The UvAcare project: the effectiveness of online health support in university students

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Introduction

Over the past years, university students report more stress and concurrent mental health complaints than ever before. If not treated accurately, these problems may result in more severe consequences at a later age, such as decreased study or job performance, drop-out, serious mental health disorders and lower quality of life. As most students do not tend to seek help for their difficulties or end up on a waiting list, there is a clear need for early, immediate and easily accessible care among university students. Previous studies demonstrated that eHealth is a low-cost, effective technique to reduce symptomatology in adolescents and adults with clinical depression or anxiety. However, it is yet unknown whether online interventions could prevent the development of psychological disorders in a university student sample.

➢ **Aims**:
- to examine the effectiveness of an online intervention targeting anxiety and depression symptoms in university students
- to compare a guided and unguided intervention condition to one another and to treatment-as-usual.

Methods:

Participants:
- University students from the University of Amsterdam
- Age > 16 years
- Mild to severe symptoms of depression (CES-D > 15) and/or anxiety (GAD-7 > 4)
- Participants will be recruited in 3 waves from 2019-2021
- Aimed number of participants: 1100

Procedure:
- Intervention: e-health based on CBT for anxiety and depression
- Students will be randomly assigned to one of the groups:
  1. Guided e-health (with coach)
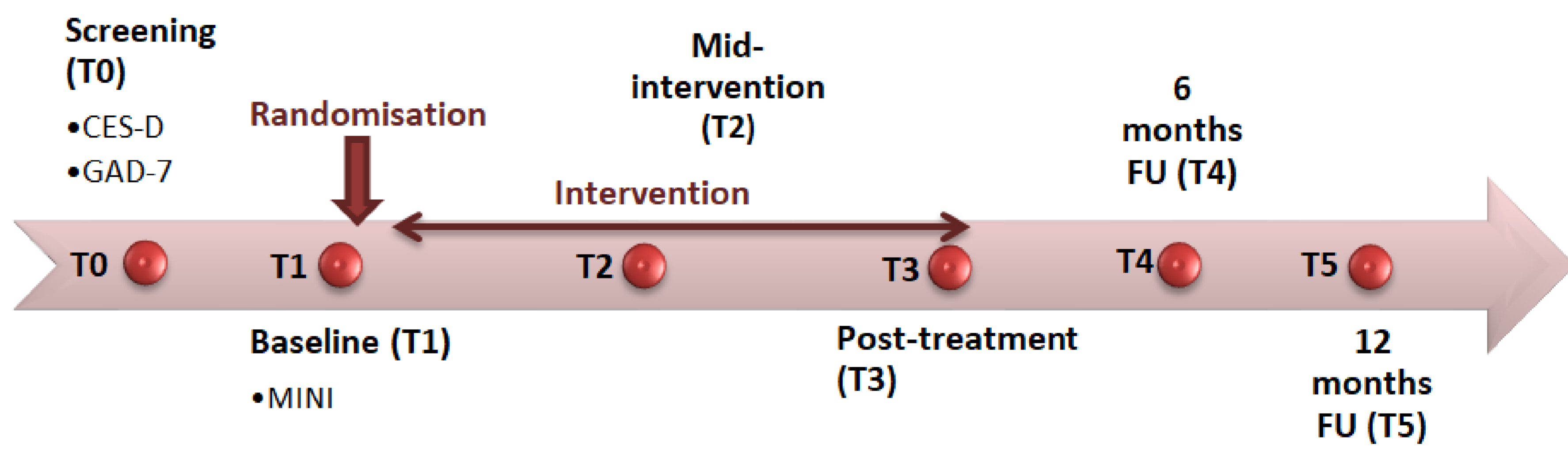 2. Unguided e-health (without coach)
  3. TAU (Treatment-as-usual)

Figure 1. Time line of different assessment points: before randomisation (T0, T1), 5 weeks post-randomisation (T2), 8 weeks post-randomisation (T3), 6 (T4) and 12 (T5) months post randomisation.

Results (first wave)

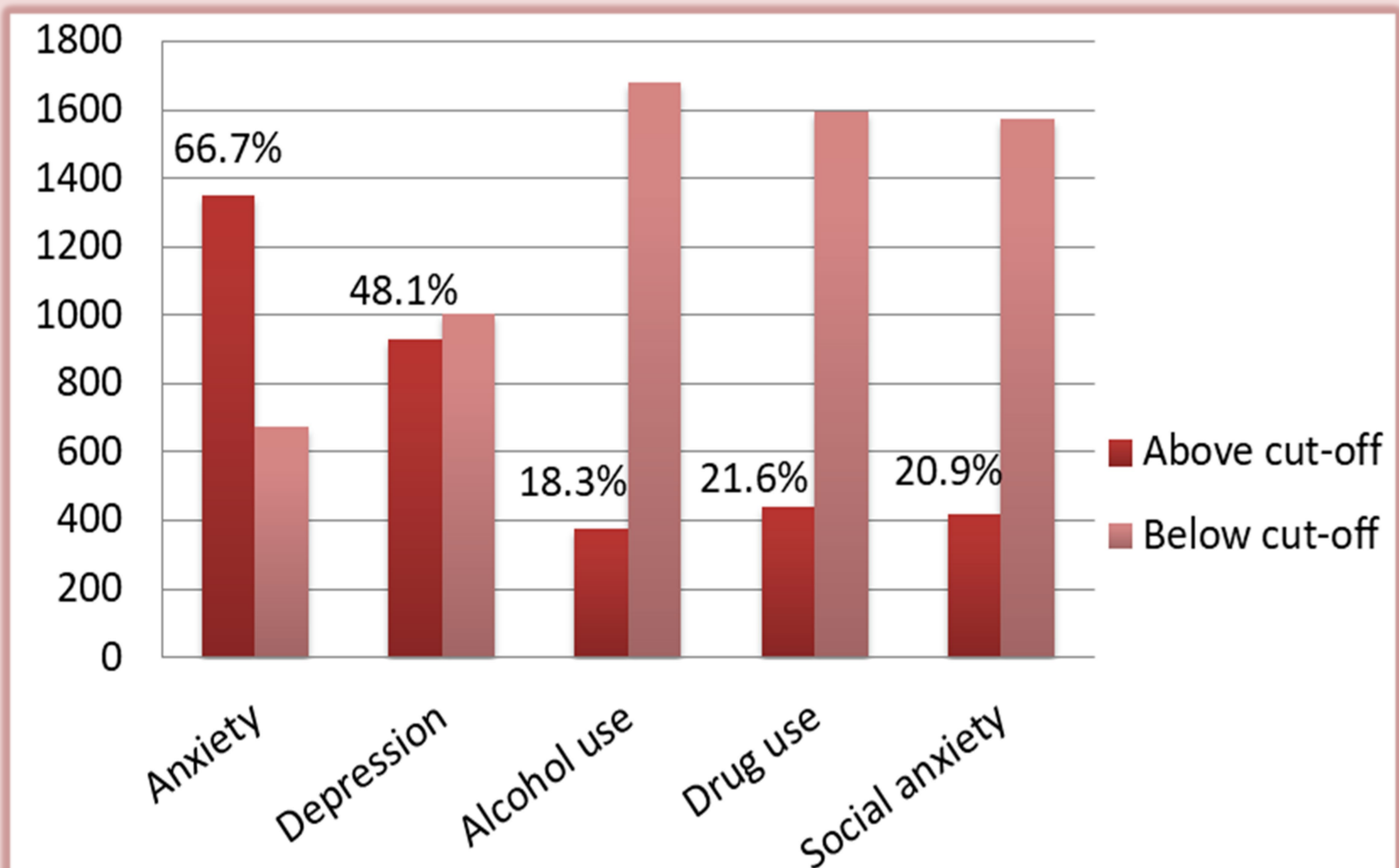### Reported mental health symptoms at time of screening

Figure 2. Number of respondents scoring above and below the proposed cut-off values for anxiety (GAD-7; 5; n=2021), depression (CES-D; 16; n=1937), alcohol use (AUDIT-C; 7; n=2055), drug use (DAST-10; 3; n=2038) and social anxiety (SIAS-6; 7; n= 1992) at T0.

Demographic characteristics
- 1354 (69.9%) of the respondents is eligible to participate

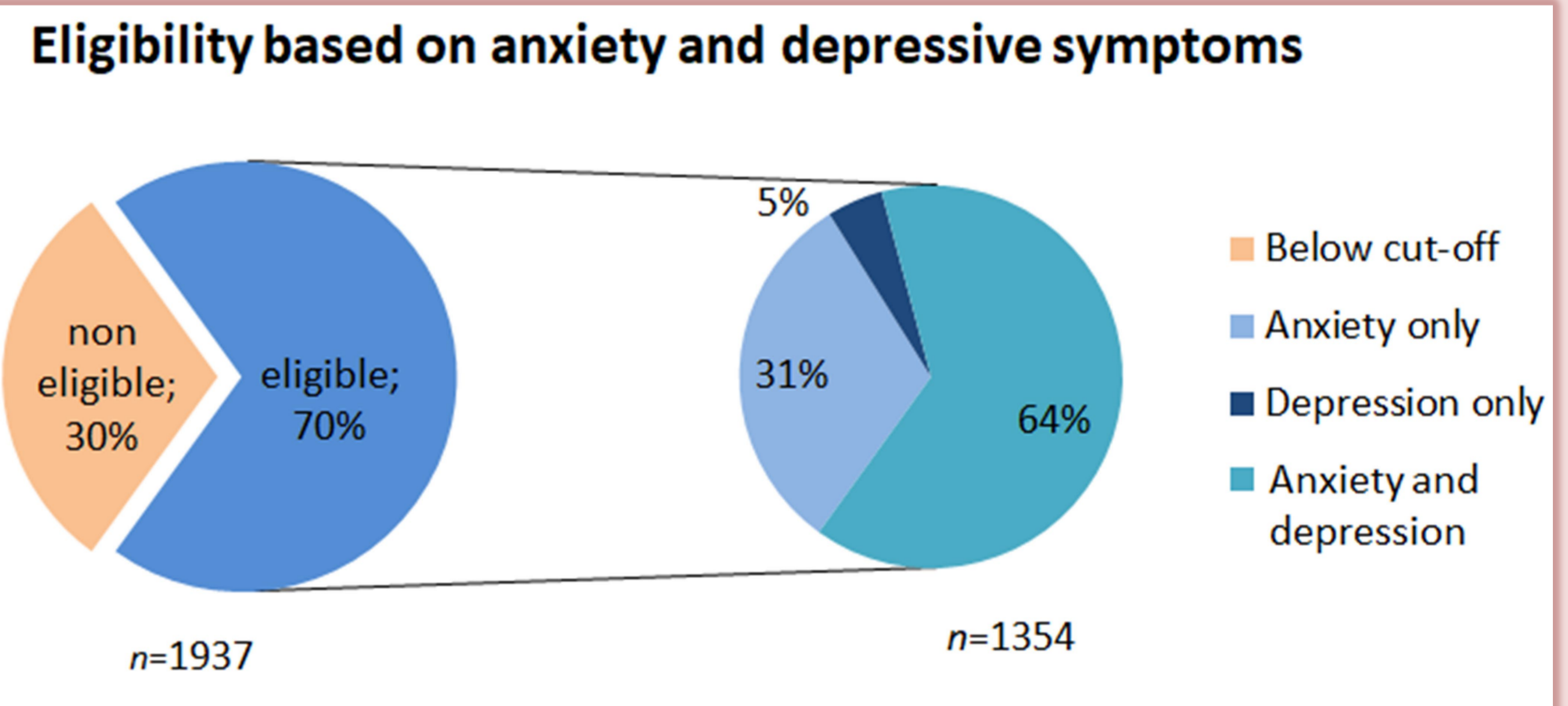**Eligibility based on anxiety and depressive symptoms**

Figure 3. Percentage of respondents meeting the criteria for participation in the intervention, i.e. at least mild anxiety and/or depressive symptoms based on GAD-7 (≥5) and CES-D (≥15) scores.

Currently included in the intervention:
- 94 participants: 35 guided (1), 32 unguided (2), 27 TAU (3)

Data collection is still ongoing...

Relevance and significance:
- increase respondents' awareness of their mental health
- provide information about existing care facilities
- early identification of psychological symptoms
- offer easily accessible, low-threshold care
- prevent the development of anxiety and depression disorders
- no waiting list
- low cost intervention
- shortening waiting lists for regular care services

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