

Hoe staat het met de mentale gezondheid van studenten:
The WHO World Mental Health International College Student Initiative

Symposium 'Begeleid Leren voor studenten met psychische problemen'
 Utrecht, 4 april 2023

Prof. dr. Pim Cuijpers
www.pimcuijpers.com

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 LOOKING FURTHER

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OVERVIEW

- Mental health problems of college students
- Prevention and treatment of mental health problems of college students
- The 'Caring Universities' project
- Digital interventions in the Caring Universities project
- Conclusions

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Mental health problems
 in college students

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Journal of Abnormal Psychology

WHO World Mental Health Surveys International College Student Project:
 Prevalence and Distribution of Mental Disorders

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WHO WMH-ICS Collaborators

Journal of Abnormal Psychology, 2018

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MENTAL HEALTH PROBLEMS IN COLLEGE STUDENTS

	Lifetime	12 months
Major depression	21.2	18.5
Generalized anxiety	18.6	16.7
Panic	5.0	4.5
Broad mania	3.5	3.1
Alcohol use disorder	6.8	6.3
Substance use disorder	5.1	3.0
Any disorder	35.3	31.4

Auerbach et al., J Abn Psychol 2018

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MENTAL HEALTH IN COLLEGE STUDENTS

- Incidence of MDD in 1st year: 6.9% (Ebert et al., 2019b)
- 20.4% report role impairment (home management, work/studies, close relationships, social life): 10% without vs. 42.9% with \geq disorder ($p < 0.01$) (Alonso et al., 2019)
- Lifetime prevalence of suicidal ideation, plans, and attempts: 32.7%, 17.5%, and 4.3% (Mortier et al., 2018)
- Mental health problems are associated with reduced academic functioning: 2.9-4.7% AYP reduction (academic year percentage) (Bruffaerts et al., 2018)

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LOW UPTAKE OF SERVICES

- Helpseeking (Ebert et al., 2019a): Only 24.6% would seek help for emotional problems
- Reasons:
 - preference to handle problems alone (56%)
 - preferring to talk with friends/relatives (48%)
 - But also (other studies: stigma, costs, doubts whether treatments work)
- Lifetime and 12-month treatment rates are low, with estimates of 25.3-36.3% (Bruffaerts, 2019)

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Mental Health and COVID-19: Early evidence of the pandemic's impact

Scientific brief
2 March 2022



Introduction

The COVID-19 pandemic has had a severe impact on the mental health and wellbeing of people around the world (1). While many individuals have adapted (2), others have experienced mental health problems, in some cases a consequence of COVID-19 infection (3-5). The pandemic also continues to impede access to mental health services and has raised concerns about increases in suicidal behaviour (6).

The aim of this scientific brief is to present current evidence regarding the mental health aspects of the pandemic and inform prevention, response and recovery efforts worldwide. The target audience includes health care providers, researchers, policy-makers and any other stakeholders interested in the evidence on COVID-19 and mental health.

Key questions

This scientific brief provides a comprehensive overview of the current evidence about:

1. the impact of the COVID-19 pandemic on the prevalence of mental health symptoms and mental disorders
2. the impact of the COVID-19 pandemic on prevalence of suicidal thoughts and behaviours
3. the risk of infection, severe illness and death from COVID-19 for people living with mental disorders
4. the impact of the COVID-19 pandemic on mental health services
5. the effectiveness of psychological interventions adapted to the COVID-19 pandemic to prevent or reduce mental health problems and/or maintain access to mental health services.

Each question is addressed in a dedicated section of the brief. Key findings are highlighted at the end of each section to summarize the data described therein.

Process and methodology

Because WHO Global Health Estimates for frequency of mental disorders are aligned with Global Burden of Disease study estimates, the brief summarizes recent estimates of the Global Burden of Disease 2020 study (7). This brief is also based on evidence from research commissioned by WHO, including an umbrella review of systematic reviews and meta-analyses (published up to October 2021) (8) and an update to a living systematic review (updated to September 2021) (9), and other

https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci-Brief-Mental_health-2022.1

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COVID-19 AND MENTAL HEALTH IN COLLEGE STUDENTS

- Mental health was already a major public health challenge before the pandemic
 - Very high prevalence and incidence
 - Low uptake of services
 - Limited effects of existing treatments
- Some increase in prevalence
- Several high risk groups, e.g.
 - Pre-existing mental disorders
 - Older adults
 - Young people, including college students

Prevention and treatment of mental health problems of college students

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Clinical Psychology: Science and Practice

Prevention and Treatment of Mental Health and Psychosocial Problems in College Students: An Umbrella Review of Meta-Analyses

Pim Cuijpers¹, Clara Miguel¹, Marketa Chharova¹, Pauline Aalten², Neeltje Batelaan³, Elske Salemink⁴, Philip Spinhoven^{1, 5}, Sascha Struijs^{1, 5}, Leonore de Wit¹, Claudio Gentili⁶, David Ebert⁷, Mathias Harter⁸, Ronny Bruffaerts⁹, Ronald C. Kessler¹⁰, and Eirini Karyotaki¹

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We conducted an umbrella review of 31 meta-analyses with 608 primary studies, examining the effects of psychological interventions for prevention and treatment of mental and psychological problems in college students. The proportion of unique primary studies included in the meta-analyses ranged from 6 to 100%. For problems like depression, anxiety, and stress, effective universal, indicated, and treatment interventions are available. For alcohol problems effects are small and it is not clear if these are clinically relevant. Effective interventions have been developed for smoking cessation, test-anxiety, internet addiction, procrastination, and bystander sexual assault prevention programs. The quality of most meta-analyses and almost all primary studies was suboptimal. Therefore, all findings have to be considered with caution.

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EVIDENCE-BASED INTERVENTIONS FOR MENTAL HEALTH PROBLEMS IN COLLEGE STUDENTS

- 31 meta-analyses
- 608 unique primary randomised trials
- Effective interventions are available prevention and treatment of depression, anxiety, and stress,
- Effects for alcohol problems are small
- Effective interventions are also available for smoking cessation, test-anxiety, internet addiction, procrastination, and bystander sexual assault prevention programs

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The Caring Universities project

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THREE MAIN PARTS

1. Epidemiological research
2. Development and testing of interventions for students (and hopefully including personalizing interventions)
3. Dissemination of interventions at participating universities

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THE DUTCH 'BRANCH' OF WMH-ICS

- The 'Caring Universities' project
- Nine universities and universities of applied sciences > 250,000 students
- Almost a 10th participating university
- Yearly surveys
- 13 digital tools bij 2025
- 8 already available
- Moving to single-session interventions

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PHILOSOPHY

- Indirect interventions
- Digital tools
- Based on cognitive behavior therapy
- Co-creation
- Students as coaches
- One-session interventions

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Clinical Psychology

in Europe

Scientific Update and Overview

Check for updates

Indirect Prevention and Treatment of Depression: An Emerging Paradigm?

Pim Cuijpers¹

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Abstract

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INDIRECT INTERVENTIONS

- Uptake of prevention and treatment is low
- Indirect prevention and treatment: Focus on a less-stigmatising problem (like sleep, stress, procrastination, perfectionism), many participants will be (at risk for) depressed, and may improve in mental disorders
- Much research on sleep
- Also some research in other problems (stress, perfectionism, etc)
- Especially useful in communities where you can develop 'suits' of interventions that are co-created

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Research

JAMA Psychiatry | Original Investigation

Effectiveness and Acceptability of Cognitive Behavior Therapy Delivery Formats in Adults With Depression

A Network Meta-analysis

Pim Cuijpers, PhD, Hsueh-Wei Chen, PhD, MD, Erin Karyotaki, PhD, Andrew Crippen, PhD, MD, Toshi A. Furukawa, PhD, MD

IMPORTANCE: Cognitive behavior therapy (CBT) has been shown to be effective in the treatment of acute depression. However, whether CBT can be effectively delivered in individual, group, telephone-administered, guided self-help, and unguided self-help formats remains unclear.

OBJECTIVE: To examine the most effective delivery format for CBT via a network meta-analysis.

DATA SOURCES: A database updated yearly from PubMed, PsycINFO, Embase, and the Cochrane Library. Literature search dates encompassed January 1, 1966, to January 1, 2018.

STUDY SELECTION: Randomized clinical trials of CBT for adult depression. The 5 treatment formats were compared with each other and the control conditions (waiting list, care as usual, and pill placebo).

DATA EXTRACTION AND SYNTHESIS: PRISMA guidelines were used when extracting data and assessing data quality. Data were pooled using a random-effects model. Pairwise and network meta-analyses were conducted.

Editorial

Author Audio Interview

Supplemental content

Cuijpers et al., JAMA Psychiatry 2019

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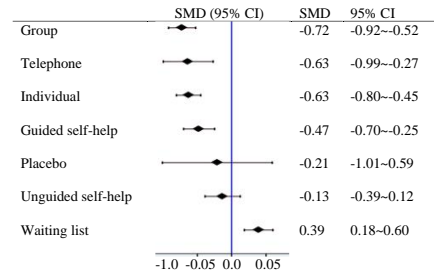
NETWORK META-ANALYSIS TREATMENT FORMAT IN CBT FOR DEPRESSION

- 155 studies with 15,191 patients
- Formats: individual, group, telephone, guided self-help (including internet-based), unguided self-help (all through the internet)
- Comparators: waiting list, care-as-usual, placebo

Cuijpers et al., JAMA Psychiatry 2019

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RANKED FOREST PLOT FOR EFFECTS (CAU AS REFERENCE)



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MAIN RESULTS

- No significant differences between individual, group, telephone, guided self-help (only small difference between group and guided self-help)
- Significantly more effective than waitlist (SMDs 0.87 to 1.02), care-as-usual (SMDs: 0.47 to 0.72), and unguided self-help (SMDs: 0.34 to 0.59).
- Sensitivity analyses excluding non-internet-based guided self-help: comparable outcomes
- Acceptability (study drop-out for any reason) was significantly higher in individual (RR=1.44) and group CBT (RR=1.39) compared to guided self-help.

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EFFECTS OF INTERNET-BASED TREATMENTS FOR DIAGNOSED MENTAL DISORDERS

Disorder	N	d	95% CI	NNT
Depression	32	0.67	0.51~0.81	2.4
Social phobia	20	0.76	0.62~0.91	2.4
Panic	15	1.08	0.77~1.39	1.8
GAD	9	0.62	0.31~0.93	3.0
All anx. dis.	53	0.80	0.68~0.93	2.3

Andrews et al., 2018; Pauley et al., Psychol Med 2021; Karyotaki et al., 2021; Cuijpers et al., 2019

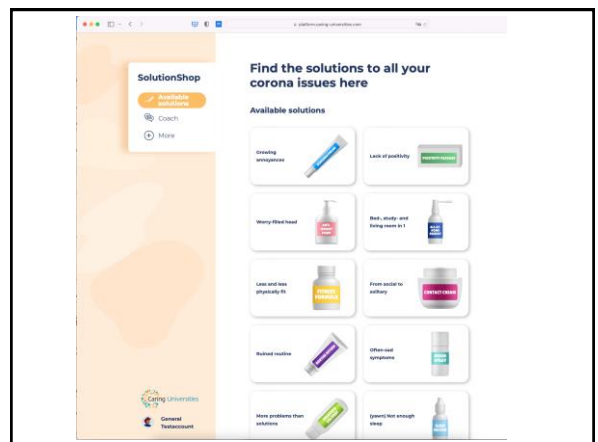
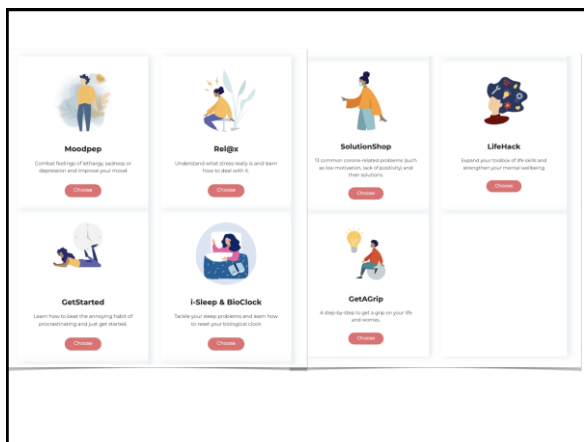


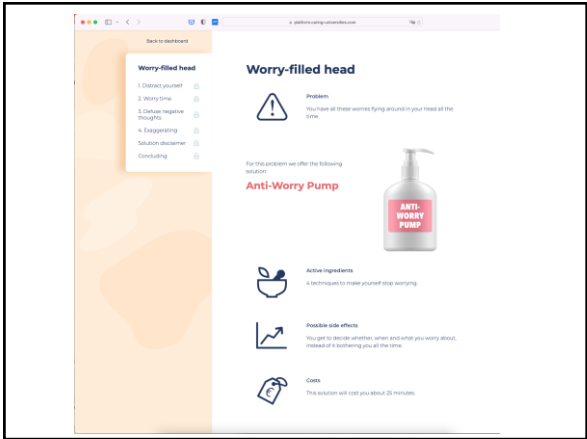
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WHO DELIVERS THE INTERVENTIONS?

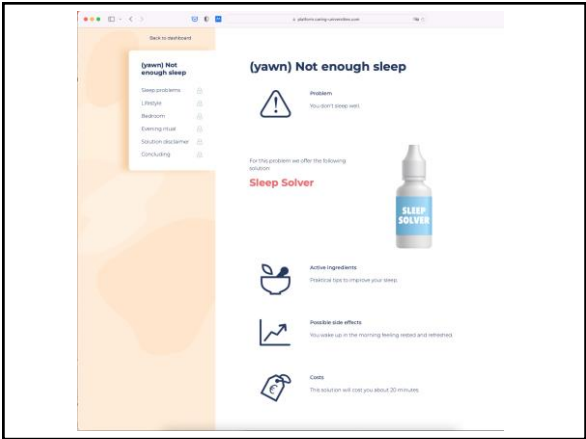
- Trained clinical psychology students
- Curriculum from "Psychological well-being practitioners" delivering low-intensity CBT (from IAPT in the UK; curriculum from Exeter University in the UK).
- Integrated into teaching of master students in clinical psychology
- Delivery of interventions as part of training program (low costs)
- Supervision by a licensed psychologist
- Separate grant for the development of this curriculum (dr. Leonore de Wit).

Digital interventions in the Caring Universities project

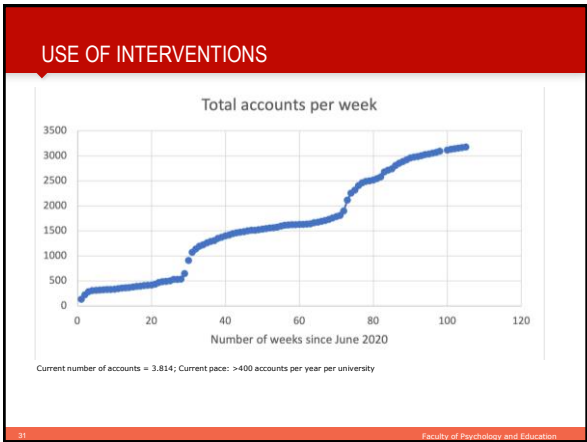




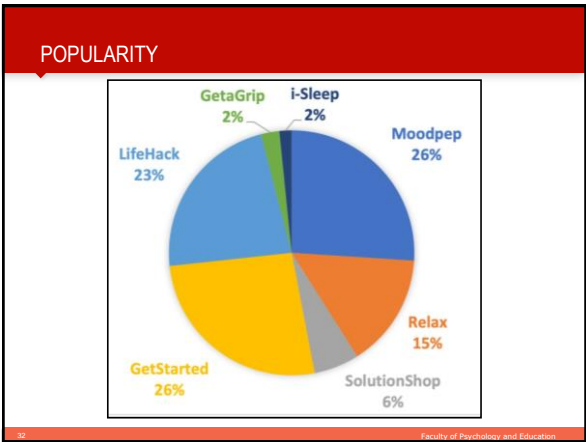
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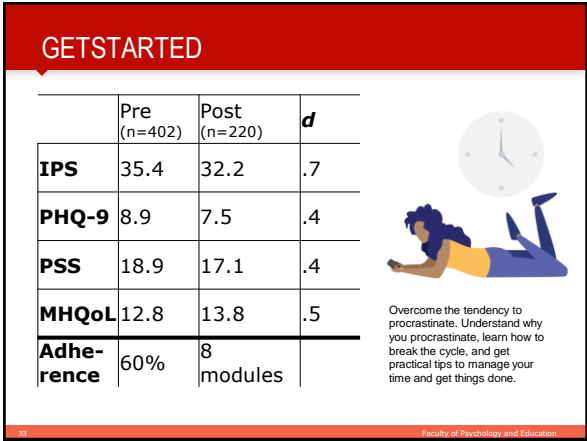
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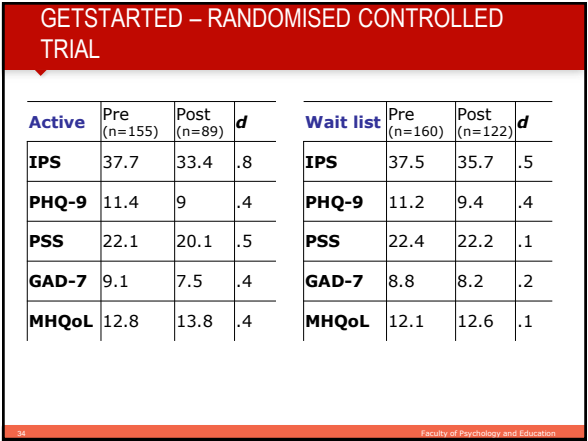
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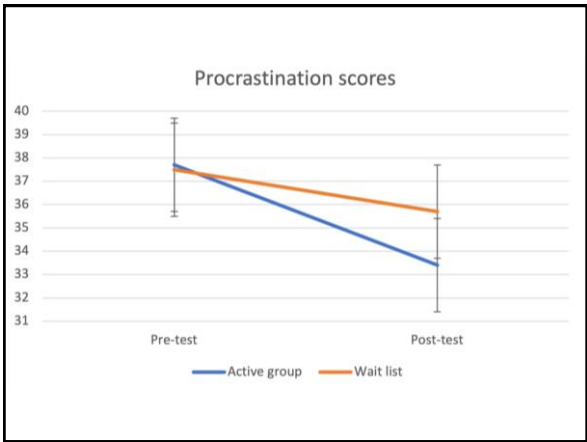
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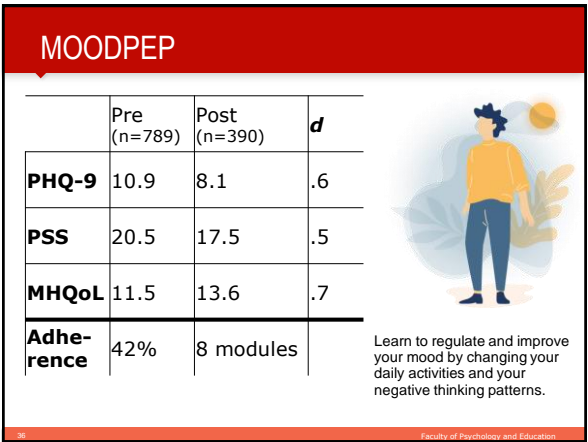
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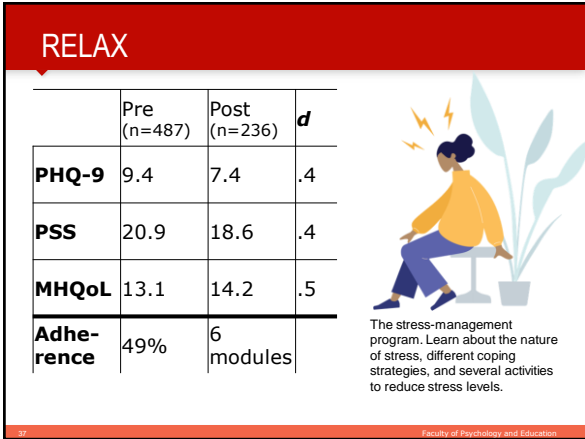
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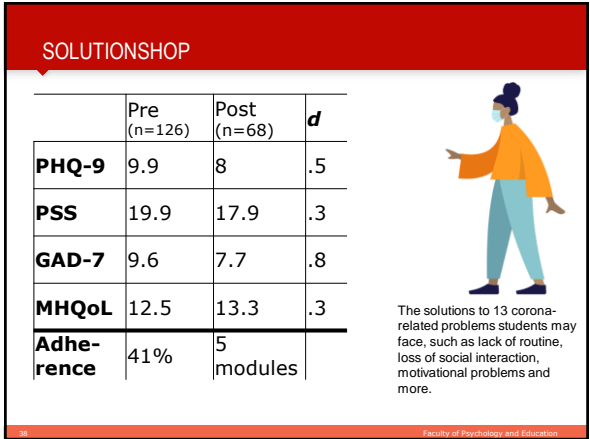
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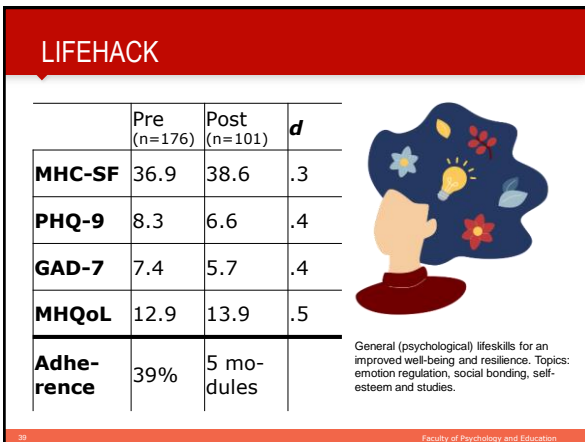
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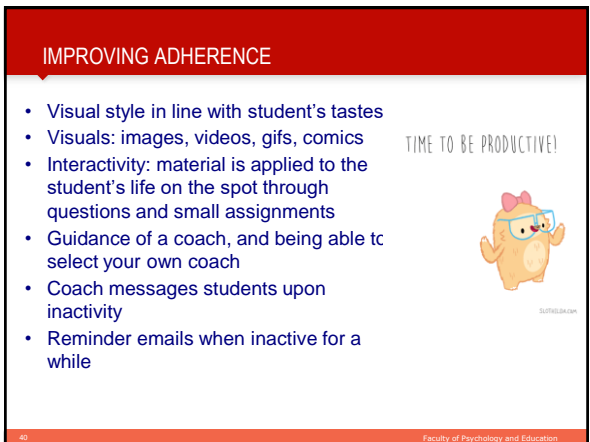
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IMPROVING ADHERENCE: PLANS

- Gamification in the form of badges that can be earned while doing the program
- New registration flow: questionnaires as part of the program rather than separate 'research'. Giving personalized feedback based on answers
- Being able to schedule time for the program in your own Google/Outlook calendar through the platform
- Being able to send yourself reminder emails at a time that suits you
- One-session interventions

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Conclusions

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CONCLUSIONS

- Mental health of college students is important subject
- Strengthening of services for students is needed
- The WMH-ICS initiative is collecting worldwide data on mental health
- The Caring Universities project offers digital interventions
- Using the 'indirect approach' to prevention and treatment

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THANK YOU FOR YOUR ATTENTION!

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