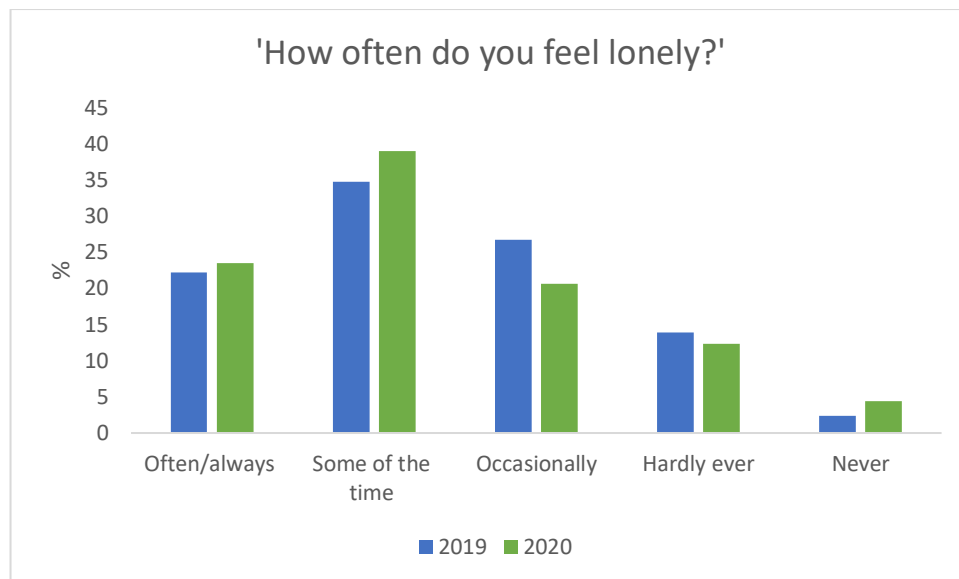


Figure 3. Self-reported sense of loneliness in 2019 and 2020

### Bereavement

9% of survey respondents said they have suffered a bereavement since March 2020. This question was not asked in previous surveys and did not ask whether Covid-19 was the cause of death. While this appears high, a recent survey of students using University of Bristol Wellbeing services shows that 8 -10% may be facing emotional issues related to grief and loss at any given time. One US study found that 22% to 30% of college students are within 12 months of having experienced the death of a family member or friend (Balk et al., 2010). This suggests the impact of Covid-19 related mortality may not have been as widespread as feared. Nevertheless, bereavement is an issue affecting almost one in ten of these respondents. While comments from students detailing their loss, do not show a significant impact of virus-related death, they do highlight a more general concern about issues applying for extenuating circumstances and a need for visible bereavement support or resources.

### Financial Stress

Students were asked how much stress their financial situation had caused them since Covid-19 restrictions were introduced in March 2020 and almost one in five respondents (18%) said money worries were causing them *severe* or *very severe stress*, slightly up from 16% two years ago (see Figure 4). More than half said they were experiencing *no stress* or only

*mild stress* (55%), with the overall pattern similar to that found in 2018. However, there is still cause for concern with one in five students facing considerable money worries, and there is a growing but limited literature on the potential impact of financial stress for UK university students (Mccloud & Bann, 2019). Any ongoing consequences of the coronavirus pandemic for the local job market where many students supplement their income, and/or uncertainty in the graduate employment sector may see students' financial concerns worsen rather than improve in the coming academic year.

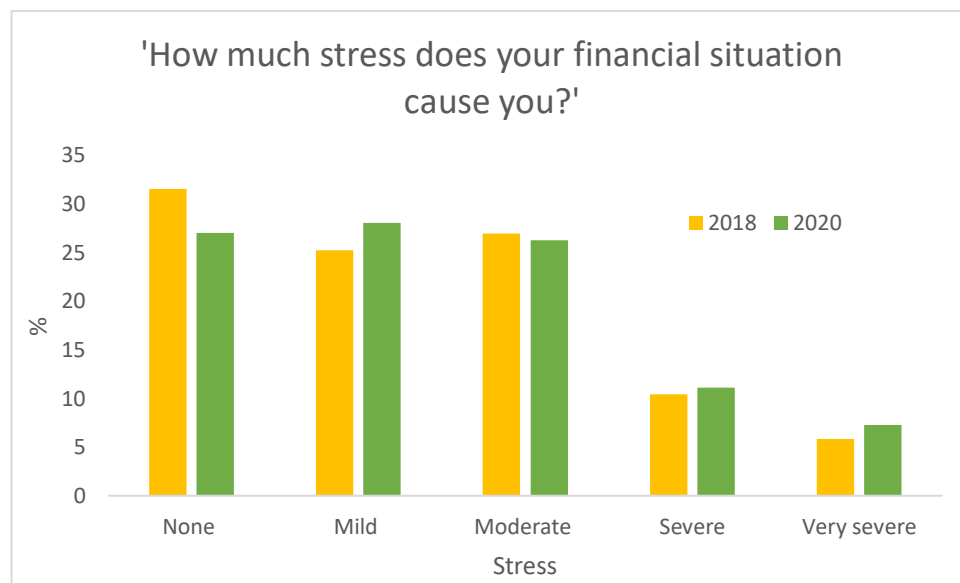


Figure 4. Student levels of financial stress since UK Covid-19 restrictions compared to 2018

### Mental health diagnosis

18% of respondents said they had been told that they have a mental health problem by a GP or health professional at some point in their lives, which is almost half the number who said the same in 2018 and 2019 (34%). It should be noted that 6% of respondents chose not to answer this question in 2020, and in previous years students were not given this option. Nevertheless, the notable difference indicates that students in this survey may be more representative of the wider student body, with different mental health characteristics. One way to investigate any real change over time, is to examine overall levels of depression and anxiety for students both *with* and *without* diagnosed mental health issues on the basis that the more vulnerable group might have been disproportionately affected by the Covid-19 disruption (see Figure 5). Reassuringly, both groups show lower levels of depression and

anxiety symptoms, suggesting any wider impact of the pandemic on student mental health may have been mitigated.

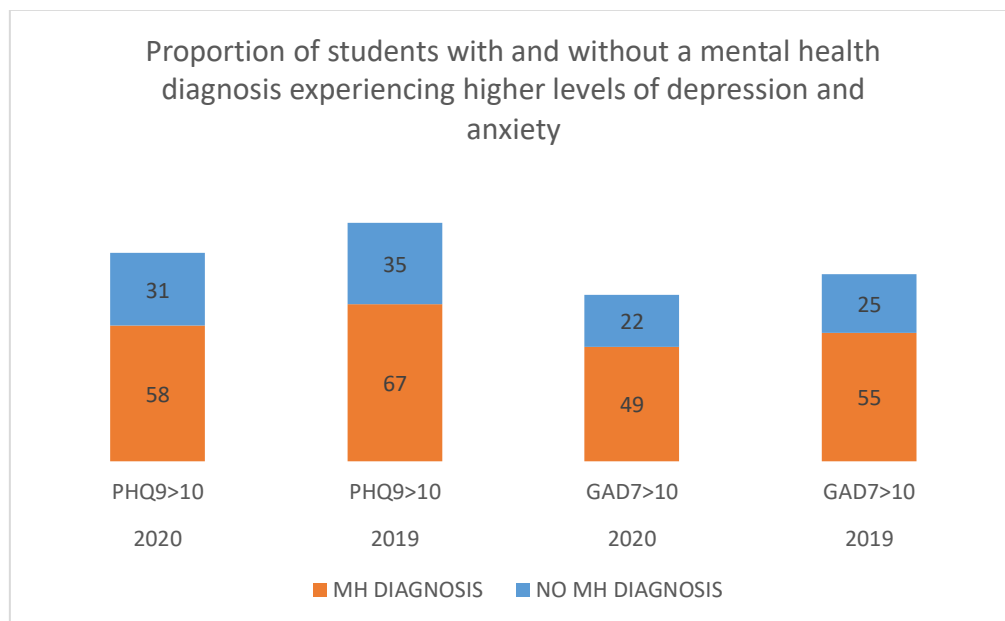


Figure 5. Proportion of high levels of depression and anxiety (as indicated by PHQ9 and GAD7 scores >10) in students with and without a mental health diagnosis in 2019 in 2020

More students report being diagnosed with a mental health condition before university (55%) than whilst at university (41%). This is similar to 2019 when 57% were diagnosed before arriving and 43% while at university. Less than half (48%;  $n = 330/681$ ) of students who have had a mental health diagnosis, were currently having some form of treatment, although many students may have sought and finished treatment for previous issues. By comparison in 2019, 75% students who had experienced a clinical diagnosis at some point in their lives had sought treatment in the previous twelve months.

## Wellbeing

Students' wellbeing was measured using the 7-item SWEMWBS scale, a widely used measure of subjective and psychological functioning. Higher scores indicate more positive wellbeing and range between 7 and 35. The average general population score for 16-24-year olds is ~23 (Fat et al., 2017). In May 2019 the average University of Bristol student score was 20.1 and this year the average is 20.3 - scores are slightly higher in males (20.8) than females (20.1), a similar gender difference to 2018 and 2019 (see Table 1). The scores



remain lower for some vulnerable groups e.g. non-binary students (17.2), LGBTQ students (19.3), students with a non-physical disability (18.6) and students with a mental health diagnosis (18.8). Despite what appears from previous survey years to be an established difference in wellbeing for these groups, reassuringly the gap does not appear to have widened due to the Covid-19 disruption. Overall, there is no strong evidence that Bristol students have seen a marked deterioration in their wellbeing in the summer term. This is reflected in a recent Bristol study showing a rise in levels of wellbeing (and drop in levels anxiety) for school age teens in the South West before and after UK schools were closed, against a backdrop of broader concerns about the mental health consequences of the pandemic (Widnall et al., 2020; Gunnell et al., 2020).

## Depression

The survey uses the Patient Health Questionnaire to screen for depressive symptoms over a two-week period. Higher scores indicate greater severity of symptoms, with further assessment and treatment advised when an individual's score is 10 or more (see Appendix C). Mean depression scores in 2020 were 8.5 compared to 9.7 in 2019 (see Table 1), but there are still clear gender differences year on year - average female scores were 8.9 (10 in 2019), male 7.8 (9.2 in 2019), and for non-binary/other students score was the same at 13.7. The gender breakdown was also similar in 2018. The number of students reporting moderate to severe depressive symptoms has dropped to 37% (see Table 1), lower than seen in both the 2019 and 2018 Wellbeing Surveys (45%). As discussed, this may reflect the different characteristics of students responding to the survey or its timing, nevertheless it is encouraging to see a downward trend in levels of depression during an unprecedented period of uncertainty for students.

While proportions have largely decreased overall, those student groups previously shown to be at particular risk of depression still demonstrate ongoing disparities i.e. depression symptoms are more prevalent in female respondents (40% compared to 33% in males), marginalised groups e.g. non-binary (76%), LGBTQ (51%), students with physical and non-physical disabilities (47%; 63%), and first-generation university attendees (54%). However,

the gap has narrowed for international versus home students (37% vs 36%) and Black, Asian and Minority Ethnic and White British students (40% vs 35%). Despite what appear to be established inequities for some at risk groups, which clearly re-emphasises the need for greater or targeted levels of support, the overall downward trend suggests that any existing mental health inequalities have not been exacerbated by the impact of Covid-19.

## Anxiety

Using the GAD-7 to screen (over the last two weeks) for general anxiety disorder, the average student score in 2020 was 7.1, down from 7.8 in 2019 and 8.1 in 2018 (see Appendix B). Like the depression scale, higher screening scores start to become a cause for concern at  $\geq 10$ . As before, we see similar gender differences - females 7.6, males 6.0 and non-binary 10.2, which broadly reflects the pattern in 2018 and 2019.

The percentage of students experiencing moderate/severe anxiety symptoms has dropped from 35% in 2019 to 29% in 2020 (see Table 1). The gender difference is again apparent: females 32%, males 22% and non-binary/other 36%. LGBTQ students also show far higher levels of anxiety symptoms (40%), as well as students with a physical (38%) and non-physical disability (52%) and those with a mental health diagnosis (49%). First-generation university students also show more anxiety symptoms than those whose are not first generation (33% vs 26%). While these findings show similar patterns to those seen in 2018 and 2019, any differences in course levels e.g. UG/PG, or for overseas students and Black, Asian and Minority Ethnic students, are not as marked as they have been in previous years. We may have expected these groups to have been adversely affected by the pandemic disruption, however there is no evidence to suggest that has been the case.

Table 1 shows prevalence of high depression/anxiety and low wellbeing scores across different student demographic groups

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

	% 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>	
	2019	2020	2019	2020	2019	2020
All Students	45*	37*	35*	29*	20.1*	20.3*
<b>Gender</b>						
Male	41	33	29	22	20.3	20.8
Female	48	40	39	32	20.0	20.1
Non-Binary	78	76	52	36	18.7	17.2
<b>Ethnicity</b>						
White British	43	35	34	27	20.4	20.4
Black, Asian and minority ethnic	56	40	38	29	19.4	20.4
<b>Fee Status</b>						
Home/EU	45	36	34	28	20.2	20.3
International	50	37	36	28	19.8	20.7
<b>Sexual Orientation</b>						
Heterosexual	40	33	31	25	20.5	20.8
LGBTQ	63	51	43	40	19.1	19.3
<b>Level of Study</b>						
Undergraduate	46	37	35	27	20.1	20.5
Postgraduate Taught	48	39	38	30	19.9	20.4
Postgraduate Research	37	34	27	30	20.5	20.1
<b>Disability</b>						
No disability	36	30	26	22	20.9	20.8
Physical disability	46	47	33	38	20.5	19.9
Non-physical disability	70	63	56	52	18.3	18.6
<b>Mental Health Diagnosis</b>						

With a MH diagnosis	67	58	55	49	18.6	18.8
Without a MH diagnosis	35	31	25	22	20.9	20.8
<b>School Education</b>						
State	48	37	38	28	19.9	20.3
Grammar (non-fee paying)	43	32	29	26	20.4	20.6
Private (Fee paying)	41	36	31	26	20.5	20.5
<b>Parental Education *</b>						
First generation HE	54	41	42	33	19.7	20.3
University educated	43	35	33	26	20.3	20.4
<b>Year of study</b>						
Foundation	36	28	28	19	20.3	21.3
1	46	38	32	28	20.2	20.4
2	48	39	36	29	20.1	20.2
3	46	32	38	27	20.0	20.4
4	40	32	33	26	20.3	20.6
5/6 (n=68)	24	40	28	24	21.2	20.9
Other *(n=13)	71	34	50	8*	19.0	22.3
<b>Faculty</b>						
Arts	48	41	38	31	20.0	19.8
Engineering	44	36	32	26	19.8	20.3
Health Sciences	33	32	28	26	21.2	21.1
Science	43	32	31	22	20.2	20.5
Life Sciences	51	35	39	27	20.0	20.5
Social Science and Law	50	40	39	30	19.8	20.3

Mental Health by Course level, Disability, Year of Study, and Faculty

While previous surveys have highlighted a greater mental health risk for postgraduate taught students the gap has narrowed in 2020 (see Figure 6). However, this may be a reflection of the more representative nature of the survey sample.

Students who have a physical disability are one of the only groups to see an elevated risk for anxiety and depression symptoms in 2020; they represent 3% (n=107) of Covid-19 survey respondents and 2% (n=55) of respondents in 2019. Students with a physical disability show an increase in higher levels of anxiety (33% in 2019 to 38% in 2020), and the proportion screening positive for depression is up from 46% last year to 47% this year. This group also report poorer wellbeing (scoring 20.5 in 2019 and 19.9 in 2020). Students were not asked further detail about the nature of their disabilities.

Across year groups, students studying in their first and second year showed the highest levels of depression (38%; n= 668/1695 in Year 1; 39%; n= 357/896 in Year 2) (see Figure 7). Most year groups report improvement since 2019, although Years 5 and 6 (largely studying in the Health and Social Sciences faculties) show an increase in higher levels of depression (40%; n=26/68) but not anxiety symptoms (24%; n=16/68). Students in the Arts (41%; n=225/604) and Social Science and Law (40%; n= 449/1093) faculties showed more risk for both depression and anxiety than any of their peers in other faculties, a similar picture to 2019 (see Figure 8). While Health Sciences students showed the lowest levels of depression and anxiety symptoms overall, any improvement seen in other faculties in 2020 are not as marked for this group.

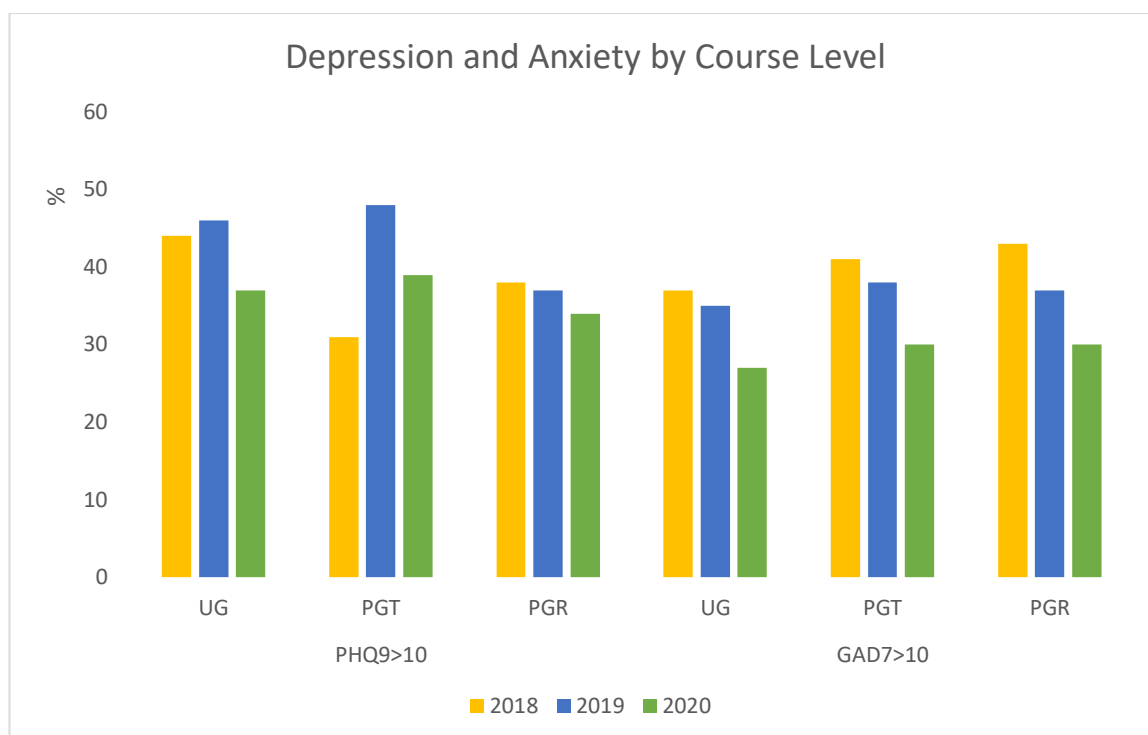


Figure 6. Proportion of students with higher levels of depression (PHQ9 ≥ 10) and anxiety (GAD7 ≥ 10) by Course Level

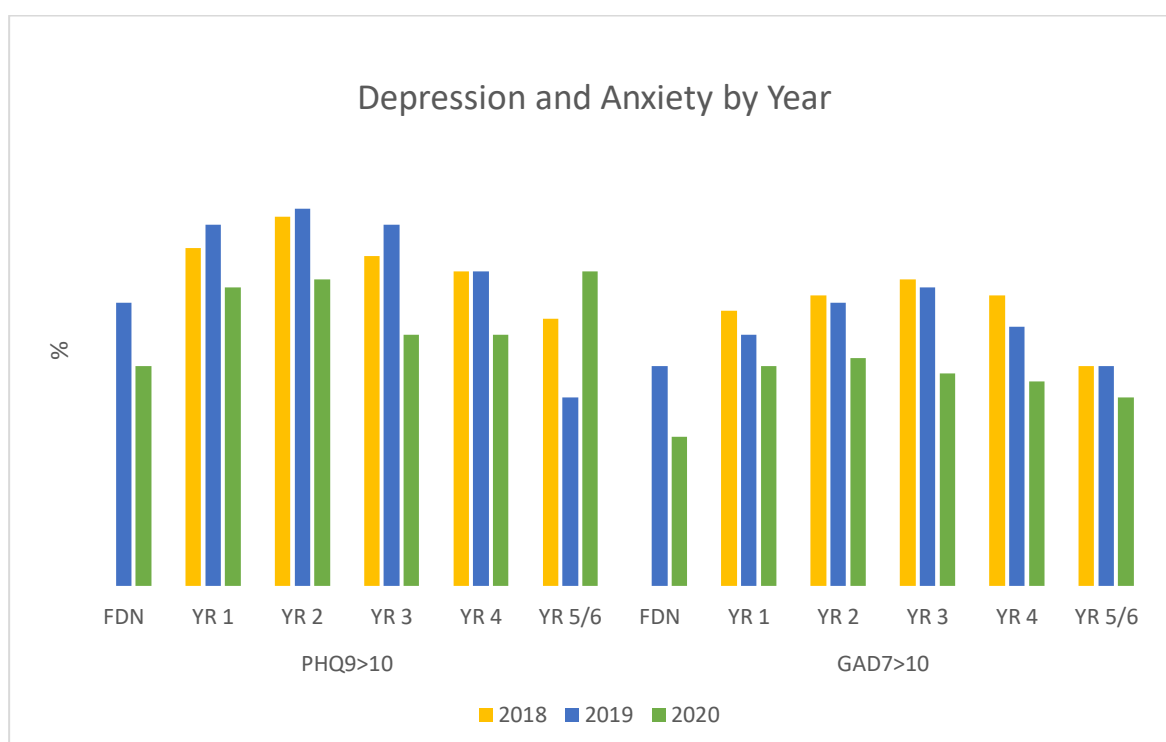


Figure 7. Proportion of students with higher levels of depression (PHQ9 ≥ 10) and anxiety (GAD7 ≥ 10) by Year (\*FND – Foundation Year)

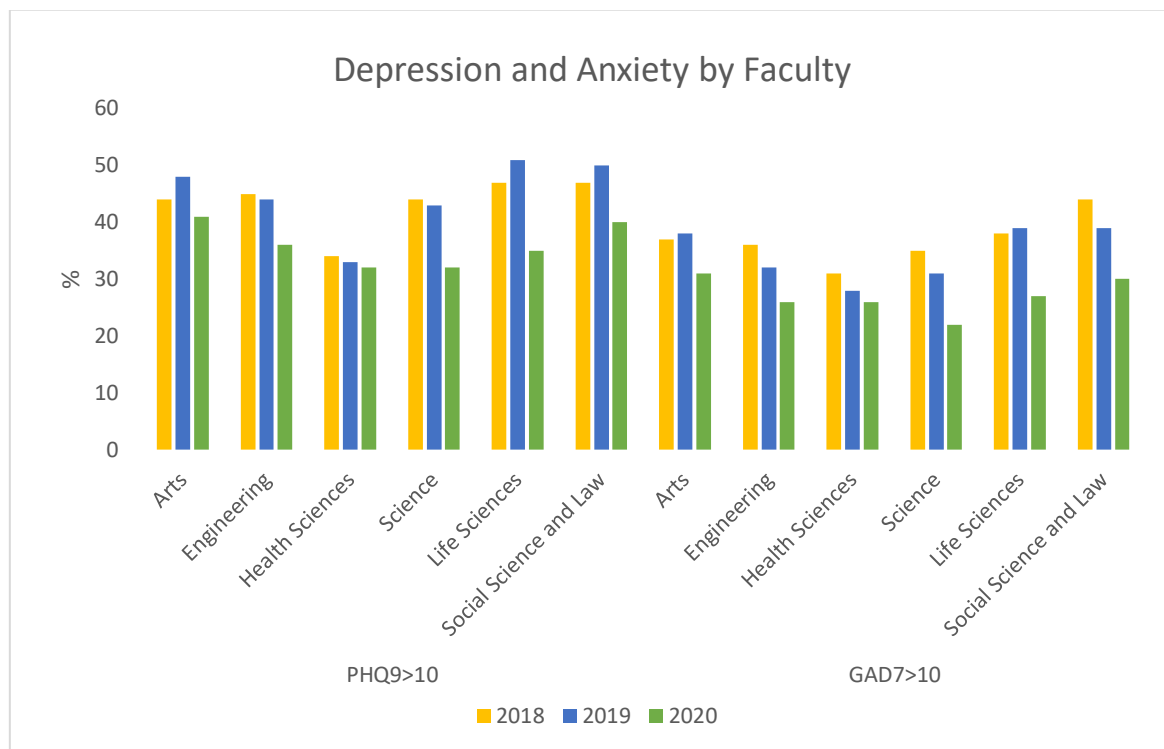


Figure 8. Proportion of students with higher levels of depression (PHQ9 $\geq$ 10) and anxiety (GAD7 $\geq$ 10) by Faculty

## Overall helpfulness and accessibility of university support services

### Helpfulness

Students were asked 'Overall how helpful have you found University Support Services since physical distancing and UK government restrictions were introduced in March?'. This question was asked for the first time in 2020. Any support that students can seek via the university (excluding academic staff) was included in the analysis e.g. Wellbeing services, Residential Life, Health professionals, Big White Wall (see highlighted grey in Appendix D). Only students who indicated they had actually sought university support (n=607; 16% of all students) were included. Overall, more than a third of these students (37%) found university support services *very or fairly helpful*, 21% *very or fairly unhelpful*, and 42% said *neither helpful nor unhelpful* (see Figure 9). When students were asked specifically about what support worked well during the summer term their comments include: University of Bristol's

no detriment policy, changes to end of year assessments, regular communications and updates, flexibility and support of staff, and the breadth of support services.

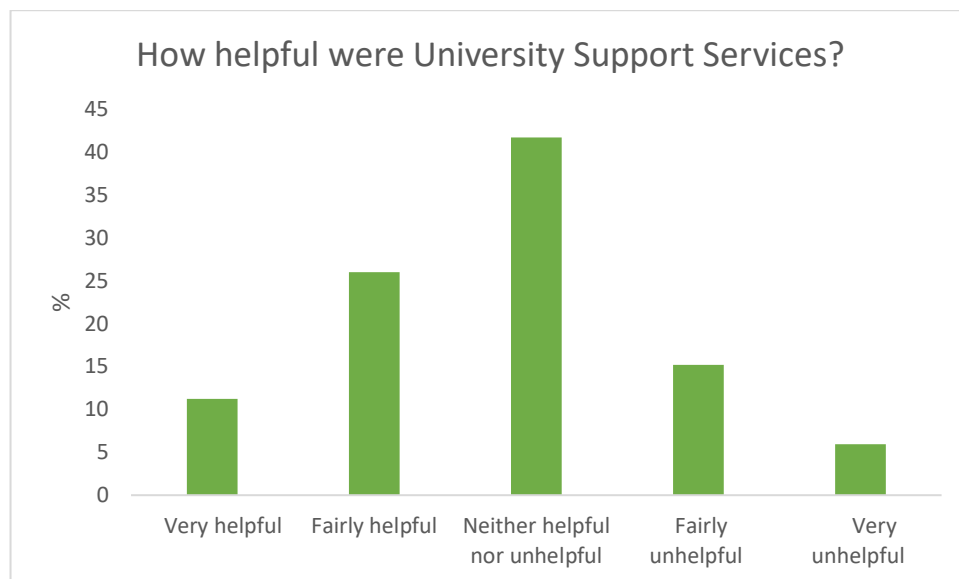


Figure 9. Students rated perceived helpfulness of University Support Services since March 2020

#### Ease of Access

Students were also asked 'Overall how easy have you found it to access University support services if you have used them since UK lockdown restrictions were introduced'. Similarly, this analysis included all support that students might seek via the university (excluding academic/administrative support) and only accounted for those respondents who gave a satisfaction rating as well as having accessed support (16% respondents; n=605). More than a third of students found it *very or fairly easy* to access support (38%) and 21% *fairly or very difficult* (see Figure 10). In 2019, 33% of respondents said it was *very or fairly easy* to seek help at university and 27% said it was *fairly or very difficult*. Encouragingly, student perception of the accessibility of university support appears to have improved during the summer term.



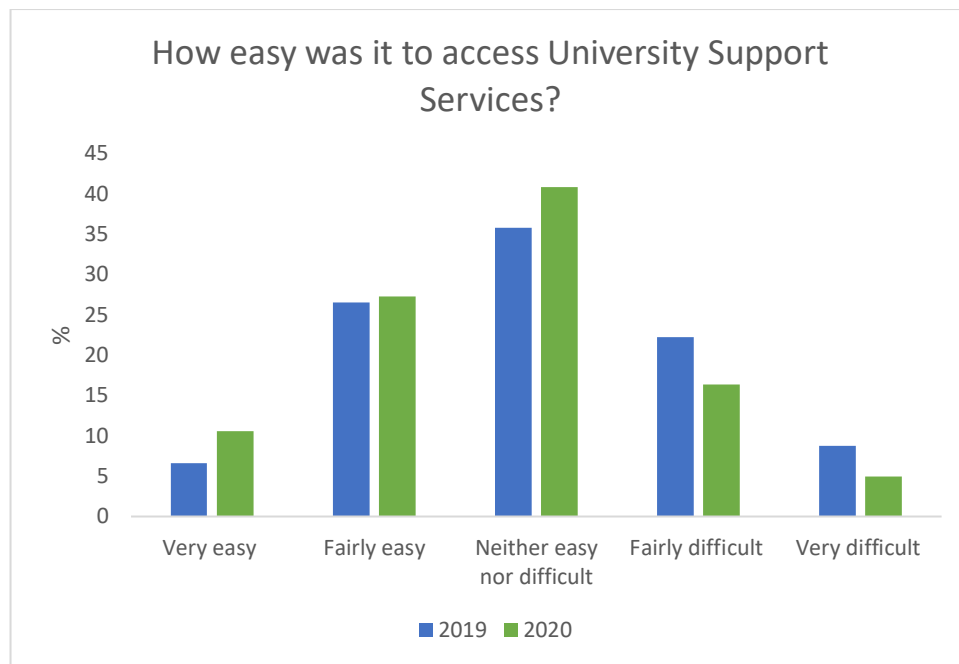


Figure 10. Students rated perceived accessibility of University Support Services since March 2020

### Sources of support and students' views on their usefulness

In order to establish exactly how and where students sought help during the summer term/lockdown in 2020, the Covid-19 survey asked about specific sources of support e.g. friends and family, health professionals and university services. Similar questions were used in the 2018 and 2019 Wellbeing surveys, and in line with previous findings, when asked about 'seeking support for a mental health or emotional issue during UK restrictions', the majority of students say they turned to friends (66%), parents (53%) or partners (39%). Almost one in ten (9%) had contacted a mental health professional, one-in-twenty (5%) had sought help from a university Wellbeing advisor, and only 1% from a Residential Life advisor; although it should be noted that this service is for students living in halls and so was only available to around 6% of students who responded to the survey. 11% had been in touch with their tutor or academic mentor/supervisor over the summer term for support and 11% turned to the internet (see Figure 11).

Overall a much smaller proportion of respondents sought help from university services in 2020 compared to 2019, although these proportions are not strictly comparable because the Covid-19 survey asked about help-seeking in the previous term whereas the 2019

wellbeing survey asked about a whole academic year. However, relatively high numbers of students were still turning to friends and family, which may indicate that students chose not to (or were unable to) seek staff support in the summer term, or that they simply sought help closer to home.

Numbers for students choosing online external sources of support were all low: <1% of respondents using Big White Wall, Nightline, Shout Crisis Messenger, Fika or TalkCampus. However, it should be noted that the last three are relatively new services.

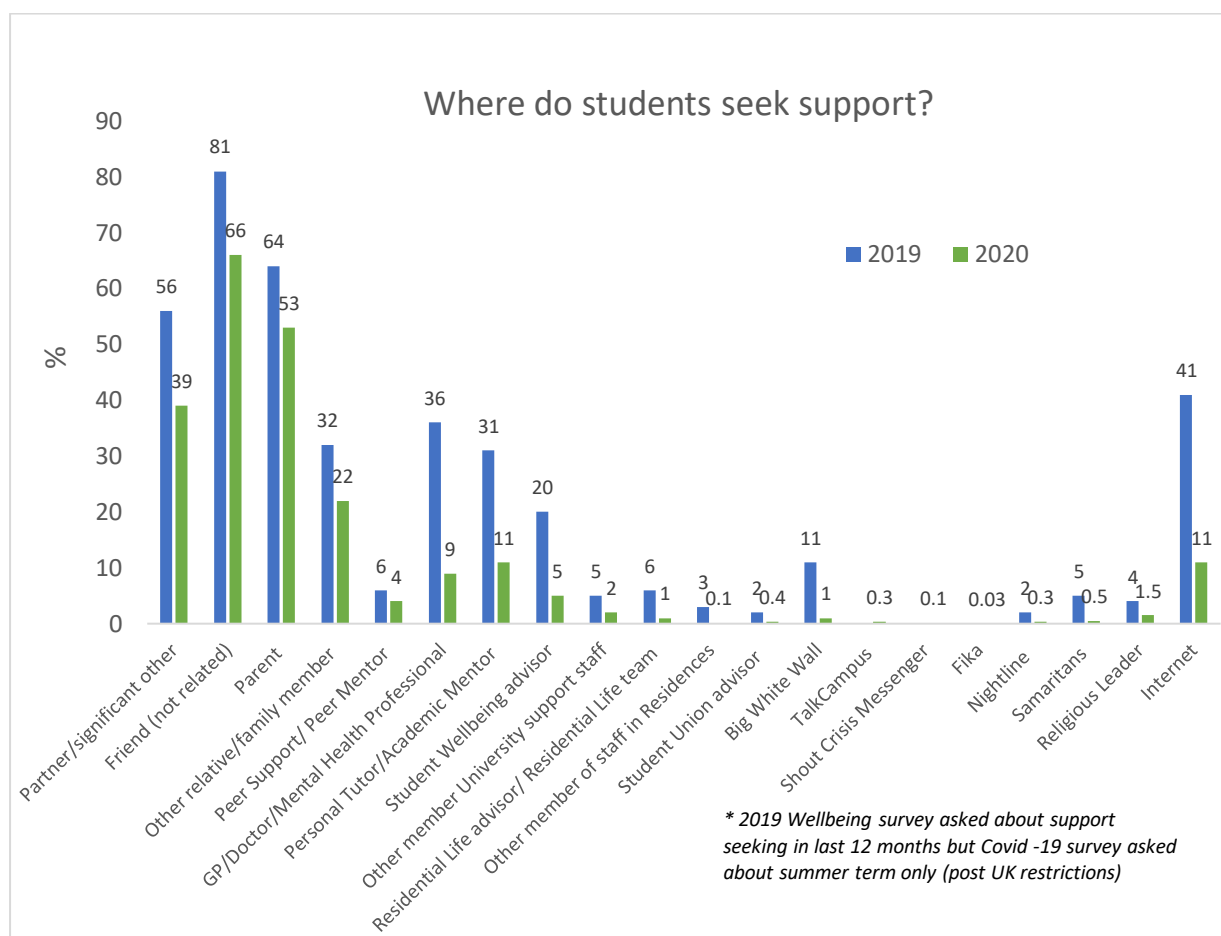
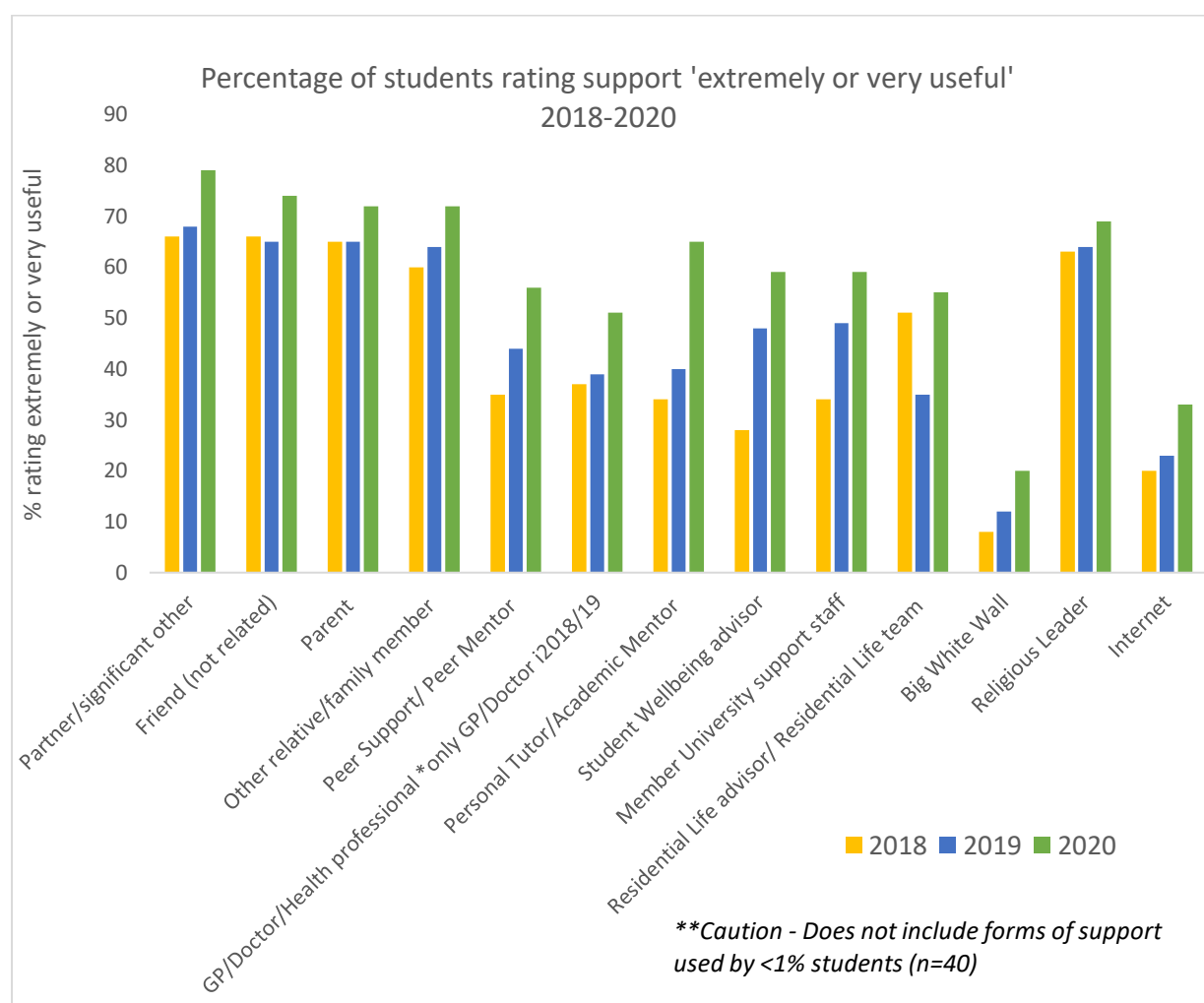


Figure 11. Percentage of students using a particular support source (note that totals are not 100% as students can identify more than one source of support)

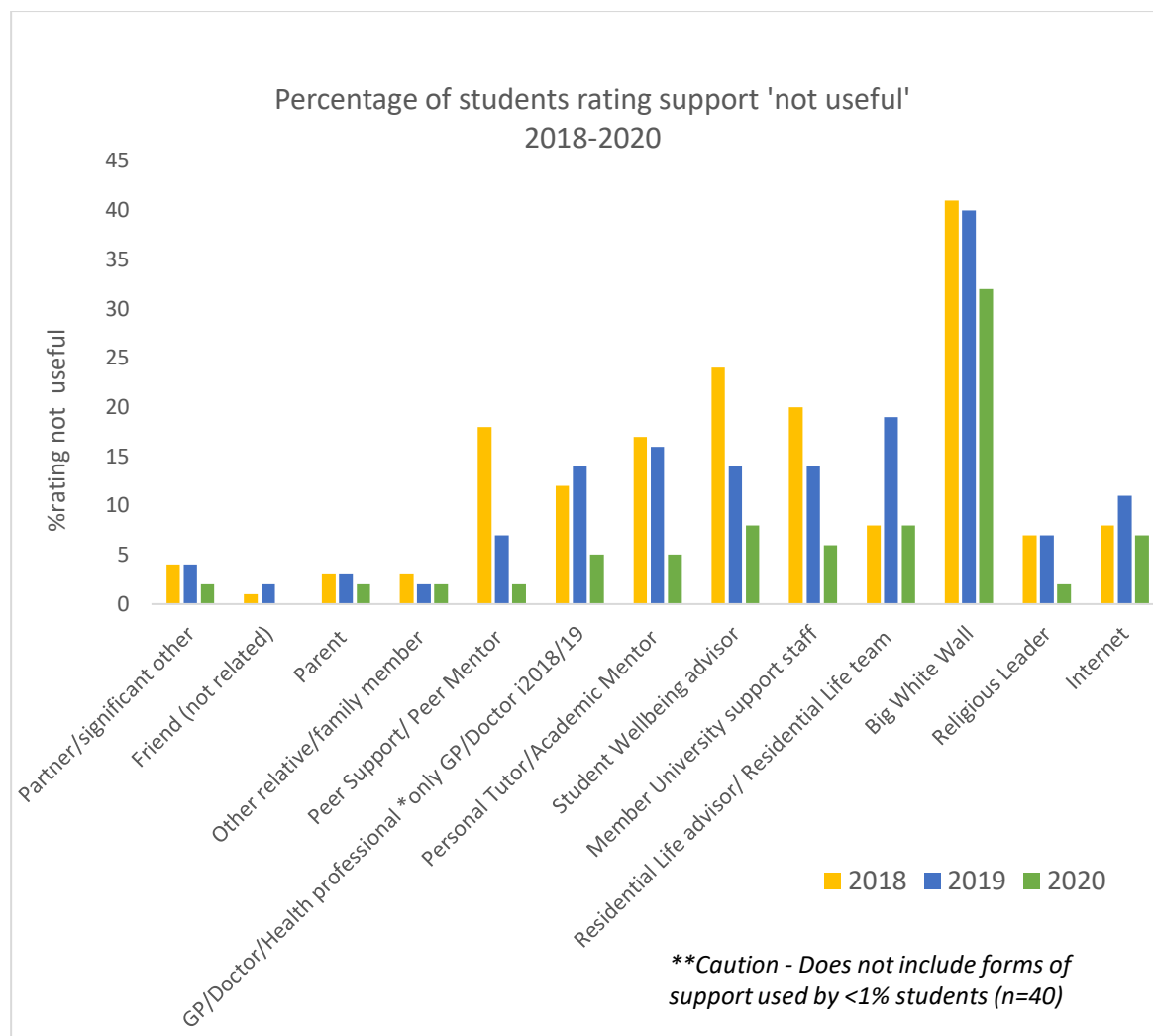
Students were also asked to rate the usefulness of their support networks on a five-point scale of *not useful* to *extremely useful*. Any support source attracting less than 40 responses e.g. Student Union advisers, Fika, Shout Crisis Messenger, was not included in the analysis.

Overall, satisfaction ratings for all of University of Bristol's support services (those included in the analysis) appear to have risen again in the summer term 2020, for the second year in a row (see Appendix D). Across the board - 'very positive' ratings have increased and 'very negative' ratings have fallen (Figures 12 and 13). Variability in the 2019 satisfaction ratings for the Residential Life team may be an artefact of their name change the previous year, or student resistance to a change in the warden system in 2018/19. While family and friends attract the highest satisfaction rating of all, it is encouraging to see student approval of support services at University of Bristol climbing year on year.



**Figure 12. Percentage of students rating support extremely or very useful.**

*\*Health professionals only include GP/Doctor in 2018/19 and Residential Life includes all staff in residences in 2018*



**Figure 13. Percentage of students rating support 'not useful'**

*\*Health professionals only include GP/Doctor in 2018/19 and Residential Life includes all staff in residences in 2018*

Despite the off-campus university experience in the summer term, some of the more anonymous online support e.g. Big White Wall and the Internet was still rated less positively than sources of support offered by known individuals e.g. health professional, wellbeing advisor, peer support, tutor or supervisor, despite those teams also working remotely (see Figure 13). This may be the absence of familiar contact, or in the case of seeking support on the internet, the fact that information is poorly organised.

## Summary

The findings presented here are reassuring. There is little indication that overall student mental health and wellbeing deteriorated in the short-term due to the impact of Covid-19. Students responding to this survey did not appear to be experiencing higher levels of anxiety and depression than last year and had not dramatically changed the people and places they go to for help. The overall trends are encouraging, but each student will have faced their own particular set of challenges in a situation that has changed rapidly over the past few months and may well do so again.

It is also important to remember that while the overall figures appear to be improving, almost one in three students at Bristol still shows heightened levels of anxiety and low mood. That is a very real cause for concern, with notable entrenched mental health inequalities for some vulnerable student groups. The gaps may not have widened due to the impact of Covid-19 for the majority of those most at risk, but some students will have spent early lockdown at home with their families and may have felt reassured by a 'no detriment policy' and a change to end of year assessments. The University will need to reassure both new and existing students going into the academic year 2020/21 that their studies will not be adversely affected by the ongoing Covid-19 situation, nor compromised by the new blended learning and living arrangements. Similarly, with one in four students still feeling very isolated, opportunities for social connection will need to be prioritised going forwards.

Importantly for support service provision, while the majority of students have been living off campus, they appear to have sought university support in far fewer numbers, and that will change when the majority of students return to Bristol. Again, it will be key to ensure students are aware of how and where to access help, whether they are working on or off campus. In the coming term we will get a better understanding of both delivery and usefulness of support services in the new blended model, with ongoing service evaluation vital for targeting limited resources. Student perception of wellbeing support at University of Bristol is improving. That is not only reassuring for students who can feel more confident of finding the support they need to make the most of their university experience, it will also be heartening for the staff who work hard to support them.

Finally, a reminder that comparison of the Covid-19 survey findings with those from previous wellbeing surveys may be influenced by the more typical nature of students responding to the Covid-19 survey, or the time frame in which it ran (post- assessment). That said, in arguably one of the biggest periods of upheaval and disruption in higher education, we might have expected to see a marked negative impact on overall student wellbeing and mental health over the summer term at University of Bristol - and encouragingly that is not the case.

## Draft recommendations

- A summary of these findings should be discussed at senior level and disseminated to students and staff
- Attention should continue be given to the mental health and wellbeing of the high-risk groups identified in this analysis: students with a pre-existing mental health condition, LGBT students, and students from poorer backgrounds. Ongoing focus should remain for high-risk groups identified in previous years analyses e.g. overseas as well as BAME students, repeat year students
- Further consideration should be given students reporting a physical disability, this is the only risk-group reporting rising levels of depression and anxiety in the last year
- Students already have a far higher than average perceived sense of isolation, opportunities for social connection should be resourced and prioritised in the new campus model
- Given the low numbers of students engaging with online, more anonymous mental health and wellbeing resources, particular attention should be paid to evaluating their reach and cost effectiveness. Even if these services are underused, they may serve a discrete high-risk section of the university population
- The proportion of students experiencing heightened levels of depression and anxiety remains high, representing a challenge for the university sector as a whole. Senior leaders and researchers should continue to work with UUK and OFS to share data, expertise, and generate system-level strategies to address the issues, recognising that universities offer a valuable setting in which to do so

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## Appendices

### Appendix A - Survey questions

**A) What is your level of study?** *Undergraduate, Postgraduate Taught, Postgraduate Research*

**B) What year of study are you in?** *0 / Foundation, 1, 2, 3, 4, 5, 6 \* Other (please specify)*



**C) Which school /department are you in?** *(If you're on a joint programme, which school is the primary programme 'owner'? Drop down list*

**Ci) What is your programme of study?** Drop down list

**D) Do you study full or part time?** *Full time or Part time*

**E) What is your University fee status?** *Home/EU, International, Channel Islands and the Isle of Man*

**F) Who have you been living with during the summer term?** *Alone, With housemates/flatmates, With partner/ parents/ family, Other (please specify) (open text)*

**G) Where have you been living during the summer term?** *University Residence, Non-University allocated residence, With parents within the Bristol postcode, Property rented from a private landlord within the Bristol postcode, In a property you own within the Bristol postcode, Outside of the Bristol postcode, Outside of the UK, Other (please specify)*

**H) Where would you normally have been living during the summer term? (i.e. before physical distancing and UK government restrictions were introduced in March)?** *University Residence, Non-University allocated residence, With parents within the Bristol postcode, Property rented from a private landlord within the Bristol postcode, In a property you own within the Bristol postcode, Outside of the Bristol postcode, Outside of the UK, or Other*

**I) What is your ethnicity?** *Drop down menu of options*

**J) How do you define your gender?** *Woman, man, non-binary, another gender, other*

**K) Do you define yourself as transgender?** *Yes, no, prefer not to say*

**L) What is your sexual orientation?** *Bisexual, heterosexual/straight, gay man, gay woman or lesbian, prefer not to say, other*

**M) How old are you?** *Drop down list*

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

**O) 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*

**P) What type 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)*

**Q) Are you the first person in your family to attend University?** *Yes, no, not sure*

**1) Overall, how easy did you find it to adapt to the online teaching or PGR supervision you received in the summer term?**

*Very easy, Fairly easy, Neither easy or difficult, Fairly difficult, Very difficult, N/A Not applicable*

**2) Which of the following did you find typical of your experience of online learning, research, assessment, and academic support during the summer term?** *Definitely agree, Mostly agree, Neither agree nor disagree, Mostly disagree, Definitely disagree, N/A Not applicable*

- a) The course content and activities were appropriate for online learning
- b) I was clear about the learning I was expected to undertake / about how I could continue to conduct my research online
- c) The online format allowed me to learn / research effectively
- d) I felt motivated for online learning / to continue with my research
- e) I was able to contact my teaching staff / supervisor when I needed to
- f) I had sufficient interaction with my Personal Tutor/ PGR Supervisor
- g) I was able to easily access the technology I needed for online learning / conducting my research
- h) I was able to easily access the hardware I needed for online learning / conducting my research
- i) I was able to easily access the software I needed for online learning / conducting my research
- j) I was able to easily access the internet as needed for online learning / conducting my research
- k) I was familiar with the technical tools necessary for online learning/research (e.g. Blackboard, Re/Play, Video-conferencing etc)
- l) I am satisfied with the Library's online content/resources and subject-specific advice
- m) I had access to appropriate study space in my 'home' environment
- n) I had sufficient online interaction/communication with other students
- o) Clear information was provided about online assessment(s) (e.g. exam, coursework, viva, annual progress review)
- p) The assessment(s) were appropriate to my course
- q) The assessment(s) were appropriate to the online environment

**3) Online teaching, research, assessment and academic support.**

We introduced new ways of teaching and working over the summer term. Do you have any comments about what works well and/ or what you feel we could do better to support your online learning/ research?

- a) What works well? *Open text answer*
- b) What more could we do? *Open text answer*

**4) Please tick the box that best describes your experience of each over the last two weeks.** *None of the time, Rarely, Some of the time, Often, All of the time*

- a) I've been feeling optimistic about the future
- b) I've been feeling useful
- c) I've been feeling relaxed
- d) I've been dealing with problems well
- e) I've been thinking clearly
- f) I've been feeling close to other people
- g) I've been able to make up my own mind about things

5) How often have you felt lonely since physical distancing and UK government restrictions were introduced in March? *Often/always, Some of the time, Occasionally, Hardly ever, Never*

6) How often do you normally feel lonely? *Often/always, Some of the time, Occasionally, Hardly ever, Never*

7) To help us provide suitable opportunities/activities to alleviate loneliness and support the student community please let us know –

a) about any activities you've enjoyed and helped make you feel part of the student community that were delivered digitally or in a physically distanced way by either the University, Students' Union or other students *Open text response*

b) about any suggestions for activities you'd like that could help support student community and be delivered digitally or in a physically distanced way by the University, Students' Union or other students *Open text response*

8) Over the last two weeks, how often have you been bothered by any of the following? *Not at all, Several days, More than half the days, Nearly everyday*

- a) Little interest or pleasure in doing things?
- b) Feeling down, depressed, or hopeless?
- c) Trouble falling or staying asleep, or sleeping too much?
- d) Feeling tired or having little energy?
- e) Poor appetite or overeating?
- f) Feeling bad about yourself - or that you are a failure or have let yourself or your family down?
- g) Trouble concentrating on things, such as reading the newspaper or watching television?
- h) 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?
- i) Thoughts that you would be better off dead, or of hurting yourself in some way?

9) Over the past two weeks, how often have you been bothered by any of the following? *Not at all, Several days, More than half the days, Nearly everyday*

- a) Feeling nervous, anxious or on edge?
- b) Not being able to stop or control worrying?
- c) Worrying too much about different things?
- d) Trouble relaxing?

- e) Being so restless that it is hard to sit still?
- f) Becoming easily annoyed or irritable?
- g) Feeling afraid as if something awful might happen?

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

*Yes, no, prefer not to say*

**a) Please specify the diagnosis or condition** *Open text response*

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

*Before University or Whilst at University*

**11) Are you currently receiving any therapy, medication or other treatment for a mental health condition?** *Yes, No*

**12) Has your health been seriously impacted by Covid-19 symptoms?** *Yes, no, not sure, prefer not to say*

**12a) [if answered yes to above] How helpful was any support provided by the University?** *Very helpful, Fairly helpful, Neither helpful nor unhelpful, Fairly unhelpful, Very unhelpful, Not applicable*

**13) Have you suffered a bereavement since physical distancing and UK government restrictions were introduced in March?** *Yes, no, prefer not to say*

**13a) [if answered yes to above] We're very sorry to hear this, if you'd like to tell us some more about how you think the University should support bereaved students please let us know** *Open text*

**14) Do you have a medical condition that puts you at greater risk from COVID-19?** *Yes, no, unsure, prefer not to say*

**15) Which of the following have you sought help from for mental health or an emotional problem since the since physical distancing and UK government restrictions were introduced in March?**

- a. Partner / significant other (e.g boyfriend/girlfriend)
- b. Friend
- c. Parent
- d. Other relative / family member
- e. Peer support or peer mentor
- f. General Practitioner (GP) / Doctor, Mental health professional (psychiatrist, psychologist, counsellor, social worker)
- g. Personal Tutor / Academic mentor / Supervisor, Other member of academic school staff (e.g a lecturer)
- h. Student Wellbeing Adviser
- i. Other member of University support staff
- j. Residential Life Adviser / Residential Life team

- k. Other member of staff in University residences
- l. Big White Wall
- m. TalkCampus
- n. Shout Crisis Messenger
- o. Fika
- p. Nightline
- q. Samaritans
- r. Religious leader
- s. The internet
- t. Students' Union Adviser / Just Ask
- u. Other

**16) Alongside each support source you have used since physical distancing and UK government restrictions were introduced in March, please indicate how useful the support was.** *Extremely useful, Very useful, Moderately useful, Slightly useful, Not useful, Not applicable*

**17) Overall, how helpful have you found the University support services since physical distancing and UK government restrictions were introduced in March?** *Very helpful, Fairly helpful, Neither helpful nor unhelpful, Fairly unhelpful, Very unhelpful, Not applicable*

**18) Overall, how easy have you found it to access the University support services if you have used them since physical distancing and UK government restrictions were introduced in March?** *Very easy, Fairly easy, Neither easy or difficult, Fairly difficult, Very difficult, Not applicable*

**19) How much stress does your financial situation cause you since physical distancing and UK government restrictions were introduced in March?** *None, mild, moderate, severe, very severe*

**20) The University's mental health and wellbeing support for students.**

**Do you have any comments about our support for you since physical distancing and the UK government restrictions were introduced in March?**

**a) What works well?** *Open text answer*

**b) What more could we do?** *Open text answer*

## Appendix B - Respondent Characteristics

*Profile of students taking part in the Covid-19 survey in 2020 compared to 2019 Wellbeing survey respondents and Academic Registry 2019/20*

\*percentages may not total 100% due to approximating and non-responses

Gender %	2020	2019	Registry 2019/20
Female	65	70	55
Male	33	28	45

Non-binary/Another gender	2	1.1	n/a
Prefer not to say	n/a	1.3	n/a
<b>Fee Status %</b>			
Home/EU	76	88	80
International	24	12	20
Channel Islands & Isle of Man	<1	<1	
<b>Ethnicity %</b>			
White British	66	80	65
Black, Asian and Minority Ethnic (BAME)	33	20	27
Non-disclosed	1	0.6	8
<b>Disability % *not 100%</b>			
Physical disability	3	2	10
Non-physical disability	14	22	
None	77	66	88
Prefer not to say	6	5	<1
<b>Sexual Orientation %</b>			
Heterosexual straight	74	75	n/a
Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ)	17	16	
Prefer not to say	9	6	
Prefer to self-describe	n/a	2	
<b>School Education %</b>			
State	54	53	
Grammar (non-fee paying)	10	11	
Private (fee paying)	29	33	
Other	7	3	
<b>Level of Study %</b>			
Undergraduate	69	77	74
Postgraduate Taught	18	12	18
Postgraduate Research	12	11	8
<b>Year of Study %</b>			
Foundation	2	1	

First	46	36	
Second	24	26	
Third	17	22	
Fourth or more	10	15	
<b>Faculty</b>			
Arts	16	21	18
Engineering	14	10	14
Health Sciences	12	17	13
Life Sciences	13	14	11
Science	15	17	14
Social Science and Law	30	21	29
<b>Mental Health Diagnosis</b>			
Yes	18	34	
No	76	66	
Prefer not to say	6	Not asked	
<b>Other % **sex weighted and excluding non-binary/other</b>			
Age 16-21	55	60	
Age 22+	45	40	
First Generation university	21	22	
Average Wellbeing score (Swemwbs)**	20.3	20.1	tbc
Average Depression score PHQ9**	8.5	9.7	
Average Anxiety score GAD7**	7.1	7.8	

## Appendix C - PHQ9 scoring

*Table shows PHQ-9 Scores and Proposed Treatment Actions - Kroenke and Spitzer, 2002*

TABLE 1 PHQ-9 Scores and Proposed Treatment Actions		
PHQ-9 Score	Depression Severity	Proposed Treatment Actions
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 D - Student support satisfaction ratings

Table shows students' positive and negative ratings for support networks 2018/2019/2020 with university support services highlighted in grey

Source of support	Number of students using support	% Total Rating Extremely/very useful			% Total Rating Not useful		
		2020	2019	2018	2020	2019	2018
Partner/significant other	39% (1430)	79%	68%	66%	2%	4%	4%
Friend (not related)	66% (2448)	74%	65 %	66%	<1%	2%	1%
Parent	53% (1965)	72%	65%	65%	2%	3%	3%
Other relative/family member	22% (809)	72%	64%	60%	2%	2%	3%
Peer Support/ Peer Mentor	4% (156)	56%	44%	35%	2%	7%	18%
GP/Doctor/Health professional *only GP/Doctor in 2018/19	9% (344)	51%	39%	37%	5%	14%	12%
Personal Tutor/Academic Mentor	11% (409)	65%	40%	34%	5%	16%	17%
Student Wellbeing advisor	5% (193)	59%	48%	28%	8%	14%	24%
Member University support staff	2% (59)	59%	49%	34%	6%	14%	20%



Residential Life advisor/ Residential Life team	1% (42)	55%	35%	*All staff Residences 51%	8%	19%	*All staff Residences 9%
Other member of staff in Residences	<1% (4)	33%	37%		33%	19%	
Student Union advisor	<1% (15)	47%	45%	29%	27%	14%	14%
Big White Wall	1% (43)	20%	12%	8%	32%	40%	41%
Talkcampus	<1% (12)	27%			18%		
Shout Crisis Messenger	<1% (4)	33%			33%		
Fika	<1% (1)	100%			0%		
Nightline	<1% (10)	14%	28%	25%	29%	32%	41%
Samaritans	<1% (17)	53%	36%	32%	27%	15%	22%
Religious Leader	1% (54)	69%	64%	63%	2%	7%	7%
Internet	11% (420)	33%	23%	20%	7%	11%	8%