

Student Wellbeing Study

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Moira Mitchell
Doug MacInnes
Ian Morrison

1. Overview

i. Purpose of Study

This study sought to provide an overview of the psychological wellbeing of students in Kent in their first two terms in Higher Education. It sought to determine the types of mental health problems they could be experiencing and the factors that affect the development of such problems. In particular it measured changes in student psychological wellbeing during the first six months at university and examined students' support seeking behaviour. It was a broader aim of the study that the resulting data could be used to inform the development of university policies and support services with regard to student mental health.

ii. Background

The number of people entering Higher Education (HE) in the UK grew by more than 100% in the previous decade and it continues to grow. Students arrive at university through increasingly varied routes and have a broad range of educational, cultural and social backgrounds. Higher Education institutions need be able to respond to these changes in the student body to ensure that, having entered HE, students thrive and are able to achieve their full potential.

However, although more people are entering HE than ever before, large numbers are also leaving before completing their course. In 2004 the Higher Education Academy reported that 17% of students were not completing their course of study. Last year the National Audit Office predicted that 20% of students in the UK would leave university before finishing their studies.

The objectives of this project were to develop awareness of what happens to students in the first stage of HE, to improve interventions to support them and in turn to increase retention rates. The project was initiated by the Canterbury Mental Health Forum - a multi-institutional forum of professionals working in the area of student psychological wellbeing. It is a response to the forum's concerns about the retention of students experiencing mental health difficulties in Kent.

iii. Research Group

Moira Mitchell, Equality and Diversity Manager, Canterbury Christ Church University

Ian Morrison, Independent Research Consultant

Gaby Jones, Academic Support Tutor: Students with Mental Health Difficulties, University College for the Creative Arts
Douglas MacInnes, Reader, Mental Health, Canterbury Christ Church University

2. Study Design

i. Literature Review

A literature review (Appendix 1) was conducted which revealed that across the UK, student populations often report much higher levels of the symptoms of anxiety and depression than is the norm for their age group. The pressure of work and assessments, the transition away from home and family, money problems, uncertainty about the future and relationship problems have all been cited as contributory factors.

The majority of students who leave their course prematurely do so in the first six months at university. Despite the obvious connection between attrition and student psychological wellbeing, no studies have to date measured the changes in student wellbeing during the first six months in Higher Education, or student support-seeking behaviour during this time.

ii. Specific Research Aims

- To describe the general psychological wellbeing in the student population.
- To examine the stress related factors affecting students.
- To assess the impact of a range of factors on the students' ability to study.
- To assess how student psychological wellbeing changes over the first six months in HE.
- To assess students' help seeking behaviour in relation to the services available to them.

iii. Research Design and Methodology

The review identified a previous HEFCE-funded study conducted at the University of Leicester as a model on which to build. The AHKM study has been developed in consultation with Dr Annie Grant (now of East Anglia University) who led the Leicester study.

This study was a prospective longitudinal survey with data collected at two time points. The surveys took the form of self-completion

questionnaires (see appendix 2). The first survey was conducted during the first term in 2007 and the second in the second term in 2008. The questionnaires were administered on university campuses in Canterbury and Medway.

iv. Sample Size:

Sample size calculations were undertaken with an estimation that approximately 500 participants would be part of the study. It was also estimated that the undergraduate population over the three institutions was approximately 25000. The figure of 13% (of students with some degree of depression – University of Leicester; 2003) was used as a guide to the number in the overall student population with psychological health concerns.

With a 95% Confidence Level, a sample of 500 would achieve 2.92% margin of error (i.e. we could be 95% certain that the responses of the study sample would be within plus or minus 2.92% of the responses of the overall student population within the three institutions). In the event 731 students took part in the study.

v. Questionnaire Design:

The questionnaire used by the University of Leicester study was modified for use in this study and contained six sections as follows:

- i. Demographic information (e.g. degree, age, gender etc).
- ii. A Likert scale measurement of the impact on stress levels of a wide range of academic, career and personal issues.
- iii. A section examining drug and alcohol use and measuring behaviours that could be indicative of eating disorders.
- iv. A standardised General Health Questionnaire (GHQ).

The GHQ, derived from various existing scales, such as Cornell Medical Index, screens for non-psychotic psychiatric disorders. This self-administered questionnaire focuses on two major areas – the inability to carry out normal functions and the appearance of new and distressing phenomena. Despite its title GHQ is designed to assess mental health, not “general health”.

GHQ is based on features which differentiate psychiatric patients as a class from individuals in the community who consider themselves healthy. It is not concerned with differences between

psychiatric patients. It was developed by David Goldberg at the Institute of Psychiatry for use in London as a screening instrument in community settings, primary care, and medical out-patients and is now used in many contexts and has been translated into 38 different languages.

- v. (second survey only)
A section considering how a range of issues (e.g. physical health concerns, personal and psychological problems) impact on students' ability to meet their academic obligations.
- vi. (second survey only)
A section exploring students' use of services both within the university and in the community.

3. Conducting the survey

The questionnaires were administered to students at the end of seminars. Originally it had been intended to administer the first questionnaire during induction week but concerns were raised that students might be vulnerable at that early stage and either less likely to participate or more likely to be adversely affected by participating in the survey. It was therefore decided to delay the first survey until later in the first term. The second questionnaires were administered during the later part of the second term.

Facilitators who administered the questionnaires reported that interesting and lively debates had been triggered by some of the questions in the survey. It seems reasonable to assume that the administration of the survey itself, has raised awareness amongst participating students of factors affecting psychological wellbeing and also of the services in place to support them.

With regard to the nature of the questions in the survey, there was a wide range of responses. Some concern about confidentiality and data disclosure was voiced and this was particularly noticeable amongst the health and social care students. It is possible that this concern has affected how candid respondents have been in certain sections of the survey.

4. Profile of Participants

i. Number of Students by Institution and Programme

In total, 731 students participated in the survey from three institutions: the University College for the Creative Arts (Ucreative), Canterbury Christ Church University (CCCU) and the University of Kent (UKC). 509 students completed the first questionnaire and 403 completed the second questionnaire. Of these 181 were matched pairs, enabling comparative analysis across the two time points of individuals as well as comparative analysis of student cohorts.

Numbers of Students Participating in Study					
University	Term 1	Term 2 only	Term 1 and Term 2	Total number of students	Total number of questionnaires
CCCU	236	157	104	393	497
UKC	100	0	6	100	106
Ucreative	173	65	71	238	309
Totals	509	222	181	731	912

The students were selected from specific programmes with the agreement of teaching staff to facilitate participation in the survey. From the University College of the Creative Arts students from a range of applied art subjects participated. From the University of Kent all participants were studying in the School of Social Policy, Sociology and Social Research. From Canterbury Christ Church University the majority of students were on the Health and Social Care Inter-Professional Learning Programme, with a further small cohort studying for the Post Graduate Certificate of Education (PGCE).

The programmes were chosen provide a broad representation of students across the institutions (from social sciences, health and social care subjects and the arts). However where data has been analysed by institution, the survey results will reflect the characteristics of the students in each subject area and are not necessarily representative of the whole student population.

ii. Overall Demographic Profile of Students

The youngest respondent was 17, the oldest 56 and the mean average age was 24 years. Approximately 68% of participants were 25 or under. Almost three quarters (73%) of the students were single, but 20% were either married, living with a partner and/or in a civil partnership. Approximately 18% of respondents declared that they had dependents.

Approximately three quarters of the respondents (76%) were female, with a larger majority (88%) from Canterbury Christ Church University and a smaller majority (64%) from the University of the Creative Arts. This distribution does not represent the overall student population which has a higher percentage of males, and this has been taken into account in the data analysis.

The majority (88%) of students declared themselves to be heterosexual, a further 3% bisexual, 1% gay or lesbian, and 7% declined to answer. As the population as a whole generally consists of more gay or lesbian than bisexual people, it is possible that these figures reflect an uncertain understanding of the terms used, but this is only speculation.

A large number (38%) of students were working in some capacity at the same time as studying. Of those that were working approximately 67% were working between 2 and 15 hours per week, and 33% working over 15 hours per week.

Across all the institutions, half the students reported that they had a religion, and of these 46% were Christian. Of the remaining students who declared they had a religion, just over 1% were Muslim and another 1% were Buddhist. Only 17% of respondents regularly attended a place of worship (see further analysis below).

With regard to ethnicity, approximately 13% of participants were from ethnic minority backgrounds and 10% were not of British nationality. Approximately 15% of students reported a disability and half of those were dyslexic.

Only 39% of respondents had come to university straight from secondary education, whereas 61% had had a period of time away from education. Of those that had had time out of education, for 17% it had been a year or less, for 41% it had been between 1 and 5 years, for 15% it had been between 6 and 10 years and for 27% it had been over 10 years.

5. Measuring Wellbeing

i. General Health Questionnaire (GHQ)

The GHQ is a mechanism for measuring current mental health. Since its development by Goldberg in the 1970s it has become one of the most widely used research instruments in the world. The questionnaire asks whether the respondent has experienced a range of symptoms or behaviours recently.

Each symptom/behaviour is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual). The questionnaires are then scored and the participant's score is used to estimate his or her "level of disturbance". This is not a clinically diagnostic test but provides a general indication of psychological wellbeing.

In this study, where participants are reported to have a higher than normal level of disturbance, the measure used (a score of six or more) is derived from the scores developed by Goldberg and Williams in their examination of patients visiting a GP surgery. This level of disturbance, whilst not diagnostic, would have a tangible impact on the day to day life of participants.

ii. Variations in Wellbeing in First and Second Terms

The individual GHQ score for each participant was measured in term 1 and again in term 2 and the scores of the students who completed questionnaires in both terms (the matched pairs) were compared. In addition, the overall GHQ score for the term 1 cohort was compared with the overall GHQ score for the term 2 cohort.

Approximately 39% of respondents demonstrated the potential for psychological health problems by scoring 6 or above on the GHQ in the first term and 35% in the second term. The percentage of higher scorers from each institution was approximately the same, indicating equivalent levels of student wellbeing across the institutions.

When the overall GHQ score for the term 1 cohort was compared with the overall GHQ score for the term 2 cohort, the general level of disturbance was found to be significantly reduced in term 2 ($T = 2.667$, $p = 0.08$). This indicates that across all the participants, the general psychological wellbeing of the students improved from term 1 to term 2. It suggests that, as students become acclimatised to university life (and are able to access the support available to them) their levels of distress and disturbance reduce over time.

The actual number of students with a high level of disturbance also decreased in term 2 (from 39% to 35%). However, although individually measured levels of disturbance did reduce in term 2, this was not statistically significant.

Consideration of the decrease needs to take into account the number of students who may have left their course during the period of the study. When definitive attrition numbers become available the number of

disturbed students who left during the study will be reported and the percentage of disturbed students in term 2 will be re-calculated.

iii. Demographic Factors and Wellbeing

The data was analysed to investigate whether any demographic factors appear to influence the likelihood of a student demonstrating a higher than normal level of disturbance. Only a small number of demographic factors showed statistical significance with regard to determining levels of disturbance. Having a parent with a higher education qualification ($T = -2.627$, $p = 0.010$), following a religion ($T = -3.113$, $p = 0.002$), or regularly attending a place of worship ($T = -2.902$, $p = 0.005$) reduced the likelihood of a participant indicating a higher than normal level of disturbance.

iv. Family History of Higher Education

Students were asked whether they had a parent with a Higher Education qualification (and provided with examples such as HND/HNC, Degree, Foundation Degree, HE Diploma, HE Certificate). The table below shows the percentage of students from each institution who reported that they had a parent with a Higher Education qualification. As with all the analysis by institution in this study, the results reflect the characteristics of the students on the participating programme and are not necessarily representative of the whole student population in each institution.

Institution	% of Students with a Family History of HE
All institutions combined	43%
University College for the Creative Arts	48%
Canterbury Christ Church University	37%
University of Kent	52%
N.B. These figures refer to the study cohort only	

Those who did have a parent with a Higher Education qualification were likely to demonstrate significantly higher levels of psychological wellbeing than those without a family history of Higher Education ($T = -2.627$, $p = 0.010$). This finding reflects other studies which have reported that family experience of the Higher Education environment empowers potential students and increases their chances of success.

v. Religion and Religious Observance

Students were asked whether they have a religion and/or regularly attend a place of worship. Across all the institutions, half the students

reported that they had a religion, and of these 46% were Christian. Of the remaining students who declared they had a religion, just over 1% were Muslim and another 1% were Buddhist. Only 17% of respondents regularly attended a place of worship.

Students who have a religion and/or regularly attending a place of worship are likely to demonstrate significantly higher levels of psychological wellbeing than other students. This is considered to be due to the social, spiritual and psychological support that is available to people who practice a religion and/or regularly attend a place of worship.

Canterbury Christ Church University is a Church of England Foundation University and it was therefore expected that a greater number of students from that institution would declare a religion. The percentage of participants who said they had a religion and who regularly attend a place of worship, for all institutions and by individual institution, are listed in the table below:

Institution	% of Students with a religion	% of Students who attend place of worship
All institutions combined	50%	17%
University College for the Creative Arts	37%	9%
Canterbury Christ Church University	58%	20%
University of Kent	53%	25%

Of the students who said they had a religion in the University of Kent, 8% were Muslim and 86% were Christian. Amongst participants from the University College for the Creative Arts, of those who said they had a religion, 3% were Muslim and 84% were Christian. At Canterbury Christ Church University 98% of those with a religion were Christian and there were no Muslim participants.

Measuring Wellbeing - Key messages:

- i. A large number of students have high levels of disturbance on entering Higher Education. Where possible institutions should schedule pastoral activities and support in the very early stages of Higher Education.***
- ii. Psychological wellbeing of the student population as a whole improves significantly from term 1 to term 2 as students acclimatise to life at university. However individual students***

with high levels of anxiety and disturbance do not necessarily improve in this period.

- iii. Students with no family history of Higher Education have shown significantly higher levels of psychological disturbance than other students. Institutions should consider enhancing induction activities for students without a family history of Higher Education and offering them additional support in the first term.*
- iv. The evidence suggests that for students who have a religion, this is an important factor in their psychological wellbeing. Outside of the learning environment, institutions should ensure that they do not unnecessarily create barriers to the expression of faith or belief for their students.*

6. Causes of Stress

The central section of the questionnaire contained questions designed to identify the extent to which a wide range of issues impact on the respondent's own self-perceived stress levels. Sixty four questions were included relating to a spectrum of concerns including academic study, careers, general health, sexual health, interpersonal relationships, self-confidence and family problems. For each issue they were asked to choose between the following ratings:

Crucially important	Very important	Fairly important	Not important	Don't know
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The table below features a range of issues that students found crucially or very important in terms of making them feel stressed. It shows the percentage of students who found each issue very/crucially important in term 1 and the percentage in term 2. (The issues are presented in groups and ranked in descending order of importance in each term).

A large number of issues were considered by students to be crucial or very important causes of stress. The most important of these related to improving academic performance, including the ability to manage and complete course work (cited by 72% of students in term 1), and concerns about clarifying or meeting goals (66%) and time management issues (60%). Students also indicated a high degree of concern about specific study skills and their ability to concentrate.

Although people entering Higher Education face a range of challenges affecting many areas of their lives, concerns specifically about studying and academic performance cause the most stress to the greatest number of students. Dealing with severely inadequate finances was also a major cause of stress for 69% of students in term 1. Finding a job and preparing for a career were also reported by many to be a major cause of anxiety.

Percentage of students who stated these issues were “crucially” or “very” important with regard to causing them stress in Term 1 and in Term 2:			
Issue	T 1	Issue	T 2
1. Dealing with concerns about ...			
Dealing with severely inadequate finances	69%	Dealing with severely inadequate finances	62%
Getting used to university life	50%	Coping with inadequate or unsatisfactory housing	43%
Coping with concerns about my choice of course subjects	44%	Coping with concerns about my choice of course subjects	43%
Coping with inadequate/unsatisfactory housing	37%	Getting used to university life	42%
2. Dealing with concerns about ...			
General worry about my health	26%	Weight control or eating problems	29%
Weight control or eating problems	25%	Insomnia or sleeplessness	26%
Insomnia or sleeplessness	24%	General worry about my health	18%
Sexually transmitted diseases	23%	Life-threatening illness	18%
AIDS/HIV	23%	Contraception, pregnancy, abortion	17%
Life-threatening illness	22%	AIDS/HIV	17%
Contraception, pregnancy, abortion	21%	Sexually transmitted diseases	16%
Chronic illness (asthma, diabetes)	16%	Chronic illness (asthma, diabetes)	15%
Smoking	10%	Alcohol usage	12%
Drug usage	10%	Smoking	12%
Excessive use of computers games/internet	9%	Drug usage	12%
Alcohol usage	9%	Gambling	8%
Gambling	7%	Excessive use of computers games/internet	7%
3. Improving my academic performance by improving ...			
My ability to manage & complete course work	72%	My ability to manage & complete course work	64%
My ability to clarify and meet academic and/or career goals	66%	My ability to clarify and meet academic and/or career goals	63%
My ability to set priorities, make decisions, manage time	60%	My ability to set priorities, make decisions, manage time	63%
My study skills in specific ways	59%	My study skills in specific ways	54%
My concentration	57%	My concentration	53%
My handling of competition	34%	My handling of competition	33%

4. Dealing with concerns about ...			
Preparing for a career after completing my degree	57%	Preparing for a career after completing my degree	50%
Being assertive when necessary	50%	Allowing myself to have fun	47%
Improving my self-esteem and confidence	48%	Being assertive when necessary	43%
Allowing myself to have fun	45%	Improving my self-esteem and confidence	42%
Developing trust in friendships	45%	Developing trust in friendships	36%
Coping with sadness, depression and/or mood changes	37%	Understanding and coping with loneliness	28%
Understanding and coping with loneliness	32%	Coping with sadness, depression and/or mood changes	27%
Fulfilling parental expectations	27%	Fulfilling parental expectations	20%
Needing parental approval and/or support	25%	Needing parental approval and/or support	20%
Managing vague anxieties, phobias, panic attacks	24%	Managing vague anxieties, phobias, panic attacks	20%
Coping with racism	17%	Peer pressure	13%
Peer pressure	17%	The nature of my religious beliefs	11%
The degree of my religious observance	10%	Coping with racism	10%
The nature of my religious beliefs	10%	The degree of my religious observance	9%
5. Overcoming specific fears about ...			
Finding a job/career	60%	Finding a job/career	53%
Taking exams	52%	Speaking in groups	42%
Speaking in groups	50%	Taking exams	41%
Physical health	30%	Physical health	27%
6. Improving my sensitivity to and/or my ability to communicate with ...			
Friends	39%	Friends	35%
Parents, children and/or other family members	35%	Lover(s) or spouse	33%
Teachers/lecturers	35%	Parents, children and/or other family members	32%
Lover(s) or spouse	33%	Teachers/lecturers	29%
Room-mates/flat-mates	28%	Room-mates/flat-mates	23%

i. Changes in Perceptions of Stress

There is a reasonably consistent reduction in the importance students ascribe to stress-causing issues in term 2 compared with term 1. For the most part issues were seen to be less important in terms of causing stress in term 2. The decrease was analysed for statistical significance and was found to be highly significant for a number of issues.

The most significant decreases were found to be the stress caused by taking exams ($T = -3.625, p = 0.0$) and the stress caused by speaking in groups ($T = -3.433, p = 0.001$). Other concerns related to academic

performance and study were also found to be significantly less important causes of stress in the second term. This reflects the fact that students are becoming acclimatised to the Higher Education environment.

The drop in concern expressed by students in term 2 about a range of relationships proved to be statistically significant, including relationships with family (T - -2.670, p = 0.008), teaching staff (T - -2.420, p = 0.017) and house-mates (T - -2.704, p = 0.008). Particularly significant were the decreases in stress caused by combining university and a close relationship (T - -3.230, p = 0.001) and separation from a significant other (T - -3.813, p = 0.0).

Students were also found to be substantially less concerned about fulfilling parental expectations in term 2 (T - -2.360, p = 0.019) and less worried about coping with issues of self-esteem (T - -2.894, p = 0.004) and assertiveness (T - -2.773, p = 0.006). These findings would appear to reflect a growing sense of confidence amongst students over the course of the first two terms.

A large number (44%) of students reported that concern about their choice of course subject was a crucial or very important cause of stress. Unhappiness with choice of subject has been highlighted in other studies, most notably Yorke and Longden's 2007 Higher Education Academy report *The First Year Experience in Higher Education in the UK*.

Significantly, the number of Kent students flagging choice of subject as a major cause for concern only decreased by one percentage point in term 2 to 43%. This suggests that those who were concerned they had not made the right choice in term 1, continued to question their choice in term 2. The students' perception of not being on the most appropriate course is important with regard to their psychological wellbeing and this is an area which warrants further investigation at an institutional level.

A small number of issues were viewed by students as more significant causes of stress in term 2 than in term 1. In term 1, 25% of students reported that concerns about weight control were important causes of stress and this figure increased to 29% in term two. This indicates that concerns about weight control are not linked to the initial adjustment period at university and could be a growing threat to the psychological wellbeing of a substantial number of students.

The number of students concerned about inadequate housing also increased (from 37% to 43%) in term 2. This suggests that difficulties with housing are not being resolved in the first two terms at university and that the impact of inadequate housing on students could in fact increase over this time.

ii. Psychological Wellbeing and Causes of Stress

The data was analysed to investigate whether students who had demonstrated a higher than normal level of disturbance were more likely to find certain issues stressful. The following issues were found to be significantly greater causes of stress to students with high levels of disturbance than to other students:

The issues that are significantly more likely to cause stress to students with a higher level of disturbance are for the most part, the same issues that came top of the list of stress causing factors overall. These include academic performance, getting used to university life, dealing with inadequate finances and coping with unsatisfactory housing.

Students with higher than normal levels of disturbance were also significantly more likely list insomnia, loneliness and managing anxiety as major causes of stress. This is consistent with the type of day to day problems people with a high GHQ score would be expected to experience.

Causes of Stress - Key messages:

- i. Although people entering Higher Education face a number of challenges affecting many areas of their lives, concerns specifically about studying and academic performance cause the most stress to the greatest number of students.***
- ii. The second most significant issue affecting students after anxiety about academic performance is dealing with severely inadequate finances.***
- iii. In the second term there is a significant decrease in reported stress, and in particular in anxiety about a range of relationships and about study and academic performance.***
- iv. To ensure student psychological wellbeing, developing a social life is equally as important as academic success in the first and second terms. Encouraging students to join social groups or establishing some form of "buddying" system is likely to be helpful.***
- v. A large proportion of students report that their choice of subject area is a significant cause of stress and the proportion reporting this does not reduce in term 2. It is possible that***

attrition is linked to unhappiness with subject choice and institutions should consider investigating this further.

- vi. A quarter of students reported high levels of stress caused by concern about weight control and the numbers reporting this increased in term 2. Institutions should consider prioritising healthy eating campaigns in their student wellbeing activities.*
- vii. Inadequate housing is a major cause of stress in term 1 and this does not reduce in term 2. Institutions should consider investigating further the housing conditions of their students.*

7. Attendance and Performance

In term 2 the students were asked whether they had missed any lectures or classes during the term. They were provided with a list of six reasons and asked how many times in the term they had missed a lecture or class for each reason. The students were also asked whether they believed they had received a lower grade and, with the same list of reasons, how many times during the term for each reason. The results are shown in the table below.

Predictably the main reason lectures or classes had been missed was physical illness. The next most important reason was “personal problems” for which almost as many people (9.5%) said they had been absent two to four times as those who cited physical illness (10%). Personal problems were also the major cause of students missing five or more lectures or classes per term, with the next most reported reason being alcohol use.

With regard to perceptions of why lower grades had been received, significantly more people thought they had received lower grades due to personal problems (16.5%) than due to physical illness (6.9%). Of those who believed they had received a lower grade twice, more students thought this was due to psychological problems than thought it was due to physical illness.

Reasons for Missing Lectures or Classes						
	No	Yes*	1**	2-4**	5+**	
	%	%	%	%	%	
Alcohol use	86.8	0.3	6.3	4.4	2.2	
Personal problems	72.8	0.8	14.2	9.5	2.7	
Physical illness	66.2	2.8	19.1	10.0	1.9	
Psychological problems	92.3	0.3	3.0	3.6	0.8	
Drug use	99.5	0	0.3	0.3	0	
Financial problems	91.5	0.8	3.8	3.3	0.5	
* Lecture or class missed but frequency not specified						
** Number of times missed in current term						
Perceived Reasons for Receiving Lower Grade						
	No	Yes*	1**	2**	3**	4+**
	%	%	%	%	%	%
Alcohol use	97.7	0.3	1.4	0	0.6	0
Personal problems	83.5	1.6	8.0	4.9	1.4	0.5
Physical illness	93.1	0.8	4.4	1.1	0.6	0
Psychological problems	94.7	0.3	2.8	1.7	0.3	0.3
Drug use	99.4	0.6	0	0	0	0
Financial problems	95.3	0.6	1.9	1.1	0.8	0.3
* Believed lower grade received but frequency not specified						
** Number of times lower grade received in current term						

The results were analysed to investigate whether students who had demonstrated a higher than normal level of disturbance were more or less likely to miss lectures and/or believe they had received a lower grade.

Students who had demonstrated a higher than normal level of disturbance were significantly more likely to miss lectures due to alcohol use (T - -2.259, p = 0.028), because of personal problems (T - -3.888, p = 0.00), or because of psychological problems (T - -2.135, p = 0.038). They were not significantly more likely to miss lectures due to physical illness or financial problems.

These students were also significantly more likely to believe they had received a lower grade due to personal problems (T - -2.187, p = 0.033). They were not significantly more likely to believe they received a lower grade for any other reason.

Attendance and Performance - Key messages:

- i. According to students, they are more likely to miss lectures or classes and/or receive lower than anticipated grades because of personal problems than because of physical illness.***
- ii. Students with higher than normal levels of disturbance are more likely to miss lectures because of personal or psychological problems or because of alcohol use, than other students. Difficulties experienced by disturbed students could therefore be compounded with non-attendance and/or under achievement during the course of the academic year.***
- iii. Institutions should encourage and assist teaching staff to identify students with personal and/or psychological problems and refer them to appropriate sources of support.***

8. Help Seeking Behaviour

In term 2 students from the University College for the Creative Arts and Canterbury Christ Church University were asked about the type of help they had sought from their institution. They were given a list of services and if they had used the service were asked to choose one or more out of four reasons for seeking help (personal problems eg. finance; psychological problems eg. anxiety; study or course issues; physical health). The table below shows the percentage of students who sought help from each source for the reasons listed.

Predictably the largest group of students seeking help are those seeking help about study or course issues from their personal tutor (54.1%). However it is also notable that significant numbers of students sought help for personal and psychological problems from their personal tutor. Indeed more students sought help for these reasons from their personal tutor than from any other university-based service.

This may indicate that personal tutors and other teaching staff could benefit from advice and guidance on how to refer students to other support services. It may also indicate that institutions need to be wary about assumptions made about the workload of personal tutors and to monitor this closely. It indicates the continued importance of the role of the personal tutor and the fact that they are probably the easiest support to access. Whereas if a student goes to a specific support service he or she has to make a conscious decision to ask for help (and thereby

acknowledge they need it), it may be easier to mention an issue to a personal tutor whilst discussing, for example, a dissertation.

Reasons for Seeking Help							
Source of Help	Didn't seek help from this source but did elsewhere	Sought help but no reason given	Personal problems eg finances	Psychological problems eg anxiety	Study or course issues	Physical health	Total who sought help from this source
	%	%	%	%	%	%	%
Personal tutor	37.9	2.3	9.9	7.1	54.1	3.9	62.0
Other academic staff	71.9	1.4	2.8	0.8	24.1	0.8	28.0
Administrative staff	82.7	1.1	4.2	0.6	12.5	0.3	17.3
Counselling Service	90.4	1.1	4.0	5.6	1.7	0.6	9.6
Student Support Service	80.7	2.0	7.1	1.7	10.5	0.3	19.3
Students' Union	96.0	1.4	0.6	0.6	1.7	0.3	3.9
Chaplaincy	96.6	1.1	1.7	0.6	0.6	0.3	3.4
Helpline or Samaritans	98.0	1.1	0.6	0.6	0.3	0.3	2.0
Friends	46.2	3.4	28.0	22.4	33.4	11.6	53.8
Family	50.1	3.4	34.0	19.0	25.2	14.4	50.0
Doctor/GP/PCT	66.3	2.0	1.7	5.1	0.6	27.5	33.7
Community mental health	96.9	0.6	1.4	1.1	0.3	0.3	3.1
Other outside services	95.2	1.4	2.0	0.6	0.3	1.1	4.8

The data was analysed to investigate whether students who had recorded higher than normal levels of disturbance were more or less likely to seek help from the various sources. These students were found to be significantly more likely to seek help from their personal tutor ($T = 2.258$, $p = 0.025$), the counselling service ($T = -3.009$, $p = 0.003$), friends ($T = -3.755$, $p = 0.00$), family ($T = -2.218$, $p = 0.028$) and a doctor or primary care team ($T = -2.647$, $p = 0.009$). These results indicate that disturbed students are seeking help from appropriate sources and once again, the personal tutor, is a key source of support.

If they had not used a university service, students were asked to indicate the reason why not and were provided with five potential reasons (see tables below). For the most part, this was because the students had not felt they required any help or support. However the number of students who selected other reasons for not seeking help is noteworthy, as are

some of the variations in the reasons given between the University College of the Creative Arts and Canterbury Christ University.

Reasons Given by Students for Not Having Sought Help from Staff/Services All Students					
	Personal tutor	Counselling	Student Support	Students' Union	Chaplaincy
	%	%	%	%	%
No support required	28.3	62.4	59.2	69.1	74.6
Unaware support available	2.9	7.4	7.7	9.6	6.8
Lacked confidence in service	2.9	2.6	2.3	5.5	2.3
Did not feel able to ask them for help	4.5	5.8	6.8	6.8	3.9
Preferred help from friends and services outside uni	5.8	12.9	7.7	8.7	6.8

Reasons Given by Students for Not Having Sought Help from Staff/Services University College for the Creative Arts					
	Personal tutor	Counselling	Student Support	Students' Union	Chaplaincy
	%	%	%	%	%
No support required	31.1	63.2	65.1	66.9	77.3
Unaware support available	1.9	1.9	8.5	13.2	9.4
Lacked confidence in service	6.6	1.9	3.8	8.5	3.8
Did not feel able to ask them for help	5.6	3.8	5.6	7.5	3.8
Preferred help from friends and services outside uni	7.5	10.4	6.6	66.9	5.6

Reasons Given by Students for Not Having Sought Help from Staff/Services Canterbury Christ Church University					
	Personal tutor	Counselling	Student Support	Students' Union	Chaplaincy
	%	%	%	%	%
No support required	27.8	62.6	56.1	70.2	73.7
Unaware support available	3.0	8.6	7.1	7.6	5.1
Lacked confidence in service	1.0	1.5	1.0	4.0	1.5
Did not feel able to ask them for help	4.0	6.0	7.6	6.6	4.0
Preferred help from friends and services outside uni	5.1	14.1	8.6	8.6	7.1

Help Seeking Behaviour - Key Messages:

- i. Personal tutors are the key source of support for students, not only for academic issues, but also for psychological and personal problems. They are more likely to be approached for help for these reasons than any other source of support, possibly because they are the most accessible.***
- ii. Institutions need to take account of the continued importance of the role of the personal tutor and the implications of this with regard to workload. They should review the guidance provided to personal tutors in relation to onward referral of students presenting with personal or psychological problems.***
- iii. Significant numbers of students reported that they were unaware that support was available from a range of sources within their institution. Institutions need to consider how they promote their support services taking into account the acceptability of requesting help amongst different types of students and the implications it may have for students' self-esteem.***
- iv. Where possible institutions should share information about support services and in particular how these are promoted and the impact of awareness-raising campaigns or similar activities.***

9. Alcohol Consumption

Students were asked about their weekly levels of alcohol consumption and how often they consumed 10 or more units of alcohol on one occasion. The tables below show the alcohol consumption of male and female students, the overall consumption in terms 1 and 2, and the overall consumption broken down by institution.

Across the cohort, approximately one tenth of students reported levels of alcohol consumption above recommended limits (14 units for women and 21 units for men per week). There was no significant change in alcohol consumption from term 1 to term 2. However there are marked differences between the alcohol consumption of male and female students with the latter reporting far lower levels of drinking.

Weekly Alcohol Consumption in Terms 1 and 2: All Students		
Amount of Alcohol	Term 1	Term 2
No alcohol	28%	31%
5 - 10 units	46%	40%
10 - 20 units	17%	19%
20 - 30 units	6%	7%
More than 30 units	3%	3%

Times 10 Units or More Consumed on One Occasion: All Students		
Number of Times	Term 1	Term 2
Never	28%	30%
Less than monthly	32%	32%
Monthly	21%	22%
Weekly	18%	16%
Daily or almost daily	1%	0%

In 2001 the Leicester Student Psychological Wellbeing study found that approximately one in four male and one in six female students were drinking above the recommended maximum. Across the Kent cohort of students, the figure is approximately one in five males and as low as one in twenty five females.

In Leicester approximately half the male and a quarter of the female students reported drinking at least 10 units on a single occasion on a weekly basis. In Kent less than half (42%) of male and only about one tenth (11%) of female students reported drinking at that level.

Weekly Alcohol Consumption Male and Female Students		
Amount of Alcohol	Male	Female
No alcohol	13%	32%
5 - 10 units	38%	49%
10 - 20 units	26%	15%
20 - 30 units	16%	3%
More than 30 units	6%	1%

Times 10 Units or More Consumed on One Occasion: Male and Female Students		
Number of Times	Male	Female
Never	13%	34%
Less than monthly	30%	32%
Monthly	15%	23%
Weekly	40%	10%
Daily or almost daily	2%	1%

Comparison of student alcohol consumption between institutions showed a significantly higher number of students from the University of the Creative Arts consuming above the recommended weekly limit and drinking large amounts of alcohol on one occasion.

Weekly Alcohol Consumption by Institution			
Amount of Alcohol	CCCU	Ucreative	UKC
No alcohol	33%	20%	30%
5 - 10 units	48%	41%	51%
10 - 20 units	14%	24%	14%
20 - 30 units	4%	10%	3%
More than 30 units	1%	5%	2%

Times 10 Units or More Consumed on One Occasion by Institution			
Number of Times	CCCU	Ucreative	UKC
Never	32%	20%	35%
Less than monthly	37%	27%	27%
Monthly	22%	21%	21%
Weekly	9%	30%	17%
Daily or almost daily	0%	2%	0%

Alcohol Consumption - Key messages:

- i. Alcohol consumption is significantly higher amongst male than amongst female students and the levels of consumption do not vary notably between term 1 and term 2.***

- ii. *Although participants in this study have not reported levels of alcohol consumption as high as in previous studies, a small number of students are reporting excessive levels of drinking and these are predominantly male.*
- iii. *Students studying creative arts subjects appear to be more likely to consume high levels of alcohol.*

10. Harmful Behaviour

Students were asked whether in the past four weeks they had practised concealed binge eating, hurt themselves physically or sought to control their weight by vomiting or taking laxatives. The table below show the percentage of students who reported one or more of those behaviours:

Binge Eating, Unhealthy Weight Control and Self Harm		
Behaviour	Term 1	Term 2
Vomiting to control weight	2.4%	3.6%
Taking laxatives to control weight	0.8%	1.5%
Episodes of concealed binge eating	5.5%	5.9%
Self-harm	3.6%	3.1%

A small percentage of students reported using unhealthy means of weight control and a higher percentage (5.5% in term 1) reported episodes of concealed binge eating. In a previous section of the questionnaire a quarter of students had reported that weight control issues were a major cause of stress.

Although the table indicates a slight increase in binge eating and unhealthy weight control and a slight decrease in self-harm from term 1 to term 2, none of these changes were statistically significant. The number of students practising these types of behaviours is therefore unlikely to change from the first term to the second.

The data was analysed to investigate whether students who had demonstrated a higher than normal level of disturbance were more likely to report harmful behaviours. There was a significant likelihood ($T = 2.995$, $p = 0.003$) that students with a higher than normal level of disturbance would self-harm. However students with a high level of disturbance were not shown to be significantly more likely to practise binge eating or unhealthy weight control.

Harmful Behaviour - Key messages:

- i. Institutions should be aware that a small but significant number of students self-harm and that these students are likely to have a high level of disturbance. Personal tutors and other teaching staff should be aware of the signs of self-harm and how to refer students to appropriate sources of support***
- ii. Binge eating and weight control issues may be an increasing cause of stress and potentially dangerous behaviour amongst students. Students who practise binge eating and unhealthy weight control may not present as disturbed in any other way and the problem could therefore remain hidden.***
- iii. Institutions should review what they do to promote healthy eating and fitness and consider prioritising activity in this area, perhaps working with Students' Unions.***

Literature Review

Background

It is recorded that there are over three million full time students in Higher Education within the UK (Waller, 2005). However, the Higher Education Academy (2004) documented that 17% of students withdraw do not complete their course of study. One particular area of concern has been the number who have mental health problems. Surveys of student populations often report much higher levels of the symptoms of anxiety and depression than the norm for their age group. The reasons why students might show these levels of stress-related symptoms are many according to the Oxford Student Mental Health Network (OSMHN) (2003).

Pressure of work and assessments, the transition away from home and family, money problems, uncertainty about the future and relationship problems have all been cited. The causes or triggers differ from person to person and affect different students in different ways, while the solutions for each individual also vary. Mature students and students from overseas have additional and sometimes different pressures affecting their well being. In addition to specific student related factors, students are affected by the same range of mental health problems as faced by the general population. In some cases they experience such severe conditions that they may find it difficult to continue with their work and need time out for treatment.

Mental Health

There is no formally agreed definition of what constitutes mental health although the World Health Organisation (1999) have proposed the following:

Mental health... is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

If this definition is accepted, it can be seen that mental health problems could extend from the so called "neurotic disorders" such as anxiety to more severe difficulties such as schizophrenia. The most common challenges to mental health in the general population are anxiety and

depression. It is estimated that 1 in 4 people will experience some kind of mental health problem during the course of a year, and many of these problems will be to do with feeling low and anxious. In contrast to these common disorders, there are more severe forms of mental health problems such as schizophrenia and bi-polar affective disorder that affect far fewer people during the course of a year. These conditions are characterised by varying degrees of loss of touch with the reality experienced by most other people, and are often referred to as psychotic illnesses.

Students and Mental Health

The numbers of students affected by mental health problems have been assessed in a number of studies. The OSMHN (2003) state that many surveys of student populations show raised levels of anxiety and depression running contrary to the trend for younger adults not at University. In addition, other types of mental health problems were found in this group including; psychotic disorders, eating disorders, alcohol and drug use, and self harm (including suicide). The OSMHN (2003) also note that female students are more prone to eating disorders and excessive drinking than their female equivalents within their age group.

Webb et al (1996) in a study of over 300 students found that 33% of male students and 35 % of female students had moderate or severe anxiety as opposed to a figure of 13% for the general population within a matched younger adult group. In addition, 12.1% of male students and 14.8% of female students had measurable levels of depression, compared to 11.4% found in a similar group of young adults in the general population. These figures do not seem to be a simple reflection of an age group; in fact they go against the trend for neurotic disorders increasing with age as seen in recently published figures for the general population.

Stewart Brown et al's study (2000) indicates that 49% of students stated that their work had been affected by emotional problems compared to 21% of the same age in employment within the local population. In terms of more serious mental health problems, Waller et al (2005) report that the number of students within one university being prescribed anti-psychotic medication rose from 1.7% of the student population in 1996 to 2.8% in 2001.

Some studies have examined the main stressors that may contribute to mental health problems. Roberts et al (1999) surveyed students at two Universities in London. They found that 41% were in debt with 85%

having to work as well as study and concluded that financial problems were linked with poorer mental health in this group. This view was supported by the study by OSMHN (2003) who also concluded that mental health problems were associated with financial pressures and having to undertake paid work while further recording that the students' mental health was influenced by their living arrangements, their drugs and alcohol intake and exam pressure.

OSMHN (2003) also put forward the effect of widening participation could be a contributory factor as this has brought in students who would previously not have attempted to study at University level though the exact reasons underpinning this view were not stated. A study by the University of Leicester (2003) examining student psychological health found that concerns about study and career issues caused the most stress for students with 13% of respondents having some degree of depression.

Viewing the question from a different perspective, Manthorpe and Stanley (1989) examined staff attitudes to student mental health and recorded that 36% of staff reported supervising students with mental health problems. They also found differences in reported student mental health problems between different departments with the highest number of problems being recorded in those students undertaking Art and Humanities and Social Sciences courses while the lowest problems were recorded in those students undertaking Sciences, Accounting and Law.

An interesting point was also raised by Waller (2005) who suggested that recent national mental health policies focusing on the treatment of people with severe mental health problems may have resulted in students finding it more difficult to access mainstream health services and therefore seeking support and interventions from University services.

Role of the Institution

OSMHN (2003) state that whether a student has developed a mental health problem for the first time, or has a previously acquired condition, they should expect:

- to have access to medical treatment if required
- their educational institution to honour its duties to them by making 'reasonable adjustments' in order to take into account the nature of their problems
- not to be discriminated against on the basis of their disability

These “rights” have been reinforced by a number of formal documents. In 2000 the Committee of Vice Chancellors and Principals, now known as Universities UK, published guidelines on student mental health policies and procedures. These guidelines indicate that educational institutions have certain obligations to students. Firstly, it is generally considered that there is a contract between each student and the institution. Students may therefore have potential claims if the institution breaches that contract.

There may be implied duties on the institution concerning the provision of the academic course and the provision of educational support to the student. In addition, care should be taken to ensure that an institution’s procedures are not arbitrarily invoked to take inappropriate action against students with mental health difficulties. There is a particular danger, for example, that some students whose mental state causes them to exhibit disturbing behaviour might be inappropriately subject to disciplinary action as a means of exclusion from the institution (CVCP 2000).

Further, in September 2002, the Special Educational Needs and Disability Act (SENDA) (2001) extended the Disability Discrimination Act to include education. As a result, all higher and further education institutions and post-16 education providers now have a legal responsibility to students with disabilities. This includes it being unlawful to discriminate against disabled students by treating them less favourably than others. Responsible bodies are required to provide certain types of reasonable adjustments to provision where disabled students might otherwise be substantially disadvantaged. The notion of making ‘adjustments’ mean that if a person is at a ‘substantial disadvantage’, the education provider is required to take reasonable steps to alleviate that disadvantage.

This might include the following examples:

- changing admissions, administrative and examination procedures
- allowing part time study
- making changes to the curriculum
- changing teaching arrangements
- making physical changes to buildings
- providing information in alternative formats

The implications of SENDA legislation do not require staff to become experts on mental health conditions, but they do make it necessary for educational institutions to address the disabling barriers faced by students with mental health problems ensuring they are not denied their basic right to education.

Responding to Student Mental Health Problems

A variety of sources of support and advice are available to students. These include; university counselling services, student union offices, tutors, other administration staff, chaplaincy/spiritual advisors, GPs, friends, family members, voluntary sector organisations, self help materials and a variety of websites.

Waller et al (2005) suggest that there was a 60% increase in the number of clients seen by university counselling services in the five years from 1996 to 2001 while Manthorpe and Stanley (1999) found that lecturers from the caring professions had more confidence in being able to respond to students needs. However, the University of Leicester (2003) study found that students were most likely to approach their family and friends for support with 69% of the sample using these as sources of support while 59% sought advice and support from their personal tutor. This compared to a figure of 7% who had accessed the university counselling services. Other studies report similar findings.

The most common obstacle to seeking help is proposed as either the student's inability to recognise the problem, or inability to recognise the need to access appropriate help (Manthorpe and Stanley, 1999). In relation to the latter, Sell and Robson (1998) found that 63% of students felt there was a stigma attached to seeking help from a professional. Similarly, OSMHN (2003) found that students are very concerned about the effect that a mental health diagnosis will have on their future career prospects. This concern combined with the stigma attached to mental health issues seemed to delay students' presentations for help and treatment. The consequence of this was that many students either left their courses or the mental health problems negatively affected their academic performance.

It has also been recorded that university staff often have difficulties in dealing with student mental health problems (OSMHN, 2003). The two main concerns put forward are difficulty in identifying whether a student has a mental health problem, and if they have, knowing what to do about it. There are also worries concerning the need to maintain confidentiality as well as personal boundaries related to the job role and being aware of the limitations of their personal knowledge and skills relating to mental health.

A number of initiatives have been developed at a national level to attempt to reduce the likelihood of students being affected by mental health problems (www.studentmentalhealth.org.uk) and these mainly focus on:

- Promoting mental well-being amongst the student population:

This can include; providing information about mental health, website information, pre-entry information, awareness about mental health professionals and services, student union welfare information, information about mental health resources, and assistance with accommodation and finances.

- Supporting students who develop mental health problems during their studies:

This can include; developing an agreed strategy for dealing with students who develop mental health problems, mental health help lines, access to counselling services, linking to local services, access to voluntary organisations dealing with mental health problems, access to self help materials, staff education and support for staff in dealing with students with mental health problems.

- Supporting people with a history of mental health problems who are entering Further or Higher Education:

This can include; developing a formal protocol for dealing with student with mental health problems who apply for courses at a University, development of pre-entry support (during enrolment, induction), developing a mentorship programme, peer support, advice on how to study, and help with accommodation and financial help as well as offering specific mental health support either through the University or linking with local mental health services.

Student Psychological Wellbeing Study:

Thank you for taking part in this important study. Please work through this questionnaire, carefully reading the instructions for each section and answering the questions so that your experiences and views can be taken into account. Not everyone will have experienced all the issues raised, but the views of all are requested to ensure that a balanced impression of experiences and opinions is obtained. A few of the questions may raise issues that cause distress to some people. If you feel distressed by any of the questions and would like to talk to someone please contact: Moira Mitchell (email: moira.mitchell@canterbury.ac.uk tel: 01227 782795)

Section One: please write in the spaces provided, or circle a box.

1. Please give your name in BLOCK CAPITALS: _____

2. Would you like to be entered for the prize draw? (see information sheet) Yes No

If you win how would you like to be contacted? (please supply telephone number, address, email address or tutor's name – this information will not be kept)

If you completed the first questionnaire in this study only answer questions 3 to 23 if your circumstances have changed. If you didn't do the first questionnaire please answer all questions.

3. Which qualification are you studying for? (e.g. BA, BSc, Diploma) _____

4. What is the full name of your course? _____

5. Which faculty or department are you in? _____

6. Are you a full-time or part-time student? _____

7. What is your gender? (please circle) Male Female Transgender

8. How old are you? _____

9. What is your marital status?
(please circle one answer)

Single	Married	Living with a partner	Separated
Divorced	Widowed	In a civil partnership	Other

10. What is your sexual orientation? (please circle) Heterosexual Bisexual Gay/lesbian

11. Do you have any dependents? Yes No (if so, please state how many) _____

12. Do you undertake a caring role? Yes No (if yes, how many people do you care for?) _____

13. What is your main residence while at university? (please circle one answer)

Family home	University accommodation	Non-university rented accommodation	Owned home	Other
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14. What is your nationality? _____

15. What is your fee status?

Home	European Union	International
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16. What would you describe as your ethnic origin? (please tick one answer)

White		Asian-Pakistani	
Black-Caribbean		Asian-Bangladeshi	
Black-African		Asian-Chinese	
Black-other		Asian-other	
Asian-Indian		Other (please specify)	

17. Do you have a religion?

Yes	No
-----	----

 if so, what is it? (please tick one answer)

Buddhist		Jewish	
Hindu		Muslim	
Christian		Sikh	
Other (please specify)			

18. Do you regularly attend a place of worship (monthly or more)?

Yes	No
-----	----

19. Do you have a specific learning needs or other disability or impairment?

Yes	No
-----	----

If yes, please tick one or more:

Dyslexia		Aspergers/other social or communication disorders	
Other learning difficulty		Mental health difficulties	
Blind or partially sighted		Diabetes, Asthma, Epilepsy	
Deaf or hard of hearing		Upper limb disability	
Mobility difficulties		Other (please specify)	

20. What is your highest educational qualification so far? _____

21. Are you engaged in term- time paid work which is not part of your university course?

Yes	No
-----	----

If yes how many hours on average do you work per week? _____

22. Did you come to university from full-time secondary education?

Yes	No
-----	----

If no, how long is it since you finished secondary education? (please circle one)

Less than 1 year	1-5 years	6-10 years	More than 10 years
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23. Do you have a parent with a higher education qualification? (eg HND/HNC, Degree, Foundation Degree, HE Diploma, HE Certificate)

Yes	No
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Section Two: please read these instructions carefully.

For each of the items listed on the left, please tick the box on the right that best describes how important the issue is to you personally, with regard to making you feel *stressed*.

“Crucially important” means that the issue makes you feel very stressed.

“Not important” means that the issue has little or no impact on your life with regard to making you feel stressed (this does not mean you think the issue is not important to society generally).

		Crucially important	Very important	Fairly important	Not important	Don't Know
1	Coping with inadequate/unsatisfactory housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Dealing with severely inadequate finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Getting used to university life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Coping with concerns about my choice of course subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dealing with concerns about ...

5	Drug usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Alcohol usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Excessive use of computers games/internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Contraception, pregnancy, abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	AIDS/HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Insomnia or sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Weight control or eating problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Chronic illness (asthma, diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Life-threatening illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	General worry about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Improving my academic performance by improving ...

18	My concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	My study skills in specific ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	My ability to manage & complete course work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	My handling of competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	My ability to set priorities, make decisions, manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	My ability to clarify and meet academic and/or career goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Crucially important Very important Fairly important Not important Don't know

Dealing with concerns about...

24	Improving my self-esteem and confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Being assertive when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Allowing myself to have fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Understanding and coping with loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Developing trust in friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Needing parental approval and/or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Managing vague anxieties, phobias, panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Coping with sadness, depression and/or mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Becoming less confused or preoccupied with suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	The nature of my religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	The degree of my religious observance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Coping with racism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Preparing for a career after completing my degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Peer pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Fulfilling parental expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overcoming specific fears about ...

39	Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Taking exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Speaking in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Finding a job/career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Improving my sensitivity to and/or my ability to communicate with ...

43	Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Room-mates/flat-mates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Lover(s) or spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Parents, children and/or other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Teachers/lecturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Crucially important	Very important	Fairly important	Not important	Don't know
Dealing with concerns about ...						
48	Finding someone for a love relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Maintaining a love relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Managing the combination of university and love relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Separation from a significant person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	The death of a significant person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	My lack of sexual experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	My adequacy as a sexual partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Understanding more about my sexual practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Clarifying my sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	A recent experience with sexual assault or harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	A previous experience with sexual abuse/incest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Experiences of homophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with my concerns about the following in my family ...						
60	Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Divorce/separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Alcohol usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Drug usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Emotional disturbances or mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section Three: part A please tick one box.

1. Approximately how much alcohol do you drink per week?

A unit of alcohol is approximately half a pint of ordinary strength beer, cider or lager, a small glass of wine or a pub measure of spirit.

- No alcohol
- 5 or more units but fewer than 10
- 10 or more units but fewer than 20
- 20 or more units but fewer than 30
- More than 30 units

2. How often do you have 10 units (or more) of alcohol on one occasion?

(10 units = 5 pints or 10 single measures of spirits or 10 glasses of wine)

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

3. Do you use cannabis or other recreational drugs? (please circle)

Yes	No
-----	----

Section Three: part B

These questions are concerned with the past 4 weeks ONLY.

Please circle "yes" or "no", and if "yes" indicate how many times in the past 4 weeks

4. Have you made yourself sick (vomited) as a means of controlling your shape or weight?

Yes	No
-----	----

 Number of times in past four weeks? _____

5. Have you taken laxatives or diuretics as a means of controlling your shape or weight?

Yes	No
-----	----

 Number of times in past four weeks? _____

6. Have you had episodes of concealed binge eating?

Yes	No
-----	----

 Number of times in past four weeks? _____

7. Have you hurt yourself physically or taken dangerous risks with your health?

Yes	No
-----	----

 Number of times in past four weeks? _____

Section Four: GHQ30

We would like to know if you have had any medical complaints, and how your health has been in general, over the past few weeks only.

Please answer all the questions simply by clicking into the box of the answer that you think most nearly applies to you. [You can click in again to remove your selection if you want to change it] Please only give one answer to each question.

HAVE YOU RECENTLY:

1. -been able to concentrate on whatever you're doing?

Better than usual Same as usual Less than usual Much less than usual

2. -lost much sleep over worry?

Not at all No more than usual Rather more than usual Much more than usual

3. -been having restless, disturbed nights?

Not at all No more than usual Rather more than usual Much more than usual

4. -been managing to keep yourself busy and occupied?

More so than usual Same as usual Rather less than usual Much less than usual

5. -been getting out of the house as much as usual?

More so than usual Same as usual Less than usual Much less than usual

6. -been managing as well as most people would in your shoes?

Better than most About the same Rather less well Much less well

7. -felt that on the whole you were doing things well?

Better than usual About the same Less well than usual Much less well

8. -been satisfied with the way you've carried out your task?

More satisfied About the same as usual Less satisfied than usual Much less satisfied

9. -been able to feel warmth and affection for those near to you?

Better than usual About same as usual Less well than usual Much less well

10. -been finding it easy to get on with other people?

Better than usual About same as usual Less well than usual Much less well

11. -spent much time chatting with people?

More time than usual About same as usual Less time than usual Much less than usual

12. -felt that you are playing a useful part in things?

More so than usual Same as usual Less useful than usual Much less useful

13. -felt capable of making decisions about things?

More so than usual Same as usual Less so than usual Much less capable

14. -felt constantly under strain?

Not at all No more than usual Rather more than usual Much more than usual

15. -felt you couldn't overcome your difficulties?

Not at all No more than usual Rather more than usual Much more than usual

16. -been finding life a struggle all the time?

Not at all No more than usual Rather more than usual Much more than usual

17. -been able to enjoy your normal day-to-day activities?

More so than usual Same as usual Less so than usual Much less than usual

18. -been taking things hard?

Not at all No more than usual Rather more than usual Much more than usual

19. -been getting scared or panicky for no good reason?

Not at all No more than usual Rather more than usual Much more than usual

20. -been able to face up your problems?

More so than usual Same as usual Less able than usual Much less able

21. -found everything getting on top of you?

Not at all No more than usual Rather more than usual Much more than usual

22. -been feeling unhappy and depressed?

Not at all No more than usual Rather more than usual Much more than usual

23. -been losing confidence in yourself?

Not at all No more than usual Rather more than usual Much more than usual

24. -been thinking of yourself as a worthless person?

Not at all No more than usual Rather more than usual Much more than usual

25. -felt that life is entirely hopeless?

Not at all No more than usual Rather more than usual Much more than usual

26. -been feeling hopeful about your own future?

More so than usual About the same as usual Less so than usual Much less hopeful

27. -been feeling reasonably happy, all things considered?

More so than usual About the same as usual Less so than usual Much less than usual

28. -feeling nervous and strung-up all the time?

Not at all No more than usual Rather more than usual Much more than usual

29. -felt that life is not worth living?

Not at all No more than usual Rather more than usual Much more than usual

30. -found at times you couldn't do anything because your nerves were too bad?

Not at all No more than usual Rather more than usual Much more than usual

Section Five: These questions are concerned with this academic year ONLY. Please circle “yes” or “no”. If you have circled “yes” tick the box alongside which best indicates how frequently the event(s) occurred.

1. During this academic year have you arrived late for, or missed a lecture/class/appointment because of:

			Once a term	2-4 times a term	5 or more times a term
a	Alcohol use?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Personal problems?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Physical illness?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Psychological problems?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Drug use?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Financial problems?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During this academic year have you ever received a lower grade on an exam or assignment than you believe you should have because of:

			Once	Twice	3 times	4 + times
a	Alcohol use?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Personal problems?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Physical illness?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Psychological problems?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Drug use?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Financial problems?	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section Six: If you have sought help or advice from any of the following services, people or groups during your time at university circle the “yes” box and tick the box(es) alongside to indicate why you sought help.

	Service used? If so, circle the “yes”	Reason for using the service				
		Personal problems eg finances	Psychological problems eg anxiety	Study or course issues	Physical health	
1	Personal tutor	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Other academic staff	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Administrative staff	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Counselling Service	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Student Support Service	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Students’ Union	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Faith-based support (eg Chaplaincy)	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Telephone helpline (eg Samaritans)	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Friends	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Family	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Doctor/GP/Primary Care Team	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Community mental health service	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Other non-university services	yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Read the following list of university services.

If you have NOT used a service, tick as many boxes as are applicable to show why you did not use the service

Reason the service has not been used

	Unaware of support available	Lack of confidence in the service	Did not feel able to ask them for help	Prefer help from friends or services outside university	No support required
1 Personal tutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Counselling Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Student Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Students' Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Faith-based support (Chaplaincy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to make any additional comments you may have about student support at the university:

Thank you for participating!