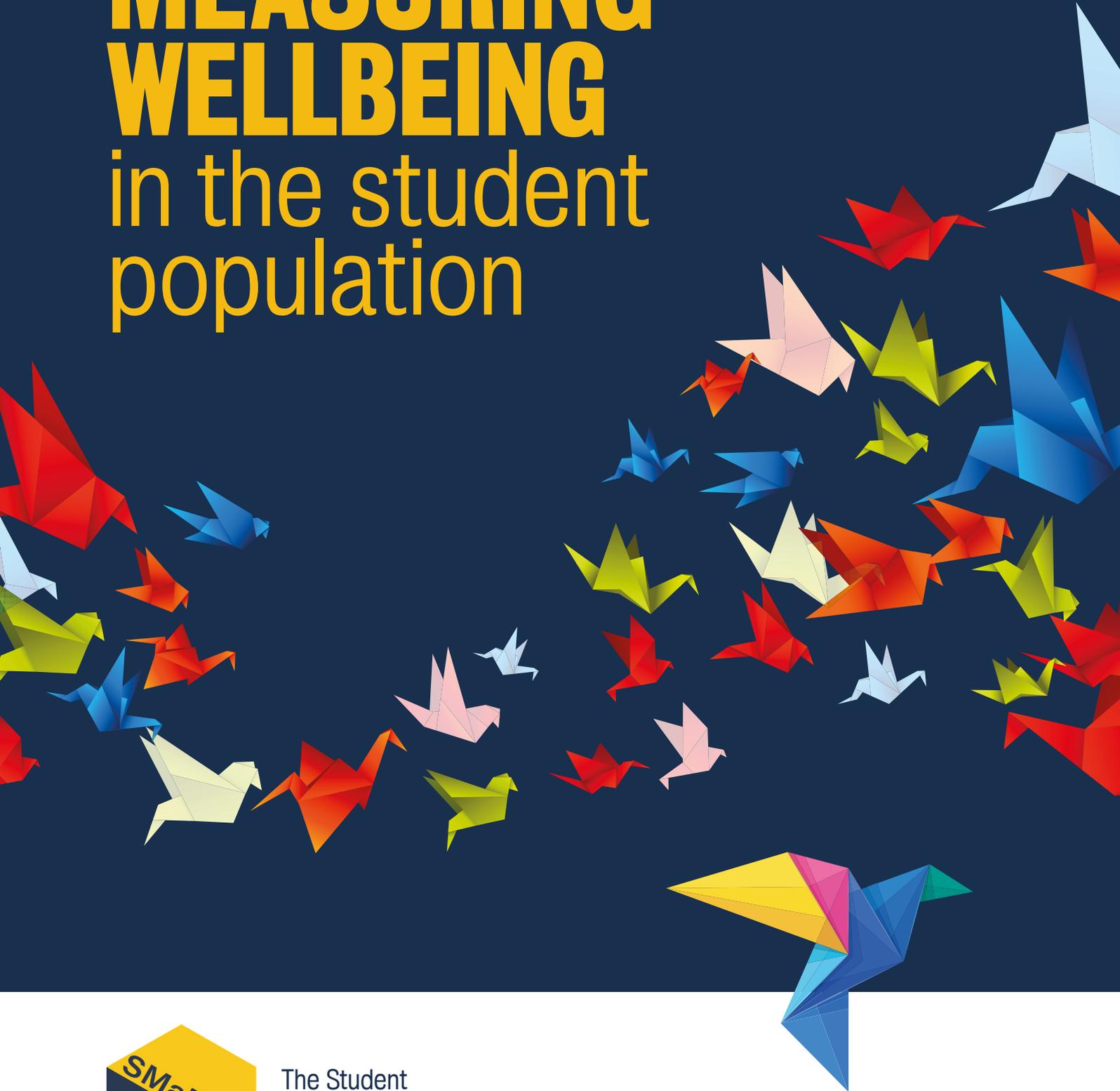


# MEASURING WELLBEING in the student population



The Student  
Mental Health  
Research Network

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# Summary

As the Higher Education sector looks for policy and practice initiatives to protect and improve student wellbeing, agreement around a measurement approach is crucial. Here we summarise how wellbeing is currently captured and compare this against how stakeholders believe it should be measured. Integrating these perspectives allows us to highlight gaps between stakeholder priorities for measurement and current practice. Our sector-wide consultation included undergraduate and postgraduate students, academics and researchers, student services colleagues, those working in Higher Education management and policy, and those working in relevant organisations. The consultation was designed to understand what outcomes stakeholders believe to be important when it comes to measuring student wellbeing. We identified five priority areas, outlined below, providing an outline for a ‘core outcome set’ for measuring student wellbeing.

## Priority clusters for measuring student wellbeing

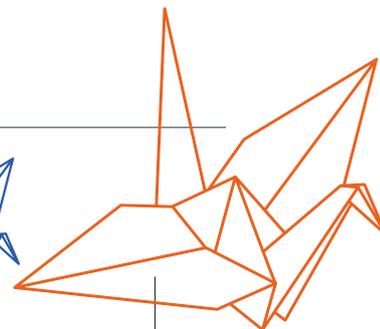
OUTCOME	
=1	<b>Social support</b> (support network, absence of loneliness and isolation)
=1	<b>Coping</b> (perceived ability to cope, having coping strategies and academic coping)
3	<b>Eudaemonic wellbeing</b> (functioning well, feeling motivated, able to engage in purposeful activity and find personal fulfilment)
4	<b>Hedonic wellbeing</b> (Quality of life and subjective wellbeing, including happiness, positive affect, absence of negative affect, feeling satisfied with life)
5	<b>Self-belief</b> (self-esteem, self-efficacy and self-confidence)

Our scoping review found that a range of direct and indirect self-report measures have been used to assess student wellbeing. These are often selected without a clear theoretical or pragmatic basis. However, the Warwick-Edinburgh Mental Wellbeing Scale (**WEMWBS**) and the General Population – Clinical Outcome Routine Evaluation (**GP-CORE**), contain items that map on to the stakeholder priorities. While the **WEMWBS** and **GP-CORE** contain items corresponding to each of the stakeholder priorities, neither was explicitly designed to address all of these stakeholder priorities.

We do not recommend any single measure of student wellbeing. The broad range of concepts identified by stakeholders map on to several measures in our compendium, with different strengths and weaknesses. There were additional priority outcomes identified by stakeholders that the measures in our compendium do not capture in full. However, for comparability with the extant literature, the **WEMWBS** and **GP-CORE** have value and have both been validated in a UK student population.

Many of the measures identified in our scoping review have not been validated in a UK student population. To construct a set of core outcome measures for student wellbeing, further work is required to identify specific measures of the concepts prioritised in our consultation, reach a consensus about which specific measures are preferred, and examine how well they perform at measuring wellbeing in students.

# Our report at a glance



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<b>7</b>	<b>Concluding remarks: What measure do I use?</b> With the exception of the WEMWBS and GP-CORE, the measures in our compendium have not been tested properly in a UK student population in terms of how well they actually measure wellbeing. Further work should include measures that align with stakeholder priorities, and find which are best for measuring student wellbeing.	23
<b>8</b>	<b>Compendium</b> As a guide, we have summarised key wellbeing measures that have been used in students and their properties: what they ask about   how long they are   who has used them   where to find them.	24
<b>9</b>	<b>Glossary of terms</b> Here you will find definitions of key academic/research terms used in the report.	31

# 1. Introduction

The past decade has seen an increasing sense of crisis around mental health and wellbeing in Higher Education, apparent in the media, government briefings and interest group reports (Brinkworth & Jenkin, 2016; Higher Education Policy Institute, 2016; Royal College of Psychiatrists, 2011; Guardian, 2020; UK Universities Minister, 2018; Thorley, 2017; Universities UK, 2017). In response to these concerns, a Whole University Approach to student mental health has been advocated (Student Minds, 2019; Universities UK, 2017). This approach moves away from reactive and individual services and advocates preventative and universal interventions. Universities are encouraged to engage with public mental health promotion and do more than provide support to students who seek help through services (Newton, Dooris & Wills, 2016; Whitelaw et al., 2001).

Strengths-based approaches move the emphasis away from problems to focusing on what supports good health and wellbeing. A strengths-based, universal approach to improving wellbeing is advocated as a public health strategy for helping prevent mental health problems (Faculty of Public Health and Mental Health Foundation, 2016). As such, we've seen increasing interest in understanding the wellbeing of students. The Student Academic Experience Survey publishes data on student wellbeing and has observed student levels of wellbeing to be lower than those of young people in the general population (Neves & Hewitt, 2020). Beyond this, data around student wellbeing is patchy. There have been no robust, large-scale initiatives in the UK to measure or monitor student wellbeing.

Wellbeing is challenging to measure as there is a range of definitions (see 'What is Wellbeing?'), leading to various approaches to measuring wellbeing (Dodd et al., 2021). A lack of consensus around how to measure student wellbeing limits our ability to collate data and draw comparisons. For effective measurement, we must first define the construct of wellbeing and its components (conceptualisation). Then we can develop (or select) measures of wellbeing that map onto this definition (operationalisation).

As the Higher Education sector looks for policy and practice initiatives to protect and improve student wellbeing, agreement around a measurement approach is crucial. We need to have confidence that the measures used to evaluate interventions and policy changes accurately capture wellbeing in a way that is meaningful for students, researchers, and those supporting student wellbeing. These measures are known as 'outcome measures'. They are often questionnaires that ask individuals about their current status, providing a score to give an indication about how that person is doing. The Student Counselling Outcomes Research and Evaluation (SCORE) consortium is trying to improve the quality of data collection in university counselling services, and help the sector come to a consensus on a consistent approach to outcome measurement that captures the diversity the student population (Barkham et al., 2019; Broglia et al., 2021). Similarly, we need a consistent approach to measuring student wellbeing, which captures student priorities. Counselling and mental health services focus on outcome measures that are sensitive to the problems that individual students are seeking help for (eg, depression, anxiety, academic distress), in order to evaluate services (Broglia et al., 2021). Ideally, measures of wellbeing could provide an assessment of positive functioning while offering sensitivity to low level distress in the wider student population (ie, not only those seeking formal support). Wellbeing measures can identify trends, investigate the effectiveness of wellbeing interventions as well as department or university-wide initiatives for improving student wellbeing, and facilitate the sharing of best practice that is supported by evidence (Barkham et al., 2019; Dodge, Daly, Huyton & Sanders, 2012; Dolan & Metcalfe, 2012).

Through this project we aimed to understand what measures are being used to capture student wellbeing, and how stakeholders believe it should be measured. Integrating these perspectives, we highlight gaps between stakeholder expectations for measurement and current practice. We aim to support the sector in moving towards a consensus for measuring student wellbeing.

## 2. What is wellbeing?

**M**ental illness and wellbeing can be viewed as opposite ends of the same continuum (Hughes & Spanner, 2019). For example, the World Health Organization (1986) defined positive mental health as a: *'state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community'*. Diagnosable mental illness would be at the other end of the continuum, with the experience of varying degrees of mental health problems or difficulties to a lesser (or 'subthreshold') degree along this continuum (Hughes & Spanner, 2019). Wellbeing captures people's subjective experience of positive emotion and life satisfaction. A person with good wellbeing can function, find meaning in life and fulfil their potential.

Others suggest that we are looking at two continua, where poor wellbeing is not the same as poor mental health (Iasiello et al., 2020). From this perspective, an individual can have good mental health but poor wellbeing, or might have a long-standing mental illness but be experiencing good wellbeing.

Regardless of which view one takes, mental illness and wellbeing are different concepts, much as the absence of illness does not imply good health (WHO, 1986). For example, low scores on a measure of anxiety tell us that someone is not currently experiencing symptoms of anxiety. They do not indicate whether the person is also experiencing good wellbeing. Measurement of mental health and wellbeing should reflect this (Weich et al., 2011).

To identify how to measure wellbeing, a shared theoretical understanding of the construct is beneficial. There are multiple theoretical frameworks of wellbeing. These have resulted in a range of measures. Here, we set out a broad overview of some core ideas within the theories of wellbeing.

### **Hedonic wellbeing**

This captures happiness and life satisfaction, with a focus on subjective experience (eg, Diener, 1984).

### **Eudaemonic wellbeing**

This moves beyond subjective experience to consider functioning and living life to the full. Personal development and ability to achieve individual potential is important. From this perspective, psychological wellbeing is considered to encompass autonomy, mastery, self-acceptance, relationships, life purpose, and personal growth (eg, Ryff, 1989).

### **Positive psychology**

This perspective has integrated hedonic and eudaemonic approaches, conceptualising wellbeing as positive emotion, engagement, relationships, meaning and purpose, and accomplishment (Seligman, 2011).

### **Community wellbeing**

This is measured at the group level to give an overview for a given community. This may include the physical environment (eg, access to green space) and social capital (eg, shared values and interests among the group; Faculty of Public Health & Mental Health Foundation, 2016). The Office for National Statistics (2011) states that these wider indicators of wellbeing are as important as subjective experience.

### 3. What did we do?

Through sector-wide consultation, we aimed to understand what stakeholders believe to be important outcomes when it comes to student wellbeing. Our aim was to find wellbeing outcomes that are favoured by stakeholders, with ‘stakeholder’ capturing anyone studying or working in the Higher Education sector within the UK. As the definition of wellbeing is complex and the constructs of wellbeing and mental health are frequently conflated, the consultation considered mental health and wellbeing in parallel. Participants had the opportunity to consider both mental health and wellbeing and then reflect on where they draw the distinction between the two. To assist with this, stakeholders were given the following definitions of mental health and wellbeing:

- **Mental health** is the extent to which someone experiences difficulties such as anxiety, depression, and psychosis (with someone having poorer mental health if they experience more difficulties such as this).
- **Wellbeing** is the extent to which someone is happy, satisfied with life, has the resources they need to thrive, etc.

#### How did the consultation work?

Three rounds of consultation were completed via an anonymous online survey. Through successive rounds, participants were invited to focus in on priorities for student mental health and wellbeing.

<b>ROUND</b> <b>1</b>	<b>Using open text boxes, participants identified priority outcomes for student mental health and/or wellbeing</b>
<b>ROUND</b> <b>2</b>	<b>Participants rated how important outcomes from Round 1 were for measuring student mental health and/or wellbeing</b>
<b>ROUND</b> <b>3</b>	<b>Working with a short list of outcomes based on those rated important by the most stakeholders in Round 2, participants selected five priorities outcomes for measuring student wellbeing, and five outcomes for measuring student mental health</b>

#### What happened?

Three rounds of consultation were completed via an anonymous online survey. In all rounds, there was an opportunity for respondents to leave open-ended comments about the process and to elaborate on responses. Our approach to running this consultation was informed by previous research, including Prinsen et al., (2014).

### Who took part?

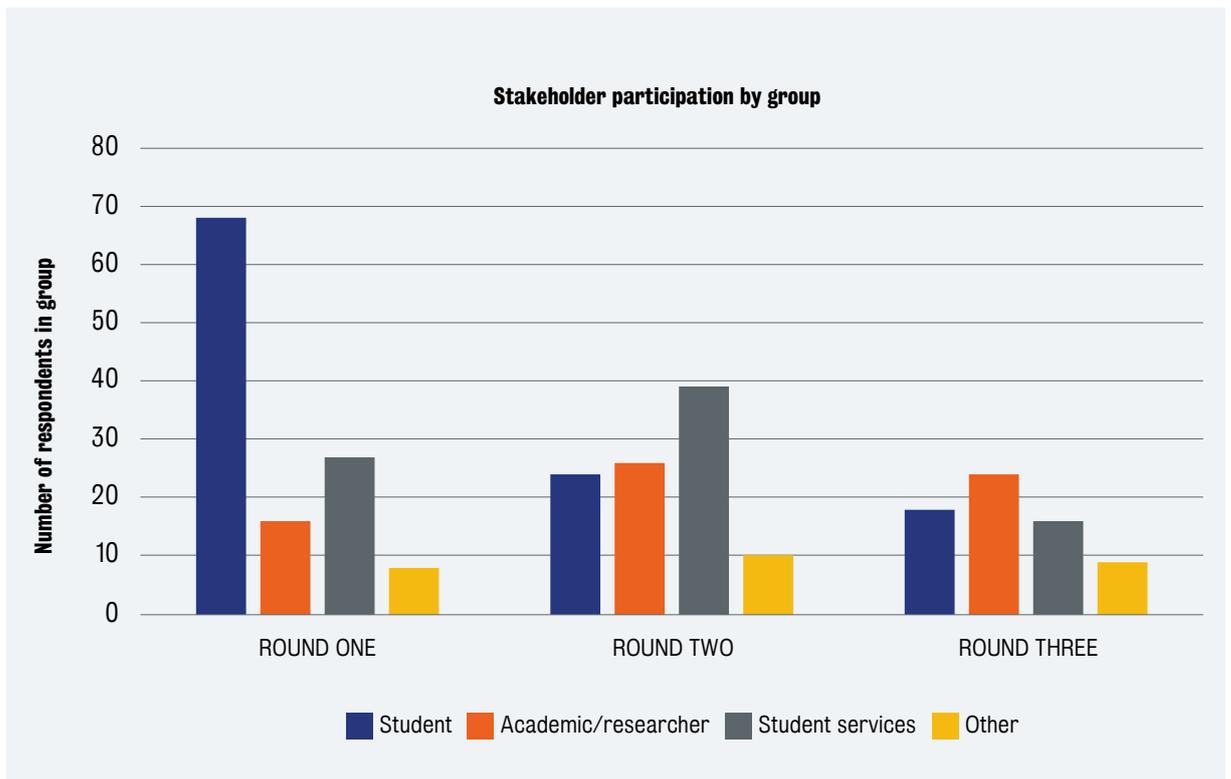
Our consultation was open to stakeholders, including students and people working in the Higher Education sector, both in universities (academics/researchers, student services, HE management and leadership) as well as in other relevant organisations (eg, in the voluntary sector, HE policy). Initial invites were sent out via the Student Mental Health Research Network, SMArteN; emails within individual institutions; and relevant social media channels. People who participated in Round 1 ( $n = 119$ ) were invited to take part in subsequent rounds. In addition, all subsequent rounds were open to new respondents. In Round 2 ( $n = 99$ ), 61 per cent of respondents said they had taken part in Round 1. In Round 3 ( $n = 67$ ), 21 per cent of respondents said they had taken part in Round 2.

Students and university staff who took part were from a range of Higher Education institutions (HEIs) across the UK, including a mix of campus-based and town/city HEIs, HEIs that had been established at different times (ancient, red brick, plate glass, and post-92), art and music schools, and agricultural universities. In all rounds, the most popular academic area identified by stakeholders was Psychology and related subjects. There was also representation from subjects including medicine and allied health professions, biomedical and natural sciences, social work and sociology, education, business and management, drama and music, mathematics and languages.

Respondents were drawn from a range of roles across Higher Education. Figure 1 shows roles collapsed into the following groups; students, academics/researchers, student support roles, and other. The latter included roles with a low numbers of respondents, such as those working in relevant voluntary sector organisations, HE management, and HE policy. These collapsed groups were used when looking at responses by stakeholder groups.

Figure 2 gives a more detailed breakdown of stakeholder roles in each round. The prevalence of each varied from round to round. Note, several respondents had more than one role, for example an academic also working in student services, or currently studying alongside an academic or student service role. These are only counted for the primary role they gave.

Figure 1 Stakeholder groups across each round (collapsed)



## 4. What did we find?

### Round one

Using an open response box, participants suggested up to ten ‘priority outcomes’ that they believed should be measured when assessing student mental health and wellbeing ie, what they viewed as meaningful outcomes. They were not asked to list them in any particular order, such as order of preference. At this stage the focus was on broad concepts and indicators, rather than specific measurement instruments (eg, questionnaires).

Respondents were advised that priority ‘outcomes’ meant broad concepts and indicators of students’ mental health and wellbeing. That is, what should be measured to determine whether student mental health and/or wellbeing is good. Respondents were asked to think about what universities should measure to track changes to the mental health or wellbeing of their students. This was not about how to measure the outcome eg, specific measurement instruments. However, respondents were invited to list the specific instruments they were already using in research and practice, if relevant.

Suggested priority outcomes for mental health and/or wellbeing were grouped into themes to compile a long-list of 64 outcomes.

### Round two

Respondents were presented with the long list of potential outcomes generated from Round One. They were asked how important each item was as an outcome measure for mental health and/or wellbeing (1 = ‘not important’ to 9 = ‘crucial’, with a ‘can’t rate’ option). Thirty-seven outcomes from this long-list were rated as important by more than 70 per cent of stakeholders and thus carried forward to Round 3 (see Figure 3).

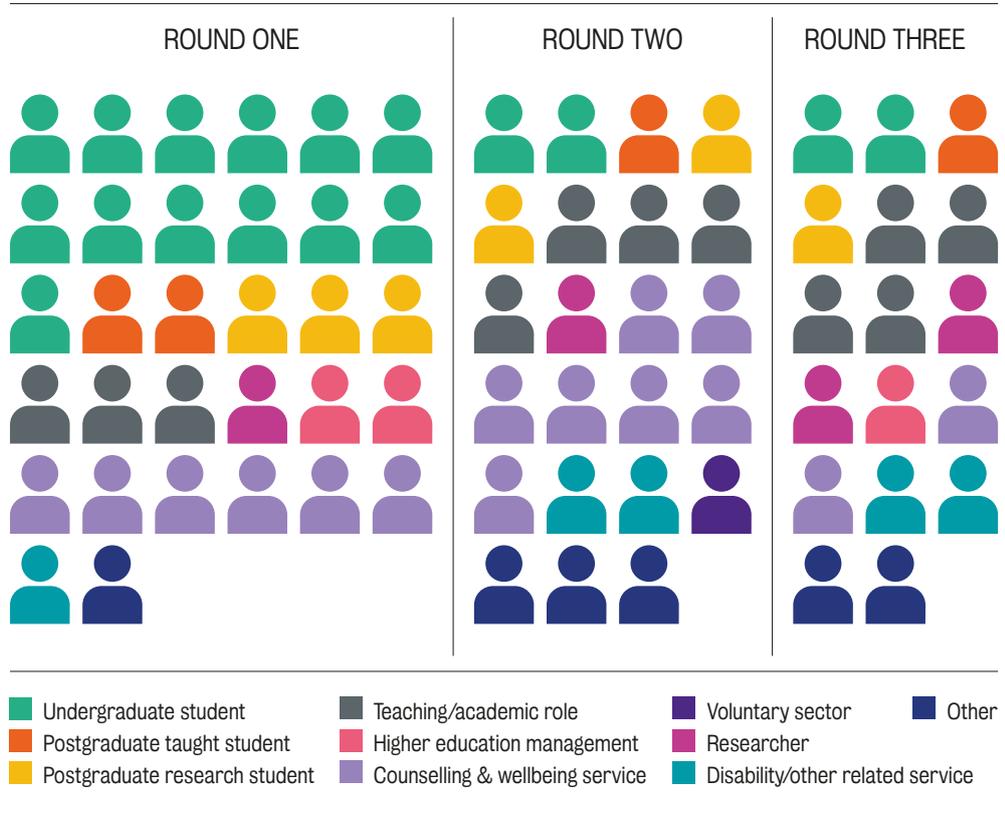
Looking across stakeholder groups, the majority of outcomes (21) were rated as important by more than 70 per cent of each stakeholder group. However, there were some inconsistencies across groups. These are highlighted in figures 4 and 6 below.

First, there were several instances where, while the item reached the overall threshold of importance when looking at the group as a whole, they did not reach that threshold in each individual group. Figure 4 breaks importance ratings for items down into groups (the black horizontal line indicates the 70 percent threshold). For the majority of items retained in Round 2, students, those in Student Support Services, and those in other roles were in agreement with the overall rating. The opposite was seen for those in research and/or academic roles.

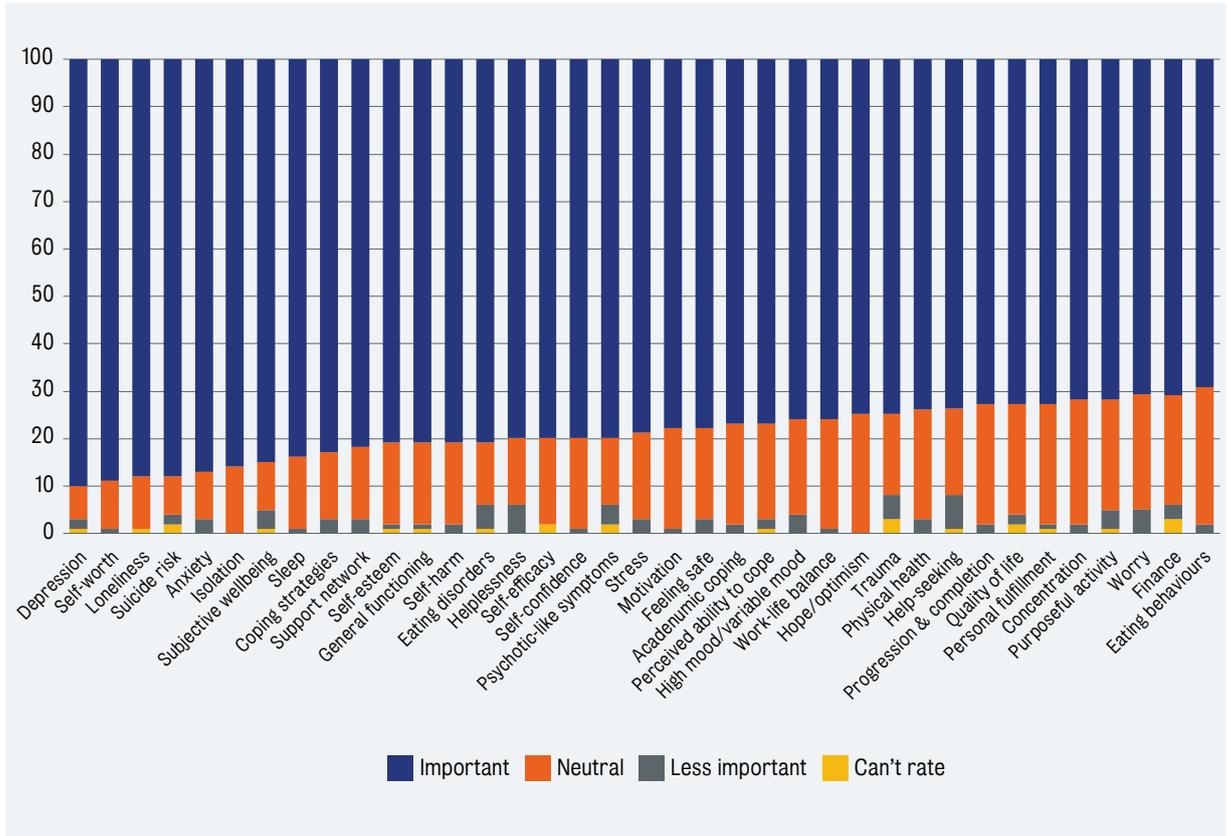
Twenty-seven of the outcomes identified in Round One were rated as important by less than 70 per cent of respondents; these outcomes, along with their priority ratings, are shown in Figure 5. These items were not retained for prioritisation in Round Three.

For the majority of items removed in Round 2, individual stakeholder groups were in agreement with the overall rating that these were less important. However, for some of these items, one or more stakeholders groups *did* reach the threshold of 70 per cent of the group rating the outcome as important. Figure 6 shows the breakdown by stakeholder groups.

**Figure 2** Proportions of respondents from stakeholder groups across rounds



**Figure 3** Importance of mental health and/or wellbeing accepted in Round Two (n = 99)



**Figure 4** Percentage of respondents in each stakeholder group who rated items accepted in Round 2 as important (the black horizontal line indicates the 70% threshold)

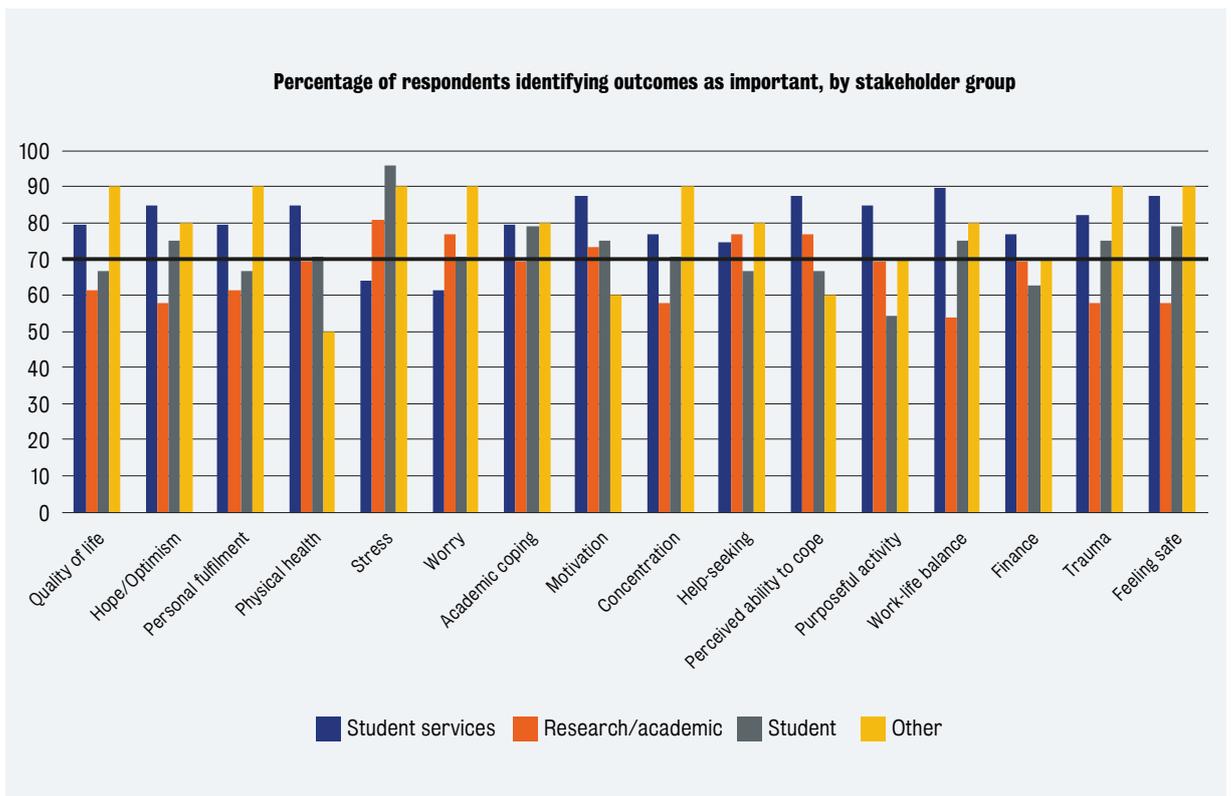


Figure 5 Importance of mental health and/or wellbeing outcomes removed in Round 2

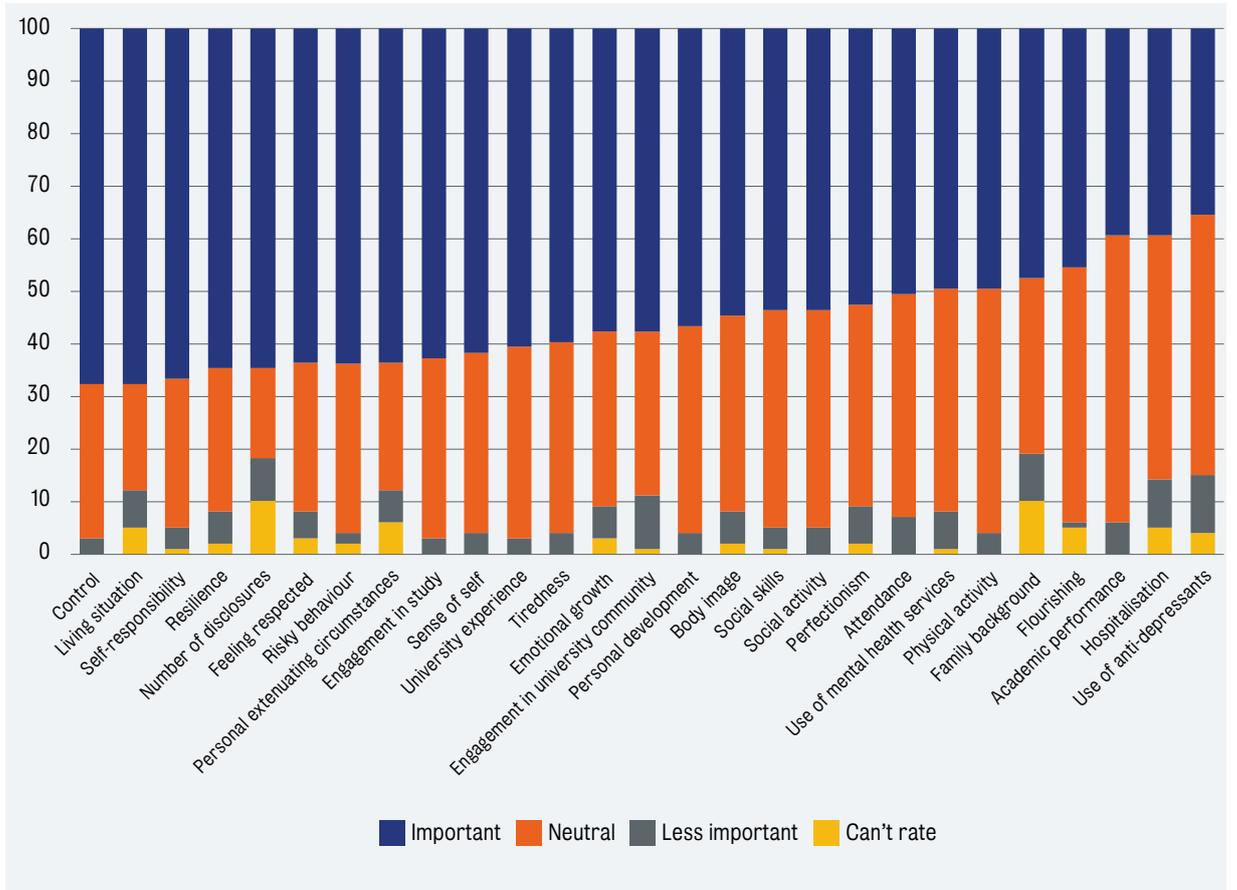
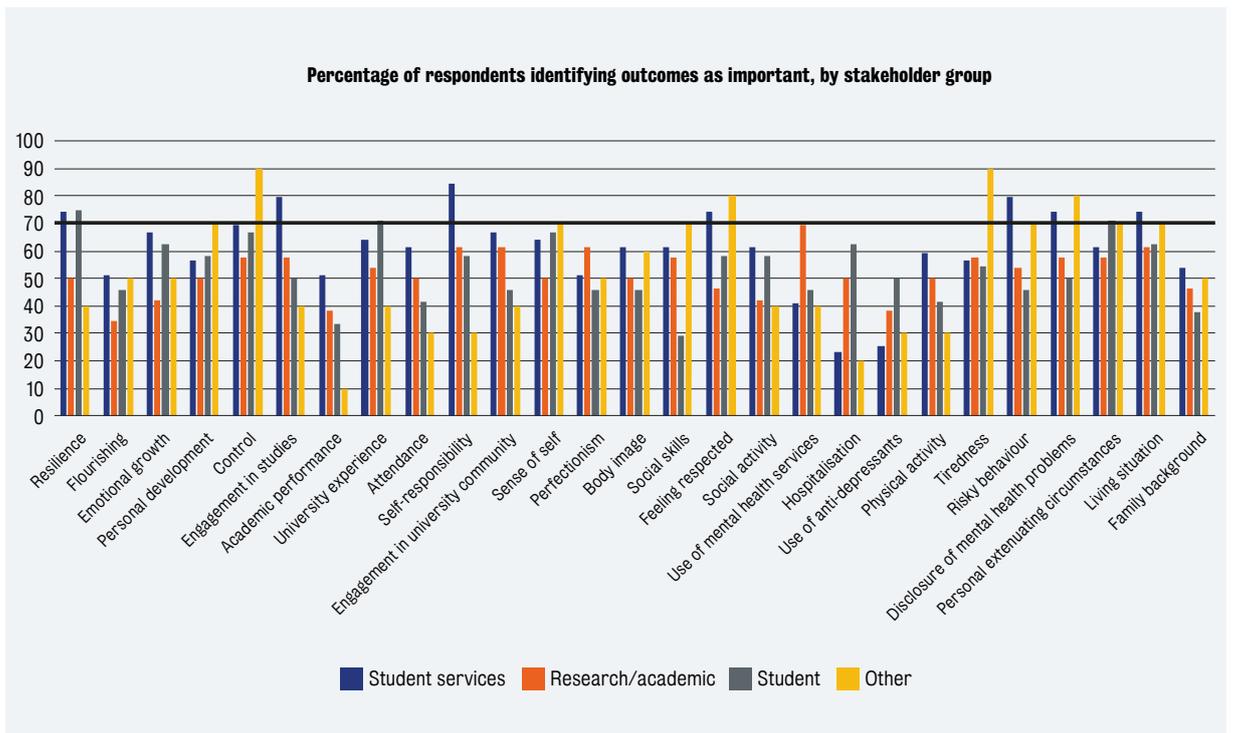


Figure 6 Percentage of respondents in each stakeholder group who rated items removed in Round 2 as important (the black horizontal line indicates the 70% threshold)



### Round three

Thirty-five of the outcomes identified as the most important in Round Two were used to create a condensed short-list for Round Three<sup>1</sup>.

Here, we sought to differentiate stakeholders' priorities for measuring mental health and wellbeing. Respondents were invited to sort the shortlist of outcome measures into separate boxes, selecting:

- 1 The five they believed to be the most important for measuring student mental health,
- 2 The five they believed to be the most important for measuring student wellbeing<sup>2</sup>.

**Table 1** Stakeholder prioritisation for measuring student wellbeing (*n* = 67)

OUTCOME	% (n) who selected as 'top 5' priority outcome
Subjective wellbeing ( <b>hedonic wellbeing</b> )	49 (33)
Support network ( <b>social support</b> )	43 (29)
Perceived ability to cope ( <b>copng</b> )	37 (25)
Sleep	34 (23)
Loneliness ( <b>social support</b> )	25 (17)
Coping strategies ( <b>copng</b> )	25 (17)
General functioning ( <b>eudemonic wellbeing</b> )	25 (17)
Work-life balance	24 (16)
Stress	21 (14)
Quality of life ( <b>hedonic wellbeing</b> )	19 (13)
Self-esteem ( <b>self-belief</b> )	18 (12)
Purposeful activity ( <b>eudaemonic wellbeing</b> )	18 (12)
Feeling safe	15 (10)
Academic coping ( <b>copng</b> )	15 (10)
Hope/optimism	15 (10)
Personal fulfilment ( <b>eudemonic wellbeing</b> )	15 (10)
Physical health	13 (9)
Self-efficacy ( <b>self-belief</b> )	12 (8)
Motivation ( <b>eudemonic wellbeing</b> )	12 (8)
Isolation ( <b>social support</b> )	9 (6)
Eating behaviours	9 (6)
Progression & completion	8 (5)
Finance	8 (5)
Self-confidence ( <b>self-belief</b> )	6 (4)

\* *n* varied here as not all participants answered this question

- 1 Piloting suggested that 'eating disorders' and 'eating behaviours', and 'self-worth' and 'self-esteem' should be merged.
- 2 During piloting, stakeholders stated that ranking ten items forced them to choose more outcomes than they wanted to, and that ranking the order of their preferred outcomes was difficult as they often viewed their priorities on equal terms. They felt that asking for fewer priorities without ranking would lead to more honest responses.

Separately, respondents were asked to identify constructs they believed were important indicators of both mental health *and* wellbeing (ie, outcomes they prioritised but could not choose as one or the other). This was in recognition that sorting into either ‘mental health’ or ‘wellbeing’ was tricky for some items. Respondents were told they did not need to identify as many as five and could leave this question blank if they thought it was straightforward to categorise the outcomes of importance to them.

Priority outcomes were determined by the frequency with which they were selected as priorities. Full lists of priorities for student wellbeing and mental health are shown in Tables 1 and 2 respectively. Table 3 shows the full list of priorities when respondents were asked to identify indicators that were important for both mental health *and* wellbeing.

Anxiety, high/variable mood, concentration, worry, self-harm, help-seeking, depression, suicide risk, helplessness, psychotic-like symptoms, and trauma were all selected as a top 5 priority outcome by fewer than 5 per cent of stakeholders. All of these were rated as important by more than 70 per cent of the overall group in Round 2. However, in Round 3, participants had to identify just five priorities for wellbeing and mental health separately. Many of those that dropped off the list for measuring wellbeing were top priorities for measuring student mental health (see Table 2).

**Table 2** Stakeholder prioritisation for measuring student mental health ( $n = 67$ )

OUTCOME	% (n) who selected as ‘top 5’ priority outcome
Depression	82 (55)
Anxiety	75 (50)
Suicide risk	72 (48)
Self-harm	42 (28)
Psychotic-like symptoms	39 (26)
Trauma	24 (16)
General functioning	18 (12)
High/variable mood	15 (10)
Coping strategies	13 (9)
Loneliness	12 (8)
Sleep	12 (8)
Isolation	9 (6)
Eating behaviours	9 (6)
Perceived ability to cope	6 (4)
Hope/optimism	6 (4)
Helplessness	6 (4)
Motivation	5 (3)

Subjective wellbeing, quality of life, self-esteem, progression and completion, help-seeking, purposeful activity, academic coping, support network, worry, physical health, and self-efficacy were selected as a top 5 priority outcome for mental health by fewer than 5 per cent of respondents. Work-life balance, feeling safe, finance, self-confidence, concentration, and personal fulfilment were not selected as a priority outcome for measuring mental health by any respondents. Many of these were chosen by stakeholders for wellbeing measurement (see Table 1), which emphasises again the importance of pushing stakeholders to really think about priorities for wellbeing and for mental health separately.

**Table 3** Stakeholder prioritisation for measuring both student mental health and wellbeing

STAKEHOLDER PRIORITY OUTCOME	% (n) who selected as 'top 5' priority outcome*
General functioning	34
Coping strategies	28
Subjective wellbeing	24
Sleep	22
Loneliness	22
Stress	18
Perceived ability to cope	16
Motivation	15
Isolation	13
Support network	13
Depression	12
Anxiety	13
Quality of life	10
Self-esteem	10
Self-efficacy	10
Work-life balance	10
Eating behaviours	8
Hope/optimism	8
Helplessness	8
Progression & completion	8
Feeling safe	8
Personal fulfilment	8
Self-confidence	8

\* n varied here as not all participants answered this question

Help-seeking, physical health, self-harm, high/variable mood, finance, psychotic-like symptoms, academic coping and worry were selected by fewer than 5 per cent of respondents as a priority outcome that they felt captured *both* mental health and wellbeing. Trauma was not selected by anyone as something that aligned to both mental health and wellbeing. However, trauma was just outside of the top 5 priorities for measuring student mental health, again emphasising the importance of asking stakeholders to think about what measures wellbeing and mental health separately, and what might capture both.

### Final clustering

We have structured our findings by wellbeing 'clusters', in recognition that the grouping of Round One responses into 'themes' could have been more parsimonious. In Round Two, respondents could rate two similar constructs as equally important. In Round Three, even after piloting, respondents reported that there the overlap between constructs (such as loneliness and isolation) made choosing between these difficult. Therefore, items were grouped into clusters with further items describing similar constructs. The percentage of stakeholders who prioritised the individual items in each cluster was summed to identify priority clusters. These were broadly in line with the items that had been selected in most stakeholders' top 5 *before* clustering. The final clusters, and the percentage of stakeholders who prioritised them, are shown in Table 4.

**Table 4** Priority clusters for measuring student wellbeing (n = 67)

OUTCOME	% (n) who selected items from this cluster as a 'top five' outcome
<b>=1 Social support</b> (support network, absence of loneliness and isolation)	78 (52)
<b>=1 Coping</b> (perceived ability to cope, having coping strategies and academic coping)	78 (52)
<b>3 Eudaemonic wellbeing</b> (functioning well, feeling motivated, able to engage in purposeful activity and find personal fulfilment)	73 (49)
<b>4 Hedonic wellbeing</b> (Quality of life and subjective wellbeing, including positive affect, absence of negative affect, feeling satisfied with life)	69 (46)
<b>5 Self-belief</b> (self-esteem, self-efficacy and self-confidence)	36 (24)

Our consultation further suggests that sleep is also a priority outcome for student wellbeing, with 34 per cent of stakeholders selecting this single outcome as a 'top five' priority outcome.

When looking at priority outcomes selected by the individual stakeholder groups, sleep was identified by researchers/academics instead of eudaemonic wellbeing. Jointly with sleep, students also identified work/life balance in their top 5 priority clusters, whereas self-belief was not in their top 5. See Figure 7 for further information.

**Figure 7** Priority clusters by individual stakeholder group, ordered by % who selected outcomes in that cluster

WHOLE GROUP	STUDENT SERVICES	RESEARCHERS & ACADEMICS	STUDENTS	OTHER
SOCIAL SUPPORT	SOCIAL SUPPORT	HEDONIC WELLBEING	COPING	COPING
COPING	COPING	SOCIAL SUPPORT	EUDAEMONIC WELLBEING	SOCIAL SUPPORT
EUDAEMONIC WELLBEING	HEDONIC WELLBEING	COPING	HEDONIC WELLBEING	HEDONIC WELLBEING
HEDONIC WELLBEING	EUDAEMONIC WELLBEING	SELF BELIEF	SOCIAL SUPPORT	EUDAEMONIC WELLBEING
SELF BELIEF	SELF BELIEF	SLEEP	SLEEP/WORK-LIFE BALANCE	SELF-BELIEF

## 5. Reflections on measuring student wellbeing

### What do stakeholders prioritise as outcomes for measuring student wellbeing?

The final clusters could be considered as a ‘core outcome set’ of what constructs to include when measuring student wellbeing, rather than specifying one single measure that captures all of these constructs. There were similarities between stakeholders’ selected outcomes when considered as distinct constructs and when clustered together. This is with the exception of sleep, which dropped out of the top 5 when clusters were created. Subjective wellbeing was the top priority for measuring student wellbeing, which is unsurprising given the conceptual similarity and shared use of the term ‘wellbeing’.

Concepts such as resilience, flourishing, and personal growth were de-prioritised. Stakeholders’ comments explain why. These are difficult constructs to define. Stakeholders recognise that with these constructs there is a risk of being idealist and creating unrealistic expectations. The constructs are seen by some as ‘politically problematic’, placing the onus on the individual to ‘bounce back’, without consideration of their life circumstances.

Further concepts known to be related to student wellbeing, such as perfectionism, were also deprioritised across rounds. It may be that the emphasis on outcome measures led to this, as stakeholders recognised that these may be predictors or determinants of wellbeing rather than a wellbeing outcome *per se*. This is speculative, and a future avenue to explore.

Objective academic outcomes could include academic grades, engagement, and progression or completion of studies. These did not feature as priority outcome measures for student wellbeing. Stakeholders commented that these would be ‘crude indicators’ as they do not mean the same thing to all students, with different grades considered successful depending on the individual. Further, objective academic outcomes are seen to be influenced by whether a student is enjoying their course and their academic ability and as such might not reflect wellbeing. Similarly, lack of engagement with the university community could be the result of having a ‘rich and varied’ life outside of university, and thus provide no insight into wellbeing. Stakeholder comments suggested that feeling able to cope with demands was a more important indicator, and this was captured by the priority wellbeing outcome ‘coping’.

Linked to this, it is interesting that the outcomes retained across rounds, and ultimately prioritised for measuring wellbeing, are generic rather than student or university specific. Constructs not retained in later rounds included matters that *have* been related to student wellbeing in the wider literature. For example, living situation, engagement in studies, and the wider university experience. This could suggest that we do not need student-specific wellbeing measures *per se*, but existing measures that have been validated in students alongside the collection of data that captures Higher Education and student specificity. As before, constructs such as engagement in studies may be viewed more as determinants than outcomes when stakeholders had to prioritise.

For the most part, stakeholders agreed on the importance of wellbeing outcomes. There were some outcomes which were more important for some groups than others, as illustrated in Figures 4 and 6. We suspect this reflects the issues they encountered most in their roles, although this is speculative. Differences between stakeholder priorities are important and require unpicking through further work. For example, differences between the views of those in Student Services roles compared to academic roles may widen the gap between practice and research. When student priorities differ from other stakeholder groups, it could lead to the focus of research, support and policy not reflecting what is most significant to students.

Finally, it is important to note that asking stakeholders to tell us what they think is important to measure, and then asking them to select the most important, is not the same as asking which are the most accurate or helpful. Stakeholders may view the meaning of importance differently. Further, preference towards certain concepts might not be

the same as preference towards the types of measures that assess these (eg, rating scales, questionnaires).

### **Definition of terms**

Respondents noted that the definition of terms can be difficult, including the notion of an 'outcome' itself. Terminology might have different meaning for different respondents. This includes what is meant by mental health and wellbeing as 'umbrella' terms. We gave definitions to guide stakeholders, but did not ask stakeholders about how they understand these constructs, and how this might guide their preferences for what outcomes are important when measuring them.

Stakeholders' own wording from initial suggestions was used as far as possible to keep the list of potential outcomes consistent and a true representation of the suggestions provided. However, this does mean that some terms may have been specific to particular disciplines.

### **Outcomes or determinants?**

Outcomes are direct measures of how a student is doing (or has been doing). Determinants are factors that influence the outcome.

In their comments, stakeholders identified that some of the outcomes on the list were factors that might influence wellbeing, rather than a measure of wellbeing. Linked to this difficulty in defining what an outcome is, the final priority list for wellbeing outcomes incorporates both outcomes and determinants of wellbeing. For instance, hedonic and eudaemonic wellbeing are clear outcomes, with existing measures developed for the very purpose of evaluating and tracking wellbeing. By contrast, an individual's self-beliefs, social support and coping strategies might tell us something about the tools they have in place to support wellbeing rather than their wellbeing *per se*. However, it can be argued that these are all constructs that individual students *feel and experience*, and can be proxy indicators of wellbeing. Students may lose out on social connection, feel more isolated, become less able to cope effectively and have negative self-beliefs due to the experience of poor wellbeing.



### Should we distinguish between mental health and wellbeing?

Stakeholders prioritised different outcome measures when considering mental health and wellbeing together, compared to their selections when differentiating between these concepts. Respondents clearly identified measures of clinical phenomena (ie, depression, anxiety and eating disorders) as relating to mental health rather than wellbeing. Stakeholder comments suggested that when being asked to select mental health outcomes, these were difficult to prioritise as many options were ‘highly specific’ to a mental health condition. As such, stakeholders opted to select the most common mental health difficulties seen in students, while acknowledging these would not apply to *all* students.

Separate to this project on wellbeing measurement, SMaRteN has mapped out mental health measures used in longitudinal surveys. This exercise identified that there are similar challenges to measuring mental health as there are for wellbeing. The most commonly used measures were often those developed for clinical settings, and they continued to be selected because they were the most commonly used, rather than because they took a nuanced picture of what was important for student mental health.

One respondent critiqued the ‘two continua model’ (eg, Keyes, 2005) as a ‘philosophical position,’ querying the rationale for distinguishing between mental health and wellbeing. Some stakeholders stated that many of the outcomes presented in the final round would measure *both* mental health and wellbeing. However, a low response rate to the question of what outcomes could measure both mental health and wellbeing suggests that many stakeholders may have preferred to consider these as separate constructs with distinguishable outcome measures. Also, there were similarities between the top priorities that stakeholders felt would capture both wellbeing and mental health, and only wellbeing outcomes. This indicates that, while stakeholders distinguished the two constructs when asked to consider them separately, the terms may also be conflated. Terms such as anxiety, depression and post-traumatic stress have now entered the vocabulary of young people, particularly throughout the COVID-19 pandemic, and may be increasingly used to describe difficulties that are not down to mental health problems. On the other hand, it is important that students are able to identify when they are having mental health problems, in order to access the support that they need (Duffy et al., 2019; Gorczyński et al., 2017).

### Context matters

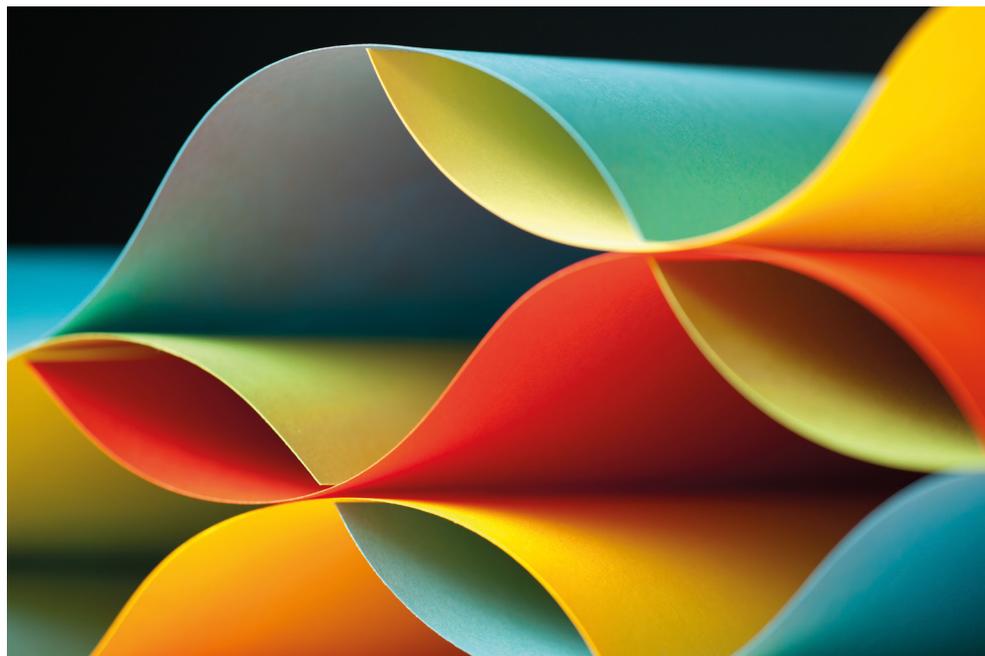
Some outcomes in the earlier rounds were identified as ‘ableist’. For example, social activity, social skills and physical activity were critiqued. Students can be introverts and happy. Students might have conditions characterised by difficulties with social skills but maintain good wellbeing. Students may have physical disabilities that mean they can’t engage in physical activity in the same way, but maintain good wellbeing. There were further contextual factors that stakeholders commented on, such as noting that risky behaviour and mood difficulties might not be unusual given the developmental stage of the ‘typical’ student. Many of these types of outcomes ultimately dropped off the list of priorities across the rounds, and these responses provide some reasons as to why these were not rated as important as others for evaluating student mental health and/or wellbeing.

In a more general sense, wellbeing measures are typically generic and context-free. This leads to a number of challenges and criticisms in their use for understanding and measuring wellbeing.

### Challenges of using measures of student wellbeing

The approach used here follows the assumption that it is useful to collect quantitative data on indicators of feelings and experiences. While we did not ask stakeholders their views on variables or specific instruments that had been predetermined by the SMaRteN team, we started with the expectation that questionnaires would be used to quantify wellbeing. This is not the only approach. Qualitative analysis can provide a deeper understanding of students’ experience, as well as their understanding and conceptualisation of wellbeing (eg, Laidlaw et al., 2016).

In identifying priority outcomes for student wellbeing, stakeholders have almost exclusively considered wellbeing from an individual, as opposed to a group perspective. This may be due to our emphasis on ‘student wellbeing’. As such, individual outcomes are prioritised, rather than community or university level outcomes. Implementing such



an approach to measurement would result in asking students for their personal perspective on their wellbeing, without considering the contextual issues that might influence their wellbeing, or situating them within any kind of society. This focus on the ‘inner self’ instead of wider context, even for community wellbeing, is pervasive in research, practice and policy (a wider discussion on this issue is beyond the scope of this report; see Atkinson et al., 2020 for an in-depth account of these challenges). Such an approach can be considered non-ideological, whilst being profoundly ideological in the exclusion of all ideological factors. Assessing the priority outcomes for wellbeing identified here, may give a view on an individual student’s personal perspective on their wellbeing without considering the extent to which this is influenced by the wellbeing of the wider community (university) such as social capital, cohesion and community engagement (see Bagnall et al., for a review of community wellbeing indicators). Further complementary work to this consultation and our scoping review should focus on identifying and stakeholder prioritisation of community wellbeing measures, including students’ perspectives on the wellbeing of their peers and evaluation of their wider community, and how this affects their own wellbeing. This is also in line with the concept of a whole-university approach (Universities UK, 2017). This will also be challenging, as community wellbeing as a concept is difficult to define and measure (Atkinson et al., 2020; Bagnall et al., 2016).

We also recommend that further work is done to recognise determinants of wellbeing that go beyond the individual, including social, contextual and community determinants of wellbeing (eg, worries about climate change, political disempowerment). This report can support the sector to do this more in-depth work by providing guidance on wellbeing outcome measures.

While measuring the outcomes identified here may quantify differences in levels of wellbeing, they may not be informative about the relative importance of these dimensions to individual students. It is also well-known that different people respond to questionnaires in different ways, for reasons distinct from the underlying constructs being measured. Therefore, comparisons between individual students and groups of students – across time and place – may not provide reliable signals for the design of policy. The extent to which this approach can fully capture a diversity of experiences and provide insight into the level of need of any individual student, is limited.

The stakeholder consultation and review process described here is, as such, limited to this perspective. We encourage readers to consider options for the measurement of wellbeing as part of a broader strategy to understand the experiences of students in relation to their wellbeing. No single framework can serve as a panacea.

## 6. Mapping practice against expectations

### Summary of scoping review

We used a scoping review to consider how student wellbeing is conceptualised and measured in Higher Education in the UK. Scoping reviews are a form of knowledge synthesis that can be used to examine what evidence is available on a given topic and find out how key constructs are being defined (Colquhoun et al., 2014; Munn et al., 2018). This approach enabled equal consideration of measures reported in academic and non-academic literature.

Much literature and policy focuses on *mental* wellbeing. Consideration of wellbeing more broadly is important to facilitate a holistic, and multi-disciplinary, perspective. Given this, the scoping review was structured to identify how wellbeing, in general, is conceptualised and assessed. The review highlighted that a range of direct measures that ask students to self-report on traits and outcomes such as how they are thinking and feeling. The review also found that student wellbeing is sometimes measured indirectly, via other indicators, such as loneliness. Often without a clear theoretical or pragmatic basis for their selection. This mirrors further work that SMaRteN has undertaken to map which measures are used most often in longitudinal surveys of student mental health and wellbeing. Stakeholders commented that they used certain measures because they were widely used. This highlights that there may be a cycle whereby people choose to use certain measures because they are commonly used, meaning they continue to be commonly used, despite stakeholders acknowledging their shortfalls.

For more details on the scoping review, please see: Dodd, A. L., Priestley, M., Tyrrell, K., Cygan, S., Newell, C. & Byrom, N. C. (2021). University student wellbeing in the United Kingdom: A scoping review of its conceptualisation and measurement. *Journal of Mental Health*, 30(3), 375-387.

### Mapping exercise

Mapping the findings of the stakeholder consultation and scoping review illustrates how the existing approach to measurement of wellbeing in a UK student population aligns with stakeholder priorities. Table 5 shows how the direct measures of wellbeing, identified in the scoping review, map on to the stakeholders' priority outcomes. This shows overlaps and gaps between *what* stakeholders think should be measured, and *how* student wellbeing is being measured.

In this mapping exercise, we only included the direct measures identified in our scoping review. This limited our mapping exercise to measures that were developed to measure wellbeing, and had been used to measure wellbeing among students in the UK from a range of academic and non-academic sources. The stakeholder consultation identified a range of priority outcomes. Following this, the mapping exercise identifies whether there are individual items on the questionnaires that align with one of the wellbeing clusters. Even if a measure has all stakeholder priorities highlighted next to it, this does not mean that it is a comprehensive assessment of these constructs – the measure might include just one or two questions that are relevant. This is a guide, and there are links to each of the measures in the compendium. As in our consultation, these measures are all focused on individual wellbeing.

**Table 5** Mapping constructs measured by existing measures used in students with stakeholder priority clusters from SMArteN consultation

	Social support	Eudaemonic wellbeing	Hedonic wellbeing	Coping	Self-beliefs
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)					
General Population – Clinical Outcome Routine Evaluation (GP-CORE)					
BBC Wellbeing Scale					
Scales for Psychological Wellbeing (SPWB)					
Flourishing Scale					
World Health Organisation Wellbeing Index (WHO-5)					
Satisfaction with Life Scale (SWLS)					
Positive and Negative Affect Schedule (PANAS)					
Office for National Statistics (ONS) Personal Wellbeing questions (ONS-4)					

While this table focuses on direct measures of wellbeing, our scoping review identified additional indirect measures that have been used to measure wellbeing among students. Some of these map on to these priorities, for example measures of loneliness and self-esteem (see Dodd et al., 2021, for more information).

There are some stakeholder priorities not strongly represented by these wellbeing measures. Social support and coping, for example, tend to be reflected by just one or two individual items. While we have not included example measures of these constructs in our compendium, our consultation suggests that these constructs should be considered when measuring student wellbeing.

Some measures in the compendium map on to outcomes that were deemed less important by stakeholders. Flourishing is one example, although the specific Flourishing Scale in our compendium is a measure of eudaemonic wellbeing and therefore relevant to our cluster (Diener, 2009). Although part of hedonic wellbeing (Diener, 1984), positive and negative affect (emotion) were not priority outcomes here.

## 7. Concluding remarks: What measure do I use?

Some measures were developed from specific theories of wellbeing, and may be most useful for those conducting research aligned to these perspectives. For example, Ryff's definition of psychological (eudaemonic) wellbeing (the **SPWB**), or Diener's definition of hedonic wellbeing (the **SWLS** and **PANAS**) are often used in academic research focused on exploring factors associated with wellbeing among students. However, measuring how students are feeling is different from measuring how many have mental health difficulties, to inform resource needed to support them. Wellbeing measures were not designed to do the latter, and they are less sensitive to the issues that students are seeking help for. For this reason, wellbeing measures are generally used alongside measures of mental health symptoms, functioning and risk in university counselling and mental health services (Barkham et al., 2019).

Measures of wellbeing should also be sensitive to low levels of distress. Yet many are positively worded (including the **WEMWBS**), and it is unclear whether this can report anything other than good wellbeing. The **GP-CORE** may offer one alternative that allows students to indicate if they are feeling low, although this is a general population (not clinical) measure. While our scoping review found that the **GP-CORE** had been used in academic research, other forms of the **Clinical Outcomes in Routine Evaluation** (such as the CORE-OM or CORE 10) are used for training and practice within university counselling services to determine clinical change.

While we do not recommend a single measure of wellbeing for use in UK students, the **WEMWBS** and **GP-CORE** have been commonly used in research among UK students, and offer comparability with the existing literature. Both have also been validated in this group, and have been highlighted for measuring student wellbeing elsewhere (Barkham et al., 2019). The **GP-CORE** measures wellbeing, in terms of how students are feeling, while also giving a good indication of levels of low-level mental distress, valuable for informing resource need. The **GP-CORE** also complements the CORE-OM, which is used by university counselling services.

To conclude, outcome measures are valuable for a standardised approach to capturing wellbeing, to understand potential determinants and to evaluate support. Outcome measures that have been used to measure wellbeing in students are primarily self-report questionnaires, developed in the medical or social sciences. Many capture multiple dimensions of wellbeing. When selecting a wellbeing outcome measure, the purpose is important. What are you trying to capture, for what reason, and in how much detail? We have seen that the priorities of different groups of stakeholders can differ, and how students define their own wellbeing is key. Ideally, measures used should therefore capture facets of wellbeing that are relevant to students. However, if you are comparing with non-student populations, measures designed for use in the general population are required. We encourage further work on developing a set of core outcomes that capture the most important wellbeing outcomes for those in Higher Education, including staff and students, as well as at the level of the university community in line with a whole-university approach.

## 8. Compendium of wellbeing measures

It is important to note that many wellbeing measures exist, but those included in our compendium met the following criteria; i) they were identified in our scoping review of measures used in UK students, ii) are freely available, iii) were designed to measure wellbeing (subjective, mental, psychological) rather than mental health symptoms, and iv) are widely used and well-validated in the general population for comparison. In Table 6, they are listed in order of the number of stakeholder priorities that capture (see Table 5).

The points for consideration for these measures were identified through discussion with the SMArteN Leadership Team and other experts in the sector. The ethical implications for taking such measurements must also be taken into account.

**Table 6** Key characteristics of measures

	Key dimensions	Number of items	Response scale type	Validated in students?
<b>WEMWBS</b>	Mental wellbeing	14	Frequency	Yes
<b>GP-CORE</b>	Psychological wellbeing	14	Frequency	Yes
<b>BBC-WBS</b>	General wellbeing	24	Extent	Yes
<b>SPWB</b>	Psychological wellbeing	54	Agreement	No
<b>FS</b>	Psychological wellbeing	8	Agreement	No
<b>WHO-5</b>	Mental wellbeing	5	Extent (time)	No
<b>SWLS</b>	Subjective wellbeing	5	Agreement	Yes
<b>PANAS</b>	Subjective wellbeing	20	Agreement	No
<b>ONS-4</b>	Subjective wellbeing	4	Extent	No

**WARWICK-EDINBURGH MENTAL WELLBEING SCALE (WEMWBS)****What it measures**

The WEMWBS was developed as a measure of positive mental health for use in the general population. It was designed to include both eudaemonic and hedonic dimensions of mental wellbeing from the broader psychological and subjective wellbeing literature. The short WEMWBS (SWEMWBS) primarily measures functioning.

**Dimensions**

Mental wellbeing: Positive affect, interpersonal relationships, positive functioning

**Length**

14 items (WEMWBS), 7 items (short WEMWBS or SWEMWBS)

**Subscales**

None

**Example items**

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

**Response scale**

Likert scale, 1 = None of the time to 5 = All of the time

**Where to find it**

[warwick.ac.uk/fac/sci/med/research/platform/wemwbs](http://warwick.ac.uk/fac/sci/med/research/platform/wemwbs)

**Key publication**

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J. & Stewart-Brown, S. (2007). The Warwick-Edinburgh mental wellbeing scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63.

**Cost**

Free for non-commercial use

**Copyright information**

See [warwick.ac.uk/fac/sci/med/research/platform/wemwbs](http://warwick.ac.uk/fac/sci/med/research/platform/wemwbs) or email [wemwbs@warwick.ac.uk](mailto:wemwbs@warwick.ac.uk) for information on copyright

**Examples of use in uk students**

British Universities & Colleges Sport (2018).  
British Active Students Survey: 2017/2018

report. Retrieved from [precor.com/sites/default/files/BASS%20report%20FINAL.pdf](http://precor.com/sites/default/files/BASS%20report%20FINAL.pdf)

**Points for consideration**

- Validated in UK students
- Short and easy to administer
- Widely used
- Comparative data available
- Positive wording
- Generic

**GENERAL POPULATION – CLINICAL OUTCOME ROUTINE EVALUATION (GP-CORE)****What it measures**

The GP-CORE was designed for the general population, with risk items omitted to make it more appropriate for measuring wellbeing and psychological functioning. The CORE Outcome Measure (CORE-OM), as suggested by the name, was developed as a routine outcome in clinical settings (Barkham et al., 1998; Evans et al., 2000). The CORE-OM is described as 'generic' in terms of theoretical framework, and measures wellbeing alongside anxiety, depression, trauma, functioning and risk.

**Length**

14 items

**Subscales**

None

**Example items**

'I have felt tense, anxious or nervous'  
'I have felt warmth or affection for someone'

**Response scale**

Items are rated for frequency 'over the last week', from 0 = Not at all to 4 = Most or all the time

**Where to find it**

[coreims.co.uk/About\\_Measurement\\_CORE\\_Tools.html](http://coreims.co.uk/About_Measurement_CORE_Tools.html)

**Key publication**

Sinclair, A., Barkham, M., Evans, C., Connell, J., & Audin, K. (2005). Rationale and development of a general population wellbeing measure: Psychometric status of the GP-CORE in a student sample. *British Journal of Guidance & Counselling*, 33(2), 153-174.

**Cost**

Free

**Copyright information**

Information on copyright can be found here [coreims.co.uk/GORE\\_Copyright.html](http://coreims.co.uk/GORE_Copyright.html)

**Examples of use in uk students**

Bewick, B., Koutsopoulou, G., Miles, J., Slaa, E., & Barkham, M. (2010). Changes in undergraduate students' psychological wellbeing as they progress through university. *Studies in Higher Education*, 35(6), 633-645.

**Points for consideration**

- Validated in UK students
- Includes both positive and negative constructs
- Some items can be compared with the CORE-OM and its variants to permit comparisons with a clinical measure, and across populations.

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**BBC WELLBEING SCALE**

**What it measures**

'General' wellbeing, meaning it was designed to include quality of life (in health, relationships, their environment) as well as subjective wellbeing as defined by Ryff (1989).

**Dimensions**

General wellbeing: Physical health, Psychological health and wellbeing, Relationships

**Length**

24 items

**Subscales**

Physical health  
Psychological health and wellbeing  
Relationships

**Example items**

- 'Are you satisfied with your personal and family life?'
- 'Do you feel satisfied with yourself as a person?'
- 'Are you satisfied with your physical health?'

**Response scale**

Asks how happy respondents are generally in each area, from 1 = 'Not at all' to 4 = 'Extremely'

**Where to find it**

This can be requested from the corresponding author.

**Key publication**

Kinderman, P., Schwannauer, M., Pontin, E., & Tai, S. (2011). The development and validation of a general measure of wellbeing: the BBC wellbeing scale. *Quality of Life Research*, 20(7), 1035-1042.

**Cost**

Free

**Copyright information**

This can be requested from the corresponding author.

**Examples of use in uk students**

Priesack, A., & Alcock, J. (2015). Wellbeing and self-efficacy in a sample of undergraduate nurse students: A small survey study. *Nurse Education Today*, 35(5), e16-e20.

**Points for consideration**

- Covers a broad range of wellbeing dimensions
- Validated in student sample
- Relatively long

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**SCALES FOR PSYCHOLOGICAL WELLBEING**

**What it measures**

Six dimensions of psychological wellbeing, based on an integration of constructs outlined in preceding theories of psychological wellbeing. It has an emphasis on psychological functioning. It has a mixture of positively and negatively phrased items.

**Dimensions**

Psychological wellbeing: Self-acceptance, Autonomy, Positive relations with others, Environmental mastery, Personal growth, Purpose in life

**Length**

54 items (there are also 84-item and 42-item versions)

**Subscales**

Self-acceptance, Autonomy, Positive relations with others, Environmental mastery, Personal growth, Purpose in life

**Example items**

'When I look at the story of my life, I am

pleased with how things have worked out'  
'In general, I feel confident and positive about myself'

#### Response scale

Items are rated from 1 = Strongly disagree to 6 = Strongly agree (reverse for negatively phrased items)

#### Where to find it

You can contact the author [psych.wisc.edu/staff/ryff-carol](mailto:psych.wisc.edu/staff/ryff-carol)

#### Key publication

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological wellbeing. *Journal of Personality and Social Psychology*, 57, 1069-1081.

#### Cost

Free

#### Copyright information

You can request permission to use from the author [psych.wisc.edu/staff/ryff-carol](mailto:psych.wisc.edu/staff/ryff-carol)

#### Examples of use in uk students

Stamp, E., Crust, L., Swann, C., Perry, J., Clough, P., & Marchant, D. (2015). Relationships between mental toughness and psychological wellbeing in undergraduate students. *Personality and Individual Differences*, 75, 170-174.

#### Points for consideration

- Theory-driven (eudaemonic wellbeing)
- Long

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### FLOURISHING SCALE

#### What it measures

Psychological wellbeing, defined as psychological resources and strengths.

#### Dimensions

Psychological wellbeing: self-esteem, relationships, purpose, optimism

#### Length

8 items

#### Subscales

None

#### Example items

'My social relationships are supportive and rewarding'

'I am optimistic about my future'

#### Response scale

From 1 = strongly disagree to 7 = strongly agree.

#### Where to find it

[eddiener.com/scales/9](http://eddiener.com/scales/9)

#### Key publication

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of wellbeing: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.

#### Cost

Free to use

#### Copyright information

Permission is not needed but must cite the developers.

#### Examples of use in uk students

Denovan, A., & Macaskill, A. (2017). Stress, resilience and leisure coping among university students: applying the broaden-and-build theory. *Leisure Studies*, 36(6), 852-865.

#### Points for consideration

- Brief
- Theory-driven
- Positively worded
- Some items ask about two things that could be considered quite different (ie, relationships are 'rewarding' and 'supportive')
- Not widely used in students

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### WORLD HEALTH ORGANISATION WELLBEING INDEX

#### What it measures

While initially introduced as a screening tool for depression in Primary Care, the WHO-5 measures positive mental wellbeing. Was designed to be brief and generic, such that it could be used in specific clinical groups and the general population.

#### Dimensions

Mental wellbeing: positive mood, vitality, interested

#### Length

5 items

**Subscales**

None

**Example items**

'I have felt active and vigorous'  
'My daily life has been filled with things that interest me'

**Response scale**

Responses for each item range from 0 = 'At no time' to 5 = 'All of the time', with a timeframe of two weeks.

**Where to find it**

[psykiatri-regionh.dk/who-5/Pages/default.aspx](http://psykiatri-regionh.dk/who-5/Pages/default.aspx)

**Key publication**

Staehr Johansen K: The use of wellbeing measures in primary health care – the DepCare project; in World Health Organization, Regional Office for Europe: Wellbeing Measures in Primary Health Care – the DepCare Project. Geneva, World Health Organization, 1998, target 12, E60246.

**Cost**

Free to use

**Copyright information**

Permission is not needed

**Example of use in uk students**

Jones, E., Samra, R., & Lucassen, M. (2019). The world at their fingertips? The mental wellbeing of online distance-based law students. *The Law Teacher*, 53(1), 49-69.

Office for Students Challenge Competition project **Mental health analytics: An innovative approach to understanding students' wellbeing**

**Points for consideration**

- Brief
- Developed in clinical context
- Some items ask about two things that could be considered quite different (eg, feeling 'fresh' and 'rested')

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**SATISFACTION WITH LIFE SCALE****What it measures**

The SWLS is a measure of life satisfaction, based on Diener's (1984) definition of subjective wellbeing. Specifically, this captures people's judgements of life

satisfaction (the cognitive-evaluative component of subjective wellbeing). As such, it allows for people to rate their own satisfaction with life in the context of their own priorities and values. While not developed specifically for students, its initial validation was in a student population (US).

**Dimensions**

Subjective wellbeing: cognitive-evaluative component

**Length**

Five items

**Subscales**

None

**Example items**

'In most ways my life is close to ideal'  
'So far I have gotten the important things I want in life'

**Response scale**

Items are rated from 1 = Strongly disagree to 7 = Strongly agree

**Where to find it**

[labs.psychology.illinois.edu/~ediener/SWLS.html](http://labs.psychology.illinois.edu/~ediener/SWLS.html)

**Key publication**

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.

**Cost**

Free

**Copyright information**

Information on copyright can be found here [labs.psychology.illinois.edu/~ediener/SWLS.html](http://labs.psychology.illinois.edu/~ediener/SWLS.html)

**Examples of use in uk students**

Denovan, A., & Macaskill, A. (2017). Stress and subjective wellbeing among first year UK undergraduate students. *Journal of Happiness Studies*, 18(2), 505-525.

**Points for consideration**

- Validated in students (non-UK)
- An older measure
- One facet of hedonic wellbeing

**POSITIVE AND NEGATIVE AFFECT SCHEDULE****What it measures**

The PANAS measures the affective component of subjective wellbeing, including both positive affect and negative affect. Respondents are asked to rate to what extent they have been feeling that way for a specified length of time (eg, today, over the past week). It is usually used in conjunction with the SWLS. It measures both positive affect and negative affect.

**Dimensions**

Subjective wellbeing: affective component (positive and negative)

**Length**

20 items

**Subscales**

Positive Affect (PA)  
Negative Affect (NA)

**Example items**

PA - 'Excited', 'Alert'  
NA - 'Upset', 'Afraid'

**Response scale**

Items are rated from 1 = Strongly disagree to 7 = Strongly agree

**Where to find it**

Items are included in the key publication

**Key publication**

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS Scales. *Journal of Personality and Social Psychology*, 54(6), 1063–1070.

**Cost**

Free

**Copyright information**

Permission is not needed for non-commercial research purposes. For commercial use, contact the American Psychological Association ([permissions@apa.org](mailto:permissions@apa.org))

Examples of use in uk students

Denovan, A., & Macaskill, A. (2017). Stress and subjective wellbeing among first year UK undergraduate students. *Journal of Happiness Studies*, 18(2), 505-525.

**Points for consideration**

- Widely used
- Short
- One facet of hedonic wellbeing, would need to be used alongside other measures eg, SWLS

**OFFICE FOR NATIONAL STATISTICS (ONS)  
PERSONAL Wellbeing QUESTIONS****What it measures**

The ONS4 was designed to tap into four dimensions of personal (subjective) wellbeing to capture affective, evaluative and eudaemonic aspects. It was developed by the Office for National Statistics for widespread use.

**Dimensions**

Life satisfaction, life worthwhile, happiness and anxiety.

**Length**

4 items

**Subscales**

None

**Example items**

'Overall, how satisfied are you with your life nowadays?'  
'Overall, how happy did you feel yesterday?'  
'Overall, to what extent do you feel that the things you do in your life are worthwhile?'  
'Overall, how anxious did you feel yesterday?'

**Response scale**

Respondents answer each question from 0 = 'Not at all' to 10 = 'Completely' or 0 = 'Not at all anxious' to 10 = 'Completely anxious'

**Where to find it**

[ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide](https://ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide)

**Key publication**

Office for National Statistics. (2013). Personal Wellbeing in the UK, 2012/13.

**Cost**

Free

**Copyright information**

The ONS encourage wide use of the ONS4, and advise getting in touch if you would like to use it:

[ons.gov.uk/peoplepopulationandcommunity/well-being/methodologies/surveysusingthe4officeforationalstatisticspersonalwell-beingquestions](https://ons.gov.uk/peoplepopulationandcommunity/well-being/methodologies/surveysusingthe4officeforationalstatisticspersonalwell-beingquestions)

**Examples of use in uk students**

UK Student Academic Experience Survey  
(Higher Education Policy Institute).

Points for consideration

- Used in wide-scale annual survey of student experience in the UK.
- Developed in UK context
- Short and simple
- Focuses on how people were feeling yesterday (narrow snapshot of time)
- Single item scales
- Perhaps *too* simple



## 9. Glossary of terms

**Whole university approach** The Step Change framework and University Mental Health Charter define this as promoting good mental health and wellbeing of both students and staff across all aspects of the university.

**Universal interventions** Support mechanisms that are in place for all, usually designed to promote good outcomes and prevent future problems in the whole population of interest (such as students) rather than targeted, at-risk groups.

**Construct (in measurement)** Theoretical concepts that must be clearly defined in order to measure them (conceptualisation). In this report, wellbeing is the key construct, and so are the different components that our stakeholders have identified here as being part of wellbeing. By conceptualising wellbeing, we can then determine how to *measure* it (operationalisation).

**Measure** This is a broad term for instruments that are used to measure a construct of interest, using pre-specified units of measurement. This can range from scales and questionnaires that ask people to rate how they are feeling, to labelling someone's emotions based on their facial expressions, to medical tests of heart rate.

**Items (in a measure)** The statements or questions that the measure is made up of, which those who are completing the measure respond to. Items on a measure usually use the same response scale.

**Response scale** This is how an item is answered by the person completing the measure. For example, a yes/no response, agreement with the question or statement, frequency with which they experience something, or extent to which they are satisfied with something. Each response option is typically assigned a number to compute an overall score on that measure.

**Subscale** Some measures have a single score, whereas others can be broken down into

subscales. Subscales represent different components (or dimensions) of what the overall measure is measuring.

**Outcome measure** A measure of someone's current state. Can also be referred to as an indicator ie it indicates how someone is doing! This helps us to understand whether an outcome of interest is being improved (eg by an intervention), or to investigate the *determinants* of an outcome (ie what factors influence it).

**Psychometric properties** When we refer to a measure being 'validated', we mean whether it has been tested for its psychometric properties such as:

**Validity** How good a measure is at actually measuring what it is supposed to.

**Reliability** Whether a measure consistently measures what is supposed to. If you used it twice in the same circumstances, would it give the same results?

**Stakeholder** Someone who has an interest in a specific organisation or sector, for example employees, clients and customers. In this report, stakeholders are people working and studying in universities, as well as those who work in key organisations that aim to support and drive policy in the Higher Education sector.

### KEY ORGANISATIONS

**Universities UK** An organisation with representation from universities across the UK that supports universities and helps shape policy.

**Student Minds** Voluntary sector organisation focused on student mental health in the UK.

**World Health Organisation** Agency of the United Nations that focuses on global health.

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## ABOUT SMaRteN

**SMaRteN** is a national research network funded by UK Research and Innovation, led by King's College London, focusing on student mental health in higher education. Working with researchers with a range of expertise and key stakeholders across the higher education sector, we aim to improve the understanding of student mental health.

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