KEI TE PAI?

Report on Student Mental Health in Aotearoa

NZUSA

National Hotlines

The hotlines listed below offer support, information and help. All services are available 24 hours a day, seven days a week unless otherwise specified (retrieved from Mental Health Foundation of New Zealand).

Need to talk? Free call or text **1737** any time for support from a trained counsellor
Lifeline – 0800 543 354 or (09) 5222 999 within Auckland
Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO)
Healthline – 0800 611 116
Samaritans – 0800 726 666

Depression-specific Helplines

Depression Helpline – 0800 111 757 or free text 4202 (to talk to a trained counsellor about how you are feeling or to ask any questions)
www.depression.org.nz – includes The Journal online help service
SPARX.org.nz – online e-therapy tool provided by the University of Auckland that helps young people learn skills to deal with feeling down, depressed or stressed

Sexuality or Gender Identity Helpline

OUTLine NZ – 0800 688 5463 (OUTLINE) provides confidential telephone support

Helplines for Children and Young People

Youthline – 0800 376 633, free text 234 or email talk@youthline.co.nz or online chat
thelowdown.co.nz – or email team@thelowdown.co.nz or free text 5626
What's Up – 0800 942 8787 (for 5–18 year olds). Phone counselling is available Monday to Friday, midday–11pm and weekends, 3pm–11pm. Online chat is available 7pm–10pm daily.
Kidsline – 0800 54 37 54 (0800 kidsline) for young people up to 18 years of age. Open 24/7.

Help for Parents, Family and Friends

Commonground – a website hub providing parents, family, whānau and friends with access to information, tools and support to help a young person who is struggling
Parent Help – 0800 568 856
Family Services 211 Helpline – 0800 211 211 for help finding (and direct transfer to) community based health and social support services in your area
Skylight – 0800 299 100 (for support through trauma, loss and grief; 9am-5pm weekdays)
Supporting Families In Mental Illness - 0800 732 825 (for families and whānau supporting a loved one who has a mental illness)

Other Specialist Helplines

Alcohol and Drug Helpline – 0800 787 797 or online chat
Are You OK – 0800 456 450 family violence helpline
Gambling Helpline – 0800 654 655
Anxiety phone line – 0800 269 4389 (0800 ANXIETY)
Seniorline – 0800 725 463 A free information service for older people
Shine – 0508 744 633 confidential domestic abuse helpline
Quit Line – 0800 778 778 smoking cessation help
Vagus Line – 0800 56 76 666 (Mon, Wed, Fri 12pm– 2pm). Promote family harmony among Chinese, enhance parenting skills, decrease conflict among family members and stop family violence
Women's Refuge Crisisline – 0800 733 843 (0800 REFUGE) (for women living with violence, or in fear, in their relationship or family)
Shakti Crisis Line – 0800 742 584 (for migrant or refugee women living with family violence
Rape Crisis – 0800 883 300 (for support after rape or sexual assault)

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Foreword

As student representatives, we have long heard the stories of too many of our peers experiencing poor mental health. As the national voice of students, we wanted to play our part in the wider public conversation on this extremely important issue. We've decided to do this in the way we do best – putting students' voices at the forefront of the conversation.

Kei Te Pai? provides an overview of the state of tertiary students' mental health in New Zealand. It scratches beneath the surface on the trials and tribulations of student life, a memorable yet stressful time in many peoples' lives.

When research like this is the first of its kind in our country, then all of New Zealand must take notice. Our future teachers, nurses, engineers and entrepreneurs have opened up about the stresses and factors which affect their academic success. Addressing student mental health is important for students and important for New Zealand.

It must be noted that this opt-in survey is not necessarily representative of all tertiary students in New Zealand. However, it does provide an important insight into the stresses and factors that impact students' mental health.

Students enter tertiary education because they have high hopes for themselves and for their contribution to New Zealand. In order to help students succeed in their future endeavours, we must address the mental health crisis that is stopping students from reaching their full potential.

We hope that this report prompts a long-overdue national conversation on student mental health. Together, we can make a difference.

66 *[Kei Te Pai?]* **scratches beneath the surface on the trials and tribulations of student life, a memorable yet stressful time in many peoples' lives.**

Jonathan Gee
National President (2017-2018)
New Zealand Union of Students' Associations

Author's Note

Kei Te Pai? summarises my short journey at the New Zealand Union of Students' Associations (NZUSA). Research on tertiary students' mental health in Aotearoa has been long overdue and I am very thrilled to be involved in this project as a Researcher. All stages of this survey, including designing, analysing the data and presenting the results have been a learning process.

I could not have accomplished this without the insight and expertise of a number of people in tertiary students' mental health. I would like to thank Gerard Hoffman, the Manager of Student Counselling Services and Jude West, the Wellbeing Educator and Advisor at Victoria University of Wellington. I am also especially indebted to Ciarán Fox, a Mental Health Promotion Strategist at the Mental Health Foundation of New Zealand who generously gave me constructive feedback on the final draft of the survey questions. I would also like to thank Emily Arps, Health Promoter at Canterbury District Health Board, for her amazing help in proofreading the final draft of the report.

This work would not have been possible without the help of hundreds of tertiary students who participated in *Kei Te Pai?*. They contributed their time, shared their stories and gave thoughtful suggestions which we are extremely grateful for. I also appreciate the time and feedback of twelve students at Victoria University of Wellington who voluntarily helped with the pilot of the survey. They reviewed all the questions and improved the survey to a great extent.

I really hope this survey initiates discussions on students' mental health, and informs policy and approaches of tertiary education institutions to address the mental health and wellbeing of tertiary students across New Zealand.
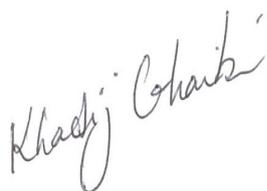
Dr Khadij Gharibi
Senior Researcher
New Zealand Union of Students' Associations

> **❝ I really hope this survey initiates discussions on students' mental health, and informs policy and approaches of tertiary education institutions to address the mental health and wellbeing of tertiary students across New Zealand.**

Executive Summary

Mental health in the tertiary student population can have a major influence on academic achievement. While studies have been conducted to identify the factors associated with students' mental health, there is a gap in the available literature regarding tertiary students in New Zealand. The present survey, *Kei Te Pai?,* aims to fill this gap and was conducted by the New Zealand Union of Students' Associations (NZUSA) on tertiary students across Aotearoa to form an overview the state of tertiary students' mental health in New Zealand.

Students in tertiary institutions were invited to take part in *Kei Te Pai?* The online survey included questions on their demographics, education, living situation, employment, income and expenses, relationship status, alcohol use and smoking. There were also sections on the causes of stress, depression and anxiety, in addition to respondents' history of mental health and their experiences with mental health support services within their tertiary institutions. The Kessler 10 scale was used to measure students' psychological distress and the impact of several factors on Kessler scores were evaluated.

The survey was available for one month and 1762 tertiary students took part in the survey, the majority of participants being 16 to 25 years old, Pākehā or New Zealand Europeans and Māori. The mean Kessler score for all respondents was 28.1, indicating that students commonly experience moderate levels of psychological distress. Demographic features such as age, gender identity, sexual orientation, age at emigration, disabilities and parents' separation or divorce were all factors that impacted students' psychological distress. Younger respondents and gender and sexual minority participants were significantly more psychologically distressed.

Regarding education, the majority of respondents were studying towards bachelor degrees. They majority of students were from Victoria University of Wellington, University of Canterbury and University of Otago. Domestic students were significantly more distressed than international students. In terms of qualifications, bachelor students were significantly more distressed than PhD students. Respondents from different tertiary institutions had significantly different levels of psychological distress, with students from University of Waikato having the highest scores and those from Lincoln University having the lowest. It was also found that major fields of study have a significant impact on students' levels of psychological distress. Students in Information Technology and Creative Arts had the highest mean scores, while students in Agriculture, Environmental and related studies as well as those in Engineering and related Technologies had the lowest Kessler scores.

Students who considered dropping out of their tertiary studies had significantly higher Kessler scores. The most common reasons for considering dropping out were feeling overwhelmed, mental illness and fear of failure. In addition, a significant association was found between tertiary institutions and students considering dropping out of tertiary studies. Massey University had the highest percentage of students who have considered dropping out of their tertiary

studies, while University of Otago had the lowest percentage.

> **[Kei Te Pai?] was conducted by the New Zealand Union of Students' Associations (NZUSA) on tertiary students across Aotearoa to form an overview the state of tertiary students' mental health in New Zealand.**

Who respondents lived with and satisfaction with their living situation was found to have a significant impact on their psychological distress and levels of depression, stress and anxiety. It was also found that tertiary students who work a high number of hours per week (20.1 to 30 hours) were more likely to have higher levels of psychological distress. Moreover, those who were receiving Student Allowance and/or withdrawing from the Student Loan Scheme were more distressed. Regarding student finance, those who felt better about their financial situation had significantly lower levels of stress, depression and anxiety.

Respondents' relationship status did not seem to have a significant impact on their psychological distress. However, satisfaction with their reported relationship status appeared to play a significant role. The number of people they thought they could rely on in difficult times of their life was also found to be significantly associated with their psychological distress levels. The more people participants thought they could rely on, the lower levels of depression, stress and anxiety they had.

Alcohol use was not found to be associated with psychological distress. However, those who often failed to do what was normally expected of them due to alcohol were found to be significantly more psychologically distressed. It was also found that younger respondents consume alcohol significantly more than older ones, while smoking cigarettes was significantly more common among older participants. Like alcohol consumption, smoking cigarettes was not associated with psychological distress. However, a significant association was found between smoking weed/marijuana as well as taking recreational drugs and students' psychological distress, indicating that those who smoke weed or take recreational drugs had significantly higher levels of psychological distress.

Of the self-reported triggering factors of depression, stress and anxiety, the results showed that feelings of loneliness, eating habits, adjusting and coping with university/student life and academic anxiety were the most triggering factors respectively. In addition, friends and social networks, family issues and/or responsibilities as well as financial difficulties were the next most triggering factors, followed by social media and internet use.

Stress, anxiety, a lack of energy or motivation, depression, and feelings of hopelessness/worthlessness were the most common self-diagnosed issues. However, regarding diagnosis by a health professional, depression and anxiety were reported as the most common issues by respondents. It is worth mentioning that suicidal thoughts were found as the third most common issue along with stress. The majority of respondents reportedly tried to feel better by themselves when they were experiencing depression, stress and anxiety. Talking to a friend or a family member was also mentioned by the

majority of respondents. In addition, participants commonly reported that they do not do anything and wait it out when they experienced depression, stress and anxiety.

More than half of the respondents reported that they have never used mental health services at their tertiary institutions, and less than 10% of them mentioned they were using campus mental health services at the time of the survey. The most common reason for avoiding seeing a mental health professional was that respondents felt like they could handle the issue by themselves. However, feeling embarrassed to seek help, high costs or long wait times were some of the common reasons for not seeing a mental health professional at their campus. In general, the majority of respondents rated their experience of mental health campus services as average.

Improving counselling services was by far ranked as the first action respondents required their tertiary intuitions to act upon. Increasing the number of counsellors in order to decrease the wait times was commonly mentioned by respondents. In addition, training general and academic staff, providing and supporting student peer groups and services were the next highly ranked action points. Regarding peer-support programmes, it seemed that the majority of respondents believed that campus based mental health services need trained professionals. However, some emphasised that peer support programmes are not a good substitute to counselling services, but they could be a suitable addition.

Chapter 1: Introduction

404,730 students were enrolled in tertiary institutions across New Zealand in 2017. Of this number, 343,430 were domestic (84.9%) and 61,295 were international students (15.1%). In addition, 229,565 were female (56.7%), while there were 175,160 male students (43.3%).[1] The majority of higher education students in 2017 were 20 to 24 years old (33.4%, *n* = 137,585) and 25 to 39 years old (31.1%, *n* = 125,760). In addition, there were 52,225 students between 18 to 19 years old (12.9%). These students were studying full-time or part-time towards different qualifications. The majority were studying towards a bachelor degree (30%, *n* = 145,730). Tertiary institutions include universities, institutes of technology and polytechnics, wānanga, public providers and private training establishments.[2]

Research has shown that the tertiary student population is at risk as a result of their mental health (e.g., Wynaden, Wichmann & Murray, 2013; Stallman, 2010). Tertiary students are also more likely to experience higher levels of psychological distress compared to younger age groups and non-student peers (e.g., Cvetkovski, Reavley & Jorm, 2012; Stallman, 2010). The transition to higher education is accompanied by various social and academic demands that may trigger students' senses of depression, stress and anxiety (Palmer &

Puri, 2006). In addition, the age that most people begin higher education overlaps with the average age of onset of some mental health issues such as depression, anxiety or substance abuse (Kessler, et al. 2007).

Research has been done to understand various factors associated with tertiary students' mental health. There is no doubt that understanding these factors will help with the interventions that aim to decrease the risk of psychological distress in tertiary students and improve their mental wellbeing (Stallman, 2010). Several studies have been conducted in different countries on tertiary students' mental health. In the UK, the literature has documented that a quarter of higher education students experience psychological distress (e.g., Benwick, et al., 2008). A recent study in the UK showed that the number of students who disclosed a mental health condition to their institution has increased dramatically over the past 10 years.[3]

> ❝ *Poor mental health and wellbeing can impact students' academic performance and their desire to remain in higher education.*

This study also showed that poor mental health and wellbeing can impact

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[1] *Official statistics on participation in tertiary education did not record gender minorities.*

[2] Ministry of Education, Students enrolled in tertiary education 2017
https://www.educationcounts.govt.nz/statistics/tertiary-education/participation

[3] Institute for Public Policy Research
https://www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf

students' academic performance and their desire to remain in higher education.

In Canada, it was recently found that 65% of students attending Ontario colleges and universities in 2016 reported experiencing high levels of anxiety and 46% reported feeling "so depressed" in the previous year. It was also revealed that counselling services were overwhelmed by the increasing need for services.[4] In Australia, Stallman (2010, p. 254) found that the vast majority of tertiary students (83.9%) suffer from elevated distress levels, which is significantly greater than what is found in the general population. By using Kessler 10 as a screening tool, Stallman (2010) measured the prevalence and levels of mental health issues among Australian university students. Additionally, her study showed the correlation between demographic and social features of students with mental health issues. Recently, the National Union of Students (NUS) of Australia with headspace: National Youth Mental Health Foundation conducted a survey on students' wellbeing and mental health.[5] The findings of this survey showed that 65% of young adult students (16 to 25 years old) reported high or very high psychological distress, while the percentage for mature adult students (26 to 50+ years old) was lower at 53%. Another study argued that many students in Australia do not seek help for

their mental health at counselling services at their universities, mainly due to stigma and a lack of understanding among university staff.[6]

> ❝ *Tertiary students are more likely to experience higher levels of psychological distress compared to younger age groups and non-student peers*

In 2012/13, the results of a New Zealand health survey showed that following cancers (17.5%) and vascular and blood disorders (17.5%), mental disorders (11.1%) were the third leading cause of health loss in New Zealand. Anxiety and depressive disorders as well as alcohol use disorders were found to be among some of the common mental health issues. It was also found that one in six New Zealand adults had been diagnosed with a common mental health issue at some time in their lives.[7] Although some research has been carried out on the New Zealand population, there is a gap in the literature regarding the mental health of our tertiary student population. Accordingly, the New Zealand Union of Students' Associations (NZUSA) aimed to fill this gap by conducting a survey on students' mental health in tertiary institutions across the country. The survey was designed to give an overview of the state of tertiary students' mental health in New Zealand. In addition, it intends to discover the risk factors that

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[4] American College Health Association http://oucha.ca/pdf/2016_NCHA-II_WEB_SPRING_2016_ONTARIO_CANADA_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
[5] National Tertiary Student Wellbeing Survey 2016 https://www.headspace.org.au/assets/Uploads/headspace-NUS-Publication-Digital.pdf

[6] The National Centre of Excellence in Youth Mental Health https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Under-the-radar/Orygen-Under_the_radar_report.aspx
[7] Mental Health Foundations: Quick Facts and Stats 2014 https://www.mentalhealth.org.nz/assets/Uploads/MHF-Quick-facts-and-stats-FINAL.pdf

contribute to students' psychological distress. Additionally, the survey aims to show how satisfied students are with counselling services at their campuses. It also aims to discover what actions tertiary institutions can take to improve their students' mental health which will certainly result in higher academic achievement.

> **❝ Although some research has been carried out on the New Zealand population, there is a gap in the literature regarding the mental health of our tertiary student population.**

In order to do so, the available literature was reviewed and different variables associated with tertiary students' psychological distress were identified and incorporated into the survey. The survey was drafted in consultation with some experts in students' mental health and counsellors. The draft was piloted with some students as well as counsellors and wellbeing advisers. *Kei Te Pai?* became available on the 9th of October which was the first day of 'Mental Health Awareness Week 2017' in New Zealand. Students at different tertiary institutions were invited to take part in the survey, which was available for a month. This report presents the data collected through the online survey and provides some statistical analyses to identify the influential factors on tertiary students' mental health. It also identifies how tertiary institutions meet students' needs regarding their services of mental health. Lastly, it recommends some actions institutions can take regarding their mental health support services based on the findings of this survey.

Chapter 2: Findings

Demographics

Participants

1762 respondents who were enrolled as tertiary students in New Zealand at the time of the study participated in the survey. The majority of these respondents were in the 16 to 20 year old (40.9%, *n* = 721) and 21 to 25 year old (42.1%, *n* = 742) age groups. In addition, 26 to 30 year old students as well as those who were 31 to 35 years old composed 7.8% (*n* = 137) and 3.8% (*n* = 66) of the cohort respectively. A small percentage of the sample were older than 35 years old (5.5%, *n* = 96).

AGE GROUPS

16-20	21-25	26-30	31-35	OLDER THAN 35
40.92%	42.11%	7.78%	3.75%	5.45%
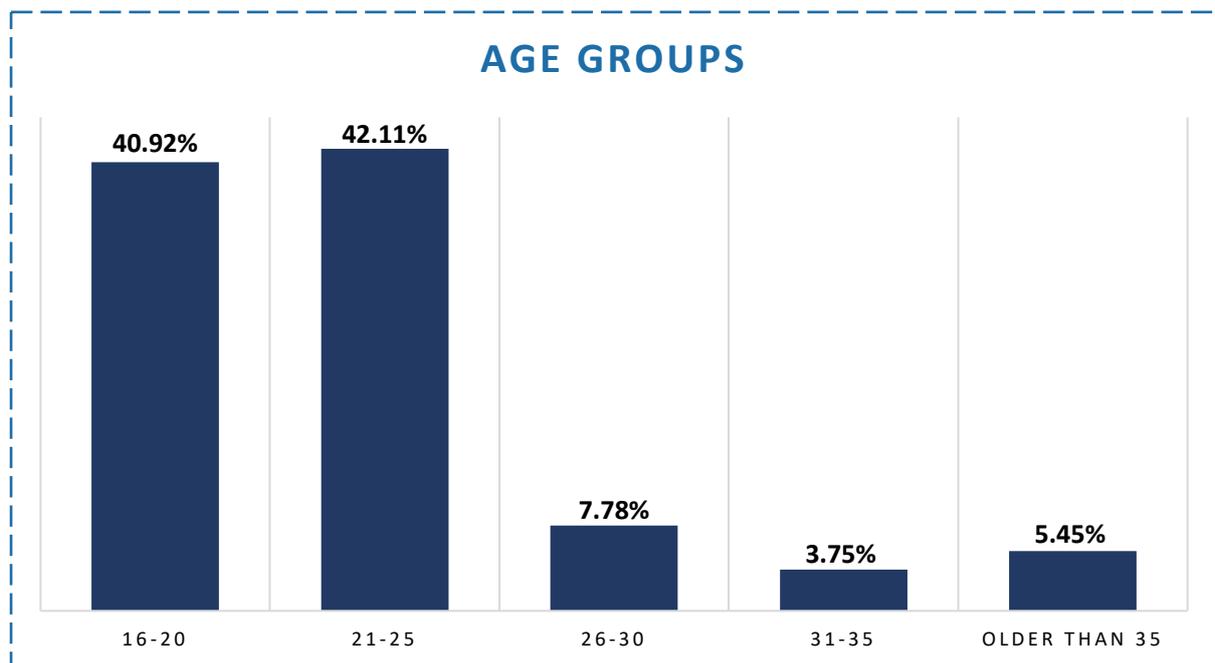
Gender Identity

Respondents were asked to identify their gender, and could choose from multiple options. Of the 1762 respondents, the majority identified as female (66.6%, *n* = 1343), followed by male (18.6%, *n* = 376). While 193 of respondents (9.5%) identified themselves as cisgender, 40 of respondents (1.9%) identified themselves as genderqueer/genderfluid. In addition, there were 25 trans respondents (1.2%) who took the survey. 24 respondents (1.1%) identified themselves as agender, 7 as Takatāpui (0.3%) and one as Faʻafafine.[8] There was also an option for people to describe their gender, with one respondent reporting their gender identity as intersex, and one identifying their gender as non-binary.

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[8] Takatāpui is a Māori term meaning "queer". Faʻafafine is a Samoan term which refers to males who behave like women.

GENDER IDENTITY

Category	Percentage
MALE	18.63%
FEMALE	66.60%
CISGENDER	9.56%
TRANS	1.24%
GENDERQUEER/GENDERFLUID	1.98%
AGENDER (GENDER-NEUTRAL)	1.19%
TAKATĀPUI	0.35%
FA'AFAFINE	0.05%
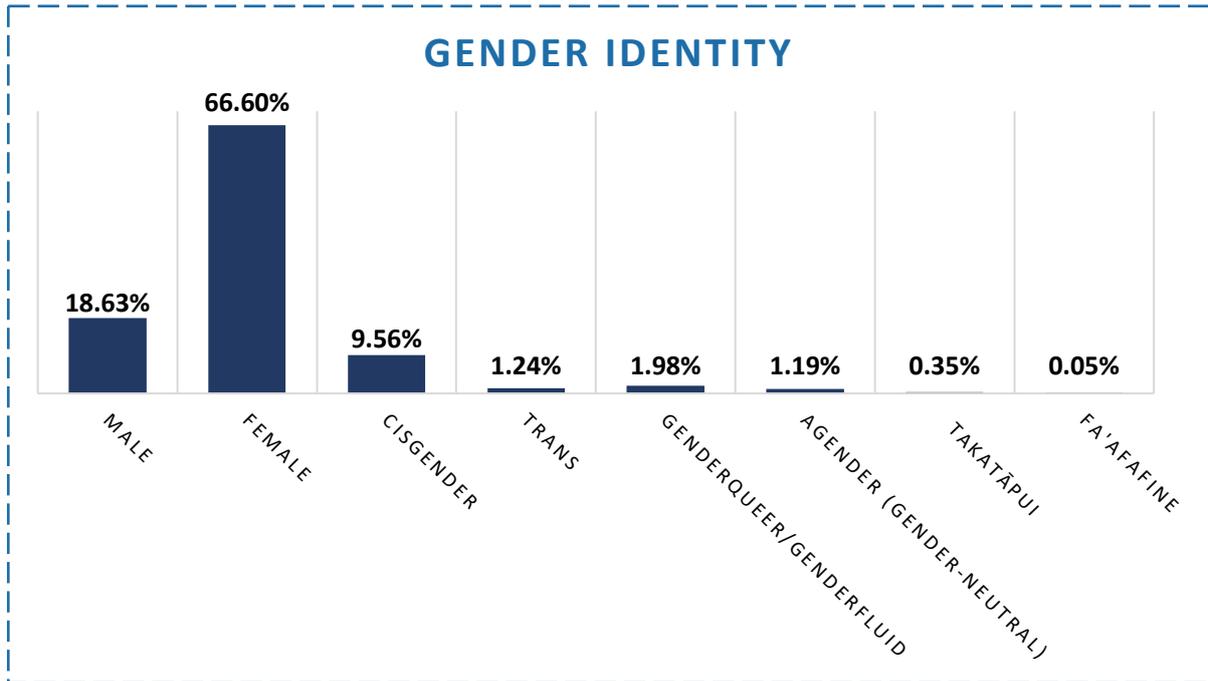
Sexual Orientation

While 62.1% (*n* = 1244) of all respondents (*n* = 1762) identified their sexual orientation as straight (heterosexual), 15.1% (*n* = 303) identified themselves as bisexual. There were similar percentages of respondents who identified as lesbian (3.3%, *n* = 65) and gay (3.2%, *n* = 64). 4.6% of respondents (*n* = 92) identified themselves as queer and 5% (*n* = 102) as pansexual. A smaller percentage of respondents reported their sexual orientation as fluid (2.1%, *n* = 42), and asexual (2.8%, *n* = 55). 13 respondents (0.7%) identified their sexual orientation as Takatāpui. In addition, there were 6 respondents who were reportedly unsure about their sexual orientations.

SEXUAL ORIENTATION

Category	Percentage
STRAIGHT (HETEROSEXUAL)	62.19%
LESBIAN	3.25%
GAY	3.20%
QUEER	4.60%
BISEXUAL	15.13%
PANSEXUAL	5.09%
FLUID	2.10%
ASEXUAL	2.75%
TAKATĀPUI	0.65%
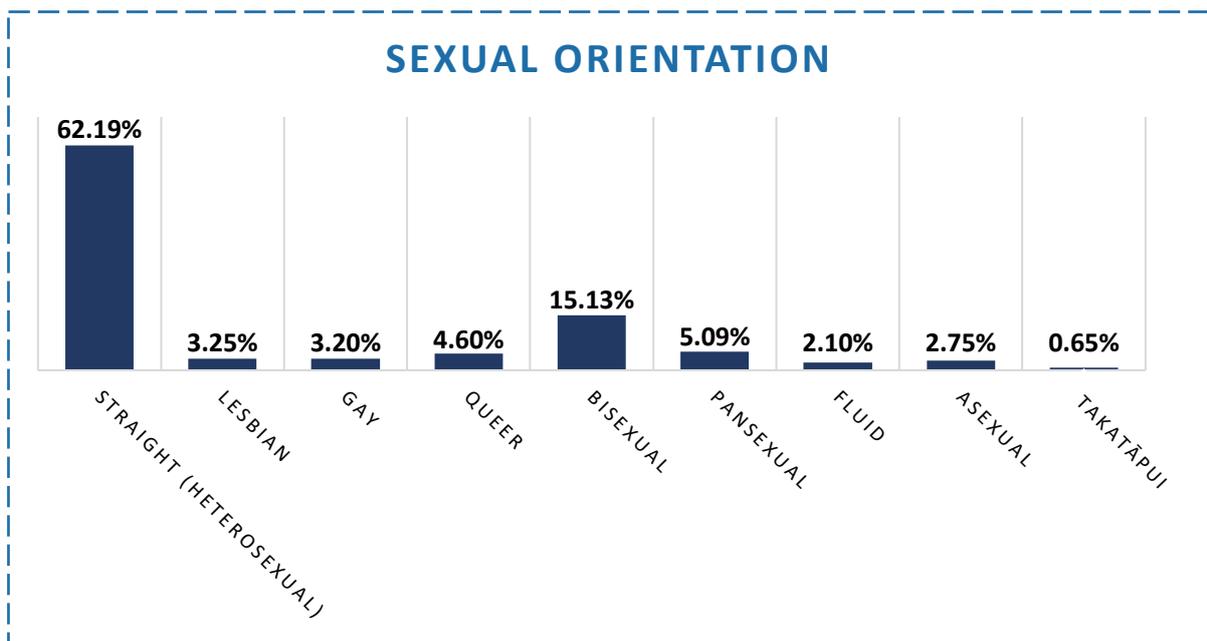
Ethnicity

Regarding the ethnicity of respondents, the majority of them were Pākehā or New Zealand Europeans (65.5%, *n* = 1390). Māori respondents were the next largest group who composed 10.2% (*n* = 216) of the participating cohort. European (7.6%, *n* = 161), Asian (6.7%, *n* = 143) and Pacific Islander respondents (4.2%, *n* = 90) were the next main groups. In addition, there were 15 Middle Eastern (0.7%), 13 Latin American (0.6%) and 12 African (0.5%) tertiary students took part in the survey. 84 respondents (4%) identified themselves with different ethnicities that were not listed. Some of these ethnicities were Indian, Fijian Indian, American, Irish and South African. It should be noted that respondents were able to choose more than one ethnicity, hence the numbers adding up to more than the sample size.
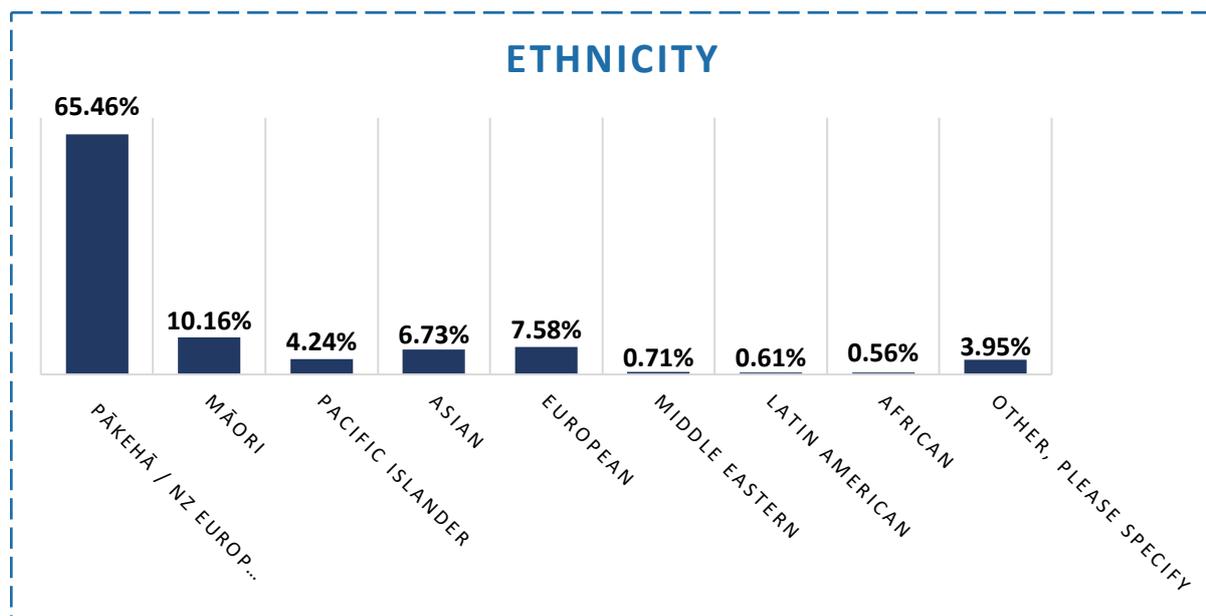
Country of Birth and Age at Immigration

Some studies on mental health among university students revealed significant differences between Australia/New Zealand born students compared to those who were born in other countries (e.g. Said, Kypri, Bowman, 2012).[9] These studies inspired this survey to include a question about respondents' country of birth and their age of immigration if they were not born in New Zealand. Of the 1762 tertiary students who took part in this question, 1352 (76.7%) were born in New Zealand, while 410 (23.2%) reported that they were born in other countries. This group of respondents were asked to report the age they immigrated to, or came to study in New Zealand. 39.5% of these respondents (*n* = 161) immigrated to Aotearoa between the ages of 5 and 16, while 34.6% (*n* = 141) came to the country when they were older than 16 years old. 106 respondents (26%) reported that they immigrated to New Zealand when they were younger than 5 years old.

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[9] Said, D; Kypri, K; Bowman, J. (2012). Risk factors for mental disorder among university students in Australia: Findings from a web-based cross-sectional survey. *Social Psychiatry*. 48(6). 10.1007/s00127-012-0574-x

AGE AT ARRIVAL IN NEW ZEALAND

YOUNGER THAN 5	BETWEEN 5 AND 16	OLDER THAN 16
25.98%	39.46%	34.56%
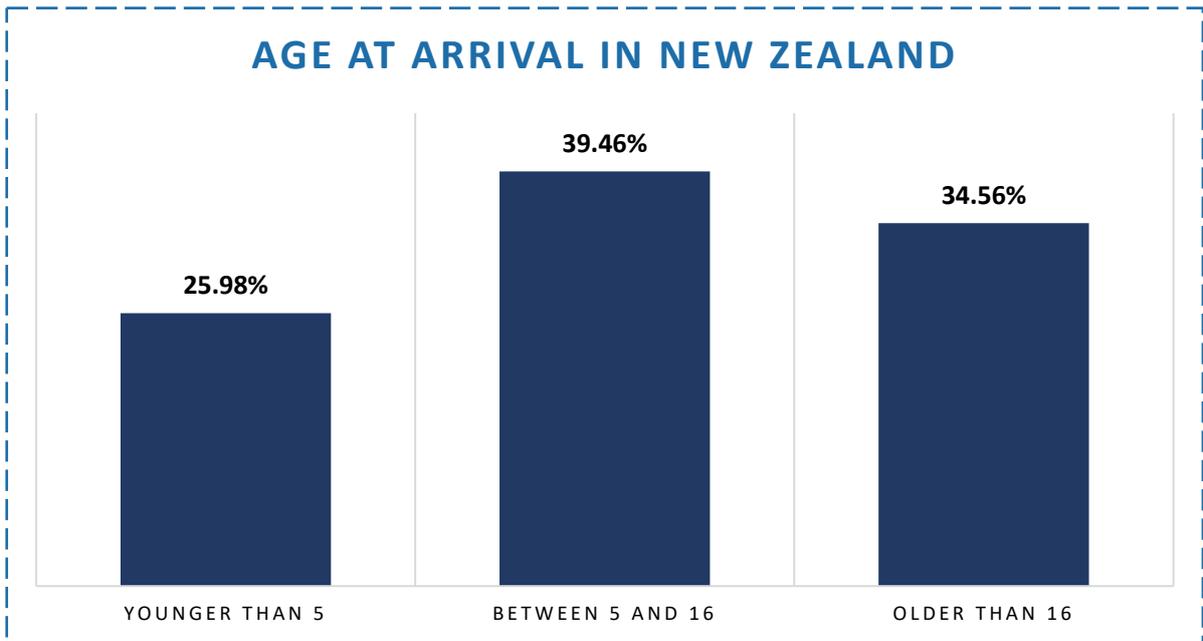
Disabilities

Respondents were also asked if they considered themselves as having a disability, or multiple disabilities. Of the 1760 respondents who answered this question, 15.6% (*n* = 275) reported that they have a disability or disabilities, in comparison with 84.3% (*n* = 1485) who reportedly did not consider themselves as having a disability. Of 275 students with at least one disability, respondents with a learning disability (35.4%, *n* = 111) and/or a physical disability (26.1%, *n* = 82) composed the majority of this cohort. Students with a sensory disability included 16.2% (*n* = 51) of respondents to this question. Mental illness, anxiety, depression, Post-traumatic stress disorder (PTSD), Attention-deficit/hyperactivity disorder (ADHD), mood disorder, eating disorder, social anxiety and panic disorder were also commonly reported by 70 (22.3%) respondents who chose other in this question.

DISABILITIES

PHYSICAL DISABILITY	SENSORY DISABILITY	LEARNING DISABILITY	OTHER, PLEASE SPECIFY
26.11%	16.24%	35.35%	22.29%
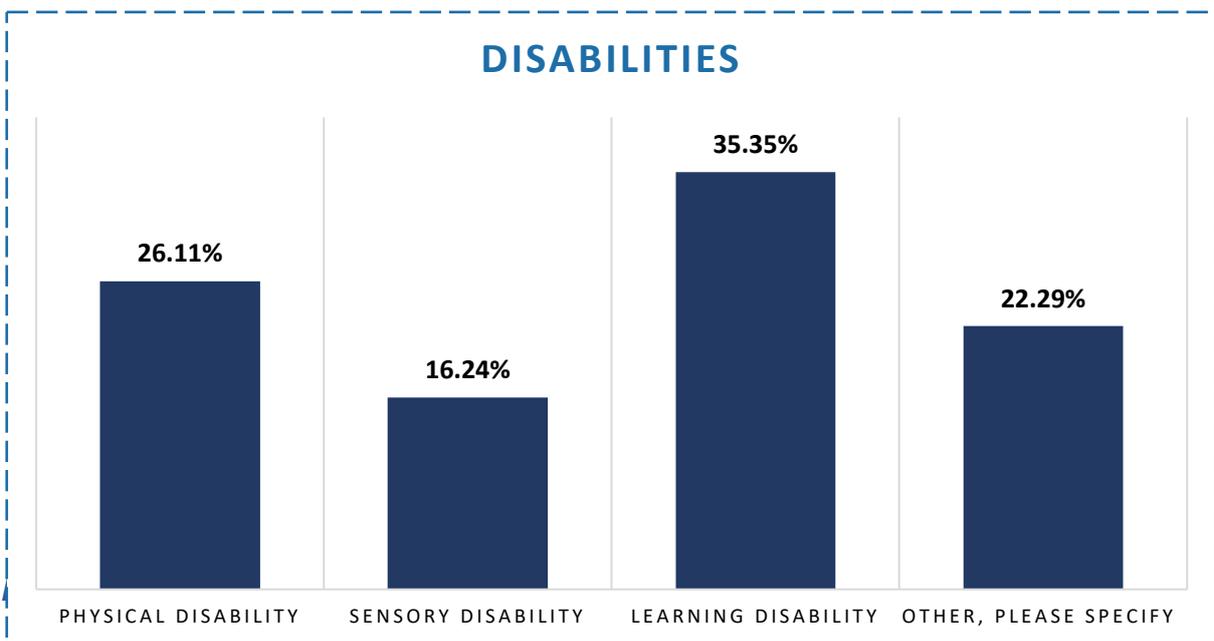
In order to find the impact of respondents' family situations, they were asked if their parents lived together or not. Of the 1753 respondents who answered this question, 1096 (62.5%) reported that their parents live together, while 504 respondents (28.7%) reported that their parents were separated or divorced. In addition, one or both parents of 120 respondents (6.8%) were reportedly deceased. Additionally, four respondents stated their parents live in different countries, although they were still married. Few (*n* = 6) mentioned they have only one parent and have never met their biological father.

PARENTAL SITUATION

Category	Percentage
YES, THEY LIVE TOGETHER.	62.54%
NO, THEY SEPARATED/GOT DIVORCED.	28.73%
NO, ONE/BOTH OF MY PARENTS IS/ARE DECEASED.	6.84%
OTHER	1.88%
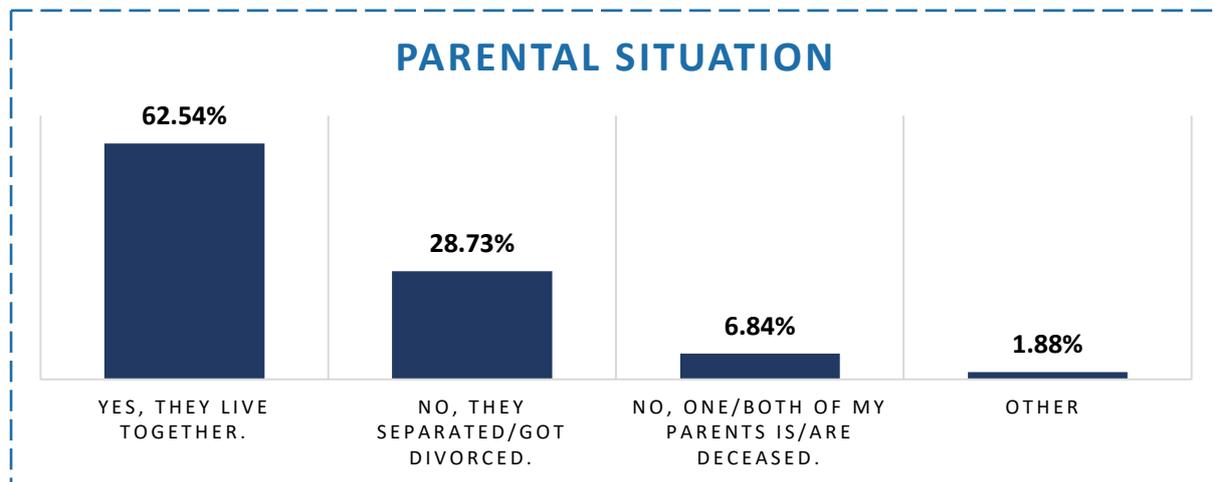
Education

Most of participants in the survey were domestic tertiary students (94.9%, *n* = 1650), while there were only 87 international students (5%) who took part in *Kei Te Pai?*. Of the 1770 respondents, 1540 (87%) were studying full-time and 168 (9%) were part-time tertiary students. There were also 25 full-time and 37 part-time distant students. Respondents were asked to report what qualification(s) they were studying towards. The majority of whom were studying in bachelor's degree (72.7%, *n* = 1294). There were 152 respondents studying towards postgraduate and honour's degrees (8.5%), 133 master's students (7.4%) and 110 PhD students (6.2%). There were also 46 students studying towards certificates (2.6%), and 45 respondents towards diplomas (2.5%).

QUALIFICATIONS

Qualification	Percentage
CERTIFICATE	2.64%
DIPLOMA	2.53%
BACHELOR'S DEGREE	72.66%
POSTGRADUATE & ...	8.53%
MASTER'S DEGREE	7.47%
DOCTORATE DEGREE	6.18%
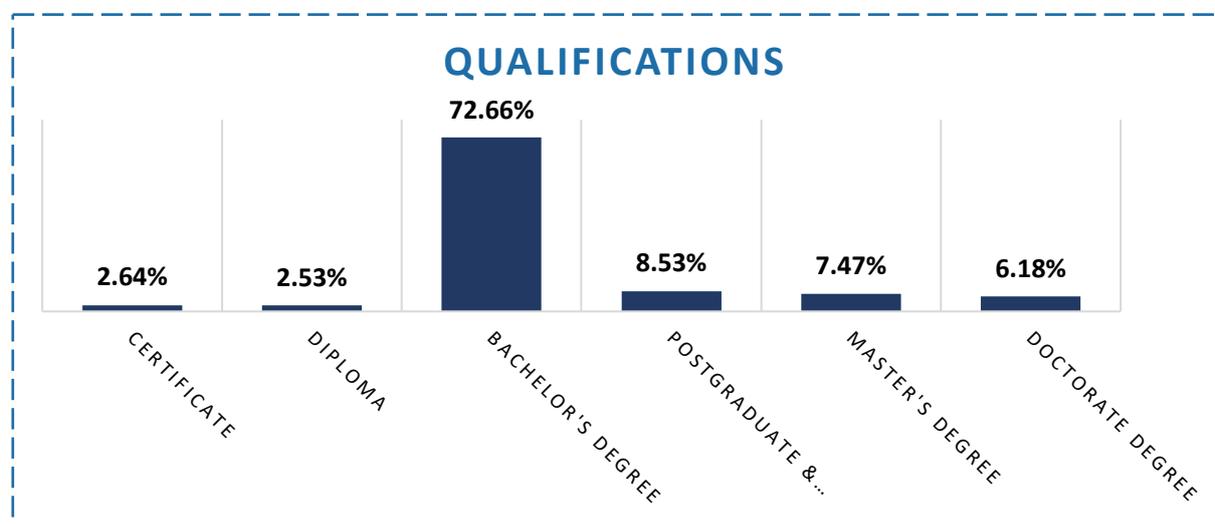
Major Fields of Study

The respondents who were studying Society, Culture and Languages (19%, *n* = 424), Natural and Physical Sciences (12.9%, *n* = 288), and Health (12%, *n* = 269) composed a considerable proportion of the participating cohort. Students from Law (9.9%, *n* = 221) and Management and Commerce majors (8.4%, *n* = 189) also made up a large cohort of respondents who took the survey. Students from Creative Arts (5.9%, *n* = 133), Engineering and related technologies (5.9%, *n* = 133), Agriculture (4.8%, *n* = 109), Education (4.3%, *n* = 97) also took part in the survey. More than 12.2 % of the participating cohort (*n* = 274) were from other major areas of study.

MAJOR OF STUDY
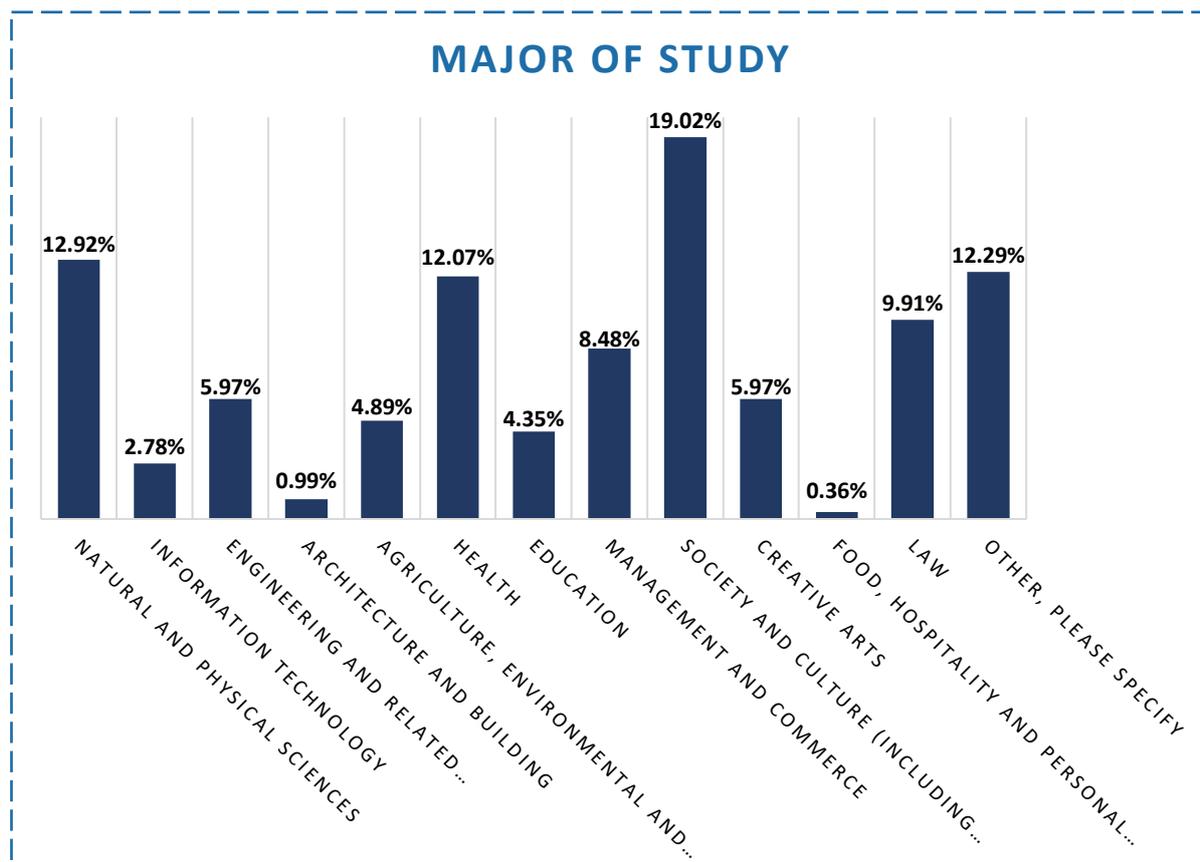
Tertiary Institutions

The highest number of respondents from a tertiary institution were from Victoria University of Wellington (25%, *n* = 435). Students from the University of Canterbury (20.4%, *n* = 354) and University of Otago (18.4%, *n* = 320) composed the next considerable portions of the participating cohort. There were also large number of respondents from the University of Auckland (9.7%, *n* = 168), Massey University (7.5%, *n* = 130) and Lincoln University (5.7%, *n* = 99). Moreover, there were respondents from Manuka Institute of Technology (2.4%, *n* = 41), University of Waikato (1.9%, *n* = 33), Auckland University of Technology (AUT) (1.7%, *n* = 29). The rest of respondents were students from other tertiary institutions in New Zealand.

TERTIARY INSTITUTIONS

Bar chart data:
- University of Auckland: 9.67%
- University of Waikato: 1.90%
- Massey University: 7.48%
- Victoria University: 25.03%
- University of Canterbury: 20.37%
- Lincoln University of Wellington: 5.70%
- University of Otago: 18.41%
- AUT (Auckland University of...): 1.67%
- ARA Institute of Canterbury: 1.32%
- Eastern Institute of Technology: 0.98%
- Wellington Institute of...: 0.58%
- Universal College of Learning: 0.58%
- Manukau Institute of Technology: 2.36%
- Other, please specify: 3.95%

Years in Tertiary Education

Regarding the number of years respondents have been in tertiary education for, there were almost equal percentages of respondents in their first year (21.5%, *n* = 374) as there were respondents in their second year (21.8%, *n* = 379). Those in their third and fourth years of study composed 19.3% (*n* = 336) and 17% (*n* = 296) of the cohort respectively. There were also 353 participating students (20.3%) who have been at tertiary institutions for more than four years.

YEARS IN TERTIRAY EDUCATION

Bar chart data:
- Less than 1 year/ 1 year: 21.52%
- Less than 2 years/ 2 years: 21.81%
- Less than 3 years/ 3 years: 19.33%
- Less than 4 years/ 4 years: 17.03%
- More than 4 years: 20.31%
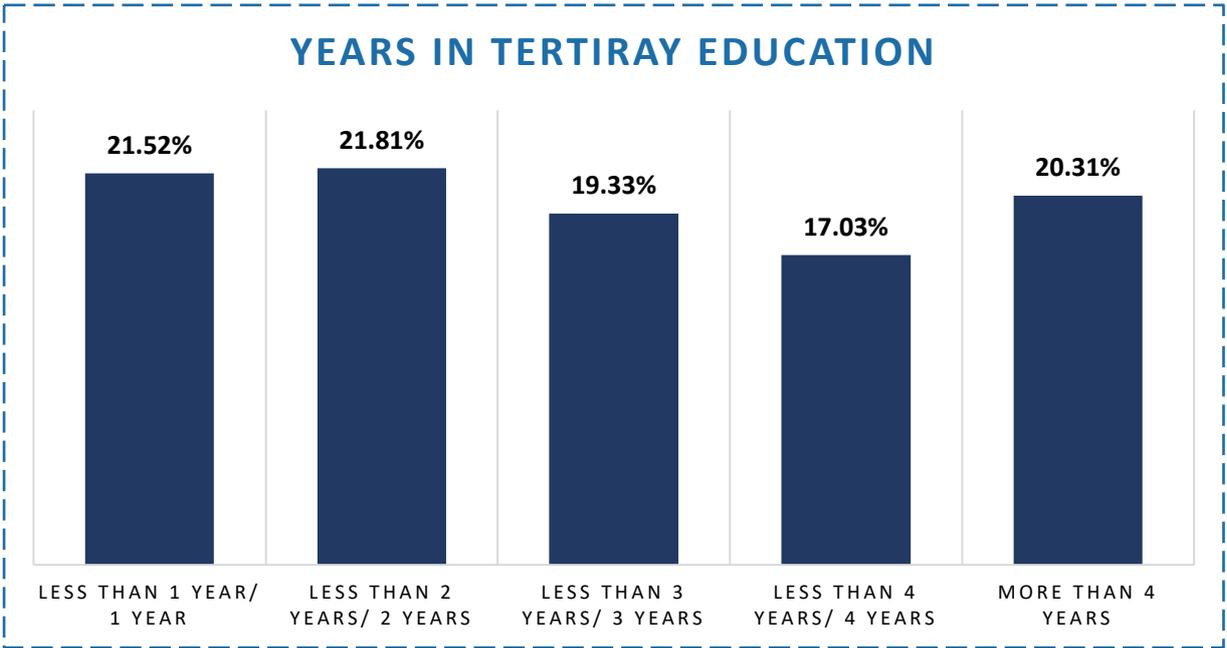
Considering dropping out of tertiary studies

The participants were asked if they had ever considered dropping out of their tertiary studies. 1737 respondents took part in this question. 56.3% of respondents ($n = 978$) reported that they have considered dropping out, while 43.7% ($n = 759$) have never considered this.

When asked about the reasons they have considered dropping out of tertiary studies, feeling overwhelmed (28.4%, $n = 784$), mental illness (20.2%, $n = 557$) and fear of failure (17.3%, $n = 478$) were reported as the most common reasons (they could choose multiple options). Financial hardship (13.5%, $n = 372$), choosing a wrong field of study (11.1%, $n = 309$) and family and relationship issues (6.4%, $n = 176$) also played a role according to the respondents who had considered dropping out of tertiary education. Some participants reported other reasons for considering dropping out, including fear of too much debt, being tired and unmotivated, too much stress, lack of support, disliking the university style of learning, being bullied, sexual harassment on campus, sexual harassment in halls of residence and constantly feeling unsafe, wondering if it's worth it, anxiety about not being able to find a job afterwards, waste of time and money, and physical health.

REASONS FOR CONSIDERING DROPPING OUT
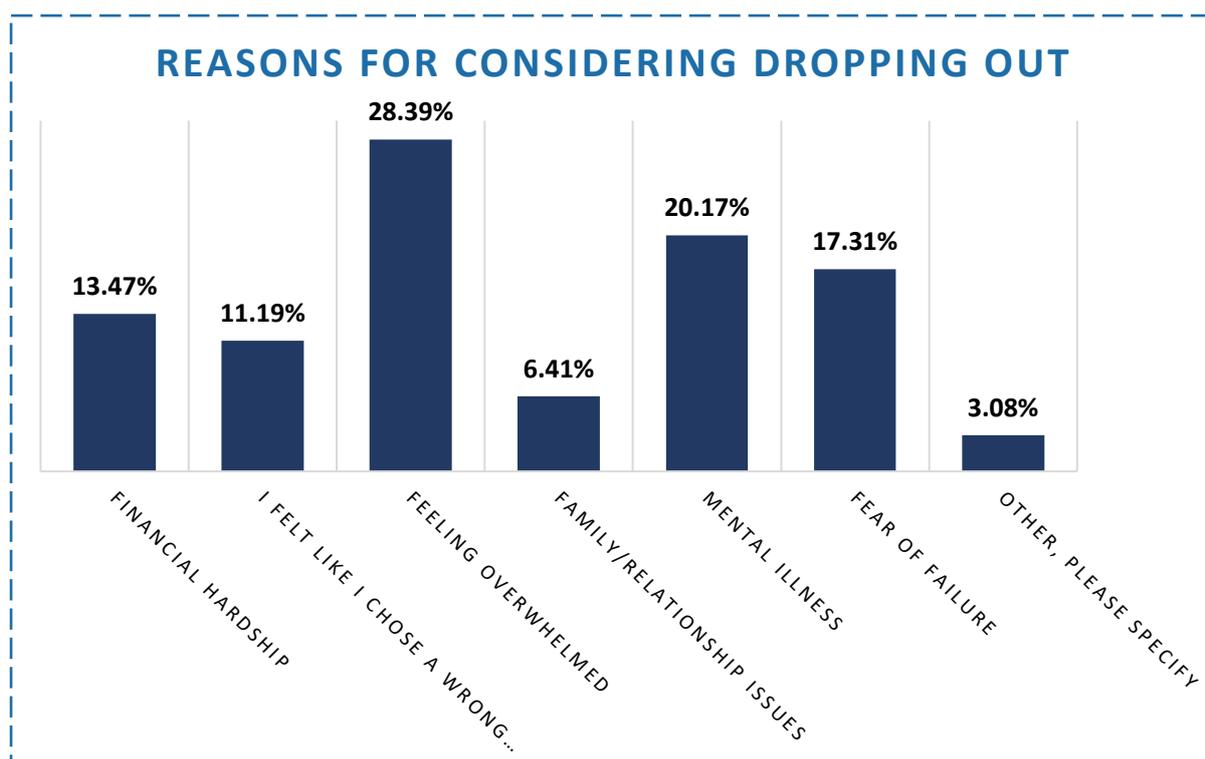
Academic Success

Respondents were asked to rate their academic success. Of 1729 respondents to this question, the majority (45.2%, $n = 781$) rated their academic success as above average. More than third of them (31.6%, $n = 546$) ranked it as average, 14% ($n = 242$) as excellent and 7.7% ($n = 133$) as below average. Only 27 respondents (1.6%) rated their academic success very poor.

ACADEMIC SUCCESS

Bar chart showing:
- EXCELLENT: 13.99%
- ABOVE AVERAGE: 45.20%
- AVERAGE: 31.56%
- BELOW AVERAGE: 7.69%
- VERY POOR: 1.56%
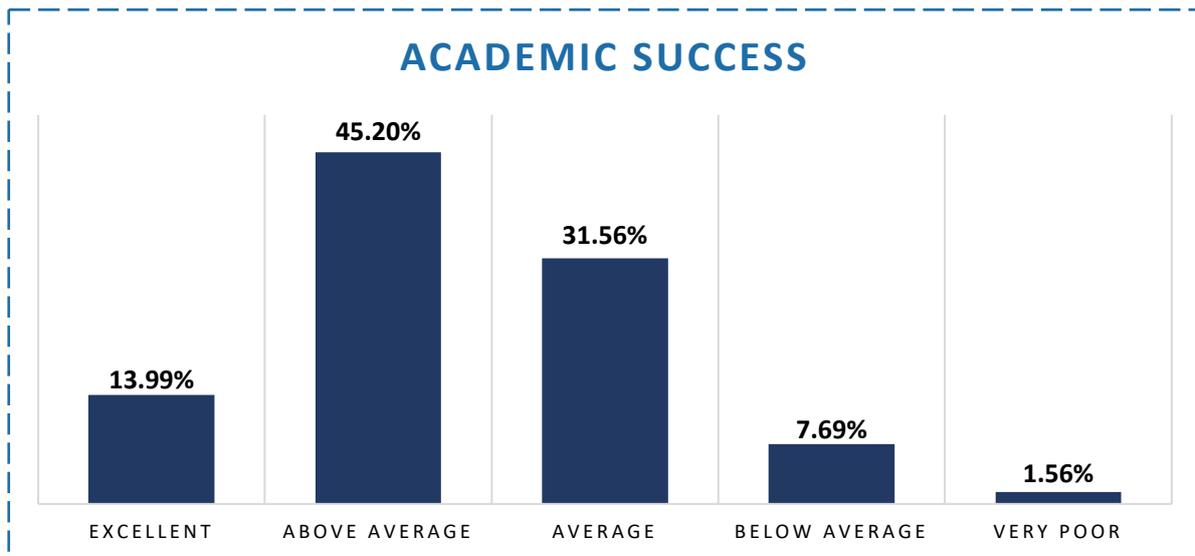
Living Situation

In order to know the impact of respondents' living situation on their mental health, they were asked who they live with (they could choose multiple options). The majority of respondents (37.7%, *n* = 801) reported that they live with their friends. In addition, 378 participating students (17.8%) lived with their parents, 325 respondents (15.3%) lived with their partners, 75 of them lived with their children (3.5%), 138 lived by themselves (6.5%), and 241 respondents lived with strangers (11.3%). In addition, 14.9% of respondents (*n* = 258) reportedly lived at a hall of residence.

LIVING SITUATION

Bar chart showing:
- BY MYSELF: 6.48%
- WITH PARENTS: 17.76%
- WITH FRIENDS: 37.64%
- WITH PARTNER: 15.27%
- WITH MY CHILDREN: 3.52%
- WITH HOME-STAY FAMILY: 0.61%
- WITH STRANGERS: 11.33%
- WITH RELATIVES: 3.20%
- OTHER: 4.18%
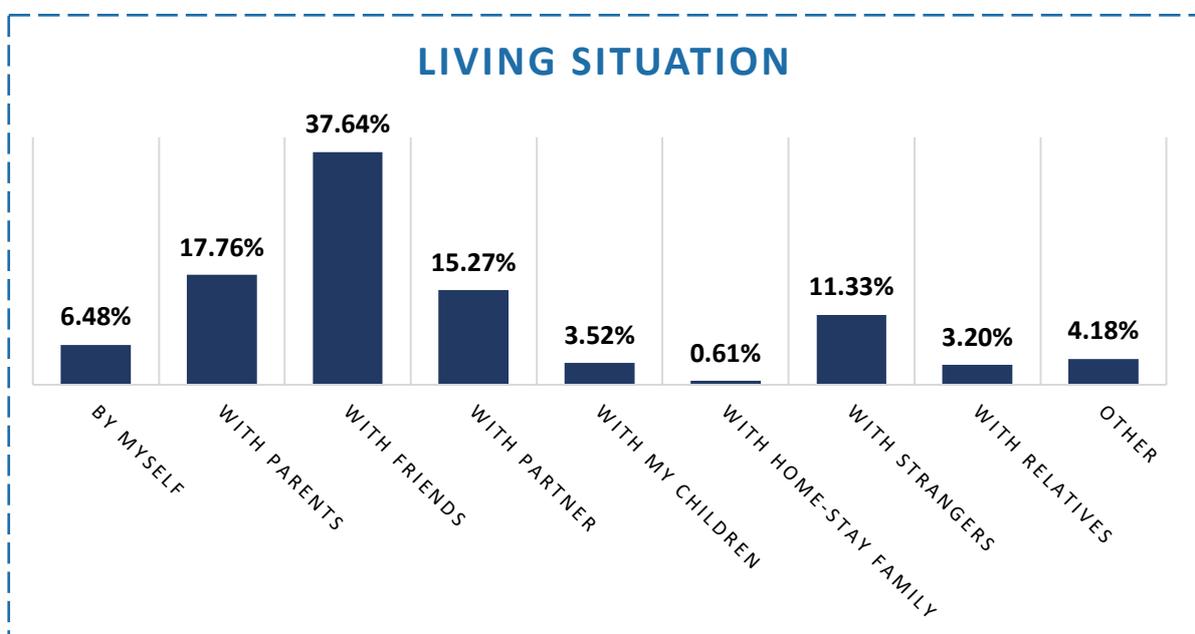
When asked about how happy they are regarding their living situation, the majority of respondents (43.9%, *n* = 757) were somewhat happy, while 24.6% (*n* = 424) were extremely happy about their living situation. Additionally, 14% (*n* = 242) and 4.4% (n=76) were feeling somewhat unhappy and extremely unhappy about their living situation respectively.

SATISFACTION WITH LIVING SITUATION

24.58%	43.88%	13.10%	14.03%	4.41%
EXTREMELY HAPPY	SOMEWHAT HAPPY	NEITHER HAPPY NOR UNHAPPY	SOMEWHAT UNHAPPY	EXTREMELY UNHAPPY
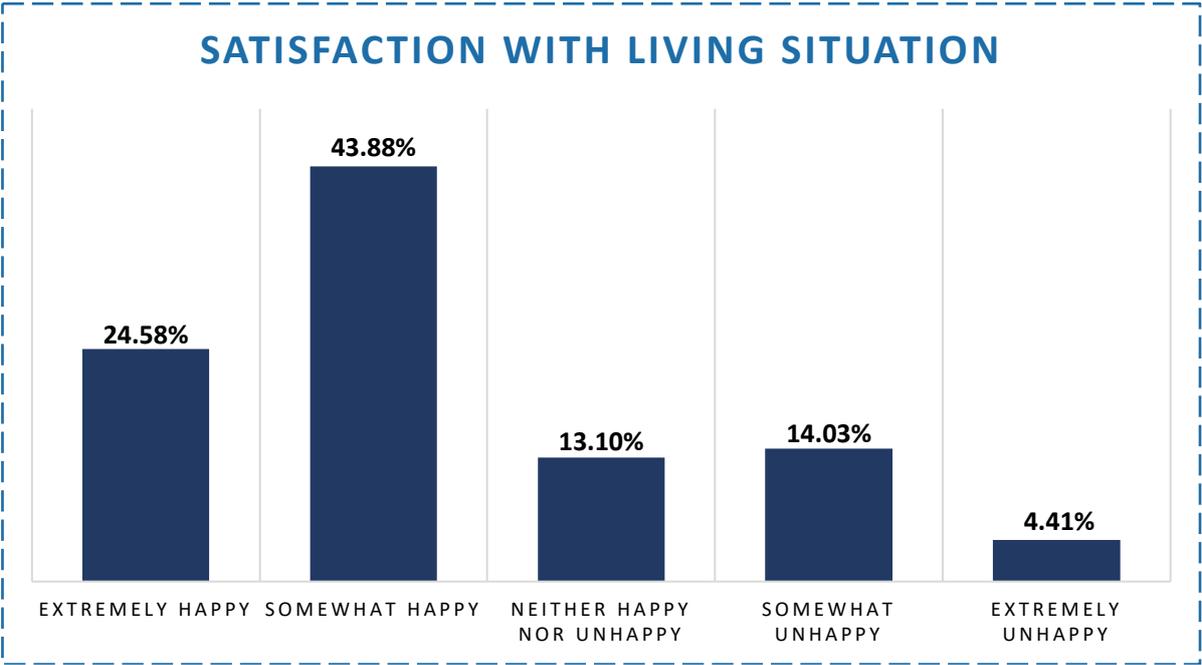
Employment, Income and Expenses

Respondents were asked if they are unemployed, work in paid employment or work as a volunteer. 1887 responses were recorded for this question, as respondents could choose more than one option. 50% of respondents were working in paid employment (n = 945), whereas 37.3% were unemployed (n = 703). In addition, 12.7% of respondents (n = 239) reported that they work in volunteer jobs. When they were asked about the type of their job, 694 students reported that they worked part-time (69%), while 86 of them (8.6%) worked full-time. In addition, 226 students (22.5%) reportedly worked casually (in paid employment and/or volunteer jobs).

EMPLOYMENT STATUS

37.25%	12.67%	50.08%
UNEMPLOYED	WORKING AS A VOLUNTEER	WORKING IN PAID EMPLOYMENT

JOB TYPE

Part-time: 68.99%
Full-time: 8.55%
Casual: 22.47%
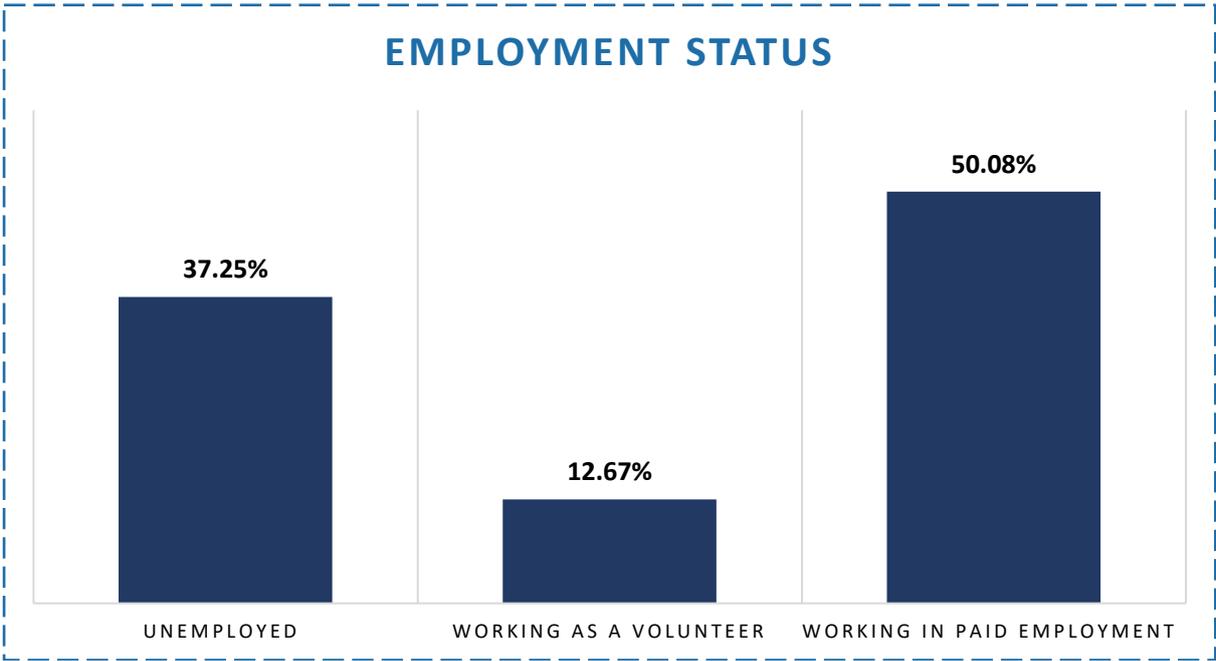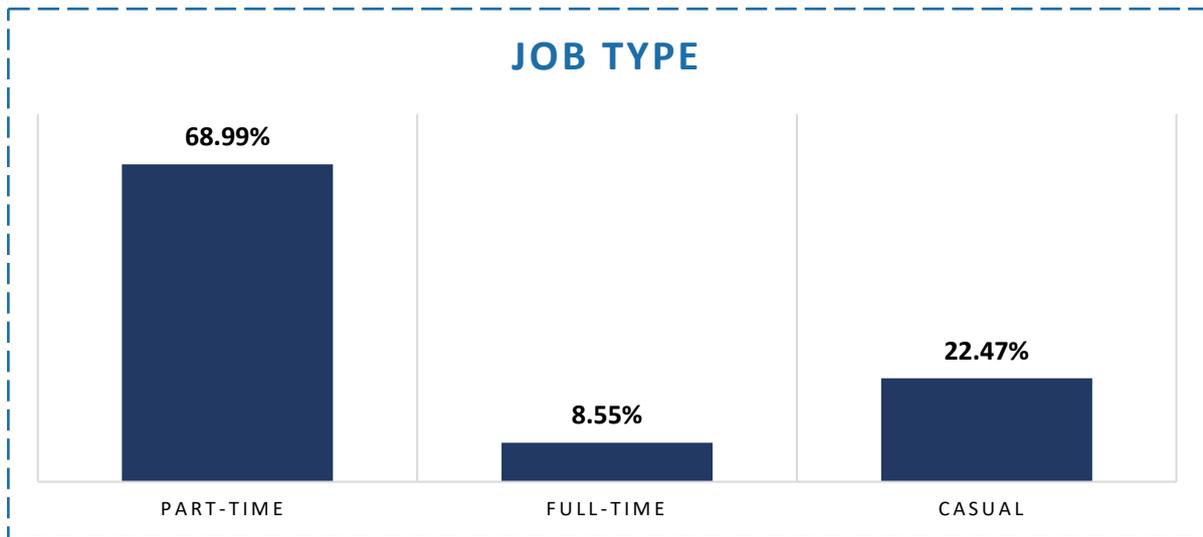
Respondents were also asked how many hours they work per week on average in their paid employment and volunteer job and 1006 respondents took part in this question. There were nearly equal portions of respondents working for less than 10 hours per week (39.3%, *n* = 395) as there were respondents who worked between 10 to 20 hours per week (38%, *n* = 383). 129 respondents (12.8%) reportedly work between 20 to 30 hours per week, while 42 of them (4.1%) work between 30 to 37.5 hours per week.[10] There were also 57 students (5.7%) who indicated that they work more than 37.5 hours per week.

WORKING HOURS PER WEEK

Less than 10 per week: 39.26%
10.1-20 per week: 38.07%
20.1-30 per week: 12.82%
30.1-37.5 per week: 4.17%
More than 37.5 per week: 5.67%
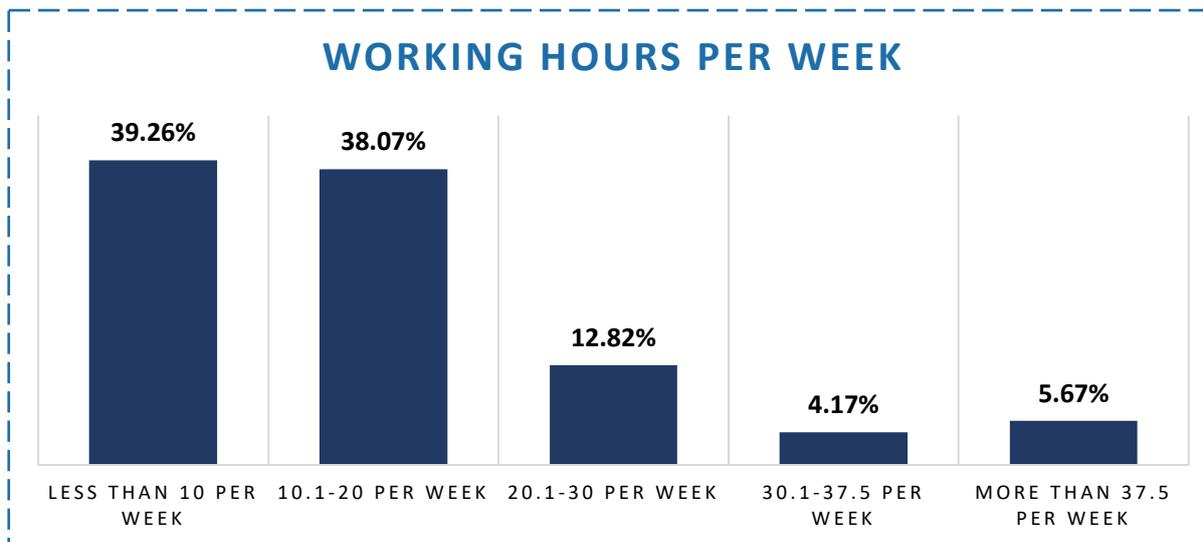
Respondents who were in paid employment were also asked about their income per week. 1006 participants in paid employment responded to this question, the majority of whom reportedly made $100 per week (29.3%, *n* = 295) and between $100 to $200 per week (36.1%, *n* = 364). In addition, 16.4% of respondents (*n* = 165) made between $200 to $300 per week; 6.5% (*n* = 65) made between $300 to $400, 3.5% (*n* = 35) reportedly made between $400 to $500. In addition, the weekly income of 7.9 % (*n* = 82) of the respondents was more than $500 per week.

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[10] In New Zealand, full-time employees are required to work at least 37.5 hours per week.

WEEKLY INCOME

29.32% LESS THAN $100 PER WEEK

36.18% BETWEEN $100-$200 PER WEEK

16.40% BETWEEN $200-$300 PER WEEK

6.46% BETWEEN $300-$400 PER WEEK

3.48% BETWEEN $400-$500 PER WEEK

4.67% BETWEEN $500-$700 PER WEEK

1.99% BETWEEN $700-$1000 PER WEEK

1.49% MORE THAN $1000 PER WEEK
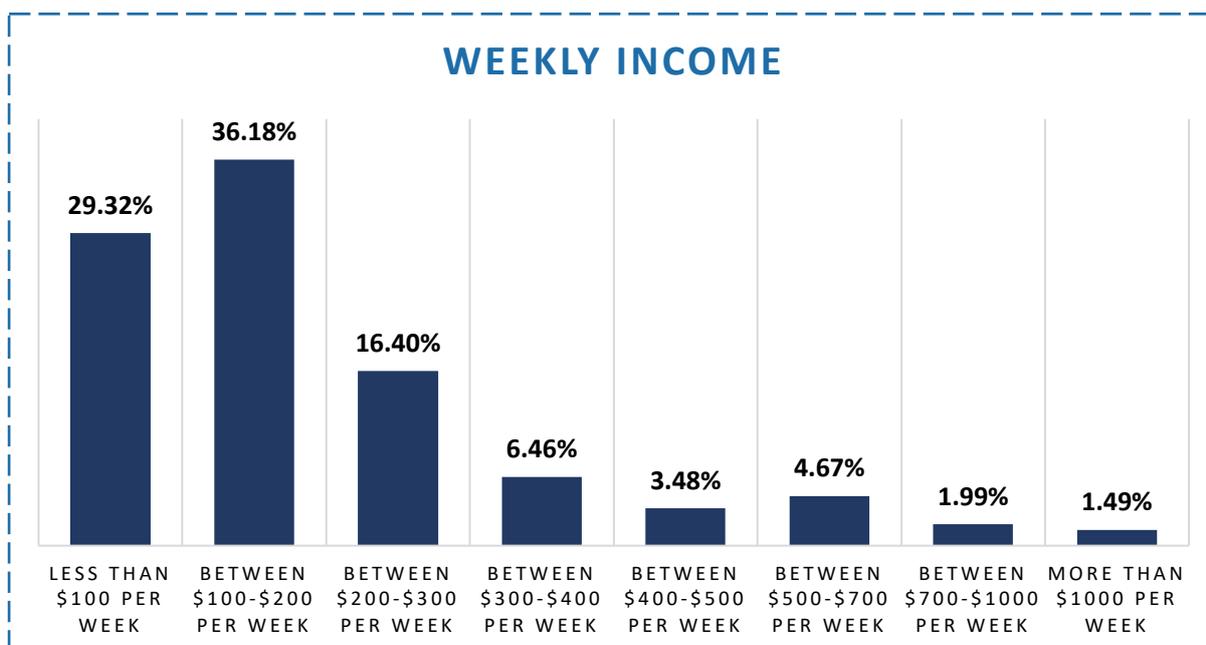
Participants were asked about their average weekly expenses (i.e. living cost). Of 1707 respondents who took part in this question, the majority (56.3%, *n* = 961) reportedly spend less than $250 weekly. While more than a quarter of the cohort (32.1%, *n* = 549) indicated they spend between $250 to $350 per week, the weekly cost of living of 120 respondents (7%) was between $350 to $450 per week. 77 respondents (4.5%) reported that they spend more than $450 on their living cost.

WEEKLY LIVING COSTS

56.30% LESS THAN $250 PER WEEK

32.16% BETWEEN $250-$350 PER WEEK

7.03% BETWEEN $350-$450 PER WEEK

4.51% MORE THAN $450 PER WEEK
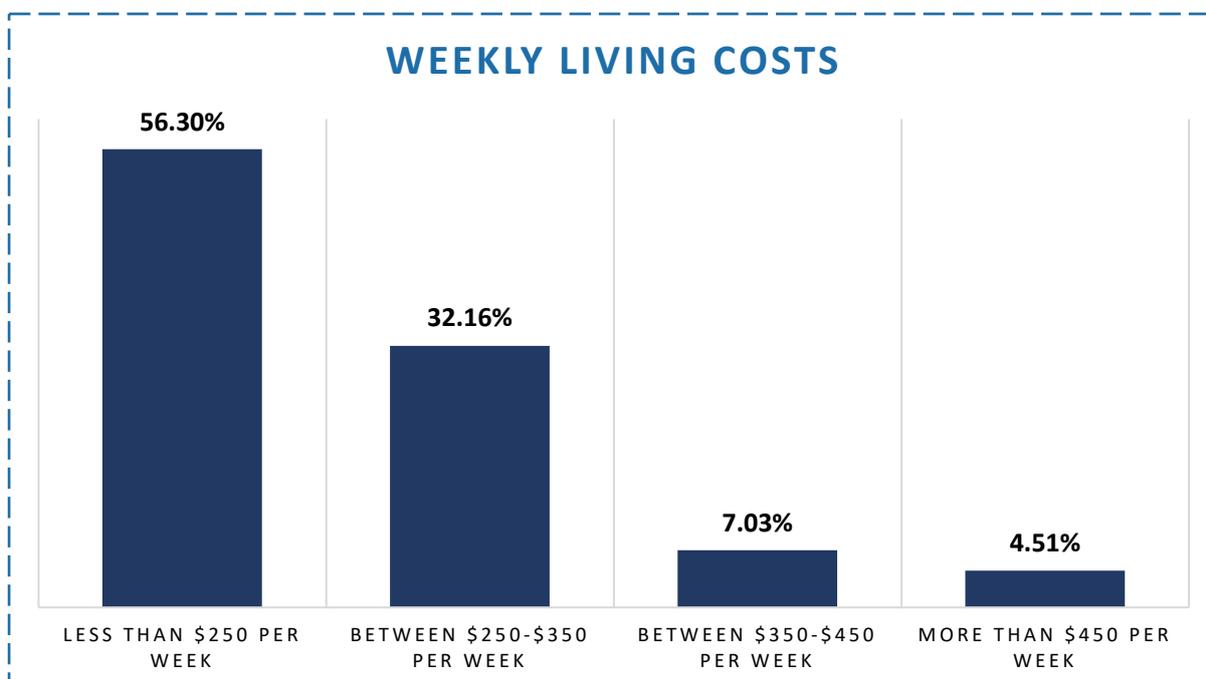
Of 1707 respondents, 520 of them (30.4%) were receiving student allowance, and they were asked how much money they receive weekly. 212 of these participants (41.5%)

received less than $180 per week, 216 of them (42.3%) received between $180 to $220 and 83 of them (16.2%) received more than $220 weekly from their student allowance.

STUDENT ALLOWANCE

LESS THAN $180 PER WEEK	BETWEEN $180 AND $220 PER WEEK	MORE THAN $220 PER WEEK
41.49%	42.27%	16.24%
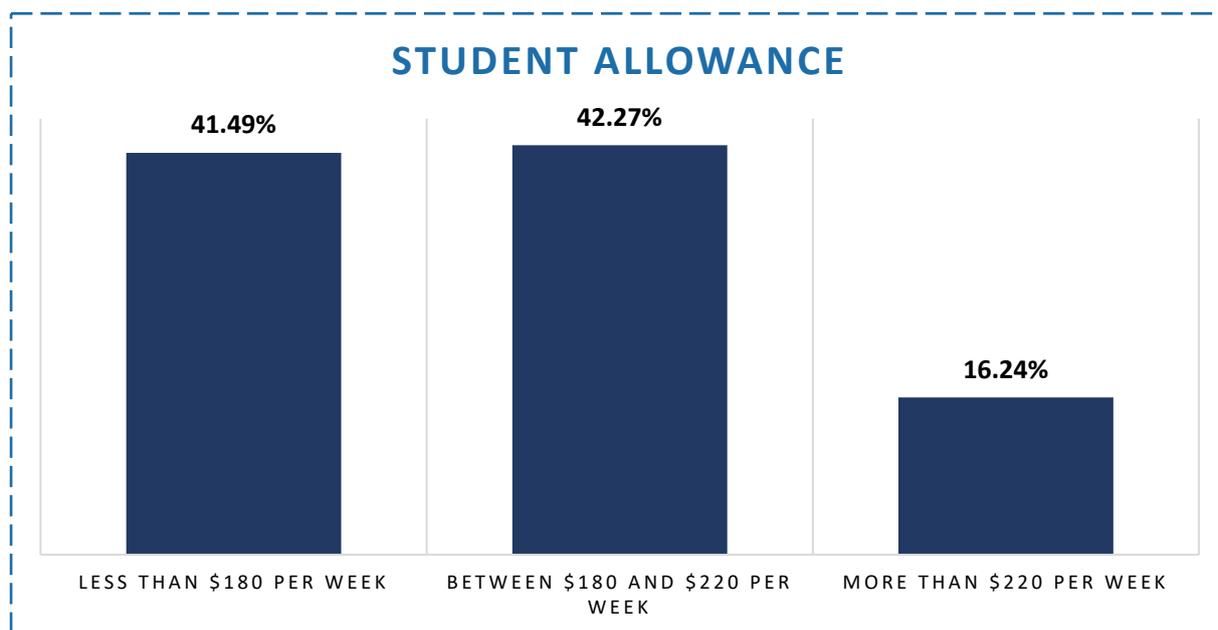
The respondents were asked if they draw money weekly from the Student Loan Scheme for their living costs. Of 1702 students who took part in this question, more than half of them (52.5%, n = 895) reported that they draw money from this scheme weekly compared with 47.4% (n = 807) of them who do not draw money from this scheme.

The majority of respondents who answered yes to the previous question (n = 895), reported that they draw more than $150 per week from the scheme for their living costs (68.2%, n=608). Nearly equal numbers of respondents reported drawing less than $50 per week (12.1%, n = 108) and between $50 to $100 (11.8%, n = 105). It was also reported by 71 of the respondents (8%) that they draw between $101 to $150 per week.

STUDENT LOAN SCHEME

LESS THAN $50	$50-$100	$101-$150	MORE THAN $150
12.11%	11.77%	7.96%	68.16%
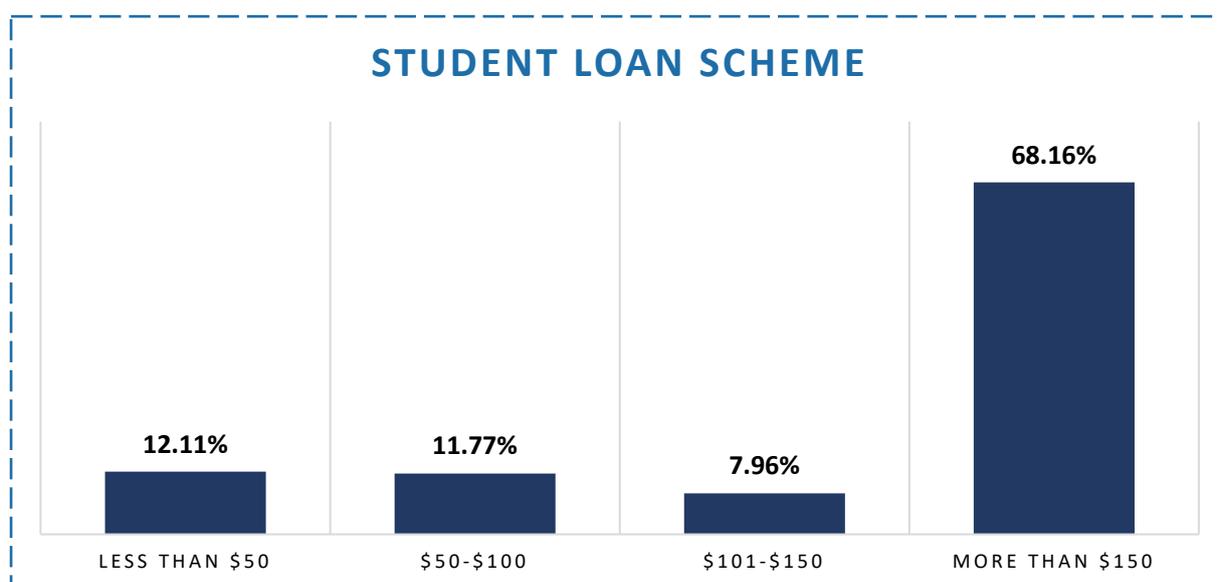
Regarding financial support, nearly half of the respondents (48.9%, n = 833) received such support from their parents (or someone else), while 51% of them (n = 868) did not. More than 67.3% (n = 549) of those who reported receiving financial support (n = 816), indicated that they receive less than $500 per month. In addition, 193 of them (23.7%) receive between $500 to $1000 per month, 19 of them (2.3%) receive between $2000 to $4000 and there was only one participant who reported receiving more than $4000.

PARENTAL SUPPORT

Category	Percentage
LESS THAN $500	67.28%
BETWEEN $500 TO $1000 PER MONTH	23.65%
BETWEEN $1000 TO $2000 PER MONTH	6.62%
BETWEEN $2000 TO $4000 PER MONTH	2.33%
MORE THAN $4000 PER MONTH	0.12%
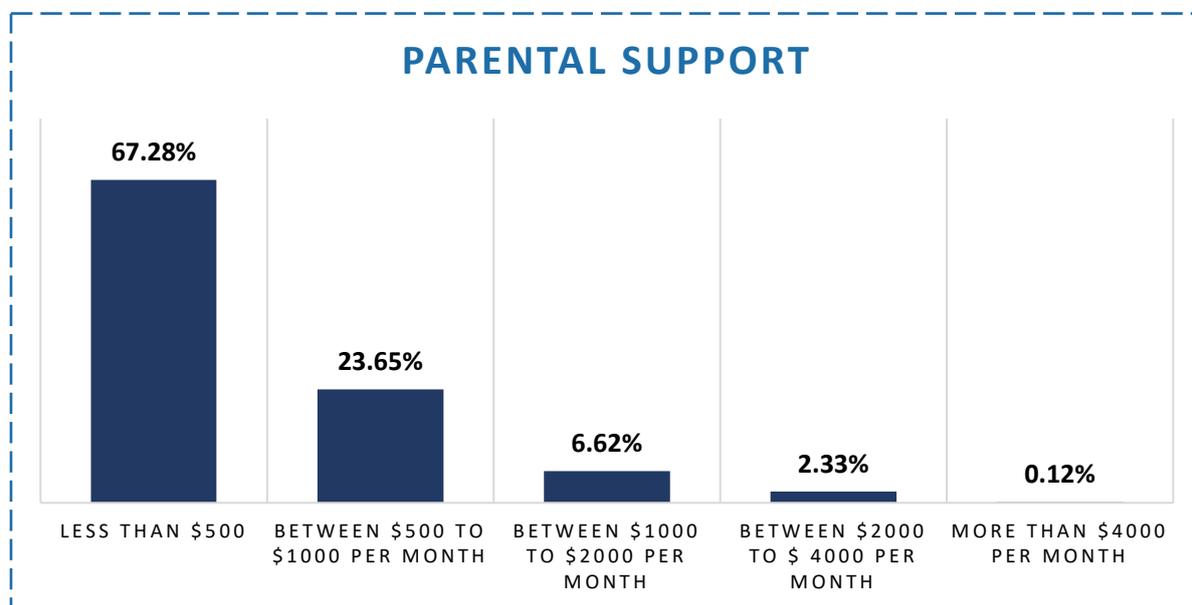
The survey asked the respondents how they feel about their financial situation. Of 1694 respondents who took part in this question, just 165 of them (9.7%) felt very good. Nearly equal percentages of respondents felt somewhat good (26%, n = 442), and neither good nor bad (24.5%, n = 415). A significant number of respondents reported feeling somewhat bad (27.6%, n = 467) and very bad (12.1%, n = 205) regarding their financial situation.

SATISFACTION WITH FINANCIAL SITUATION

Category	Percentage
VERY GOOD	9.74%
SOMEWHAT GOOD	26.09%
NEITHER GOOD NOR BAD	24.50%
SOMEWHAT BAD	27.57%
VERY BAD	12.10%
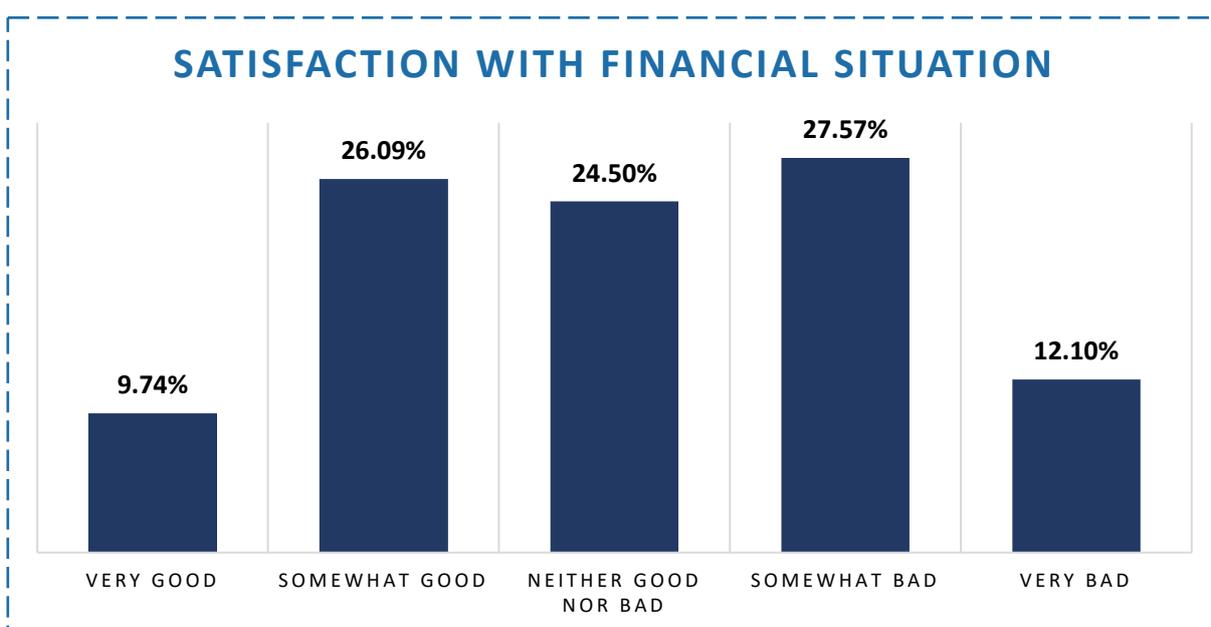
Relationship Status

In order to uncover if there was an impact of relationships on students' psychological distress, the survey asked the participants about their relationship status. Half of the respondents (50%, *n* = 887) were single at the time of the survey, while 33.4% indicated they were in a relationship, 5.9% in a de facto relationship (*n* = 104), and 4% were married (*n* = 72). In addition, 5.6% of respondents reported that they were broken up recently (*n* = 99), 0.6% were separated (*n* = 11), 5 respondents were divorced (0.2%) and 3 were widowed (0.1%). It should be mentioned that respondents could choose multiple options.

RELATIONSHIP STATUS

SINGLE	50.00%
IN A RELATIONSHIP	33.43%
IN A DE FACTO RELATIONSHIP	5.86%
MARRIED	4.06%
RECENTLY BROKEN UP	5.58%
SEPARATED	0.62%
DIVORCED	0.28%
WIDOWED	0.17%
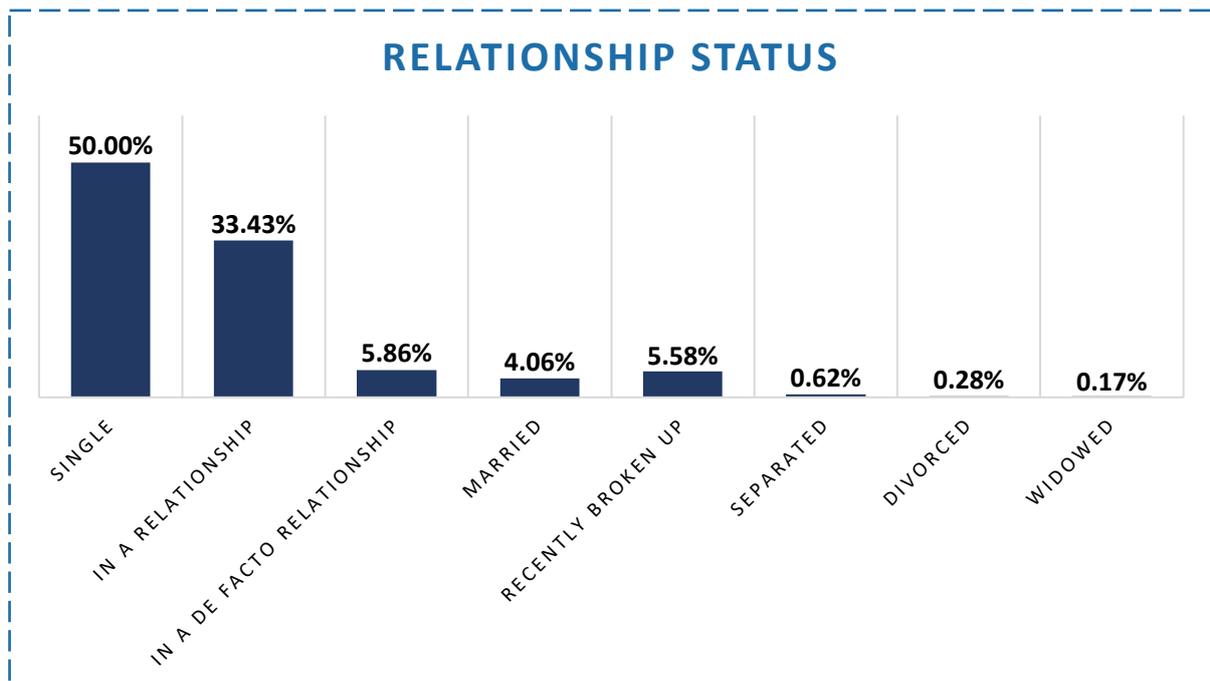
When asked about the length of time they have been in their current relationship status, the majority of respondents indicated they had been in the same status for more than two years (51.3%, *n* = 829). The rest of the respondents indicated they have been in the relationship status they reported between 1 to 2 years (17.2%, *n* = 278), between 6 to 12 months (14.5%, *n* = 235) and less than 6 months (17%, *n* = 275).

LENGTH OF RELATIONSHIP STATUS

LESS THAN 6 MONTHS	17.01%
BETWEEN 6-12 MONTHS	14.53%
BETWEEN 1-2 YEARS	17.19%
MORE THAN 2 YEARS	51.27%
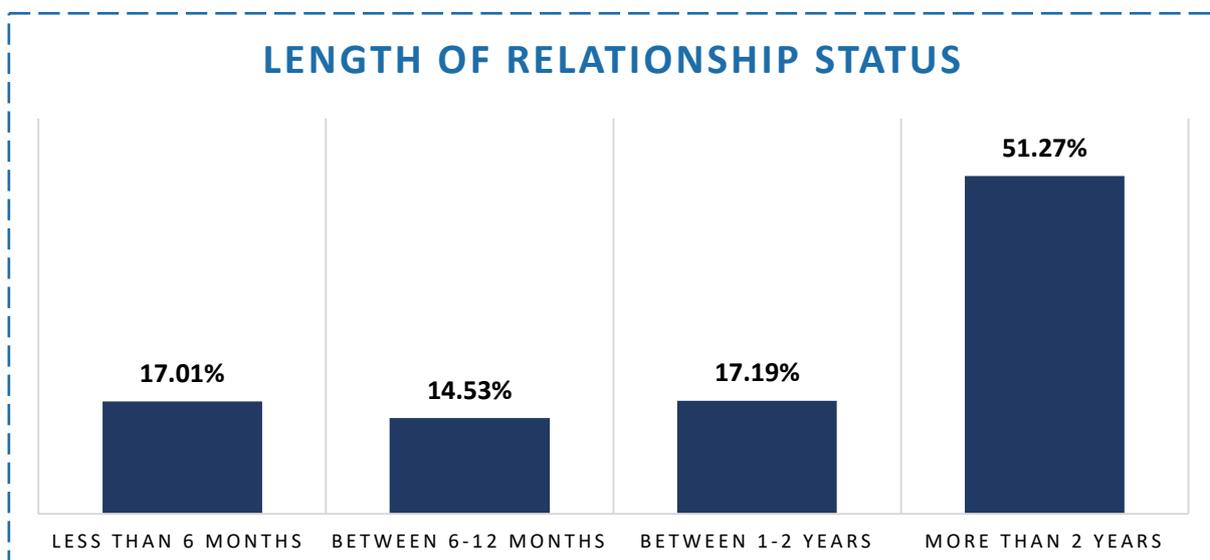
The survey also asked respondents how satisfied they were with their relationship status at the time of the study. More than third of respondents indicated they were extremely happy about that (33%, *n* = 558), in comparison to 83 respondents (4.9%) who were extremely unhappy. In addition, 426 participants (25.2%) were somewhat happy compared to 261 (15.4%) who were somewhat unhappy about their relationship status. Moreover, 364 participants (21.5%) were neither happy nor unhappy about their relationship status at the time of the survey.

SATISFACTION WITH RELATIOSHIP STATUS

EXTREMELY HAPPY	32.98%
SOMEWHAT HAPPY	25.18%
NEITHER HAPPY NOR UNHAPPY	21.51%
SOMEWHAT UNHAPPY	15.43%
EXTREMELY UNHAPPY	4.91%
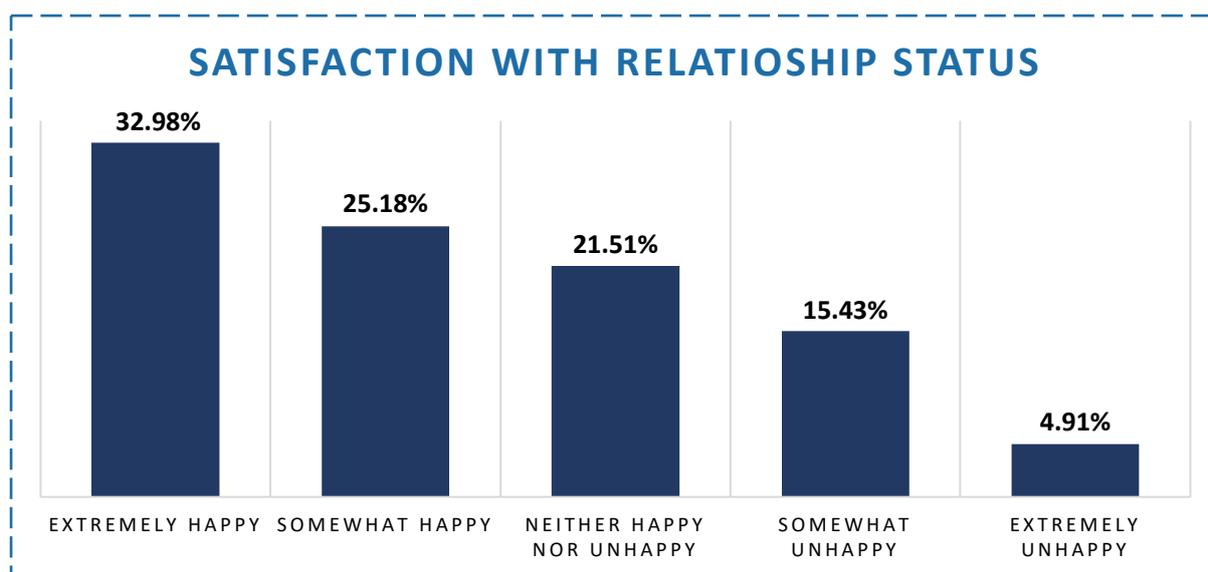
Respondents were asked about the number of people they can rely on in difficult times of their lives. The majority of the 1692 respondents who answered this question reported having three to five people to rely on (41.8%, *n* = 707). Additionally, 15.8% (*n* = 268) reported having five to eight people and 9.4% (*n* = 159) had more than eight people to rely on in difficulties. On the other hand, 29.2% (*n* = 494) reported having only one to two people they could count on, while 64 respondents believed that they do not have anyone in their lives to be able to rely on (3.8%).

PEOPLE TO RELY ON

NO ONE	3.78%
ONE TO TWO	29.20%
THREE TO FIVE	41.78%
FIVE TO EIGHT	15.84%
MORE THAN EIGHT	9.40%
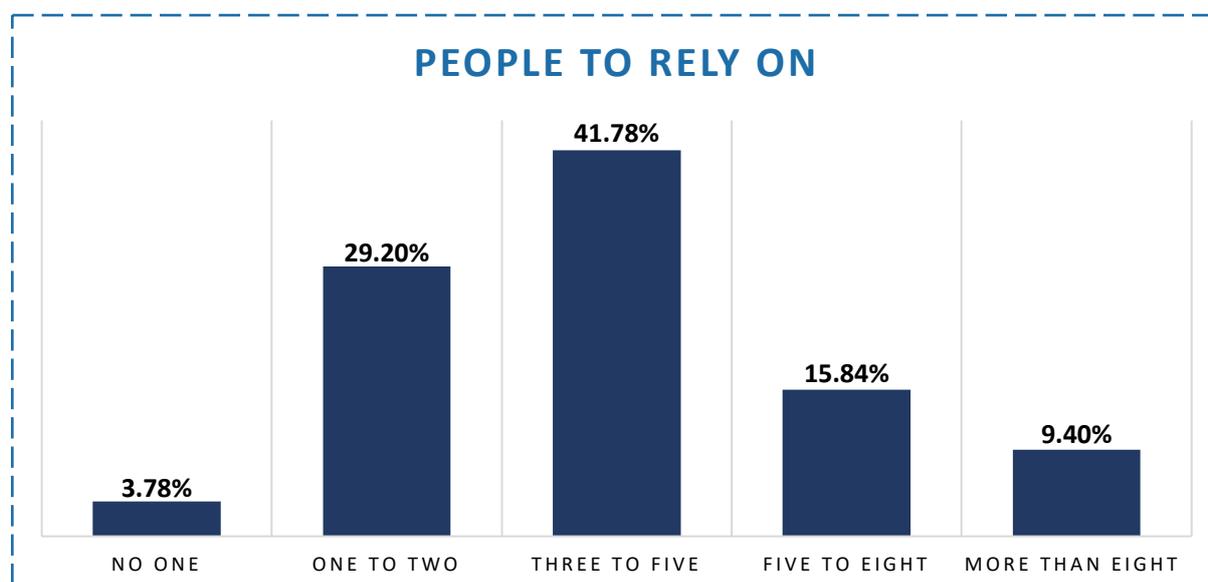
Alcohol, Cigarettes, Weed and Recreational Drug Use

Alcohol Consumption

In order to know the impact of alcohol use on mental health, respondents were asked some questions from the Alcohol Use Disorders Identification Test (AUDIT).[11] Firstly, they were asked how often they have a drink containing alcohol. The majority of respondents indicated having alcoholic drinks monthly or less often (29.2%, *n* = 439) and 2 to 4 times a month (36.6%, *n* = 618). In addition, 224 participants (13.3%) reported not having any alcohol at all in comparison with 70 respondents (4.1%) who reportedly had drinks containing alcohol 4 or more times a week. 286 participants reported having alcoholic drinks 2 to 3 times a week (16.9%).

ALCOHOL CONSUMPTION

Category	Percentage
NEVER	13.25%
MONTHLY OR LESS	29.15%
2-4 TIMES A MONTH	36.55%
2-3 TIMES A WEEK	16.91%
4 OR MORE TIMES A WEEK	4.14%
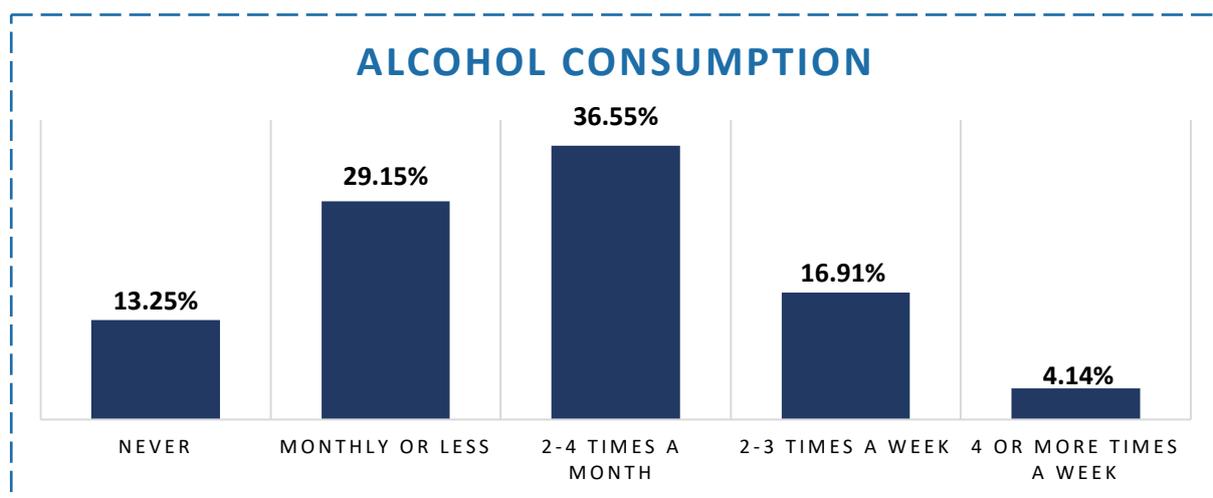
Regarding the number of drinks containing alcohol they have on a typical day when they are drinking, the majority of respondents (32%, *n* = 467) reported that they have 1 to 2 drinks. In addition, 340 participants (23.3%) had reportedly 3 to 4 drinks and 284 of them (19.4%) had 5 to 6 drinks on a typical day when they are drinking. Moreover, 246 (16.8%) had 7 to 8 and 124 respondents (8.5%) had more than 10 drinks reportedly.

NUMBER OF ALCOHOLIC DRINKS

Category	Percentage
1 OR 2	31.96%
3 OR 4	23.27%
5 OR 6	19.44%
7 OR 8	16.84%
10 OR MORE	8.49%

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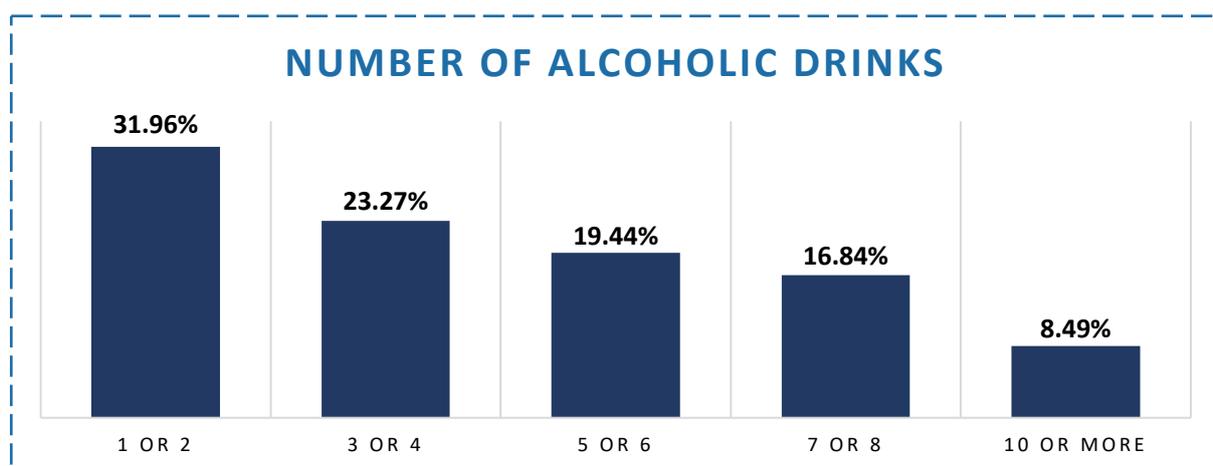
[11] The AUDIT was developed as a method of screening for excessive drinking to assist in brief assessment. It can be used to help risky drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. The AUDIT also helps to identify alcohol dependence and some specific consequences of harmful drinking (Babor, et al, 2001).

Respondents were also asked how often during the last year that they have failed to do what was normally expected of them because of their drinking. 1462 participating students took part in this question and 993 of them (67.9%) have reportedly never had this experience. 374 of respondents (25.6%) had experienced this less than monthly compared to 74 of respondents (5%) who had failed monthly to do something because of drinking. 17 respondents (1.1%) reported experiencing this weekly and 4 respondents (0.2%) daily or almost daily.

FAILURE DUE TO ALCOHOL

Category	Percentage
NEVER	67.92%
LESS THAN MONTHLY	25.58%
MONTHLY	5.06%
WEEKLY	1.16%
DAILY OR ALMOST DAILY	0.27%
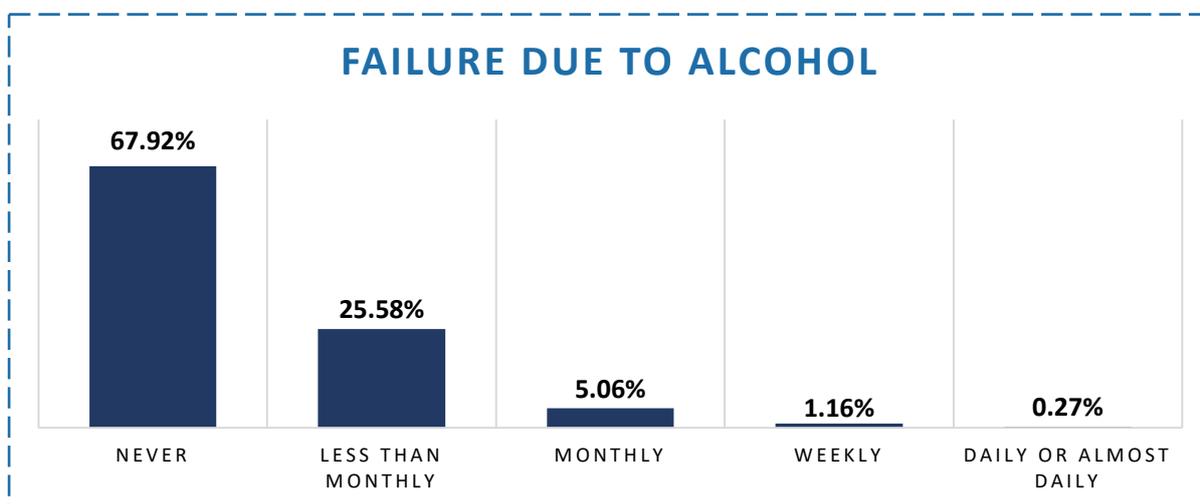
Cigarettes

The survey asked if respondents smoked cigarettes or any tobacco products. 1687 participants took part in this question, of whom 202 answered yes (11.9%), while 1338 of them (79.3%) reported they did not smoke cigarettes or any tobacco products. In addition, 147 respondents indicated that they used to smoke (8.7%).

Respondents who answered yes to the previous question were then asked how often they smoke. The majority of them reported smoking cigarettes or tobacco products 4 or more times a week (47.3%, *n* = 91). 24 respondents (11.9%) smoke cigarettes 2 to 3 times a week and 31 of them (15.4%) smoke 2 to 4 times a month. In addition, less than one quarter of respondents reported smoking cigarettes monthly or less occasionally (23.4%, *n* = 47).

SMOKING CIGARETTES

Category	Percentage
MONTHLY OR LESS/OCCASIONALLY	23.38%
2-4 TIMES A MONTH	15.42%
2-3 TIMES A WEEK	11.94%
4 OR MORE TIMES A WEEK	47.26%
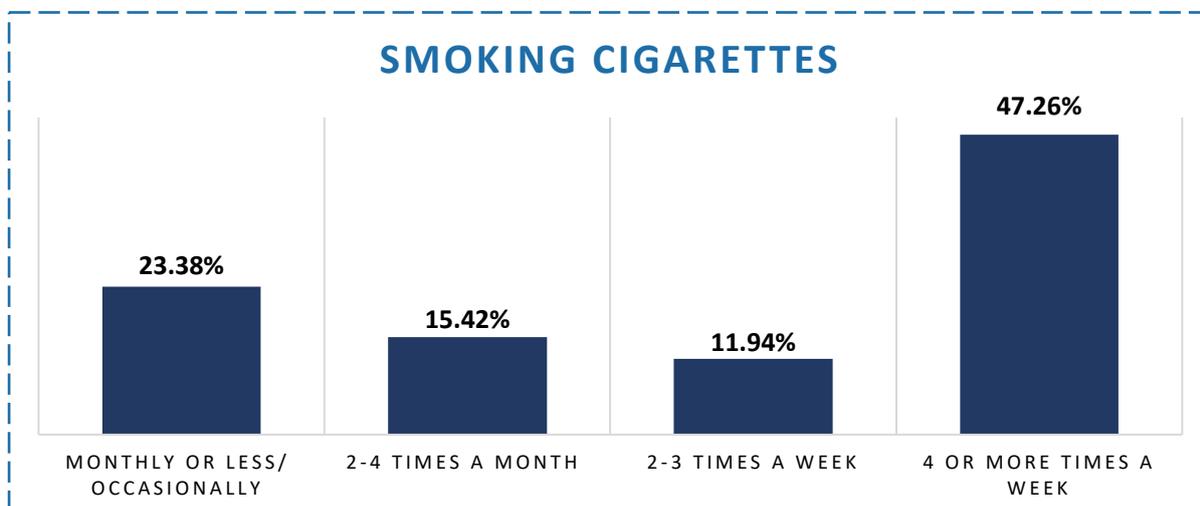
Respondents were also asked how many cigarettes they have on a typical day when they smoke and 196 respondents took part in this question. While 81 respondents (41.3%) reported smoking 1 to 2 cigarettes, 20 respondents indicated smoking 10 or more cigarettes per day. Moreover, 49 participants (25%) have 3 to 4 cigarettes a day, 20 participants (10.2%) smoke 5 to 6 cigarettes a day and 26 participating students (13.3%) have 7 to 8 cigarettes on a typical day when they smoke.

NUMBER OF CIGARETTS

Category	Percentage
1 OR 2	41.33%
3 OR 4	25.00%
5 OR 6	10.20%
7 OR 8	13.27%
10 OR MORE	10.20%
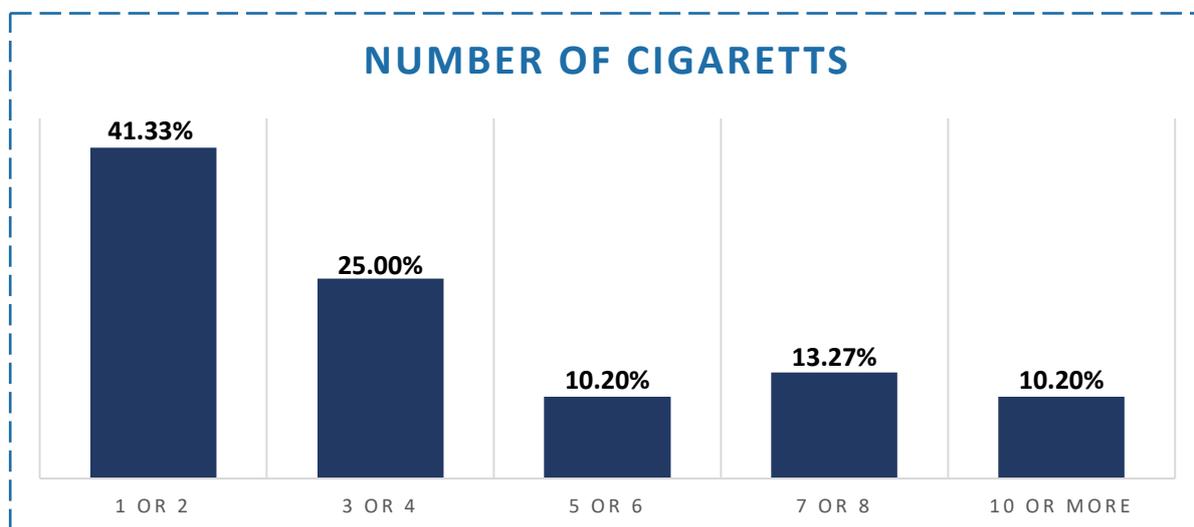
Additionally, respondents were asked when they started smoking and 198 tertiary students took part in this question. Half of the respondents to this question (50%, $n = 90$) reportedly started smoking during their time at secondary school. Of 84 participants (42.3%) who indicated they started smoking during tertiary education, a larger portion reported that they started smoking during their first year in a tertiary institution (27.8%, $n = 55$), compared to those who started smoking after their first year (14.7%, $n = 29$). 15 respondents (7.6%) mentioned that they started smoking prior to starting secondary school.

STARTING AGE OF SMOKING

Category	Percentage
BEFORE MY SECONDARY SCHOOL	7.58%
DURING MY SECONDARY SCHOOL	50.00%
DURING MY FIRST YEAR OF UNIVERSITY	27.78%
AFTER MY FIRST YEAR OF UNIVERSITY	14.65%
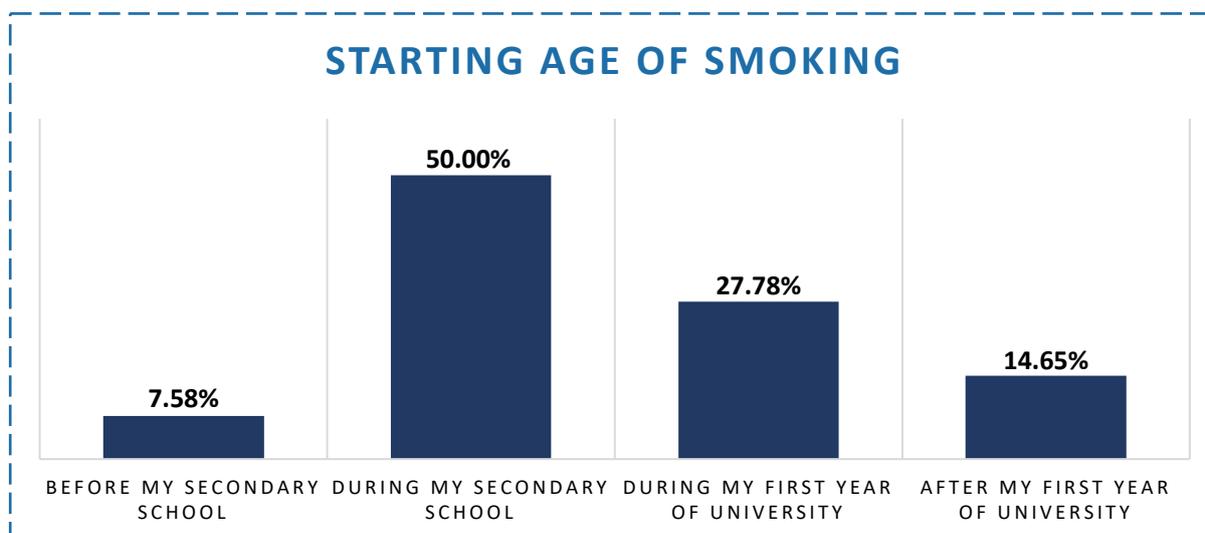
Weed/Marijuana

Respondents were asked if they smoke weed/marijuana and of the 1685 respondents who took part in this question, 21.9% (*n* = 375) reported they do. Respondents who answered yes to the previous question were asked how often they smoke weed, and 356 participants responded. The majority of these respondents reported smoking weed sporadically/very occasionally (68.3%, *n* = 243). The next large group was those who reportedly smoke weed 1 to 3 times a week (13.2%, *n* = 47). In addition, 32 respondents (9%, *n* = 32) smoke weed once a week. Regarding those who smoke weed more often, 18 participants (5%) reported smoking weed 1 to 2 times a day as well as 16 who indicated smoking weed more than 2 times a day (4.5%).

SMOKING WEED

Category	Percentage
Sporadically/very...	68.26%
Once a week	8.99%
Between 1-3 times a...	13.20%
1 or 2 times a day	5.06%
More than 2 times a day	4.49%
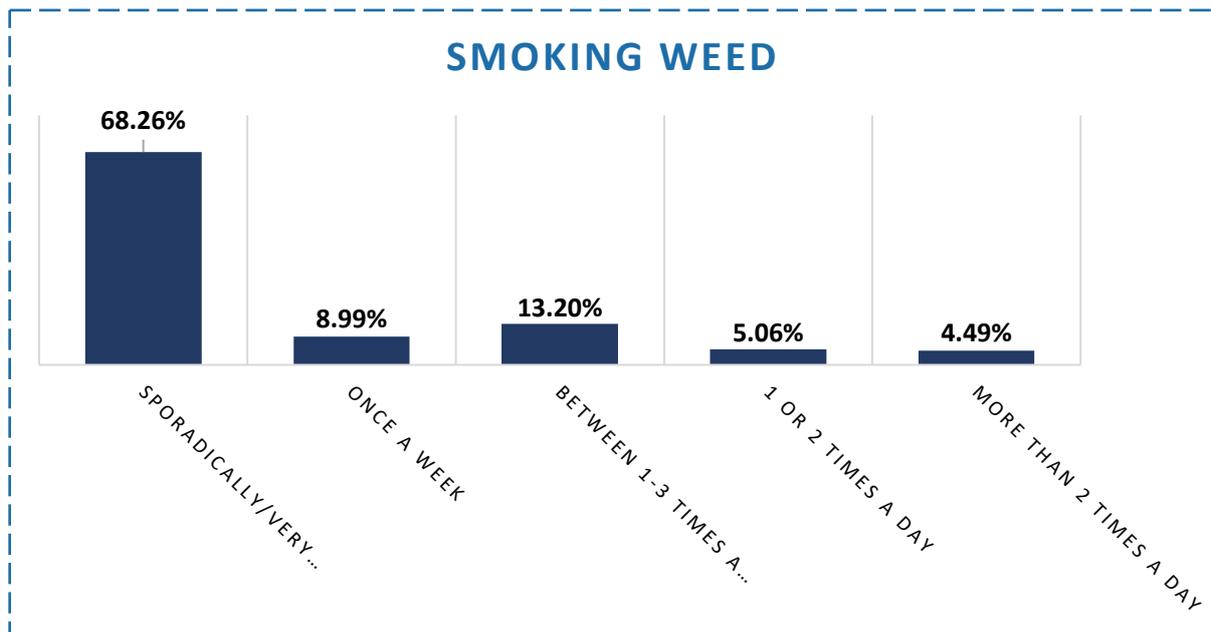
Recreational Drugs

Respondents were also asked if they took any other recreational drugs (excluding weed/marijuana). Of 1684 respondents who took part in this question, 160 (9.5%) answered they do take recreational drugs, while a considerable number of them (90.5%, *n* = 1524) reported they do not. Those who responded yes to the previous question (*n* = 160), were then asked how often they take recreational drugs. The majority of these respondents indicated that they take drugs very occasionally (56.3%, *n* = 90), while 47 respondents reported sporadically (29.4%). Of those who reportedly take these drugs more often, 17 participants (10.6%) indicated 1 to 2 times a month, 3 respondents (1.9%) reported 1 to 2 times a week and 3 (1.9%) indicated taking recreational drugs almost every day.

RECREATIONAL DRUGS

56.25%

29.38%

10.63%

1.88%

1.88%

| VERY OCCASIONALLY | SPORADICALLY | 1 OR 2 TIMES A MONTH | 1 OR 2 TIMES A WEEK | ALMOST EVERYDAY |
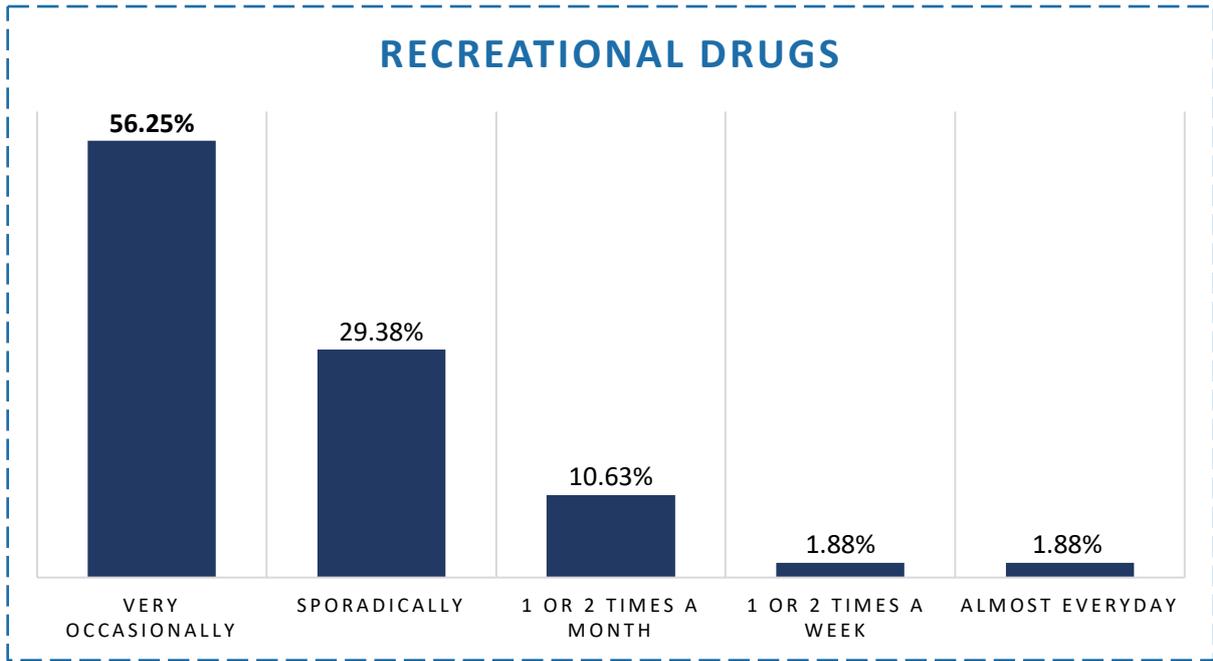
The survey also asked respondents who reported taking recreational drugs (except weed/marijuana) if they have ever failed to do what was normally expected of them because of taking these drugs. Of 160 respondents, the majority (78.6%, n = 126) reported they have never had this experience. On the other hand, there were 2 respondents (1.2%) who have reportedly failed daily or almost daily to do what was normally expected of them because of taking these drugs and 1 respondent had this experience weekly. In addition, there were 6 respondents (3.8%) who experienced this monthly, and 25 (15.6%) who reported experiencing this less than monthly.

FAILURE DUE TO TAKING RECREATIONAL DRUGS

78.75%

15.63%

3.75%

0.63%

1.25%

| NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR ALMOST DAILY |
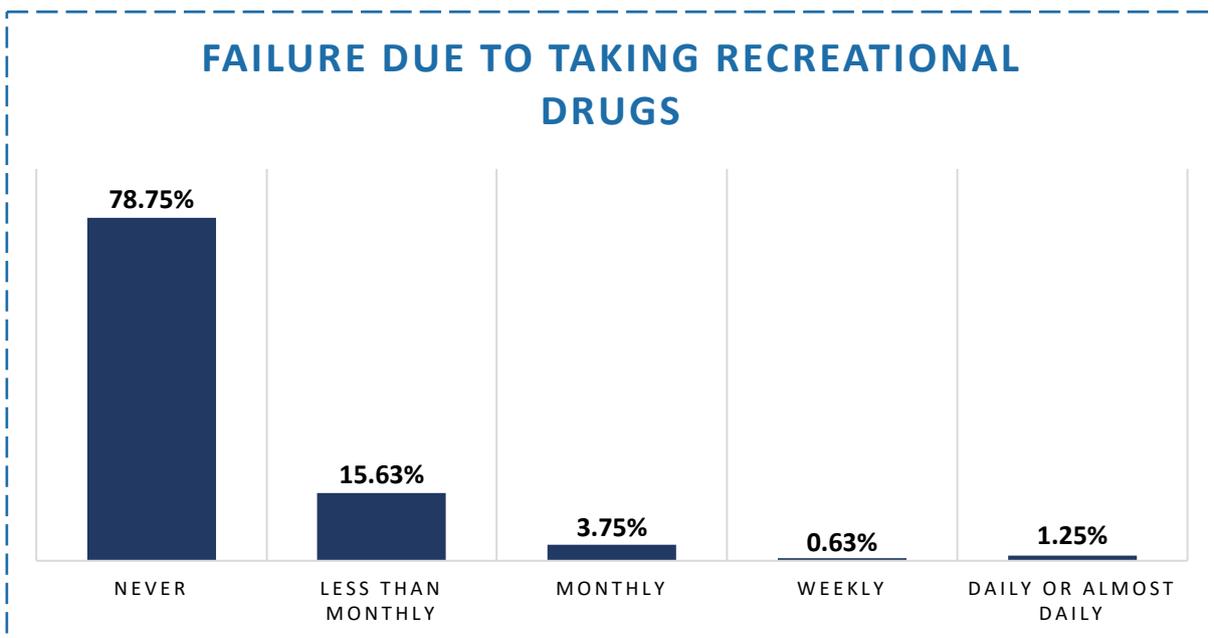
Kessler Psychological Distress Scale (Kessler 10)

This screening tool focuses on anxiety and depression symptoms by asking 10 questions on how respondents feel over the last four weeks. There are 5 response categories with values 1 to 5. Scoring the Kessler 10 scale is the sum of all 10 questions which is between 10 to 50. Scores between 10 and 19 indicate that respondents may not be experiencing significant feelings of distress. Scores between 20 and 24 indicate that respondents may be experiencing mild levels of distress. Scores between 25 and 29 show that they may be experiencing moderate levels of distress. Respondents with scores between 30 and 50 may be suffering from severe levels of distress.

1654 respondents took the Kessler Scale in the survey. The general percentages and numbers of responses to different categories in all questions are presented below.

Question	None of the time		A little of the time		Some of the time		Most of the time		All of the time	
During the last 30 days, about how often did you feel tired out for no good reason?	3.33%	55	12.52%	207	28.78%	476	37.00%	612	18.38%	304
During the last 30 days, about how often did you feel nervous?	3.87%	64	18.86%	312	36.88%	610	30.47%	504	9.92%	164
During the last 30 days, about how often did you feel so nervous that nothing could calm you down?	28.05%	464	29.02%	480	28.96%	479	10.94%	181	3.02%	50
During the last 30 days, about how often did you feel hopeless?	17.71%	293	24.91%	412	29.56%	489	19.77%	327	8.04%	133
During the last 30 days, about how often did you feel restless or fidgety?	9.67%	160	25.21%	417	32.47%	537	24.18%	400	8.46%	140
During the last 30 days, about how often did you feel so restless you could not sit still?	32.77%	542	30.65%	507	23.34%	386	10.28%	170	2.96%	49
During the last 30 days, about how often did you feel depressed?	16.81%	278	22.01%	364	28.17%	466	21.52%	356	11.49%	190
During the last 30 days, about how often did you feel that everything was an effort?	9.98%	165	19.65%	325	26.12%	432	27.75%	459	16.51%	273
During the last 30 days, about how often did you feel so sad that nothing could cheer you up?	26.84%	444	27.87%	461	26.48%	438	14.15%	234	4.66%	77
During the last 30 days, about how often did you feel worthless?	28.36%	469	21.34%	353	22.49%	372	18.44%	305	9.37%	155

The graph below demonstrates that the majority of respondents reportedly felt that everything was an effort, restless or fidgety, nervous and tired out for no good reason, while a small portion of them felt so restless they could not sit still.

Kessler Psychological Distress Scale (K10)

Horizontal stacked bar chart showing responses to ten K10 questions. Legend (left to right): None of the time, A little of the time, Some of the time, Most of the time, All of the time. X-axis from 0% to 100%.

Questions (top to bottom):
- During the last 30 days, about how often did you feel worthless?
- During the last 30 days, about how often did you feel so sad that nothing could cheer you up?
- During the last 30 days, about how often did you feel that everything was an effort?
- During the last 30 days, about how often did you feel depressed?
- During the last 30 days, about how often did you feel so restless you could not sit still?
- During the last 30 days, about how often did you feel restless or fidgety?
- During the last 30 days, about how often did you feel hopeless?
- During the last 30 days, about how often did you feel so nervous that nothing could calm you down?
- During the last 30 days, about how often did you feel nervous?
- During the last 30 days, about how often did you feel tired out for no good reason?

Causes of Depression, Stress and Anxiety

Respondents were presented with some risk factors and were asked to indicate the extent these factors generally trigger their senses of depression, stress, anxiety, etc.

The first cause was "family issues and responsibilities". 1636 participants took part in this question. This factor was triggering for 23.3% of respondents' (n = 381) senses of depression, stress and anxiety to a great extent, while it was reported as somehow triggering for 34% (n = 568) of respondents, very little for 26.4 % of respondents (n = 432) and not triggering at all for 15.6% of participants (n = 255).

FAMILY ISSUES/RESPONSIBILITIES

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
23.29%	34.72%	26.41%	15.59%
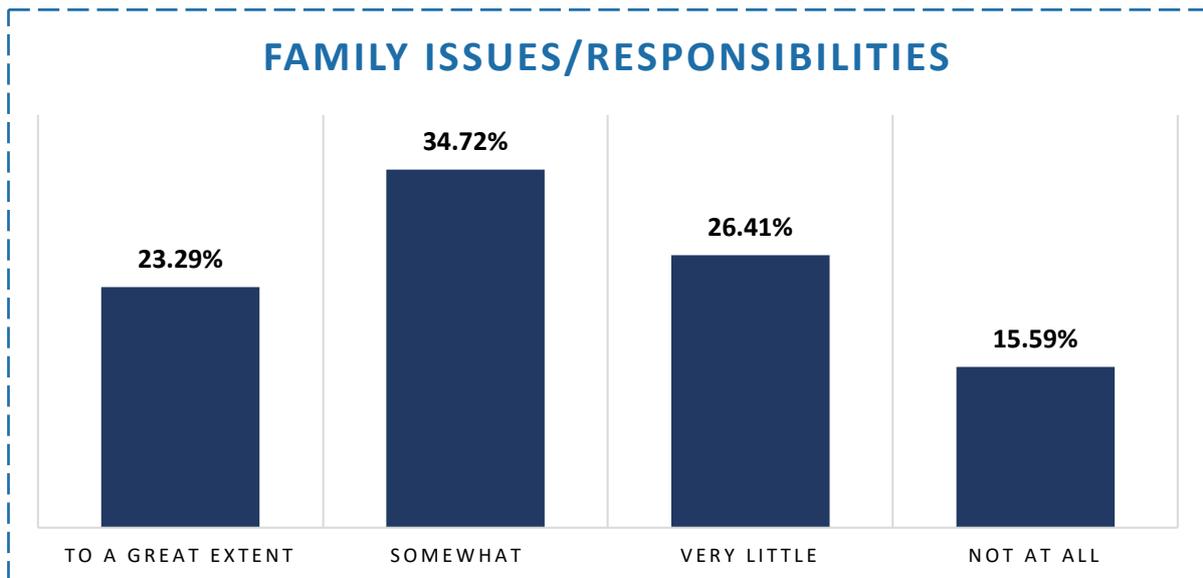
Regarding romantic relationships, while they were triggering to a great extent to 15.3% of respondents (n = 251) and somewhat triggering to 28.7% of them (n = 470), they were very little triggering to 28.9% (n = 472) and not at all triggering to 27% (n = 443) of all respondents (n = 1636) who took part in this question.

ROMANTIC RELATIONSHIP(S)

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
15.34%	28.73%	28.85%	27.08%
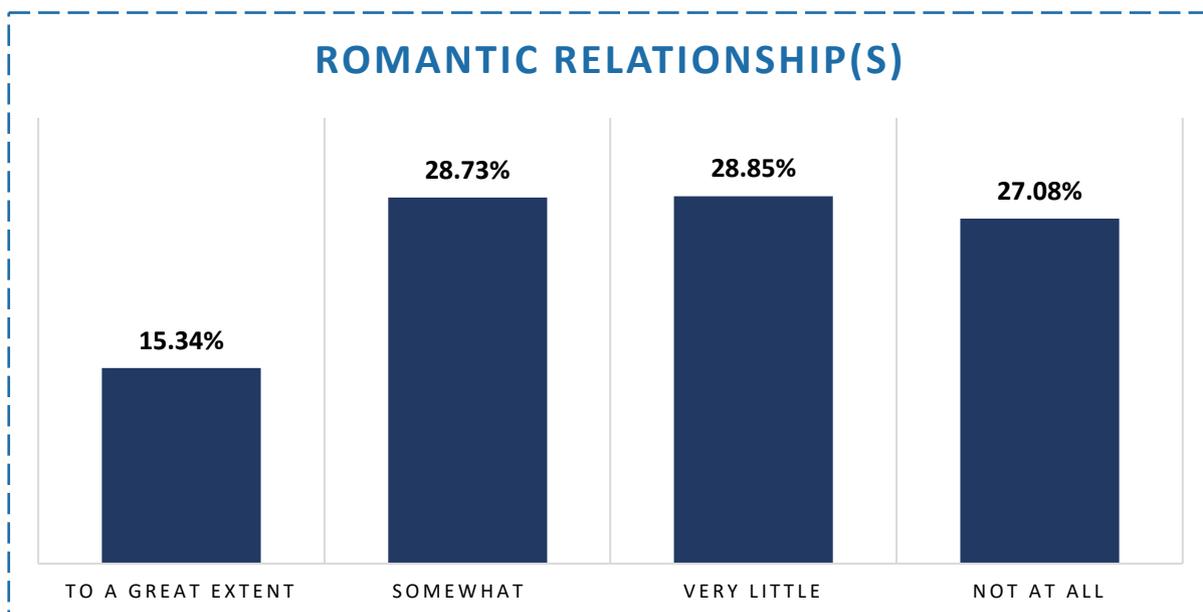
Friends/social circles were triggering to a great extent to 12.5% (*n* = 204) of all respondents to this question (*n* = 1636), while they were not triggering at all to 14.7% of them (*n* = 240). In addition, this factor was somewhat triggering to senses of distress to 36.9% of respondents (*n* = 603) and very little triggering to 36% of the participants (*n* = 589).

FRIENDS/SOCIAL CIRCLES

| TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
12.47%	36.86%	36.00%	14.67%
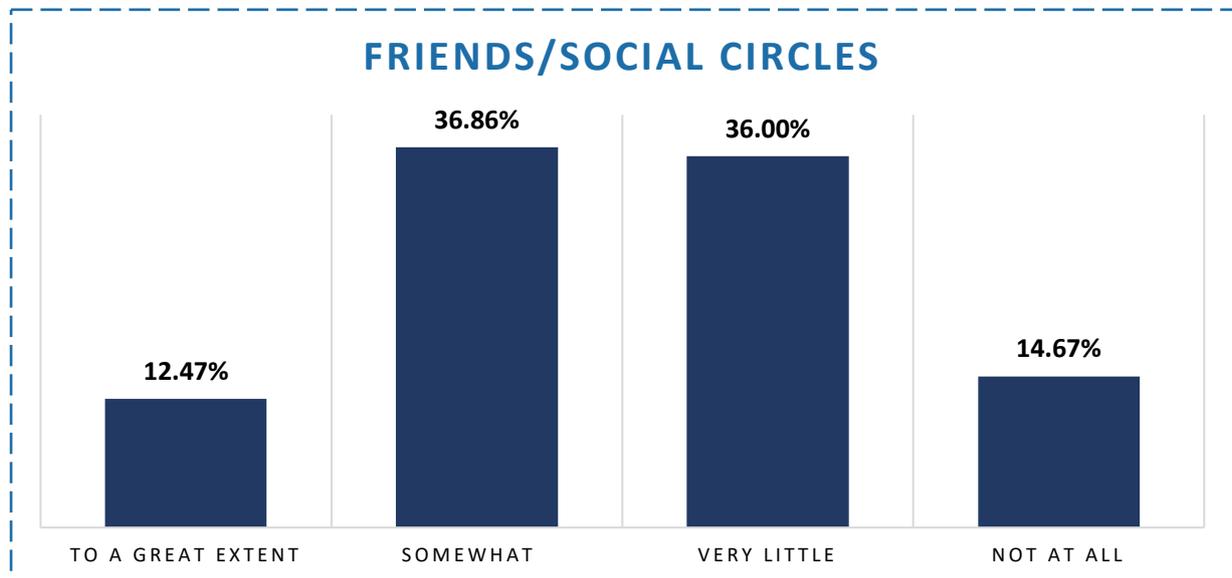
Adjusting and coping with university/student life was found to be triggering to 24.4% of respondents (*n* = 399) to a great extent. In addition, it was somewhat triggering to 41.9% of respondents (*n* = 685), whereas it was very little triggering to 24.6% of respondents (*n* = 402). Adjusting and coping with university and student life was not triggering senses of stress, depression and anxiety of 9.2% of respondents (*n* = 150) at all.

ADJUSTING/COPING WITH STUDENT LIFE

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
24.39%	41.87%	24.57%	9.17%
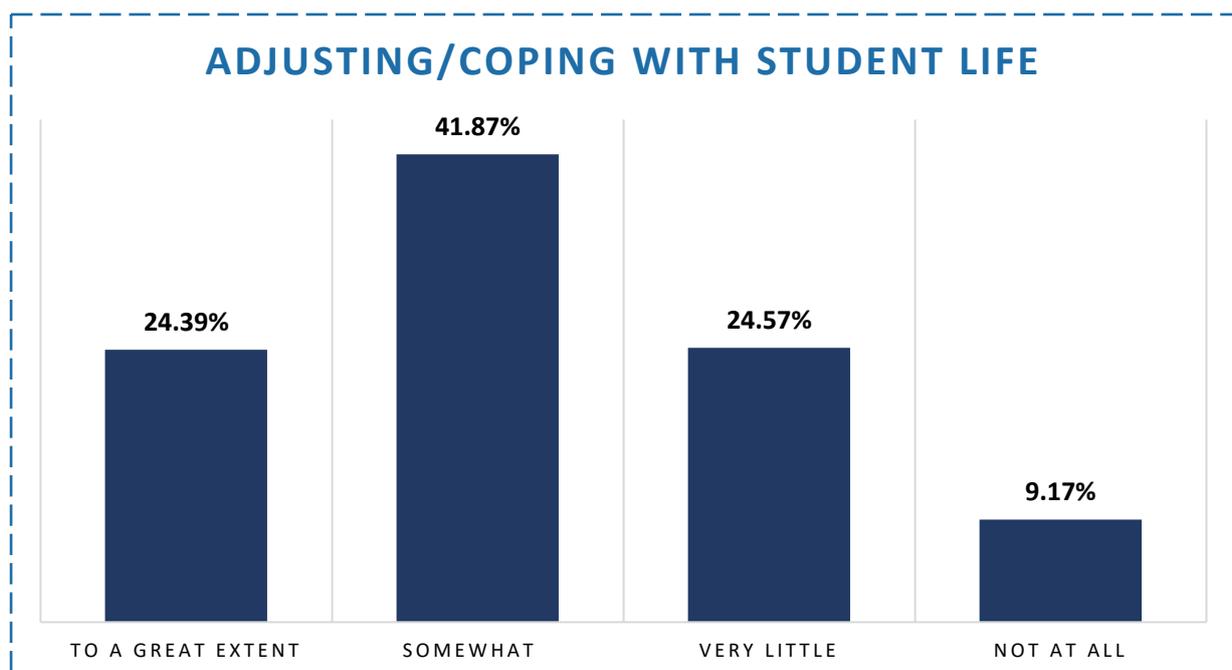
Academic anxiety/stress was reported as one of the most triggering causes of stress, depression and anxiety. While this factor is triggering to a great extent to more than half of respondents (51.3%, n = 840), it was not triggering at all to a small percentage of them (2.6%, n = 43). Additionally, academic anxiety and stress was reported as somewhat triggering to 36% of the participants (n = 591) and very little triggering to 9.9% of them (n = 162).

ACADEMIC ANXIETY

Category	Percentage
TO A GREAT EXTENT	51.34%
SOMEWHAT	36.12%
VERY LITTLE	9.90%
NOT AT ALL	2.63%
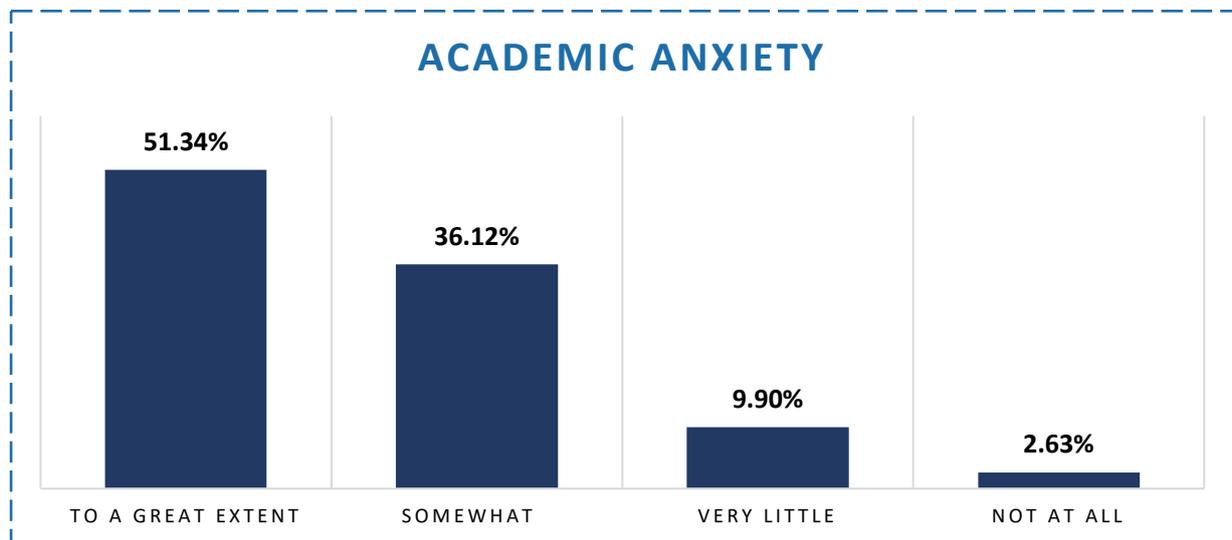
Financial difficulties were found to be triggering to a great extent to less than a quarter of respondents (28.5%, n = 466) as well as somewhat triggering to 35.8% of them (n = 585). This factor was reportedly very little triggering to 24.1% of participants (n = 395) and not triggering at all to 11.6% of them (n = 190).

FINANCIAL DIFFICULTIES

Category	Percentage
TO A GREAT EXTENT	28.48%
SOMEWHAT	35.76%
VERY LITTLE	24.14%
NOT AT ALL	11.61%
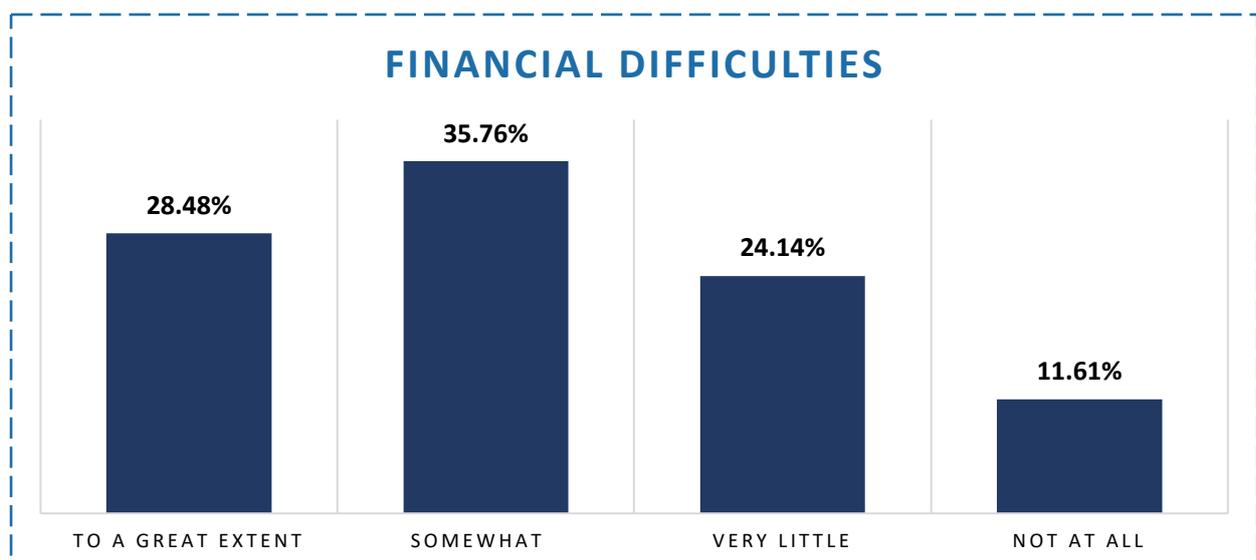
Cost of education (i.e. tuition fees) was shown to be triggering to a great extent to 23.7% of respondents (n = 388), while it was not triggering at all to 19.6% of them (n = 320). In addition, it was found to be somewhat triggering to 30.3% of respondents (n = 496) compared to 26.4% of them who reported this factor as very little triggering (n = 432).

COST OF EDUCATION (I.E. TUITION FEES)

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
23.72%	30.32%	26.41%	19.56%
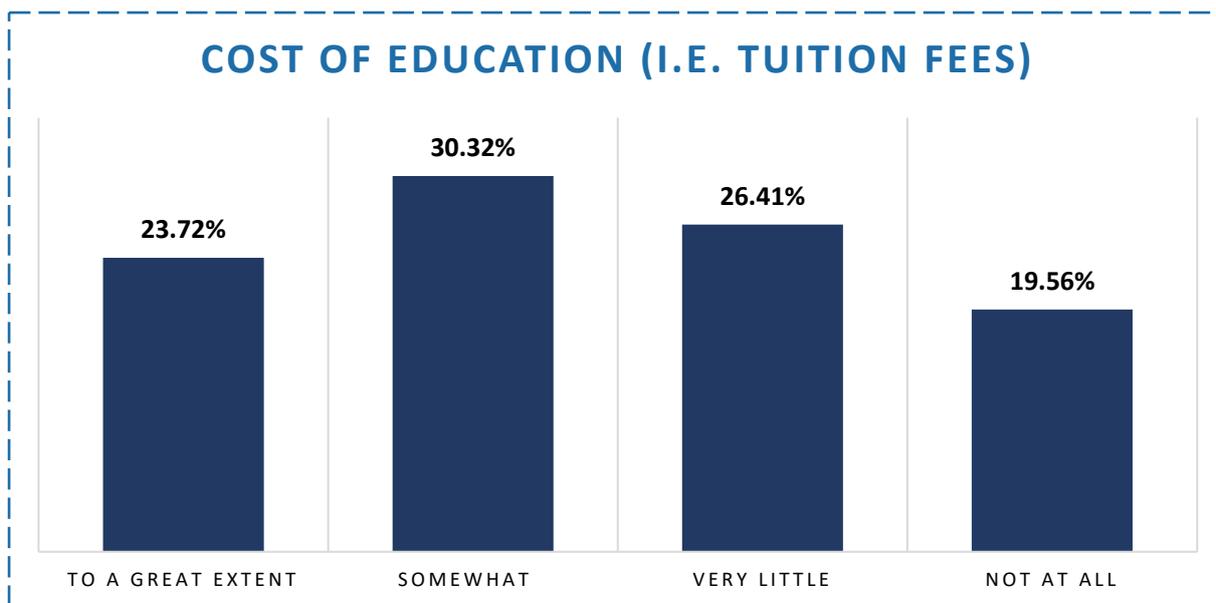
Regarding finding a job, more than a quarter of respondents (31.2%, n = 511) reportedly found it triggering their senses of stress, depression and anxiety to a great extent. On the contrary, 17.4% of respondents reported that it was not triggering at all to them (n = 284). Additionally, this factor was found to be somewhat triggering to 33% of respondents (n = 541) as well as very little triggering to 18.3% of them (n = 300).

BEING WORRIED ABOUT FINDING A JOB

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
31.23%	33.07%	18.34%	17.36%
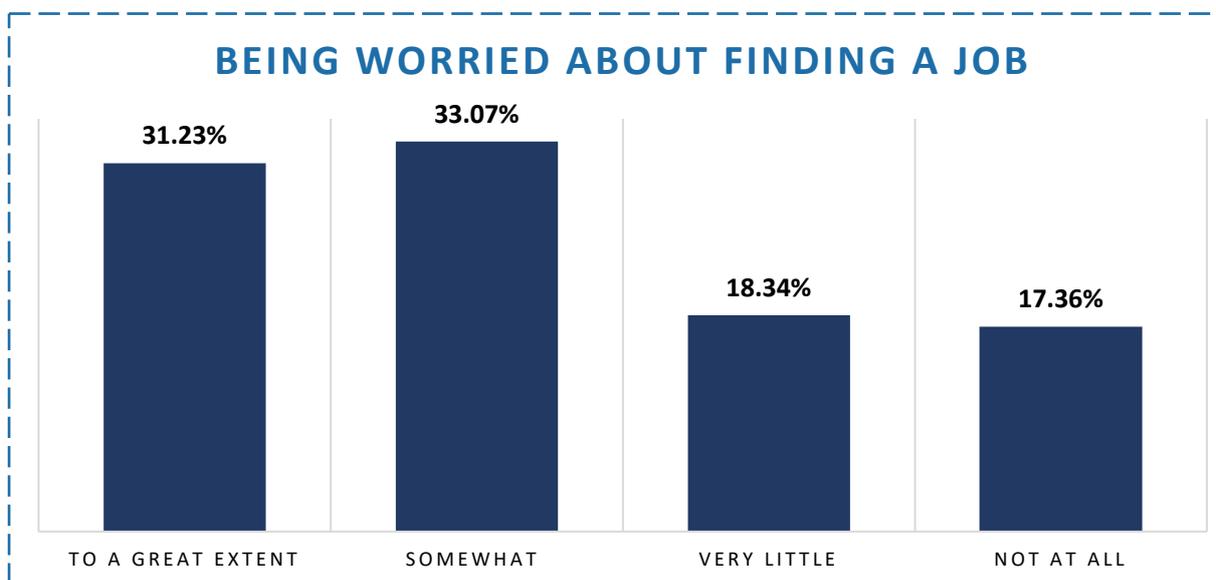
As mentioned earlier, of 1762 respondents, 275 of them reported having a disability or disabilities compared to 1487 participating students who did not consider themselves having a disability. When asked how triggering it is to have a disability, of 1636 respondents who took part in this question, only 5% of them reported it as triggering their senses of stress, depression and anxiety to a great extent (n = 81). In addition, 7.7% of them (n = 126) found this somewhat triggering. To the majority of respondents (more likely with no disability) (71.3%, n = 1166), this factor was not triggering at all and to 16.6% of them (n = 263), it was reportedly very little triggering.

PHYSICAL DIABILITIES
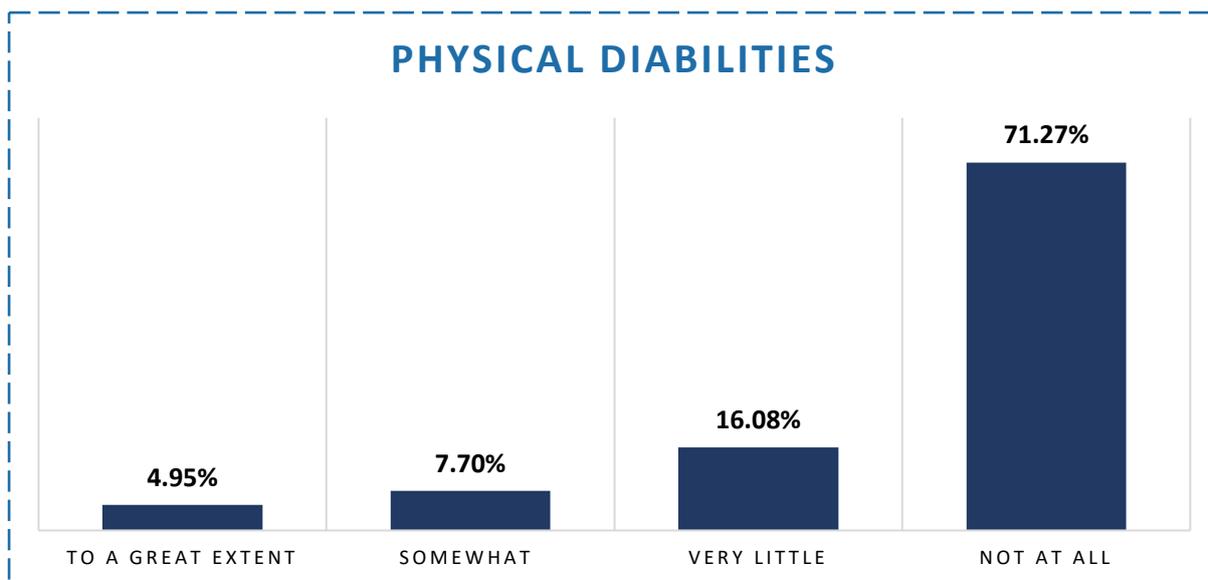
Physical illness(es) were reported as triggering to a great extent to 8.9% of respondent (*n* = 145), while it was not triggering at all to the majority of respondents (43.2%, *n* = 706). Additionally, it was somewhat triggering to 19.9% of respondents (*n* = 326) as well as very little triggering to 28% of them (*n* = 459).

PHYSICAL ILLNESS
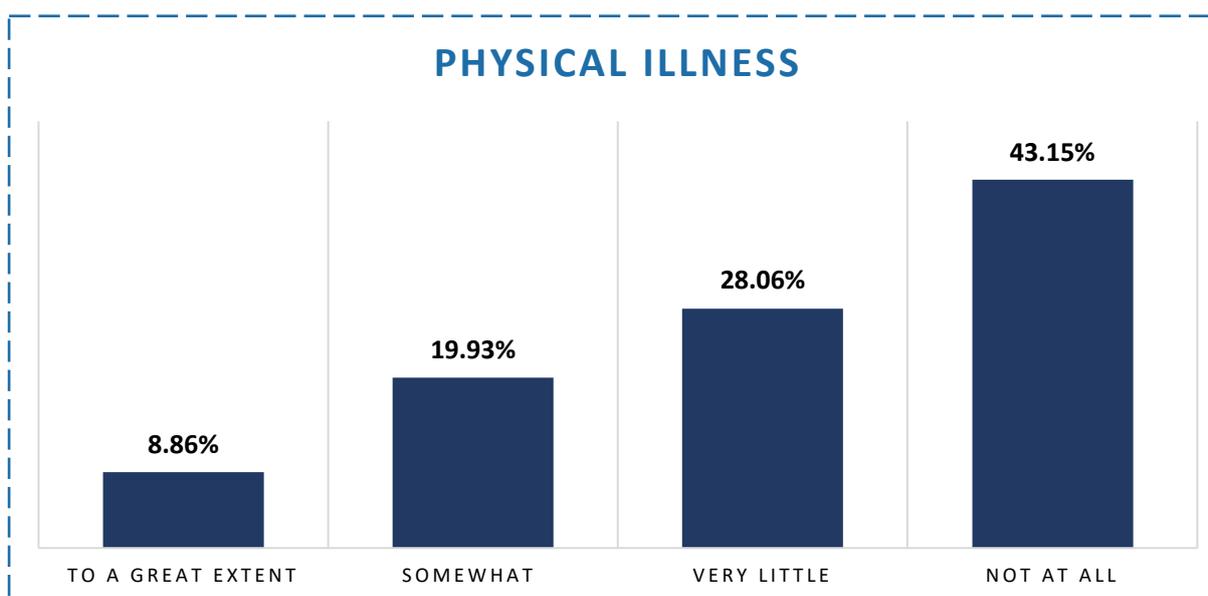
The survey asked respondents how triggering is others' perception or response to their gender identity. As noted, of 1762 respondents, there were 53 (14.8%) who considered themselves as gender minority (e.g. Trans, Genderqueer, Agender, Takatāpui, Fa'afafine). Of 1636 respondents who took part in this question, 51 of them (3.1%) reported other's perception or response to their gender identity was triggering to a great extent. 138 of them (8.4%) reported it as somewhat triggering and 202 participants (12.4%) mentioned it as very little triggering. To 1245 of respondents (76.1%), others' perception and response to their gender was not triggering at all.

OTHERS' PERCEPTION OR RESPONSE TO GENDER IDENTITY
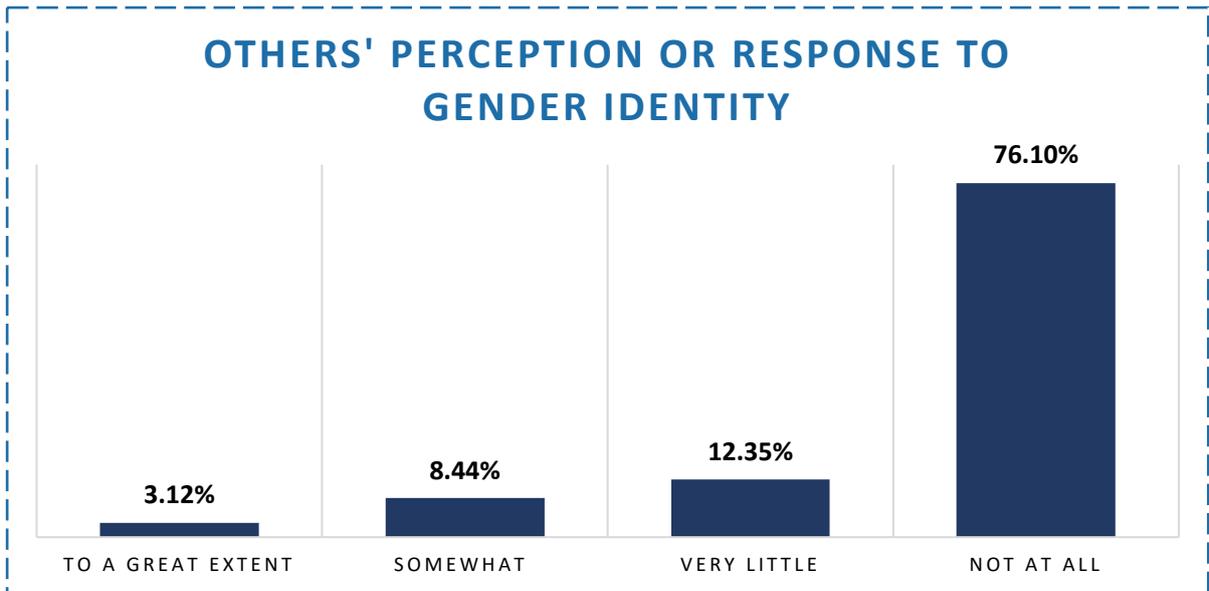
As mentioned before, of 1762 respondents, 694 (37.9%) identified themselves as minority sexuality groups. Regarding other's perception or response to sexuality, 75 respondents (4.6%) reported it as triggering to a great extent. In addition, 187 respondents (11.4%) reportedly found it somehow triggering, while 251 of them (15.3%) mentioned it is very little triggering. On the other hand, the majority of respondents (68.6%) reportedly believed others' perception or response to their gender identity was not triggering at all.

OTHERS' PERCEPTION OR REPONSE TO SEXUAL ORIENTATION
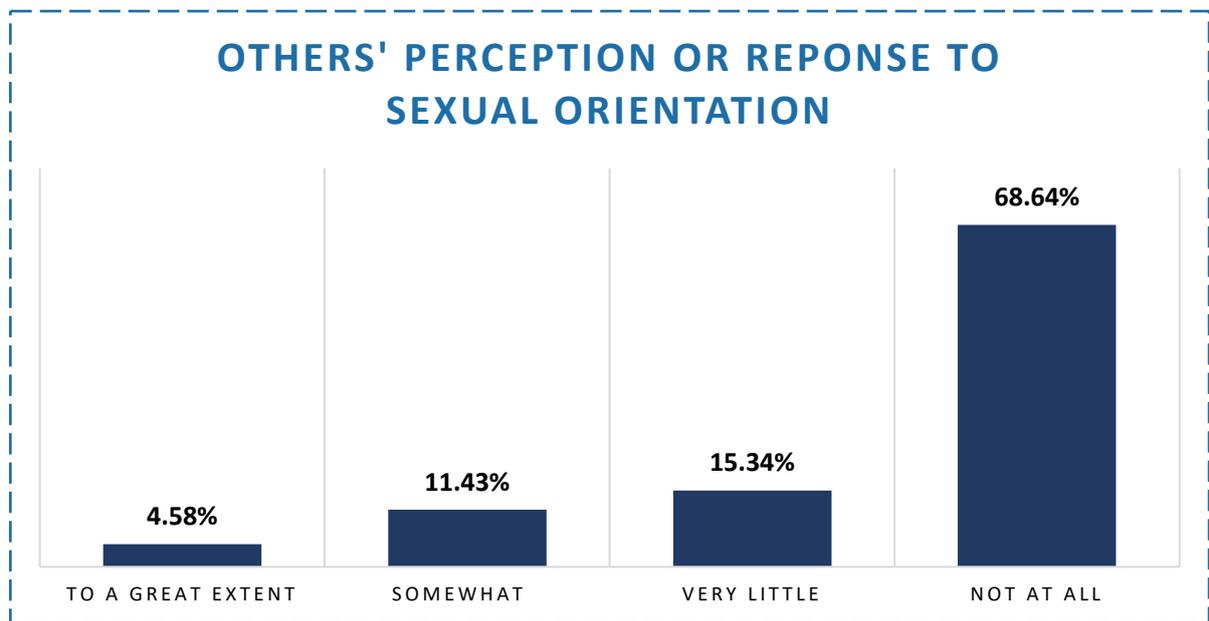
Respondents were asked how triggering their experiences of sexual assault and harassment were (if they had any). Of 1636 participants in this question, more than 10% (*n* = 165) of them mentioned they were triggering to a great extent, while to 975 of them (58.5%) they were not triggering at all. Furthermore, 223 respondents and 291 of them (17.8%) reported them as somewhat triggering and very little triggering respectively.

EXPERIENCES OF SEXUAL ASSAULT AND HARRASMENT

10.09% — TO A GREAT EXTENT
13.63% — SOMEWHAT
17.79% — VERY LITTLE
58.50% — NOT AT ALL
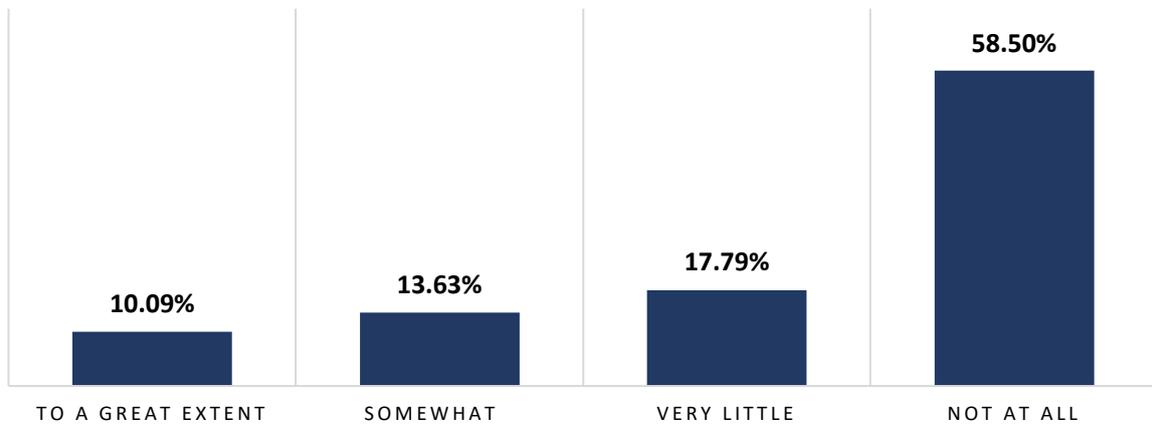
Eating habits were triggering to a great extent for less than a quarter of respondents (23.8%, *n* = 390). While the majority of respondents (33.8%, *n* = 553) reportedly found it somehow triggering, 389 of them (23.8%) mentioned that they were very little triggering. To 304 participants (18.6%), eating habits were not triggering at all.

EATING HABITS

23.84% — TO A GREAT EXTENT
33.80% — SOMEWHAT
23.78% — VERY LITTLE
18.58% — NOT AT ALL
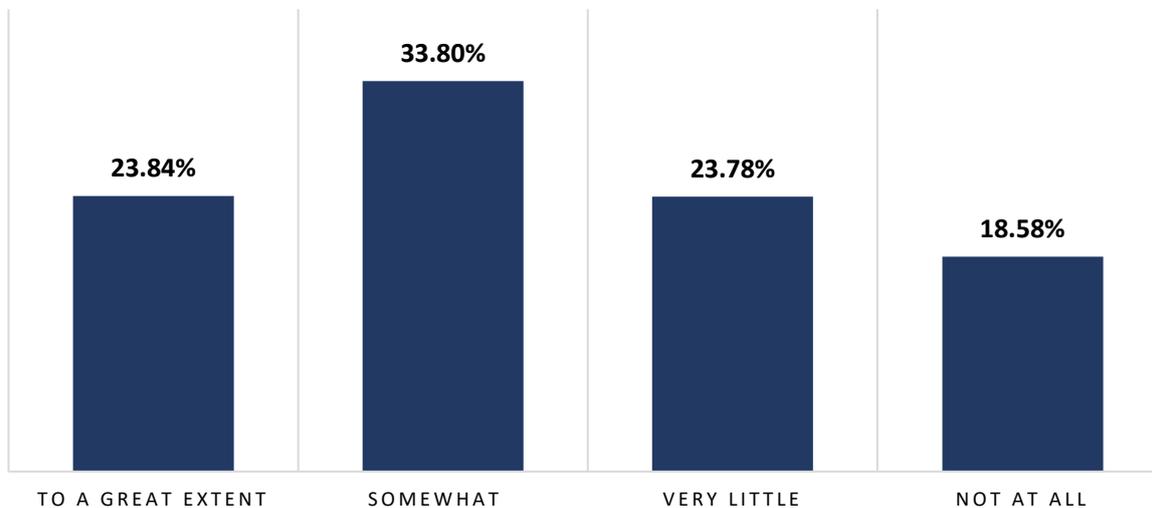
As mentioned earlier, 70 respondents (4.1%) reported having alcoholic drinks 4 or more times a week, 124 of participants (8.5%) had more than 10 drinks on a typical day when they had alcohol and 74 of them (5%) failed monthly doing what they were normally expected to do because of alcohol. Respondents were asked how triggering their alcohol consumption was. Of 1636 respondents, it was triggering to a great extent to 50 of them (3%) and somewhat triggering to 183 of them (11.2%). On the other hand, alcohol consumption was reportedly very little triggering to 417 respondents (25.5%), while it was not triggering at all to 986 participants (60.3%).

ALCOHOL CONSUMPTION

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
3.06%	11.19%	25.49%	60.27%
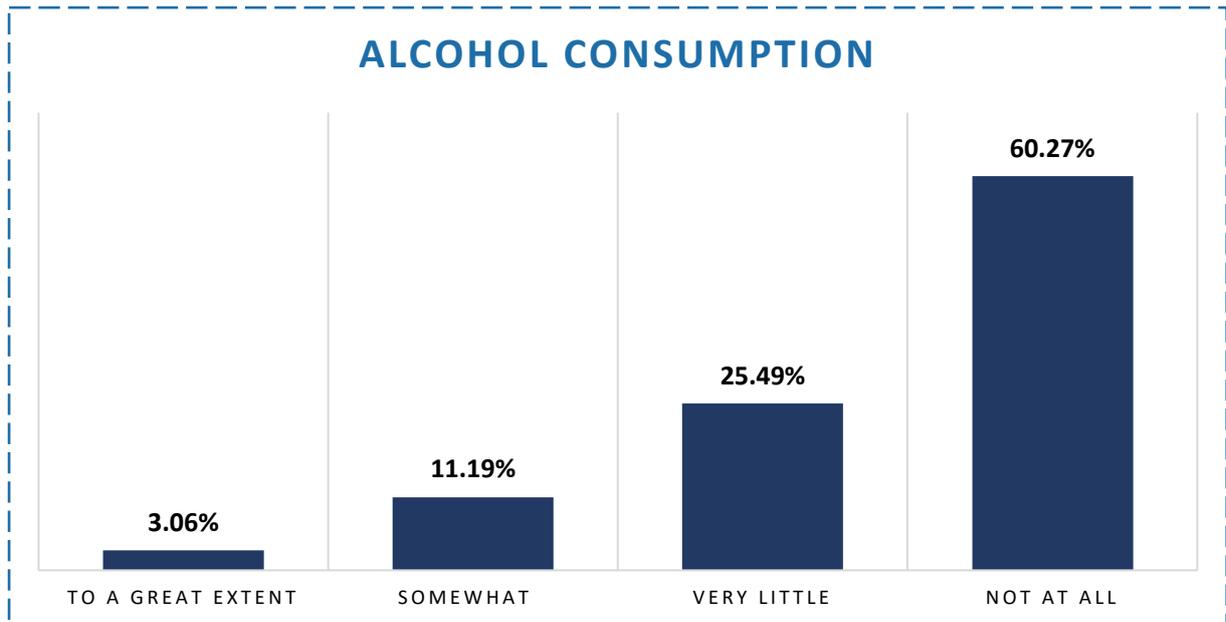
Drug use was reportedly triggering to a great extent to 16 respondents (0.9%), although it was not triggering at all to the majority of participants (84.7%, *n* = 1386). In addition, 159 participants (9.7%) mentioned it was very little triggering and 75 respondents (4.6%) reported it was somewhat triggering for their senses of depression, stress and anxiety.

DRUG USE

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
0.98%	4.58%	9.72%	84.72%
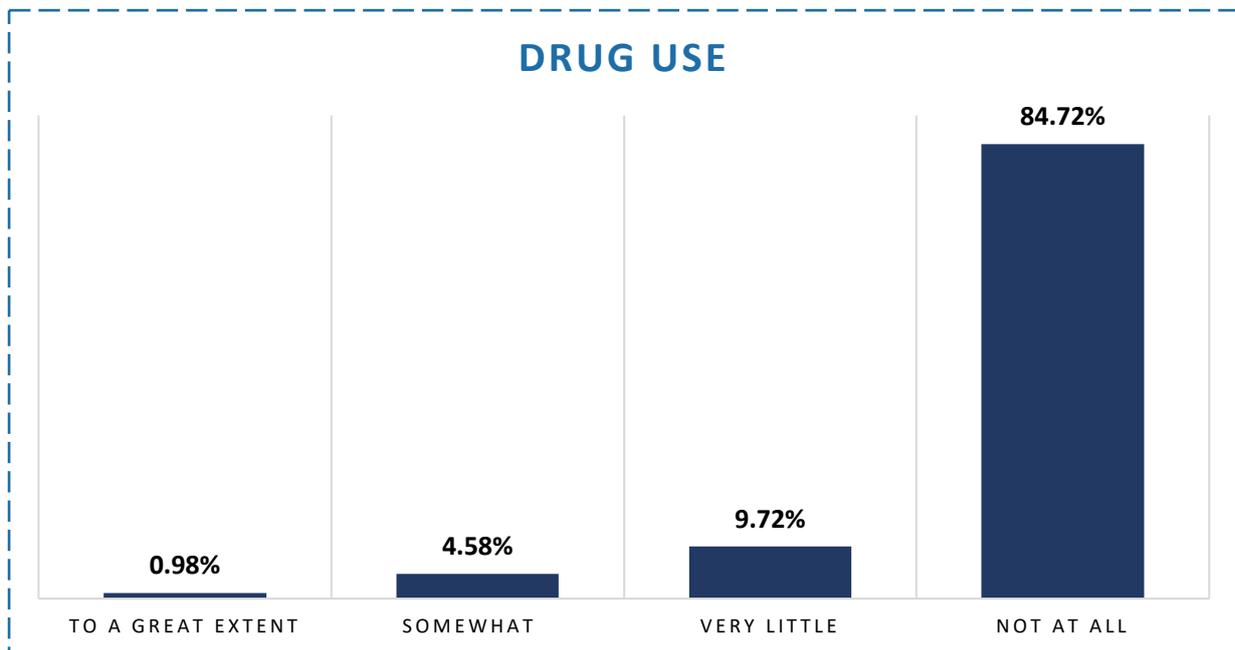
The survey asked respondents how triggering social media (such as Facebook, Twitter and Chat Rooms) was to them. 109 respondents (6.7%) mentioned it was triggering to their senses of depression, stress and anxiety to a great extent. While it was somewhat triggering to 386 participants (23.6%), 593 respondents (36.3%) mentioned social media was very little triggering to them. Additionally, it was not triggering at all to 548 participants (33.5%).

SOCIAL MEDIA

6.66%	23.59%	36.25%	33.50%
TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
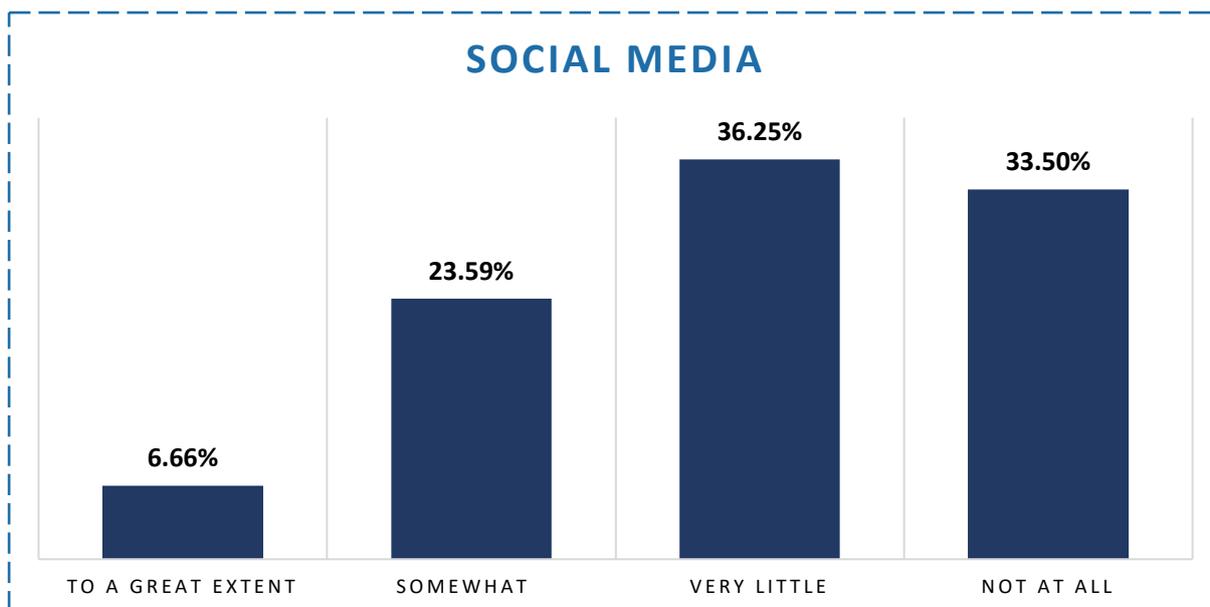
Regarding internet use (e.g. news, online shipping, gaming, etc.), the majority of respondents (45.8%, *n* = 747) reported it was not triggering at all. On the contrary, 71 participants (4.3%) reportedly found it triggering to a great extent. While to 324 respondents (19.8%), internet use was somehow triggering, it was found to be very little triggering to 492 participants (30%).

INTERNET USE

4.34%	19.80%	30.07%	45.78%
TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
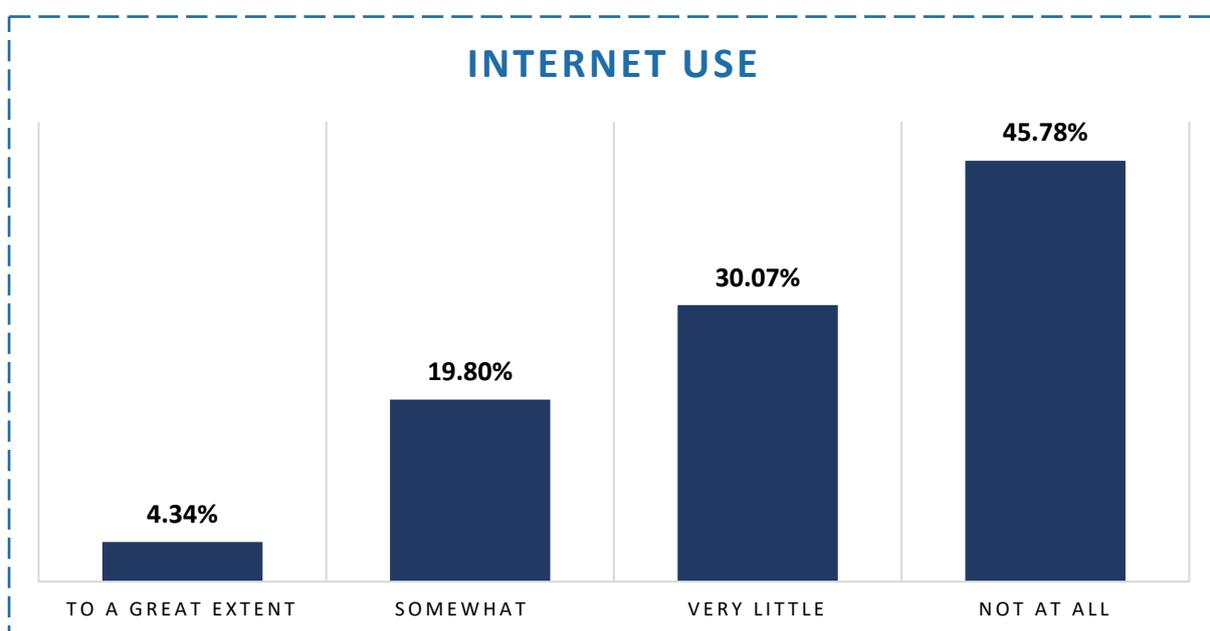
Feeling of loneliness was found as one of the most triggering factors to the participating students. Nearly one third of respondents (29.2%, *n* = 478) reported it triggering their senses of depression, stress and anxiety to a great extent. Furthermore, the majority of participants (35.3%, *n* = 578) mentioned this feeling was somehow triggering and 352 participants reportedly found it very little triggering. On the other hand, to 228 of respondents (13.9%), it was not triggering at all.

FEELING OF LONELINESS

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
29.22%	35.33%	21.52%	13.94%
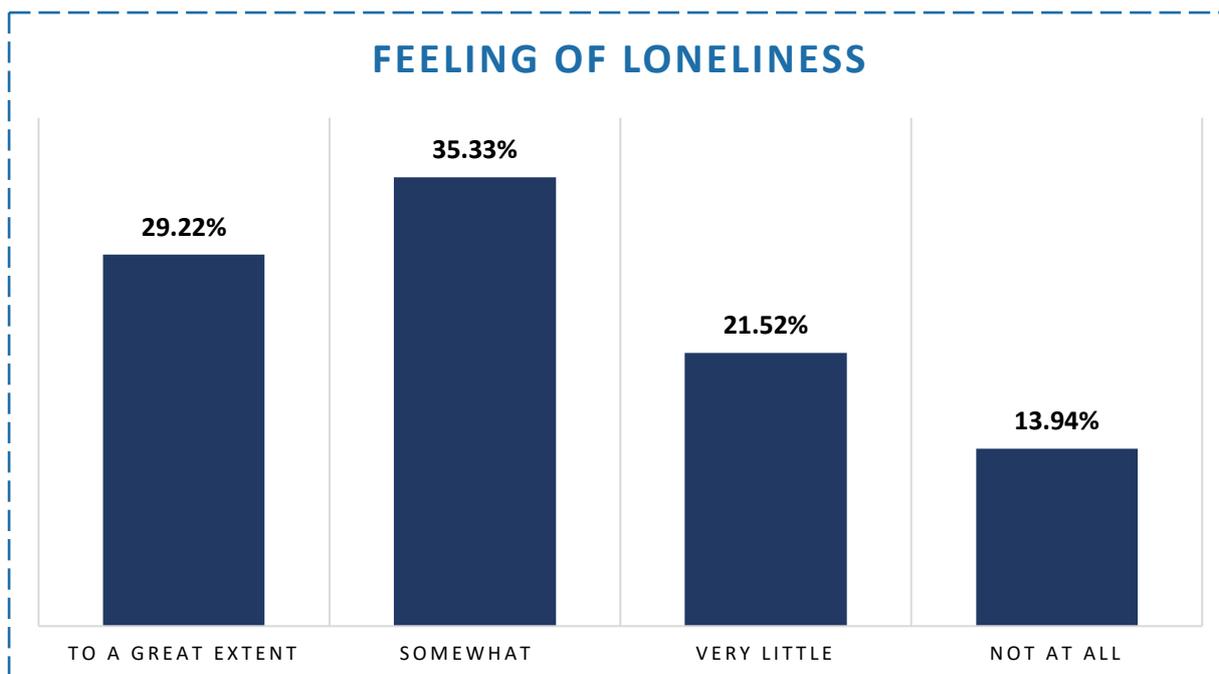
Death of loved ones was found to be triggering to a great extent to 298 respondents (18.2%). 337 respondents reported that it is somehow triggering their sense of depression, stress and anxiety, while to 298 of them (18.2%), it was very little triggering. Death of loved ones was not triggering at all to the majority of respondents (43%, *n* = 703).

DEATH OF LOVED ONES

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
18.22%	20.60%	18.22%	42.97%
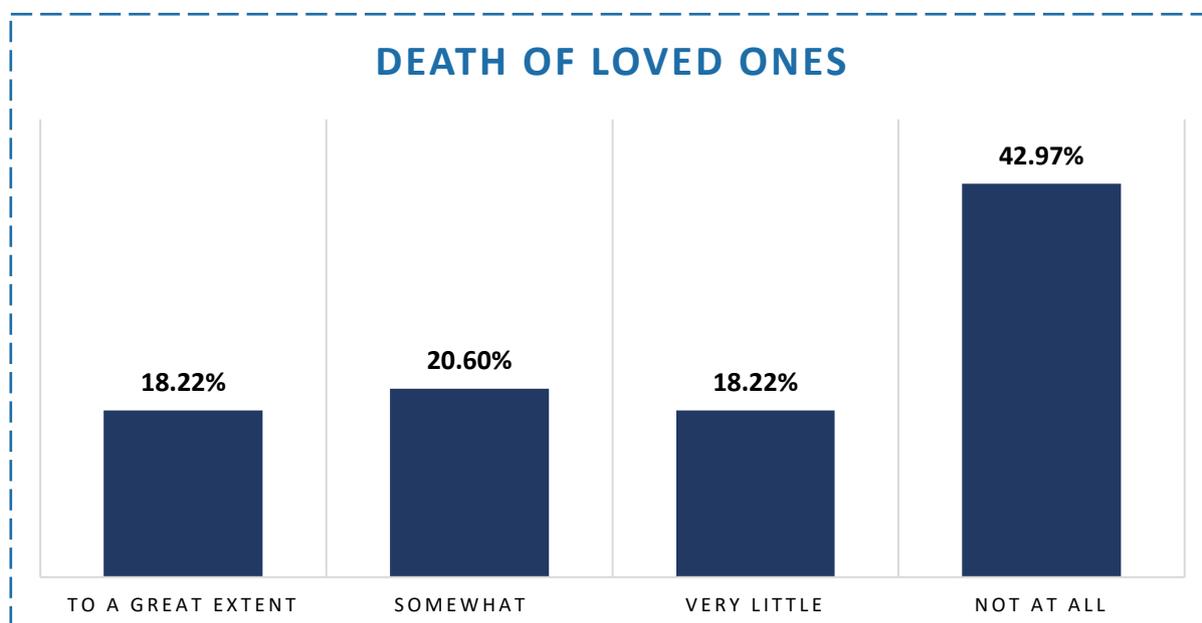
Being away from family and their support network was somehow triggering for more than a third of respondents (31.8%, *n* = 520). While it was triggering to a great extent to 262 of respondents (16.1%), 444 of them (27.1%) mentioned that it was not at all triggering their senses of depression, stress and anxiety. In addition, it was found to be very little triggering to 408 participants (24.9%).

BEING AWAY FROM FAMILY/SUPPORT NETWORK
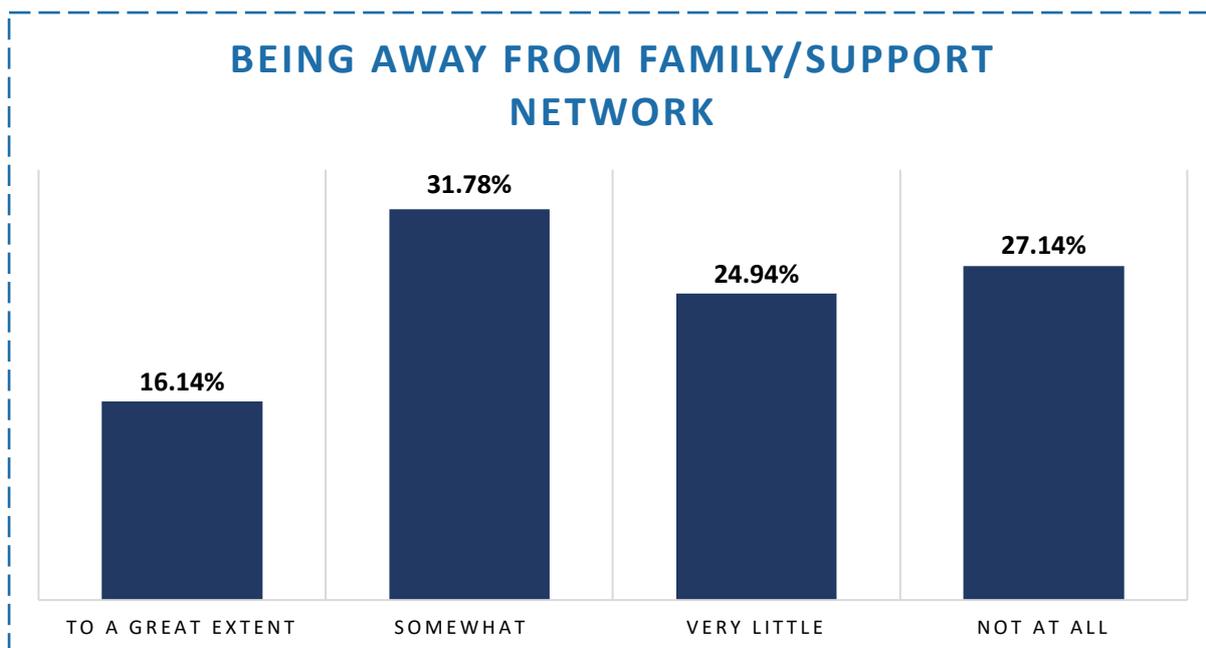
Some studies on international students (i.e. non-English speaking students) found that language barriers can trigger their senses of depression, stress and anxiety.[12] Drawing on these studies, the survey asked respondents how triggering language barriers were to them. While language barriers were to a great extent triggering to 25 respondents (1.5%), they were reportedly not triggering at all to 1361 participants (83.3%). Language barriers were somewhat triggering to 64 respondents (3.9%) and very little triggering to 184 participants (11.3%).

LANGUAGE BARRIERS

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[12] https://www.nottingham.ac.uk/studentservices/documents/investigation-into-the-mental-health-support--needs-of-international-students-with-particular-reference-to-chinese-and-malaysian-students.pdf
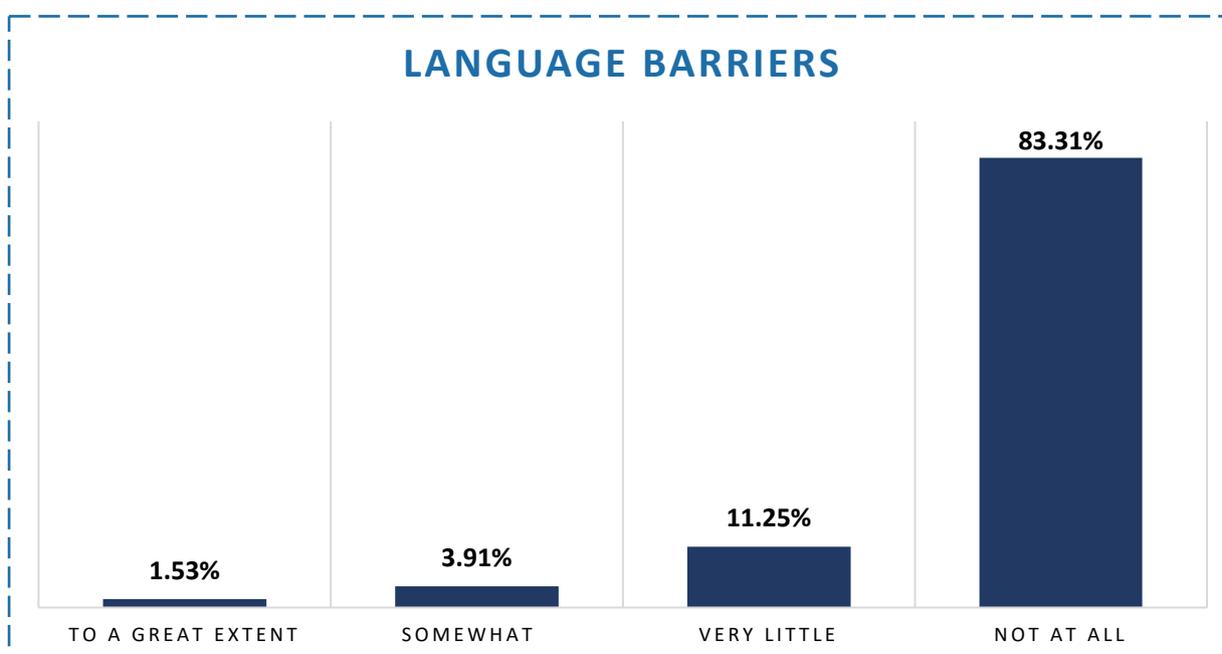
In order to know how triggering language barriers were in international students, international students' responses to this question were analysed separately. Of the 1738 respondents who took part in the survey, 87 were international students (5%), 7 of whom (8.8%) reported language barriers were triggering to a great extent, 13 (16.4%) mentioned they were somewhat triggering. To 17 of them (21.5%), language barriers were very little triggering and to 42 of them (53.1%) they were not triggering at all.

LANGUAGE BARRIERS IN INTERNATIONAL STUDENTS

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
8.80%	16.40%	21.50%	53.10%
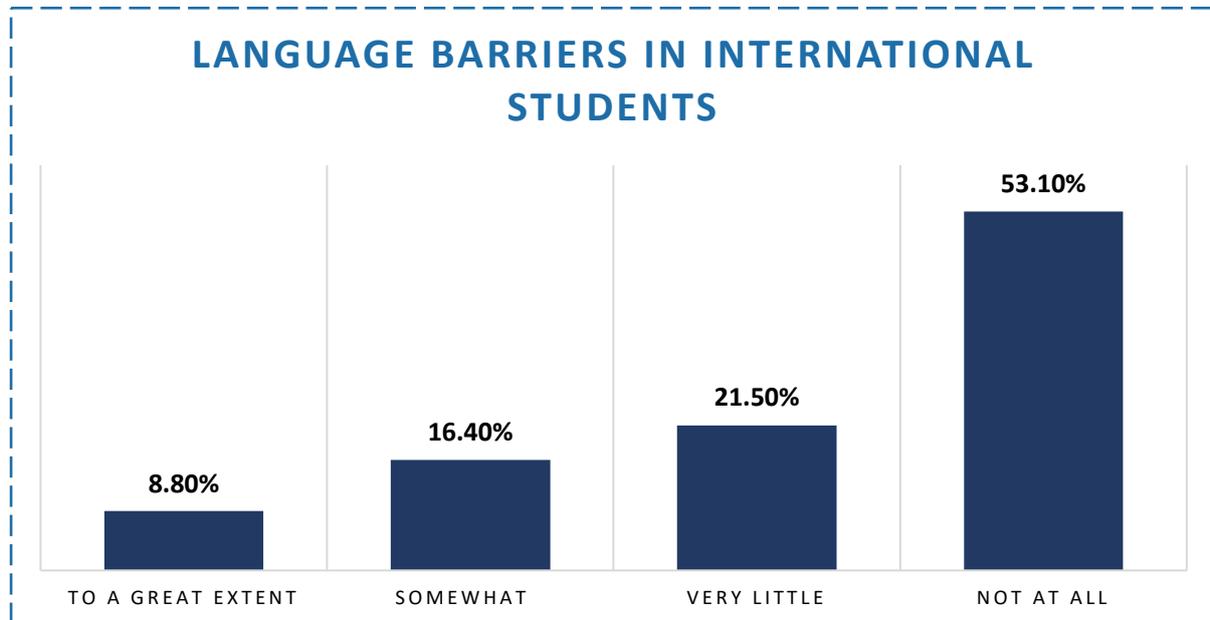
Cultural disconnection was found to be triggering to a great extent to 71 participants (4.3%), while it was not triggering at all to 1085 respondents (66.3%). In addition, to 199 participating students (12.2%), it was somehow triggering and to 281 of them (17.2%) cultural disconnection was found to be very little triggering.

CUTURAL DISCONNECTION

TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
4.34%	12.16%	17.18%	66.32%
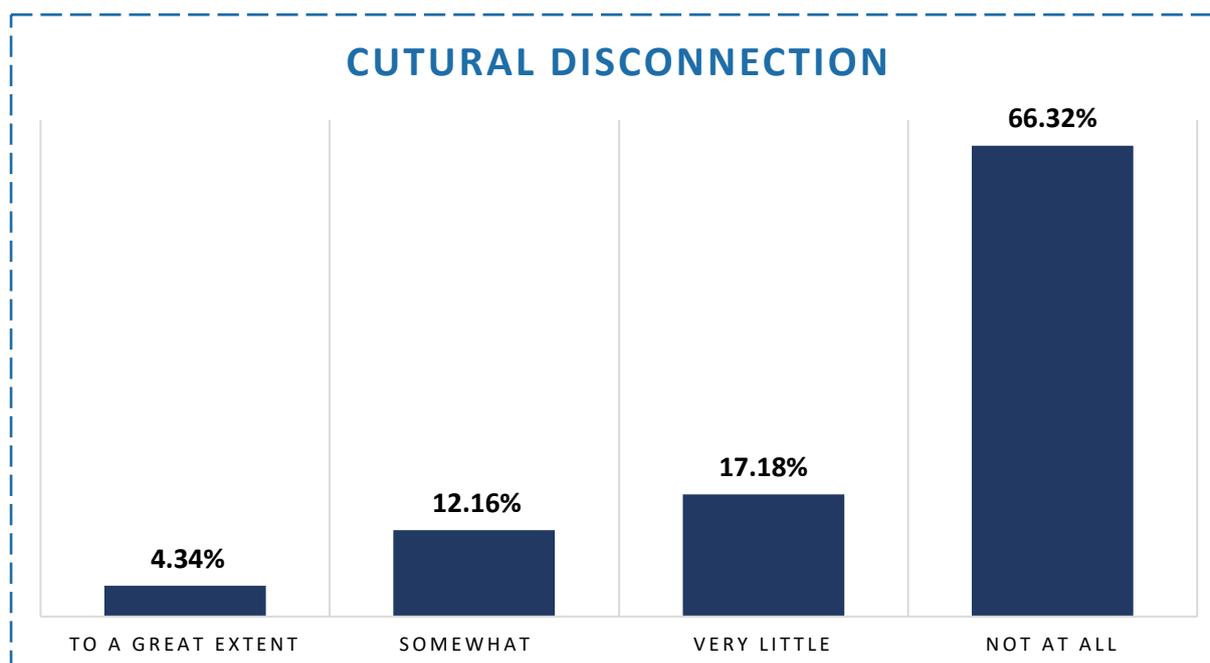
Regarding Māori respondents (*n* = 202), cultural disconnection was to a great extent triggering to 22 of them (10.8%) and somewhat triggering to 50 of them (24.7%). Additionally, cultural disconnection was very little triggering to 44 Māori respondents (21.7%) and not triggering at all to the majority of them (42.5%, *n* = 86).

CUTURAL DISCONNECTION IN MĀORI STUDENTS

			42.50%
	24.70%	21.70%	
10.80%			
TO A GREAT EXTENT	SOMEWHAT	VERY LITTLE	NOT AT ALL
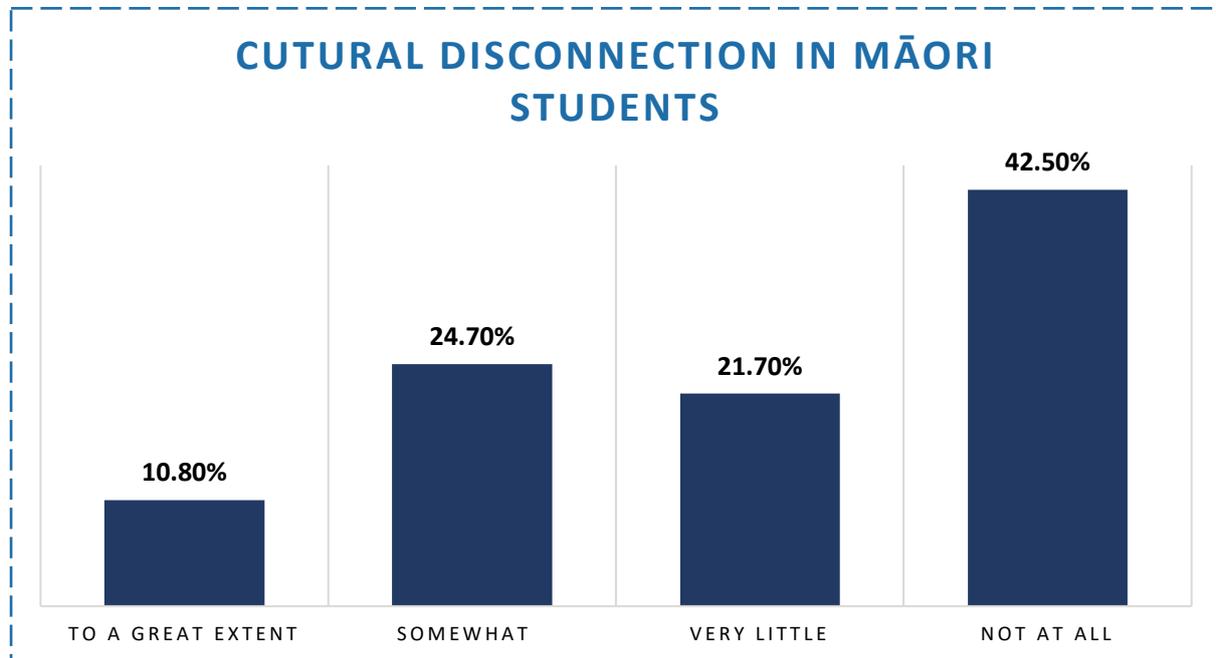
Different factors and the extent they are triggering respondents' senses of depression, stress and anxiety can be viewed in the following figure.

Triggering causes of depression, stress and anxiety

Categories (top to bottom):
- Cutural disconnection
- Language barriers
- Being away from family/support network
- Death of loved ones
- Feeling of loneliness
- Internet use
- Social media
- Drug use
- Acohol consumption
- Eating habits
- Experiences of sexual assault and harrasment
- Other's perception to sexuality
- Other's perception to gender
- Physical illness
- Physical diabilities
- Being worried about finding a job
- Cost of education (i.e. tuition fees)
- Financial difficulties
- Academic anxiety
- Adjusting/Coping with students life
- Friends/social circles
- Romantic relationship(s)
- Family issues/responcilities

Legend: ■ To a great extent ■ Somewhat ■ Very little ■ Not at all

Lastly, the survey asked respondents to mention any other causes and the extent those causes trigger their senses of depression, stress and anxiety. 218 of respondents added triggering factors. These responses could be clustered in the following main groups; tertiary education, mental and physical illnesses, jobs and financial issues, family and friends. It should be mentioned that there is some overlap between groups in some comments.

Tertiary Education

- "Pressure in law school to learn a wide and large range of complicated material when it's hard enough to be happy and aware of myself outside of law school. I feel like law is very difficult to study if you don't know who you are. The academic stress makes me question everything I do. e.g., 'I should be studying right now' or 'I should be doing something that makes me happy'"
- "My academic supervisors - to a great extent"
- "A PhD isn't normal "academic stress". It involves a constant dark hanging over you, with questions about your capabilities that go unanswered for at least three years."
- "Uni work lol"
- "Education in general and wondering if being a tertiary student is worth all my years of investment."
- "staff at institute and their lack of concern to areas lacking in delivery of courses
- "I worry whether I can study Year 3."
- "Exhaustion / over tiredness from trying to achieve studies and maintain balance social life - great extent"
- "Nursing placement pressure"
- "The pointlessness of work /study"
- "Thinking about all this, but in relation to university staff and how much of this they must share with students. Staff cuts, short term contracts, hearing about student issues, being a part of the neoliberal university, etc."
- "Applications for postgrad study"
- "Lecturers saying I can't do my work like they don't believe in me"
- "Apathy towards school work causes me a great extent of anxiety and stress"
- "My study stress exasperated this as I felt uncomfortable/unsure about what universities policies are around mental illness and as I have faced many hurdles this term I have found it very stressful to battle my mental health and maintain the grades I know I can achieve"
- "Lecturers failure to consider some of the above stressors when dealing with you"
- "Financial uncertainty due to WINZ and Studylink having unclear guidelines and sending unexpected letters. Especially WINZ who treat people on the benefit or who need financial assistance as if we are not human being but an annoyance, Lack of transparency and fairness cause me to be stressed. Also, only having 120 weeks of student allowance because I am over 40 causes me to feel anxious as I would really like to complete a master's after my bachelor degree but by that

stage I will have used up my 120 weeks of student allowance. This means I will not be able to apply for the 2 year clinical post grad study or a master in Forensic Psychology which is my dream. I will also not be able to do them working full time as a single mother as they require full time study. This is the main cause of my stress."

- "Structural changes in the university causing a number of staff cuts and disrupting experiences of postgraduate study; university renovations and construction work right next to where my office is"
- "Lack of structure within university life"
- "Stress and failure of life in general not just Uni, but work and living on top of that too"

Mental and Physical Illnesses

- "The fact that my brain is broken and doesn't produce the right amounts of the right chemicals, so I end up either having panic attacks or being completely depersonalised for days. Also earthquake trauma (thanks chch [Christchurch] quakes)"
- "Managing ongoing issues with a mental illness"
- "Mental health to a great extent"
- "I have OCD"
- "Hormonal changes stemming from changes in medication; cancer in loved one; friends' mental health"
- "Anger and hopelessness at terrible conditions for students...like student health being shit, being over assessed..."
- "Main cause is my physical injury/disability and when/if it will get better!
- "Hormones; to a great extent"
- "Post traumatic stress disorder and depression from car accident and physical injuries from that becoming an issue. to a great extent stress, depression anxiety. volunteer fire fighter some anxiety very little."
- "Depression, eating disorders and sexual assault of friends (not myself) stress me to a great extent"
- "Imposter Syndrome - feeling inadequate despite grades telling me otherwise supporting friends through THEIR depression and anxiety"
- "I have PTSD following a sexual assault in Jan this year which occurred within a church context, therefore there is a lot of anxiety as the guy then started to attend my church, I fear and am anxious most of the time as a result specifically around church guys and the guy involved."
- "I suffer from seasonal affective disorder, and can also experience depression as a result of working long hours in rooms without windows. I also suffer from IBS, so while my diet causes me some stress, it is not related to my self image, rather it is related to my physical health."
- "Ptsd"
- "Past issues with stress/past episodes of great stress and fear they will come again"

- "Earthquakes - I was in Chch for the 2010 & 2011 quakes + the Kaikoura quake. I'm only just learning to deal with the PTSD from them. I get extremely stressed in weird situations now, if it reminds me of earthquakes."
- "Past trauma"
- "Not being in control, not feeling good enough"
- "Depression - to a great extent."
- "Living across from the love of my life and failing to encourage them to love me back because I have crippling social anxiety"
- "Bipolar II cycling"
- "Having bipolar disorder"
- "All my children have or have had serious and chronic illnesses. When they are really unwell I feel anxious/depressed most of the time."
- "Mental illness and autism"
- "Diagnosed with bipolar disorder in first year of study"
- "Being physically unhealthy leads me to experience more anxiety and depression (unhealthy eating habits, being too sedentary and not sleeping enough). Also focusing on negative past experiences."
- "Doing trauma work in therapy for Complex PTSD"
- "Dyslexia"
- "Pain - to a great extent"
- "Stopping anti-depressants? Suicidal tendencies are not fun"
- "Eating disorder in which wait list for help is 6-9 months - feel anxious every day that I'm getting worse and worse"

Jobs and Financial Issues

- "My job"
- "Balancing paid work (I am a freelance technician) with study, finding academic commitments stressful when I cannot choose what hours etc I work"
- "My main anxiety is about the job market and money"
- "Thesis, break ups, finances are the main ones. I can hardly afford my rent now, and I'll be out of a job soon. Uncertainty."
- "Work stress - to a great extent"
- "General feeling that things are harder for my generation than the last, e.g., finding a job, buying a house etc., - somewhat triggers me"
- "The stress of working full time, studying part time and running a household with 3 young children"
- "The thought of having to go back to my workplace and face workplace bullying!"
- "stress at/about work"
- "work making me do too many hours but I can't quit because then I wouldn't have enough money to make it through the week but then I do the hours and I can slowly feel myself getting more stressed and more tired and more behind on my school work"
- "Financial stress is by far the greatest stress in my life."

- "lack of career security / having to retrain repeatedly with no certainty it will give secure work (even in STEM areas)"
- "Worried if I'll keep my job"
- "Being bullied at work by my supervisor. Threat of losing my job."
- "Work obligations and responsibilities"
- "Career culture, couple culture"
- "Cost of living (rent particularly) - to a great extent; not getting guaranteed hours at work - to a great extent"
- "Overwhelming amount of work"
- "Work commitments and responsibilities"
- "work related stress"
- "Loss of direction, career confusion, financial stress, grief"
- "Recent move and new job to a great extent."
- "Dealing with others (working in halls) who needed mental health support"
- "I lost my job (which I'd been at for less than 90 days) because I met the owner and he didn't like that I was significantly taller than him. This wasn't the first time I've been discriminated against for my height. It's very stressful to be fired for no reason!"
- "My place of employment - as I've recently had to deal with a boss who had refused to give me leave in order to attend an exam, telling me I didn't have enough accrued leave (my application would not have gone through if I hadn't) and that he was not going to grant me any time off until my anniversary which is in June 2018"
- "So much going on, work, uni, friends, looking after others, having enough money, doing well. It's a lot all at once"
- "Career culture, couple culture"

Family and Friends

- "Children with disabilities, Responsibilities in holding a roof over my family's head. Feeling of insecurity"
- "Other people's problems - them being suicidal/committing suicide. To a great extent."
- "My mother has alzheimer's"
- "My partner's ex is f... insane and it's still another month until the court date to find out if I can ever see my "step kids" again"
- "Family violence"
- "Being rejected or ignored by friends"
- "At the moment, I am the subject of ridicule within my friend group for something I said in confidence. I also find a lot of stress in environmental issues and wastage. I have found a lot of stress and anxiety in my living situation"
- "Career culture, couple culture"
- "Homesick"
- "All of these issue, but for my friends, family and people in my life going through them"

- "The mental health of my friends."
- "Church and family"
- "Siblings"
- "Certain friends' need for a lot of attention/validation/etc, somewhat"
- "Children leaving/living away from home"
- "I have a teenager and he can be a total shit head. Has no appreciation for the stress I am under to provide for us."
- "Having a child to care for and a family to support while studying. Not sure of career pathways and decisions"
- "Death of a friend from suicide"
- "Note: I have answered these for this one moment, for some i.e. relationship, death of loved ones, they would cause we a large amount of stress in other situations"

Living Situation

- "Living situation (flatmates)"
- "Flatting/living with people other than my partner - to a great extent"
- "really bad housing that is affecting me and my children health"
- "Cold weather, sub-par living conditions in flats"
- "Living situation"
- "Flatmates-very little, Workplace-very little"
- "Flatmate drama"
- "Flatmates being excessively messy/throwing parties"
- "Living Conditions"
- "Flatting situation"
- "Finding a flat – somewhat"
- "Living condition"
- "Keeping my room and flat in a tidy state, and dealing with landlord, both to a great extent"
- "Constant parties in the hall I live in"
- "Encountering abusive exflatmates triggers to a great extent"
- "I have found a lot of stress and anxiety in my living situation."

Feeling Alone

- "Feeling not cared about"
- "Having no community that I can rely on and feel a part of is the greatest cause of my anxiety and depression"
- "Hate, no friends, worthlessness, don't know what I'm doing, suicidal thoughts every day, regret of decisions"
- "Lack of support network. My support network is one (1) friend in another city who doesn't know what she's doing with life either, and one parent who has significant mental health issues and can be abusive so only ok 50% of time and

can't be trusted. I have acquaintances but no other people I know well enough to get support from. No family. Haven't had relationship since high school (I'm 30) and now doubt I ever will. Literally reduced to trying to replace family/friend support with counsellors from uni and failing. It's pathetic. Haven't even had a birthday party in years. So that is extremely uhh "triggering"
- "Loneliness"
- "Big stresses in my life are social anxiety causing loneliness, looking after my depressed girlfriend, volume of uni work, money"

People

- "Large groups of people"
- "Cars, traffic and public transport"
- "Social events, sports and groups at University. New places, people and activities"
- "Too many things happening at once - somewhat; noisy/crowded places - to a great extent"
- "Social interactions - a fair amount."
- "Social events with more then 5-10 people - triggers anxiety and panic attacks"
- "Strangers"
- "Rude people and having to be polite to people all the time."

Sexual Harassment and Assault

- "Thinking too much of sexually and physically abusive and emotionally manipulative father who I am no longer in contact with: great extent. What an absolute fuckwit. Disgusting human. Probably back in … molesting more young children and ruining lives."
- "Currently going through a court case for sexual harassment which has been extremely slow in the process and made me extremely depressed and questioning continuing even though I know I deserve to."
- "I have PTSD following a sexual assault in Jan this year which occurred within a church context, therefore there is a lot of anxiety as the guy then started to attend my church, I fear and am anxious most of the time as a result specifically around church guys and the guy involved."
- "Person who harasses me"
- "Previous assault"
- "Depression, eating disorders and sexual assault of friends (not myself) stress me to a great extent"
- "Other people's experiences of sexual assault or harassment – somewhat"
- "Waiting for a court trial, knowing I'm going to have to get questioned about child sexual assault."

Future

- "Stress of the future. Being in a bad living situation."
- "The future, very scary"
- "Self-imposed "5/10-year plan" not going to plan, triggers anxiety quite a lot."
- "Planning for the future - e.g. holidays, future flatting situations, moving cities. Somewhat/To a great extent"
- "Deciding what I want to do with my life (Career path/Job options/Future study) - To a great extent!"
- "Future changes job"
- "Deciding on a career path – somewhat"
- "My future - whether I'd be happy"
- "My age and apparent lack of future opportunities"
- "Finding a work placement for my degree. To a great extent"

Personal Conflicts

- "Looking at myself in the mirror"
- "Not being sure who I am"
- "Uncertainty"
- "Body Image"
- "Body issues"
- "My size and my appearance."
- "Body image issues to a great extent"
- "Existential crisis most of the time"
- "Sense of being the more dependent person in my relationship (somewhat)/ Not being good enough at certain skills such as musicality or sport (somewhat)"
- "Public speaking, somewhat. Not living up to people's expectations of me, somewhat."
- "Trying to make everybody happy"
- "Not living up to what others think/know I am capable of"
- "Guilt of not being good enough to a great extent"
- "Feeling like I'm not in control of my life"
- "Existential dread."
- "Not being able to sleep at night because of reoccurring nightmares"
- "Inability to feel confident when networking for jobs"
- "Perfectionism"
- "The ultimate pointlessness of my existence and ultimate demise"
- "Perfectionism"
- "Historical trauma - to a great extent. The way I am treated for my weight - to a great extent."
- "Feeling I've let people down or that my bosses/lecturers/people above me are angry with me (on a tangent, answering all this is quite odd for me, because if I had answered 6 months ago my responses would have been VERY different)"

World and Societal Issues

- "Capitalism and everything about it - to a great extent."
- "Misogyny, Islamophobia - to a great extent. (Male, Pakeha, gay student)"
- "World issues e.g. war, environment damage, future instability"
- "Unemployment, International & National Policies, Climate Change, Automation and Future Joblessness"
- "The state of the world currently - somewhat, seeing how uncaring and untrustworthy some people are these days – somewhat"
- "Police violence - I'm an activist and face it a lot"
- "Politics and social issues"
- "World/NZ events and news including violence war poverty and politics; climate change and other environmental issues; living situation incl. Home and bills"
- "Phone calls (to a great extent), racism/xenophobia/sexism/etc (to a great extent)"
- "Being around racism - to a great extent."

Earthquake and Natural Events

- "Earthquake trauma (I live in chch)"
- ".... Also earthquake trauma (thanks chch [Christchurch] quakes)"
- "Earthquakes - I was in Chch for the 2010 & 2011 quakes + the Kaikoura quake. I'm only just learning to deal with the PTSD from them. I get extremely stressed in weird situations now, if it reminds me of earthquakes."
- "The 2016 Kaikoura Earthquake, earthquakes in general since then"
- "Natural phenomena (lack of "seasons" and European vegetation)"
- "Seasonal"
- "... I also find a lot of stress in environmental issues and wastage..."
- "Environment - Heights and tall buildings bring on panic attacks and vertigo often"

Time Pressure

- "Lack of time"
- "Time constraints"
- "Lack of time"
- "Time"

Other Triggering Factors

- "Seeing other people happy triggers my depression greatly"
- "Being too busy"
- "Boredom"
- "When I feel I am in the middle all the time between feuds of different kinds"

- "Porn"
- "Balancing various commitments such as volunteering, uni work, social life etc.- to a great extent"
- "Sometimes lack of self-motivation in getting started with work"
- "There aren't any major triggers. It's a permanent state of being."
- "New things- a lot."
- "Getting kicked out of hall"
- "Everything - to a great extent"
- "Too much extroversion"
- "Non-sexual harassment (bullying)"
- "Period- to a great extent"
- "Poor/disrespectful treatment by medical professionals - to a great extent"
- "Others' perception or response to your cultural identity - To a great extent"
- "Constantly running into abusive ex partners, etc, having ppl not take it seriously"
- "Extracurricular and club activities"
- "Extracurricular activities"
- "I am very tired"
- "Crushing pressure of performing + balancing work, uni, sleep, healthy habits etc."
- "Menstrual cycle. Physical and mental fatigue"
- "Loud noises make me nervous something someone has been hurt"
- "Feeling overwhelmed like everyone else is swimming in water and I am sinking beneath them as they succeed and I can't do one this without feeling anxious"
- "Just having shallow conversations with mates, not many dudes are willing to be open"
- "Lack of sleep"
- "Over commitment, feelings of regret"
- "Landlord, Academic staff, Police etc... choosing to ignore my formal registered issues. Even after I have won Court Orders to support me"
- "Dealing with Winz and their unreasonable expectations
- "The problem itself and the condition itself"
- "lack of support from institutions"
- "Sex extremely uncommon experience (once a year, if that)"
- "Sleeping habits/lack of sleep"
- "Phone calls (to a great extent)"

Mental Health History

In order to identify respondents' history of mental health, the survey asked if they have ever thought of themselves having any of the issues and symptoms listed including depression, stress, anxiety, panic, etc. Overall, 1636 participants took part in this question and 11,654 responses were recorded with stress (11.6%, n = 1351), anxiety (11.1%, n = 1294), lack of energy or motivation (10.9%, n = 1275) and depression (10.2%, n = 1188) as the most common issues. Additionally, there were 686 respondents thought of themselves having suicidal thoughts as well as 672 of them who reported having thoughts of self-harm.

58 respondents added more mental health issues that they thought of themselves having. Bipolar personality disorder, obsessive compulsive disorder, ADHD, disassociation, and low self-steam were the common issues these respondents listed.
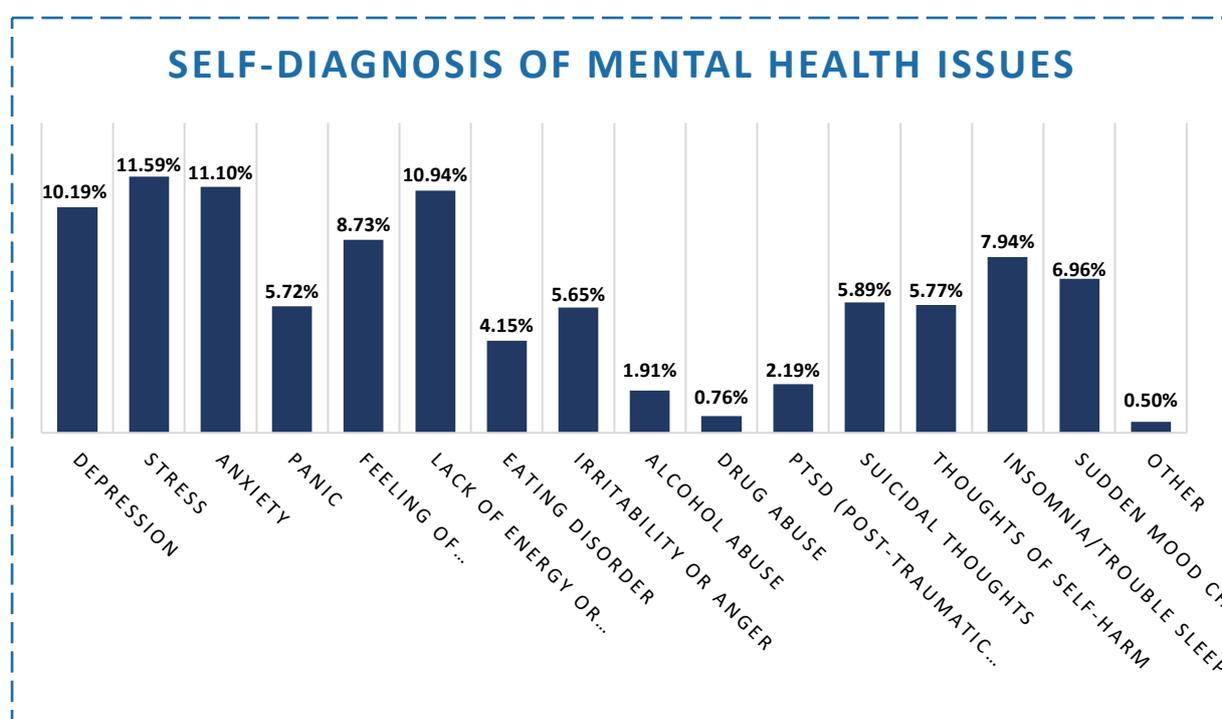
SELF-DIAGNOSIS OF MENTAL HEALTH ISSUES

Respondents were then asked if they have ever been diagnosed by a health professional with any of the issues listed. Overall, 4,364 responses were recorded by 1635 participants with depression (14.9%, n = 651) and anxiety (14.6%, n = 638) as considerably more common issues. It is worth mentioning that suicidal thoughts (6.9%, n = 301) and thoughts of self-harm (6.2%, n = 272) were some of the common diagnosed issues, followed by stress (7%, n = 651).

Comparing the responses to this question to the previous one (when participants were asked if they have thought of themselves having any of the issues listed), some main findings can be drawn. Firstly, a huge difference was found between the responses to the

previous question (11,654 responses) and this one on diagnosis by a health professional (4,364 responses).

This shows that less than two quarters of the participations who thought of themselves having one or more of the listed issues, have not seen a health professional. As an instance, while 686 participants as well as 627 of them self-diagnosed with suicidal thoughts and thoughts of self-harm respectively, there were only 301 participants and 272 of them were diagnosed by a health professional with these issues. This reveals that more than half of tertiary students in this survey who have already thought of themselves having suicidal and self-harm thoughts, have not seen a health professional regarding these issues.

DIAGNOSIS BY A HEALTH PROFESSIONAL
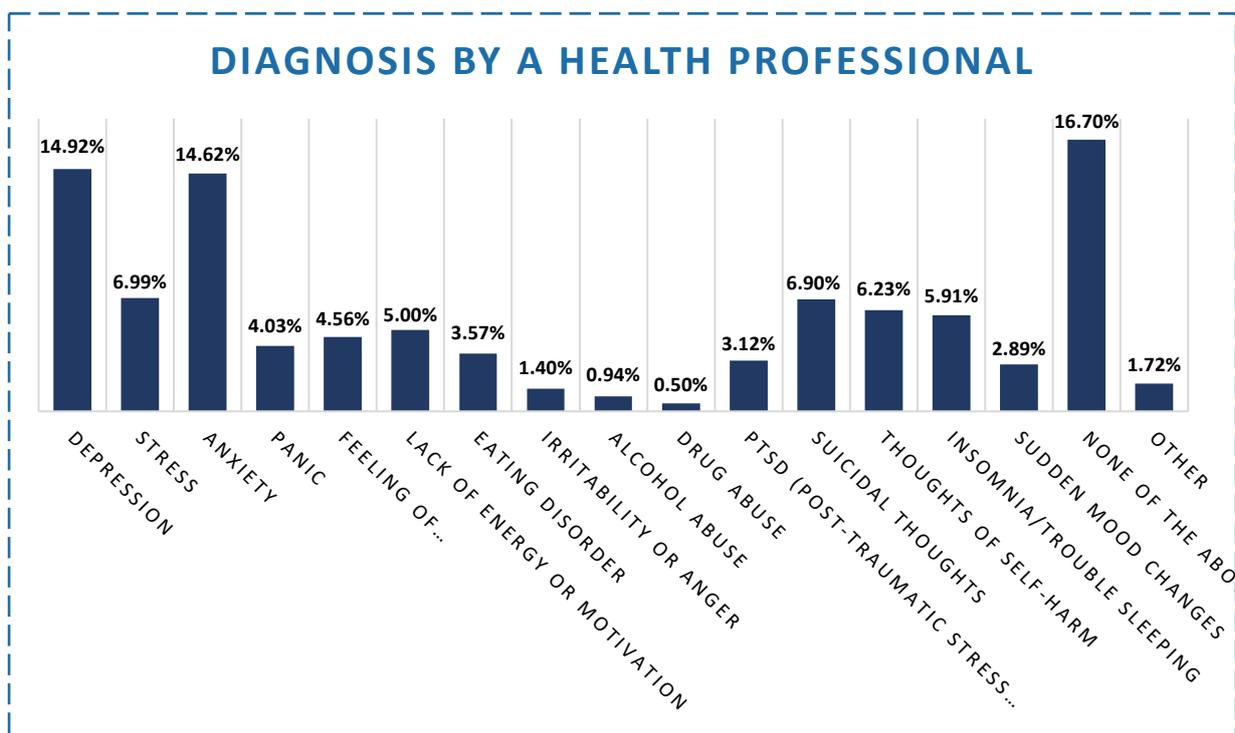
The survey asked respondents if they were on medication for mental health issues and 1619 participants took part in this question. While 637 (39.3%) of them reportedly took medication that was prescribed by a health professional for them, 982 of them responded no to this question. The survey also asked respondents if they have ever taken medications for mental health that was not prescribed by a health professional for them (i.e. if they have ever taken somebody's medication) and 1623 respondents participated. 116 respondents (7.1%) reported they have compared to 1507 of them (92.8%) who reportedly have not taken somebody's medications.

In order to know about mental health issues in respondents' family, they were asked if there was a history of mental health issues in their family that they were aware of and 1642 participants took part in this question. More than half of them were reportedly aware of mental health issues in their family (51.9%, *n* = 843) compared to 781 of them who were not (48%). Then, in case there were any mental health issues in their family,

they were asked if it is the same issue they have been diagnosed with. Of 827 respondents who took part in this question, 209 of them (25.2%) answered yes, 277 of them answered no (33.4%) and 341 of them (41.2%) responded both.

The survey asked respondents what they were more likely to do when they were experiencing stress, depression, anxiety, etc., and 4297 responses were recorded (they could choose multiple options). The majority of respondents reportedly tried to feel better by themselves by doing a physical activity, meditation or listening to music (29.6% of all responses, *n* = 1273). The next common response was talking to a friend or a family member which was reported by 937 participants (22.6%). In addition, 862 respondents (20%) reported that they do not do anything, in other words they wait it out when they were experiencing depression, stress and anxiety. Regarding alcohol and drug use, 278 of them (6.5% of all responses) chose this as one of the ways they deal with mental health issues. 367 of participants (8.5% of all responses) reported they make an appointment to see a counsellor or psychiatrist when they feel depressed, stressed or anxious. Search for websites or online supports, Religious practice (going to church, temple, mosque, etc.) and ringing a help-line were next commonly chosen responses respectively.

WHAT RESPONDENTS ARE MORE LIKELY TO DO WHEN DISTRESSED

Response	Percentage
Try to feel better on my...	29.63%
Talk to a friend or a family...	22.64%
Alcohol/drug use	6.47%
Make an appointment to see...	8.54%
I don't do anything/ I wait...	20.06%
Religious practice (e.g....	3.42%
Search for websites or...	5.56%
Ring a help-line	1.02%
Other, please specify	2.65%
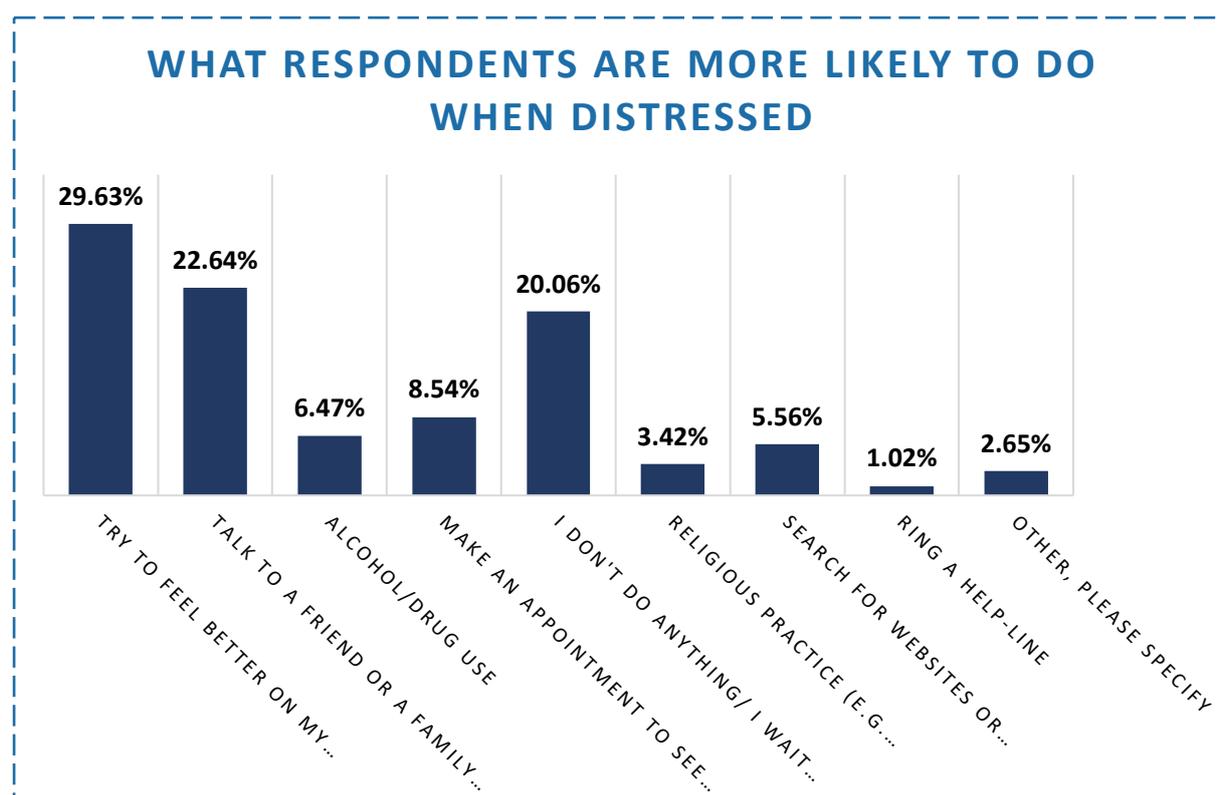
In addition, 114 participants added other responses. More than half of them seemingly did not have strategies to positively deal with their senses of depression, stress and anxiety. The common answers were self-harm, smoking, eating, crying and sleeping.

Of these participants, there was one who mentioned attempting suicide as something they are more likely to do when they were stressed, depressed or anxious. Self-harm was also mentioned by 12 respondents as below:

- "Hurt myself to keep calm."
- "I don't eat to punish myself."
- "Sex, self-destructive behaviour"
- "Self-harm (old habit)"
- "Self-injury"
- "Self-harm, negative coping mechanism"
- "Bing/purge, self-harm"

Smoking was another way 9 respondents reportedly deal with depression, stress and anxiety.

- "Start smoking again"
- "Used to be smoking and now vaping"
- "Occasionally smoke even though I have given up cigarettes almost entirely."
- "Tobacco products"

Eating was also mentioned by 12 respondents when they were depressed, stressed or anxious:

- "Food abuse"
- "Eat junk food"
- "Eat chocolate"
- "Eat heaps"
- "Emotional eating"
- "Eat comfort food"
- "Eat unhealthily"

6 respondents mentioned crying (e.g. self-destruct, crying) and 11 participants reported sleeping (e.g. sleep it off) as what they were more likely to do when they are stressed, depressed or anxious.

In addition, 10 of them mentioned different "distraction strategies" as they called them to deal with depression, stress and anxiety such as playing games, pets, watching movies and shows:

- "Distractions that slow my thoughts down/draw my focus away from feelings of panic (e.g. video games, watching movies or shows, etc.)"
- "Try to distract myself, play with my cats."
- "Distract myself by doing impulsive things"
- "Distract myself/sleep"
- "Distraction, talking to my nurse"
- "Distract myself by hanging out with friends"
- "Read to forget my problems"

YouTube, Netflix and video games were also mentioned by some respondents.

- "Avoid responsibilities, procrastinate, social media"
- "Video games, ADHD coping strategies"
- "Blob out with Netflix"

A few respondents mentioned not doing anything particular.

- "Not leave the house"
- "I have been mentally ill most/all my life. A lot of my moods and stuff just kind of are. I don't do anything to feel better or anything I just exist with it."
- "I am diagnosed with bipolar disorder so all those symptoms are parts of episodes and a normal part of my life"
- "Sit at my desk trying to figure out what to do, but everything feels pointless, so I end up staring at the screen doing nothing."

More than 10 respondents reportedly seemed to have better strategies to deal with their senses of depression, stress and anxiety.

- "Talk to significant other or call my parents"
- "Go for a walk with a friend"
- "Yoga"
- "Do farm job, there always something"
- "Trying to feel better on my own for me includes managing my mental illness with thinking techniques and such (like refocusing my thoughts, talking myself through things, etc)"
- "Go to the gym and academy for training. Go to the beach to hear the ocean."
- "Draw, mindfulness, write out my feelings, go for a walk"

Some participants seemed to try to manage their senses of depression, stress and anxiety.

- "Address the source of the feeling (e.g. if I am stressed due to a deadline, I work hard to meet that deadline. This always brings a relief.)"
- "Ensure that I have taken the basic steps to make myself better e.g. have I showered, have I taken meds, have I gone outside etc."
- "Make a list of things to do so I can see it laid out in front of me to try and make the stress seem manageable"
- "Study more. The stress is academic and there's one way to improve marks: study."
- "Only uni work stresses me out, so I do uni work until l am no longer stressed"

A few of them who were on medications also mentioned that they would take their medication when they were stressed or depressed.

# Mental Health Support Services within Tertiary Institutions

The survey asked respondents if they have ever sought help from a mental health professional (i.e. counsellors, psychologists, etc.) and 1577 of them took part in this question. 304 respondents (18.8%) reported they were currently seeing a mental health professional, while the majority of them (45.4%, $n = 732$) have reportedly seen a mental health professional before. On the other hand, 541 respondents (33.5%) mentioned they have never seen a mental health professional regarding mental health issues.

SEEKING HELP FROM A MENTAL HEALTH PROFESSIONAL

45.35%

33.52%

18.84%

I AM CURRENTLY SEEING A MENTAL HEALTH PROFESSIONAL.

I HAVE SEEN A MENTAL HEALTH PROFESSIONAL BEFORE.

I HAVE NEVER SEEN A MENTAL HEALTH PROFESSIONAL FOR HELP.

Subsequently, respondents were asked if they have ever sought help from mental health services at their tertiary institution. Of 1582 respondents who took part in this question, the majority (53.3%, $n = 863$) reported they have never used mental health campus services. On the other hand, only 156 of them (9.6%) mentioned they were using campus services regarding their mental health issues at the time of the survey. Comparing this number to the respondents who were currently seeing a health professional (the previous question), it can be found that almost half of them were seeing mental health professional out of their tertiary institution. 563 of respondents (34.8%) mentioned that they have previously used campus services in relation to mental health issues.
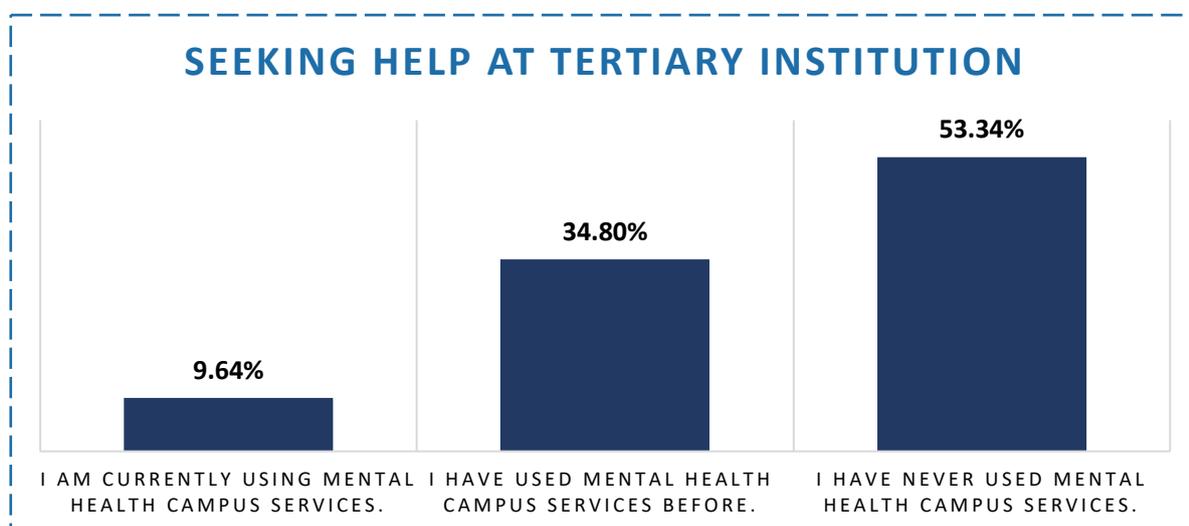
SEEKING HELP AT TERTIARY INSTITUTION

53.34%

34.80%

9.64%

I AM CURRENTLY USING MENTAL HEALTH CAMPUS SERVICES.

I HAVE USED MENTAL HEALTH CAMPUS SERVICES BEFORE.

I HAVE NEVER USED MENTAL HEALTH CAMPUS SERVICES.

Respondents who have never seen a mental health professional, were asked why they have avoided seeing or have never done so and 2266 responses were recorded. The most common reason reported by respondents (15.9%, *n* = 360) was "I felt like I could handle that by myself". They also mentioned that "they did not feel like they needed that" (13.8%, *n* = 313). The next frequent reason was that "they were embarrassed to seek help" (9.8%, *n* = 224). "High costs" (9.1%, *n* = 207) and "long wait times" (8.7%, *n* = 198) were the next main reasons for avoiding seeing a mental health professional. 192 respondents additionally mentioned that "they did not think it would work for them" (8.5%). Moreover, 132 of them stated that they were "worried their family, friends and other would find out" (5.8%). Only 180 of respondents believed that they did not need to see a health professional (7.9%). 77 and 74 respondents were reportedly worried about their academic reputation (3.4%) and their future job (3.3%) resulting in not seeing a health professional. Furthermore, "not knowing where to ask for help" and, "having a bad experience" were other reasons reported by 151 (6.7%) and 70 respondents (3%) respectively.

REASONS FOR AVOIDING SEEKING HELP

Reason	%
Other	3.88%
I had a bad experience.	3.09%
I did not know where to ask for help.	6.66%
I did not do that because of long wait times.	8.74%
I did not do that because of high costs.	9.14%
I was worried about my future job.	3.27%
I was worried about my academic reputation.	3.40%
I was embarrassed to seek help.	9.89%
I was worried my family, friends and others would find out.	5.83%
I felt like I could handle the issue by myself.	15.89%
I did not think it would work for me.	8.47%
I did not feel like I needed that.	13.81%
I did not need that.	7.94%

In addition, 88 respondents (3.8%) reported other reasons for not seeing a health professional. These include the following:

Some respondents reportedly avoided seeing a health professional at their institutions, because they believed that other students in need should be prioritised due to their higher levels of depression, stress and anxiety.

- "I feel other people need to access these services more than me"
- "Feel like the mental health services are so strained that I feel like it's only reasonable to use the services if you are really struggling/have a good reason"

- "Not sure if there is that level of support available for lower level anxiety problems. Feel I would be taking away from someone who needs it really"
- "I was worried about stealing much sought-after appointment from those with higher needs"
- "I felt like it was not important enough considering there is so much strain on mental health services"
- "Thought my problems were not serious enough to seek help"
- "People with real problems are priority."

Counselling services and booking systems were another main reason mentioned by respondents for not seeing a health professional at their tertiary institution.

- "I don't like the system at my campus, where you have to call and book on the day of the appointment. My anxiety means that I'm only comfortable making plans several days ahead of time."
- "I've heard from friends who've asked for help at student health and had counsellor that wasn't sympathetic and was blaming"
- "I have had traumatic and harmful experiences in psychiatric care. My medical notes from past admissions have labelled me as noncompliant which impacts how I'm treated when I enter services. I know that I won't be taken seriously, I know that I won't be given the support I need. Oh also I don't see anyone about changing meds that don't work for me because my meds have severe withdrawal symptoms and I can't cope with that right now."
- "I heard the campus one wasn't great"
- "Not familiar with the services so seeking help seemed way too stressful"
- "It was too hard to make an appointment"
- "Only allowed 6 sessions which I thought would be pointless because not long-term"
- "Anxiety around making appointment, asking for help"
- "University cutting number of counselling sessions"
- "Many bad experiences"
- "I had to fill out like 10 pegs of work to apply for 10 free sessions and it was too overwhelming"

Some respondents were reportedly wondering if seeing a mental health professional would work for them, resulting in avoiding referring to mental health services at their institution.

- "I don't feel like a stranger could help me, I didn't want to have to explain my issues"
- "Didn't know how to ask for help. And issues are too complicated for myself to even understand, let alone trying to explain everything to someone else"
- "I did not do that because I thought I wouldn't be taken seriously"
- "Didn't know what I would talk about or do there; seemed like a waste of time"

- "I don't feel comfortable talking about my situations. Don't want to show my weak side."
- "I keep procrastinating it"
- "I was scared that they would think my issues were nothing"
- "I was worried about being labelled a hypochondriac and being told that my feelings were invalid or not serious enough"
- "I expect that I would have a bad experience/ don't trust doctors to be understanding of my gender identity"
- "I was told I had too much going on to work through my issues"
- "I have problems opening up to people"
- "Not so sure how much more can be helped"
- "I have trouble speaking to strangers about my problems"

Some respondents mentioned that they were very unmotivated to refer to health professional at their tertiary institutions.

- "Sometimes I feel so down I don't even want to leave my flat to go to my counselling session."
- "I'm depressed and therefore unmotivated"
- "Just don't have the time or unmotivated enough to put the effort to fill the papers"
- "I didn't feel like I had time."
- "I was too anxious to leave the house let alone see a health care professional."
- "I don't have the time to see someone"
- "Too busy"
- "Couldn't be bothered/didn't have time"
- "Depression made it too hard to ask"
- "Couldn't find the motivation"
- "it's a vicious cycle, when I'm feeling depressed I have no motivation to do anything "extra" like seek help, especially with my social anxiety problem."
- "I could not find the motivation"

Some respondents mentioned that they were seeing a mental health professional outside their tertiary institution, and that is the reason they did not refer to their campus mental health services.

- "I have seen health professionals outside of campus"
- "I had help"
- "I regularly see a psych doctor in the private sector"
- "I did see a mental health professional, just not a campus one"
- "I have sought mental help"
- "Private counsellor"
- "Financially able to see a private psychiatrist"
- "I sought help outside the university as I work here"

Some respondents were worried about their future profession or activities and did not reportedly want to have any mental health issues on their records.

- "It would prevent me doing the things I enjoy (scuba diving, skydiving, travel) and make insurance more expensive."
- "Don't want it on my record and don't believe it's effective anyway"
- "I am studying to be a teacher and was scared they'd think I shouldn't be one"
- "In medicine, you're expected to be healthy when caring for others, I'm too worried about seeing a counsellor and then somehow the med faculty finding out and I get a Fitness to practice or something like that."

Some mentioned other reasons such as costs, age, language, culture and stigma.

- "I felt like I would lose the control of making my own decisions regarding MY mental health."
- "I am not myself when I talk in English (Spanish is my native language)"
- "I felt my age would limit their ability to help me (female, older than 35 years old)"
- "I do not want to go on medication"
- "Expensive and what will it actually achieve?"
- "Feels it's a p... for guy to ask help for mental doctor"
- "Culturally unresponsive"
- "Though I'm sure a mental health professional would have been useful, I still haven't got over the stigma attached to mental health, the idea that if you go there, there's something wrong with you (I know this isn't right, but it's still in my head)"
- "I thought I might be overreacting"
- "Wanted to avoid issues rather than face them."
- "I felt like I was weak for needing help and I should look after myself"
- "Wonder if what I am experiencing is normal and I don't need help"
- "Everyone faces problems. Health professionals seem to only want to prescribe drugs. I find driving for self-improvement has been the best antidote for depression I've ever tried."

Wait Times

The survey also asked respondents how long they waited for their appointments at campus counselling services. 718 respondents took part in this question, the majority of whom (33.4%, n=239) reported waiting for two weeks or more for their appointments. The next common wait time was "almost a week" which was reported by 149 respondents (20.8%). In addition, 123 respondents (17.1%) mentioned they waited for 2 to 3 days and 116 of them (16.2%) waited for about 10 days for their appointment. 89 participants (12.4%) reported they were seen on the day when they referred to the health centre at their tertiary institution.

WAIT TIMES AT CAMPUS COUNSELLING

|				
12.43%	17.18%	20.81%	16.20%	33.38%
I WAS SEEN ON THAT DAY.	2-3 DAYS	ALMOST A WEEK	ABOUT 10 DAYS	TWO WEEKS OR MORE
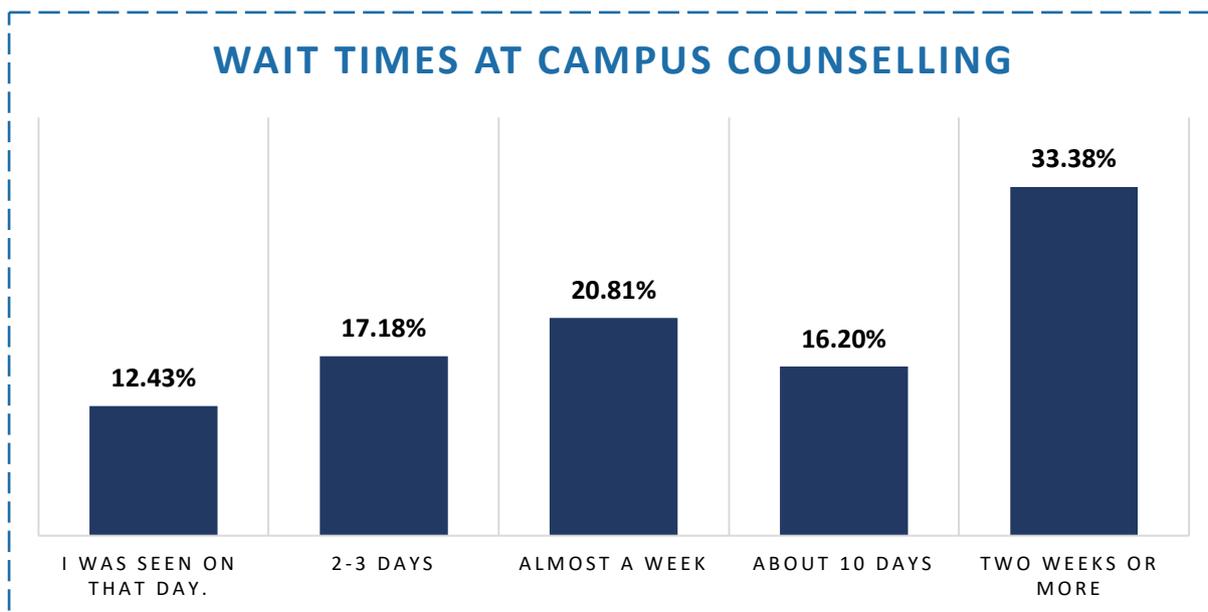
Then they were asked how they rated the wait times for counselling appointments at their institution and 729 respondents took part in this question. The majority of respondents rated it as average (32.2%, *n* = 235) followed by 196 of them (26.9%) who rated it as very poor. In addition, 112 participants (15.4%) reportedly thought the wait times were above average compared to 145 of them (19.9%) who rated them as below average. Only 41 participants (5.6%) believed the wait times at their institutions were excellent.

WAIT TIMES RATES

5.62%	15.36%	32.24%	19.89%	26.89%
EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	VERY POOR
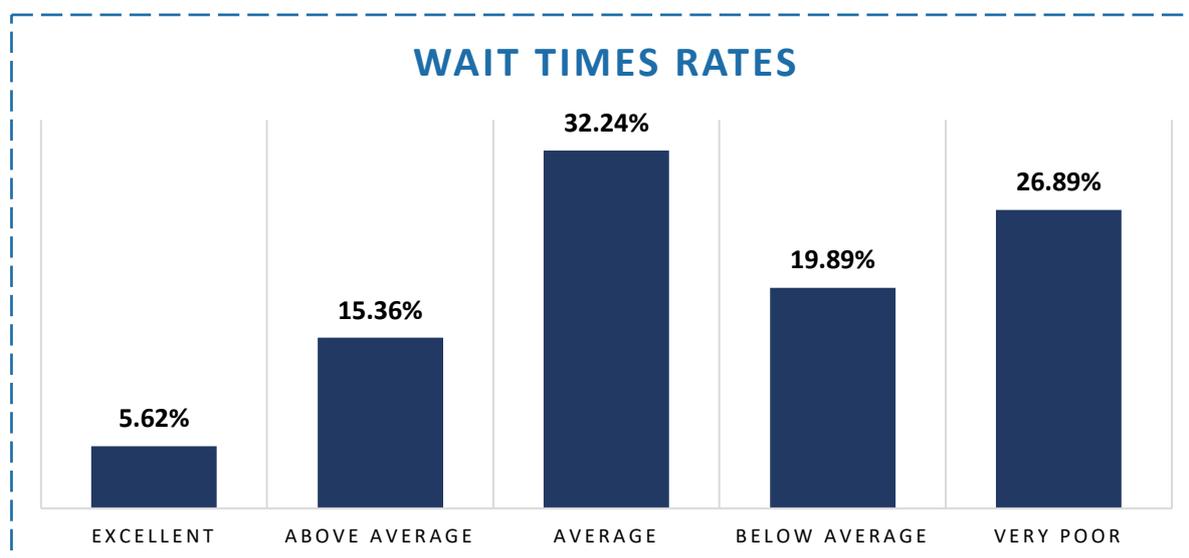
Number of Appointments

Respondents were also asked how many sessions they have had at mental health services at their institutions. Of the 705 participants who took this question, 328 of them (46.5%) reportedly had one to two sessions. Additionally, 199 of them (28.2%) had between three and five sessions and 178 of them (25.3%) had more than five sessions during their treatment at campus mental health services.

NUMBER OF APPOINTMENTS

ONE OR TWO SESSIONS	BETWEEN THREE AND FIVE SESSIONS	MORE THAN FIVE SESSIONS
46.52%	28.23%	25.25%
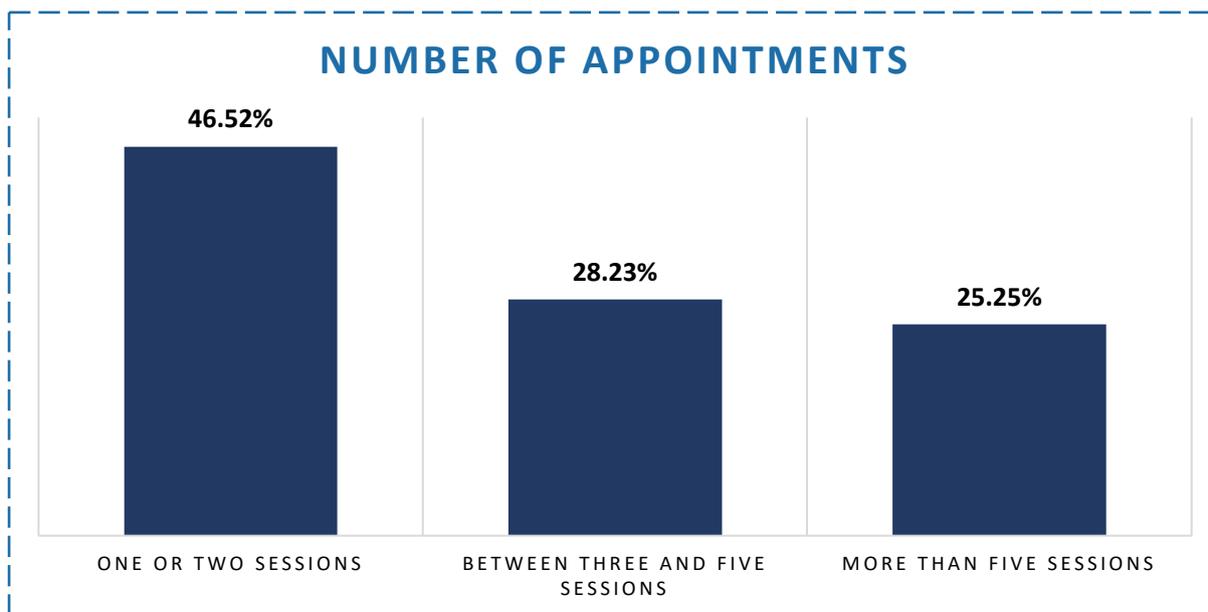
Then the survey asked respondents how satisfied they were with the number of counselling appointments they had at their tertiary institutions. Of 729 tertiary students who took part in this question, there were almost equal number of respondents who were reportedly somewhat satisfied (20.8%, n = 152) and somewhat dissatisfied (20.4%, n = 149). In addition, the majority of respondents mentioned they were neither satisfied nor dissatisfied with the number of sessions they had (25.4%, n = 185). Furthermore, there were nearly equal numbers of respondents who were extremely satisfied (16%, n = 117) and extremely dissatisfied (17.3%, n = 126).
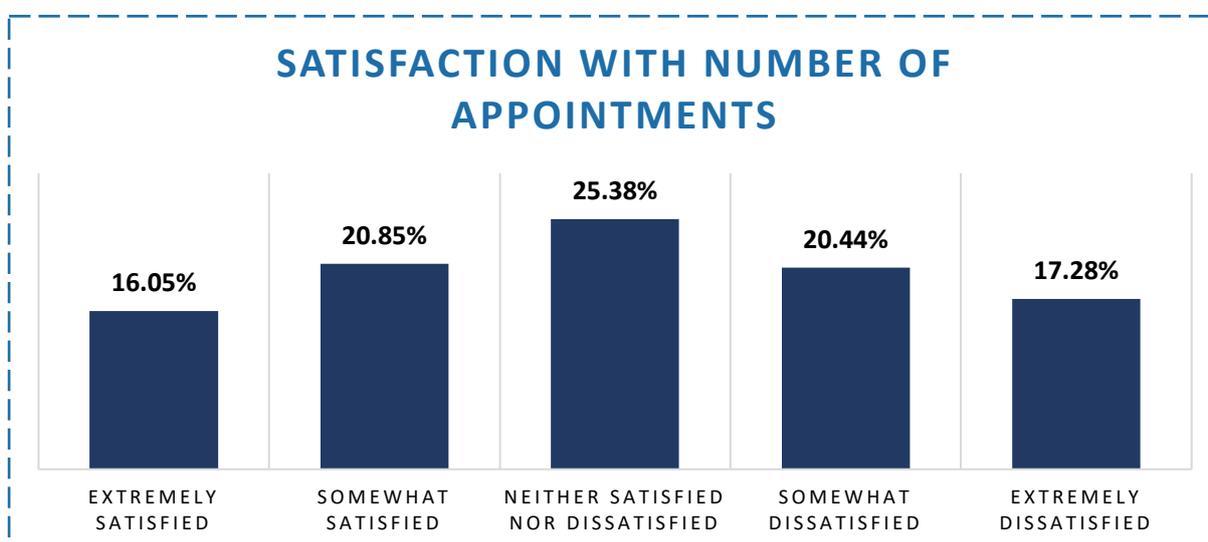
SATISFACTION WITH NUMBER OF APPOINTMENTS

EXTREMELY SATISFIED	SOMEWHAT SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SOMEWHAT DISSATISFIED	EXTREMELY DISSATISFIED
16.05%	20.85%	25.38%	20.44%	17.28%

Respondents were asked to rate their overall experience of mental health support services at their institution. Again, the majority (32.5%, n = 237) rated it as average. In addition, comparatively more respondents rated their experience as above average (22.9%, n = 167) than below average (20%, n = 146). While 109 respondents (15%) rated their experience as very poor, 70 participants (9.6%) reportedly believed their experience was excellent.

RATES OF RESPONDENTS' EXPERIENCES AT CAMPUS SERVICES

Chart showing rates of respondents' experiences at campus services:
- EXCELLENT: 9.60%
- ABOVE AVERAGE: 22.91%
- AVERAGE: 32.51%
- BELOW AVERAGE: 20.03%
- VERY POOR: 14.95%
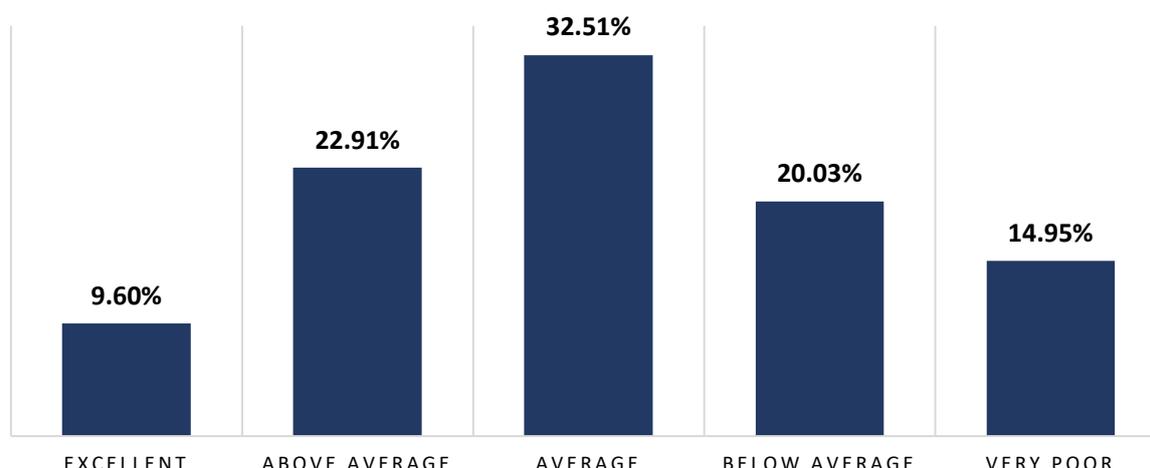
Actions on Mental Health Services

The survey then presented respondents with a list of actions regarding mental health issues at their tertiary institution and they were asked to rank them. There were nine listed actions and respondents could also leave comments if they had any. 1559 respondents took part in this question. Improving the counselling services by far was ranked as the first action they required their tertiary intuitions to act upon. Other top ranked actions were "Training faculty and academic staff" and "Providing and supporting student peer groups and services".

Some respondents added comments on actions regarding mental health at their tertiary institutions. Improving counselling services such as hiring more counsellors to decrease the wait time, increasing the number of appointments, improving the booking system, easier access to the services, staff training, decreasing tertiary education fees and increasing awareness and understanding on mental health were some of the main actions respondents reported answering this question.

Improving Mental Health Services

- "Improve funding for mental health"
- "Fund counselling more, so that there are more counsellors."
- "More money to the service"
- "They need to be more active at setting you up with the services and creating a plan with you when you seek help. I think it needs to be individualised and something that coordinates all the resources there are out there."
- "Hire more counsellors"
- "Wider availability of mental health services"
- "MORE FUNDING FOR counselling"
- "Better emergency/crisis response both for those feeling suicidal and for the people who found them and talked them down"

- "We only have a counsellor on site on Tuesday and Thursday. This doesn't help. Should be available daily"
- "Make it easier to tell what help you need. I was sent in a loop between doctors and counsellors with neither giving me more specific referrals or advice."
- "Improving the staff at the counselling services so they can actually help. My experience was so bad I recommend people do not go and see them."
- "Have more staff and appointments available for severe situations"
- "Increase funding for mental health services"
- "More counsellor"
- "More counselling staff"
- "Counselling is #1"
- "More than 1 counsellor for an entire campus, seasonal support in the month leading up to the end of semester"
- "Increase number of mental health staff and make it free or affordable"
- "Fully anonymous counselling (no records whatsoever)"
- "An on-campus psychiatrist one day a week for severe issues"
- "Have some kind of counselling/mental health services"
- "Having access to a psychiatrist through uni would be really helpful as public waiting times are horrendous. Also information on what is available through the system (I didn't know that if my doctor referred me to emergency psych that they'd take me seriously, rather than telling me to go home)"
- "Counselling needs to be free for all students in tertiary education + needs to be enough counsellors available (at UC wait time is over a month for an appointment)"

Wait Times

- "Decrease the two month waiting list for a start. Not make students feel like problems are always/mostly uni related and that they must work issues out in two or three sessions so that the next student can get counselling1"
- "Decrease wait times and simplify the screening process"
- "After the initial mental health clinician meeting to rank how urgent my needs for counselling were, I was put on a 6 week wait list. If someone is asking for help, that's a big step for some. Saying they have to wait 6 weeks is not the way to make people feel worthwhile or important. I didn't need counselling in six weeks, I needed counselling then. I understand the huge surge of demand for mental health professionals but something needs to change. even hiring a counsellor solely as the intermediate/temp person before you can be transferred onto a more permanent counsellor's radar."
- "Provide more counsellors. A two week wait for a counsellor is disgusting"
- "HIRE MORE COUNSELLORS to reduce wait times"
- "Honestly just hire more people so that students don't have to wait for weeks to get a counselling appointment. This has happened to many of my friends. Also have post study support available for recent graduates."
- "Employ more counsellors to reduce wait times"

- "And such a long wait time that you have to guess when your next breakdown will be so you can make a booking"
- "Employ enough counsellors to decrease the 4-6 week waiting list"

Number of Appointments

- "Don't put a limit per year on how many times you can be seen"
- "Extend number of counselling sessions available"
- "Allow more counselling sessions for students"
- "Allow more than 6 appointments. I can't see a psychologist outside of study due to costs."
- "Cut the "maximum of 6 appointments a year" bullshit at Vic"
- "Provide students with better counselling services (people are not cured of mental illness in 6 sessions)"

Booking System

- "Have to call first thing in the morning *8:30 to get same day crisis counselling or wait till next day, wake up early and try again (can't book in advance) this very difficult if having severe MH problems and sleeping patterns screwed"
- "Make it so I can actually get an appointment…"
- "Having to call through to book an appointment and then being put on hold like 5 different times for 20 minutes each time is discouraging when it comes to making an appointment, especially if you have to call through before a certain date or you will be taken off the list."

Access to Mental Health Services

- "Having access to a psychiatrist through uni would be really helpful as public waiting times are horrendous. Also information on what is available through the system (I didn't know that if my doctor referred me to emergency psych that they'd take me seriously, rather than telling me to go home)"
- "Provide links to helpful services. e.g.. Financial stress - counselling suggests…"
- "Make the services more accessible (ex being able to make appointments online instead of by phone). Provide students with more info about counselling and other mental health services. Require psychologists to have higher qualifications/ more vetting/ checks on how they are carrying out their responsibilities and helping students or not helping them. Have events where people dealing with mental health issues speak vocally about their struggles in order to reduce the stigma of mental illness."
- "Improve access to services"
- "Increasing the amount of positive student engagement activities on campus. Not many people are aware of the support networks e.g. counselling that is available too"

Staff Training

- "Staff at health centre to be trained to be able to provide advice and practical steps to help, not just a listening ear."
- "Need to work to stop the feeling that the university does not care about you- unsympathetic lecturers and inconsistent/poor mental health care"
- "Academic advisors checking in with students' progress each semester to check for issues and offer support."

Fees of Tertiary Education

- "STOP RAISING FEES AND MAKING EVERYTHING COMPETITIVE"
- "lower the f... fees"
- "Cheaper programs for tertiary international students."
- "Make education and healthcare free"
- "Cut fees, reduce workloads, fight the power"
- "Adequately fund education and allowances"
- "STOP RAISING FEES"
- "Reducing fees/making tertiary education free/provide universal student allowance would improve stress levels the most. Also for the university to take a more active role in cracking down or racism and misogyny on campus."
- "Stop justifying student fee rises and staff cuts through the excuse of mental services, which should be funded by the massive amounts of profit generated through STEM research, or drawn from the advertising budget."

Raising Awareness on Mental Health

- "Teach students to talk to each other"
- "Talk about it more, and how to get help"
- "Train students that if the cause of their trouble is preventable (e.g. stress by working hard and not doing everything on the last minute, financial difficulties by not spending their money on alcohol or stuff they don't need, ...), let them first try that before agonizing over their overall mental health. Generally, they only need seek help if their issue cannot be prevented (e.g. death of a loved one) or there is no obvious cause."
- "Remove the stigma of NOT being able to ask for help!!"
- "More information and marketing - spread awareness"
- "Running trainings about consent and healthy relationships, plus what to do if a friend is in danger (e.g. suicidal) in Halls of Residence would likely prevent harm and help people reach out for help."
- "Provide people with where to go for specific disorders when they need help but can't afford it"
- "Lecturers encouraging students to seek help, e.g. by mentioning it as a class notice or similar message at the beginning of class."
- "Provide seminars"
- "Should have one special office in campus for student release stress, sharing their thinking"

- "Compulsory mental health programmes at tertiary institutions as I feel like my institution does not have one"
- "These options are expensive, ineffective band aids, focus on developing cultural and social capitals from infant-hood and in turn developing strong healthy people who do not need these services."
- "Run workshops on responsible drinking"
- "Compulsory mental health education for students"
- "Need better counselling, suicide prevention, social activity on mental health, drug/alcohol1 prevention"
- "Train staff and students to INTERVENE with bullying/harassment"
- "More awareness around services available that can help"
- "Along with the clubs more social interaction between students better understanding of each other will allow the small subtle changes in a person's behaviour that people will notice giving that indication, instead of that great hind sight of yeah he started acting weird about 3 months ago now that you mention it."
- "Most of these are provided at Victoria but I think that the impact of alcohol use needs to be more widely promoted."
- "Promote healthy living not pathology awareness"
- "Raise awareness about mental health in courses"

Other Actions

- "More research into mental health, more willingness to do whatever it takes to combat it!! It links to ALL areas of life and affects everyone."
- "Fix the issue causing problems, the incredibly stressful setup of post graduate courses"
- "Mental health support for postgraduate students should be better implemented & more targeted - mental health initiatives are typically geared towards undergraduates; schools and departments are the main point of contact for postgraduate students & they should be implementing dedicated support for postgraduates given the high rate of mental illness in academia"
- "Investigate halls of residence as causing or heightening mental illness."
- "Actively work to fix the elitist, misogynist, patriarchal hell inflicted by most lecturers on their students. Hire lecturers who can teach and empathise, rather than amazing researchers that can't communicate"
- "Do not sell large packs of drugs that could be used for overdoses in campus pharmacies"
- "More compassion around tests and assignments"
- "Make meals cheaper at uni so less is one less thing that students have to stress about not eating for the day."
- "In addition to counselling, more CBT like support"
- "Just want to re-iterate how important I feel it is for the faculty and staff to be aware of how students cope with the course. what we are learning can be very intimidating if in a bad state of mind and that can rub off on the staff too."

- "Evidence based codes of practice in place to follow in cases of mental health crisis."
- "There needs to be support for people with cognitive issues relating to mental illness. Support for students with executive dysfunction, need to be able to access information in different ways for people with difficulty in comprehension or processing."
- "Provide a speciality centre/service for supporting sexual violence survivors with a committee to actively research and initiate interventions against sexual violence on campus and in halls"
- "Sexual violence and the impacts it has on victims is seriously neglected at universities. There needs to be more support for them because they are too often the ones who slip through the cracks."
- "Make university more people orientated, not job and money focused."
- "Not be so stress inducing"
- "Check out Silverline Otago on Facebook - get this to different campus's"
- "Online help"
- "Make laying a complaint more accessible"
- "Provide much more funding to Student Health, so that they have an adequate and diverse team with a range of health professionals"
- "build a playground at vic"
- "Consider addressing the academic causes of mental health issues. Assessments, poor administration / bureaucracy. Fairness / consistency in assessment and feedback."
- "More intelligent course planning so assignments don't all pop up at once. If there are set courses within a degree lecturers should coordinate."
- "Acknowledge the mental strain that students go through with their studies and other environmental conditions"
- "The whole system needs to change, especially the way universities/schools test and conduct courses- it breeds incredible amounts of stress with no flexiblity/lee-way/breathing space. Having to work and do uni is too much. I wish professors were more helpful/understand but they're all bitter assholes who don't know how to teach and are only good for research purposes. Almost all of them clearly don't give a f about students"
- "Ensure course structure suite those with disabilities, especially sensory ones."
- "Stop overworking students"
- "Dealing with stress, pressure, financial stress especially single parents studying full time. The stress can be isolating"
- "More music participation on campus: karaoke, kapa haka, choir"
- "Create responses that are safe for queer people and Māori people and other ethnic minorities!!"
- "More support for first years in student accommodation"
- "Religious philosophy, suggest good non bullshiting role models"

Peer Support Programmes

The last question of the survey asked respondents to rank three different forms of peer support programmes in terms of being helpful for their mental health. These forms of programmes were drawn from student mental health charity and campaigns (e.g. Student Minds in the UK). These include:

- One-to-one peer support programmes (by one trained peer-supporter providing support to one student at a time)
- Group peer-support programmes (to bring together those with shared experiences by trained supporters with shared experiences with attendees)
- Remote peer-support programmes (through online helplines, chatrooms or blogs where students can receive peer support)

Participants were also asked to mention any comments they may have had on these programmes. 1277 respondents took part in this question. One-to-one peer support was by far ranked as the most helpful programme (55.3%, n = 707). Group peer-support programme was also ranked as the second helpful programme (38.6%, n = 494). In addition, remote peer-support programme was ranked by the majority of respondents as the least helpful one (50.7%, n = 648). Some respondents mentioned some comments on peer-support groups as follows.

- "A drop in facility, on a couple of lunchtimes, in the library or other (not health centre) location"
- "I don't think suicidal people look for help"
- "More than 1 counsellor for an entire campus, seasonal support in the month leading up to the end of semester"
- "Would have people discuss their struggles with mental illness help normalize it and help others seek help and reduce stigma"
- "Community lunches"
- "It is so individual you need to have options open depending on the person...I think a group thing can be a good start as sometimes less pressure. DON'T call it a support group!"
- "If you present with mental health problems, offer a mentor that can sit down with them and organise to get them involved with all the help they can get."
- "To be treated as a peer/equal /human by academic staff"
- "One to one mentors is a good idea. especially if they doing the same course"
- "Same as above question: I wouldn't be involved in peer support so I don't know what would be best for people who do"
- "Peer to peer may not be the best option... With the stigma that still exists, peers can be a daunting group to approach. Awareness of the signs of mental illness and sensitivity to people around us may be an indirect effective way of addressing the concerns around seeking help, when those close to us can be aware and offer help when needed. Support networks need to be better equipped to support those in need."

- "I use none of these so is beyond my veil of perception and I cannot comment. In all likelihood, if I was pushed into using these systems I would dislike them all equally."
- "Peer support as being an option available after recovering from mental distress"
- "Areas where students can study together, maybe regularly so that you get to know people. It's much easier to study with other people, and studying is what stresses me out."
- "Remote peer support with a professional, not just other peers"
- "Address the source of the issue, not the symptom. Overassessments, shrinking exam study time, rape culture, cold damp flats, student debt and a future of precarity and employer domination, etc, etc."
- "(1) 1-1 peer support, (2) remote peer support"
- "Ethnic specific peer support programmes so that experiences are very similar"
- "Free tertiary education and free services"
- "More professional councillors available"
- "Encourage people to get off their high horse, and become personal with each other. Even in peer-support environments people often don't open up about their personal life. If we want to fight mental health we need friendships that break through that red tape and find out how it really is going with us."
- "Cultural support"
- "I think peer to peer sounds nice and cheap. But people need actual mental health professionals. Anything less than that is just a temporary band-aid for a huge problem."
- "We really need trusted professionals, not other students"
- "Get professionals to help people suffering from mental health issues instead of unprepared untrained peers!?!? That's a terrible idea"
- "People feel nervous about students – no"
- "fyi I think student-on-student support is a lazy idea. I don't want to talk to some random student who is only doing the peer support for brownie points. I have friends student-on-student support. Also this is not 2007- where I'm gonna have a moan in a chatroom affiliated with the university. I like seeing counsellors at uni because they are professionals that can one-on-one psychological help- there is not really many good substitutes for that. Would maybe attend group programme if it were run by a professional. While we're making wishes… would love a lesbian group tbh. The queer group on campus is neck deep in questionable queer theory which is nice for them but I just want to hang out with other lesbians."
- "Courses in Mediation and other self-help techniques"
- "if possible, remote and anonymous (to an extent) because social anxiety sucks"
- "Text service"
- "Literally none of this is helpful, mental health issues need trained professionals, all of this shit is just band aids."
- "Not having lots of be happy, don't let exam get you down posters"
- "Peer support programs are fine, but are not a suitable substitute for on-campus professionals."

- "workload and fees are the problem. The work is mundane and intellectually boring but they pile it on as a disciplinary measure"
- "A mental health circle that meets every other week and also has an online chat where members can respond to each other and help each other out at any time. The group should have an emphasis on positivity and should end with a group hug if members consent."
- "Anonymous chat (for remote programmes)"
- "Have a mindfulness practice centre where people can learn to deal with stress and other emotions"
- "Promote social activity that doesn't focus on mental health pathology so not peer support! Promote inclusion in 'main stream'"

Chapter 3: Data Analysis

As mentioned in the previous chapter, the Kessler scale is a screening tool on depression, stress and anxiety symptoms. Respondents are asked to rate how they felt over the last week through answering 10 questions with five response categories. Each response has a value between 1 and 5. The scoring of the Kessler scale is the sum of the responses to all 10 questions, and final scores can range between 10 and 50. Scores between 10 and 19 indicate that respondents may not be experiencing significant feelings of distress. Scores between 20 and 24 indicate that respondents may be going through mild levels of distress. Scores between 25 and 29 show that the respondents may be experiencing moderate levels of distress, while respondents with scores between 30 and 50 may be suffering severe levels of distress.

1654 respondents completed the Kessler Scale in the survey. In this chapter, the results of the Kessler Scale for different respondent groups will be analysed. In addition, the correlation and impact of different variables on respondents' Kessler scores will be investigated.

Demographics

Age Groups

A one-way analysis of variance (ANOVA) was carried out on Kessler scores to know the difference in levels of psychological distress between different age groups. The following table indicates the mean Kessler scores of all age groups. As shown, the mean score for all respondents is 28.1 (SD=8.8), indicating that they commonly experience moderate levels of depression, stress or anxiety. It was also found that the mean scores of younger age groups (16 to 20 year olds, and 21 to 25 year olds) are slightly higher than the mean score for all respondents (M= 28.1). This finding indicates that the younger students are dealing with moderate depression, stress or anxiety (according to the Kessler Scale), while the older respondents (older than 35 years old) experienced lower levels of distress. It should be mentioned that the number of respondents in this age group is comparatively lower than the younger age groups.

Age groups	Mean	Std. Deviation	N
16-20	28.6	9.0	668
21-25	28.4	8.7	709
26-30	27.6	8.7	126
31-35	25.3	8.4	61
Older than 35	24.1	7.7	89
Total	28.1	8.8	1654

The analysis showed a significant statistical difference between age groups, $F(4, 1648) = 7$, $p = .00$. Post-hoc comparisons using the Tukey HSD test indicated that the mean score of respondents who were older than 35 years old ($M = 24.1$; $SD = 7.7$) was significantly different to all other age groups. In addition, the 16 to 20 year old age group was significantly different from the 31 to 35 year old respondents too. This finding confirms that respondents who were older than 35 years old were experiencing significantly lower levels of distress compared to the older ones.

Gender Identity

To compare the mean scores of different gender identity groups, a one-way ANOVA was conducted. Participants were in five main groups including Male, Female, Transgender, Genderqueer and Agender.

Gender Identity groups	Mean	Std. Deviation	N
Male	25.8	8.9	348
Female	28.6	8.6	1263
Trans	32.6	8.2	10
Genderqueer	32.8	7.8	18
Agender	33.8	2.4	7

As the above table demonstrates, participants who identified themselves as transgender, genderqueer and agender have higher mean scores on the Kessler scale compared to male and female respondents. The analysis indicated that the difference between the gender identity groups was significant, $F(4, 1641) = 9.6$, $p = .00$. This result confirms that gender identity groups experience significantly different levels of depression, stress and anxiety. The results of post-hoc comparisons indicated that male respondents were significantly different from female and genderqueer participants in terms of their Kessler scores.

To know the difference between male, female and all gender minority respondents, those participants who identified themselves as Trans, Genderqueer, Agender, Takatāpui or Fa'afafine were clustered together as the gender minority group. Another analysis of variance was conducted to show the difference between male, female and gender minority respondents. The results showed a significant difference between these three groups, $F(2, 1648) = 19$, $p = .00$. Female respondents also scored significantly different from participants who identified themselves as gender minority.

Gender Identity groups	Mean	Std. Deviation	N
Male	25.8	8.9	348
Female	28.6	8.6	1263
Gender Minority	32.5	8.5	40

Sexual Orientation

Regarding sexual minority, the survey asked respondents to report how they identified their sexual orientation (e.g. straight, lesbian, gay, queer, bisexual, pansexual, fluid, asexual or Takatāpui). A one-way ANOVA was conducted to see if there was any difference between Kessler scores of different sexuality groups. The mean scores and standard deviation of different groups show that those who identified themselves as queer experience highest levels of distress, while straight participants reportedly have lower levels of depression, stress and anxiety.

Sexual Orientation	Mean	Std. Deviation	N
Straight	26.6	8.6	1162
Lesbian	30.9	8.2	63
Gay	28.4	9.0	45
Bisexual	32.0	8.5	245
Asexual	30.0	7.2	29
Fluid	31.5	8.3	19
Pansexual	32.9	7.9	52
Queer	34.1	5.9	23
Total	28.1	8.8	1638

The results of one-way ANOVA showed that the difference between participants from different sexuality groups was significant $F(7, 1630)$, $p = .00$. The post-hoc comparisons showed that straight respondents were significantly different from lesbian, bisexual, pansexual and queer respondents.

To show if there was a difference between straight and non-straight respondents, firstly all respondents who identified themselves as sexual minorities were grouped together. An independent samples t-test was conducted to compare the Kessler scores of straight and sexual minority groups. The results demonstrated a significant difference, $t(1651) =$ -10.49, $p= .00$, with sexual minibites experiencing significantly higher levels of psychological distress.

Sexual Orientation	Mean	Std. Deviation	N
Straight	26.6	8.6	1162
Sexual minorities	31.5	8.4	491

Ethnicities

The table below shows the mean Kessler scores of respondents from different ethnicities. Pacific Islanders had the lowest levels of psychological distress while the Middle Eastern participants had the highest levels. However, there were not many respondents from this ethnic group (n =13).

Ethnicity	Mean	Std. Deviation	N
Pākehā	28	8.6	1310
Māori	28.8	8.2	204
Pacific Islanders	27.4	9.0	84
Asian	29.2	8.5	133
European	28.7	7.2	151
Middle Eastern	31.6	8.3	13
Latin American	30.5	7.9	12
African	28.3	5.9	11

In order to discover the differences between respondents from different ethnic groups, a one-way ANOVA was conducted. However, Middle Eastern, Latin American and African respondents were removed from the analysis because of low numbers of respondents in these groups. The results of the one-way ANOVA showed that the difference between participants from different ethnic groups was not significant, $F(4, 1586) = .65$, $p = .62$.

New Zealand-born vs. Overseas-born Respondents

Country of Birth	Mean	Std. Deviation	N
New Zealand-born respondents	28.1	8.7	1274
Overseas-born respondents	27.9	9.1	379

In order to compare the Kessler scores of respondents who were born in New Zealand and those who were born overseas, an independent-samples t-test was conducted. There was no significant difference between these two groups' levels of psychological distress as measured by the Kessler scale $t(1651) = .427$, $p = .67$.

The survey asked those respondents who were not born in New Zealand, at what age they immigrated/came to New Zealand. There were three age ranges they could choose to indicate their age at immigration, including younger than 5 years old, between 5 and 16 years old, and older than 16 years old. A one-way between-groups analysis of variance was conducted to explore the difference of Kessler scores between respondents who were born overseas and immigrated to New Zealand at different ages.

The findings showed a statistically significant difference between groups, $F(2, 375) = 6.4$, $p = .00$. Post-hoc comparisons indicated that respondents who immigrated to New Zealand between the ages of 5 and 16 years old, were significantly different from those who came to the country when they were older than 16 years old. This finding also demonstrates that those who immigrated to the host country when they were between 5 and 16 years old, experience significantly higher levels of psychological distress as measured by the Kessler scale.

Age at Immigration	Mean	Std. Deviation	N
Younger than 5	27.8	8.1	99
Between 5 and 16	29.7	9.4	152
Older than 16	25.8	9.1	127

Disabilities

In order to discover the impact of having disabilities on psychological distress, an independent-sample t-test was performed between respondents with a disability/disabilities and those who did not consider themselves having a disability. The result showed that respondents with disabilities were significantly different in terms of their psychological distress, $t(1651) = 7.5$, $p = .00$, when compared to respondents without disabilities.

Disabilities	Mean	Std. Deviation	N
Respondents with disabilities	31.8	8.6	264
Respondents without disabilities	27.4	8.7	1389

Parental Situation

The survey asked respondents if their parents lived together, were separated or divorced, or if one/both of them was/were deceased. A one-way between-groups analysis of variance was carried out to see if there was a difference between psychological distress of respondents in these three groups. A significant difference was indicated by the results, $F(4, 1648) = 4.5$, $p = .00$. Between-group comparisons indicated that respondents whose parents live together were found to be significantly different in their Kessler scores compared to those whose parents were separated or divorced.

Parental Situation	Mean	Std. Deviation	N
They live together	27.4	8.5	1037
They are separated/ divorced	29.4	8.8	478
One/both of them is/are deceased	28	10	114

The survey also asked respondents whose parents were separated or divorced about their age when this happened. Options to choose from included younger than 5 years old, between 5 and 16 years old and older than 16 years old. The results of a one-way between-groups analysis of variance (ANOVA) showed no significant difference between these three groups in terms of their psychological distress, $F(2,466) = 2$, $p = .13$.

Parental Situation	Mean	Std. Deviation	N
Younger than 5	29.4	8.6	170
Between 5 and 16	30.1	9	228
Older than 16	27.7	8.9	71

Education

Domestic vs. International students

In order to know if there was a difference in psychological distress experienced by domestic and international students, an independent-samples t-test was performed. The result showed a significant difference between these two groups, $t(1651) = 2.1$, $p = .03$. This confirms that domestic students experience significantly higher levels of psychological distress compared to international students in New Zealand.

Domestic vs. International Respondents	Mean	Std. Deviation	N
Domestic Students	28.2	8.8	1573
International Students	26	9.2	80

Modes of Study

An independent-samples t-test was conducted to know the impact of modes of tertiary studies (Full-time vs. Part-time) on respondents' psychological distress. The result showed that there was no significant difference between students who study full-time in comparison to part-time students, $t(1651) = -.47$, $p = .63$.

Modes of Study	Mean	Std. Deviation	N
Full-time students	28	8.8	1483
Part-time Students	28.4	8.8	170

Qualifications

A one-way analysis of variance (ANOVA) was performed to display the difference in Kessler scores of respondents studying towards different qualifications. A statistically significant difference was found between groups, $F(5, 1647) = 4.3$, $p = .00$. Between group comparisons revealed that respondents who were studying towards bachelor's degree were experiencing significantly higher levels of psychological distress than PhD students who took part in the survey.

Qualifications	Mean	Std. Deviation	N
Certificate	29.4	10.6	39
Diploma	27.4	9.2	35
Bachelor's Degree	28.5	8.8	1209
Postgraduate and Honour's Degree	27	8.8	141
Master's Degree	27.1	8	126
Doctorate Degree	24.9	8.1	103

Years in Tertiary Education

The survey asked respondents how many years they have been in tertiary education. To understand if there was a difference between respondents in their Kessler scores based on how long they had been in tertiary education, a one-way ANOVA was conducted. This analysis showed that there was no significant difference in Kessler scores of respondents in different years of tertiary education, $F(4, 1648) = .76$, $p = .5$.

Years in Tertiary Education	Mean	Std. Deviation	N
Less than 1 year/1 year	28.4	9.2	351
Less than 2 year/2 year	28	8.9	362
Less than 3 year/3 year	28.5	8.5	322
Less than 4 year/4 year	28.1	8.9	279
Less than 4 years	27.4	8.3	339

Major Fields of Study

Respondents were asked to report their major fields of study. In order to show the levels of psychological distress in respondents from different major fields of study, a one-way analysis of variance (ANOVA) was conducted. The main majors of study with enough number of respondents for statistical analysis were entered into the analysis.

Major Fields of Study	Mean	Std. Deviation	N
Natural and Physical sciences	28.1	9	279
Information Technology	31.2	8.9	57
Engineering and related Technologies	25.9	8.1	107
Agriculture, Environmental and related Studies	25.1	8.9	64
Health	28	9.4	220
Education	27.9	9.3	78

Management and Commerce	26.3	8.3	160
Society and Culture (including Languages)	29.3	8.7	304
Creative Arts	30.6	8.2	87
Law	27.6	7.5	86

The results showed that there was a significant difference in the mean Kessler scores of respondents in different major fields of study, $F(11, 1455) = 4.1$, $p = .00$. This result confirms that the major fields of study has a significant impact on students' levels of psychological distress. As the table above shows, students in Information Technology ($M = 31.2$) had the highest mean scores, followed by those in Creative Arts ($M = 30.6$), while students in Agriculture, Environmental and related studies ($M = 25.1$) as well as those in Engineering and related Technologies ($M = 25.9$) had the lowest Kessler scores.

Tertiary Institutions

In order to identify the levels of psychological distress in respondents from different tertiary institutions, a one-way analysis of variance (ANOVA) was conducted. The main tertiary institutions with enough number of respondents for statistical analysis were entered into the analysis (Eastern Institute of Technology and Wellington Institute of Technology were not entered into the analysis although they are reported in the table below).

Tertiary Institutions	Mean	Std. Deviation	N
University of Auckland	28.5	9	161
University of Waikato	30.6	8.2	32
Massey University	28.7	7.5	127
Victoria University of Wellington	28.5	8.3	413
University of Canterbury	29	8.9	338
Lincoln University	25.4	9	91
University of Otago	25.9	8.5	306
AUT (Auckland University of Technology)	29.5	11.8	26
Ara Institute of Canterbury	28	10.6	21
Eastern Institute of Technology	28.3	10.9	16
Wellington Institute of Technology	27.9	9.3	10
Manukau Institute of Technology	26.3	9.1	38

The difference in Kessler scores of respondents from different tertiary institutions was found to be significant, $F(11, 1567) = 3.4$, $p = .00$. As shown, students from University of Waikato had the highest Kessler scores, while respondents from Lincoln University had lowest Kessler scores.

Post-hoc between-group comparisons showed that respondents from University of Otago and Victoria University of Wellington were significantly different in regard to their psychological distress ($p = .00$). In addition, participants from the University of Canterbury were statistically different from students from Lincoln University ($p = .02$) and University of Otago ($p = .00$).

Dropping out of Tertiary Studies

The survey asked respondents if they have considered dropping out of their tertiary studies. An independent-samples t-test was conducted to see if there was a difference in the Kessler scores of respondents who have considered this in comparison to those who have not. The results showed that there was a significant difference between these two groups, $t(1651) = 14.8$, $p = .00$, with respondents who have considered dropping out of their tertiary studies having higher levels of psychological distress.

Dropping out of Tertiary Studies	Mean	Std. Deviation	N
Yes	30.7	8.2	937
No	24.6	8.3	716

In addition to the above analysis, a Chi-square test was conducted in order to compare the percentages of participating students who consider dropping out of tertiary studies in different tertiary institutions. The result indicated a significant association between tertiary institutions and their students' consideration of dropping out of tertiary studies ($p = .03$). This finding confirms that the number of students who consider dropping out of tertiary studies was significantly different in different tertiary institutions.

As can be seen in the table blow, Massey University (68.5%) had the highest percentage of participating students in the survey who have considered dropping out of their tertiary studies. On the other hand, University of Otago (47.2%) had the lowest percentage of respondents who consider this.

Tertiary Institution and Considering Dropping Out	Yes	No
University of Auckland	95	73
	56.5%	43.5%
University of Waikato	21	12
	63.6%	36.4%
Massey University	89	41
	68.5%	31.5%

Victoria University of Wellington	254	181
	58.4%	41.6%
University of Canterbury	191	163
	54%	46%
Lincoln University	55	44
	55.6%	44.4%
University of Otago	151	169
	47.2%	52.8%
AUT (Auckland University of Technology)	16	13
	55.2%	44.8%
Manukau Institute of Technology	23	18
	56.1%	43.9%

Academic Success

The survey asked respondents to report their self-evaluation of academic success. To know the psychological distress levels of students with different academic success as they reported, a between-groups ANOVA was conducted. The difference was statistically significant, $F(4, 1648) = 31.1$, $p = .00$. It was found that respondents who had reportedly higher academic success had lower levels of psychological distress compared to those who rated their academic success lower.

Academic Success	Mean	Std. Deviation	N
Excellent	25.8	9.2	232
Above average	26.6	8	744
Average	29.5	8.9	526
Below average	33.6	8	125
Very poor	35	8.4	26

Between-groups comparisons showed that respondents with excellent academic success as they reported were significantly different from those with average, below average and poor academic success. In addition, those who rated their academic success as above average were statistically different from those students with average, below average and poor academic success as they reported. Furthermore, respondents with average academic success were statistically different from those with below average academic success. These results show the strong impact of academic success on psychological distress.

Living Situation

As noted earlier, the survey asked respondents who they live with. In order to know the difference in Kessler scores of respondents in relation to who they live with, a one-way ANOVA was conducted. The result showed a significant difference between groups, $F(6, 1586) = 3$, $p = .00$. Between group comparisons indicated a significant difference in

psychological distress of respondents who reportedly live with their parents in comparison to those who mentioned they live with their friends.

Who they live with	Mean	Std. Deviation	N
By myself	28.4	8.7	127
Parents	29.4	9	354
Friends	27.4	8.5	735
partner	27.3	8.7	206
children	26.8	9.1	24
Strangers	29.5	8.8	115
Relatives	29.1	9.8	32

Halls of Residence

An independent-samples t-test was conducted to see if there was a significant difference in Kessler scores of respondents who reportedly lived in halls of residence in comparison to those who did not. The results showed that there was no significant difference between these two groups, $t(1651) = .84$, $p = .39$. Therefore, this confirms that living in a hall of residence by itself does not significantly impact the psychological distress of respondents.

Living in a University Hall	Mean	Std. Deviation	N
Yes	27.5	8.9	246
No	28.2	8.8	1407

Satisfaction with Living Situation

A one-way ANOVA was conducted to identify the relation between respondents' satisfaction with living situation and their Kessler scores. A significant difference was found in the psychological distress of groups of respondents who rated their satisfaction with their living situation differently, $F(4, 1648) = 68.7$, $p = .00$. This finding confirms that satisfaction with living situation by itself plays a significant part in tertiary students' psychological distress. In addition, between-group comparisons showed that respondents in all groups were found to be significant from others.

Satisfaction with Living Situation	Mean	Std. Deviation	N
Extremely happy	23.9	7.8	404
Somewhat happy	27.5	8.3	725
Neither happy nor unhappy	31.1	8.2	219
Somewhat unhappy	31.3	8.2	233
Extremely unhappy	37.8	8.2	72

Employment, Income & Expenses

Respondents were asked to indicate if they were unemployed, work as a volunteer or work in paid employment. The one-way ANOVA showed no significant difference in Kessler scores of respondents between these three groups, $F(2, 1650) = .06$, $p = .93$.

Employment	Mean	Std. Deviation	N
Employed	28.1	8.8	905
Unemployed	28.1	8.7	669
Volunteer	28.4	9.7	79

In addition, the survey asked respondents who were employed (or in volunteer jobs), whether they work full-time or part-time. The one-way ANOVA also showed no significant difference in Kessler scores of respondents in these three groups, $F(2, 974) = 1.5$, $p = .2$.

Employment	Mean	Std. Deviation	N
Part-time	28.3	8.8	675
full-time	28.5	9	81
Casual	27.1	9	221

Working Hours per Week

In terms of number of hours per week for working respondents, the one-way ANOVA indicated that there was a significant difference in Kessler scores of respondents grouped based on the number of hours they worked per week, $F(4, 972) = 2.7$, $p = .02$. Additionally, between-group comparisons showed that there was a significant difference in the psychological distress of respondents who reportedly work less than 10 hours per week compared to those who work 20.1 to 30 hours every week.

Working hours per week	Mean	Std. Deviation	N
Less than 10 hours per week	27	9.1	382
Between 10.1-20 hours per week	28.5	8.3	375
Between 20.1-30 hours per week	29.6	9.3	127
Between 30.1-37.5 hours per week	27.7	7.6	39
More than 37.5 hours per week	28.9	9.7	54

Weekly Income

A one-way ANOVA was carried out to know if there was a difference in Kessler scores of respondents with different weekly income. The result did not show any difference, $F(7,969) = 1.3$, $p = .22$, although the mean scores were lower in respondents with higher weekly income, implying that they have lower psychological distress as measured by the Kessler scale.

Weekly Income	Mean	Std. Deviation	N
Less than $100 per week	28.1	9.2	289
Between $100-$200 per week	28.1	8.7	355
Between $200-$300 per week	28.4	8.4	159
Between $300-$400 per week	28.6	9.2	63
Between $400-$500 per week	28.5	8.2	34
Between $500-$700 per week	27.9	9.9	43
Between $700-$1000 per week	23.8	8.2	20
More than $1000 per week	23.2	7	14

Weekly Expenses

Similarly to weekly income, respondents' weekly expenses per week did not seem to have any significant impact on their psychological distress. No significant difference was found through a one-way ANOVA between participants' Kessler scores with different weekly expenses, $F(3, 1649) = 1.6$, $p = .17$.

Weekly Expenses	Mean	Std. Deviation	N
Less than $250 per week	28.3	8.8	932
Between $250-$350 per week	28.1	8.6	532
Between $350-$450 per week	27.9	9.1	114
More than $450 per week	25.9	9.1	75

Student Allowance & Student Loan Scheme

An independent-samples t-test was conducted to identify the difference between respondents who were reportedly receiving student allowance compared to those who were not. The result indicated a significant difference between these two groups in terms of their Kessler scores, $t(1651) = 3.6$, $p = .00$. This finding confirms that respondents who reported they were receiving student allowance were significantly more psychologically distressed than those who were not.

Student Allowance	Mean	Std. Deviation	N
Yes	29.3	8.9	499
No	27.6	8.7	1154

Another independent-samples t-test was performed to discover the difference between respondents who reportedly draw money from Student Loan Scheme weekly compared to those who do not. The analysis showed a significant difference, $t(1651) = 2$, $p = .04$, with respondents who drew money from this scheme having significantly higher Kessler scores.

Student Loan Scheme	Mean	Std. Deviation	N
Yes	28.5	8.7	499
No	27.6	8.9	1154

Financial Support from Parents (or Someone else)

An independent-samples t-test was conducted to identify the difference between respondents who were reportedly supported financially by their parents (or someone else) compared to those who did not have such support. The result indicated no significant difference between these two groups in terms of their Kessler scores, $t(1651) = -1.6$, $p = .09$. However, participants with no such support had slightly higher Kessler scores.

Financial Support	Mean	Std. Deviation	N
Yes	27.7	8.6	808
No	28.4	8.9	845

Feeling about Financial Situation

In order to identify the impact of how respondents feel about their financial situation on their Kessler scores, a one-way ANOVA was performed. The result showed a significant difference between participants, $F(4, 1648) = 63.7$, $p = .00$. Between group comparisons also revealed significant differences between all groups of respondents however they feel about their financial situation. This confirms that feeling about financial situation has a strong impact on psychological distress in tertiary students.

Feeling about Financial Situation	Mean	Std. Deviation	N
Very good	22.6	8.3	161
Somewhat good	25.6	7.9	434
Neither good nor bad	27.6	8.6	398
Somewhat bad	29.9	8	458
Very bad	34.5	8.5	202

Relationship Status

The survey asked respondents about their relationship status. In order to know the impact of relationship status on psychological distress of respondents, they were grouped into

two main categories; single (e.g. single, recently broken up, divorced, widowed) and in a relationship (e.g. in a relationship, in a de facto relationship, married). An independent samples t-test was conducted to identify the difference is Kessler scores of these two groups. No significant difference was found between single respondents compared to those who were reportedly in a relationship, t(1651) = 1.7, p = .07.

Relationship Status	Mean	Std. Deviation	N
Single	28.4	8.9	921
In a relationship	27.6	8.6	732

Length of Being in the Reported Relationship Status

Respondents were also asked how long they have been in the reported relationship status. A one-way ANOVA was conducted to know the impact of length of being in their relationship status on their psychological distress. The difference was found to be significant between groups of participants, F(3, 1578) = 6.9, p = .00.

Length of being in the reported relationship status	Mean	Std. Deviation	N
Less than 6 months	29.4	9.1	269
Between 6-12 months	29.6	8.5	226
Between 1-2 years	28.6	8.6	274
More than 2 years	27.3	8.7	813

Between-group comparisons also showed that those who were in their reported relationship status for less than 12 months were significantly more psychologically distressed. The above table confirms that the longer respondents were in their relationship status (whether single or in a relationship), the lower Kessler scores they had.

Satisfaction with the Relationship Status

Respondents reported how satisfied they were with the relationship status they were in the time of the survey. In order to know the impact of this feeling on respondents' psychological distress, a one-way analysis of variance was conducted. There was a statistically significant difference for groups of respondents, F(4, 1648) = 23.7, p = .00.

Satisfaction with the Relationship Status	Mean	Std. Deviation	N
Extremely happy	26.5	9	545
Somewhat happy	27.3	8.1	419
Neither happy nor unhappy	28.5	9	354
Somewhat unhappy	29.7	8	255
Extremely unhappy	35.7	7.3	80

Post-hoc comparisons confirmed that the Kessler scores of respondents who were extremely happy about their reported relationship status, were significantly different from those who were neither happy nor unhappy, somewhat unhappy and extremely unhappy. In addition, those who were somewhat happy were significantly different from participants who were somewhat unhappy and extremely unhappy. Respondents who were extremely unhappy were significantly different from all other groups in terms of their psychological distress. These findings reveal the strong impact of this feeling of satisfaction on respondents' psychological distress.

Number of People Respondents Think They Can Rely on

The survey asked respondents how many people they think they can rely on in the difficult times in their lives. In order to know the impact of the number of people they think they can rely on their Kessler scores, a one-way ANOVA was conducted. The result showed the significant difference in psychological distress of the groups of respondents who believed they could rely on different number of people in their lives, $F(4, 1648) = 71.5$, $p = .00$.

Number of People to Rely on	Mean	Std. Deviation	N
No one	36.8	8.3	62
One to two	31.5	8	479
Three to five	27.4	8.3	694
Five to eight	25.2	7.9	264
More than eight	21.7	7.8	154

Between-group comparisons also showed significant differences between all groups of respondents. As the above table displays, participants' Kessler scores decreased steadily as they thought they had more people to rely on. This finding strongly confirms that the number of people that the students think they can rely on in difficult times of their lives could be a strong predictor of their psychological distress.

Alcohol, Cigarettes, Weed and Recreational Drug Use

Alcohol Use

The survey asked three questions from the Alcohol Use Disorders Identification Test (AUDIT) regarding respondents' alcohol consumption. Firstly, they were asked to report how often they have a drink containing alcohol. Secondly, they were asked how many drinks containing alcohol they have on a typical day when they were drinking. Thirdly, they reported how often they have failed to do what was normally expected of them because of drinking.

In order to identify the impact of frequency and number of alcoholic drinks respondents have on their Kessler score, two one-way ANOVAs were conducted between groups of respondents to the first and second questions in this section. The results indicated no

significant difference between groups in the questions on how often they have alcohol, $F_{(4, 1648)} = 1$, $p = .3$, or on how many drinks they have, $F_{(4, 1424)} = 2.1$, $p = .07$, although the p value for the second question was close to being significant. These findings demonstrate that respondents who drink more alcohol more often, do not have necessarily higher Kessler scores.

Another one-way analysis of variance was conducted between various groups of respondents who have reportedly failed to do something because of alcohol. The result showed a significant difference between these groups, $F_{(4, 1425)} = 7.4$, $p = .00$. This confirms that respondents who fail to do something because of alcohol more often are more likely to have higher levels of psychological distress. This finding in comparison to the previous analyses on alcohol use confirms that psychological distress is more related to the frequency of failure than how often and how much they have alcohol.

The frequency of failure because of alcoholic drinks	Mean	Std. Deviation	N
Never	27.3	8.6	973
Less than monthly	29	8.6	365
Monthly	31	9.2	72
Weekly	30.6	8.7	16
Daily or almost daily	40	7.4	4

In addition, a compute variable was created to add responses of participants to the three questions on alcohol consumption. Therefore, every participant had a score on alcohol use which included their responses to the three mentioned questions in this section. To clarify, to answer the first question, respondents could choose: Never (1), Monthly or less (2), 2-4 times a month (3), 2-3 times a week (4) and 4 or more times a week (5). It should be mentioned that in the survey, respondents who answered "Never" to this question (13.3%, n= 224), were directed to the next section. Therefore, they were excluded from this analysis.

To respond to the next question on how many alcoholic drinks they would typically have, respondents could choose 1-2 (1), 3-4 (2), 5-6 (3), 7-8 (4) and 10 0r more (5). Regarding the third question on how often they have failed to do something because of alcohol, respondents could report never (1), less than monthly (2), monthly (3), weekly (4) and daily or almost daily (5). Therefore, the alcohol consumption score for a respondent who reportedly had 5-6 alcoholic drinks (3), 2-3 times a week (4), and had failed monthly to do something because of drinking (3) would be 10. The higher scores show higher alcohol dependence. Table below shows the alcohol consumption scores and number of respondents.

Alcohol Consumption Score	N	Percentage
4	225	12.8%
5	225	12.8%
6	264	18.1%
7	234	16%
8	196	13.4%
9	150	10.3%
10	81	5.6%
11	50	3.4%
12	18	1.2%
13	11	.8%
14	3	.2%
15	2	.1%

As seen, the alcohol consumption variable ranged from 4 to 15, with the majority of respondents scoring 6. To explore the relationship between participants' Kessler scores and alcohol consumption, a Pearson Correlation Analysis was conducted. The correlation was weak between these two scores, $r = .07$, $n = 1428$, $p = .00$, implying that respondents who have higher alcohol dependence were not certainly more psychologically distressed.

Alcohol Consumption in Age Groups

In order to compare alcohol consumption between different age groups, a one-way ANOVA was performed. The result showed a significant difference between these groups, $F(4, 1454) = 12.1$, $p = .00$. As seen in the table below, the younger age groups had higher alcohol consumption scores. Between-group comparisons also confirmed that respondents who were aged over 35 years old were significantly different in their alcohol consumption compared to 16 to 25 year old participants. In addition, 26 to 30 year olds were significantly different from 16 to 20 year olds as well as 21 to 25 year old respondents.

Age groups	Mean	Std. Deviation	N
16-20	7.1	2	586
21-25	6.7	2.1	639
26-30	5.8	1.8	109
31-35	6.6	2.5	50
Older than 35	6	1.9	75
Total	6.8	2.1	1459

Smoking Cigarettes

In addition to alcohol, respondents were asked how often they smoke cigarettes and how many cigarettes per day they have when they smoke. Two ANOVAs were conducted and there were no significant differences between groups.

Like alcohol, a compute variable on "smoking" was created. The responses to the first question were Never (1), Mostly or less/ occasionally (2), 2-4 times a month (3), 2-3 times a week (4) and 4 or more times a week (5). The answers to the second question on the number of cigarettes they smoke on a typical day were 1-2 (1), 3-4 (2), 5-6 (3), 7-8 (4), 10 or more (5). The compute variable for respondents were the sum of their responses to these two questions.

Smoking	N	Percentage
3	35	2%
4	28	1.6%
5	21	1.2%
6	20	1.1%
7	36	2%
8	16	.9%
9	22	1.2%
10	17	1%

As the above table shows, the compute variable for smoking ranged from 3 to 10. To explore the relationship between participants' Kessler scores and smoking score, a Pearson Correlation Analysis was conducted. The correlation was weak between these two scores, $r = .05$, $n = 188$, $p = .00$, suggesting that respondents who have higher smoking scores were not certainly more psychologically distressed.

Smoking in Age Groups

As mentioned in the previous chapter, of 1687 participants 202 (11.9%) reported they smoked cigarettes or any tobacco products and 147 respondents (8.7%) indicated that they used to smoke. In order to compare the smoking scores in different age groups, a one-way analysis of variance was performed. The result showed a significant difference between these groups, $F(4, 1454) = 12.1$, $p = .00$.

Age groups	Mean	Std. Deviation	N
16-20	5.2	2	74
21-25	6.2	2.2	81
26-30	7.1	2.2	14
31-35	7.1	2.5	13
Older than 35	7.8	1.6	13
Total	6.1	2.1	195

This analysis also showed that unlike alcohol, younger age groups reportedly smoke less than older participants. Between-group comparisons also confirmed that 16 to 20 year old participants were significantly different in terms of their smoking scores from participants who were older than 26 years old. In addition, 21 to 25 year olds were significantly different from respondents who were older than 35 years old.

Weed/Marijuana

Following questions on alcohol and cigarettes, respondents were asked if they smoked weed or marijuana. An independent-samples t-test was conducted to compare the Kessler scores of respondents who reportedly smoked weed versus those who did not. The analysis showed that the difference was significant, $t(1651) = 4.7$, $p = .00$. This finding confirms that respondents who smoke weed were more psychologically distressed compared to those who did not.

Weed/marijuana	Mean	Std. Deviation	N
Yes	30	8.5	348
No	27.6	8.8	1305

Furthermore, another one-way ANOVA was conducted on responses as to how often they smoke weed. There was no significant difference between groups of respondents in terms of their Kessler scores, $F(4, 343) = 1.2$, $p = .31$. This confirms that the frequency of smoking weed whether it's occasionally or more than 2 times a day does not impact their Kessler scores significantly.

The frequency of smoking weed/marijuana	Mean	Std. Deviation	N
Sporadically	29.8	8.6	237
Once a week	30.4	9.6	32
Between 1-3 times a week	29.8	8	46
1-2 times a day	29.3	5.8	18
More than 2 times a day	34.7	8.8	15

Recreational Drugs (except Weed/Marijuana)

Consequently, the survey asked respondents if they took recreational drugs (except weed). An independent-samples t-test was conducted to compare the Kessler scores of respondents who reportedly took recreational drugs compared to those who did not. The analysis showed that the difference was significant, $t(1651) = 2.3$, $p = .01$. This finding confirms that respondents who take recreational drugs were more psychologically distressed compared to those who did not.

Recreational Drugs	Mean	Std. Deviation	N
Yes	29.6	8.6	159
No	27.9	8.8	1494

Triggering Factors of Depression, Stress and Anxiety

The survey presented respondents with some factors and asked them to report the extent they were triggering their senses of depression, stress and anxiety. The relation between these factors and Kessler scores were investigated using correlation analyses. The results showed that feeling of loneliness, eating habits, adjusting and coping with university/student life and academic anxiety were the most triggering factors respectively. Friends and their social network, family issues and/or responsibilities as well as financial difficulties were the next triggering factors followed by social media and Internet use.

Triggering Factors	Correlation Coefficient	Sig. (2-tailed) n=1635
Feeling of loneliness	.578	.00
Eating habits	.418	.00
Adjusting and coping with university/student life	.417	.00
Academic anxiety/stress	.414	.00
Your friends/social circles	.370	.00
Family issues and/or responsibilities	.362	.00
Financial difficulties	.352	.00
Social media (e.g. Facebook, Twitter, chat rooms, etc.)	.319	.00
Internet use (e.g. news, online shopping, gaming, etc.)	.305	.00
Experience(s) of sexual assault and harassment	.296	.00
Physical disability/disabilities	.294	.00
Being worried about finding a job	.293	.00
Physical illness(es)	.288	.00
Cost of your education (i.e. tuition fees)	.285	.00
Others' perception or response to your sexuality	.280	.00

Your romantic relationship(s)	.247	.00
Being away from family and/or your support network	.220	.00
Others' perception or response to your gender	.191	.00
Death of loved ones	.186	.00
Alcohol consumption	.184	.00
Drug use	.174	.00
Cultural disconnection	.199	.00
Language barriers	.118	.00

Chapter 4: Conclusion

Kei Te Pai? aimed to explore the mental health of students in New Zealand tertiary:

- Demographics
- Education
- Living situations
- Employment, income and expenses
- Relationship status
- Alcohol, cigarettes, marijuana and recreational drug use
- Kessler psychological distress scale (Kessler 10)
- Causes of stress, depression and anxiety
- Mental health history
- Mental health support services within tertiary institutions

The survey was available to participants for a month and 1762 tertiary students took part in the survey. Chapter 2 summarizes the data from Qualtrics, while Chapter 3 presents the analyses of the data. These analyses were conducted to show the levels of psychological distress in different groups of participants and to discover different factors impacting their psychological distress as measured by the Kessler scale.

1. Demographics

Of 1762 tertiary students who took part in the survey, the majority were from the 16 to 20 year and 21 to 25 year age groups. Female, male and gender minority respondents composed 66.6%, 18.6% and 14.8% of the participating cohort respectively. In terms of sexual orientation, 62.2% of respondents were straight and the rest were sexual minorities. Pākehā or New Zealand Europeans (65.5%), Māori (10.2%), European (7.6%) and Asian (6.7%) were the most common ethnicities reported in the survey. 76.7% of respondents were born in New Zealand. Of those who were born overseas, the majority (34.6%) immigrated to New Zealand between the ages of 5 and 16. 15.6% of respondents considered themselves as having a disability or disabilities, with learning disabilities being the most common disability among these respondents (35.4%). 62.5% of respondents reported that their parents live together, while 28.7% of respondents had parents who were separated or divorced.

The mean Kessler score of respondents was 28.1, indicating that respondents were commonly experiencing moderate levels of psychological distress. In addition, different age groups were significantly different in terms of their Kessler scores, with younger participants (16 to 20 year old respondents) experiencing the highest levels of psychological distress ($M = 28.6$, $SD = 8.8$).

Regarding gender identities, respondents were significantly different from each other in terms of their psychological distress. Accordingly, those who identified themselves in

gender minorities had the highest levels of psychological distress (*M* = 32.5) followed by females (*M* = 28.6). Male respondents had the lowest scores of psychological distress (*M* = 25.8).

Respondents with different sexual orientations were also found to be significantly different regarding their levels of psychological distress. Participants who identified themselves in sexual minorities had higher levels of psychological distress (*M* =31.5) compared to straight participants (*M* = 26.6).

In terms of ethnicities, Pacific Islander respondents had the lowest levels of psychological distress (*M* = 27.4). The levels of psychological distress for Māori respondents (*M* = 28.8) and Pākehā (*M* = 28) were almost the same. In addition, Asian respondents (*M* = 29.2) were more psychologically distressed than European participants (*M* = 28.7). Additionally, the 13 Middle Eastern respondents in the survey had the highest mean score of psychological distress (*M* = 31.6) compared to all ethnic groups listed.

New Zealand-born respondents (*M* = 28.1) had slightly higher Kessler scores in comparison with those who were not born in New Zealand (*M* = 27.9). In terms of respondents' age at immigration or arrival in New Zealand, there was a significant difference between groups. Those who immigrated to New Zealand between the ages of 5 and 16 were significantly more psychologically distressed (*M* = 29.7).

Respondents with disabilities were also more psychologically distressed (*M* = 31.8) than those who did not identify themselves with any disabilities (*M* = 27.4). It was also found that participants whose parents were separated or divorced were significantly more distressed (*M* = 29.4) compared to those whose parents still lived together or where one or both of them were deceased. However, respondents' age at the time of their parents' separation or divorce did not impact their psychological distress significantly.

In sum, age, gender identity, sexual orientation, age at immigration, disabilities and parents' divorce or separation are the factors that impact tertiary students' psychological distress significantly.

2. Education

94.9% of respondents were domestic students, and 87% were studying full-time. The majority of respondents were bachelor students (72.7%). Regarding their major fields of study, Society and Culture and Languages (19%), Physical Sciences (12.9%) and Health (12%) were the most common ones. Participants were commonly from Victoria University of Wellington (25%), University of Canterbury (20.4%) and University of Otago (18.4%). Almost equal numbers of students in different years of their tertiary education participated in the survey.

It was found that domestic students (*M* = 28.2) were significantly more psychologically distressed than international students (*M* = 26). In addition, full time and part time

students were not significantly different in their Kessler scores, indicating that modes of study do not impact students' psychological distress significantly.

Students who were studying towards a Bachelor's degree (M = 28.5) were found to be experiencing psychological distress significantly more than PhD students (M = 24.9). Postgraduate and Honour's students, Master's students and those who were studying towards Diploma had almost the same levels of psychological distress (M = 27). Participants who were studying towards Certificates had the highest Kessler scores (M = 29.4).

The analysis also showed that the major field of study has a significant impact on students' levels of psychological distress. It was found that students in Information Technology (M = 31.2) had the highest mean scores, followed by those in Creative Arts (M = 30.6). Students in Agriculture, Environmental and related studies (M = 25.1) as well as those in Engineering and related Technologies (M = 25.9) had the lowest Kessler scores.

Students in different years of their tertiary education were not significantly different from each other in their Kessler scores. This finding shows that the number of years in tertiary education does not significantly impact students' psychological distress. In other words, this finding did not confirm that first-year students were necessarily more psychologically distressed than when they enter the tertiary education environment.

Respondents from different tertiary institutions were significantly different in their Kessler scores. It was found that students from University of Waikato (M = 30.6) had the highest Kessler scores, while respondents from Lincoln University (M = 25.4) had the lowest Kessler scores. Furthermore, participants from Victoria University of Wellington (M = 28.5) were significantly more distressed than respondents from University of Otago (M = 25.9). In addition, Kessler scores of participants from the University of Canterbury (M = 29) were significantly higher than those from Lincoln University (M = 25.4) and University of Otago (M = 25.9). This finding shows that the students' tertiary institution can have a significant impact on their psychological distress.

The participants were asked if they had ever considered dropping out of their tertiary studies and 56.3% of respondents reported they have, while 43.7% have never considered this. When asked about the reasons they have considered dropping out of tertiary studies, feeling overwhelmed (28.4%), mental illness (20.2%) and fear of failure (17.3%) were reported as the most common reasons. Financial hardship (13.4%) and choosing a wrong field of study (11.1%) also played a role according to the respondents. In addition, it was found that students who have considered dropping out were significantly more psychologically distressed than students who have not. In addition, a significant association was found between tertiary institutions and students who have considered dropping out of tertiary studies. This finding implies that tertiary institutions impact students' consideration of dropping out of their tertiary studies. Massey University (68.5%) had the highest percentage of participating students in the survey who have

considered dropping out of their tertiary studies, while the University of Otago had the lowest percentage.

Self-evaluation of academic success also appeared to be related to Kessler scores. Students who rated their academic success very poor had the highest level of psychological distress (M = 35), while those who believed they had excellent academic success were significantly less psychologically distressed (M = 25.8).

To sum up, qualifications respondents were studying towards, their tertiary institutions and self-evaluation of their academic success were found to be impacting students' psychological distress significantly.

3. Living Situation

The majority of respondents reported that they live with their friends (37%) and their parents (17.8%). They were mostly somewhat happy about their living situation (43.9%). The results showed that respondents' living situation (who they live with) significantly influence their psychological distress. It was found that those who live with strangers (M = 29.5) and their parents (M = 29.4) had the highest levels of psychosocial distress and those who live with their children (M = 26.8) and friends (M = 27.4) had the lowest. However, respondents who reportedly live with their parents (M = 29.4) were found to be significantly more distressed than those who live with their friends (M = 27.4).

Living in halls of residence did not seem to impact students' psychological distress significantly. In addition, respondents' satisfaction with their living situation was found to influence their psychological distress significantly. While the mean Kessler score of respondents who were extremely happy was 23.9, those who were unhappy had mean Kessler scores of 37.5.

In short, who respondents live with and how satisfied they were with their living situation, seem to impact their psychological distress significantly.

4. Employment, Income & Expenses

50% of respondents were in paid employment, 69% of whom were working part-time. The majority reported working less than 10 hours per week (39.3%) and between 10 to 20 hours per week (38%). Regarding their weekly income, the majority earned less than $100 per week (29.3%) and between $100 to $200 per week (36.2%). 56.3% of respondents reportedly spent less than $250 weekly and 32.2% spent between $250 to $350 per week on their living expenses.

30.4% of respondents were receiving student allowance and 52.5% reported that they draw money from the Student Loan Scheme. 48.9% of respondents were financially supported by their parents or someone else. Regarding satisfaction with their financial situation, nearly equal percentages of respondents felt somewhat good (26%), neither good nor bad (24.5%) and somewhat bad (27.6%).

Respondents' employment status (i.e. whether unemployed, employed or volunteer work) was not found to influence participants' psychological distress, and this was the case regardless of if they worked full-time, part-time or casual. However, the number of hours they work per week was found to influence their psychological distress significantly. It was shown that respondents who reportedly work 20.1 to 30 hours every week (M = 29.6) were significantly more distressed compared to those who work less than 10 hours per week (M = 27). This finding confirms that students who had to work high number of hours per week were more likely to have higher psychological distress.

Students who were reportedly receiving Student Allowance (M = 29.3) and withdrawing from the Student Loan Scheme (M = 28.5) were significantly more distressed than those who were not. Financial support from parents (or someone else) did not seem to impact tertiary students' psychological distress significantly. Weekly income and expenses did not find to be significantly influential in respondents' psychological distress. However, a strong association was found between respondents' feelings about their financial situation and their psychological distress, with those who felt very bad having higher Kessler score (M = 34.5) compared to those who felt very good (M = 22.6).

To summarise, working hours per week, being on Student Allowance and Student Loan Scheme and feeling about financial situation are factors associated significantly with students' psychological distress.

5. Relationship Status

Half of the respondents (50%) were single at the time of the survey and the rest were in a relationship (whether married or in a de facto relationship). The majority of respondents (51.3%) mentioned that they were in their reported relationship status for more than 2 years. 33% of respondents were extremely happy about their reported relationship status, while 4.9% were extremely unhappy about that. 41.8% reported they thought they had three to five people to rely on, while 3.8% mentioned they did not have anyone to rely on in difficult times of their lives.

Relationship status (whether single or in a relationship) was not found to be an influential factor in respondents' psychological distress. However, the length of time being in their reported relationship status turned out to impact their psychological distress significantly. This finding confirms that respondents who have been in their reported relationship status for less than one year were more psychologically distressed than those who have been in the same status for more than one year. In addition, satisfaction with their reported relationship status seem to be impacting their psychological distress significantly, with those who were extremely happy (M = 26.5) in comparison with those who were extremely unhappy (M = 35.7).

The number of people respondents thought they could rely on was found to be significantly correlated with their psychological distress. This finding suggests that respondents' psychological distress steadily increases as they thought they had less

people in their life to rely on, with those who thought they have no one (*M* = 36.8) compared to those with more than eight people (*M* = 21.7) to rely on.

To summarize, the length of time respondents were in their reported relationship status, how satisfied they were with that status and the number of people they thought they could rely on in difficult times of their lives were significantly associated with their psychological distress.

6. Alcohol, Cigarettes, Weed and Recreational Drug Use

Regarding alcohol, the majority of respondents indicated having alcoholic drinks 2 to 4 times a month (36.6%) as well as monthly or less often (29.2%). Most respondents reported that they have 1 to 2 drinks (32%) and 3 to 4 drinks (23.3%) containing alcohol on a typical day when they were drinking. 67.9% of respondents reported they have never failed to do what was normally expected of them because of drinking, while 25.6% had experienced this less than monthly.

It was found that how often respondents have alcoholic drinks was not significantly associated with their psychological distress. It was also found that the number of alcoholic drinks they have on a typical day when they drink was not significantly associated with their Kessler scores, however it was close to significance (*p* = .07). On the contrary, how often they failed to do something because of alcohol was found to be significantly associated with their psychological distress. For instance, four respondents who reportedly failed daily or almost daily because of alcohol had mean Kessler score of 40, while those who have never failed due to alcohol had a mean score of 27.3. Moreover, there was a significant difference between participants from different age groups regarding their alcohol consumption. It was found that younger participants consume alcohol significantly more than older respondents.

In terms of smoking, 11.9% of respondents mentioned they smoke cigarettes, the majority of whom reported smoking cigarettes 4 or more times a week (47.3%). In addition, most of them (41.3%) indicated smoking 1 or 2 cigarettes a day. While 50% of respondents mentioned they started smoking during their secondary school, 42.3% of them reported that they started during their tertiary education. No significant association was found between respondents' psychological distress and smoking habits. In addition, a significant difference was found between different age groups regarding their smoking. It was found that older respondents smoke cigarettes significantly more than younger ones.

21.9% of respondents reported they smoke weed/marijuana, and 68.3% of these respondents mentioned they smoke sporadically or very occasionally. It was found that respondents who smoke weed were significantly more distressed than those who did not. However, how often they smoke weed was not associated with their psychological distress. In other words, respondents who smoke weed more often were not necessarily more distressed.

9.5% of respondents reported taking recreational drugs, the majority of whom (56.3%) mentioned they took drugs very occasionally. Additionally, respondents who took recreational drugs were found to be psychologically more distressed in comparison with those who did not.

In sum, how often respondents failed to do something because of alcohol, smoking weed and taking recreational drugs are found to be impacting psychological distress significantly.

7. Triggering Factors of Depression, Stress and Anxiety

Respondents were presented with some factors and they were asked to what extent these factors trigger their senses of psychological distress. The results showed that feelings of loneliness, eating habits, adjusting and coping with university/student life and academic anxiety were the most triggering factors respectively. Friends and social networks, family issues and/or responsibilities as well as financial difficulties were the next triggering factors followed by social media and Internet use.

In addition, respondents added some comments on more factors that triggered their psychological distress. Tertiary education, mental and physical illnesses, jobs and financial issues, family and friends were some of the most common causes of depression, stress and anxiety that respondents mentioned.

8. Mental Health History

Stress, anxiety, lack of energy or motivation, depression and feelings of hopelessness/worthlessness were the most common self-diagnosed issues by respondents. Additionally, of 1632 respondents who took part in this question, there were 686 respondents who had experienced suicidal thoughts as well as 672 who had thoughts of self-harm. Some respondents added more mental health issues they thought of themselves having. Bipolar, personality disorder, obsessive compulsive disorder, ADHD, and low self-esteem were the common issues these respondents listed.

Respondents were then asked if they have ever been diagnosed by a health professional with any of the issues listed. Depression (14.9%) and anxiety (14.6%) were considerably more common issues. It is worth mentioning that suicidal thoughts (n = 301) and thoughts of self-harm (n = 272) were the most common diagnosed issues by a health professional after stress (n = 651).

Comparing the responses to this question to the previous question on self-diagnosis of mental health issues, some main findings can be drawn. Firstly, a huge difference was found between the responses to the previous question (11,654 responses) and this question on diagnosis by a health professional (4,364 responses). This confirms that less than two quarters of the participations who thought of themselves having one or more of the listed issues, have not seen a health professional regarding these issues. As an instance, while 686 participants self-diagnosed with suicidal thoughts, there were only

301 participants were diagnosed by a health professional with this issue. This reveals that more than half of tertiary students in this survey who have already thought of themselves having suicidal and self-harm thoughts, have not seen a health professional regarding these issues.

Respondents were also asked if there was a history of mental health in their families that they were aware of. It was found that respondents with a history of mental health in their family were significantly more distressed in comparison with those with no mental health issues in their family.

The survey then asked respondents what they were more likely to do when they are experiencing stress, depression, anxiety, etc. The majority of respondents reportedly tried to feel better by themselves by doing a physical activity, meditation or listening to music (29.6%), talking to a friend or a family member (22.6%). In addition, 862 respondents (20 %) reported that they do not do anything or they wait it out when they were experiencing depression, stress or anxiety. 367 of participants (8.5%) reported they made an appointment to see a counsellor or psychiatrist.

Furthermore, some participants added other responses, and less than half of them seemingly did not have strategies to positively deal with their senses of depression, stress and anxiety. The common answers were self-harm, smoking, eating, crying and sleeping.

9. Mental Health Support Services within Tertiary Institutions

Respondents were asked to report if they had ever sought help from a health professional 18.8% of them said they were seeing a mental health professional at the time of the survey, while 45.4% of them have sought help before regarding their mental health issues. 33.5% of them have never seen a mental health professional for an issue.

Subsequently, respondents were asked if they have ever sought help from mental health services at their tertiary institution. The majority of respondents (53.3%) have never used mental health services at their tertiary institutions. 9.6% mentioned they were using mental health campus services at the time of the survey, while 34.8% of respondents have previously used these mental health services.

Respondents who have never seen a mental health professional, were asked why they have avoided seeing a mental health professional at campus or have never done so. The most common reason reported by respondents was "I felt like I could handle that by myself" (15.9%). They also mentioned that "they did not feel like they needed that" (13.8%). The next frequent reason was that "they were embarrassed to seek help" (9.8%). "High costs" (9.1%) and "long wait times" (8.7%) were the next main reasons for avoiding or not seeing a mental health professional. Some respondents additionally mentioned that "they did not think it would work for them" (8.5%). Only 180 of respondents believed that they did not need to see a health professional (7.9%). Some respondents were

reportedly worried about their academic reputation (3.4%) and their future job (3.2%) resulting in not seeing a health professional. Furthermore, "not knowing where to ask for help" was one of the other reasons reported by 6.6% of respondents.

Some respondents reportedly avoided seeing a health professional at their institutions, because they believed that other students in need should be prioritized due to their higher levels of depression, stress and anxiety. Counselling services and booking systems were another main reason mentioned by respondents for not seeing a health professional at their tertiary institution. Some respondents were reportedly wondering if seeing a mental health professional would help them, resulting in avoiding referring to mental health services at their institution.

The survey also asked respondents how long they waited for their appointments at their campus counselling services. The majority have reportedly waited for two weeks or more (33.4%), while 12.4% of them were seen on the day when they referred to mental health services at their tertiary institution. 17.1% mentioned they waited for 2 to 3 days and 16.2% waited for about 10 days for their appointment. Subsequently, respondents were asked to rate the wait times based on their experience at mental health campus services. The majority rated it as average (32.2%), while 5.6% rated it as excellent and 26.9% as very poor.

Regarding the number of appointments, less than half of respondents who had used campus mental health services reported they had one or two sessions (46.5%). 28.2% had between three and five sessions and 25.3% have more than five sessions. They were also asked how satisfied they were with the number of appointments they had. Almost equal percentages of respondents were extremely satisfied (16%) and extremely unsatisfied (17.2%). Furthermore, almost equal percentages of them were somewhat satisfied (20.8%) and somewhat unsatisfied (20.4%) and the majority were neither satisfied nor unsatisfied (25.3%). Respondents were asked to rate their overall experience of mental health support services at their institution. The majority rated their experience as average (32.5%). While 9.6% rated it as excellent and 22.9% as above average, 20% of them rated it as below average and 14.6% as very poor.

Respondents were asked to rank the actions regarding mental health services at their tertiary institution. Improving the counselling services by far was ranked as the first action they required their tertiary intuitions to act upon. Training faculty and academic staff, providing and supporting student peer groups and services, and including information about mental health during orientation weeks were some of the top ranked actions.

In addition, some respondents added comments on actions regarding mental health at their tertiary institutions. Improving counselling services such as hiring more counsellors to decrease the wait time, increasing the number of appointments, improving the booking system, easier access to the services, staff training, decreasing tertiary education fees and

increasing awareness and understanding on mental health were some of the main actions respondents reported.

The survey presented the participants with three forms of peer-support programmes and asked them to rank them. One-to-one peer support programmes (by a trained peer-supporter) was commonly chosen as number one. However, it seemed like the majority of respondents believed that "mental health issues need trained professionals". One mentioned "Peer support programs are fine, but are not a suitable substitute for on-campus professionals." Another respondent stated: "Student-on-student support is a lazy idea. I don't want to talk to some random student who is doing the peer support … I like seeing counsellors at uni because they are professionals that can one-on-one psychological help- there is not really many good substitutes for that." Despite these comments, the fact that students reported "talking to their friends" as one of the main things they are more likely to do when distressed confirms that "peer-support programmes" could be a good addition to improved mental health services at tertiary institutions.

Chapter 5: What's Next?

By Jonathan Gee (NZUSA National President)

The focus of *Kei Te Pai?* was to provide an overview of the state of tertiary students' mental health in Aotearoa. The findings speak for themselves; our students, the future doctors, teachers and decision makers of New Zealand are experiencing significant mental health issues due to a range of factors and struggles. The mental health of tertiary students' is having a serious impact on their academic achievement and quality of life. *Kei Te Pai?* shows that we need to take action now.

The Government Inquiry into Mental Health and Addiction is a prime opportunity to have a national conversation around mental health. It is clear to us as student representatives, that mental health is a much discussed and cared about issue within student communities and society as a whole. We want to bring students into this national conversation, and are committed to continuing action on mental health through the following recommendations.

Applying a Student Lens to the Mental Health Conversation

Research shows that young tertiary students are experiencing significantly greater distress levels than what is found in the young 'non-student' population. This highlights the need for more attention to be given to address the mental health of students in tertiary education. Students face a raft of struggles that are unique to their community. Student loans, substandard living conditions, little to no income, and an intense and challenging course load all affect the wellbeing and mental health of students in tertiary education.

While there needs to be significant action within tertiary institutions in how mental health is addressed, action is also needed before students begin tertiary study, at secondary school. Transitioning into tertiary education can be a very stressful time in a young person's life. This transition is accompanied with various social and academic demands that may trigger a student's senses of depression, stress and anxiety. It can be a daunting decision to decide to further one's education and more support is needed to help high school students prepare for the transition into tertiary study life.

While careers' education is essential in providing students with their academic options, it is often social and psychological stresses that have more bearing on academic success. International evidence suggests that some of the biggest barriers to academic success in tertiary education exist in non-academic areas such as personal, emotional and financial stress. A more integrated approach to transitions is needed to ensure that our students are academically, emotionally, personally and financially prepared for tertiary study.

De-stigmatising Mental Health for our Students

We need to normalise conversations about mental health in student communities. Our hope is that *Kei Te Pai?* initiates a nationwide conversation about student mental health and wellbeing. Part of our purpose for carrying out this research was to de-stigmatise mental health and to show students that they are not alone when it comes to struggling with mental health. We want to see confidence-building in our communities so our students empower themselves to talk about this openly as a social issue, and a political issue.

Of the respondents who completed our survey, 56 percent of them considered dropping out. In a time where tertiary education has become individualised and seen as a means to an end rather than an end in itself, we are forgetting the importance of tertiary education as a community. Feeling overwhelmed, living with mental illness and fearing failure are not uncommon experiences amongst students as evidenced in our survey. There needs to be a culture change within our communities that makes discussing mental health, accessing support services, and practicing self-care a normalised part of everyday conversations.

A Tailored Approach to Mental Health

Our survey shows that minority groups such as sexual minorities and gender minorities are more susceptible to high levels of psychological distress. We know from this survey, and as student representatives, that different student communities have different stresses that affect their mental health. Each and everyone of these students must be included in any action taken on mental health. A more tailored approach to minority groups is therefore needed to ensure we do not inadvertently exclude any section of the student community from getting the support that they need.

Counselling and support services can be intimidating for certain demographics of students to use. For example, conventional practices may not align with the cultural values of some communities. Outreach counselling in maraes or in Pasifika spaces are examples of providing comfortable and safe environments for ethnic minority groups to seek help. Tailored support also plays a role in normalising the conversation around mental health within those communities who are more likely to suppress their feelings and not reach out for help. Steps also need to be taken to ensure that gender and sexual minorities feel safe using support services by knowing that they will be accepted and respected when talking to someone about their struggles. A one size fits all model will not work.

Increase Funding and Resourcing for Student Mental Health Support

The Government's commitment to free counselling for under 25s is an important one. Currently, tertiary counselling services are 100% funded by the student, through a Compulsory Student Services Fee (CSSF) that they pay to their institutions. It is clear that

counselling services are under strain, with a limited number of counsellors and long waiting times, more resources are needed for these services. It is important that support services remain as barrier free as possible as those who need the most help are often unlikely use services when barriers such as cost and wait times are put in front of them.

Students are more susceptible to distress as shown in the research therefore we want to see a wider conversation take place with the Government around how free counselling for under 25s will work in tertiary institutions. We don't want students missing out if the Government believes tertiary students already have access to sufficient counselling and support services when in reality, they are being funded out of students' pockets, again creating a barrier and an additional financial burden. We want to work with Government to see adequate and accessible support services for in all tertiary institutions.

In the long-term there must be a culture change in the way we talk about and address mental health in New Zealand. For too long there has been a 'band-aid' approach to dealing with the mental health crisis and in order to get to the root of the problem, we must as a nation, change our perceptions and misconceptions about what mental health is and how we help those who are struggling.

To make a meaningful change in the mental health of tertiary students, it will take all of us; students, staff, management and government working together to make a difference.

This change must begin now.

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Appendix

Kei Te Pai? NZUSA Survey on Students' Mental Health in Aotearoa

Dear Students, thank you for taking the time to participate in *Kei Te Pai?* the New Zealand Union of Students' Associations (NZUSA) survey on students' mental health across Aotearoa. This survey will gather information about students' experience of depression, stress, anxiety and wellbeing. NZUSA will use this data to inform policy and services on students' mental health and wellbeing at New Zealand tertiary education institutions and student communities. Your participation in the survey is completely voluntary and you can withdraw anytime during the survey. However, we do encourage you to take the time to complete the survey. Let your voices be heard and enable us to make a difference.

This survey will not ask you for any information that could be used to identify you and all your responses will be kept confidential. This survey should take approximately about 20 minutes to complete. It will ask you a whole range of questions to understand different factors that impact your mental health. If you do not complete the survey when you start it, your responses will be saved. You can come back later to finish it.

Should you have any comments or questions, please contact NZUSA Senior Researcher, Dr Khadij Gharibi at khadij.gharibi@students.org.nz. Your participation is greatly appreciated. You can now begin the survey:

The Survey

Are you currently enrolled as a tertiary student in New Zealand?

○ Yes (1)

○ No (2)

Skip To: Q101 If Q99 = No (2)

Display This Question:
If Are you currently enrolled as a tertiary student in New Zealand? = No

Thank you so much for your interest in participating in the survey. However, this survey is only seeking information from current students at tertiary education institutions across New Zealand.

Skip To: End of Survey If Q101- (1) Is Displayed

How old are you?

- ○ 16-20 (1)
- ○ 21-25 (2)
- ○ 26-30 (3)
- ○ 31-35 (4)
- ○ Older than 35 (5)

What is your gender identity? (You may choose multiple options)

- ○ Male   (1)
- ○ Female (2)
- ○ Cisgender (3)
- ○ Trans (4)
- ○ Genderqueer/Genderfluid (5)
- ○ Agender (gender-neutral) (6)
- ○ Takatāpui (7)
- ○ Fa'afafine   (8)
- ○ Other (9) _____

What is your sexual orientation? (You may choose multiple options)

- ○ Straight (Heterosexual)   (1)
- ○ Lesbian   (2)
- ○ Gay   (3)
- ○ Queer   (4)
- ○ Bisexual (5)
- ○ Pansexual (6)
- ○ Fluid   (7)
- ○ Asexual   (8)
- ○ Takatāpui (9)
- ○ Other   (10) _____

What ethnic group(s) do you identify with? (You may choose multiple options)

○ Pākehā/New Zealand European (1)

○ Māori   (2)

○ Pacific Islander (3)

○ Asian (4)

○ European   (5)

○ Middle Eastern (6)

○ Latin American (7)

○ African (8)

○ Other, please specify   (9) _____

Were you born in New Zealand?

○ Yes (1)

○ No (2)

How old were you when you immigrated to/came to study in New Zealand?

○ Younger than 5 (1)

○ Between 5 and 16 (2)

○ Older than 16 (3)

Do you consider yourself to have a disability? (e.g. physical, sensory and learning disability)

○ Yes, I have a disability/disabilities. (1)

○ No   (2)

What is your disability/disabilities? (You may choose multiple options)

○ Physical disability (1)

○ Sensory disability (2)

○ Learning disability (3)

○ Other, please specify   (4) _____

Do your parents live together?

○ Yes, they live together. (18)

○ No, they separated/got divorced. (19)

○ No, one/both of my parents is/are deceased. (20)

○ Other   (21) _____

How old were you when they got divorced/separated?

○ Younger than 5 (1)

○ Between 5 and 16 (2)

○ Older than 16 (3)

End of Block: Demographics

Start of Block: Education

Are you a domestic or international student?

○ Domestic student (1)

○ International student (2)

Are you currently enrolled full-time or part-time? (You may choose multiple options)

○ Full-time   (1)

○ Part-time (2)

○ Distance/ full-time (3)

○ Distance/part-time (4)

What qualification are you currently studying towards?

○ Certificate   (1)

○ Diploma   (2)

○ Bachelor's Degree   (3)

○ Postgraduate & Honours Degrees   (4)

○ Master's Degree (5)

○ Doctorate Degree (6)

What is your major area of study? (You may choose multiple options)

○ Natural and Physical Sciences (1)

○ Information Technology (2)

○ Engineering and Related Technologies (3)

○ Architecture and Building (4)

○ Agriculture, Environmental and Related Studies (5)

○ Health (6)

○ Education (7)

○ Management and Commerce (8)

○ Society and Culture (including Languages) (9)

○ Creative Arts (10)

○ Food, Hospitality and Personal Services (11)

○ Law (12)

○ Other, please specify   (13) _____

How many years have you been in tertiary education?

○ Less than 1 year/ 1 year (1)

○ Less than 2 years/ 2 years (2)

○ Less than 3 years/ 3 years (3)

○ Less than 4 years/ 4 years (4)

○ More than 4 years (5)

Where do you study?

○ University of Auckland   (1)

○ University of Waikato   (2)

○ Massey University   (3)

○ Victoria University of Wellington   (4)

○ University of Canterbury   (5)

○ Lincoln University   (6)

○ University of Otago (7)

○ AUT (Auckland University of Technology) (8)

○ Toi Ohomai Institute of Technology (9)

○ Unitec New Zealand   (10)

○ Ara Institute of Canterbury   (11)

○ Eastern Institute of Technology   (12)

○ Wellington Institute of Technology   (13)

○ Universal College of Learning   (14)

○ Manukau Institute of Technology   (15)

○ Nelson Marlborough Institute of Technology   (16)

○ North Tec (17)

○ Otago Polytechnic   (18)

○ Whitireia New Zealand   (19)

○ Southern Institute of Technology   (20)

○ Western Institute of Technology (21)

○ Waikato Institute of Technology (22)

○ Open Polytechnic (23)

○ Tai Poutini Polytechnic   (24)

○ Te Wānanga o Aotearoa (25)

○ Te Whare Wānanga o Awanuīarangi (28)

○ Te Wānanga o Raukawa (29)

○ Private Training Establishments (26)

○ Other, please specify (27) _____

Have you ever considered dropping out of your tertiary studies?

○ Yes (1)

○ No (2)

What was your main reason(s) for considering dropping out of university? (you may choose multiple options)

○ Financial hardship (1)

○ I felt like I chose a wrong field of study. (2)

○ Feeling overwhelmed (7)

○ Family/Relationship issues (8)

○ Mental illness (3)

○ Fear of failure (4)

○ Other, please specify (6) _____

Overall, how do you rate your academic success so far?

○ Excellent (1)

○ Above Average (2)

○ Average (3)

○ Below Average (4)

○ Very Poor (5)

Who do you currently live with? (You may choose multiple options)

○ By myself   (1)

○ With parents (2)

○ With friends (3)

○ With partner (4)

○ With my children (5)

○ With home-stay family   (6)

○ With strangers (7)

○ With relatives (8)

○ Other   (9) _____

Do you currently live in a (university) hall of residence?

○ Yes (1)

○ No (2)

How happy are you with your current living situation?

○ Extremely happy (1)

○ Somewhat happy (2)

○ Neither happy nor unhappy (3)

○ Somewhat unhappy (4)

○ Extremely unhappy (5)

End of Block: Living Situation

Start of Block: Employment, Income & Expenses

What is your current employment status? (You may choose multiple options)

Reminder: This survey does not ask you for any information that could be used to identify you. All your responses will be kept confidential.

○ Unemployed   (1)

○ Working as a volunteer (2)

○ Working in paid employment   (3)

Skip To: Q29 If Q24 = Unemployed (1)

Do you currently work part-time or full-time (i.e. 37.5 hours or more per week)?

○ Part-time   (1)

○ Full-time (2)

○ Casual   (3)

On average, how many hours do you work per week (your paid employment and volunteer job if you have any)?

○ Less than 10 per week (1)

○ 10.1-20 per week (2)

○ 20.1-30 per week (3)

○ 30.1-37.5 per week (4)

○ More than 37.5 per week (5)

If in paid work, how much do you earn weekly from your job on average (after tax)?

○ Less than $100 per week (1)

○ Between $100-$200 per week (2)

○ Between $200-$300 per week (3)

○ Between $300-$400 per week (4)

○ Between $400-$500 per week (5)

○ Between $500-$700 per week (6)

○ Between $700-$1000 per week (7)

○ More than $1000 per week (8)

On average, how much do you spend weekly on your living cost?

○ Less than $250 per week (1)

○ Between $250-$350 per week (2)

○ Between $350-$450 per week (3)

○ More than $450 per week (4)

Are you on a student allowance?

○ Yes (1)

○ No (2)

How much do you receive <u>weekly</u>?

○ Less than $180 per week (1)

○ Between $180 and $220 per week (2)

○ More than $220 per week (3)

Do you <u>currently</u> draw money weekly from the Student Loan Scheme <u>for living costs</u>?

○ Yes (1)

○ No (2)

How much do you draw <u>weekly</u>?

○ Less than $50 (1)

○ $50-$100 (2)

○ $101-$150 (3)

○ More than $150 (4)

Do your parents (or someone else) support you financially?

○ Yes (1)

○ No (2)

If yes, how much do they give you <u>monthly</u>?

    ○ Less than $500 (1)

    ○ Between $500 to $1000 per month (2)

    ○ Between $1000 to $2000 per month (3)

    ○ Between $2000 to $ 4000 per month (4)

    ○ More than $4000 per month (5)

Overall, how do you feel about your financial situation?

    ○ Very good (1)

    ○ Somewhat good (2)

    ○ Neither good nor bad (3)

    ○ Somewhat bad (4)

    ○ Very bad (5)

End of Block: Employment, Income & Expenses

Start of Block: Relationship Status

What is your <u>current</u> relationship status? (You may choose multiple options)

Reminder: This survey does not ask you for any information that could be used to identify you. All your responses will be kept confidential.

    ○ Single (1)

    ○ In a relationship (2)

    ○ In a de facto relationship (3)

    ○ Married (4)

    ○ Recently broken up (5)

    ○ Separated (6)

    ○ Divorced (7)

    ○ Widowed (8)

How long have you been in this relationship status?

○ less than 6 months   (1)

○ between 6-12 months (2)

○ between 1-2 years (3)

○ more than 2 years (4)

Overall, how happy are you with your current relationship status?

○ Extremely happy (1)

○ Somewhat happy (2)

○ Neither happy nor unhappy (3)

○ Somewhat unhappy (4)

○ Extremely unhappy (5)

Overall, how many people do you think you can rely on in difficult times in your life?

○ No one (1)

○ One to two (2)

○ Three to five (3)

○ Five to eight (4)

○ More than eight   (5)

End of Block: Relationship Status

Start of Block: Alcohol Use & Smoking

How often do you have a drink containing alcohol?

Reminder: This survey does not ask you for any information that could be used to identify you. All your responses will be kept confidential.

- ○ Never (1)
- ○ Monthly or less (2)
- ○ 2-4 times a month   (3)
- ○ 2-3 times a week (4)
- ○ 4 or more times a week (5)

Skip To: Q45 If Q42 = Never (1)

How many drinks containing alcohol do you have on a typical day when you are drinking?

- ○ 1 or 2 (1)
- ○ 3 or 4 (2)
- ○ 5 or 6 (3)
- ○ 7 or 8 (4)
- ○ 10 or more (5)

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

- ○ Never (1)
- ○ Less than monthly (2)
- ○ Monthly (3)
- ○ Weekly (4)
- ○ Daily or almost daily (5)

Do you smoke cigarettes or any tobacco products?

○ Yes (1)

○ No (2)

○ No, but I used to smoke.   (3)

How often do you smoke cigarettes or any tobacco products?

○ Never   (1)

○ Monthly or less/ occasionally   (2)

○ 2-4 times a month   (3)

○ 2-3 times a week (4)

○ 4 or more times a week (5)

How many cigarettes do you have on a typical day when you smoke?

○ 1 or 2 (1)

○ 3 or 4 (2)

○ 5 or 6 (3)

○ 7 or 8 (4)

○ 10 or more (5)

When did you start smoking?

○ Before my secondary school (1)

○ During my secondary school (2)

○ During my first year of university (3)

○ After my first year of university (4)

Do you smoke weed/marijuana?

○ Yes (1)

○ No (2)

Overall, how often do you smoke weed/marijuana?

○ Sporadically/very occasionally (1)

○ Once a week (2)

○ Between 1-3 times a week (3)

○ 1 or 2 times a day   (4)

○ More than 2 times a day (5)

Do you take any recreational drugs (except weed/marijuana)?

○ Yes (1)

○ No (2)

Overall, how often do you take recreational drugs (except weed/marijuana)?

○ Very occasionally (1)

○ Sporadically (2)

○ 1 or 2 times a month (3)

○ 1 or 2 times a week   (4)

○ Almost everyday (5)

How often during the last year have you failed to do what was normally expected of you because of taking recreational drugs (except weed/marijuana)?

    ○ Never (1)

    ○ Less than monthly (2)

    ○ Monthly (3)

    ○ Weekly (4)

    ○ Daily or almost daily (5)

End of Block: Alcohol Use & Smoking

Start of Block: How have you been feeling recently?

These questions concern how you have been feeling <u>over the past 30 days</u>. Please tick a box that best describes your experience of each over the last 30 days. .

Reminder: This survey does not ask you for any information that could be used to identify you. All your responses will be kept confidential.

	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
During the last 30 days, about how often did you feel tired out for no good reason? (1)	○	○	○	○	○
During the last 30 days, about how often did you feel nervous? (2)	○	○	○	○	○
During the last 30 days, about how often did you feel so nervous that nothing could calm you down? (3)	○	○	○	○	○
During the last 30 days, about how often did you feel hopeless? (4)	○	○	○	○	○
During the last 30 days, about how often did you feel restless or fidgety? (5)	○	○	○	○	○

During the last 30 days, about how often did you feel so restless you could not sit still? (6)
○ ○ ○ ○ ○

During the last 30 days, about how often did you feel depressed? (7)
○ ○ ○ ○ ○

During the last 30 days, about how often did you feel that everything was an effort? (8)
○ ○ ○ ○ ○

During the last 30 days, about how often did you feel so sad that nothing could cheer you up? (9)
○ ○ ○ ○ ○

During the last 30 days, about how often did you feel worthless? (10)
○ ○ ○ ○ ○

End of Block: How have you been feeling recently?

Trigger Warning: This section contains a question about experiences of sexual assault and harassment. This content may be triggering for some respondents.

For the following, please indicate the extent they generally trigger your sense of stress, depression, anxiety, etc.?

Family issues and/or responsibilities

○ To a great extent (1)

○ Somewhat   (2)

○ Very little (3)

○ Not at all (4)

Your romantic relationship(s)

○ To a great extent (1)

○ Somewhat   (2)

○ Very little (3)

○ Not at all (4)

Your friends/social circles

○ To a great extent (1)

○ Somewhat   (2)

○ Very little (3)

○ Not at all (4)

Adjusting and coping with university/student life

○ To a great extent (1)

○ Somewhat   (2)

○ Very little (3)

○ Not at all (4)

Academic anxiety/stress

- ○ To a great extent (1)
- ○ Somewhat   (2)
- ○ Very little (3)
- ○ Not at all (4)

Financial difficulties

- ○ To a great extent (1)
- ○ Somewhat (2)
- ○ Very little (3)
- ○ Not at all (4)

Cost of your education (i.e. tuition fees)

- ○ To a great extent (1)
- ○ Somewhat   (2)
- ○ Very little (3)
- ○ Not at all (4)

Being worried about finding a job

- ○ To a great extent (1)
- ○ Somewhat   (2)
- ○ Very little (3)
- ○ Not at all (4)

Physical disability/disabilities

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Physical illness(es)

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Others' perception or response to your gender

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Others' perception or response to your sexuality

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Experience(s) of sexual assault and harassment

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Eating habits

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Alcohol consumption

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Drug use

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Social media (e.g. Facebook, Twitter, chat rooms, etc.)

- ○ To a great extent (1)
- ○ Somewhat   (2)
- ○ Very little (3)
- ○ Not at all (4)

Internet use (e.g. news, online shopping, gaming, etc.)

- ○ To a great extent (1)
- ○ Somewhat   (2)
- ○ Very little (3)
- ○ Not at all (4)

Feeling of loneliness

- ○ To a great extent (1)
- ○ Somewhat   (2)
- ○ Very little (3)
- ○ Not at all (4)

Death of loved ones

- ○ To a great extent (1)
- ○ Somewhat   (2)
- ○ Very little (3)
- ○ Not at all (4)

Being away from family and/or your support network

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Language barriers

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Cultural disconnection

    ○ To a great extent (1)

    ○ Somewhat   (2)

    ○ Very little (3)

    ○ Not at all (4)

Other causes, please specify and indicate the extent they trigger your sense of stress, depression, anxiety, etc.?

Have you ever thought of yoursef having any of the following issues/symptoms? (Please select all that apply)

- ○ Depression (1)
- ○ Stress (2)
- ○ Anxiety (3)
- ○ Panic (4)
- ○ Feeling of hopelessness/worthlessness (5)
- ○ Lack of energy or motivation (6)
- ○ Eating disorder (7)
- ○ Irritability or anger (8)
- ○ Alcohol abuse (9)
- ○ Drug abuse (10)
- ○ PTSD (Post-traumatic stress disorder) (11)
- ○ Suicidal thoughts (12)
- ○ Thoughts of self-harm (13)
- ○ Insomnia/trouble sleeping (14)
- ○ Sudden mood changes (15)
- ○ Other, please mention (16) _____

Have you ever been diagnosed with any of the following issues by <u>a health professional</u>? (Please select all that apply)

- ○ Depression (1)
- ○ Stress (2)
- ○ Anxiety (3)
- ○ Panic   (4)
- ○ Feeling of hopelessness/worthlessness (5)
- ○ Lack of energy or motivation   (6)
- ○ Eating disorder (7)
- ○ Irritability or anger   (8)
- ○ Alcohol abuse (9)
- ○ Drug abuse (10)
- ○ PTSD (Post-traumatic stress disorder) (11)
- ○ Suicidal thoughts (12)
- ○ Thoughts of self-harm (13)
- ○ Insomnia/trouble sleeping   (14)
- ○ Sudden mood changes (15)
- ○ None of the above (16)
- ○ Other, please mention   (17)

Have you ever taken medications for mental health <u>that was prescribed by a health professional</u>?

- ○ Yes (1)
- ○ No (2)

Have you ever taken medications for mental health <u>that was not prescribed by a health professional for you </u>(e.g. taking somebody's medications)?

- ○ Yes (1)
- ○ No (2)

Is there a history of mental health issues <u>in your family that you are aware of</u>?

○ Yes (1)

○ No (2)

If yes, is it the same mental illness that you have been diagnosed with?

○ Yes (1)

○ No (2)

○ Both (yes and no) (3)

End of Block: Mental Health History

Start of Block: Mental Health Support Services within Universities

What are you more likely to do, when you are experiencing stress, depression, anxiety etc.? (You may choose multiple options)

○ Try to feel better on my own (e.g. doing a physical activity, meditation or listening to music) (1)

○ Talk to a friend or a family member (2)

○ Alcohol/drug use (3)

○ Make an appointment to see a counsellor/psychiatrist (4)

○ I don't do anything/ I wait it out. (5)

○ Religious practice (e.g. going to church, temple, mosque, etc.)   (6)

○ Search for websites or online supports (7)

○ Ring a help-line (8)

○ Other, please specify (9) _____

Have you ever sought help from a mental health professional (i.e. counsellors, psychologists, etc.)?

○ I am currently seeing a mental health professional. (1)

○ I have seen a mental health professional before. (2)

○ I have never seen a mental health professional for help. (3)

○ Other (4)

Have you ever sought help from mental health support services <u>at your institution</u>?

○ I am currently using mental health campus services. (1)

○ I have used mental health campus services before.   (2)

○ I have never used mental health campus services. (3)

○ Other (4)

Skip To: Q89 If Q96 = I have <u>never</u> used mental health campus services. (3)

If you have used campus counselling, how long did you wait for your appointment?

○ I was seen on that day.   (1)

○ 2-3 days (2)

○ Almost a week (3)

○ About 10 days (4)

○ Two weeks or more   (5)

If you have used campus counselling, how do you rate the <u>wait times</u> for counselling appointments or between appointments at your tertiary institution?

○ Excellent (1)

○ Above Average (2)

○ Average (3)

○ Below Average (4)

○ Very Poor (5)

If you have used campus counselling, <u>how many</u> sessions did you have?

○ One or two sessions (1)

○ Between three and five sessions (2)

○ More than five sessions (3)

If you have used campus counselling, how satisfied were you with <u>the number of counselling appointments</u> you had at your tertiary institution?

○ Extremely satisfied (1)

○ Somewhat satisfied (2)

○ Neither satisfied nor dissatisfied (3)

○ Somewhat dissatisfied (4)

○ Extremely dissatisfied (5)

How do you rate your experience of mental health support services <u>at your institution</u>?

○ Excellent (1)

○ Above Average (2)

○ Average (3)

○ Below Average (4)

○ Very Poor (5)

Display This Question:
    If Have you ever sought help from mental health support services at your institution? = I have <u>never</u> used mental health campus services.

If you <u>have avoided seeing or never seen</u> a mental health professional, what was the reason(s)? (You may choose multiple options)

○ I did not need that. (1)

○ I did not feel like I needed that. (2)

○ I did not think it would work for me. (3)

○ I felt like I could handle the issue by myself. (4)

○ I was worried my family, friends and others would find out. (5)

○ I was embarrassed to seek help.   (6)

○ I was worried about my academic reputation. (7)

○ I was worried about my future job. (8)

○ I did not do that because of high costs. (9)

○ I did not do that because of long wait times.   (10)

○ I did not know where to ask for help.   (11)

○ I had a bad experience.   (12)

○ Other   (13) _____

How do you rank the following actions regarding mental health issues <u>at your tertiary institution</u>? (with 1 as the most important)

_____ Add more information on mental health on the university website (1)
_____ Train faculty and academic staff (2)
_____ Provide and support student peer groups and services (3)
_____ Improve the counselling services at the campus (11)
_____ Include information about mental health education during orientation (4)
_____ Host suicide prevention activities and events (5)
_____ Initiate social activities on mental health at halls of residence (6)
_____ Run drug and alcohol prevention programmes (8)
_____ More opportunities for social network such as clubs (9)
_____ Any other ideas (10)

As the last question of the survey, we would like you to rank the following peer-support programmes in terms of being helpful for students' mental health. (with 1 being more likely and 3 being less likely).

_____ One-to-one peer support programmes (by one trained peer-supporter providing support to one student at a time) (1)
_____ Group peer-support programmes (to bring together those with shared experiences by trained supporters with shared experiences with attendees) (2)
_____ Remote peer-support programmes (through online helplines, chatrooms or blogs where students can receive peer support) (3)
_____ Your idea (4)

End of Block: Mental Health Support Services within Universities

Thank you so much for your time. Your mental health and wellbeing matters to us and we will do our best to make changes at your tertiary institution as a result of this survey.

National helplines

Below is a list of some of the services available in New Zealand that offer support, information and help. All services are available 24 hours a day, seven days a week unless otherwise specified (retrieved from Mental Health Foundation of New Zealand).

Need to talk? Free call or text **1737** any time for support from a trained counsellor
Lifeline – 0800 543 354 or (09) 5222 999 within Auckland
Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO)
Healthline – 0800 611 116
Samaritans – 0800 726 666

Depression-specific Helplines

Depression Helpline – 0800 111 757 or free text 4202 (to talk to a trained counsellor about how you are feeling or to ask any questions)
www.depression.org.nz – includes The Journal online help service
SPARX.org.nz – online e-therapy tool provided by the University of Auckland that helps young people learn skills to deal with feeling down, depressed or stressed

Sexuality or Gender Identity Helpline

OUTLine NZ – 0800 688 5463 (OUTLINE) provides confidential telephone support

Helplines for Children and Young People

Youthline – 0800 376 633, free text 234 or email talk@youthline.co.nz or online chat
thelowdown.co.nz – or email team@thelowdown.co.nz or free text 5626
What's Up – 0800 942 8787 (for 5–18 year olds). Phone counselling is available Monday to Friday, midday–11pm and weekends, 3pm–11pm. Online chat is available 7pm–10pm daily.
Kidsline – 0800 54 37 54 (0800 kidsline) for young people up to 18 years of age. Open 24/7.

Help for Parents, Family and Friends

Commonground – a website hub providing parents, family, whānau and friends with access to information, tools and support to help a young person who is struggling
Parent Help – 0800 568 856
Family Services 211 Helpline – 0800 211 211 for help finding (and direct transfer to) community based health and social support services in your area
Skylight – 0800 299 100 (for support through trauma, loss and grief; 9am-5pm weekdays)
Supporting Families In Mental Illness - 0800 732 825 (for families and whānau supporting a loved one who has a mental illness)

Other Specialist Helplines

Alcohol and Drug Helpline – 0800 787 797 or online chat
Are You OK – 0800 456 450 family violence helpline
Gambling Helpline – 0800 654 655
Anxiety phone line – 0800 269 4389 (0800 ANXIETY)
Seniorline – 0800 725 463 A free information service for older people
Shine – 0508 744 633 confidential domestic abuse helpline
Quit Line – 0800 778 778 smoking cessation help
Vagus Line – 0800 56 76 666 (Mon, Wed, Fri 12 noon – 2pm). Promote family harmony among Chinese, enhance parenting skills, decrease conflict among family members (couple, parent-child, in-laws) and stop family violence
Women's Refuge Crisisline – 0800 733 843 (0800 REFUGE) (for women living with violence, or in fear, in their relationship or family)
Shakti Crisis Line – 0800 742 584 (for migrant or refugee women living with family violence
Rape Crisis – 0800 883 300 (for support after rape or sexual assault)