Mental Health and Wellbeing Survey 2019

Key Results Summary
Authors
Jacks Bennett (PhD researcher) & Professor David Gunnell (University of Bristol)

Acknowledgments
Many key staff and students were involved in this survey: those that helped formulate and revise the final questionnaire, those that helped to publicise and disseminate the survey, and the student representatives and student media who encouraged their peers to fill it in. Thanks to Chloe Maughan (former Students Union), Sarah Dorian (University of Bristol), Alison Golden-Wright (University of Bristol), Sam Jones (University of Bristol), Dr Judi Kidger (University of Bristol), Mark Ames (University of Bristol), Sarah Purdy (University of Bristol), Lynn Robinson (University of Bristol), and Lynette Jones (University of Bristol). Particular thanks to the students who took the time and effort to complete the survey. By sharing their personal experiences, researchers and policymakers can better understand the issues facing today’s students, developing evidence-informed strategies which support good mental health and wellbeing for everyone.

Table of Contents

Authors ............................................................................................................................. 2
Acknowledgments ........................................................................................................ 2
Introduction to the University of Bristol Mental Health & Wellbeing Survey 2019 .......... 4
Headlines 2019: ............................................................................................................. 4
Background ...................................................................................................................... 6
  Methods ......................................................................................................................... 7
  Characteristics of responders ........................................................................................... 8
Key Findings from the Mental Health & Wellbeing Survey 2019 ................................... 10
  Mental health diagnosis ................................................................................................. 10
  Wellbeing ..................................................................................................................... 10
  Depression ....................................................................................................................... 11
  Anxiety ............................................................................................................................ 11
  Mental health support .................................................................................................... 13
  Ease of access ............................................................................................................... 13
  Sources of support and ratings ...................................................................................... 14
  Barriers to seeking support .......................................................................................... 15
Educational Experience and Student Mental Health ....................................................... 16
Introduction to the University of Bristol Mental Health & Wellbeing Survey 2019

This summary outlines key findings from the second annual Student Mental Health and Wellbeing Survey carried out across the University of Bristol in May 2019.

A ‘whole-university’ mental health survey is a pioneering move for the UK higher education sector: there is still very little evidence-based research exploring levels of student wellbeing, mental health problems, help-seeking behaviour, or what constitutes effective support in university settings. Findings from the 2018 survey have already informed the university’s new Mental Health Strategy and directly fed into individual faculty and school approaches to improve their students’ wellbeing and mental health. There have also been important university-level support changes in 2018/19. Substantial new investment in University of Bristol’s support services has seen the introduction of professional wellbeing advisors in both schools and halls. For the first time this academic year, students have also been asked to complete a short wellbeing survey when they register for their course at the start of the academic year, and to consent to the university contacting their named parent/guardian or friends if there are serious wellbeing concerns.

The following report is an overview of students’ self-reported mental health and help-seeking behaviour in 2019: it also outlines any changes since the 2018 survey. However, the authors urge some caution in drawing firm conclusions from these findings. The survey response rate halved in 2019, dropping from 22% to 10%, presenting a considerable challenge for robust interpretation of the data as it is recognised that people with mental health problems are more likely to respond to mental health surveys.

Headlines 2019:

- The number of students who have experienced a diagnosed mental health problem at some point in their lives is 34% in 2019, the same figure as 2018.

- 45% of students screen positive for depression in 2019, also the same figure as last year. 35% students show similar moderate/severe levels of anxiety, a 2% drop since 2018. These findings are broadly similar to a recent study of almost 800 thousand North American college students (Duffy, Twenge & Joiner, 2019).

- Poor mental health (as measured by depression and anxiety symptoms) remains far higher in female than male students and the gap has widened.
• Poor mental health and wellbeing are still considerably more common (as indexed by PHQ-9 scores $>10$) in marginalised groups including non-binary (78%), BAME (56%), LGBT (63%), international (49%), and first-generation university (54%) or state-educated students (48%)

• Postgraduate-taught students continue to experience poorer mental health than undergraduates or postgraduate research students. The number of PGTs with depressive symptoms has risen from 41% to 48% in 2019

• Students repeating a year are at particular risk of facing mental health challenges, with almost two thirds screening positive for depression (61%). However, figures are down from 64% in 2018

• Overall levels of wellbeing remain the same year on year at mean score of 43 on the Warwick Edinburgh Mental Health and Wellbeing scale. Subjective wellbeing still appears to be much lower in Bristol students than 16-24-year olds nationally

• Student wellbeing levels (as measured by a short wellbeing scale) appeared to drop over the academic year from 24.2 to 20, but this could reflect widely differing response rates at registration vs. the survey. The population average in 16-24-year olds is 23

• 22% of Bristol students admit to often or always feeling lonely – compared to 8% in 16-24-year olds nationally

• 32% of respondents agree that ‘good support is available for their mental health and wellbeing at Bristol’, however 35% disagree with that statement

• Student perception of the usefulness of their support networks has increased, including family, peer supporters, academics and mental health professionals

• Student satisfaction for university support services has risen across the board in 2019, with the exception of staff in Halls of Residence e.g. 44% students rated peer supporters extremely or very useful, up from 34% in 2018, and similarly 48% rated wellbeing advisors extremely or very useful, compared to 28% in 2018
Background

Concerns for the mental health and wellbeing of university students is currently high on the UK public health agenda (Barkham et al., 2019; Brown, 2018). Evidence suggests that the incidence of depression, anxiety and self-harm in 16-24-year olds is rising, particularly in young women (McManus et al., 2019; IPPR, 2017). A large North American review of two national datasets containing almost 800,000 students shows a broad worsening trend in student mental health over the last decade (Duffy, Twenge & Joiner, 2019). More than 41% screened positive for depression and 34% screened positive for anxiety in 2017-2018, an increase from 32% and 27% respectively in 2016-2017. Global student mental health surveys suggest that 21.2% of students will have experienced depression at some point in their lives and 18.6% will have experienced anxiety; those rates are similar when students are asked about the last 12 months (Bruffaerts et al., 2019).

A University of Bristol health sciences survey in 2017 found that 27% of student medics, dentists and vets report symptoms of moderate to severe depression and/or anxiety; and perhaps more worryingly, only one in five of the most depressed seek any help (Knipe et al., 2018; Maughan & Davis, 2017). Some of the barriers that students describe when seeking support are lack of services, not knowing how to access help, fear of academic consequences and social stigma. UoB went on to survey its entire student body in 2018 to establish both the prevalence and nature of mental health issues facing all its students.

Headline findings in 2018 showed that 45% of UoB students reported moderate to severe depressive symptoms and 37% reported similar levels of anxiety; however, those rates varied according to student characteristics (e.g. males vs. females) and school (Maughan et al., 2019). Prevalence estimates can be distorted by response rates and survey design making direct comparison with other student populations difficult (Barkham et al., 2019). However they are not dissimilar to the 2017-2018 North American data which used the same screening methods in a broadly similar population (Duffy, Twenge & Joiner, 2019).

Estimating the number of students experiencing mental health problems is also problematic but tracking the number of students seeking support is more easily captured in routinely collected support service data. Analysis of findings from a recent Freedom of Information request sent to all 163 UK universities by the BBC, suggests that the number of students seeking support for mental health problems has risen by 53% in the last five years (106% at University of Bristol). The steady rise in demand for support has placed increasing pressure on higher education providers to improve their services with both limited resources and evidence for what actually works (UUK, 2018). University of Bristol has invested in a ‘whole-university’ approach to student mental health and wellbeing, working with Universities UK.
There has been significant investment and change in student experience provision at Bristol since the 2017/18 academic year. New initiatives include: a new 24/7 Wellbeing support model, the Campus Heart programme providing more space for staff and students to relax, a review of assessment design, and a curriculum-based Happiness course open to all students, that explores the science of wellbeing and is credit-bearing from next year. The Mental Health and Wellbeing Survey 2019 is an important vehicle to broadly assess the impact of these initiatives, in particular charting any changes in the way students have used and viewed support services in the last year. The annual survey provides ongoing data to help university policymakers identify future priorities to support positive wellbeing and good mental health among students.

**Methods**
The anonymous online survey was open to all postgraduate and undergraduate students between May 6th-27th 2019. The survey was largely based on the questions asked in 2018 and included validated measures of: depression symptoms - PHQ-9 (Kroenke & Spitzer, 2002); anxiety - GAD-7 (Spitzer et al., 2006); and subjective wellbeing - Warwick and Edinburgh Mental Wellbeing Scale or WEMWBS (Tennant et al., 2007). NHS Direct use a cut-off of 40 to indicate low mental wellbeing (Warwick Medical School, 2019). The validated alcohol use scale (AUDIT) was omitted this year and replaced with general alcohol and drugs questions, put together by the Wellbeing team. New items were added covering: extracurricular wellbeing activities, the new Mental Health registration opt-in scheme, and the broader academic student experience within the context of work-life balance and health (Appendix A).

All students were invited to complete the survey via a blog link in three separate emails from Sarah Purdy, Pro VC Student Experience. The survey faced several delivery and communication challenges and there was a 12% drop in response rate (issues discussed in Appendix B). As a result, the students who answered each survey may 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. Low response rates can lead to overestimation of the prevalence of mental health problems, with those experiencing difficulties more likely to respond (Mortier et al., 2017). Likewise, prevalence estimates in this survey may be limited by the over-representation of female responders, because mental health problems are typically more frequent among young women, and even more so in marginalised gender groups. For that reason, some estimates for males and females have been sex-standardised to account for sex differences in response and reflect the gender split in the broader university population (56% female/44% male).
male in 2019 and 55% female/45% male in 2018). Smaller gender groups e.g. ‘non-binary’, ‘other gender’, and those who ‘prefer not to disclose’ have been dropped from the sub-analysis to avoid further bias, and because the size of the population is unknown, making standardisation impossible. An additional limitation is the timing of this year’s survey—before and during the May exam period, arguably a time of heightened stress. Nevertheless, it represents a similar window to the 2018 survey (UG: 30 April - 13 May and PG: 11 June - 24 June).

The data has been cleaned and analysed using Stata software. The 2018 data has also been re-analysed with Stata for this report, enabling direct comparison.

**Characteristics of responders**
2,637 students responded to the survey - a 10% response rate (26,102 UoB population in Dec 2018). This compares to 5,570 students - a 22% response rate in 2018. For an overview of respondent characteristics see Table 1.

Compared to the wider student population, as well as an overrepresentation of female students (70% vs 56% in the wider student population), this sample has more: students aged over 21 (56% compared to 31%), white ethnicity (80% compared to 66%), and students reporting a disability (24% versus 10%). Age would be expected to differ from academic registry data as many students will have turned 21 since December 2018 when figures are calculated (and 22% of this sample are 3rd year). Similarly, disability is captured in a different way by Registry. However, compared to last year there are still more females and students aged over 21 than seen in the 2018 survey, but fewer undergraduates (77% compared to 88% in 2018).

96% of respondents in 2019 were studying on full-time courses, 6% were repeating a year; and for 19% of students, Bristol was not their first-choice university. 27% of these students were living in university halls and 57% renting from a private landlord. For 22% of students, they are the first person in their family to go to university.

*Table 1. Profile of students taking part in the survey in 2019 compared to 2018 respondents and Academic Registry data*

<table>
<thead>
<tr>
<th>Gender %</th>
<th>2019</th>
<th>2018</th>
<th>Registry 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>70</td>
<td>65</td>
<td>56</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>33</td>
<td>44</td>
</tr>
</tbody>
</table>
## Mental Health & Wellbeing Survey 2019: Key Results Summary

### Non-binary
- 0.9
- 1
- n/a

### Another gender
- 0.2
- n/a
- n/a

### Prefer not to say
- 1.3
- 1
- n/a

### Fee Status %
- **Home**: 81
- **EU**: 7
- **International**: 12
- **Channel Islands & Isle of Man**: <1

### Ethnicity %
- **White**: 80
- **BAME**: 20
- **Non-disclosed**: 0.6

### Disability %
- **Physical disability**: 2
- **Non-physical disability**: 22
- **None**: 66
- **Prefer not to say**: 5

### Sexual Orientation %
- **Heterosexual straight**: 75
- **Bisexual**: 13
- **Gay man**: 2
- **Gay woman or lesbian**: 1
- **Prefer not to say**: 6
- **Prefer to self-describe**: 2

### Age %
- **Under 21**: 43
- **21 and over**: 56

### School Education %
- **State**: 53
- **Grammar (non-fee paying)**: 11
- **Private (fee paying)**: 33
- **Other**: 3

### Level of Study %
- **Undergraduate**: 77
- **Postgraduate Taught**: 12
- **Postgraduate Research**: 11

### Year of Study %
- **Foundation**: 1
- **First**: 36
- **Second**: 26
- **Third**: 22
- **Fourth or more**: 15

---

**Notes**:
- Fee Status %: Home 81, EU 7, International 12, Channel Islands & Isle of Man <1
- Ethnicity %: White 81, BAME 20, Non-disclosed 0.6
- Disability %: Physical disability 2, Non-physical disability 22, None 66, Prefer not to say 5, Prefer to self-describe 2
- Sexual Orientation %: Heterosexual straight 75, Bisexual 13, Gay man 2, Gay woman or lesbian 1, Prefer not to say 6, Prefer to self-describe 2
- Age %: Under 21 43, 21 and over 56
- School Education %: State 53, Grammar (non-fee paying) 11, Private (fee paying) 33, Other 3
- Level of Study %: Undergraduate 77, Postgraduate Taught 12, Postgraduate Research 11
- Year of Study %: Foundation 1, First 36, Second 26, Third 22, Fourth or more 15

---

Mental Health & Wellbeing Survey 2019: Key Results Summary
Key Findings from the Mental Health & Wellbeing Survey 2019

Mental health diagnosis
The 2019 survey suggests that 34% of students have been told at some point in their lives that they have a mental health problem by a professional. That figure was also 34% in 2018.

43% of 2019 respondents had been diagnosed with a mental health condition before they came to university and 57% were diagnosed while at university. 75% of students with a mental health diagnosis at some point, had sought treatment in the last twelve months (74% in 2018). 45% of those students had used university services (n=393). 83% of the (n=496) students who had actually been diagnosed while at university had received some form of treatment in the last twelve months and again almost half, 49% (n=202) used a university service. A third (33%) of all respondents, whether they had a diagnosis or not, said they had some form of treatment for a mental health condition in the last twelve months. A similar proportion of respondents (31%) said the same in 2018, but there is no data on specific service use.

Wellbeing
Wellbeing was measured using the 14-item WEMWBS scale, a widely used measure of subjective and psychological functioning. Higher scores indicate more positive wellbeing and range between 14-70. The average wellbeing score is 43 this year; it was 42.7 in 2018 (see Table 1). The average UoB student score is slightly higher in males (43.2) than females (43), but lower in marginalised groups (e.g. non-binary 40.6, BAME 41.1).
While the figures suggest that overall levels of student wellbeing have stayed largely the same year on year, it still remains much lower in UoB students than amongst 16-24-year olds nationally, where scores range between 48 and 50 (Fat et al., 2017). A large University of Cambridge mindfulness study also recently showed a baseline average score of 48 for randomly recruited first year students (Galante et al., 2018).

The shorter, 7-item Warwick and Edinburgh questionnaire (Swemwbs) was also issued to all registering students in 2018/19. Swemwbs is scored between 7 and 35; the general population score for 16-24-year olds is approximately 23 (Fat et al., 2017). In September 2018, at the beginning of the academic year, the average student score was 24.2 but appears to have fallen in May, the average Swemwbs score in survey respondents was only 20 (female 20, male 20.3, nonbinary/other 18.9). However, there are several issues to consider: response rate (approximately 24,000 (>90%) at registration versus 2,600 (10%) in this survey; time of year (September versus May exam period); and any limitations of comparing data from the full 14-item WEMWBS with the shorter 7-item measure.

**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 for 2019 were 9.7 compared to 9.4 in 2018 (see Table 1), but again there are clear gender differences- average female scores were 10, males 9.2, and for non-binary/other students score 13.7. The gender breakdown was similar in 2018.

The number of students reporting moderate to severe depressive symptoms also remains unchanged at 45% from 2018 (see Table 2). However, with just under half of all students still reporting poor mental health (as indexed by the PHQ9), there is ongoing cause for concern. Depression symptoms are more prevalent in female respondents (48% compared to 41% in males), and even more widespread in marginalised groups e.g. non-binary (78%), LGBTQ (63%), BAME (56%) and international students (49%), as well as those who are first generation university attendees (54%), or those who have been state educated (48%). This potentially re-emphasises the need for greater or targeted levels of support for these groups. Students who are repeating a year appear to be at particular risk with 61% showing moderate to severe depressive symptoms. Perhaps not surprisingly, of those who have a mental health diagnosis, 67% also show current symptoms of clinical concern.

**Anxiety**

Using the GAD-7 to screen (over the last two weeks) for general anxiety disorder, the average student score in 2019 was 7.8, down from 8.1 last year (see Table 1). Like the depression scale, higher screening scores start to become a cause for concern at >10.
surprisingly we see the same gender differences e.g. females-8.4, males-7, non-binary/other-10.6; however, the gender split broadly reflects that of 2018.

The percentage of students experiencing moderate/severe anxiety symptoms has dropped from 37% to 35% (see Table 2). However, that still represents more than a third of respondents. The gender difference is again apparent: females 39%, males 29% and non-binary/other 52%. Just under half of LGBTQ (43%) students have higher levels of anxiety symptoms, as well as 47% of those repeating a year, and similarly first-generation university students (42%) and those with a mental health diagnosis (55%).

Table 2 shows prevalence of high depression/anxiety and low wellbeing scores across different demographic groups

- Scores have been sex weighted and non-binary responses dropped from all further analyses

<table>
<thead>
<tr>
<th></th>
<th>% of students with moderate to severe depressive symptoms (PHQ-9 &gt;10)</th>
<th>% of students with moderate to severe anxiety symptoms (GAD-7 &gt;10)</th>
<th>Average WEMWBS Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
<td>2018</td>
<td>2019</td>
</tr>
<tr>
<td>All Students</td>
<td>45</td>
<td>45</td>
<td>35</td>
</tr>
<tr>
<td>Gender</td>
<td>41</td>
<td>41</td>
<td>29</td>
</tr>
<tr>
<td>Male</td>
<td>48</td>
<td>46</td>
<td>39</td>
</tr>
<tr>
<td>Female</td>
<td>78</td>
<td>80</td>
<td>52</td>
</tr>
<tr>
<td>Non-Binary</td>
<td>40</td>
<td>41</td>
<td>31</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>56</td>
<td>54</td>
<td>38</td>
</tr>
<tr>
<td>White</td>
<td>43</td>
<td>42</td>
<td>34</td>
</tr>
<tr>
<td>BAME</td>
<td>63</td>
<td>55</td>
<td>43</td>
</tr>
<tr>
<td>Fee Status</td>
<td>42</td>
<td>42</td>
<td>32</td>
</tr>
<tr>
<td>Home</td>
<td>49</td>
<td>55</td>
<td>36</td>
</tr>
<tr>
<td>EU</td>
<td>40</td>
<td>41</td>
<td>31</td>
</tr>
<tr>
<td>International</td>
<td>66</td>
<td>55</td>
<td>43</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>44</td>
<td>43</td>
<td>37</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>48</td>
<td>41</td>
<td>38</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>37</td>
<td>38</td>
<td>27</td>
</tr>
</tbody>
</table>
**Disability**

<table>
<thead>
<tr>
<th></th>
<th>No disability</th>
<th>Physical disability</th>
<th>Non-physical disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36</td>
<td>46</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>50</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>33</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>45</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>44</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>44.8</td>
<td>42.6</td>
<td>37.5</td>
</tr>
</tbody>
</table>

**Mental Health Diagnosis**

<table>
<thead>
<tr>
<th></th>
<th>With a MH diagnosis</th>
<th>Without a MH diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>64</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>55</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>57</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>39</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>38.7</td>
<td>44.6</td>
</tr>
</tbody>
</table>

**Age**

<table>
<thead>
<tr>
<th></th>
<th>Under 21</th>
<th>21 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>46</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>42.6</td>
</tr>
</tbody>
</table>

**School Education**

<table>
<thead>
<tr>
<th></th>
<th>State</th>
<th>Grammar (non-fee paying)</th>
<th>Private (Fee paying)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48</td>
<td>43</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>44</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>29</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>36</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>42.4</td>
<td>43</td>
<td>43.6</td>
</tr>
</tbody>
</table>

**Parental Education** *

<table>
<thead>
<tr>
<th></th>
<th>First generation HE</th>
<th>University educated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>43.5</td>
</tr>
</tbody>
</table>

**First Choice Bristol**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>46</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>n/a</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>n/a</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Repeated year**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>61</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>64</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>51</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>39</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>38.3</td>
<td>43.2</td>
</tr>
</tbody>
</table>

* question phrased differently 2018/19 and might skew data

**Mental health support**

When it comes to perceptions of university support in 2019, 7% of respondents definitely agree that ‘Good support is available for my mental health and wellbeing’ while 25% mostly agree and 16% definitely disagree. This question was not asked in 2018.

**Ease of access**

When asked ‘Overall how easy have you found it to seek help while you have been at university?’ 33% (n=839) of students say very or fairly easy while 31% (n=784) say fairly or very difficult. Again, we have no 2018 data to compare this to.
Sources of support and ratings

In order to establish exactly how and where students seek help, the surveys ask about specific sources of support e.g. friends and family, health professionals and university services (see Table 3). Not surprisingly once again in 2019, when asked about ‘seeking support for a mental health or emotional issue, the majority (81%) of students say they turn to friends. 36% had seen a GP (38% in 2018), 34% a mental health professional (38% in 2018), and almost double the number of 19% said they had sought help from a university wellbeing advisor (only 10% in 2018). Almost a third (31%) had seen their tutor or academic mentor, slightly down from 34% in 2018. Those choosing more anonymous sources of support in 2019 were: 10% of respondents using Big White Wall (12% in 2018) and 39% turning to the internet (51% 2018). Use of Samaritans (5%), Students Union advisors (2%) and Nightline (2%) all remain low (compared to 2018- 6%, 3%, 3%).

Students are also asked to rate the usefulness of their support networks on a five-point scale of not useful to extremely useful. Initial analyses of usefulness were sub-divided for performance indicator purposes: the following categorisation is arguably more robust (see Table 3). Satisfaction ratings for most of University of Bristol’s support services appear to have risen. Broadly speaking- ‘very positive’ ratings appear to have increased and the numbers of students feeling only ‘moderately positive’ or ‘negative’ has fallen (see Table 3). There are some exceptions, in particular Residential Life advisors and staff in halls of residence where satisfaction ratings appear to have fallen. Positive ratings have dropped from 51% to 35% for Extremely/Very useful and risen from 9% to 19% for not useful. However, for both Residential Life and Wellbeing advisors, direct comparisons are difficult because the service only began in its current form last September. It could arguably take a full undergraduate cycle to fully assess perception of the service. Encouragingly, of the 20% of students who indicated that they had used Wellbeing advisors, 48% found them Extremely/Very useful and only 14% Not useful. A sub-analysis of first years (n=94) who said they used Residential Life advisors showed that 33% undergraduates rated them Extremely/Very useful and 19% Not useful. 40% of PGT’s rated them Extremely/Very useful and 30% not useful, however the numbers are very small (n=10). Only seven first years said they used 'other staff in residences' but selected neither an extremely positive nor negative rating.

Table 3. Percentage of students who had used a source of support and found it useful, somewhat useful and not useful

* Table shows only responses from students answering YES to using a support source AND giving a rating

<table>
<thead>
<tr>
<th>Source of support</th>
<th>% Total Extremely/Very useful</th>
<th>% Total Moderately/slightly useful</th>
<th>% Total Not useful</th>
</tr>
</thead>
</table>

Mental Health & Wellbeing Survey 2019: Key Results Summary
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner/Significant other</td>
<td>68%</td>
<td>66%</td>
<td>28%</td>
<td>30%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Friend (not related)</td>
<td>65%</td>
<td>66%</td>
<td>33%</td>
<td>32%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Parent</td>
<td>65%</td>
<td>65%</td>
<td>32%</td>
<td>32%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Other relative/family member</td>
<td>64%</td>
<td>60%</td>
<td>34%</td>
<td>37%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Peer Support/ Peer Mentor</td>
<td>44%</td>
<td>35%</td>
<td>49%</td>
<td>47%</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>GP/Doctor</td>
<td>39%</td>
<td>37%</td>
<td>47%</td>
<td>51%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Mental Health Professional</td>
<td>60%</td>
<td>50%</td>
<td>34%</td>
<td>38%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Personal Tutor/Academic Mentor</td>
<td>40%</td>
<td>34%</td>
<td>44%</td>
<td>49%</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Other member academic staff</td>
<td>45%</td>
<td>39%</td>
<td>39%</td>
<td>47%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Student Wellbeing advisor</td>
<td>48%</td>
<td>28%</td>
<td>38%</td>
<td>48%</td>
<td>14%</td>
<td>24%</td>
</tr>
<tr>
<td>Member University support staff</td>
<td>49%</td>
<td>34%</td>
<td>37%</td>
<td>46%</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td>Residential Life advisor/</td>
<td>35%</td>
<td>*All staff from Residences</td>
<td>46%</td>
<td>*All staff from Residences</td>
<td>19%</td>
<td>*All staff from Residences</td>
</tr>
<tr>
<td>Residential Life team</td>
<td></td>
<td>51%</td>
<td>44%</td>
<td>39%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other member of staff in Residences</td>
<td>37%</td>
<td>48%</td>
<td>51%</td>
<td>40%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Big White Wall</td>
<td>12%</td>
<td>8%</td>
<td>48%</td>
<td>51%</td>
<td>40%</td>
<td>41%</td>
</tr>
<tr>
<td>Nightline</td>
<td>28%</td>
<td>25%</td>
<td>40%</td>
<td>34%</td>
<td>32%</td>
<td>41%</td>
</tr>
<tr>
<td>Samaritans</td>
<td>36%</td>
<td>32%</td>
<td>49%</td>
<td>45</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>Religious Leader</td>
<td>64%</td>
<td>63%</td>
<td>29%</td>
<td>30%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Internet</td>
<td>23%</td>
<td>20%</td>
<td>66%</td>
<td>72%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Student Union advisor</td>
<td>45%</td>
<td>29%</td>
<td>41%</td>
<td>57%</td>
<td>14%</td>
<td>14%</td>
</tr>
</tbody>
</table>

*Staff in Halls were described differently in 2018/2019 i.e. not called ‘Residential Life’

**Barriers to seeking support**

Respondents appear to have experienced more barriers when using support services in 2019 compared to 2018. Key concerns are fear of unwanted intervention or documentation, lack of time and a concern that no-one will understand. There are however two areas of improvement: student perception of availability of services and access. Arguably these are areas which have been a focus of student awareness and communication campaigns in the last year. The barriers item was also phrased slightly differently in 2018 and 2019*.

In groups who may be more vulnerable to mental health concerns, LGBT, BAME, international and PGT students report lack of time as more of an issue for them than the average respondent in 2019. Similarly, more LGBT students experienced barriers across the
board, as well as slightly more first-generation university students. LGBT, BAME and international students showed greater concern about confidentiality and that no-one would understand their problems. A greater number of all these groups said they fear unwanted documentation or intervention.

Table 4. Barriers experienced by students using university support services including ‘at risk’ groups in 2019 compared to 2018. Totals may not add up to 100%

<table>
<thead>
<tr>
<th>Barrier</th>
<th>2019</th>
<th>LGBT</th>
<th>BAME</th>
<th>INTERNATIONAL</th>
<th>STATE EDUCATED</th>
<th>FIRST GEN UNIVERSITY</th>
<th>PGT</th>
<th>REPEAT YEAR</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not had a problem</td>
<td>19%</td>
<td>4% (n=1)</td>
<td>20%</td>
<td>23%</td>
<td>17%</td>
<td>17%</td>
<td>19%</td>
<td>4%</td>
<td>17%</td>
</tr>
<tr>
<td>Lack of time</td>
<td>22%</td>
<td>37%</td>
<td>28%</td>
<td>28%</td>
<td>24%</td>
<td>24%</td>
<td>29%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Lack of confidentiality</td>
<td>10%</td>
<td>19%</td>
<td>15%</td>
<td>19%</td>
<td>10%</td>
<td>11%</td>
<td>13%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Concern ‘no-one will understand my problem’</td>
<td>21%</td>
<td>33%</td>
<td>30%</td>
<td>30%</td>
<td>20%</td>
<td>24%</td>
<td>20%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Didn’t know where to find help</td>
<td>18%</td>
<td>30%</td>
<td>18%</td>
<td>19%</td>
<td>18%</td>
<td>20%</td>
<td>17%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Stigma of mental health care</td>
<td>18%</td>
<td>22%</td>
<td>18%</td>
<td>13%</td>
<td>20%</td>
<td>19%</td>
<td>12%</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>Fear unwanted intervention</td>
<td>24%</td>
<td>26%</td>
<td>26%</td>
<td>25%</td>
<td>24%</td>
<td>21%</td>
<td>23%</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Fear of documentation</td>
<td>21%</td>
<td>26%</td>
<td>23%</td>
<td>25%</td>
<td>21%</td>
<td>22%</td>
<td>19%</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Difficulty with access</td>
<td>15%</td>
<td>22%</td>
<td>12%</td>
<td>16%</td>
<td>14%</td>
<td>18%</td>
<td>13%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Lack of available services</td>
<td>18%</td>
<td>22%</td>
<td>13%</td>
<td>14%</td>
<td>17%</td>
<td>20%</td>
<td>12%</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
<td>19%</td>
<td>9%</td>
<td>8%</td>
<td>13%</td>
<td>12%</td>
<td>13%</td>
<td>11%</td>
<td>16%</td>
</tr>
</tbody>
</table>

*2019 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)

*2018 If you have had an emotional or mental health problem, and have not used the university’s support services, please indicate what the main barriers were. Please tick all that apply.

Educational Experience and Student Mental Health
Asked about support for coursework, almost half of all 2019 respondents (45%) definitely or mostly agree that they ‘have enough support to feel confident undertaking assessments.’
43% definitely or mostly agree that ‘their course does not apply unnecessary pressure on them as a student’.

Loneliness
Asked in this year’s survey ‘how often you feel lonely’, 22% of students responded often or always. That is considerably higher than seen nationally using the same ONS measure. A recent, large UK study showed that 8% of 16-24-year olds answered often or always to the same question, and only 6% of the general population said they feel this way (Community Life Survey, 2018). More than half of all 2019 survey respondents admit to being lonely either often, always or some of the time (57%). Student isolation and loneliness was raised as a concern in 2018, with 24% of students indicating that they never or rarely felt close to other people (26% in 2019). It would appear that at least 1 in 5 students still feel markedly isolated.

Alcohol and Drugs
Due to changes in the questionnaire we were only able to make limited comparisons between the 2018 and 2019 surveys.

In 2019 60% respondents said they drink alcohol, <1% said they take drugs, 19% said they do both, and 20% said they do neither. 41% of 2019 respondents say they drink more than twice a week, 49% said the same thing in 2018. 18% respondents said they smoke cannabis, while 19% said they use other illegal drugs*. Students were asked whether ‘they or someone else has been injured as a result of their drinking or drug taking’ and 7% said yes in the last 12 months, 85% never. Asked if ‘a relative or health professional has ever been concerned about your drinking or drug taking and suggested you cut down’, 9% of 2019 respondents say yes in the last 12 months, 85% never.

*21% of those asked about drugs chose not to respond to the question in 2019

Opt-in Mental Health Alert Scheme
All students were asked for the first time in to sign up to a Mental Health Alert Scheme in 2018/19. The opt-in system is one of the first of its kind in the UK and completed at registration. It asks students to name a person who can be contacted should they experience difficulties during the academic year. Survey respondents were asked ‘Did you opt-in for the University to be able to contact your parents/or other nominated person in the case that we had any concerns about your wellbeing?’ 25% said yes, 18% no, and 56% were unsure whether had opted-in or not. UoB released a statement saying that 94% of registering students chose to opt-in in September 2018, suggesting students may have forgotten what they signed up to at registration.
Summary
At first glance, wellbeing, depression and anxiety levels in this group of students remain broadly the same as seen in the 2018 survey. Having documented the challenges posed by this year’s low response rate, we might reasonably expect to see a higher prevalence of diagnosed mental health disorders, from a more motivated group of respondents, but we don’t. However, we might also arguably expect to see an increase in prevalence of depression and anxiety and lower levels of general wellbeing, and we don’t. Overall student anxiety levels have even fallen slightly: a direction that is clearly encouraging. However, many of the figures do remain troublingly high, not least, that almost half of students have high levels of depression or anxiety symptoms.

Similarly, the way that students view and use, not only university support services, but most of their support networks, appears to have improved over the last twelve months, perhaps indicating a cultural shift. Equally, it could be the very real impact of added support service investment and initiatives. Satisfaction ratings have risen for (most) of those services which have seen extra resources and increased drive for student awareness.

There are no dramatic headlines in this survey analysis, it merely confirms that the University of Bristol still has high numbers of students experiencing stress and distress. However, national and global data tell us that University of Bristol is not alone. What this analysis undoubtedly does suggest is that there have been some positive changes in student views about many professional and academic services e.g. mental health professionals, wellbeing advisors, academics and support staff.

Draft recommendations
- A summary of the key findings of this report should be discussed at relevant university committees and disseminated to students.
- Attention should be given to the mental health and wellbeing of the high-risk groups identified in this and last year’s analysis: students with a pre-existing MH condition; LGBT students, overseas as well as BAME students; students from poorer backgrounds (e.g. those who are the first generation to attend university) and those repeating a year.
- The university should consider approaches to increase the accessibility and sensitivity of mental health and wellbeing services in higher risk groups especially LGBT, BAME and overseas students.
- The survey should be repeated annually to monitor change and identify new priority areas. Student support services are undergoing major reconfiguration in 2019/20, with a single point of access to all services being introduced. It is vital that the impact of this re-configuration is reviewed in next year’s survey.
• This report is a brief summary of findings from the 2019 survey; unlike 2018 there was insufficient resource to analyse free text responses about strengths and weakness of UoB provision or produce bespoke reports for every school. Such detailed insights will be important in future surveys, perhaps every 2-3 years to identify newly arising pressure points and aspects of good practice.

• A governance committee should be set up to oversee the future surveys, guide questionnaire content (particularly aiming to minimise year on year changes), and to monitor use of access to the data [this is underway].

• The halving of the response rate to the 2019 survey compared to the 2018 survey is a cause for concern. Low response rates threaten the validity of findings. Strategies to maximise response to future surveys should be implemented – possibilities include setting aside 20 minutes of lecture time during mental health awareness week; improved student feedback on findings and university actions in response to these.

• The proportion of students with high PHQ-9 (depression symptom) scores is high. Further investigation is needed to determine whether this reflects heightened levels of distress amongst students at Bristol compared to students at other HEIs, in students vs. non-students or whether there are specific components of the PHQ-9 measurement scale that lead to students scoring more highly than general population samples.

References


Mental Health & Wellbeing Survey 2019: Key Results Summary


Maughan, C. & Davis, B., 2017. Fit to Practise: A Review of Mental Wellbeing within the Health Sciences Faculty, Bristol: University of Bristol Students' Union


Mental Health & Wellbeing Survey 2019: Key Results Summary


Appendices

Appendix A – Survey questions

1. What is your level of study?
   1. **UG**
   2. **PGT**
   3. **PGR**

2. If you are a doctoral student, is your training programme provided through a Training Centre (e.g. Doctoral Training Centre, a Doctoral Training, Partnership or a Centre for Doctoral Training)?
   1. **Yes**
   2. **No**
   3. **Don’t know**

3. What year of study are you in?
   1. **0 / Foundation**
   2. **1**
   3. **2**
   4. **3**
   5. **4**
   6. **5**
   7. **6**
   8. **Other (please specify) (open text box)**

4. Are you studying for a joint programme which is 'owned' by two different departments?
1. Yes
2. No
3. Don’t know
4. 

5. Which school are you in? (If you're on a joint programme, which school is the primary programme 'owner'?)
   1. Bristol Dental School
   2. Bristol Medical School
   3. Bristol Veterinary School
   4. Centre for English Language and Foundation Studies
   5. Centre for Health Sciences Education
   6. Centre for Innovation
   7. School for Policy Studies
   8. School of Arts
   9. School of Biochemistry
   10. School of Biological Sciences
   11. School of Cellular and Molecular Medicine
   12. School of Chemistry
   13. School of Civil, Aerospace and Mechanical Engineering
   14. School of Computer Science, Electrical and Electronic Engineering, and Engineering Mathematics
   15. School of Earth Sciences
   16. School of Economics, Finance and Management
   17. School of Education
   18. School of Geographical Sciences
   19. School of Humanities
   20. School of Mathematics
   21. School of Modern Languages
   22. School of Physics
   23. School of Psychological Science
   24. School of Physiology, Pharmacology and Neuroscience
   25. School of Sociology, Politics and International Studies
   26. University of Bristol Law School

6-11. Which department are you in?

12. What is your mode of study?
   1. Full time
   2. Part time

13. What is your University fee status?
   1. Home
   2. EU
   3. International
   4. Channel Islands and the Isle of Man

14. Have you had to repeat a year of your studies?
   1. Yes
   2. No
15 Where do you live during University term-time?
   1. University Hall of Residence
   2. Private Hall of Residence
   3. With parents within the Bristol postcode
   4. Property rented from a private landlord within the Bristol postcode
   5. In a property you own within the Bristol postcode
   6. Outside of the Bristol postcode
   7. Other (please specify) (open text box)

16 Which University residence do you live in?
   * Badock Hall * Brunel House * Chantry Court * Churchill Hall * Clifton Hill House * Colston Street * Deans Court * Durdham Hall * Goldney Hall * Harbour Court * Hiatt Baker Hall * Hillside Woodside * Manor Hall * Marlborough House * New Bridewell * Northwell House * Orchard Heights * Queen’s Road * Redland Road * Richmond Terrace * Riverside * St Michaels Park * The Courtrooms * The Hawthorns * Unite House * University Hall * Wills Hall * Winkworth House * Woodland Court * Woodland Road

17 What is your ethnicity?
   * Arab * Asian - Bangladeshi * Asian - Chinese * Asian - Indian * Asian - Other * Asian - Pakistani * Black - African * Black - Caribbean * Black - Other * Gypsy or Traveller * Not given * Not given (Dom=Home) * Not given (Dom=Osea) * Other * Other Mixed * Unknown * White * White and Asian * White/Black African * White/Black Caribbn

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

18a Do you define yourself as transgender?
   1. Yes
   2. No
   3. Prefer not to say

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

20 How old are you?

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

22 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

23 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)
24 Are you the first person in your family to attend University?
  Yes   No

25 Was Bristol your first choice University?
  Yes   No

26 Which University was your first choice?
  Open Text

27 WEMWBS 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 feeling interested in other people
  • I’ve had energy to spare
  • I’ve been dealing with problems well
  • I’ve been thinking clearly
  • I’ve been feeling good about myself
  • I’ve been feeling close to other people
  • I’ve been feeling confident
  • I’ve been able to make up my own mind about things
  • I’ve been feeling loved
  • I’ve been interested in new things
  • I’ve been feeling cheerful

28 How often do you feel lonely?
  * Often/always * Some of the time * Occasionally * Hardly ever * Never

29 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
  • My course does not apply unnecessary pressure on me as a student
  • I have enough time to prepare for my assessments
  • I have enough academic support to feel confident when undertaking assessments
  • Good support is available for my mental health and wellbeing
  • I am content with my overall physical health
  • Whilst at University I have felt able to access sport and physical activity opportunities

30 Have you engaged with a wellbeing activity (either online or in person) provided by the University? Some examples are a mindfulness session, wellbeing workshop, mental health first aid session
  Yes   No

31 Please specify what the activity was and how useful you found it.
Have you attended the Science of Happiness course?
Yes  No

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 medical professional ever diagnosed you with a mental health condition?
Yes  No

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

Please indicate how you received this treatment
* University Service * NHS * Other (please specify) (open text box)

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?
26

Mental Health & Wellbeing Survey 2019: Key Results Summary

40 Why didn’t you let someone from the University know?
   Open Text

41 Have you ever submitted an Extenuating Circumstances Form to your School in relation to your mental health and/or wellbeing?
   Yes  No

42 How many times have you done this?
   Open text

43 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

* Partner / significant other (e.g. boyfriend/girlfriend)
* Friend (not related to you)
* Parent
* Other relative/family member
* Peer supporter or peer mentor
* GP / Doctor
* Mental health professional (psychiatrist, psychologist, counsellor, social worker)
* Personal Tutor / Academic mentor
* Other member of academic staff within your school (e.g. a lecturer)
* Student Wellbeing Adviser
* Member of university support staff (please specify)
* Residential Life Adviser/Residential Life team
* Other member of staff in University residences
* Big White Wall
* Nightline
* Samaritans
* Religious leader
* The internet
* Student Union Advisor/Just ask
* None of the above
* Other (please specify)

44 Alongside each support source please indicate how useful this source was?
   Extremely Useful * Very useful * Moderately useful * Slightly useful * Not useful

45 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

46 If you have ever accessed any of the following sources of help for mental health and wellbeing, please indicate how easy it was to find them (if you have not accessed something please leave blank)
   * Very easy * Fairly easy * Neither easy nor difficult * Fairly difficult * Very difficult
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
- 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 for the University to be able to contact your parents/or other nominated person in the case that we had any concerns about your wellbeing?

- Yes
- No
- Unsure

Is there a reason why you wouldn't want us to contact them?

Open text

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 and/or what more you feel the University could do to improve the support offered?

Open text

Do you drink alcohol or take drugs?

- Yes, I drink alcohol
- Yes, I take drugs
- Yes, I drink alcohol and take drugs
- No I don't do either

How often do you have a drink containing alcohol?

- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

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

Do you smoke cannabis?

- Yes
- No

How often do you smoke?

- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

Do you take other illegal drugs?

- Yes
- No

How often do you take other illegal drugs?

- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week
If you drink alcohol and take drugs, do you ever mix these?
Yes  No

How often in the last year have you failed to do what was normally expected from you because of drinking or drug taking?
* Never * Less than monthly * Monthly * Weekly * Daily or almost daily

How often during the last year have you felt guilt or remorse because of your drug or alcohol use?
* Never * Less than monthly * Monthly * Weekly * Daily or almost daily

Have you or someone else been injured as a result of your drinking or drug use?
* No, never * Yes but not in last year * Yes during last year

On a scale of 0 - 10, 0 being 'not concerned' and 10 being 'very concerned' - How concerned are you about your own alcohol or drug use?

Has a relative, friend or health worker been concerned about your drinking or drug use and suggested you cut down?
* No, never * Yes but not in last year * Yes during last year

Please let us know how you found out about this survey (tick all that apply)
• Student Newsletter
• Email
• Digital screen on campus
• My Bristol Portal
• Website
• Instagram
• Facebook
• Twitter
• Personal Tutor
• Lecturer
• Friend/Course mate
• Other

Appendix B- Survey delivery and communication
All students were invited to take part in the 2019 survey via a blog link in three separate emails from the Pro VC Student Experience. The majority of respondents indicated that was how they found out about the survey (83%). It was also advertised on the Blackboard portal and flagged on three occasions via social media by Bristol Students Union. The survey was delivered in a complex context: in direct competition with a heavily promoted PRES survey; exam period; and against a backdrop of challenging wider media coverage of two inquests. Its significantly muted response rate perhaps reflects this. A decision was taken to extend the window after there were less than 1,000 responses in fourteen days. The survey remained open for an extra week, almost trebling the response rate. In the open text
question asking respondents how else they had heard about the survey, many cited ‘Bistruths’, a student Facebook channel.

Appendix C – PHQ9 scoring

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

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Depression Severity</th>
<th>Proposed Treatment Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 4</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>5 to 9</td>
<td>Mild</td>
<td>Watchful waiting; repeat PHQ-9 at follow-up</td>
</tr>
<tr>
<td>10 to 14</td>
<td>Moderate</td>
<td>Treatment plan, considering counseling, follow-up and/or pharmacotherapy</td>
</tr>
<tr>
<td>15 to 19</td>
<td>Moderately Severe</td>
<td>Immediate initiation of pharmacotherapy and/or psychotherapy</td>
</tr>
<tr>
<td>20 to 27</td>
<td>Severe</td>
<td>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</td>
</tr>
</tbody>
</table>