Student Mental Health

A public mental health perspective

prof. dr. Ronny Bruffaerts

KU LEUVEN

Valérie Van Hees

SIHO SUPPORT CENTRE INCLUSIVE HIGHER EDUCATION

Content Presentation

- State of play on student mental health
- Public mental health perspective
- Spearheads of the Flemish Student Mental Health Policy
- Q&A

Part 1:
What does (international) research teach us about student mental health?

Common emotional problems
Risk and protective factors
Help-seeking behavior

Studying in higher education

18-24 years

emerging adulthood

Opportunities

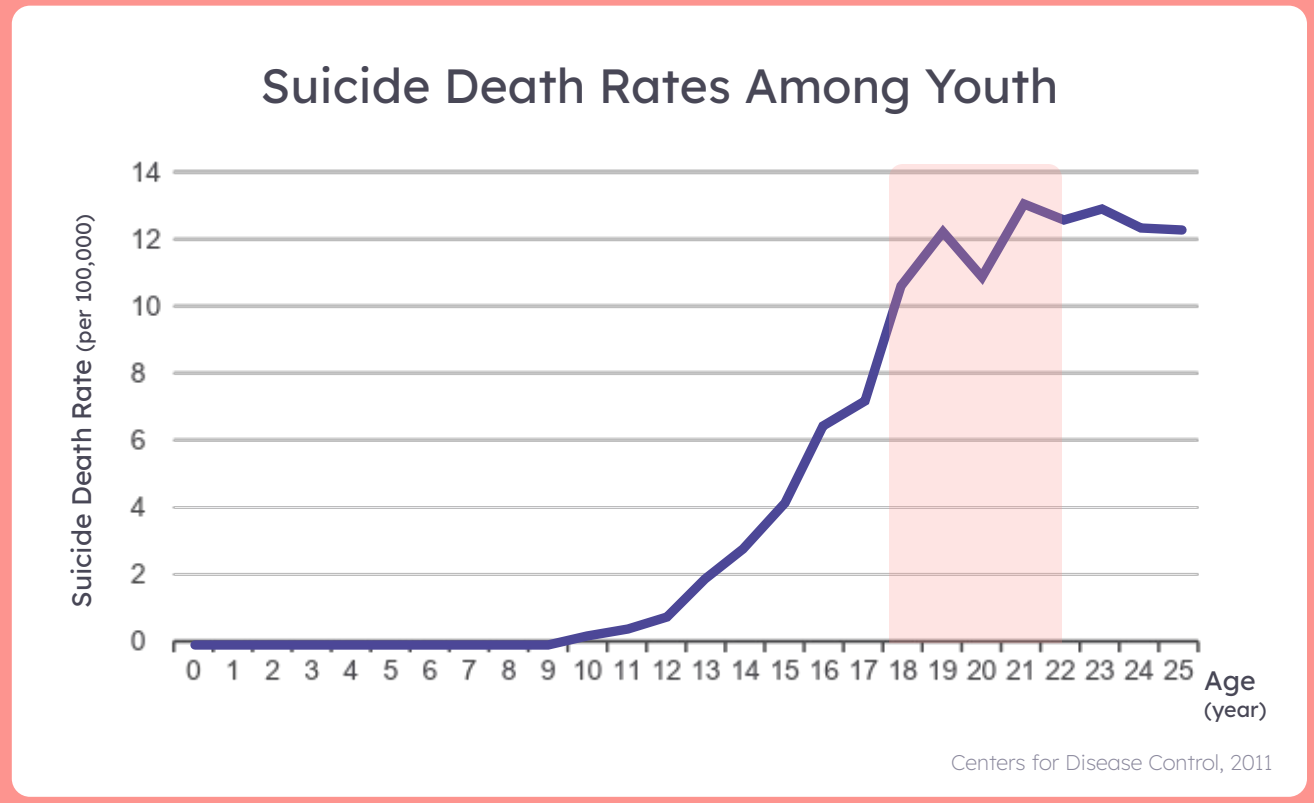
- Changes and challenges
- Identity exploration
- Focus on friends

Bruffaerts R, Mortier P, Kiekens G, ..., Kessler RC. Mental health problems in college freshmen: Prevalence and academic functioning. J Affect Disord. 2018, 225:97-103.

Studying in higher education

Negative outcomes

- Mental disorders
- Suicide risk



Mental health

Emotional problems **vs** Mental disorders

General population

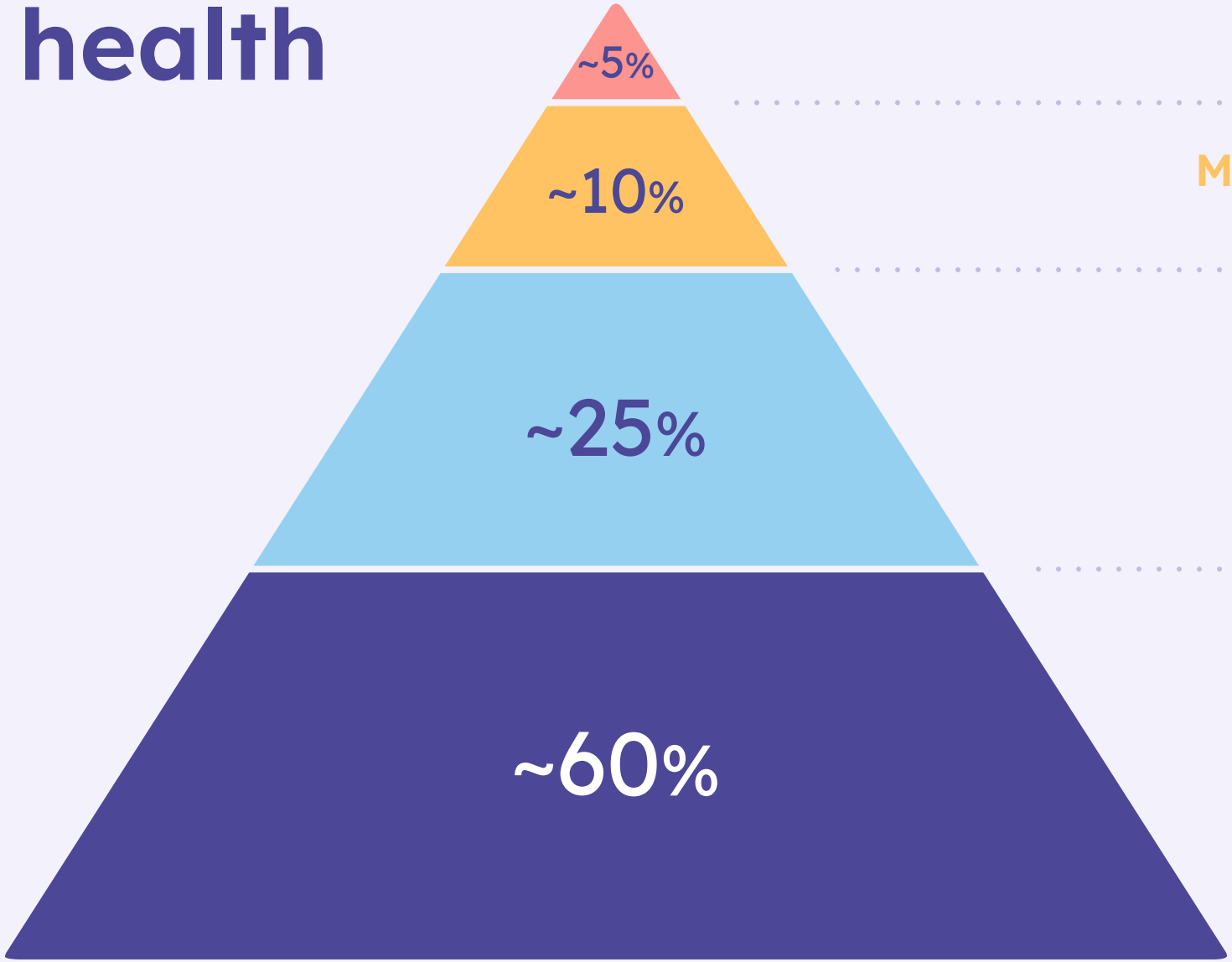
33% emotional problems

15% mental disorders (20% for students)

75% onset before 27 years

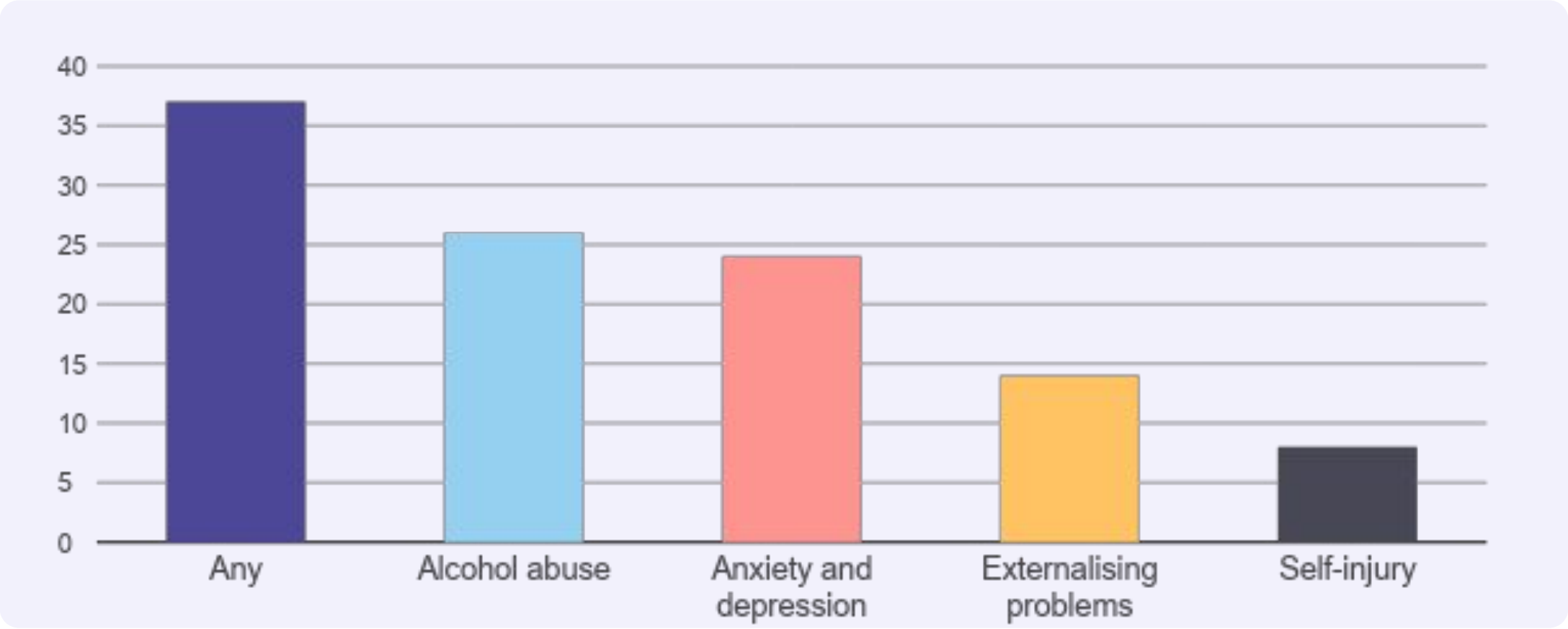
Bruffaerts R. De mythes voorbij. Het public health perspectief in de geestelijke gezondheidszorg. Brussel: Zorgnet-Icuro, 2021.

Mental health
students



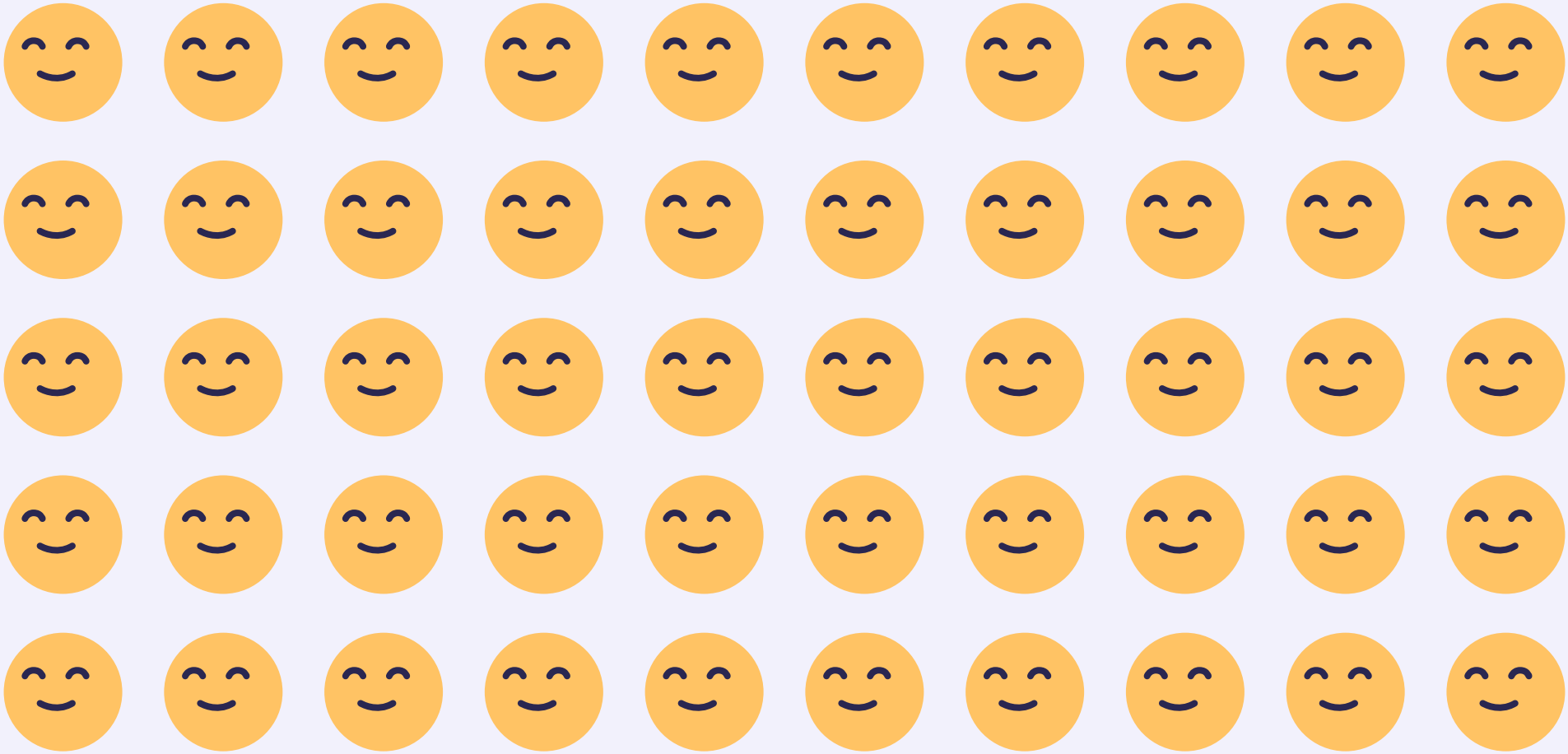
Bruffaerts R. De mythes voorbij. Het public health perspectief in de geestelijke gezondheidszorg. Brussel: Zorgnet-Icuro, 2021.

Emotional problems in higher education

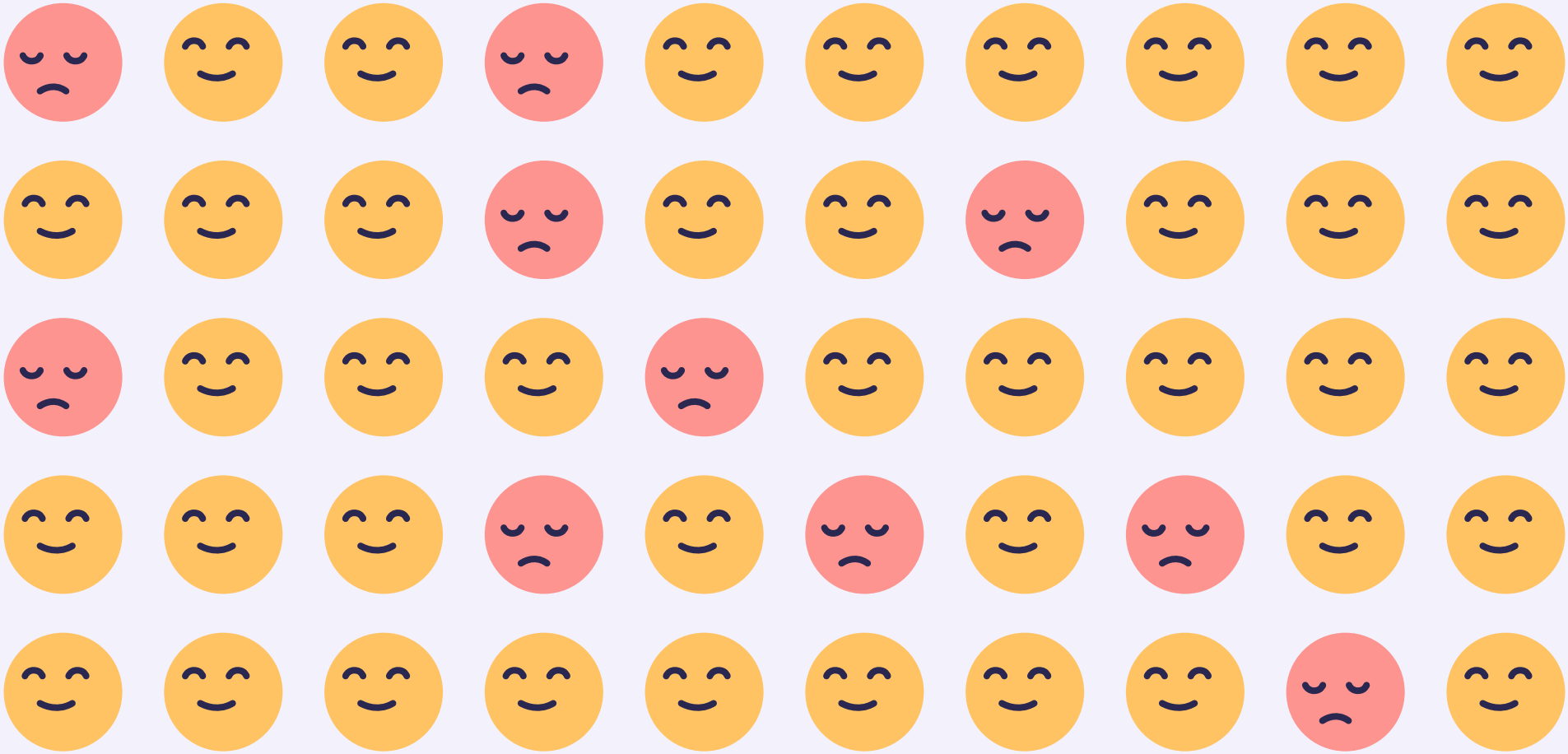


Jackson, 2009; Bailer et al., 2008; Slutske, 2005; McCabe et al., 2007; Rosiers et al., 2011; Mortier et al., 2015; Kiekens et al., 2016; Bruffaerts et al.,2018; Zivin et al., 2009; Verger et al., 2009; Vazquez & Blanco, 2006; Eisenberg et al., 2009; 2011

Anxiety & depression



Anxiety & depression



To what extent did COVID-19 affect student mental health?

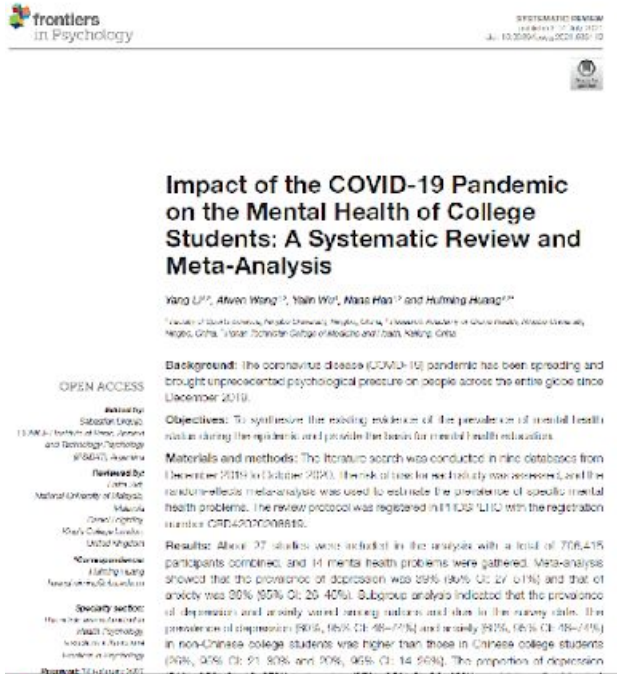
Booming reports...

Up to 95% affected

29-36% anxiety

37-39% depression

23-71% stress



frontiers in Psychology

SYSTEMATIC REVIEW

Impact of the COVID-19 Pandemic on the Mental Health of College Students: A Systematic Review and Meta-Analysis

Yang Li*, Aiwen Wang, Yalin Wu, Nana Han and Huiming Huang*

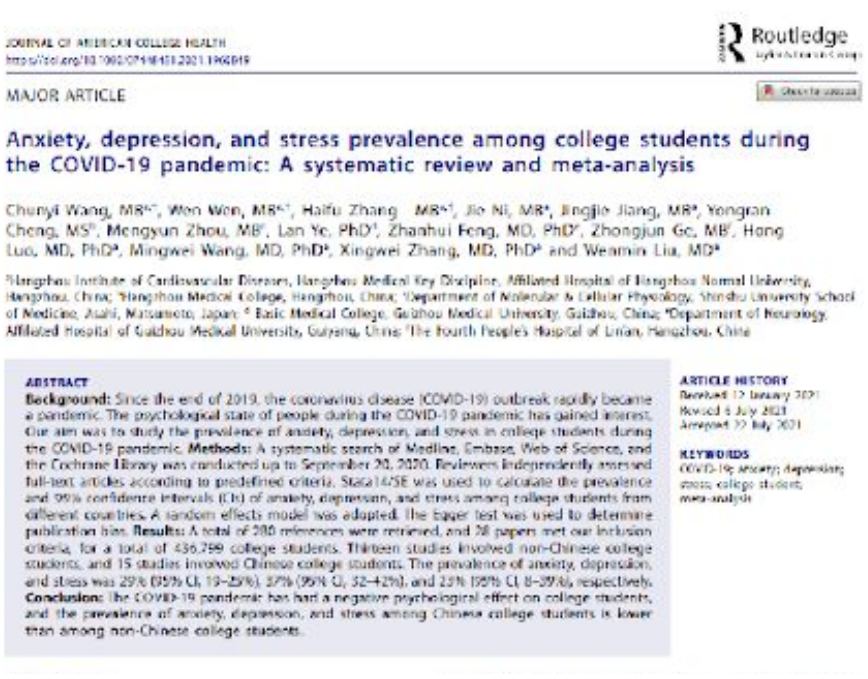
OPEN ACCESS

Background: The coronavirus disease (COVID-19) pandemic has been spreading and brought unprecedented psychological pressure on people across the entire globe since December 2019.

Objectives: To synthesize the existing evidence of the prevalence of mental health status during the epidemic and provide the basis for mental health education.

Materials and methods: The literature search was conducted in nine databases from December 2019 to October 2020. The risk of bias for each study was assessed, and the random-effects meta-analysis was used to estimate the prevalence of specific mental health problems. The review protocol was registered in INPLASY with the registration number CRD42020208810.

Results: About 37 studies were included in the analysis with a total of 706,415 participants combined, and 14 mental health problems were gathered. Meta-analysis showed that the prevalence of depression was 35% (95% CI: 27–44%) and that of anxiety was 30% (95% CI: 26–40%). Subgroup analysis indicated that the prevalence of depression and anxiety varied among nations and due to the survey date. The prevalence of depression [95% CI: 48–77%] and anxiety [95% CI: 48–74%] in non-Chinese college students was higher than those in Chinese college students (29%, 95% CI: 21–39% and 29%, 95% CI: 14–55%). The proportion of depression



JOURNAL OF AMERICAN COLLEGE HEALTH

Routledge

MAJOR ARTICLE

Anxiety, depression, and stress prevalence among college students during the COVID-19 pandemic: A systematic review and meta-analysis

Chenyi Wang, MB[a-c], Wen Wan, MB[a-c], Haifu Zhang, MB[a-c], Jie Ni, MB[a], Jingjie Jiang, MB[a], Yongran Cheng, MS[a], Mengyun Zhou, MB[a], Lan Ye, PhD[a], Zhanhui Feng, MD, PhD[a], Zhongjun Ge, MB[a], Hong Luo, MD, PhD[a], Mingwei Wang, MD, PhD[a], Xingwei Zhang, MD, PhD[a] and Weimin Liu, MD[a]

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ABSTRACT

Background: Since the end of 2019, the coronavirus disease (COVID-19) outbreak rapidly became a pandemic. The psychological state of people during the COVID-19 pandemic has gained interest. Our aim was to study the prevalence of anxiety, depression, and stress in college students during the COVID-19 pandemic. **Methods:** A systematic search of Medline, Embase, Web of Science, and the Cochrane library was conducted up to September 20, 2020. Reviewers independently assessed full-text articles according to predefined criteria. Stata14/SE was used to calculate the prevalence and 95% confidence intervals (CIs) of anxiety, depression, and stress among college students from different countries. A random effects model was adopted. The Egger test was used to determine publication bias. **Results:** A total of 280 references were retrieved, and 38 papers met our inclusion criteria, for a total of 436,799 college students. Thirteen studies involved non-Chinese college students, and 15 studies involved Chinese college students. The prevalence of anxiety, depression, and stress was 29% (95% CI, 19–39%), 37% (95% CI, 32–42%), and 23% (95% CI, 8–39%), respectively. **Conclusions:** The COVID-19 pandemic has had a negative psychological effect on college students, and the prevalence of anxiety, depression, and stress among Chinese college students is lower than among non-Chinese college students.

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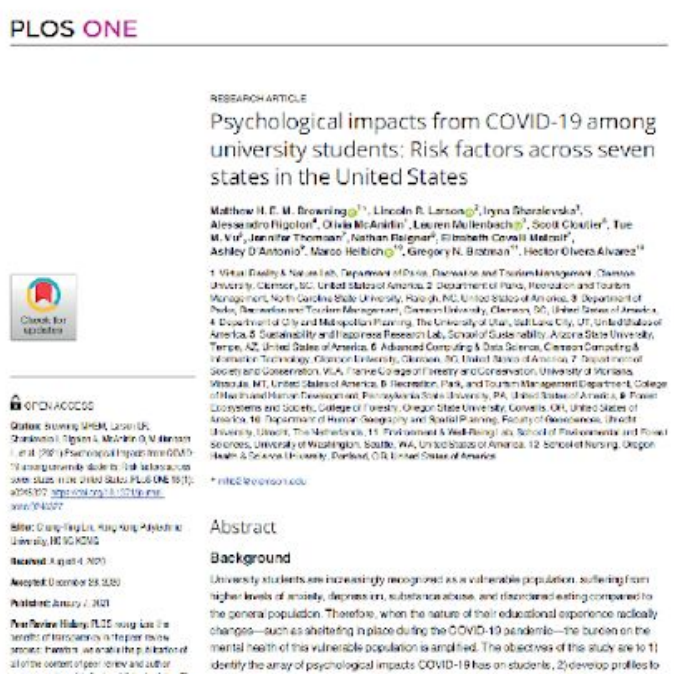
KEYWORDS
COVID-19; anxiety; depression; stress; college student; meta-analysis



PLOS ONE

RESEARCH ARTICLE

Psychological impacts from COVID-19 among university students: Risk factors across seven states in the United States

Matthew H. E. M. Browning[1*], Lincoln R. Larson[2], Iryna Sharaievska[3], Alessandro Rigolon[4], Olivia McAnirlin[1], Lauren Mullenbach[5], Scott Cloutier[6], Tue M. Vu[7], Jennifer Thomsen[7], Nathan Reigner[8], Elisabeth Covelli Metcalf[9], Ashley D'Antonio[10], Marco Helbich[11], Gregory N. Bratman[12], Hector Olivers Alvarez[13]

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OPEN ACCESS

Abstract

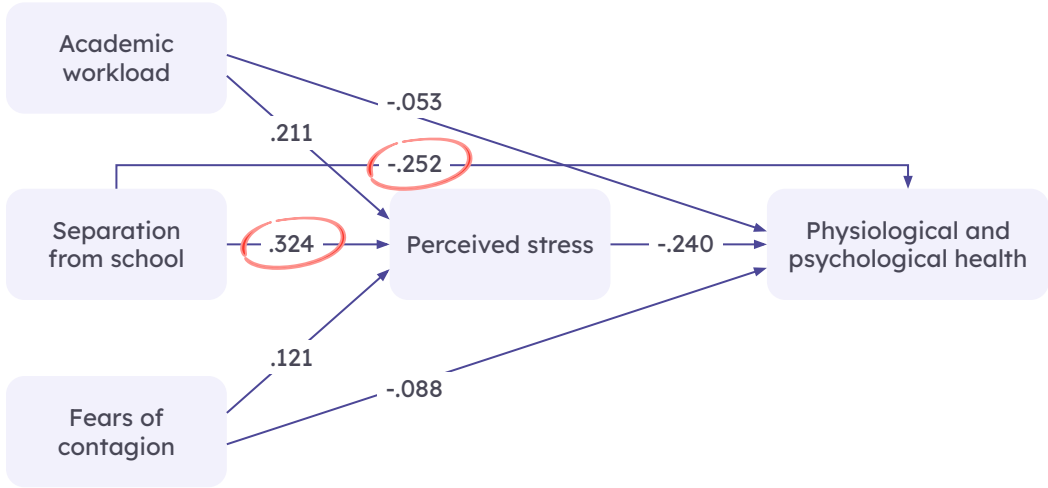
Background

"COVID-19 has a negative psychological effect"

But is every student equally affected?

Risk factors

- Prior anxiety problems ~2.5
- Low SES at home ~2.4
- Female gender ~2.0
- (Proximity of) ~1.5
  knowing someone infected
- **>8 hours / day on screens ~1.2**



Protective factors

Social support, connectedness, resilience

Browning et al., 2021; Bruffaerts & Jeannin, 2021; Yang et al., 2021; Vigo et al., 2021

Leuven College Surveys

(as a part of WHO's WMH International College Student initiative): longitudinal representative panel surveys since 2012 (N~21,700)

All-in-all

~4/10 students screens positive for a mental disorder – **not more than before**

Pandemic-related variations?

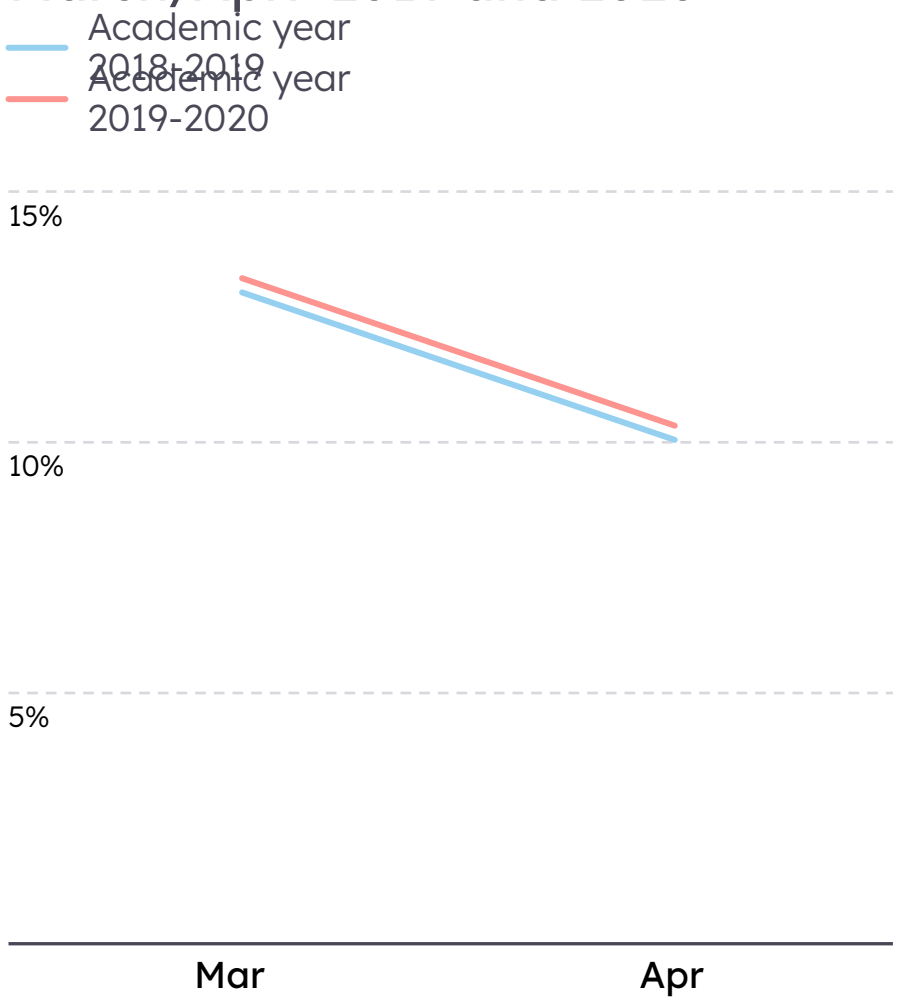
Wave 1: 1/4 no stress, 55% stress, sadness, anxiety but not often, **1/5 high impact**

Wave 2: 1/3 good-to-excellent mental health; 44% moderate, **1/5 low mental health**

Incidence of disorders ~4%, **lower incidence than in pre-pandemic times**

Suicidality

March/April 2019 and 2020



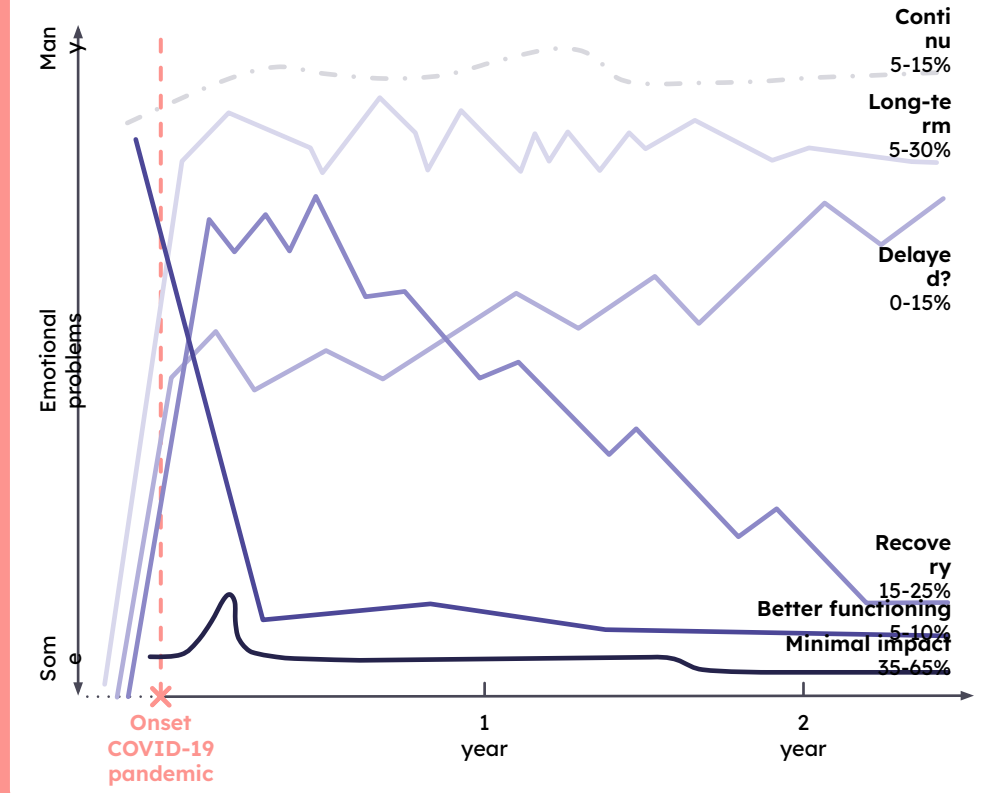
(Tentative) conclusions

‘Netto’ impact of the pandemic seems mild-to-moderate: what was there before the pandemic is much more important than what developed during the pandemic

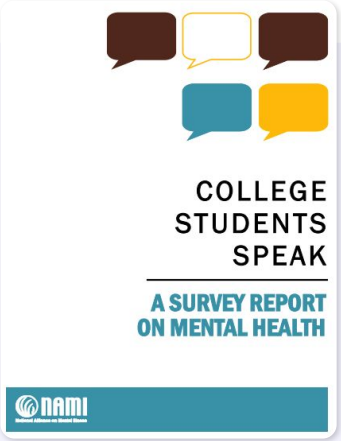
- Increased anxiety & depressive feelings (not disorders!)
- Low incidence & decreased suicides
- No specific pandemic-related mental disorders
- Underlying, already existing problems came to the surface

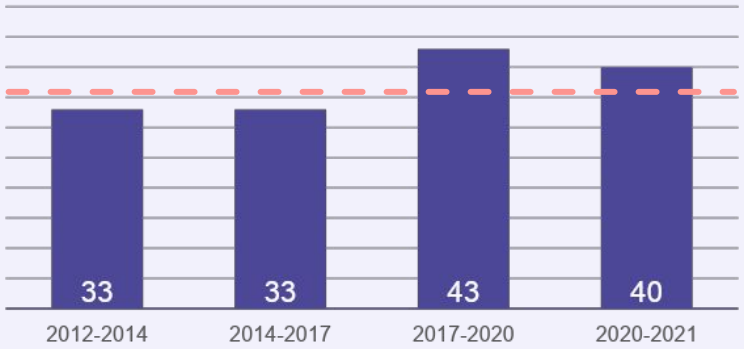
Specific attention for specific disorders / clinical conditions increase

- Suicidal thoughts and behaviors (not suicides!)
- Disordered eating problems



Are emotional problems among students increasing over time?





Services students use

Does a higher demand for and use of services equals higher prevalence of disorders?

Language we use

- “73% of the college students have experienced a mental health crisis during the college period”
- Does this mean that all of these have a mental disorder?

Stability and change of mental health problems

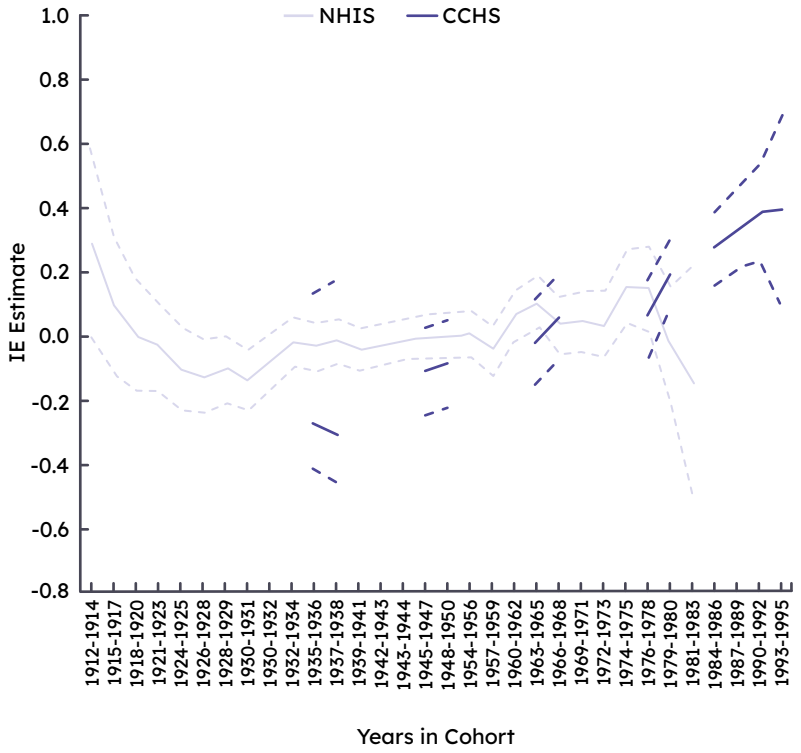
www.nature.com/scientificreports

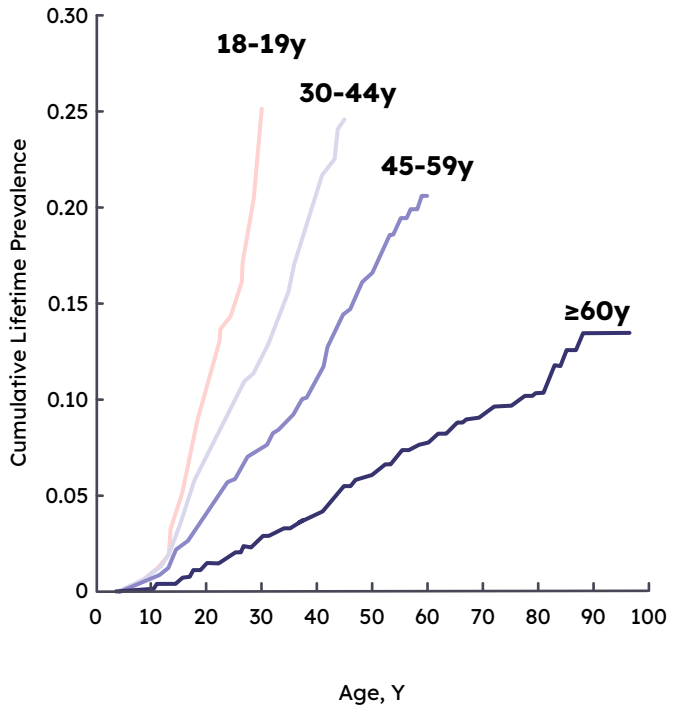
SCIENTIFIC REPORTS
nature research

Distribution of psychological distress is stable in recent decades and follows an exponential pattern in the US population

Shinichiro Tomitaka[1,2], Yohei Kawasaki[3], Kazuki Ide[4,5,6], Maiko Akutagawa[6], Yutaka Ono[7] & Toshi A. Furukawa[2]

The prevalence of psychological distress is fairly stable in industrialised countries in recent decades, but the reasons for this stability remain unknown. To investigate the mechanisms underlying stability of psychological distress in the general population of the United States, we analysed the mathematical patterns of the distribution of psychological distress in recent decades. The present study utilised the Kessler psychological distress scale (K6) data from the 1997–2017 United States National Health Interview Survey. We used overlap coefficients and graphical analysis to investigate the stability and mathematical patterns of the K6 distribution. Overlap coefficients and graphical analysis demonstrated that the distribution of K6 total scores was stable in the United States over the past two decades. Furthermore, the distributions of K6 total scores exhibited an exponential pattern, with the exception of the lower end of the distribution. These findings suggest that the lack of change in the prevalence of psychological distress over several decades is due to the stability of psychological distress distribution itself. Furthermore, the stability of the distribution of psychological distress over time may be linked to the exponential pattern of psychological distress distribution.





Tomitaka et al., 2020; Keyes et al., 2014; Kessler et al., 2003

Younger cohorts: different patterns of emotional problems?

Cohort effects:

more recent born people more prone to mental disorders

Also: different expressions of emotional problems?

- More eating disorders
- More self-injury
- More impulse-related behaviors (binging in alcohol and/or substances)
- Higher suicidality (not in behaviors, but more likely in thoughts)

What is the prevalence of NSSI among first year college students worldwide?

NSSI

Lifetime
17.7%

Recency of NSSI = 44%

12 Month
8.4%

Severe NSSI = 28%

≥5 times per year
2.3%

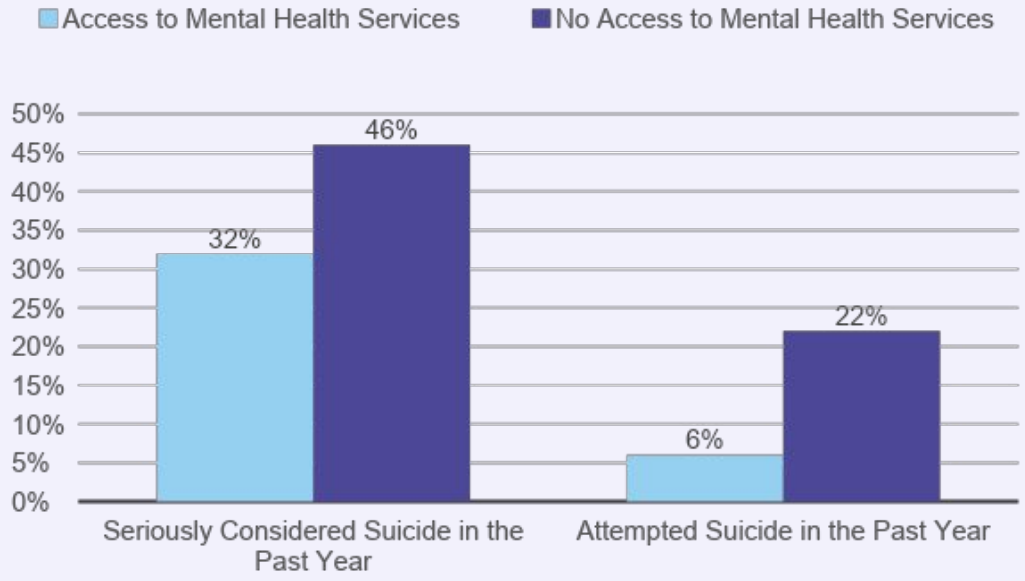
Survival models predicting the onset of suicidal thoughts and behaviors within respondents without lifetime mental disorders.

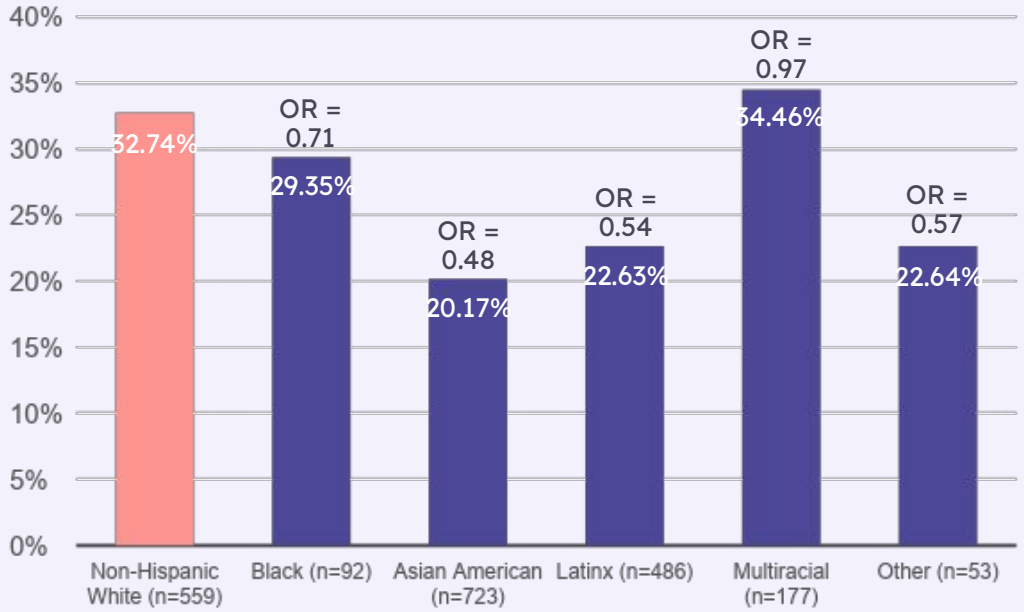
	Suicide ideation OR (95% CI)	Suicide plan OR (95% CI)	Suicide attempt OR (95% CI)
NSSI thoughts	3.0*** (1.8-5.1)	3.3** (1.5-7.3)	0.8 (0.1-6.2)
NSSI	2.5*** (2.0-3.2)	3.1*** (2.1-4.6)	5.3*** (2.2-13.1)
n(person-years)	*71,734*	*73,936*	*74,917*

Kiekens et al., 2020; 2022

Are minority groups at higher risk?

Suicide Risk Among LGBTQ College Students by Access to Mental Health Services





LGBTQ+

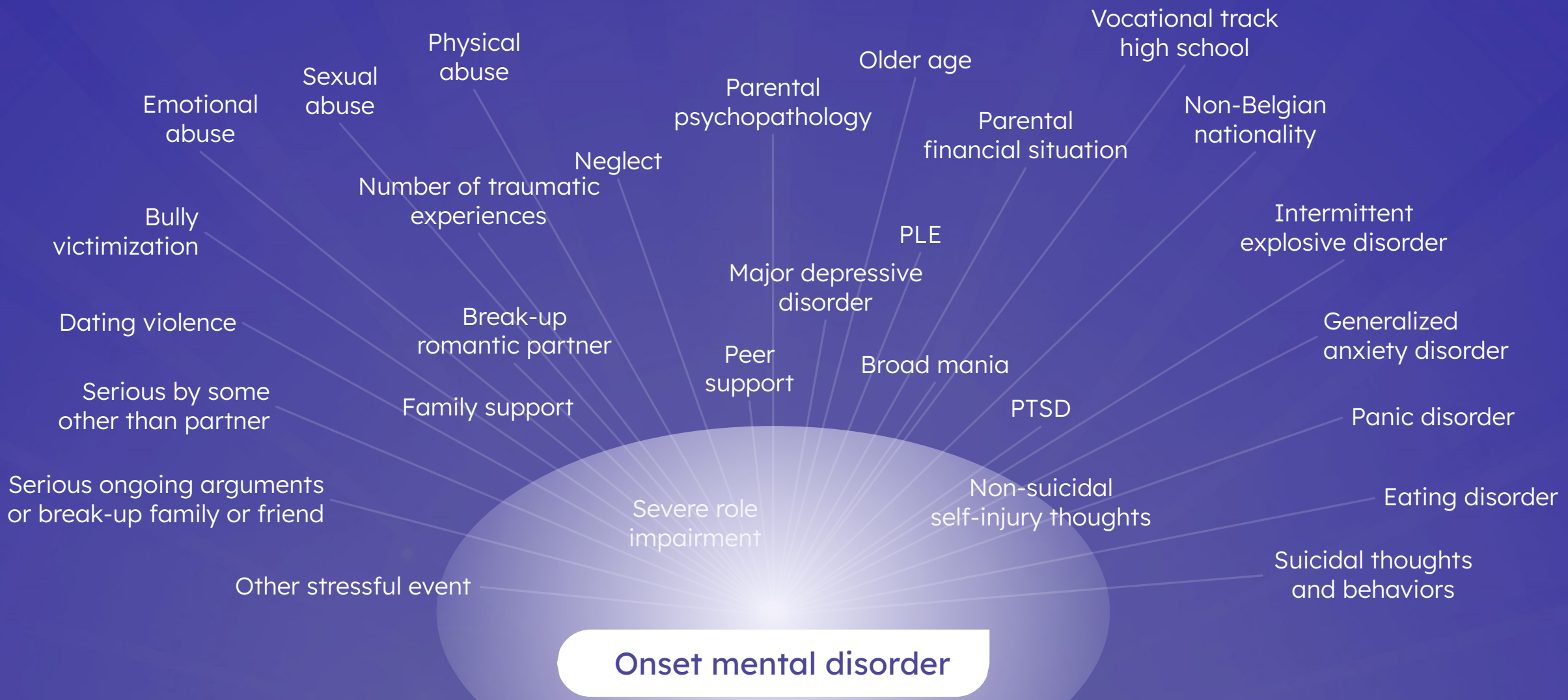
- Using broad definition: up to 6/10 first-year students
- Have up to 17x higher odds of developing mental disorders
- In general low help-seeking (comparable to non-LGTBQ+)

Racial minority groups

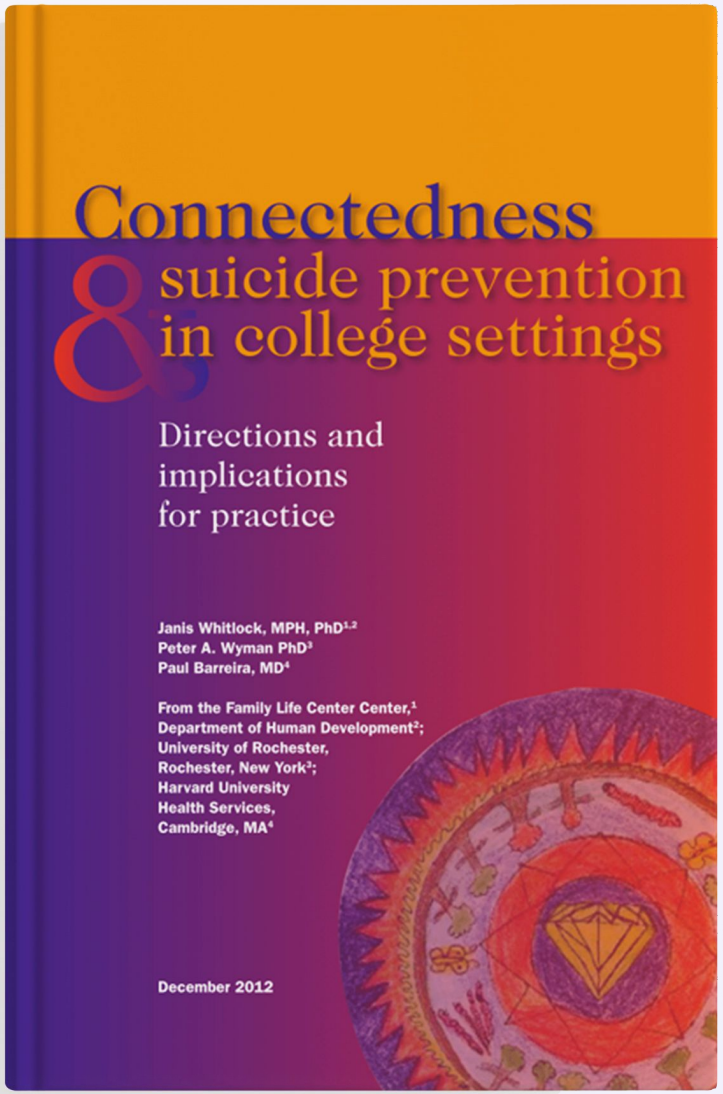
- Higher rate of mental disorders
- Stigma & victimization

Auerbach et al., 2019; Bruffaerts et al., 2019; Kodish et al., 2021;
The Trevor Project Policy Brief, 2022

Risk factors



Kiekens et al., 2019; Mortier et al., 2016; Ebert et al., 2019; Benjet et al., 2021



Connectedness/friendship

> 2x less emotional problems

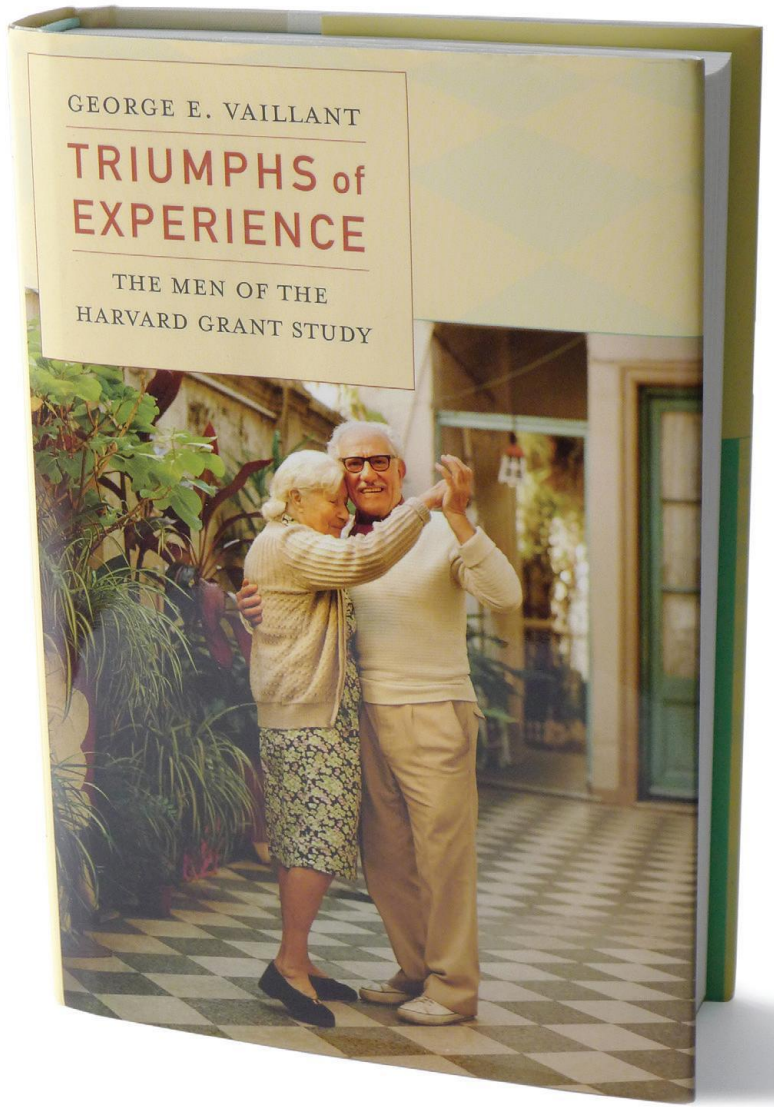
Good friendships leads to increased resilience

Connectedness higher education institution

~ 2x less emotional problems

Buffers anxious and depressed feelings

Graber et al., 2016; Lester et al., 2013; Ueno, 2004; Whitlock et al., 2012



Protective factors

- Friendship & connectedness

Harvard Gazette, 2017; Vaillant, 2012; Mental Health Foundation, 2016

In 1938, Harvard University began following 724 participants as part of the longest-running study on human development in history. The study was developed to determine what makes us happy.

The study explored every part of who we are, from physical and psychological traits to social life and IQ, to learn how we can flourish. Findings from the study were published in the 2012 book *Triumphs of Experience*, with key results showing that happiness and health aren't a result of wealth, fame or working hard, but come instead from our relationships:

- Social connections are really good for us, and loneliness kills. People who are more socially connected to family, friends, or community, are happier, physically healthier, and live longer than people who are less well connected.
- It's not just the number of friends you have, and it's not whether or not you're in a committed relationship, but it's the quality of your close relationships that matters. Living in conflict or within a toxic relationship is more damaging than being alone.
- Good relationships don't just protect our bodies, they protect our brains. Good quality relationships were related to sharper memory.

"The conclusion of the study is that *connection* is the whole shooting match...

The more areas in your life you can make connection, *the better*. Full stop."

George Vaillant *Director of the Harvard Grant Study (1972-2003)*

The Harvard Gazette

HEALTH & MEDICINE

Good genes are nice, but joy is better

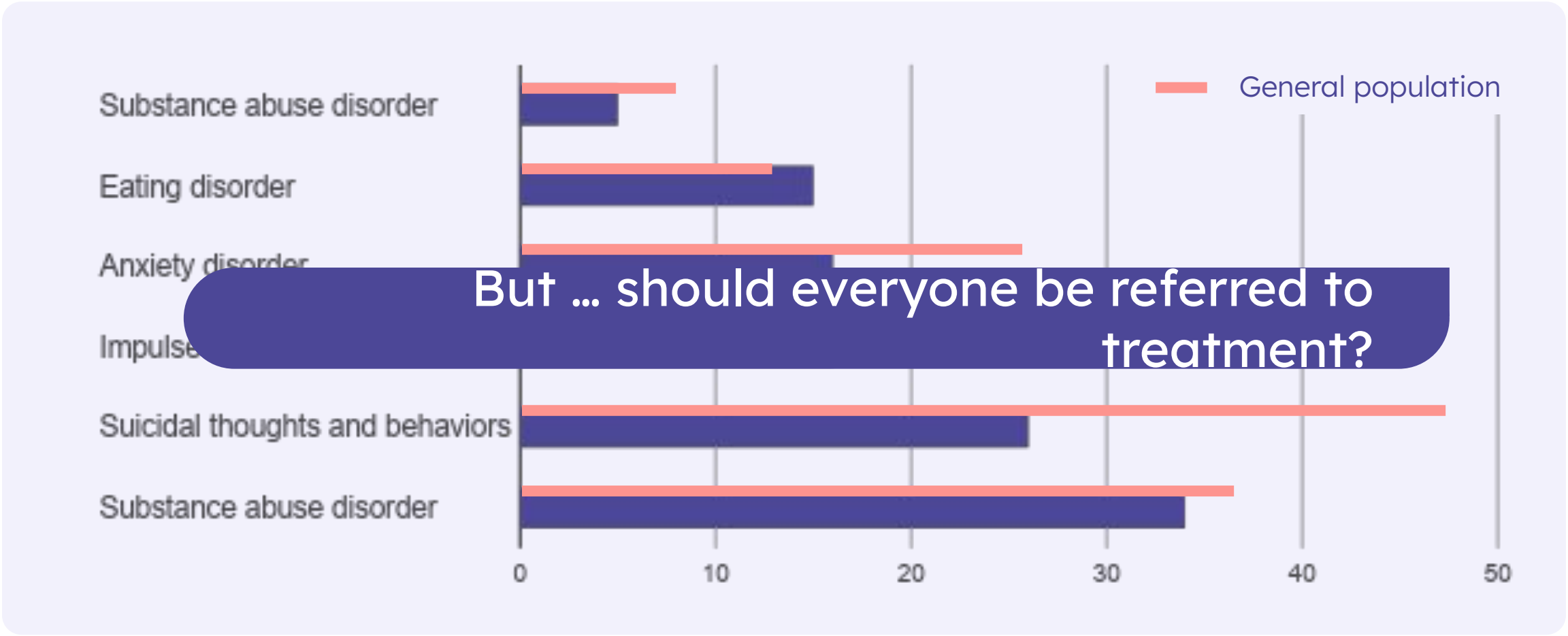
Harvard Gazette, 2017; Vaillant, 2012; Mental Health Foundation, 2016

Connectedness as protective factor

		No suicidality	No internalising disorder	No externalising disorder	No substance-related disorder
PREVIOUSLY	Gender	NS	Male	NS	Female
	Financial situation previously	NS	NS	NS	NS
	Family relationship previously	NS	+	NS	NS
	Friends previously	++	+	NS	NS
	Peers previously	+	NS	NS	
	Relations previously	NS	NS	NS (Except dating)	NS
	Connectedness school previously	+	+	NS	NS
CURRENT	Family relationships current	+	NS	NS	+
	Peers current	+	NS	NS	NS
	Partner current	NS	NS	NS	NS
	Friends current	++	NS	NS	+
	Connectedness university current	NS	NS	+	NS

Help-seeking behavior

12 month help-seeking behavior students



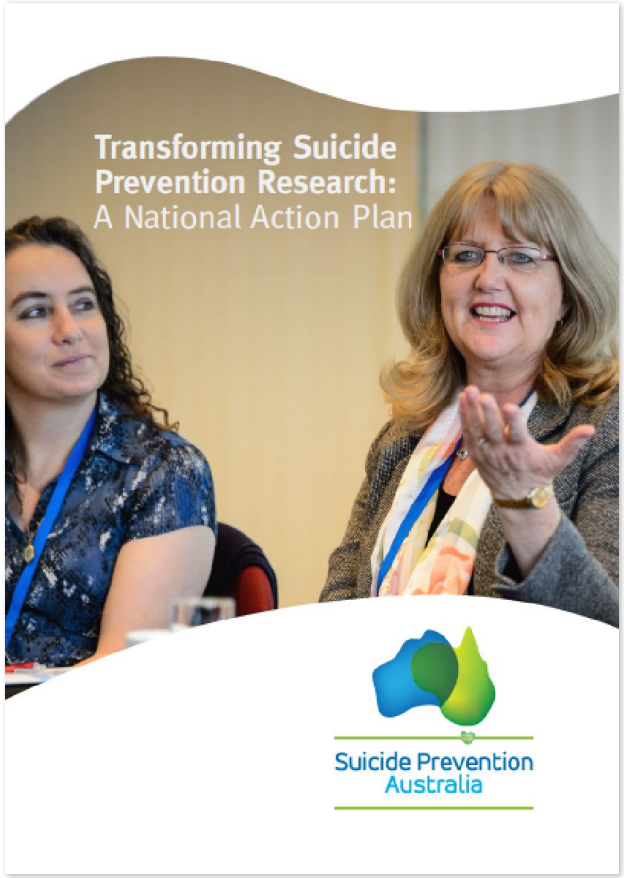
Bruffaerts R, Mortier P, Auerbach RP, …, Kessler RC. Lifetime and 12-month treatment for mental disorders and suicidal thoughts and behaviors among first year college students. International Journal of Methods in Psychiatric

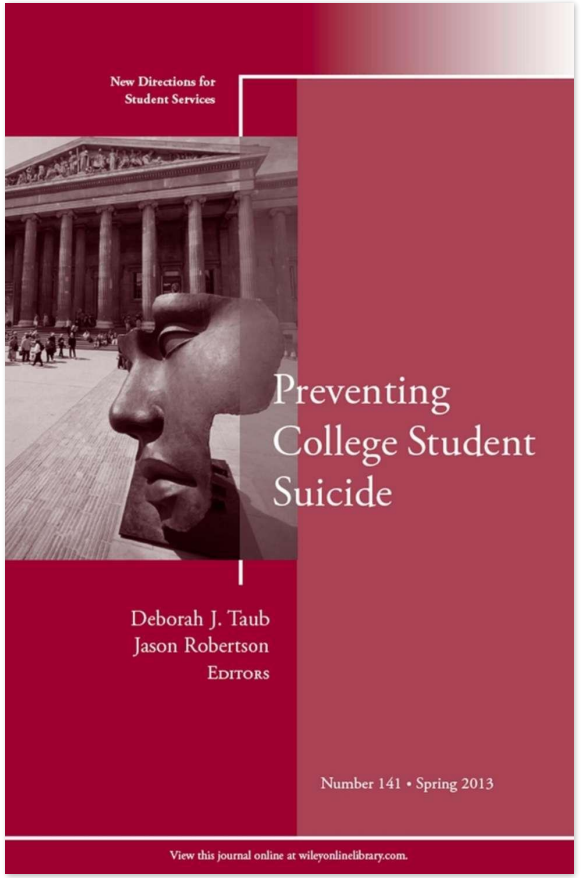
Part 2:
Public mental health perspective

Principles
Community of Caring
Macro- meso and micro level

A public mental health perspective

- Public mental health model vs individual clinical model
- Prevention, promotion and treatment
- “Preventing suicide starts at home, in schools, and in communities, not when someone (…) enters a therapist’s office”
  (Whitlock, Wyman & Barreira, 2012, p.4)





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Principles mental health perspective

Screening and early

detection

ABC of Psychology - need crafting

Foster and promote positive

mental health and students' resilience and self-management

Diversified and dynamic

Servic care offer

“

The public mental health perspective combines forms of **universal prevention** (targeting the general population), **selective prevention** (targeting population groups at high risk) and **indicated prevention** (targeting individuals with incipient symptoms), in addition to clinical interventions for high-risk individuals.

Focus on the entire student population

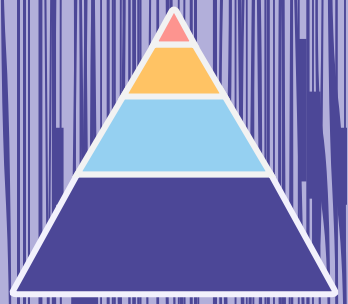
Can we intervene before onset?

Bruffaerts R. De mythes voorbij. Het public health perspectief in de geestelijke gezondheidszorg. Brussel: Zorgnet-Icuro, 2021

It presupposes a **coordinated cooperation** of different actors at different levels, especially the ***micro level*** (i.c. the level of the [individual] student), the ***meso level*** (i.c. action points for the organisation of assistance and networking) and the ***macro level*** (i.c. action points for the university or college, other HEI, umbrella organisations, the Department of Education, ..., among others).

Focus on a *community of caring approach*

Bruffaerts R. De mythes voorbij. Het public health perspectief in de geestelijke gezondheidszorg. Brussel: Zorgnet-Icuro, 2021



STUDENT

AGE | GENDER | NEUROBIOLOGY | IDENTITY
NEUROPSYCHOLOGY | MOTIVATION | ACADEMIC
ACHIEVEMENT | MENTAL HEALTH

MICRO
LEVEL

MESO
LEVEL

MACRO
LEVEL

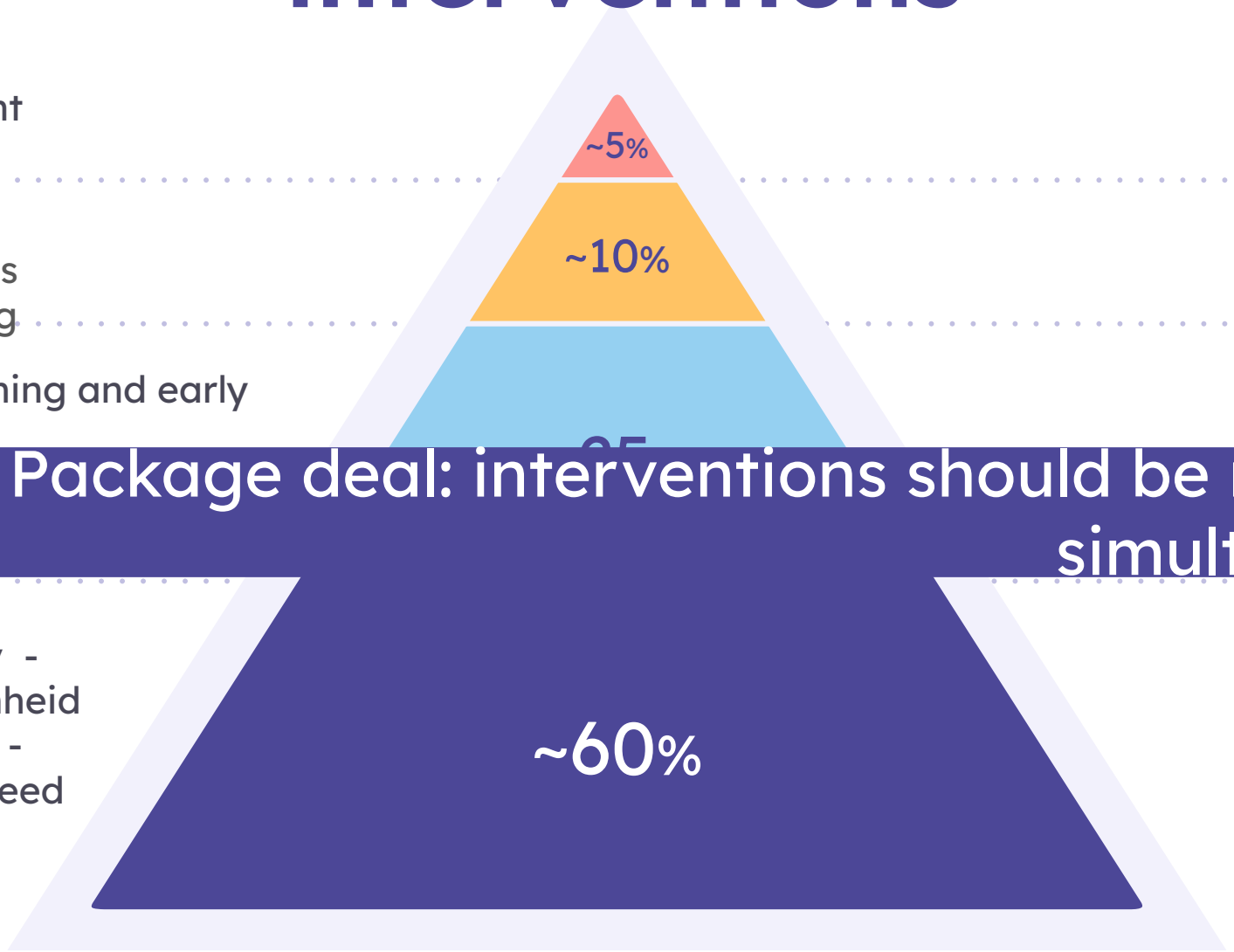
Micro level: a diversified range of interventions

Professional treatment
Proactive treatments
E-health - e-treatment
Risk protocol

Low-threshold group interventions
sessions
E-health interventions
Individual counselling

Gatekeeping - Screening and early detection
Ski
Pe

Mental health literacy -
Promotion verbondenheid
Needs-based klimaat -
ABC of Psychology (need crafting)



Severe emotional problems

Mild to moderate emotional problems

Some

No emotional problems

Package deal: interventions should be rolled out simultaneously

Part 3:
Flemish Student Mental Health Policy

Mental Health Monitor
MoodSpace
National learning network
Support HEI community of caring

Mental Health Monitor

MoodSpace

About MoodSpace NL EN

Mental Health Monitor | Info Library | Connectedness | Get help | Self-help | Worried about someone? | Powerful stories | Podcasts

DASHBOARD

Mental Health Monitor

The Mental Health Monitor (Welzijnsmonitor) annually measures the mental health, resilience and study motivation of students in Flemish higher education via questionnaire. Students are followed up throughout their academic career. This allows appropriate interventions, such as MoodSpace, to be built in a scientific way.

About the Mental Health Monitor

The Mental Health Monitor is **an initiative** of Flemish Education Minister Ben Weyts. The Monitor is developed and implemented by Professor Dr. Ronny Bruffaerts (KU Leuven) and Professor Dr. Maarten Vansteenkiste (UGent), in cooperation with the Support Centre Inclusive Higher Education (SIHO).

The Monitor generates **specific action points and recommendations for both policy and practice** that translate to the macro, meso and micro levels. Thus, together we develop a caring welfare policy: **a 'community of caring'**.

The rollout of the Mental Health Monitor is scheduled for October 2022. All universities and universities of applied sciences will distribute the questionnaire to their students.

Read more

What is the Mental Health Monitor?

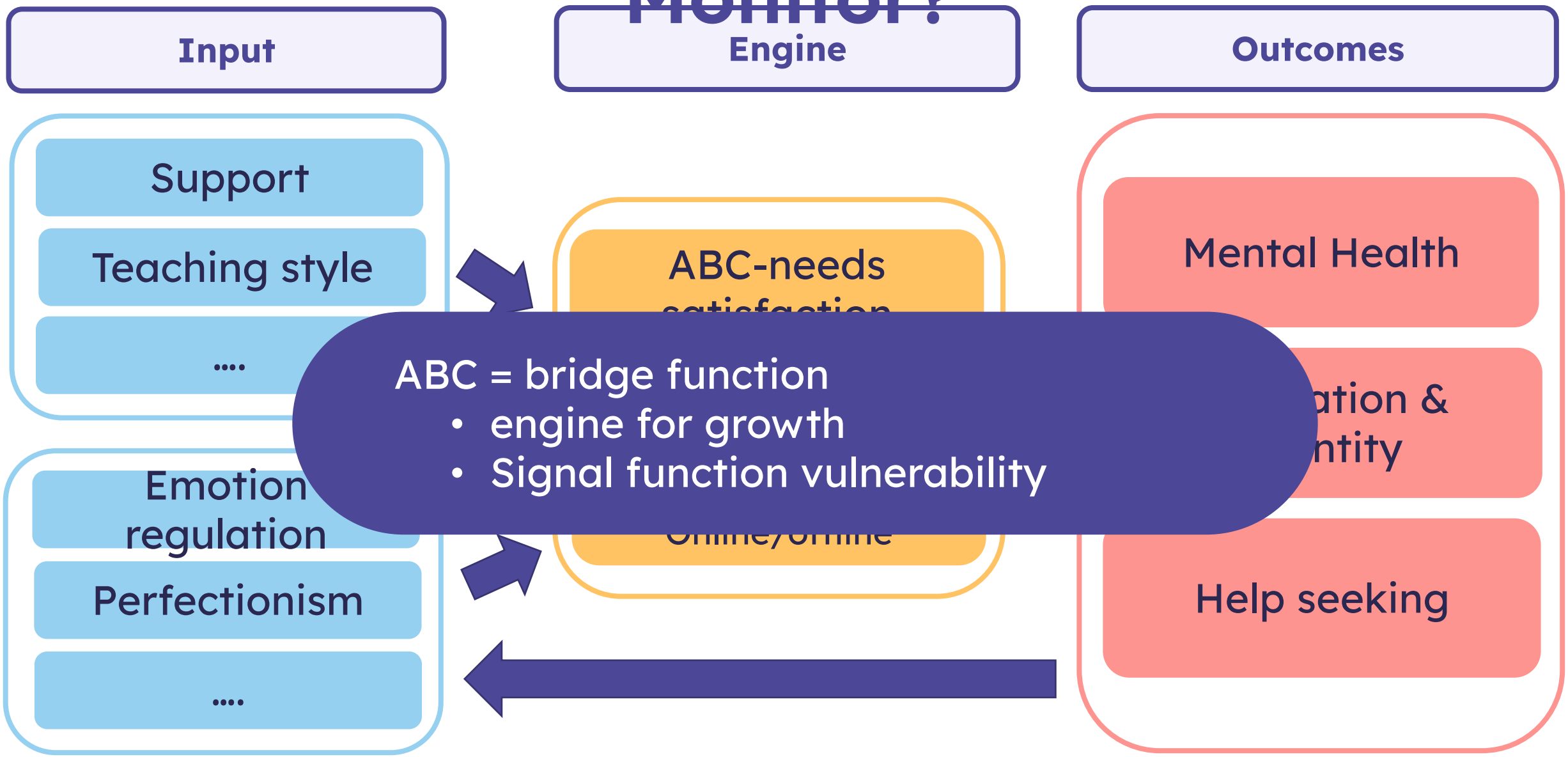
The Mental Health Monitor:

- is a **cross-sectional and longitudinal questionnaire survey** on the mental health of college and university students in Flanders and Brussels.

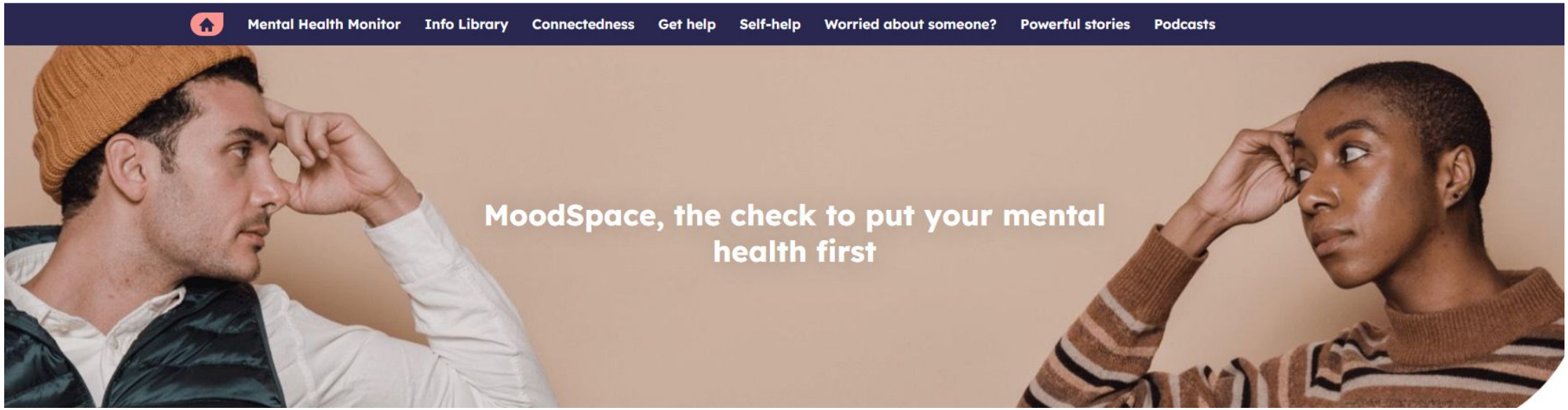
The Mental Health Monitor:

- provides an **annual and multi-year evolutionary picture** in terms of mental health, resilience and school motivation, representative of higher education students;
- Generates **specific practice and policy inputs** by, inter alia:
  - formulating and evaluating **goals** to be achieved regarding good mental health, well-being, resilience and school motivation;
  - articulating annual **specific action points** that translate to the macro, meso and micro levels;
  - formulating **recommendations** for sustainable integration of wellbeing and health policies in higher education.

What measures the Mental Health Monitor?



MoodSpace



MoodSpace is a place for students, which is packed with reliable information, tips and self-help tools to tackle emotional problems or to help you study confidently. It offers room for student stories and pep talks, and helps you find the help you need. It is *the* check to put your mental health first. But MoodSpace is also a place where you, as a friend, parent or staff member of a college or university, can discover what you can do.

Emergency help 24/7

Tele-Onthaal	106	Suicide line	1813
Awel	102	On-call GP	1733
Ambulance	112	Poison Centre	070245245

Principles MoodSpace

Public Mental Health Perspective

By and for students

Diversified interventions

Info Library

Discover information, tips and tricks on connectedness, mental health, resilience and healthy studying.

Read more

Connectedness

Connectedness is a powerful medicine. Discover the power of meeting fellow students and the ABC of psychology.

Read more

Mental Health Monitor

The Mental Health Monitor measures the mental health, resilience and study motivation of students.

Read more

Get help

Whatever concerns you have, there are always people ready to listen, talk and think about things with you.

Read more

Self-help

Useful self-help modules to help you strengthen your resilience and overcome your challenges.

Read more

Worried about someone?

Learn how to recognise signals and what small steps you can take if you are concerned about a fellow student.

Read more

Podcasts – Powerful stories - PepSpace

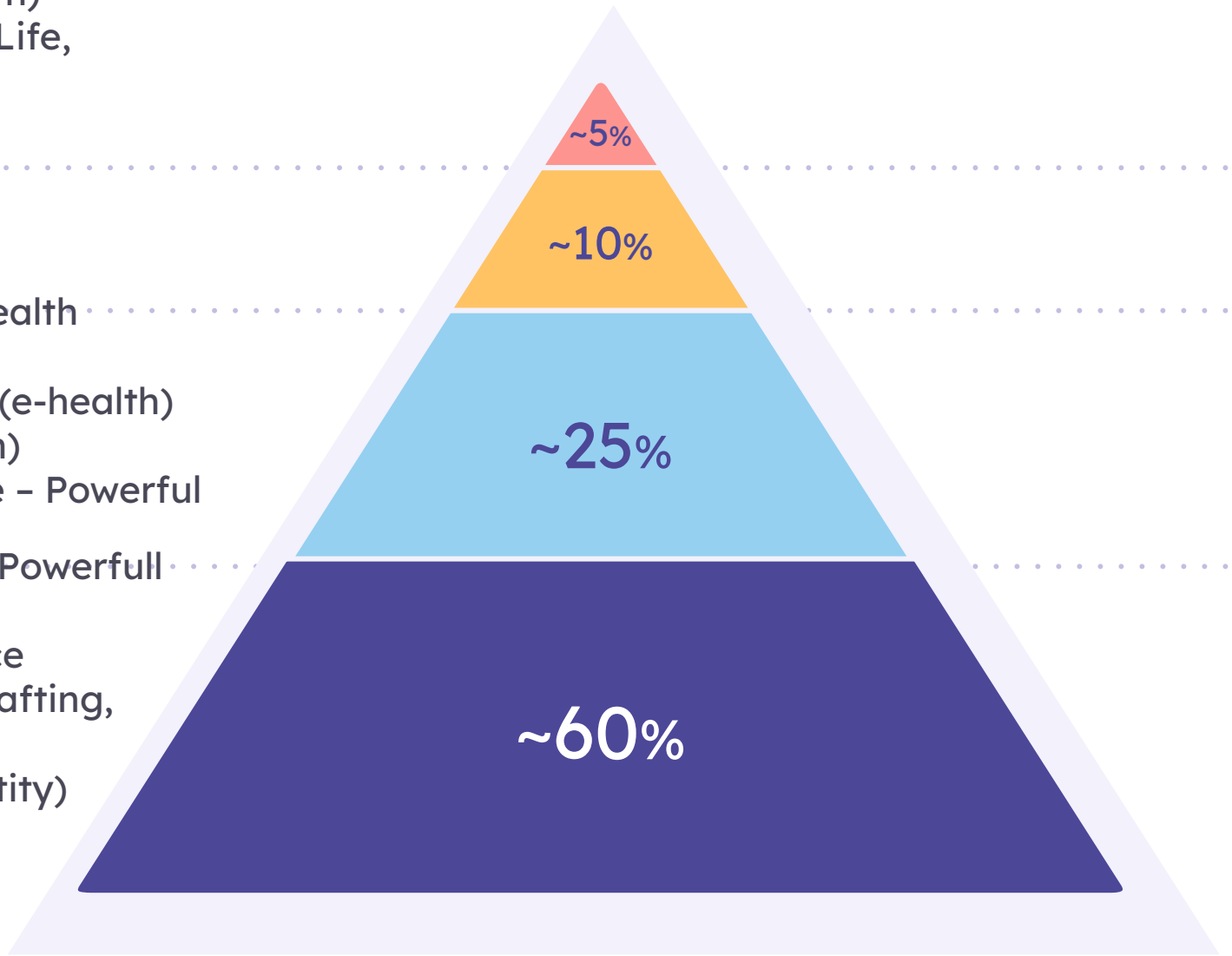
Focus MoodSpace

Self-harm (STAR, e-health)
Suïcidal thoughts (ThinkLife, e-health)
Social map

Anxiety and Stress (e-health)
Social map

Test Yourself - Mental Health Monitor
Worried about someone (e-health)
Halthy Lifestyle (e-health)
Peer support – PepSpace – Powerful stories
Social map

Info Library– Podcasts – Powerfull stories
Connectedness- PepSpace
LifeCraft - (ABC – needcrafting, e-health)
Internal Compass (identitity)
Social map



Severe emotional problems

Mild to moderate emotional problems

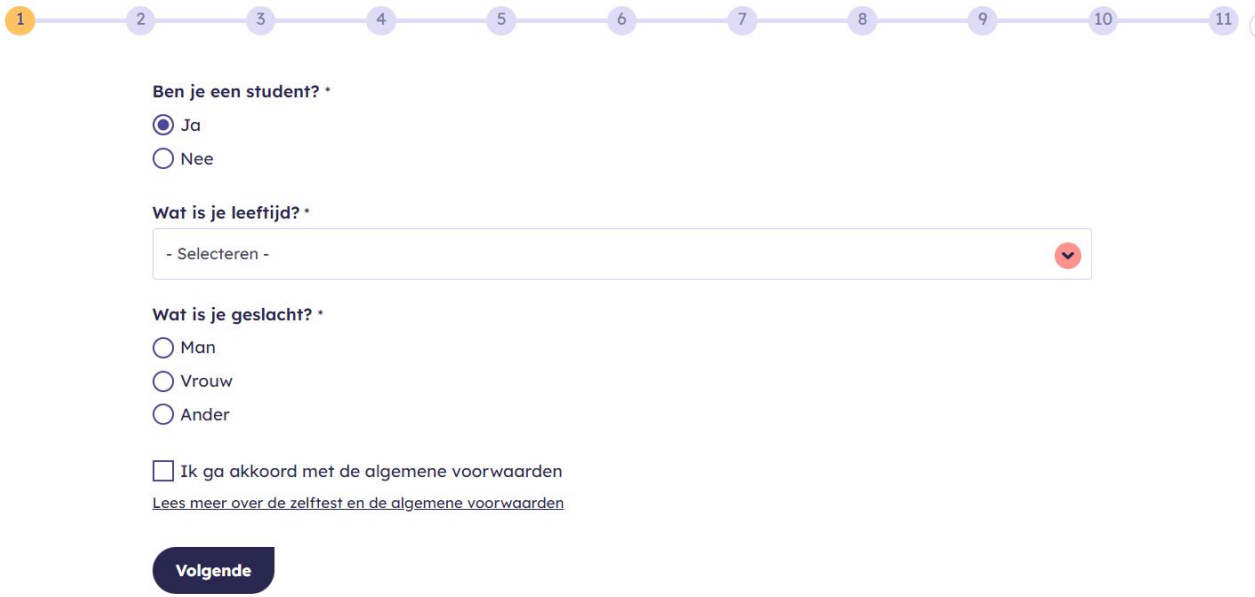
Some emotional problems

No emotional problems

Test yourself

Test yourself

- Anonymously
- 20 questions on mental health: Emotional problemen such as anxiety depression, eating disorders, substance use
  - Resilience
  - Quality of Life
  - Impact on daily functioning
  - Psychological basic needs
- Short feedback, tips and refere to to help
- **+ 7748 tests**



Self-help

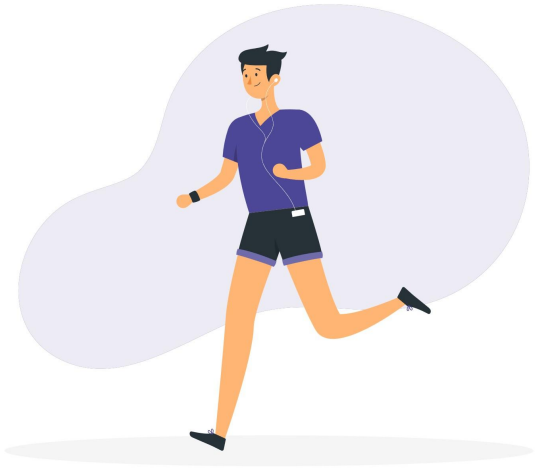
Self-help

- Independently and anonymously
- Evidence-based
- No/Low/Medium/High risk
- Modules: explanations, exercises, testimonials
- Evaluation users
- **+ 2.325 registrations**

LifeCraft

- No/low/medium/High
- 7 modules
- Need crafting

Self-help programs



Healty Lifestyle

- No/low/medium/High
- 6 modules

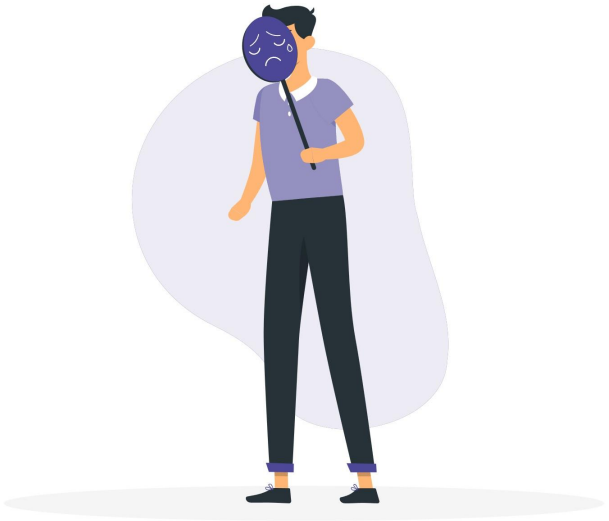
Anxiety en Stress

- Low/medium/High
- 6 modules
- CBT

Self-help programs

Self-harm

- Medium/High
- 10 modules
- CBT



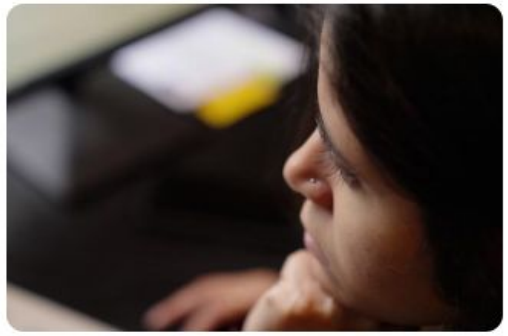
Suïcidal thoughts

- High (Think Life)
- 6 modules
- CBT

Powerful stories

You are not alone. Get inspired by other students' stories about vulnerability and doubt. But above all about the power of connectedness.

Carola



Shraavya

Reinout

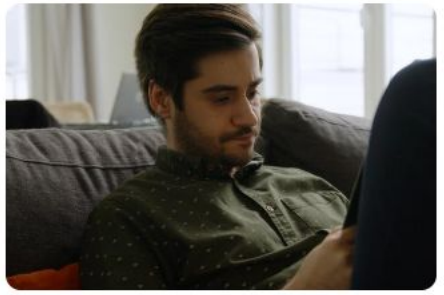
Pauline

More powerful stories

Miguel

Reinout

Pauline



João

Learning learning network

What?

- Working group
- Trainings and conferences
- Development of didactic materials

- Resilience
- Connectedness
- Menal disorders
- Suïcide prevention
- ABC of Psychology
- MoodSpace
- …

“

The concrete examples of approaches. The exchange with other HEIs. Inspiring examples give energy to question and possibly improve certain things in one's own institution.

Support HEI towards a community of caring

- Financial means
- Development and implementation of gatekeeper trainings