

Good Practices Guidelines



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1. Introduction

Since the official declaration of the COVID-19 crisis as a pandemic by the World Health Organisation (WHO) (Sohrabi et al., 2020) in March 2020, there have been strict movement restrictions and social distancing measures worldwide. Anxiety and depression are the two most common reasons students seek mental health services and these, among other mental illnesses and mental health conditions, have worsened during and since the pandemic.

Therefore, this report which originates from an ERASMUS+ project called AWARE (2022-1-PL01-KA220-HED-000087038) aims to analyse the mental state of university students and university staff at a time when we have just gone through a pandemic situation. AWARE project aims to increase anxiety and mental health awareness among higher education Institutions staff and students. The AWARE consortium is composed by the Republic of Cyprus, Greece, Poland, Ireland, and Spain. In this specific report three types of research have been carried out: Desk research, small scale research and best practices analysis in the five respective countries.

The desk research examined different mental health issues, like depression, anxiety, and symptomatology such as addiction, eating disorders or suicides, in the countries of the consortium. Then, the mental health policies or initiatives of each country were analysed. Finally, the Impact of the covid-19 pandemic, the energy/economic crisis, and the Ukrainian war were taken into consideration when examining the health/mental health of students all over the world and in particular in European Union countries, this was examined with regard to the way it affects Higher Education academic staff and students.

In regard to the small-scale research, 5 interviews were conducted in each country with key informants such as educators, NGO representatives, and representatives of educational institutions. Specifically, they were asked about the levels of anxiety or mental health status of higher education students and staff in their country; detection of risk cases using reliable screening instruments for higher education students or staff with anxiety or other mental health problems. From these interviews the main needs, gaps, and obstacles to implement good practices are extracted. Finally, they have also been asked to mention Strengths, Weaknesses, Opportunities, Weaknesses and Threats in their institution/region/country for mental health care of higher education students and staff.

Finally, a piece of research was carried out in the 5 countries to identify good practices that have been implemented, aiming at addressing the mental health issues that students and employees in the universities of the countries mentioned face. These good practices help to

improve the mental health of people who may be suffering from anxiety, depression, or other mental illnesses.

Therefore, in this report all the points that have been discussed are presented, mentioning research results for all countries involved, starting with desk-research, and continuing with small-scale research and best practices. Based on this analysis, conclusions are being drawn for the 5 countries.

The points and conclusions mentioned in this report are a summary of two longer reports where all the studies carried out in the 5 countries are described in detail.

2. Desk Research

2.1. Context of Higher education in AWARE countries

The project examined and compared the Higher Educational context in the five participating countries of Europe (Cyprus, Greece, Poland, Ireland, and Spain).

In the Republic of Cyprus (RoC) There are currently seven universities in the RoC: University of Cyprus; Cyprus University of Technology, Open University of Cyprus, European University Cyprus, Frederick University, Neapolis University Pafos and University of Nicosia. Three of them are public and four private. In total there are approximately 75.000 students and more than 3000 academic staff.

In Greece for the year 2020-2021, 422 University Departments were recorded in a total of 25 University Institutions (HEIs) (HAHE, 2021). The student population from 2019 to 2020 increased by 8,258 people (i.e., a rate of 1.04%). In absolute numbers, enrolled students of higher education in Greece, from 794,107 in 2019 increased to 802,365 in 2020. To complete the picture, we should mention that the size of the student population in the Europe of 27 Member States from year to year also shows an increase of 1.32% (from 17,776,513 people in 2019 to 18,010,307 in 2020). In Greece, teachers amounted to 17.04936 (1.21% of the total), a much smaller number compared to countries of similar or smaller population size and clearly reduced compared to 2019 (19.861 total number of teaching staff in Greece in 2019) (Eurostat, 2022). Noteworthy is the ratio of students per faculty member, which presents an excessively high price (47 students per teacher) compared to the average European ratio (13 students per teacher) (HAHE, 2021).

The Polish higher education system includes both public and non-public institutions. Each HEI, based on the quality of their scientific research and didactic offer, may also be classified

as academic (research-oriented) or professional (focused on providing Higher Education best suited for the job market). According to the POL-on register, 362 higher education institutions operated in Poland in the 2021/22 academic year. The number of students decreased from 1,841.3 to 1,204.0 in the 2010/11-2019/20 academic years, but it has increased to 1,218.2 people since the 2020/21 academic year. There are 99,950 academic teachers working in Poland in 2021, including almost 48,000 women and just over 52,000 men (RADON, 2023).

Ireland is home to 22 world-class universities, Institutes of Technology, and Colleges (Goireland, 2022), O'Shea (2022) cites annual statistics compiled by the Higher Education Authority (HEA), indicating that in the academic year 2021/22, there were 246,299 students enrolled in Higher Education in Ireland, representing a 0.3% increase from the previous year. Additionally, the HEA (2021) reported that approximately 34,000 staff members were employed in Higher Education Institutions in Ireland in 2021. With the continuous increase in the number of students, likely, this figure has only increased in recent times.

In the case of **Spain**, the country boasts a substantial number of universities that cater to a diverse range of students. In the academic year 2020/2021, Spain witnessed a considerable number of students enrolled in higher education. The total student enrolment in university degree programs amounted to 1,340,632. Additionally, there were 248,460 students pursuing master's degrees and 90,426 doctoral students, bringing the total number of higher education students to 1,679,518. This demonstrates the popularity and demand for higher education among Spanish students. As of the latest available data from the 2019/2020 academic year, there were 127,383 university teachers in the country. These teachers play a crucial role in imparting knowledge and guiding students through their academic journeys. Additionally, there were 64,848 administrative staff members who provide support services within universities, and 26,468 researchers who contribute to various research projects and advancements in knowledge.

2.2. Mental health status in AWARE countries

Mental health is defined as “a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in”. The definition of mental health does not only imply the absence of a mental disorder but is defined as a state of emotional well-being of the individual and is related to his/her functioning in the wider environment and the management of stressful events (W.H.O.,2022). According to the 2022 Global Mental Health Report (W.H.O., 2022, p.2), one in eight people worldwide

live with a mental disorder and in Europe, 40% of students experience mental health issues and approximately one in five struggle with mental disorders (EUA, 2022). However, each country has a specific context.

2.2.1. Mental health status in Cyprus

According to Eurostat, the statistical service of the European Union, in 2019, the percentage of people suffering from chronic depression **in Cyprus** was 4.7%, which is lower than the EU average of 7.2%. The data also indicates that women have a higher percentage of chronic depression than men, both in the EU average and in Cyprus. Compared to 2014, the percentage of people with chronic depression in Cyprus has increased by 1.1 percentage points, while the EU average has only increased slightly by 0.3 percentage points (Eurostat, 2019). The COVID-19 pandemic has resulted in strict restrictions on movement and social distancing measures worldwide. Since March 2019, Cyprus has been impacted by COVID-19 and the implementation of social isolation measures have affected the mental health of the population. A research study regarding the population's mental health status during the COVID-19 outbreak (Stylianou, Samouti & Samoutis, 2020) has found that the mental health of the Cypriot population, particularly among younger age groups was significantly burdened. The effects of COVID-19 have led to the development of generalised anxiety disorder (GAD) and major depressive symptoms among the population. The prevalence of GAD and major depressive symptoms was found to be 13.89% and 8.33% respectively. However, the younger age group had a significantly higher association with major depressive symptoms than the adult population. In fact, several studies conducted in this country found that the lockdown and social isolation measures had a negative impact on the mental health (Demetriou, 2021; Solomou & Constantinidou; 2020)

The studies that were aimed at assessing the mental health and well-being of individuals during the COVID-19 pandemic lockdown by reviewing the findings of four studies conducted in Cyprus between April and November 2020 and quality of life of participants, especially among certain social groups. However, resilience, hope, and activity level were significant factors in mitigating the negative impact of the lockdown and social distancing measures.

The study conducted by Solomou & Constantinidou (2020) aiming to investigate the psychosocial effects of the pandemic on the general population (N=1642, 71.6% women, 28.4% men) and identify risk and protective factors that can predict changes in mental health status, showed that a large proportion (48%) of respondents reported significant financial concerns, and 66.7% experienced significant changes in their quality of life. Anxiety symptoms were reported by 41% (mild) and 23.1% (moderate-severe), while 48% (mild) and 9.2%

(moderate-severe) reported symptoms associated with depression. Women, younger people, students, unemployed individuals, those with prior psychiatric history, and those reporting a greater negative impact on their quality of life had a higher risk for increased anxiety and depression symptoms. The younger age group and males reported lower levels of compliance with precautionary measures. Higher compliance with precautionary measures predicted lower depression scores but higher anxiety for measures related to personal hygiene. The findings suggest the need for effective mental health programs and guidance for implementing precautionary measures as a public health strategy, and they provide essential data on the pandemic's effects on mental health and quality of life.

In terms of suicide rates, according to the World Health Organisation (WHO) (2019), the suicide rate in the RoC was 3.6 per 100,000 people in 2019, a 14.29% decline from 2018. This is lower than the global average of 9.0 per 100,000 people. The suicide rate among young people in Cyprus is relatively low. According to WHO (2021), the suicide rate among 15–24-year-olds in Cyprus was 1.8 per 100,000 people in 2021. This is also lower than the global average of 7.4 per 100,000 people.

2.2.2. Mental health status in Greece

In 2019, almost 80% of the Greek population reported that their health status is good, which is much higher than the EU average (69%). At the same time, the proportion of adults reporting symptoms of psychological distress in 2018 was higher than in most other EU countries (15% in Greece vs. 11% in the EU) (OECD, 2019). Similarly, in a representative sample of the Greek population (in a 2010 survey on a random sample of 4900 people aged 18-74), it was recorded that 14% (1,200,000 people) suffer from some "common" mental disorder, usually depression or anxiety disorder.

The mental health and well-being of young people in Europe is of high concern. Early adulthood (age 18 to 25) is one of the most vulnerable age periods for developing mental health problems. Research has firmly established that mental health problems are widespread among young adults, of which university students make up a growing part. In Europe, 40% of students experience mental health issues and approximately one in five struggle with mental disorders (EUA, 2022).

The findings of studies conducted in recent years have shown that there are similarities between the international and the Greek findings, the fact that the student years are a peak period for the appearance of many common mental disorders with anxiety, mood and substance use disorders being particularly widespread (WHO, 2016). A survey by the

University of Ioannina found that in a sample of 431 students, 27% of students had depression (Papadioti, Athanasiou & Kaltsouda, 2007). In line with these findings, in another epidemiological study of Greek university students' mental health, 25% of students (in a sample of 805 university students) reported high rates of depression and almost half reported a generalised poor mental health situation. (Kounenou, Koutra, Katsiadrami, & Diacogiannis, 2011). Furthermore, the findings of an online survey conducted in collaboration with the Student Counseling and Accessibility Structure (DOSYP) of Democritus University of Thrace and the Erasmus Student Network (ESN), carried out on a sample of 814 individuals, showed that 65% of students had problems with sleep, 27% reported moderate to severe symptoms of depression, 40% moderate to severe symptoms of anxiety. Students had a significant degree of psychosocial difficulties, in areas such as fear of exams (49%), difficulty working and concentrating (39%).

Another way the negative effect of mental health problems can be further noted is the suicidal rates, and although in Greece numbers do not focus on the student population, rates of suicide recorded as the cause for young people's death sets the picture. More specifically, during 2020, 464 deaths were recorded due to suicide, of which 46 deaths of young people between 15-29 ages (ELSTAT, 2023). According to the Suicide Observatory, the research recording network of the KLIMAKA Suicide Prevention Day Centre, as stated in the KLIMAKA report, in 2022 there was an increase in the number of suicides at young ages, from 20 years and older, compared to the data of 2021.

2.2.3. Mental health status in Poland

The results of a study by UCE RESEARCH and mental health platform ePsychology.pl. from December 2022 indicate that at least 4 million people in Poland suffer from depression. In 2021, 7.4 million days of employee absenteeism were recorded in Poland due to this illness. Compared to 2018, there was an increase of nearly 30 per cent. As many as 72.8 per cent of Poles aged 18-80 had experienced at least one of the ten symptoms most commonly associated with depression for at least two weeks: lowered mood (40.3 per cent), feelings of fatigue and lack of energy (36.6 per cent), sleep disturbances (27.1 per cent), a pessimistic, bleak view of the future (23.8 per cent), impaired concentration and attention (22.9 per cent), lack of pleasure in activities they previously enjoyed (22 per cent), low self-esteem and low self-confidence (19.5 per cent). In comparison, in the first days of February 2022, the percentage of people identifying these symptoms was significantly less, at 61.4%.

According to the Patient Ombudsman Report (2020), prepared on the basis of information collected from dozens of universities from all over Poland, mental problems are a growing

phenomenon in the academic environment. The high pace of life and stress make young people more likely to experience mental crises. The main problems identified by universities are low self-esteem, stress, suicidal thoughts, anxiety disorders, depressive disorders, neurosis, adaptation problems, personality disorders.

Regarding the mental condition of young scientists in Poland, the SCIENCE ZEN report prepared by the Foundation for the Support of Science and Development BITECH Think Tank (2022) paints a picture of doctoral students overburdened with duties, underestimated, disillusioned, poorly paid and at risk of professional burnout, bullying and the onset of mental disorders.

The results of the Independent Students' Union and PSSiAP survey 'Mental health of students' (2021) show that almost half of the students (49% or 1,379 respondents) had used a psychologist support, of which 37% (1,041 respondents) declared that these were not one-off visits. 67% of students strongly disagreed with the statement that their university's activities to promote mental health care are at an appropriate level. It was observed that the level of activities promoting mental health care was rated worst by students who indicated that there was no psychologist present at the university. More than 83% of them described it as inadequate and as many as 62% as definitely inadequate.

According to data from the Police Headquarters in Poland (2023), 14,520 **suicide attempts** were made in 2022, of which 5,108 ended in death. Approximately two-thirds of suicide attempts were made by men. The highest number of suicide attempts was recorded in the age group from 13 to 18 years (2,008) and from 19 to 24 years (1,699). Of all suicide attempts in 2022 1,934 were made by school students, 118 by HEI students. Among the established reasons for committing suicide attempts, mental illness or mental disorders predominate. More than 4,600 people who attempted suicide in 2022 were receiving psychiatric treatment. The number of suicide attempts in Poland is steadily increasing, with approximately 11,000 in 2017.

2.2.4. Mental Health Status in Ireland

Mental health has become a major issue in Ireland, affecting not only the general population but also those within higher education institutions. According to the Health at a Glance Report (OECD, 2022), Ireland is one of the countries in Europe with the highest rates (3/36 countries) of mental health illness. In 2016, the Mental Health Commission of Ireland (2023) recorded that 18.5% of the Irish population had mental health illnesses such as anxiety, bipolar disorder, depression, or substance use disorder. This highlights the urgent need for addressing mental health concerns in Ireland and implementing effective interventions to support those affected.

In recent years, mental health issues among third-level students have become more widespread. Reports from Web Bot (2019) and the IPPR (2017, cited by Web Bot, 2019) suggest that the levels of mental illness, mental distress, and low well-being among students in higher education are increasing. Many students have been self-reporting mental distress, which can have a considerable impact on their academic and personal development, regardless of whether they have been diagnosed with a mental illness. As a result, there has been an increasing demand for mental health services, which underlines the need for effective interventions to support the well-being of students in higher education institutions.

The Irish Federation of University Teachers (2021) asserts that mental health issues among academic and research staff in Higher Education Institutions (HEIs) have been given less consideration compared to students. The Federation suggests that the multiple demands of academic life, such as the expectation to produce more within tight deadlines, especially since the event of COVID-19, can generate excessive work-related stress. When this stress is prolonged and combined with other personal and lifestyle factors, it can lead to poor psychological well-being or mental illness.

The alarming number of suicides in Ireland is a grave concern that cannot be ignored. As per the data provided by the Central Statistics Office (CSO) in 2022, there were a total of 524 deaths resulting from suicide in the year 2019. The most alarming aspect of this report is that suicide was the leading cause of death for young males under 25 years of age, while it was the third most common cause of death for females in the same age group.

These statistics are especially worrying because individuals under the age of 25 form a significant proportion of third-level students in Ireland. The fact that suicide is affecting such a significant number of young individuals, who should be enjoying their young lives, is a matter of great concern. It highlights the need for immediate action to address the underlying factors contributing to the high suicide rates and to provide support and resources to those who may be struggling with mental health issues.

2.2.5. Mental Health Status in Spain

According to INE (2023) mental health status in Spain in 2021 in relation to mental and behavioural disorders accounted for 113,815 hospital admissions, 2.5% of the total. In terms of official statistics or prevalence, there is no specific data on anxiety in university students, but there are in adolescents and young adults in Spain. Some scientific publications on anxiety in university students in Spain (Balanza Galindo, Morales-Moreno, Guerrero Muñoz, 2009; Ramón-Arbues, Gea Callero, Granada López, Juárez-Vela, Pellicer-García and Antón-

Solasanas, 2020), suggest that the percentage of the young population reporting having suffered very frequent mental health problems has risen from 6.2% in 2017 to 15.9% in 2021, with women again standing out, almost doubling the percentage of men. Of the total number of reported mental health problems, 36.2% claim to have a diagnosis, mainly depression or anxiety disorders.

With regard to depressive symptomatology, the INE (2021) states that 12.7% of the Spanish adult population presents depressive symptomatology, this percentage being higher in women (16.3%) than in men (8.9%). The same survey indicates that the self-reported prevalence of depression in the population aged 15 years and older is 5.28% (3.24% in men vs. 7.22% in women). In EESE 2020, depressive symptomatology was also investigated with the Patient Health Questionnaire (PHQ-8). The prevalence of active depressive symptoms 2.46% of the population aged 15 years and over showed a major depressive disorder and 2.90% have other depressive disorders. According to sex, 3.48% of men have an active depressive disorder compared to 7.14% of women. Regarding the severity, 8.46% have mild symptoms, 2.51% moderate, 1.19% moderately severe and 0.58% severe. In relation to the frequency, it is practically twice as high in women (16.32%) as in men (8.94%) in all degrees of severity. This relationship is not constant in all age groups. Depressive symptomatology increases with age in all degrees of severity. From 75 years of age onwards it increases more sharply, so that in the 75-84 age group 24.03% present depressive symptomatology, a proportion that reaches 35.94% in the non-institutionalised population aged 85 and over.

According to the INE (2022) suicide remained the leading cause of external death, with 4,003 deaths, 1.6% more than in 2020. By sex, the leading causes of death in men were suicide (2,982 deaths and an increase of 1.8% over 2020), accidental falls (1,946, up 2.5%) and drowning, submersion, and suffocation (1,855, up 26.4%). Accidental falls (1,709 deaths), drowning, submersion and suffocation (1,649) and suicides (1,021) were the main causes of external death among women, with increases of 0.1%, 14.0% and 1.0%, respectively.

In terms of addictions according to the EDADES survey (Spanish Observatory on Drugs and Addictions, 2021), the most prevalent drugs in the population aged 15-64 in the last 12 months are alcohol (76.4%), tobacco (39.0%), and hypnotosedatives with or without prescription (13.1%). Cannabis (10.6%) and cocaine powder and/or base (2.4%) follow behind. Compared to 2020, there has been an increase in the use of hypnotosedatives and a slight decrease in the use of tobacco and alcohol. The earliest onset is for alcohol (16.5 years) and tobacco (16.6 years). The latest onset continues to be for prescription and non-prescription opioid analgesics (35.3 years) and prescription and non-prescription hypnotosedatives (35.0 years). Prevalence of use in the last 12 months is higher in the 15-34 age group, except in the case of drugs with

addictive potential (hypnotics and opioid analgesics), where use increases from the age of 35 onwards. With regard to differences by sex, the data (use in the last 12 months) confirm a higher use among men (except for hypnotics and opioid analgesics). The largest differences were found for alcohol, tobacco, cocaine, and cannabis.

2.3. Mental health policies

According to the “European Programme of Work 2020-2025: United action for better health in Europe” and the United Nations Sustainable Development Goals, mental health is now the focus of health policies worldwide and more specifically in the European Union (WHO, 2021), however each of the AWARE participation countries has their own context:

2.3.1 Mental health policies or initiatives in Cyprus

The Ministry of Health has announced plans to establish a national suicide prevention scheme in Cyprus, following a spike in suicides during the 2013 financial crisis, which were six times higher than a decade earlier. According to data, 560 people in Cyprus took their own lives between 2004 and 2020, with the majority being men. The House health committee is working to establish the prevention scheme within the national health system, which will allow for the registration of suicide attempts in patients' profiles. Additionally, GPs will alert relevant authorities and other health professionals if a patient reports suicidal thoughts or has made a suicide attempt. The highest suicide rates are among those aged 20-24 and 40-44. However, the data does not provide information on the causes of suicide. The Ministry of Health has acknowledged that prevention methods are currently insufficient, with a lack of facilities to host those who attempt suicide following treatment. Despite being considered taboo, suicide rates have been recorded since 2004, revealing a significant problem. Eurostat figures show that Cyprus had the lowest suicide rate in the EU in 2020, with four suicides per 100,000 inhabitants. (Cyprus Mail, 2023). One initiative to promote mental health is the establishment of the Cyprus Mental Health Commission, which was set up in 2019 to develop and implement policies for the promotion of mental health and the prevention of mental disorders in the country. The commission is responsible for developing national strategies and action plans to address mental health issues, including those affecting university students, raise awareness about issues regarding mental health, whilst encouraging and providing helpful tips to taking care of mental health.

The Ministry of Health's Mental Health Services provides a range of services for young adults, adolescents, and children, such as psychiatric clinics, community services, vocational rehabilitation units, day centres, psychotherapy departments, and mental health services in

prisons. It should be noted that any examples of good practices undertaken by the Government of the Republic of Cyprus focuses solely to protect the mental health and promote children's right to health, particularly in relation to children in especially difficult circumstances (European Commission (2023).

In terms of mental health policies or initiatives in HEIs in the RoC, universities in Cyprus have established their own mental health initiatives and support services for students. Their aim is to provide high quality mental health services and to contribute to the education and training of parents, students and professionals via seminars, lectures, and other activities and to improve the quality of everyday life and to promote and improve the mental health and well-being of individuals, groups of individuals and/or the community.

2.3.2. Mental health policies or initiatives in Greece

Regarding Greece, positive steps have been taken at national level and in line with the WHO European Framework for Action for mental health being incorporated in country's National Action Plan for mental health 2021-2030. The national plan inspired by the WHO's principle "mental health in all policies" acknowledges mental health being a key priority of the national public health strategy in the fields of education, culture, working conditions, spatial and urban planning, as well as environmental policies (Ministry of Health, 2023).

Although mental health difficulties across university student populations prevails as a critical issue for universities and their wider communities, however not much is known about student perspectives about the stressors in university environments and which policies universities could apply to better address mental health problems and support student mental wellbeing (Baik, Larcombe & Brooker, 2019). The growing need to provide counselling for a broad range of issues, including serious psychological problems (Holm-Hadulla & Koutsoukou-Argyragi, 2015), is among the major challenges facing university Counseling Centers. In addition, there has been a marked increase in both the number of students with serious psychological problems on campus and the number of students seeking counselling services (Kitzrow, 2003). Indeed, during the last decade, university Counselling Centres have reported a shift in the needs of students seeking counselling services, from benign developmental and informational needs to more severe psychological problems (Gallagher, Gill, & Sysko, 2000; Gallagher, Sysko, & Zhang, 2001; Pledge et al., 1998; Stone & Archer, 1990).

Nowadays, the majority of Greek universities provide counselling services. The Counselling Centre exist as a part of the academic mission of the institution. It is a place offered for communication, interaction, as well as intervention that usually includes individual and group

counselling, prevention and counselling for teaching and administrative staff and support for students with additional needs, such as learning difficulties. (Holm-Hadulla & Koutsoukou-Argyragi, 2015; Bitsios et al., 2017). Furthermore, the investigation of the students' population constitutes a major activity of the Counselling Centre aiming at the systematic recording of their needs for psychological help and counselling (Kounenou, Koutra, Katsiadrami, & Diacogiannis, 2011).

2.3.3. Mental health policies or initiatives in Poland

According to the Patient Ombudsman Report (2020) prepared on the basis of information collected from dozens of HEIs from all over Poland, HEIs offer the following ways to support students and staff: psychological consultations, pro-health education, psychological counselling, help in finding professional support, pro-health workshops, support talks and support groups.

Also, according to the report "Good practices in psychological support at universities" (Parliament of Students of the Republic of Poland, 2021) created within the PSRP Comfort Zone project, psychological support at universities for students and employees is implemented through:

- Psychological support points - these respond to problems with the availability of state health care and 'first contact' support, providing a quick response and assistance to different groups: students, PhD students and employees.
- Awareness campaigns - the primary aim is to raise awareness among female and male students about mental health and offer them support and assistance.
- Psychological counselling.
- Meetings, workshops, open lectures on topics related to the prevention of mental health disorders.
- Cooperation of the university with external entities to increase the range of services offered.

2.3.4. Mental Health Resources in Ireland

The mental health system in Ireland is a complex network of services and support is provided by both the public and private sectors. The government is responsible for developing and implementing policies that aim to improve mental health and provide services for those in need. There are several services available to individuals who require mental health support in Ireland,

including primary care services, community mental health services, and hospital-based services. Primary care services, such as GPs and public health nurses, are often the first point of contact for individuals seeking mental health support. Community mental health services provide a range of services including counselling, therapy, and psychiatric assessment, while hospital-based services provide inpatient and outpatient care for those with more complex mental health needs. However, these services are not divided equally across the country and those in less-populated rural areas suffer from a lack of services. Additionally, programmes and services set up to directly deal with young people in crisis, such as CAHMS, are very difficult to access and not adequately equipped to deal with the sheer amount of young people that need to access their services. These services also only support young people up to 18 years of age.

The government has developed several policies and strategies aimed at improving mental health in Ireland, including 'Sharing the Vision', which outlines a framework for the development of mental health services in Ireland building upon the already existing mental health framework put in place in 2006 called 'A Vision for Change' (Government of Ireland, 2020; Health Service Executive, 2006). However, many argue that the policy is outdated and needs refreshing to account for the additional strain experienced by young people in the country. The government has also committed to increasing funding for mental health services and reducing waiting times for accessing care.

There is also the Wellbeing Policy Statement and Framework for Practice 2018-2023 which aims to increase the overall well-being of young people within Ireland however, the framework mainly focuses on supporting young people in second-level education and not those in third level (Department of Education and Skills, 2019).

In Ireland, there is no one common policy in relation to mental health specifically aimed at third-level education students. However, each university offers supports for mental health that are specifically focused on student welfare. These supports vary from college to college but for the most part, most colleges offer free counselling, on-campus doctors, and student accommodations aimed at improving the living situations of each student. However, The Union of Students in Ireland (USI) are the representative body of third-level students in Ireland, and it plays a crucial role in promoting initiatives and policies that prioritise student well-being. For example, the USI has been active in campaigning for increased funding for student counselling services, as well as for greater access to mental health services in general. The USI has also worked to raise awareness about mental health issues among students, through initiatives such as mental health awareness weeks and training programs for student leaders.

2.3.5 Mental Health Policies or Initiatives Spain

Policies or initiatives at national level to raise awareness of mental health in general and anxiety in particular in higher education (for students or for the staff). Despite the new Law 3/2022, 24 February, on university coexistence, it does not include any specific mention of the issue of the mental health of higher education students. The only mention of psychological support appears in Article II, which refers to the response in cases of violence, discrimination or sexual harassment, discrimination on grounds of sex, racism, or xenophobia.

It is worth mentioning that the Ministry of Universities in collaboration with the Ministry of Health has launched a study on the mental health situation of university students. The research group Cibersam (Centro de Investigación Biomédica en Red de Salud Mental) is part of the driving group in charge of the study and has developed a survey that is planned to be passed on to 1 million students. It is currently in the process of being passed and is expected to have collected the necessary data by April 2023.

This is a pioneering project to find out the state of mental health of university students in Spain, following the alarming figures reported in previous studies on this subject. Its objectives include estimating the prevalence of mental health problems, identifying students' mental health needs, and detecting particularly vulnerable groups.

3. Small Scale Research

In the small-scale research, 5 interviews were conducted in each country with key informants such as educators, NGO representatives, and representatives of educational institutions. Specifically, they were asked about the situation of anxiety or mental health status of higher education students and staff in their country; detection of risk cases using reliable screening instruments for higher education students or staff with anxiety or other mental health problems. From these interviews the main needs, gaps, and obstacles to implement good practices are extracted. Finally, they have also been asked to mention Strengths, Weaknesses, Opportunities, and Threats in their institution/region/country for mental health care of higher education students and staff.

3.1. Needs and Gaps

Starting with Cyprus, the main need mentioned by the experts was the need for strengthening the role of services and resources promoting mental health. For this they identified various gaps like the gaps in the implementation and assessment of the effectiveness of the services/support provided to students, the inadequate screening procedures for identifying students at risk or dealing with anxiety/mental health issues the lack of awareness of the services/resources offered in higher education institutions, the lack of robust procedures/processes that a student or staff may follow when seeking help and the lack of encouragement towards students to start seeking mental health services, the lack of awareness on what procedure may be followed to seek mental health resources, the lack of awareness on the available services/resources that focus on the mental health of students or the lack of a systematic record of the anxiety levels and cases of mental health amongst students and staff. Moreover, they mentioned that part-time staff seemed to be even less aware of the procedures followed for dealing with anxiety – mental health issues for both staff and students.

In Greece the Higher Education academics interviewed for this small-scale research identified similar needs. Firstly, they asked for substantial funding for sustainable mental health counselling services. This would allow the recruitment of more specialised professionals of different disciplines (psychologists, social scientists, social workers, psychiatrist) and would allow to provide undisturbed access to services inside the universities that offer therapy and support for students and academic staff, experiencing mental health challenges. Additional funding was also mentioned as a need and measure to mitigate the staff shortages, and also the fatigue, the feelings of being overwhelmed, the high level of stress and the burnout of the existing academic staff in higher education institutions, who struggle to balance a load of administrative work with teaching and research responsibilities. Secondly, academic staff in Greece referred to the need for the development of a comprehensive mental health policy to outline the HE institutions' commitment to promoting mental health and well-being among students and staff and to establish adequate screening instruments, especially for cases at-risk. Thirdly, the HE academics in Greece describe the pressing need for mental health awareness raising. Universities should organise activities and sensitisation campaigns aiming at building stress and crisis management skills and promoting resilience of students and academic staff. These awareness campaigns need to focus on educating students and staff about mental health issues, the importance of seeking help, the available resources, the

identification of the early signs of increased stress or other factors that may develop into mental health issues.

The need for capacity building and training was also mentioned and highlighted as an important one. Universities should invest in the capacity building of staff and faculty on how to identify and respond to mental health issues among students and staff. Academic staff and faculty need to be trained on how to deal and manage crises. HE academics in Greece referred to the encouragement of peer-to-peer interaction and community engagement and said that universities should foster community engagement by encouraging students and staff to participate in social activities, clubs, art-based initiatives, interest groups (around music, theatre, cinema), support groups, etc. Universities should also provide open well-being spaces, community centres or meeting places for students to connect, share experiences, and find community. Finally, the HE staff in Greek universities asked for a change in the academic methodologies and more interactive and participatory education practices: Universities and teachers need to shift from the traditional academic / teaching practices and adjust the educational methodology towards inclusive and interactive approaches that promote hands-on learning and encourage academic engagement, by offering relevant, real-life, and interesting course content, along with opportunities for discussion and reflection. The use of technology, virtual learning and experimental teaching approaches, youth exchange programs could be the pathway for this change of paradigm.

Research participants underline as a main gap the fact that Greek universities and the Greek education system, as well as other private and public sectors in the country lack adequate policies to promote and support mental health. Limited resources and inadequate funding are also listed among the issues that hinder the development of a comprehensive mental health support policy, which would include integrated collaboration between universities, primary health care providers, mental health specialists and community support services. Research participants also refer to the need to have a similar mental health support provision for the academic staff. The lack of awareness and sensitisation around mental health issues (in cases associated with the social stigma and the fact that people hesitate to seek for specialised help, out of fear to be stigmatised or marginalised) is also considered as a gap in promoting mental health literacy, also among the higher education students and staff.

In **Poland** experts suggest that there is a need to implement common good practices towards students for the unit among all staff. All staff should behave professionally towards students. The unequal treatment of students by different academic staff is an obstacle. There is also a need for psychological support for Ukrainian students and the dissemination of information about the possibility to benefit from this support. Financial support should flow from the higher

structures of the university, but it should be directed to the lower structures that are closest to the student and support should be allocated to grassroots activities. Psychological support is also needed for staff, as they work closely with students. Good practices are, for example, staff team-building meetings. The mental health of an employee is just as important as the mental health of a student. In order for an academic staff member to help a student, they themselves need to be in good mental health. Based on these experts' view, the university should be a place where the student's all-round wellbeing is taken care of, and the university is not only focusing on their intellectual development, but also on their emotions, wellbeing, physical and mental health. Students may not know how to ask for this kind of support.

Educational work is needed, an information campaign, raising awareness among students of when and how to ask for help. Academic staff should be trained on how to spot worrying signals in students and what to do then, to whom they can direct the student. An information campaign to familiarise students with depression and anxiety is important. One factor that causes unnecessary stress for students is the accumulation of exams in a short period of time - the examination session - and this results in overload and excessive studying. It is a student-unfriendly system and does not support students' mental health. In addition, the strong hierarchy at the university can increase students' feelings of stress and lower their self-esteem. Also, sometimes staff do not have time to establish a relationship with students and then show interest and kindness, due to their many professional responsibilities. Regarding academic staff, putting a focus on teamwork would help lower stress levels - but they often don't know how to work as a team. There certainly needs to be a huge amount of support for doctoral students, because there is a big leap between being a student and an academic. Dedicated support, e.g., a support group, should be introduced, especially before key moments: doctoral defence (PhD), habitation (DSc).

To sum up Polish HE academics believe that it is important to ensure the safety and comfort of students in accessing psychological support services, as this is still perceived as a taboo issue. Employees' expectations regarding the working environment, working conditions, psychological support are bound to increase, not least because they compare themselves with foreign universities, where some supports are more readily available.

In **Ireland** experts suggest that there is need of resources to meet demand. Impartial and independent support services within educational institutions need to follow a uniform approach to delivering services that could support resilience and mental health across schools and youth services, so no child or young person is left out. These methods of service delivery need to be age appropriate and on a consistent (annual) basis. They highlight the pressing need for

improved funding directed towards voluntary agencies, which have taken on a significant burden in addressing the existing gaps in mental health services.

Finally in **Spain** the experts interviewed mention that there is little attention to programmes to improve psychological wellbeing and there should be more of them and that there is a need for more mental health professionals in public services. For this purpose, they defend that community and individual resources should be combined everywhere, especially for early detection and proper diagnosis is needed and is currently lacking. Moreover, they also affirm that young people also should learn to manage anxiety, something that should have been done in schools but has not been done, so it needs to be transferred to higher education.

3.2. Obstacles

When asked about the main obstacles to working on mental health in higher education in their countries, the answers were quite similar in all the countries and the following main obstacles were highlighted:

- Lack of financial resources
- Not enough politics of public institutions
- Logistics – bureaucratic processes for implementing changes.
- Cultural obstacles – not giving enough attention to these issues, stigma/taboo for receiving mental health services.
- There is lack of time to take care of the mental health in everyday routine.

3.3. National SWOT

3.3.1. Cyprus

<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> -Not enough information/awareness for the procedure that may follow to seek counselling services. -Fewer opportunities for open discussions to combat stigma around mental health issues. -Bureaucratic procedures to create new mental health support services in public universities, e.g., a helpline. -Conservative culture of public universities, which are more rigid to change. -No mechanisms, policies, and processes (at least known) for dealing with anxiety – mental health issues. -No recorded levels of anxiety as well as records of the mental health issues that students and staff may face. 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> -Prejudice/stigma for seeking help -Unpredictable social changes that abruptly may result in increased anxiety and mental health issues. -The absence of procedures on how to deal with anxiety and mental health issues, including the lack of discretion, professionalism and quality of services provided by mental health counsellors. -Resistance from students themselves to deal with anxiety – mental health issues.
<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> -Very good organising of the services dealing with anxiety – mental health issues. -Immediate action and response to the issues that arose. -Provision of free of charge counselling services to students. -Professionalism of counsellors -Provision of accommodations/adjustments to students in need. -Good sense of community within the university. -Access to mental health resources by students and staff. -Good level of quality of the various events/activities held in universities which focus on mental health. -Efforts for facilitating the transition of the student to the labour market, through the role of mentors/counsellors. -Highly educated and quality staff, who provide a sense of security to students for their learning outcomes 	<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> -Upgrade of the educational programme to support interaction and assessment policies and procedures. -Increase awareness for the procedures that can be followed to seek services available that may help students and staff to deal with mental health issues. -Create a supportive culture that prioritises mental health and wellness and actively works to reduce stigma and increase awareness about available resources. -Draw best practices from other countries (e.g., drawing information and resources at a European level). -More opportunities due to the increased attention on mental health issues during the pandemic. - More EU funding on projects/activities dealing with anxiety – mental health.

3.3.2. Greece

<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> - Understaffing of Greek universities. - Low public spending on higher education in Greece. - Inadequate mental health and wellbeing policy. - There are no spaces for the students to interact and engage in meaningful art-based activities. - Higher education students and teachers in Greece are concerned about the impact of nepotism and social injustice on the graduates' future prospects and vision. - Long-standing bureaucratic obstacles hinder universities' flexibility to adopt and adjust to the new demands and challenges. 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> - Alienation, social isolation, lack of social skills of students, who appear indifferent and not-engaged in academic life. -Competitiveness, selfishness, a self-absorbed attitude of students, the culture of seeking only technical scientific knowledge, without a societal orientation. - Understaffing; overwhelmed academic staff. - No adequate mental health support policy, lack of screening mechanisms to identify early signs of mental distress, lack of awareness raising activities. - Academic life does not foster socialising through group work and team activities. - Stress levels and mental health issues increase and will get worse in the years to come. - Public and open space that favours socialising is shrunk, giving space to large buildings with small rooms that favour social isolation. - One crisis succeeds the other and crises hinder the dreams and vision of students and youth. The social and values crisis. The economic crises and rising poverty.
<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> -Very good organisational levels dealing with a range of services - University is a strong and dynamic organisation, a living breathing cell, full of energy, and creativity. - Public universities in Greece are open and accessible, as tuition fees do not apply. - Students are creative and resourceful; they will spot opportunities even in the most challenging situations. - Students tend to reach out for mental health support more easily. Social stigma and discrimination around mental health issues do not prevail. 	<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> - Students develop critical thinking skills and turn to social activism and social engagement. - Technology offers opportunities to access knowledge, networks, interact and connect with peers outside the country. - High demand to develop a comprehensive mental health support policy that involves universities, mental health professionals, and the broader community. - Students tend to socialise more, to counteract the effects of isolation during the COVID pandemic. - Academic staff move away from the traditional teaching methodologies and seek for more advanced, alternative, interactive, hands-on educational approaches that can engage students into active and participatory learning, that promote social values.

3.3.3. Poland

<p style="text-align: center;">WEAKNESSES</p> <p>Hindered access to psychologists and psychotherapists in the public health service -high prices of private psychological support services. -insufficient funding, limited support capacity. -different behaviour towards students by different academics. -low levels of remuneration at the university, job burnout among senior staff, concern about lack of anonymity for those using psychological support, lack of time to use psychological support services, overload of responsibilities.</p>	<p style="text-align: center;">THREATS</p> <p>Increased demand for psychological support, also in the area of addictions; lack of specialists, even more difficult access to specialists in the public health service. Possible lack of sensitivity of those deciding to act on this topic. Insufficient funding. High prices of psychological support services, inefficiencies in the health care system, especially psychiatry.</p>
<p style="text-align: center;">STRENGTHS</p> <p>Creation of an Academic Support Centre, access to a range of professionals at university level, also for people with disabilities; public debate on the subject, greater awareness of people about mental health - Academic Support Centre services, increased public awareness of mental health. - increased awareness of mental health among university managers - increased awareness of the importance of mental health.</p>	<p style="text-align: center;">OPPORTUNITIES</p> <p>Increased awareness for the supports available. Exchange of experience and information with other universities, creation of a support network. Emerging solutions at institutional level.</p>

3.3.4. Ireland

<p style="text-align: center;">WEAKNESSES</p> <p>Communication challenges in addressing anxiety and mental health issues in Irish higher education. Job insecurity impacting mental health of Irish higher education community. Reluctance to seek help for anxiety and mental health. Insufficient funding for anxiety and mental health Resource limitations and professional recruitment challenges Overemphasis on crisis intervention, neglecting prevention in Irish higher education mental health. Community disharmony and mistrust affecting mental health support. Lack of partnerships in addressing anxiety and mental health challenges</p>	<p style="text-align: center;">THREATS</p> <p>Changing personnel in the head office of the national Education and Training Board, without knowledge of the system; causing staff departure and alienation. Funding may be withdrawn from programs like gardening and environmental initiatives due to perceived lack of importance. Staff experiencing burnout due to heavy caseloads, and lack of resources to sustain services. Bureaucracy, emphasis on crisis interventions, negative outcomes, and impact on marginalised communities.</p>
<p style="text-align: center;">STRENGTHS</p> <p>More opportunities for individuals in the post-pandemic era. Mental well-being training and classes are being introduced but need wider dissemination and more time for greater attendance. Tutor networks foster an egalitarian environment where equality is valued. Strong students' union and good staff-student relationships. The provision of valuable services that directly impact the sector. Strong community sector, collaborative approaches, and innovation.</p>	<p style="text-align: center;">OPPORTUNITIES</p> <p>Discover hidden opportunities for progression and improvement by gaining knowledge and understanding. Develop additional programmes focused on climate change. Emphasise prevention of mental health issues. Educate communities on self-care, supporting others, recognising warning signs, and combating stigma. Enhance collaboration, shared outcomes, trusted partnerships, and improved overall results.</p>

3.3.5. Spain

<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> -There are only a few psychologists for the whole community. -Lack of human resources in under-staffed health services. -resource scarcity -Too little time for professionals to devote to students. 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> -Economic crisis and possible budget cuts -that the whole current social movement around mental health remains a passing trend.
<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> -Psychological Service -All universities have a Psychological Service, Good professionals, Use of technologies -Trade union lobbying, interest groups, community awareness raising on mental health -Increased awareness of the problem -Good teachers, education, and universal health care. Good treatment. 	<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> -There is a high awareness that it is a real and widespread problem in society. Social and political sensitivity -much to be done to improve the mental health and wellbeing of the university community -Increased awareness leads society to demand more attention to mental health issues -access to the governing organisations of power so that they can ask for what they need.

4. Good Practices

Researchers in the five countries of the AWARE project searched for best practices that were implemented in their countries, that offered substantial solutions and a positive change. The country-based research delivered a total of 10 best practices. This report presents the 10, two from each country, as the research team considered these examples to be the most noteworthy and impactful. Moreover, the good practices selected to be presented here (all of them are presented in the annexes of this document) are universal and could be implemented in any country, with excellent results. This means that if the fundamental elements or criteria of the practice are retained, the results of the activity implemented should be similar, as it should be replicable in any context. Here we present those good practices that best describe the objectives of this project, so that they can be considered in the following steps.

The following aspects have been analysed for each of the good practices:

- Title
- Location
- Higher Education Institution
- Faculty
- Organising body
- Beneficiaries
- Description
- Duration
- Website
- Publications
- Suggestions

All the information has been compiled in tables which are available in the annexes of this document.

5. Conclusions

The AWARE research in the partners' countries confirmed that the Covid pandemic affected the mental health status of Higher Education teachers and students. All different parameters of this research recognised the mental health challenges that students and teachers face and the need to prioritise mental health support policies and practices in higher education institutions in all countries. The conclusions of all desk research, small scale-research, and good practices in the five countries are mentioned below. These conclusions are drawn from

the information that can be found in this report, and from the longer reports that have been created prior to this one.

Some of the general findings and main conclusions of the research in Poland, Cyprus, Greece, Ireland, and Spain are presented below.

The prevalence of mental health problems among Higher Education teacher and students is a growing concern in all countries involved. In the Republic of Cyprus depression, social media, and internet addiction, and eating disorders among women are a major problem among Cypriots. The COVID-19 pandemic further affected the mental health of the Cypriot population, especially among the younger age groups, showing a worrying prevalence of anxiety and depression, although, fortunately, the suicide rate is relatively low. In Greece, mental health problems are also prevalent, and exceed those of other European Union countries, with 14% of the population suffering from common mental disorders such as depression and anxiety, a rate increased in the case of university students. Suicide rates among young Greeks are also worrying. In Poland, approximately 4 million people suffer from depression. Mental health problems are also common among Polish university students, such as low self-esteem, stress, anxiety, and depressive disorders, so that almost half of students have asked for psychological help. In addition, worryingly, the number of suicide attempts in Poland is steadily increasing. Finally, in Ireland, mental health is a pressing issue affecting both the general population and those in higher education, with high rates of mental illness recorded. The increasing prevalence of mental distress among students and the alarming number of suicides, particularly among young individuals, emphasise the urgent need for effective interventions and support.

Several policies and measures have been developed to address the issue of mental health support among higher education students and teachers in the countries examined. In Cyprus, policies and measures have been implemented to deal with mental health problems, such as the creation of a national suicide prevention scheme and the implementation of mental health services in universities. In Greece, positive steps have been taken at national level to incorporate mental health into action plans and counselling and support services are provided at universities. In Poland, higher education institutions offer psychological support services and mental health awareness campaigns are carried out. In Ireland, the government has developed policies and strategies to improve mental health, but challenges remain in terms of access to services and support. In addition, the Students' Union in Ireland advocates for the rights and welfare of students and promotes initiatives to protect students' mental health. In Spain, although mental health problems are not specifically mentioned in legislation, studies have been carried out on the mental health situation of university students.

As for the COVID-19 pandemic, the energy/economic crisis and the war in Ukraine have had a negative impact on health both globally and in the European Union. Studies have shown that the pandemic has significantly affected the mental health of students and university staff across the EU (Barchielli et al., 2022; Długosz, 2020), causing stress, anxiety, depression, and burnout due to the challenges associated with distance learning and teaching, social isolation, financial difficulties, and uncertainty about the future. Similarly, the conflict in Ukraine has affected the psychological health of workers in educational and scientific institutions, leading to problems such as professional burnout and a decline in industry prestige and funding. In addition, a deterioration in life satisfaction, physical and mental well-being, and an increase in stress symptoms in students have been observed during the pandemic. These negative effects have also been evidenced in the adolescent population, with an impact on social interactions, academic performance, and future prospects (Sentio Solutions, 2020).

Among university students, the pandemic period meant high stress and anxiety, not only because of the fear of contagion, but also because of the added burden of online studies and the lack of social contact.

After the pandemic, although students were eager to recover face-to-face teaching and social contact, high rates of anxiety were still detected, and lower attention span, lower motivation and worse social and academic skills are observed among students, especially among those who began their studies during the pandemic. This hinders their ability to overcome obstacles and successfully complete their university studies. Poland also highlights the fact that there has been an increase in the number of students who, for economic reasons, must combine their studies with work, showing greater stress and burnout with their working day. One doubt raised by an expert in Ireland is whether the increase in cases of anxiety detected in general in the responses of all countries is due to a reduction in the stigma regarding mental health, which facilitates a greater predisposition of students to talk about it, a predisposition also highlighted by the experts in Poland. Or, if on the contrary, the increase in cases of anxiety is due to the global situation of political, social, and economic uncertainty. This is also linked with the current society of liquid consumption, without values, in which individualism, immediate satisfaction and the use of social networks instead of meaningful relationships predominate.

All Higher Education teachers who participated in this research agreed that the anxiety and the enormous overload of work they suffered during the pandemic, having to maintain online classes, and seeing their tasks and demands to reach the students increased, had a significant effect on their mental health. After the pandemic, this wear and tear and tiredness is maintained and dragged on, having found that now they must maintain the use of technology in different cases and are forced to be more present as they consider themselves to be available all the

time. Students are more unmotivated and demanding and ask for help with their anxiety and mental health problems, needs that teachers are not qualified or prepared to respond to. Added to all this is the job insecurity and the usual overload of the academy.

Screening of at-risk cases using reliable screening instruments for students or higher education staff with anxiety or other mental health problems, is a serious challenge in all countries examined. In the case of the Republic of Cyprus it is mentioned that counselling services advise students and staff on the types of help that a student may need. However, there is a prevailing lack of knowledge of this type of instruments or policies. In Spain and Greece, it is pointed out that they do not exist, and in Poland they indicated that it is the teacher with the greatest affinity for the area of study who can try to help students, but always in a personal way, not within the institutional policy. In Ireland it is mentioned that policies exist, but only to respond to what is established by law, since the lack of resources means that they are not properly implemented.

Among the common best practices (Cyprus, Greece, and Poland), support and counselling centres for university students stand out, as well as the creation of specific materials and advice for dealing with specific problems (e.g., anxiety before exams, or during the lock-in and pandemic). Some organisational measures are also noted, such as the adaptation of materials and methodologies and, especially, the creation of places and opportunities for greater social contact and community building. In Spain and Ireland, the focus is more on personal initiatives by teachers, and in general the lack of resources and the need for greater investment in the promotion of easily accessible services for both students and teachers are pointed out. These are, moreover, the obstacles pointed out in all cases, to which must be added the insufficient social attention given to mental health and the stigma still attached to it.

Regarding the situation generated by the recent events (pandemic, energy crisis, war in Ukraine, etc.), it is generally noted that it has had a very negative impact on the mental health of the population, and therefore also of university students. It is emphasised that, as a result of the pandemic, social ties have weakened, there is greater individualism and less connection with other people and with nature, which does not benefit mental health. In addition, the current context of war, energy crisis and natural disasters, such as the earthquake in Turkey, give rise to an enormous sense of insecurity that increases anxiety levels. As if that were not enough, the growing economic difficulties with rising prices etc. mean that more and more students are having to work at the same time as studying, adding work stress due to precarious conditions to the burden of university studies. All this portends an uncertain and difficult to predict future in which mental health will become a key aspect of contemporary society.

In the absence of intervention and prevention, mental health problems are expected to increase in the next 5 years, due to economic and employment instability, and decreasing empathy and social connection. However, it is also believed that there will be more and more awareness raising initiatives to combat social stigma regarding mental health care and support and that the need itself will lead to greater investment and measures, although these should be holistic and take into consideration each different context, setting, social and economic circumstances (e.g., job insecurity, economic crisis) and not focusing on mental health as an individual problem.

The research identified the creation of student care and counselling centres as an important and positive change and this was highlighted among the strengths, as well as the quality of the professionals (psychologists' social workers and university teachers) and their constant efforts to establish a relationship of trust with the students. Peer support was also highlighted as an additional positive development. Some groups have emerged among teachers (also during the pandemic) to share advice and to support each other in their work. It is also considered a strength that there is more and more awareness about mental health and less social stigma when seeking help.

The lack of substantial and sustainable funding was mentioned among the main weaknesses, across the countries examined. The need to increase funding to improve the provision of public services to improving the mental health of teachers and students was specifically mentioned. Funding could support capacity building that could provide the lack of information about dealing with and handling mental health cases, in mapping the available services where individuals could ask for help. HE teachers interviewed during this research focused on the fact that mental health remains a taboo issue and more work is needed to raise public awareness against stigmatisation. Furthermore, the research identified the need for early community-based interventions and awareness raising initiatives and prevention programs, starting with children in the primary and secondary school. In countries such as Poland the need for individualised attention for students, as well as for Ukrainian students, was especially emphasised. However, a more social and global vision, common among countries, is added. This vision indicates that in order to improve mental health (of students, but also of university staff and professors) it would be necessary to invest in improving their precarious working conditions.

Social and contextual aspects that affect the entire population are also mentioned: increasing social injustice, lack of community harmony and distrust, increasing prejudice and racism, social disconnection and less empathy, and lack of spaces and opportunities to create community ties.

In relation to opportunities, the idea that greater awareness of mental health and well-being can lead to the creation of better policies, the creation of communities concerned about the mental health of their constituents, greater critical and social awareness, and the generation of networks of help and contact is highlighted. The need to collect good practices and share experiences between countries and universities is mentioned.

With regard to threats, the focus is on the various crises that have occurred and the possibility of new ones, which are detrimental to the mental health of the population; the lack of investment and resources that result in insufficient attention to mental health, the overload of work and responsibilities (among the teaching staff) and the ever decreasing ease of socialising and creating relationships (an increasingly competitive and individualistic society, lack of appropriate spaces and moments even in the university itself and due to the demands of academic life...). Allude to this is the danger that the focus and attention directed to mental health after Covid may be a passing fad and not lead to real changes.

Thanks to this desk research we have been able to get an overview of mental health, the policies and initiatives being pursued and the future predictions we can be made about the state of mind of the countries studied in the post-pandemic era.

This report provides a snapshot of five European countries research which will be added to the creation of a manual of good practices to support for the mental health care for students and Higher Education teachers and employees, also during any pandemics that may break.

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7. Annex 1- Best Practices

1	
Title	Supporting mental health, wellbeing and study skills in Higher Education, an online intervention system
Location	England
Higher Education Institution	873 students from five UK HEI (King's College London, University of Warwick, University of Edinburgh, Bournemouth University, and University of Roehampton)
Faculty	-
Responsible actor: Who carries out or organises the good practice?	Academic Researchers
Beneficiaries: Who benefits from good practice?	Students in HEIs
Description of good practice	MePlusMe is an online, multimedia intervention designed to meet the needs of students with mild to moderate psychological and study skills difficulties. The system offers assistance in supporting mood and wellbeing and in developing effective study skills. Using MePlusMe, students in their private space can explore their difficulties in various ways. They can either answer an interactive questionnaire that helps identify the challenges they are facing, or they can go directly to a list of techniques where they can choose the ones relevant to them. Either route leads to a tailor-made set of animated videos. These videos present well established psychological or study skill techniques whose effectiveness has been demonstrated by extensive scientific research. Students can practice these techniques and over time, use a rating system to monitor their progress. There is also a social network that allows students to connect anonymously with others and provide mutual support
Duration of good practice	2018-
Website	https://www.iconcipro.com/aboutmeplusme.html#
Dissemination of the good practice	Publication of results in research journals (eg. supporting mental health, wellbeing, and study skills in Higher Education: an online intervention system) https://www.facebook.com/iConcipro https://twitter.com/iConcipro https://www.linkedin.com/company/iconcipro/

2	
Title	Digital art therapy for youth with developing or existing mental health conditions (2020-1-RO01-KA227-YOU-095295)
Location	Romania, Spain, Greece, Italy, Cyprus, England
Higher Education Institution	HEIs in the partner countries
Faculty	Applicable to academics, psychologists, practitioners
Responsible actor: Who carries out or organizes the good practice?	The consortium
Beneficiaries: Who benefits from good practice?	Enhance access to CSOs, youth workers, psychologists, social workers, and practitioners to a guide which links creativity and the role of art approaches when working towards mental wellbeing of young people. The guide will also include practical strategies to help youth with psychological disorders to address hidden pressures and stressors through art making and exploration, showing the potential of art as a healing strategy. Enhance access to CSOs and relevant stakeholders to an awareness raising toolkit on the impact of COVID-19 to youth with developing or existing mental health conditions
Description of good practice	<p>Considering the large numbers of stress and anxiety reports during the Covid-19 pandemic, people admitted that their mental health was negatively impacted. Adding to this, the limited access to services due to quarantine and unprecedented change of routine left some individuals with feelings of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour; symptoms which are expected to rise if we do not act. ARTY aims to help youth workers, psychologists, social workers, and practitioners extend their competencies in using digital art therapy. In order to equip those professionals, partners of the project will develop a guide and a capacity building program on how to implement art therapy sessions for youth with psychological disorders online, along with an awareness Raising Toolkit for CSOs on the impact of COVID-19 to youth with developing or existing mental health conditions:</p> <ol style="list-style-type: none"> 1. Guide for CSOs and relevant professionals (i. e. youth workers, psychologists, social workers and practitioners) to implement art therapy sessions for youth with psychological disorders online. 2. Capacity Building program for youth workers, psychologists, social workers, and practitioners 3. Awareness Raising Toolkit for CSOs on the impact of COVID-19 to youth with developing or existing mental health conditions
Duration of good practice	2020-2022
Website	https://artyproject.eu/
Dissemination of the good practice	#artyproject

3	
Title	Mental Health Program of the HINHC
Location	Greece
Higher Education Institution	Municipalities of Greece in collaboration with universities, such as Panteio University of Social and Political Sciences
Faculty	/
Responsible actor: Who carries out or organizes the good practice?	Hellenic Intermunicipal Network of Health Cities, local government-members of the Network
Beneficiaries: Who benefits from good practice?	Specialised personnel
Description of good practice	<p>The Program concerns Special Training and emphasises issues of Domestic Violence and its Prevention during Adolescence, aiming at the further strengthening of other related Programs of the Network.</p> <p>The program is divided into 2 Sections. The First Unit will deal with the part of Violent Behaviour, such as Intimate Violence and Sexual Abuse, while the Second Unit will deal with Adolescence, examining, among other things, Stress Management, and Interpersonal Relationships.</p> <p>The possibility of Supervision of special incidents is given once every two months</p>
Duration of good practice	2022, February
Website	https://eddyppy.gr/
Dissemination of the good practice	https://eddyppy.gr/programma-psychikis-ygeias/

4	
Title	The Child and Adolescent Mental Health Initiative (CAMHI)
Location	Greece
Higher Education Institution	University of Crete, University Hospital of Ioannina, Department of Psychiatry (Community Child and Adolescent Mental Health Service) of UHI, Ministry of Health
Faculty	-
Responsible actor: Who carries out or organizes the good practice?	The initiative is part of the Stavros Niarchos Foundation (SNF) Health Initiative, implemented in collaboration with the Hellenic Ministry of Health
Beneficiaries: Who benefits from good practice?	Children, adolescents, and their families
Description of good practice	<p>Aiming to increase young people's access to evidence-based mental health care, to raise mental health literacy and awareness, to help fight stigma, and to build technological capacity for delivering tools and care digitally, the CAMHI's work includes:</p> <ul style="list-style-type: none"> • The design and rollout of evidence-based training programs and of accessible mental health resources for families and stakeholder communities • The establishment of Network on Child and Adolescent Mental Health, with hubs in Alexandroupoli, Thessaloniki, Ioannina, Athens, and Crete • To enhance national capacity and address the diverse and context-specific needs present in different parts of the country, including in remote and underserved settings. • The development of digital tools and technology in tele-mental health, to complement efforts to make care more accessible in remote and under-resourced areas
Duration of good practice	Started in 2021 as a 5year program
Website	https://www.snfhi.org/en/pillars/mental-health/child-and-adolescent-mental-health-initiative-camhi/ https://camhi.gr/en/

5	
Title	Student Centre for Support and Adaptation (SOWA)
Location	Poland, Cracow
Higher Education Institution	The Jagiellonian University, public institution. Number of students: 34.000. Number of teaching staff: 4.800
Faculty	Whole university
Responsible actor: Who carries out or organizes the good practice?	Student Centre for Support and Adaptation (SOWA) team: psychologists, psychotherapists, crisis interventionists, working in different streams
Beneficiaries: Who benefits from good practice?	Students, PhD students
Description of good practice	<p>SOWA is a project directed towards full-time, extramural, and doctoral students of the Jagiellonian University. Their help is conducted in the crisis intervention paradigm. They do not provide psychotherapy nor long-term treatment, but they offer support with dealing with the most urgent problems. SOWA offers:</p> <ul style="list-style-type: none"> • Crisis intervention in a case of psychological crisis • Support in the adaptation process • Mental health promotion and education • Information on how and where to seek psychiatric care or psychotherapy. <p>A consultation usually lasts approx. 45-50 minutes. In many cases, more than one consultation is needed to identify the problem and decide on the best course of action. The number of sessions depends on the problem, the student's needs, as well as their situation, and is determined by a psychologist during a consultation.</p> <p>They do not offer help in the form of psychotherapy. They are focused on short-term help in a crisis – it may mean one phone call, one meeting, or perhaps several of them, depending on the situation. If there's a need, a consultation with a psychiatrist may also be scheduled.</p> <p>The SOWA team is made up of specialists: psychologists, psychotherapists, crisis interventionists, working in different streams. The diversity of approaches is not an obstacle for them, on the contrary, they enjoy it, share their knowledge and benefit from professional supervision. What they have in common is care and an individual approach to people and their problems. Most of the people who run the interventions are not employed at our university, so students will not meet them later in class. They try to create a safe environment for a confidential conversation, on any topic that is important as well as difficult for them. SOWA offer help in Polish and English languages</p>
Duration of good practice	The activities of the Student Centre for Support and Adaptation are provided constantly
Website	https://sowa.uj.edu.pl/ https://sowa.uj.edu.pl/english
Dissemination of the good practice	https://www.youtube.com/watch?v=vrij8MIORb4E&t=2s https://www.facebook.com/SowaUj/

6	
Title	ReMO - the Researcher Mental Health Observatory
Location	EU
Higher Education Institution	Academia in EU
Faculty	-
Responsible actor: Who carries out or organizes the good practice?	ReMO participants include academics, practitioners, policy makers and consultants for higher education institutions. They represent an international mix of scientific knowledge and practice on researcher mental health and a much needed interdisciplinary (e.g., psychology, sociology, business administration), multilevel (individual, organizational, system) and intercultural perspective
Beneficiaries: Who benefits from good practice?	Academia in general
Description of good practice	<p>ReMO is the Researcher Mental Health COST action. The European Cooperation in Science and Technology (COST) is an EU funding organisation for the creation of research networks.</p> <p>ReMO focuses on wellbeing and mental health within academia, a theme of strategic importance for the European Research Area. Previous research shows that low levels of wellbeing and mental health problems have a negative impact on the individual, team, and organisational performance, triggering significant costs. In addition, institutional context, organisational structure, and culture, as well as managerial practices have significant impact on wellbeing and health of employees. Therefore, general insights on the causes of workplace wellbeing and mental health need to be refined with contextual specifics (i.e., in academia) in order to develop tailored, effective, and efficient prevention and action programs. ReMO project is building an international interdisciplinary network that will provide insights into workplace wellbeing and mental health in academia, in order to develop tailored, effective, and efficient prevention and action programs.</p> <p>ReMO wants to address these limitations using a threefold approach:</p> <ol style="list-style-type: none"> 1. We aim to develop a conceptual framework and tools that are tailored to the academic context considering the specifics and challenges of academia and academic work (e.g., performance management of academics, an increasingly competitive landscape for recruiting and retaining talented employees, increasing challenges of dealing with diversity and internationalisation, job insecurity, etc.) 2. We take a multilevel perspective on problems and problem generating mechanisms, but also on positive organisational behaviour in support of meaningful work and wellbeing. 3. We use a diversity of methods with short feedback loops between theory and practice. <p>A number of activities will be held over the course of the ReMO action. These include training schools, short-term scientific missions, ITC Conference Grants, workshops, conferences, webinars etc</p>
Duration of good practice	ReMO started its activities in 2020 and is still running today
Website	https://projects.tib.eu/remo/

Dissemination of the good practice	ReMO conferences and meetings: https://projects.tib.eu/remo/participants-1/how-to-join-remo/dissemination/conferences-and-meetings/ ReMO media presence: https://projects.tib.eu/remo/participants-1/how-to-join-remo/dissemination/media-presence/ ReMO social media: https://www.facebook.com/ReMO_COST_Action https://www.linkedin.com/in/remo-cost-action/ https://twitter.com/ReMO_COST https://www.youtube.com/channel/Uck2Bbj2eVm-AixJHOU_8iqQ
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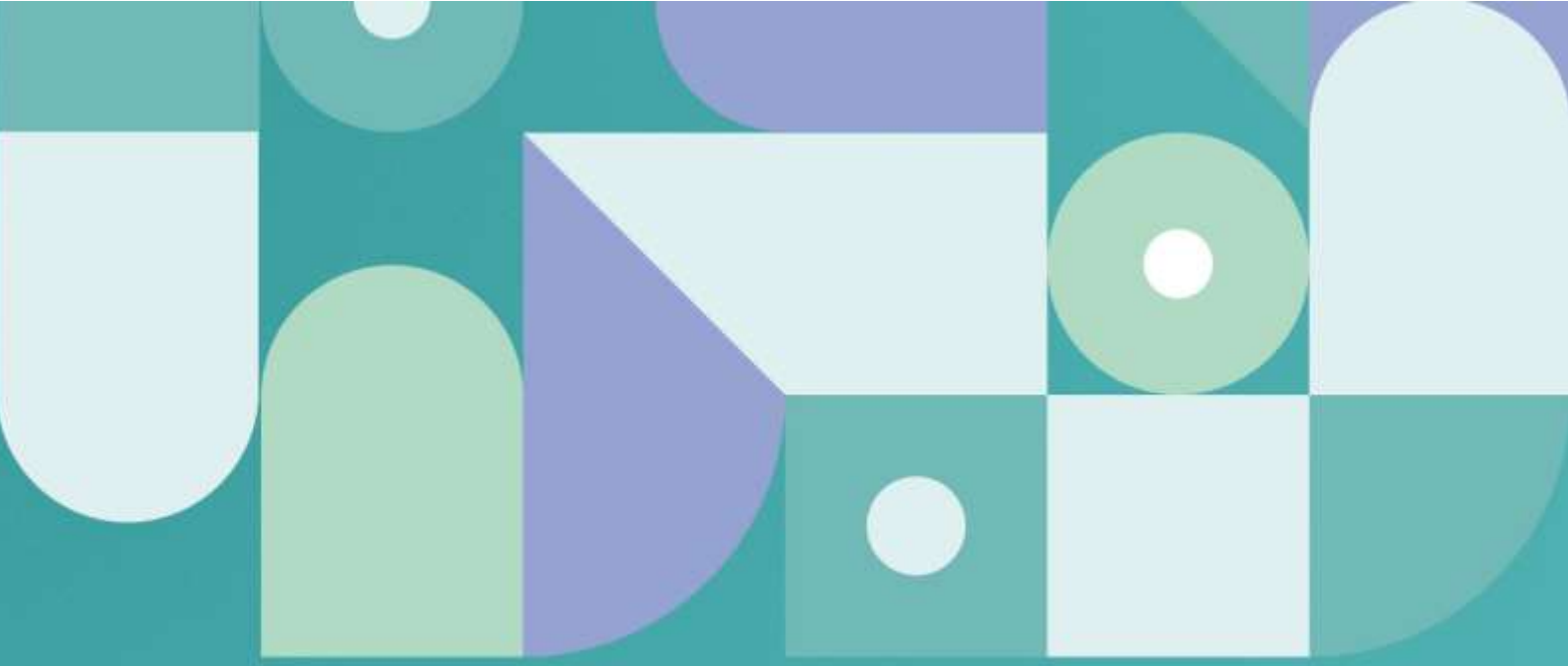
7	
Title	University College Dublin
Location	Dublin, Ireland
Higher Education Institution	University College Dublin. No. of students: 37.894. No. of teaching staff: 1.811. Public or Private Institution: Public Institution
Faculty	School of Psychology
Responsible actor: Who carries out or organizes the good practice?	The Anxiety and Depression Research Group at University College Dublin
Beneficiaries: Who benefits from good practice?	Students and staff of University College Dublin and the wider community
Description of good practice	The Anxiety and Depression Research Group at University College Dublin developed and evaluated a Cognitive-Behavioural Therapy (CBT) based intervention for university students with symptoms of anxiety and depression. The intervention involves group-based CBT sessions, individualised therapy sessions, and online resources. The program has been shown to significantly reduce symptoms of anxiety and depression in participants
Duration of good practice	The program was first implemented in 2012 and continues to be offered to students at University College Dublin
Website	https://www.ucd.ie/psychology/CBT/ https://www.ucd.ie/discovery/risingstars/mentalhealthawarenessmonth-anincreaseinyoungpeoplesanxietyanddepression.html
Dissemination of the good practice	The programme has been featured in several media outlets, including the Irish Times and RTE radio

8	
Title	National University of Ireland, Galway
Location	Galway, Ireland
Higher Education Institution	National University of Ireland Galway. No. of students: Over 18.000. No. of teaching staff: Over 2.500. Public or Private Institution: Public Institution
Faculty	All faculties
Responsible actor: Who carries out or organizes the good practice?	The Employee Assistance Programme (EAP) office at National University of Ireland Galway
Beneficiaries: Who benefits from good practice?	University staff and faculty
Description of good practice	The EAP office offers confidential counselling services and support to university staff and faculty to assist them in managing personal and work-related issues that may affect their mental health and well-being. The service includes individual counselling sessions, legal and financial advice, and referrals to external services if required
Duration of good practice	The program has been in place for several years and is ongoing
Website	https://www.universityofgalway.ie/human-resources/employee_wellbeing/employeeassistanceservice/
Dissemination of the good practice	The program has been promoted through the university's website, staff newsletters, and internal communication channels

9	
Title	Psychological Support Service (PSS) of the University of the Basque Country (Servicio de Atención Psicológica – SAP/APZ –)
Location	Spain, Basque Country
Higher Education Institution	University of the Basque Country (UPV/EHU). Public institution. Students: 44.791. New students: 12.852 Foreign students: 2.292. The working staff 7.629
Faculty	The service is located in a different setting depending on the Campus where it offers its services
Responsible actor: Who carries out or organizes the good practice?	The Psychological Attention Service (PSS) depends on the Vice-Rectorate for Students and Employability. This service has a Director and two clinical psychologists to attend the three Campuses
Beneficiaries: Who benefits from good practice?	The PSS of the UPV/EHU is a service that was created to offer its specialised resources in psychological attention to the entire university community: student and also, PDI and PAS
Description of good practice	<p>Workshop <i>Desire, Eroticism and Good Deals</i>". Proposes the modification of attitudes, critical sense, and the capacity of analysis on the ideas, values, and attitudes of the assistants, on sexuality and affective-sexual relationships.</p> <p>Workshop <i>Mindfulness for stress management</i>. Aims to introduce students to the practice of mindfulness in such a way that it helps in the development of an attention focused on the here and now that allows to calm the mind and body to proceed to the proper coping with stress.</p> <p>Workshop <i>Active stress management</i>. The general objective is to increase the management of the emotional system and to face in a regulated way the situations that generate stress, applying new behaviours of greater effectiveness, all this, considering the reality of the duration of the workshop, and considering the need for active involvement in the work and the training process in resources.</p> <p><i>Techniques for stress reduction</i>. Different concepts were worked on, the differentiation between stress and anxiety, traditionally and for the general public, is difficult to differentiate. In terms from clinical psychology, panic, or anxiety attack, were studied, and what factors can trigger them.</p> <p><i>Emotional wellbeing</i>. based on Mindfulness, consists of paying attention, moment by moment, to thoughts, emotions, bodily sensations, and the surrounding environment, in a way that is mainly characterised by "acceptance" – an attention to thoughts and emotions without judging whether they are correct or not -.</p> <p><i>Psychoactive substance consumption</i>. This seminar works on new psychological, clinical, and social aspects of legal and illegal drug use that usually go unnoticed. It aims to offer a critical and practical vision that will be very useful during the development of the students' next professional work.</p> <p><i>Gatekeeper skills for suicide prevention in the university context</i>. The main focus was on suicide in adolescents and young adults, as it represents a global public health problem. The guidelines proposed by the World Health Organisation were followed, which considers that a priority line of action to tackle this issue is to develop competencies for the prevention of suicidal behaviour in social agents who are in direct contact with this population, which appeals directly to the university itself, in order to</p>

	<p>strengthen effective actions to mitigate the impact of suicide.</p> <p><i>Teaching.</i> Within the scope of teaching, the service functions to establish agreements for the realisation of internships for undergraduate or graduate students.</p> <p><i>Research.</i> The PSS may provide data for the development of projects or research work provided that the project is reported favourably by the Commission on Ethics in Human Research (CEISH) of the UPV/EHU, and such data transfer is approved by the Board of Directors of the PSS.</p>
Duration of good practice	The Psychology Support Service of the UPV/EHU began its work in 2002, linking to a Sexual Orientation Program, linked to the Faculty of Psychology, with a clear teaching-assistance vocation, with the mission of attending to the university community as a whole, offering postgraduate teaching in clinical psychology and carrying out research in applied psychology.
Website	The Psychology Support Service of the UPV/EHU https://www.ehu.eus/es/web/servicio-atencion-psicologica/non-gaude This service is part of the AESPPU network (Spanish Association of University Psychological and Psychopedagogical Services https://blogs.ua.es/aesppu/)
Dissemination of the good practice	<p><u>Crece un 25% la atención psicológica a los universitarios</u></p> <p><u>Fernando Tapia Alberdi: «Arreta psikologikoa eskatu duten ikasleen kopurua %25 igo da»</u></p> <p><u>Más de Uno Gipuzkoa (19´40´´)</u></p> <p><u>Salud mental Más de 150 alumnos del Campus de Gipuzkoa han pedido ayuda psicológica este curso pasado</u></p>

10	
Title	Hospital del mar medical research institute (IMIM)
Location	This program is carried out by the Hospital del Mar Medical Research Institute (IMIM) based in Barcelona (Spain). The centre is linked to the Autonomous University of Barcelona and the Pompeu Fabra University. The project is carried out in five universities in four Spanish autonomous communities: Universitat de les Illes Balears (UIB), Universitat Jaume I (UJI) of Castellón, Universidad Miguel Hernández (UMH) of Elche, Universitat Pompeu Fabra (UPF) of Barcelona, and the Universidad de Zaragoza (Unizar)
Higher Education Institution	Hospital del Mar de Investigaciones Médicas (IMIM). It is a public institution. There are no direct students (there are in the universities that take part in the study). Staff, unknown
Faculty	-
Responsible actor: Who carries out or organizes the good practice?	Instituto Hospital del Mar de Investigaciones Médicas (IMIM) https://www.imim.cat/en_index.html
Beneficiaries: Who benefits from good practice?	Undergraduate students at the participating universities who are over 18 years old can participate
Description of good practice	<i>Online mental health questionnaire.</i> It contains questions on socio-demographics, mental health, use of mental health care services, childhood/adolescent experiences, recent stressful experiences, social life and support, sexuality, and personality. <i>Personalised reports (mental health promotion intervention).</i> After completing the online mental health questionnaire, each participant will be able to download a report with information about their mental health, healthy lifestyle habits, effective treatment options and available mental health care services. <i>Mobile Assessment.</i> After completing the online mental health questionnaire, some students will be invited to participate in the 15-day Mobile Assessment. Information will be collected through an online questionnaire and a mobile app on sleep quality, stress, lifestyle habits, depression, and anxiety, as well as a more general questionnaire at the beginning and end. <i>Depression and anxiety prevention intervention.</i> Students who have reported symptoms of depression and/or anxiety in the second online mental health questionnaire will be invited to participate in an 8-week online intervention for the prevention of depression and anxiety
Duration of good practice	It starts in 2021 and will end in 2023
Website	https://www.promesinfo.org/quienes-somos
Dissemination of the good practice	https://ellipse.prbb.org/es/promes-u-un-proyecto-para-mejorar-la-salud-mental-de-los-y-las-universitarias/



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