

Student Mental Health Services 'Nothing about them, without them'

The perspectives of professionals on the accessibility, appropriateness and effectiveness of student mental health services for students with stress-related health complaints: a qualitative study in the Netherlands



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Abstract

Background & Objective A growing number of students indicate to experience stress-related health complaints (SRHC) during their years of university. In recent years, Student Mental Health Services (SMHS) have expanded their service delivery to support these students. Since SMHS report to have difficulty to keep up with the increasing SRHC of students, it is of great value to explore the perspectives of professionals on the accessibility, appropriateness and effectiveness of Dutch SMHS.

Methods A qualitative research was performed among a sample of 13 professionals working at Dutch SMHS. Semi-structured individual interviews forms were used to explore the perspectives of professionals on SMHS with regard to service components of the Headspace Centre Model: *student participation, family and friends' participation, student awareness, enhanced access, early intervention, appropriate care, evidence informed practice, service integration and supported transitions*. A thematic content analysis guided the data analysis.

Results Based on professionals' perspectives, three themes emerged. Professionals indicated that the accessibility, appropriateness and effectiveness of SMHS is influenced by 1) students' competences to seek help, 2) professionals' (supporting- and teaching staff) competences to provide sufficient SMHS and 3) organizational competences to organize SMHS with a sufficient service- provision, chain, vision and development. Also, professionals questioned the extent to which an educational institution is responsible for students' wellbeing.

Conclusion Professionals of Dutch SMHS seem to be widely committed to enhance student mental well-being by integrating the service components: student participation, student awareness, enhanced access, early intervention, appropriate care, informed evidence practice, service integration and supported transitions of the Headspace Centre Model within their service delivery to students with SRHC. However, perspectives of professionals revealed that these components only can be successfully integrated if students, professionals and organizations have the competences to support student mental wellbeing. Therefore, development of these competences on each level is necessary.

1. Introduction

Recently, a growing number of students indicate that they have psychological complaints during their years at university¹⁻⁵. One frequently complaint is the experience of stress¹: a condition of disturbance in psychological well-being due to the exposure to (multiple) stressors⁶. Stress is a complicated concept that can be interpreted in different ways: 1) a condition or an event in the environment, 2) a person's reaction to the situation or 3) the relationship between the situation and the person⁷. Stress among students occurs mostly as a result of a combination between the (academic) situation and their competences to manage this situation^{1,8,9}, and fits best in the third way. The circumstances that students are in generates a lot of pressure, because they are expected to conform to academic requirements, meet expectations set by their social environment, maintain relationships and manage their life financially¹⁰⁻¹³. Students' life phase is characterized by discovery and development of their identity; in which low levels of self-esteem, optimism and self-efficacy make managing stressful situations more difficult¹⁴⁻¹⁷. Stress can lead to health complaints such as tiredness, irritability, disturbed sleep patterns and problems with concentration¹⁸. Moreover, stress is associated with academic underperformance^{19,20}, increasing risky behaviors such as alcohol consumption²¹, physical illnesses²³ and problematic psychological health issues such as anxiety, depression and burnout^{18,23-25}.

The Dutch National Student Union¹ reported that 17% of the students experience stress in the Netherlands. Studies in Turkey, Egypt and France report even a higher prevalence of students who have stress, with 27,0%, 62.4%, and 72,9% respectively^{17,26-27}. However, according to previous research 15% to 33% of students with stress related health complaints (SRHC) seek professional help²⁸⁻³⁰. With an increasing number of SRHC in combination with low help-seeking behaviour, students are in bigger need of mental health services within higher education. Student Mental Health Services (SMHS) of educational institutions create awareness to seek help in an early stage, offer appropriate guidance in order to manage stressors and focus on the prevention of problematic psychological health issues³¹⁻³⁴. However, a big challenge for professionals working at SMHS lies in the fact that it is not always easy to identify underlying mental health issues of study-related problematic behaviour such as academic procrastination³⁵. Thereby, the student population has become very diverse over the last century, which puts SMHS to the test to deliver more extensive and complex services³⁶.

Lately, an expansion of SMHS has taken place which offers a wide range of short-term mental support. Academic educational institutions offer a system of SMHS that focus on prevention as well as on the promotion of positive mental health and academic performance of students³⁷⁻³⁹. Most of the time, SMHS work with a concept called: *a whole institution approach*, in which as well as supporting staff (counsellors, academic advisors, psychologists and coaches) of the SMHS as teaching staff (teachers, professors and mentors) became responsible for providing mental support to students within the

school environment and in class⁴⁰. In Dutch higher education, students can have individual counselling by multiple professionals within the SMHS. Furthermore, group trainings and workshops such as mindfulness and self-regulation are offered by the SMHS^{41,42}. However, despite valiant efforts of support, several international online published articles report that SMHS have difficulty to keep up with the increasing mental health issues of students⁴³⁻⁴⁷.

Concerning the expansion of SMHS, it is of great value to explore views of professionals in order to understand the factors that contribute to offering adequate SMHS to students who have SRHC⁴⁸. Rickwood et al.⁴⁹ identified components that are important to ensure that adolescence (12-25 years) receive accessible, appropriate and effective services within a sustainable service system. These components are included in the *Hearspace Centre Model* (see figure 1). This model contains ten core service components: youth participation, family and friends participation, community awareness, enhanced access, early intervention, appropriate care, evidence informed practice, four core streams, service integration and supported transitions. For the current study, the component *four core streams*, including two other health areas: alcohol and other drugs and physical and sexual health, is not further described, because mental health of students is the focus of this study. Further, service integration and supported transition are merged together. Consequently, eight core components are described below regarding SMHS.

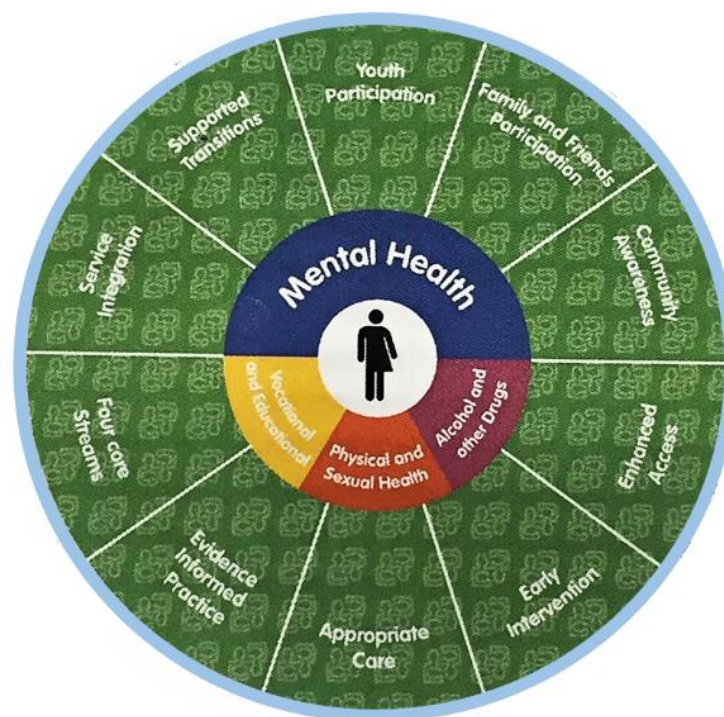


Figure 1: Hearspace Centre Model⁴⁹

Considering the core components of the *Headspace Centre Model*, professionals can ensure that they provide accessible, appropriate and effective guidance within SMHS. To achieve this, professionals are expected to apply various actions regarding to these components.

The first component is *student participation* in which professionals need to be responsive to the needs and preferences of students by making them self-ownership of their guidance plan and the development of (innovative) services. Stomski and Morrisson⁵⁰ demonstrated that users of services need to participate in service delivery in order to create ambition for policy changes. Second, the component *family and friends participation* have to be considered by professionals. Students live their lives in close company of family and friends; the involvement of family and friends in SMHS is necessary to tailor service processes to the social environment of students. Moreover, Dsa et al.⁵¹ stated that parental involvement increases academic performance and mental wellbeing of students.

The third component *community awareness* refers to what extent students and their community are made aware of SMHS and SRHC; this can be done by increasing students' health knowledge and by stimulating the self-improvement behavior of students. Increased familiarity and general awareness of SMHS among students appeared to successfully increase the health knowledge and decrease stigma⁵². The fourth component comprises *enhanced access*, in which professionals have to stimulate students to seek help at an early stage by making SMHS accessible. It is important that professionals create a welcoming environment and offer support that is affordable. Similarly, Wong⁵³ valued the accessibility of SMHS as important in stimulating help-seeking behavior and found that the use of online service programs can increase the accessibility of SMHS.

The fifth component is *early intervention*, in which professionals have to intervene in students' mental well-being as early as possible by ensuring that SMHC can be identified, and treated at an early stage. This is one of the key principles in adolescent mental health; SMHS have to be developed to prevent students from suffering of worse psychological conditions such as depression or anxiety⁵⁴. Concerning the sixth component *appropriate care*, professionals have to modify their services to the needs of students when SRHC are identified. Students' needs vary greatly since these are influenced by personal characteristics, phase of life, psychological symptoms and a complex interaction between complaints and other functional limitations⁵⁵⁻⁵⁷.

The seventh component *evidence informed practice*, highlights the importance of the involvement of professionals in research in order to successfully deliver evidence-based SMHS and develop innovations⁵⁸. Finally, concerning the eight component *service integration and supported transitions*, professionals have to be surrounded by a large network of assistance organizations such as healthcare

or social institutions. Strong partnerships and referral pathways are needed to ensure that adolescence have not been left out, when professionals of SMHS are not able to fulfill their needs⁵⁹.

To date, most international studies have examined the current state of SMHS through surveys^{38,39,60}. These studies explored the characteristics of SMHS, such as the range of mental health initiatives, the utilization percentages and an overview of professionals working at SMHS. Similarly, in the Netherlands, one study focused on SMHS by conducting a survey among psychologists of SMHS. Results show that psychologists are often dissatisfied about the way in which they can meet the complex mental care demand of students and mentioned costs, accessibility, capacity and appreciation as influencing factors³⁷. However, a further explanation of these factors by psychologists was missing, because of the quantitative nature of the study. Thereby, this study included only psychologists, while there are more professionals working at SMHS. To our knowledge, there has been no qualitative research conducted into the perspectives of professionals working at Dutch SMHS in order to know how they perceive SMHS.

The aim of the present paper is to understand the perspectives of professionals on SMHS for students with SRHC, with regard to the service components guided by the Headspace Centre Model⁴⁹. Therefore, the following main question is formulated:

How do professionals of student mental health services (SMHS) perceive the accessibility, appropriateness and effectiveness of their service delivery to students with stress-related health complaints (SRHC)?

2. Methods

Research design

A qualitative design was chosen, as the aim of the study was to explore the perspectives of professionals on the eight components essential in the accessibility, appropriateness and effectiveness of SMHS for students with SRHC^{61,62}. A combination between an interpretative and pragmatic approach was used, because we wanted to gain a deeper understanding of the service components through the perspectives of professionals and were aware that the essence of the concept of SMHS lies in an ongoing process of actions taken by these professionals⁶³. We used semi-structured, individual interviews to collect data and a thematic analysis guided the data analysis^{62,64}.

Participants and recruitment procedures

Participants of the study were professionals working at different SMHS of Academic Universities (AU), Universities of Applied Sciences (UAS), student general practices (SGP) and Student Psychologist Practices (SPP) in the Netherlands. The following groups of professionals were included in this study; academic advisors, counsellors, psychologists, general practitioners, policy officers and directors of Student Affairs. We used purposive sampling in order to select professionals who were likely to generate appropriate and detailed information about SMHS and were aware about developments over the last few years⁶⁶. Therefore, professionals were included if they had at least two years of working experience within the selected SMHS. The majority of professionals was directly approached by the project manager (NM), because their contact details (phone number and mail address) were accessible on the websites of SMHS. However, not all contact details were available on websites. Contact details of other professionals had to be requested from the secretary of the SMHS. Consequently, two separate e-mails were sent: 1) a personal e-mail to the professional concerned or 2) a general e-mail to the secretary with a request to come into contact with professionals. These e-mails consisted of a brief description of the study objects and the procedures, and contained a flyer. Professionals who responded to the email and were willing to participate, were subsequently contacted by telephone to set an appointment for the interview. All participants received a reminder one week in advance of the interview.

Clarification of concepts

In this report, a distinction was made between SMHS of UAS, AU and SGP. For clarification, studying at an UAS is more practice-oriented, while studying at an AU is more science-oriented. Professionals of this study had various professions within SMHS of these institutions. An *Academic Advisor* can help students with study-related problems; this professional can refer students to other professionals such as a psychologist or a counsellor when problems are more personal related. A *Counsellor* gives advice

and informs students if they are situated in circumstances that can have a negative influence on their academic process. A *psychologist* can provide assistance to students with study problems and problems which are psychological, social and/or emotional in nature by offering individual therapies and group workshops such as mindfulness or stress management. If psychologists cannot provide the student with the necessary help, they refer to primary care, outside of the educational institution. The *general practitioner*, promote health, prevent illnesses, diagnose and treat diseases and promote the recovery of all types of physical and mental diseases and health issues of students. A *policy officer* is responsible for the development and organization of the SMHS and a *director of student affairs* leads different SMHS profession teams and is aware of new developments. All these professions are indicated in this study with a general term of *supporting staff*. Furthermore, important to notice is that professionals of this study referred to other professionals in educational institutions that are part of the *teaching staff*, which includes *teachers* and *mentors* (as called in UAS) and/or *professors* (as called in AS), who are responsible for transferring knowledge to students in class.

Data collection

Data collection procedure

This study was conducted from March 2019 to July 2019, in which the project manager (NM) conducted individually face-to-face semi-structured interviews with all professionals. Since two professionals preferred to be accompanied by a colleague during the interview, two duo-interviews were held. This exception was made, because professionals mentioned that they could deliver more extensive information about the SMHS. In total, nine individual interviews and two duo interviews were held. All interviews, except for one, were audio-recorded and had a duration of approximately 40-60 minutes. One professional did not allowed to record the interview due to privacy reasons; extensive field notes were taken by the researcher instead. All the interviews took place within a private room of the work environment (SMHS) of the professionals, in order to conduct interviews in a natural environment and maintain privacy.

Development semi-structured interviews

The Headspace Centre Model⁴⁹ served as the basis of the interview guide. This guide included eight topics: enhanced access, student awareness, student participation, family and friends participation, early intervention, appropriate care, evidence informed practice, and service integration and supported transitions. For each topic a main question was formulated. Examples of these questions included: a) '*How are students made aware of SMHC?*', b) '*How do you ensure that SMHC are tailored to the needs of the student?*' and c) '*To what extent is a student involved in the service delivery of SMHC?*' (see appendix 1 for interview guide and topic list). Data collection was part of an iterative

process in which data collection, data analysis, reflection and new data collection alternated⁶². The topic list was tested in a pilot-interview, which was included in the analysis of the data. After the first three interviews, this interview guide was modified by including a discussion of emerging themes, among which *the responsibility of educational institutions to enhance mental wellbeing* and *the role of educational programs and teaching staff*.

Data Analysis

All data was subjected to a thematic analysis in order to identify, analyze and report patterns within the empirical data^{64,66}. We combined deductive *theoretical-driven* reasoning with inductive *data-driven* reasoning to perform this thematic analysis⁶⁸. In this way, we constantly moved from the empirical to the theoretical data of the analysis, in which we aimed to give a detailed description of the eight components as described in the Headspace Centre Model⁴⁹, and to explore additional components that were strongly linked to professionals' perspectives on SMHC. All data was analyzed by two researchers, the project manager (NM) and another researcher (DA). They went independently through different steps of the process of thematic analysis⁶⁴. In the first step, NM transcribed all interviews verbatim to transform the content of data from speech to a written text. In the second step NM and DA independently *generated initial codes*, in which transcripts were unraveled by giving codes to text fragments based on the meaning that emerged from the data. These codes were discussed by NM and DA to reach consensus. In the third step NM *searched for themes*, in which relationships, associations and/or combinations between the initial codes were identified. In the fourth step NM and DA *reviewed themes* together, in which codes and themes were structured and a thematic map created. In the final step *themes were named and defined*, in which NM structured coding schemes and developed a code tree (see appendix 2). This code tree was discussed by NM and a senior researcher (CH) of the department research, development and prevention. Although we started from a theoretical-driven approach by using the *Headspace Centre Model*⁴⁹, findings were presented by displaying themes that emerged from empirical data, because we also wanted to highlight components that were not discussed within the Headspace Centre Model⁴⁹. We made use of the computer program *Atlas.TI* in order to manage the qualitative data efficiently⁶².

Rigor

In order to enhance rigor and validity of the study⁶⁸, interviews were transcribed and summaries were sent to participants to comment on areas that they felt had been misunderstood. This was done in order to ensure that information was accurately displayed. Furthermore, the researcher took notes of observations made during the interviews regarding to the context, attitude and emotions of the professionals to make an accurate description of the findings. This description of emotions is displayed

in some of the quotes to clarify the meaning of statements. Furthermore, data was continuously re-examined, in which new codes/themes during data analysis and ongoing data collection were processed systematically. All decisions of the project manager (NM) were documented in a research diary and were made in consultation with a senior researcher (CH). Moreover, interviews were analysed individually by multiple researchers, among which the project manager (NM) and a student researcher of the study program 'Management, Policy analysis and Entrepreneurship' (DA).

Ethical Considerations

Ethical approval for this project was obtained from the *Faculty Committee Ethics* (FMG) of the University of Amsterdam (UvA). In advance of the interviews, instructions were given through an information letter and participants had to sign an informed consent. Participants returned their signed consent forms at the time of the interview and a copy was send to the participants to confirm their participation. All interview reports were kept private and confidential. Participants were assured of anonymity; interviews and comments were identified by number. Participation was voluntary and professionals were able to withdraw at any time of the study.

3. Results

3.1 Demographics

In total, a number of 43 professionals were approached to participate in this study. However, the majority of these professionals never responded and fifteen professionals refused to participate due to little time and their prioritization for supporting students. Eventually, a sample of thirteen professionals were willing to participate, and was recruited through four AU, five UAS, one SPP and one SGP, spread over several cities in the Netherlands. Characteristics of the respondents, such as the profession within SMHS, are shown in table 1.

Table 1: Characteristics of respondents

<i>Interview</i>	<i>Respondent</i>	<i>Profession within SMHS</i>	<i>Work experience (years)</i>	<i>Educational Institution or Health Practices</i>
1*	1	Director of Student Affairs	7	Academic University
	2	Psychologist	8	Academic University
2**	3	Coach and Academic advisor	12	Student-Psychologist Practice
3	4	Counsellor	8	University of Applied Sciences
4	5	Counsellor	5	University of Applied Sciences
5	6	Counsellor and Policy officer	1	Academic University
6	7	Academic advisor	11	Academic University
7	8	Counsellor and Policy officer	9	University of Applied Sciences
8*	9	Counsellor	8	University of Applied Sciences
	10	Coach	9	University of Applied Sciences
9	11	General practitioner and Director	35	Student- General Practice
10	12	Counsellor	6	University of Applied Sciences
11	13	Counsellor	10	Academic University

* Interview 1 and 8 were duo-Interviews (2 professionals and 1 interviewer)

** Interview 2 was not audio-recorded, quotations are not included in the findings

3.2 Themes

The analysis revealed three major themes, in which professionals described the competences of students, professionals and the organization as influencing factors on the accessibility, appropriateness and effectiveness of SMHS for students with stress related health complaints (see figure 2).

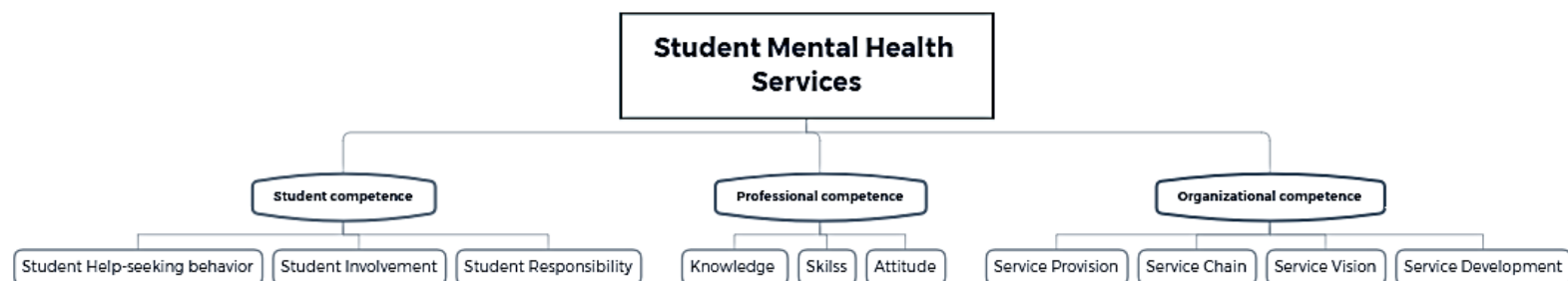


Figure 2: Code tree

It is important to note that these themes were not discussed in the Headspace Centre Model⁴⁹. We presented these three themes, because professionals noted that competences of students, professionals and organizations are needed to successfully integrate the eight service components. The extended code tree per theme is presented in appendix 2.

According to professionals, the first major theme, *student competences*, identified the ability of students to make use of SMHS. According to professionals, the utilization of SMHS by students is influenced by their help-seeking behavior, their involvement in SMHS and their responsibility to promote their own mental well-being. The second major theme, *professionals' competences*, highlighted factors that impeded or limited supporting- and teaching staff's knowledge, skills and attitude to provide SMHC. The third major theme, *organizational competences*, focus on the provision of SMHS, the task division within SMHS and the way SMHS are framed and developed. We described each theme, its corresponding sub-themes, comments of professionals and the connection with the components of the *Headspace Centre Model*⁴⁹ in detail below. (Noted: professionals are denoted by respondent number, profession and SMHS location)

3.2.1. Student Competences

The components student awareness, early intervention, student participation and family- and friends participation of the Headspace Centre Model⁴⁹ can be categorized from the empirical data into the sub-themes: student help-seeking behavior and student involvement. In addition to the components of the Headspace Centre Model⁴⁹, another important component emerged. Professionals mentioned that the extent to which students feel responsible for promoting their own mental wellbeing, influences their competences to make use of the SMHC. See appendix 2.1 for code tree.

Student help-seeking behavior

Most of the professionals described that students often do not seek professional help in time. Professionals mentioned that students barely visited SMHS trainings and workshops, which lead to a low attendance of students.

Help-seeking behavior of the student is still an interesting question, of course we can organize everything, but if no one does anything with it then the services don't sail along [R11, general practitioner and director of a SGP].

Despite the large amount of services available, professionals mentioned various reasons for the low help-seeking behavior of students. Most professionals mentioned that students find it difficult to show their vulnerability and to share their problems in a group. Besides, a few professionals noticed that students think they are the only one who have SRHC and mentioned stigma of psychological problems

among the student population. Most professionals believed that SMHS are accessible for students, but that it is a threshold for students to seek help in time.

I notice that almost all students think: "but I am the only one with these complaints". So that is already a threshold for students to make use of our services. Regardless of the question: are our services accessible? [SP1, Director of Student Affairs of an AU].

Other professionals described students who were not aware of the possibilities concerning supervision, courses and trainings of the SMHS. According to these professionals, students are overloaded by service information at the beginning of the year. Due to this overload of information, students have forgotten their options when they actually needed SMHS. Some professionals believed that the help-seeking behavior of students could be stimulated by involving their social environment. However, all professionals noted that they were not allowed to involve family or friends without permission of the student.

Not all professionals mentioned a low help-seeking behavior of students. It appeared that professionals within UAS experienced a higher help-seeking behavior of students than professionals of AU. Professionals of UAS mentioned that students can seek easily help at a low-threshold level since teaching staff (teachers and mentors), coaches and counsellors are more visible and approachable for students. Additionally, professionals of small SMHS stated that they have frequently moments of personal contact with students, which makes it more easy for students to seek professional help. The professional of the SPP indicated a large number of students, from AU as well as UAS, who seek help despite of the fact that students have to pay for this SMHS.

Student Involvement

Despite of the low help-seeking behavior, professionals noted that student are highly willing to be involved in educational projects about student mental well-being. Student mental well-being is a subject that is close to students' own experiences. Some professionals believed that involving students is necessary to be able to respond to their needs.

Sometimes you hear the slogan: 'nothing about them, without them' and I agree .. we are here with a lot of smart people, and it is also about them, so let's get them involved in the subject of student well-being! (Laughter) I noticed that students are highly willing to participate and I got a lot of energy to do projects about student mental well-being together with students [R6, Policy Officer and counsellor of an AU].

A few professionals reported that students contributed to research projects in which they set out research questions and collect data in order to expand knowledge about student mental health. One

professional mentioned the integration of a research project about student mental wellbeing in the academic program of the study 'psychology'. Students wrote their thesis about student mental wellbeing and the SMHS took advantage of these results by developing SMHS. Other professionals mentioned students' contribution as experience experts within peer-groups to share their experiences in order to help fellow students. Furthermore, almost all professionals believed that the involvement of students is necessary to integrate efficient SMHS.

It is just.. you actually set up most services and do most things via students, that is the most efficient, only then you know if some services are going to work. So with student wellbeing projects and service development, students are involved here mostly right from the start. [R7, Academic advisor of an AU]

Student responsibility

Remarkably, professionals appointed the responsibility of students as an important factor influencing the competences of students to make use of SMHS. This theme has not been included in the Headspace Centre Model⁴⁹. All professionals do expect a certain responsibility of students in managing SRHC and seeking support on time. Professionals believed that they can't do much more than making students aware of service availability. Most professionals explained that levels of maturity often influence students' responsibility to promote mental well-being. Views of professionals on the responsibility of students were divided; some professionals believed that it is a student's own choice to do something about their health, while others believed that students are often not mature enough to make their own choices and appropriate decisions concerning their health status. These professionals believed that there should be paid more attention to personal development, resilience and coping within educational programs.

So there is an important responsibility for students to pay attention to themselves. Which is not always easy... But I said at the very beginning that students have their own responsibility. If students are offered support and they don't want it, then they have to figure it out for themselves! "You are in the process of becoming an adult or you already are, so then it's all up to you to do something about it." [R11, general practitioner and director of a SGP]

It is about the target group of young adults, but actually they are not adults yet .. and we tend to underestimate that sometimes .. or to treat them as a child and to impose things on them they have to do .. well that doesn't work anymore! But it is also not possible to say : 'well..., you are now independent and grown up, this is the theory of how you can deal with problems, and figure it out! (Laughter). I would really appreciate it if we could teach students earlier how to deal with feelings in closer relation to heart, body and spirit. [R12, counsellor at an UAS]

3.2.2. Professional Competences

The components student awareness, early intervention, appropriate care, evidence informed practice, service integration and supported transitions of the Headspace Centre Model⁴⁹ were discussed by professionals in the light of professionals' competences to have the knowledge, skills and attitude⁶⁹ in order to integrate these components appropriately. Although professionals mentioned their own competences, as *supporting staff*, they also noted the importance of the competences of *teaching staff*. See appendix 2.2 for code tree.

Knowledge

Professionals noted that knowledge about education- and service procedures is needed to offer appropriate services to students. Most counsellors of AU reported that they have less knowledge about educational procedures than academic advisors and teaching staff have. They mentioned that collaboration with these professionals is necessary to share knowledge and to respond better to students' needs. In contrast, most counsellors of UAS, mentioned that they are part of teaching staff. They reported to be highly involved in educational systems and reported a high level of knowledge about educational procedures, which contribute to the integration of education and well-being. All professionals mentioned an adequate collaboration between supporting staff of the SMHS. Some of them organize weekly meetings in order to share their knowledge and to coordinate the services. Professionals stated that they critically assessed each other, in order to determine to what extent students can receive support from different professionals of the SMHS.

Well, if it is true that we came up with a certain guidance program for a student, and the student appears to need a longer guidance trajectory than only five sessions, we introduce the case into the team of student psychologists and then it is mainly about... what are reasons to offer the student more guidance..? So we have to critically questioning each other in order to know appropriate solutions. [R2, psychologist of an AU]

Some professionals mentioned attendance to different training courses, national- or international consultations and educational conferences to increase their own knowledge of student well-being and integrate evidence informed practice within SMHS. However, a few professionals mentioned a lack of knowledge among teaching staff. They noted that teaching staff is not always able to offer the right support to students in class or know how to refer students to other internal- or external professionals. These professionals emphasized the need for expertise- training for teaching staff on how to deal with students who are suffering from SRHC.

Then.. there are the teachers and mentors.. who think: 'oh something is wrong with that student.. okay that student just have to go to the counsellor for support!' I genuinely think that if this mentor has more knowledge about how to respond to students in problematic situations and is able to ask about their psychological issues, it might have been solved earlier. [R5, Counsellor of an UAS]

Skills

The professionals mentioned various skills that they or their colleagues use to respond to students with SRHC. These skills are related to informing, identifying, supporting, advising and monitoring. All professionals mentioned different activities concerning *informing* students. Informing students about the SMHS is mostly done by presenting information in class and displaying information using folders or websites. In addition, some professionals mentioned that stress topics are integrated in educational programs, introduction weeks or online questionnaires. By this, professionals hope to make students aware of SRHC. A few professionals believed that informing students about coping with stress can be enhanced more.

In addition to informing students, professionals stated that different measures are available to *identify* SRHC among students. Some of the professionals mentioned the use of (online) screening instruments, while others use the registration of study delay. Professionals of institutions, where students were assigned to a mentor, noted the importance of the role of mentors in identifying SRHC of students in class. Mentors see students on a daily basis and can identify whether students are present and feeling comfortable.

A student is seen by the mentor in class, who can also identify that things are not going well. Especially, at the start but also during college. Most mentors also give education to students, so there are so many moments when you can have little contact with a mentor as student. I think that is very important. [R10, Coach of an UAS]

When SRHC of students are identified, all professionals supported students in various ways; making a study planning, requesting facilities with the examination board, offering therapies, and/or stimulating behavioral change. Within this support, all professionals mentioned the important task of advising students in order to not forcing students, which can have a negative effect. For example, students are advised to talk to parents or a general practitioner and/or to pay more attention to lifestyle factors such as sleep- and eating pattern and exercise. However, according to most professionals, it is the initiative of students to contact professionals again after receiving SMHS. In contrast, one professional mentioned using an online student tracking system to monitor students more closely in order to notice if students went on the right pathway after receiving SMHS.

We use a student tracking system. I make a note of a conversation with a student and then I include a reminder date for in a few months. After a while, a message pops up and then I can see 'oh yes.. last month I had a conversation with this student.. have I heard anything in the meantime?' If that is not the case, I will actively send them an email myself. I think that is very important. [R13, counsellor of an AU]

Attitude

Another theme that emerged was the importance of the attitude that *supporting* and *teaching staff* have towards students. A few professionals mentioned that the degree of in which they are involved in students' mental wellbeing differs per student; they often give priority to students who suffer from more complex psychological issues and monitor these students more closely compared to others. Some other professionals experienced difficulty to release this involvement and letting students go. A few professionals experienced that the relationship between student and professional is also important in determining which support students prefer. For example, students who prefer to seek help with a counsellor, because they have no connection with the academic advisor or mentor.

Professionals of UAS, mentioned the importance of teaching staff's attitude. They believed that teachers and mentors who are more involved with a students' progress and well-being can even ensure that students are less likely in need of the support of supporting staff within SMHS. Most of these professionals noted that attitudes between teaching staff differ a lot; some teaching staff is more involved in student-mental wellbeing and show more understanding for SRHC of students than others. A few professionals mentioned that the connection between teaching staff and students is important.

And it may be... if a student has a good connection with his teacher or mentor, I won't see the student at all... the teacher or mentor is then already prepared for providing extra support, I think that is important. [R9, counsellor at an UAS]

Other professionals, mainly of SMHS in AU and SGP, had a different view on the attitude of teaching staff. These professionals believed that teaching staff should stay out of the role of care provider, because it increases their workload enormously. Most of these professionals wondered to what extent teaching staff have the responsibility to offer support to students with SRHC.

Yes, it works very differently at Universities of Applied Sciences... the prestige is more on 'guiding' students. At Academic Universities the focus of professors is more on 'research'. A large part of professors within Academic Universities thinks: ' Guiding students... we must do.., but it costs so much time, and I have to do a lot of research..' You know.... So if professors also have to intervene in students

mental wellbeing and support them, well... I think no one is waiting for that and their workload will increase enormously. [R6, policy officer and counsellor of an AU]

3.2.3. Organizational Competences

Professionals' perspectives show that the organizational competences of SMHS and educational institutions contribute to the integration of all eight service components as described in the Headspace Centre Model⁴⁹. Professionals mentioned four key constraints regarding this organizational competences: service provision, service chain, service vision and service development. The service provision determined the service initiatives in which the components are integrated. The service chain contributed to the coherence of professionals in- and outside of the SMHS. The service vision determined how SMHS are framed by questioning the responsibility of SMHS, and educational institutions to promote student mental well-being. Finally, according to professionals service development is needed to tailor SMHS concerning evidence informed practice. See appendix 2.3 for code tree.

Service provision

Professionals mentioned different professions which have a role in SMHS for students with SRHC. They mentioned supporting staff of SMHS, teaching staff and policy staff. A few professionals mentioned other professions rather than these staff, such as a psychologist special for PhD students and a supervisor for students who perform top sport. Further, professionals of catholic institutions mentioned the role of a pastor within SMHS.

A Pastor has a very active role when it comes to 'connecting' and 'community'. Students who feel alone or find it difficult to have connections with other students, can go to the parsonage. The pastor organizes three days in the week study meetings in groups. [R13, counsellor of an AU]

Within all educational institutions, students get the opportunity to have individual consultation with counsellors and academic advisors. Professionals of all AU's and one UAS also work with psychologists who are able to provide psychological support within approximately five sessions by using different kind of strategies such as Cognitive Behavioural Therapy (CBT). The remaining UAS don't make use of psychologists' services and have their doubts about the added value of these specialists. According to them, psychologists will also have to refer students to primary care when SRHC of students become more complex.

A student psychologist offer few sessions and then it will stop again.. I don't think it is the egg of Columbus, so as I speak... maybe a student psychologist within an educational institution could give

some air in a certain way, but I do not even know whether it is such a difference with referring to a psychologist in primary care or referring students directly to a general practitioner. [R4, Counsellor of an UAS]

In addition, almost all professionals reported to offer a large variety of trainings, workshops and group sessions to students such as mindfulness, stress management, peer groups and buddy projects, study skill trainings, anxiety trainings, graduation groups, groups for international students and sport activities (see appendix 3). However, a few of the professionals mentioned that financial barriers and the non-structural provision of this group offer influence the use of this offer by students. In addition, most professionals reported to make use of online psychological modules, in which students can have support and study tips through online platforms and websites (see appendix 3). A few professionals use innovative online services such as student health checks, in which students are made aware of their health status and are provided with tips and advice for additional guidance. Other professionals did not mention the use of an online service offer, but reported that this may be developed in the future.

Service chain

Another theme that emerged is the service chain of different professionals in- and outside of the SMHS. All professionals mentioned that inside the SMHS, a service chain is visible of different professions among which supporting staff, teaching staff and policy staff. Professionals of SMHS in which students are assigned to a mentor, mentioned that these persons serve mostly as the first point of call for students in the event of problems. For students who are not assigned to a mentor, the first point of call is mostly the academic advisor. All professionals mentioned that this first point of call is important in the further determination of support that is needed.

Most of the professionals experienced short lines of communication between all professionals within SMHS. A few professionals indicated that the dividing line between certain guidance professions such as a counsellor or an academic advisor is difficult to determine and that the division of tasks is not clearly defined. Also, the task description of mentors within educational programs is often not clear.

When we are talking about 'not wanting students to drop out of college', then it is important that it is clear what role everyone has within the SMHS and educational institution. We could describe the role of a mentor so much better and more clear.. 'when do they have to refer for example?' [R12, counsellor of an UAS]

A few professionals are still looking for ways to improve this task description and others have recently introduced improvement strategies such as a policy document in which task division is described and annual meetings are organized to evaluate this chain. When students suffer from more complex SRHC such as depression or anxiety or are situated in acute dangerous situations, all professionals refer to primary care such as the general practitioner, specialized mental healthcare, or municipal youth institutions to ensure that students receive appropriate care. Most professionals mentioned that the referral process to primary care runs adequately. A few professionals believed that the organization of communication lines between the SMHS and primary care is a point for improvement.

Service Vision

Professionals discussed the complex issue regarding SMHS and educational institutions' responsibility to promote students' mental well-being. Almost all professionals stated that an educational institution should not be framed as a healthcare service and that the focus must be on study-related issues. Views on educational institutions' responsibility for students' mental well-being were divided. One view was that education is an important part in students' life and that educational institutions are responsible for guiding students in becoming mature, forming an identity and learn how to deal with SRHC. According to a few of these professionals SRHC of students are often psychologized these days, while solutions for managing these SRHC can be found more in the philosophical aspect of life. These professionals stated that stimulation of students' personal development, empowerment and resilience is important.

People talk very often about 'patchwork' when they are talking about 'wellbeing'. Looking from a students' point of view, it is mostly: 'Okay I have stress complaints or dyslexia, what can you do to get me through university? It is a bit crude but.. actually the student is kept in a kind of 'victim role' and kept out of himself, while the actual empowerment is in acknowledgement of these problems. A student does not only have complaints or limitations but also has very much qualities! (Laughter). An important question is therefore: 'how do I relate to the world around me?' It is more about a philosophical question that concerns the problems of students... However, these days their complaints are mostly tackled more psychologically instead of philosophically. [R8, Policy Officer of an UAS]

The contrasting view was that students are situated in Higher Education; an environment in which students are high educated to be in top working positions in future. Professionals mentioned that students are expected to have a certain degree of autonomy and self-regulation to solve problems on their own. A few professionals mentioned that it depends on the educational program to what extent students learn how to reflect on themselves, be aware of mental well-being, and learn how to deal

with psychological issues. For example, social and health education programs often pay more attention to these topics. Professionals of AU believed that these identity components within educational programs have been emphasized more within UAS than within AU. Students in UAS are given more the opportunity to do practical internships, which creates more clarity regarding job choice in the future and results in a lower stress level.

Service development

All professionals mentioned that SMHS are situated in a phase of high SMHS development. These developments mainly take place in the field of research and innovations (see appendix 3). Most of the professionals mentioned different research sources to contribute to development of SMHS, such as research panels and research groups. A few professionals mentioned the contribution to national research institutions like *Expertise Centre disability and study* and the *National Student Survey*. A few professionals noted that research needs to get more attention within SMHS. According to these professionals, reasons for a lower contribution to research regarding student mental well-being are financial barriers, little resources and a low number of SMHS staff.

No, we are really... with the enormous tight formation of counselling staff that we have, we don't get to that kind of research stuff at all.. so the answer is no.. we are not yet in that phase now. Well I think, that it is one of the things that we need to do better. That is of course also part of the student welfare approach, in which you also have to collect information and data which give you a little more insight into student well-being in the broad sense. [R1, Director of Student Affairs of an AU]

It appeared that the phases of service development differ between SMHS. Professionals of small SMHS mentioned that they are mainly situated in a developmental phase in which structuring the guidance chain and creating a vision on student wellbeing is paramount. In contrast, professionals of large SMHS stated that they are already more in the implementation phase of service innovations by expanding their group service offer and setting up e-health interventions. Despite of the different developmental phases, all of the professionals mentioned that there is less attention for the evaluation process of SMHS and reported the need to enhance this in a structural way in the future.

We do not evaluate exactly how the guidance is been experienced and what we should do better or something... I think that evaluation is a point for improvement. There should actually be some sort of PDCA (Plan Do Check Act) cycle, some sort of plan with each other on how to improve the services. We offer a broad range of services, but actually do not know if these are really effective. [R6, Policy Officer and counsellor of an AU]

4. Discussion

Main Findings

This qualitative study has explored the perspectives of professionals on the accessibility, appropriateness and effectiveness of Dutch SMHS for students with SRHC. Professionals of the current study indicated various activities to integrate the components, except for the component *family and friends participation*, of the Headspace Centre Model⁴⁹ within SMHS. However, our study highlights that key to enhancing SMHS, is the recognition that it is related to the interaction between student competences, professional competences and organizational competences. First, according to professionals, students' competences to seek help in an early stage and to make use of SMHS appeared to be an issue. Second, professionals of UAS highlighted more often the role of teaching staff in promoting student mental well-being than professionals of AU. Teachers and mentors were considered as important in identifying SRHC of students and offering low-threshold support. Third, it appeared that the organizational competences of various SMHS varied; in which some professionals were situated in an exploratory phase, while others were already implementing innovations such as E-Health. However, none of the professionals reported actively being involved in the evaluation phase of SMHS. Finally, in addition to the components of the Headspace Centre Model⁴⁹, the responsibility of educational institutions for student mental well-being appeared to be an important issue for framing SMHS and educational programs. Given the views of professionals, there is potential to enhance the accessibility, appropriateness and effectiveness of SMHS by improving the competences of students, teaching staff and the organization of SMHS and educational institutions in order to integrate all eight service components efficiently.

This is the first study that explored the perspectives of professionals on the accessibility, appropriateness and effectiveness of SMHS in the Netherlands, guided by the Headspace Centre Model⁴⁹. We did not expect that professionals were inclined to speak from the perspective of students, professionals (supporting and teaching staff) and the organization (SMHS and educational institutions). However, studies in the UK, Norwegian and Iran have explored SMHS through the perspectives of students and teachers and show a similar interaction between these three levels in their findings⁷⁰⁻⁷². The results of these studies indicated that SMHS should be provided by serving multiple interests of SMHS providers, SMHS users and the wider environment. Similarly, Valliantos et al.⁷⁴ stated that the transformation of SMHS needs to be grounded in the principles of community-based research in which knowledge, expertise and needs of all members (students, professionals, and the organization) contribute to development and decision-making of SMHS. However, the Headspace

Centre Model⁴⁹ has not made a distinction between students, professionals and the organization. Therefore, the current study implicate that the Headspace Centre Model⁴⁹ needs to be adjusted by integrating the role of students, professionals (supporting and teaching staff), and the organization of SMHS and educational institutions in order to determine the accessibility, appropriateness and effectiveness of SMHS.

In sum, this study show findings concerning student competences, professional competences and organizational competences. First, we found that professionals perceived SMHS as *accessible* when students have the competences to make use of SMHS. Second, professionals believed that the *appropriateness* of SMHS not only depends on their own competences to tailor SMHS to the needs of students but also on the competences of teaching staff to identify SRHC of students at an early stage. Third, professionals perceived a lack of organizational competence to evaluate SMHS, which has influence on determining the *effectiveness* of SMHS. Finally, the question in which educational institutions are responsible for student mental health influence the way in which all these actions are undertaken. These four main findings are described below and are discussed with recent literature.

Student competences

Although professionals mentioned the provision of an extensive range of SMHS such as, workshops, trainings and group meetings, they reported a low number of students who are attending SMHS. In contrast, professionals of smaller SMHS, which have a less extensive service offer but can offer very personal tailored guidance, did not reported a low number of students who make use of SMHS. To our knowledge, there has no research conducted into the association between the size of SMHS and the help-seeking behavior of students. Furthermore, the professional working at a self-employed SPP, which is independent of educational institutions, did also not mentioned a low help-seeking behavior of students, despite the fact that students have to pay for these services. This is consistent with studies in Australia and Ireland^{74,75}, where students prefer to use mental health services such as the general practitioner or psychologist rather than the SMHS systems within educational institutions. This finding indicate that while students are in need of mental support, there are factors that inhibit students from making use of the free SMHS. Professionals of the current study mentioned that students often do not have the competences to seek help in an early stage, to process health- and service related information efficiently and to share problems in groups. Similarly, a study of Calloway et al.⁷⁶ stated that students are often unaware how to access SMHS or confused about what the role of supporting staff of SMHS contains. This study suggest that the competences of students have to be developed in order to stimulate help-seeking behavior and to ensure that the extensive range of SMHS are more accessible.

Professional competences

Professionals of UAS reported more often the role of teaching staff in supporting students with SRHC than professionals of AU. According to these professionals, teaching staff is situated in an ideal position to identify SRHC among students, offer low-threshold support and refer students to other professionals within the educational institutions. A study of Kidger et al.⁷⁷ found that factors within the higher educational environment have an impact on students mental health and that supportive teacher-student relationships are associated with lower stress levels and depression. However, professionals of the current study reported that teachers do not always have the competences to respond to students with SRHC. This is consistent with a study of Gulliver⁷⁸, which reported that the majority of teaching staff (60.0%) felt under-equipped to deal with SRHC of students. The current study implicate that teaching staff of AU should pay more attention to the early detection of SRHC among students in class or employ mentors to support students at a low-threshold level. Further, for all educational institutions of this study applies that teaching staff should be trained to be able to cope with students who have SRHC. The Dutch Student Welfare Action Plan⁷⁹ already appointed the attention for expertise promotion (knowing, recognizing, supporting) among teachers in the field of: study climate, psychosocial problems of students, early detection, self-help opportunities for students and support offer for students. However, no clear description of further actions to achieve this has been made.

Organizational competences

It was noted that there was an enormous drive among professionals to contribute to student mental well-being by developing new services and to share new ideas and wishes. While all professionals mentioned the expansion and developments within SMHS by including innovative workshops and preventive measures such as e-health, most professionals recognized that less effort has been made regarding evaluation procedures of SMHS. Glynis and Breakwell⁸⁰ mentioned that the measurement of impacts of changes in SMHS is necessary in order to determine what is most helpful and effective for students. This is important, because of the complexity of SMHS in which students, professionals and educational institution policy have various objectives they want to pursue through SMHS. When SMHS want to evaluate their services, they have to take into account the perspectives of all these parties in order to know what is understood by accessible, appropriate and effective services. Although professionals of Dutch SMHS put a lot of effort in developing services and integrating new workshops and e-health technologies within their service offer, this study implicate that the

organization of SMHS need to improve its competences to set up evaluation procedures in order to determine the effectiveness of SMHS.

The responsibility of educational institutions to support students with SRHC

Professionals mentioned that educational institutions definitely should not become healthcare institutions and that their focus should be on education. In the current study opinions of professionals differ about to what extent students are seen as responsible for their own health choices and to what extent professionals (supporting and teaching staff) should be contributing to students' mental well-being. Most professionals of SMHS mentioned that educational institutions are responsible to contribute to identity development of students by integrating personal development, empowerment, reflection and resilience courses within educational programs, in order to improve students' competences to deal with SRHC. A study of Samuolis et al.⁸¹ indicated that students are confronted with high levels of stress as a consequence of identity issues related to long-term life goals, friendships, relationships and career. Some students are better equipped to deal with these identity issues than others. Therefore, it is important to encourage the integration of personal growth and identity of students in educational programs^{82,83}. An educational institution which only is focused on achieving the best results can lead to adverse health effects among students⁸². Therefore, this study indicates that 'identity development' should be added to the curriculum of educational programs in AU and UAS to improve students' competences to deal with SRHC in order to reduce SRHC among students in the Netherlands.

Strengths and limitations

This study benefits from providing insights from a wide range of perspectives of professionals working at SMHS of different AU, UAS, SGP and SPP spread over the Netherlands. By discovering the broad concept of the Headspace Centre Model⁴⁹, we were able to explore important aspects that influence the accessibility, appropriateness and effectiveness of Dutch SMHS. Further, several measures were taken to enhance rigor of this study. A systematic approach was used in data collection and data analysis; transcripts were checked against audio-recording, field notes were taken, a research diary was kept, member check by professionals was performed and triangulation among coders took place to reach consensus.

Moreover, the project manager (NM), a 22 years-old Dutch student who also has experience with studying at UAS and AU may have influenced the way professionals generated information. However, no relationships between the professionals and the project manager were established prior to the study. Since professionals had to be highly encouraged to participate, NM had to extensively explain

reasons and motivations for this study. Most professionals wanted to know which topics the interview contained. Therefore, the Headspace Centre Model⁴⁹ had to be explained by NM in advance of the interviews. NM was always very transparent about her own personal goals and reasons for doing this research. Consequently, some professionals tended to ask NM questions during the interviews about her own experiences with stress as a student. This may have given an indication that professionals were very interested about experiences of students with SRHC.

While this study aimed to include multiple professionals of SMHS, a low number of professionals were willing to participate in this research due to little time and their priority for supporting students. Therefore, data saturation could not be achieved and results will have to be interpreted with caution. Important to mention is that we only included professionals who were most likely to generate appropriate and detailed information of SMHS processes. By this, we were not able to ensure that all professions within SMHS were represented equally. This resulted in an overrepresentation of counsellors. Consequently, we were not able to compare the perspectives of different professions. Another potential limitation of the study is that one interview was not audio recorded and statements of this professional were not displayed in this report. Different perceptions and detailed nuances might have come to light if audio-recordings for this interview were available. In addition, two duo-interviews took place; these professionals may have influenced each other during the interviews.

Research implications

This study implicated that future research should investigate the concept of accessible, appropriate and effective SMHS as described within the Headspace Centre Model⁴⁹ among different groups of people who are involved in student mental well-being. This study suggests to explore the perspectives of students, supporting staff, teaching staff, educational program developers and policy makers by conducting focus groups at each level. SMHS is a broad concept that needs clarification by multiple stakeholders. By using focus groups, different stakeholders are stimulated to ask questions to each other, seek for clarification and comment to statements that are made⁸⁴.

5. Conclusion

The perspectives of professionals on the accessibility, appropriateness and effectiveness of Dutch SMHS raise important questions about the role of students, professionals (supporting and teaching staff) and the organization of SMHS and educational institutions in enhancing student mental well-being. Professionals of Dutch SMHS seem to be widely committed to enhance student mental well-being by integrating the service components: student participation, student awareness, enhanced access, early intervention, appropriate care, informed evidence practice, service integration and supported transitions of the Headspace Centre Model⁴⁹ within their service delivery to students with SRHC. However, perspectives of professionals revealed that these components only can be successfully integrated if students, professionals and organizations have the competences to support student mental wellbeing. Therefore, development of these competences on each level is necessary. Given the national agenda and importance set by the Dutch government⁷⁹, SRHC can impact health benefits of the existing student and future ageing populations. Thus, the findings of this research can contribute to furthering the discourse and debate surrounding student mental well-being and highlight the importance of including the role of educational processes rather than only focusing on SMHS. The Dutch Ministry of Health, Welfare and Sport and the Ministry of Education, Culture and Science will have to join forces in order to determine how SHMS can be given the best shape, because supporting students with SRHC is not only a matter of setting up comprehensive SMHS departments, but also a matter of re-organizing educational processes in order to contribute to student mental well-being.

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Appendix 1: Topiclist

Begin vraag: Kunt u kort omschrijven welke begeleidingsdiensten er aangeboden worden binnen de universiteit/hogeschool aan studenten met stress-gerelateerde gezondheidsklachten?

Topic 1 Enhanced Access

Uitleg: mate waarin studenten toegang hebben tot (zorg)voorzieningen en interventies

Vraag: 1) Hoe zorgt u ervoor dat uw diensten toegankelijk zijn voor studenten?

Topic 2 Student Awareness

Uitleg: mate waarin studenten bewust worden gemaakt van psychische klachten en hulpzoekend gedrag

1) Hoe worden studenten bewust gemaakt van stress-gerelateerde klachten en het zoeken van hulp?

Topic 3 Early Intervention

Uitleg: mate waarin diensten worden aangepast om studenten in een zo vroeg mogelijk stadium zorg te verlenen om ernstige psychische klachten te voorkomen

1) Hoe zorgt u ervoor dat studenten vroegtijdig geholpen worden bij stress-klachten?

Topic 4 Appropriate care

Uitleg: mate waarin zorg/begeleiding afgestemd is op culturele verschillen, stadium van klachten, en levensfase van de studenten

- 1) Hoe ziet de groep eruit die gebruik maakt van uw begeleiding?
- 2) Hoe zorgt u ervoor dat de begeleiding die u biedt afgestemd is op de behoefte van de student?

Topic 5 Student participation

Uitleg: mate waarin studenten zelf betrokken worden in het kiezen van de juiste begeleiding en de mate waarin familie betrokken wordt

1) In hoeverre betreft u studenten bij de vormgeving van uw diensten?

Topic 6: Family and friends participation

Uitleg: mate waarin familie en vrienden betrokken worden in de begeleiding van studenten

1) In hoeverre betreft u de sociale omgeving van de student bij uw diensten?

Topic 6 Evidence informed practice

Uitleg: mate van betrokkenheid in nieuwe ontwikkelingen/innovaties en onderzoek en evaluatie

- 1) Op welke manier bent u verbonden met onderzoek en nieuwe ontwikkelingen op het gebied van studenten-welzijn?
- 2) Hoe wordt de begeleiding die u biedt geëvalueerd?

Topic 7 Service integration and Supported transitions

Uitleg: mate waarin andere (zorg)instanties betrokken worden

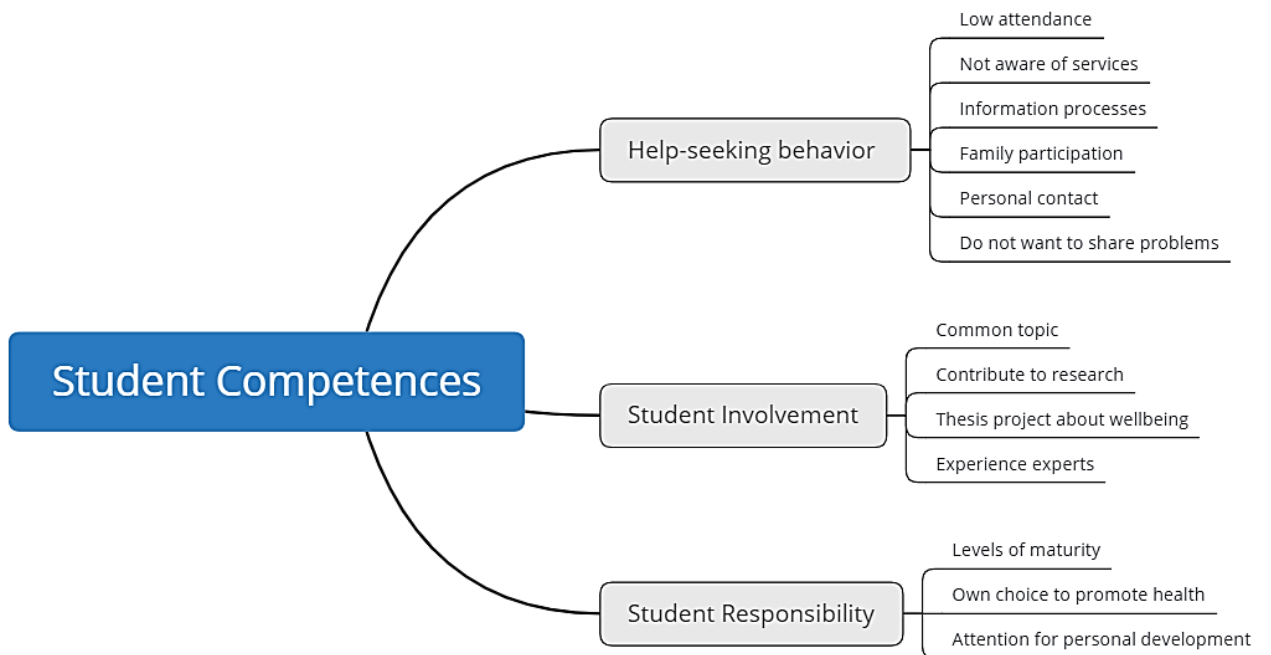
- 1) In hoeverre worden er andere zorg(instanties) of onderwijsinstellingen betrokken bij uw begeleiding?
- 2) Hoe ervaart u de samenwerking met professionals binnen de gezondheidsdienst?

Topics aan de hand van interviews:

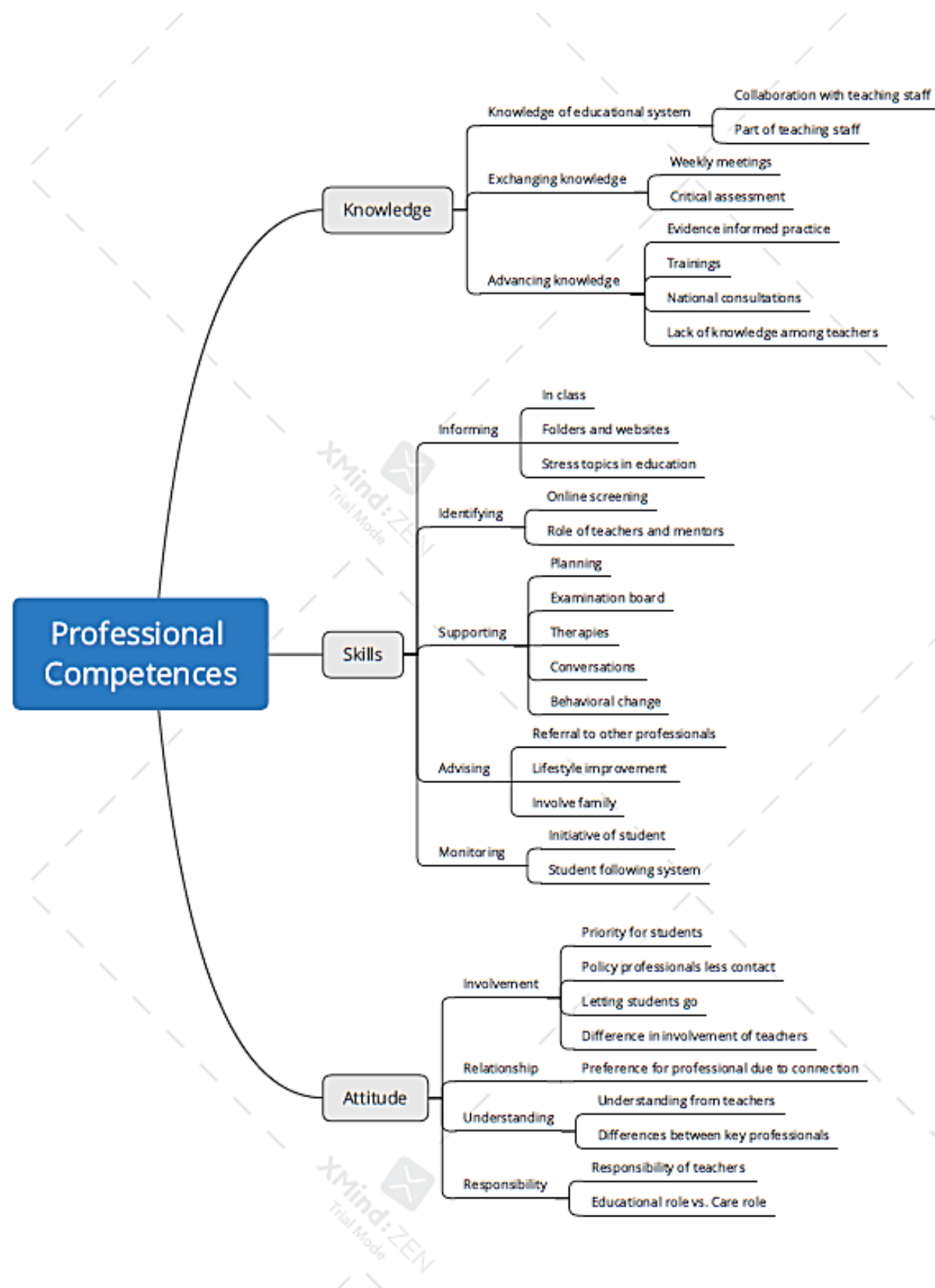
- In hoeverre is de begeleiding verbonden met onderwijsprofessionals?
- In hoeverre is een onderwijsinstelling (en professionals) volgens u verantwoordelijk voor het bevorderen van het mentale welzijn van studenten?

Appendix 2: Code Tree

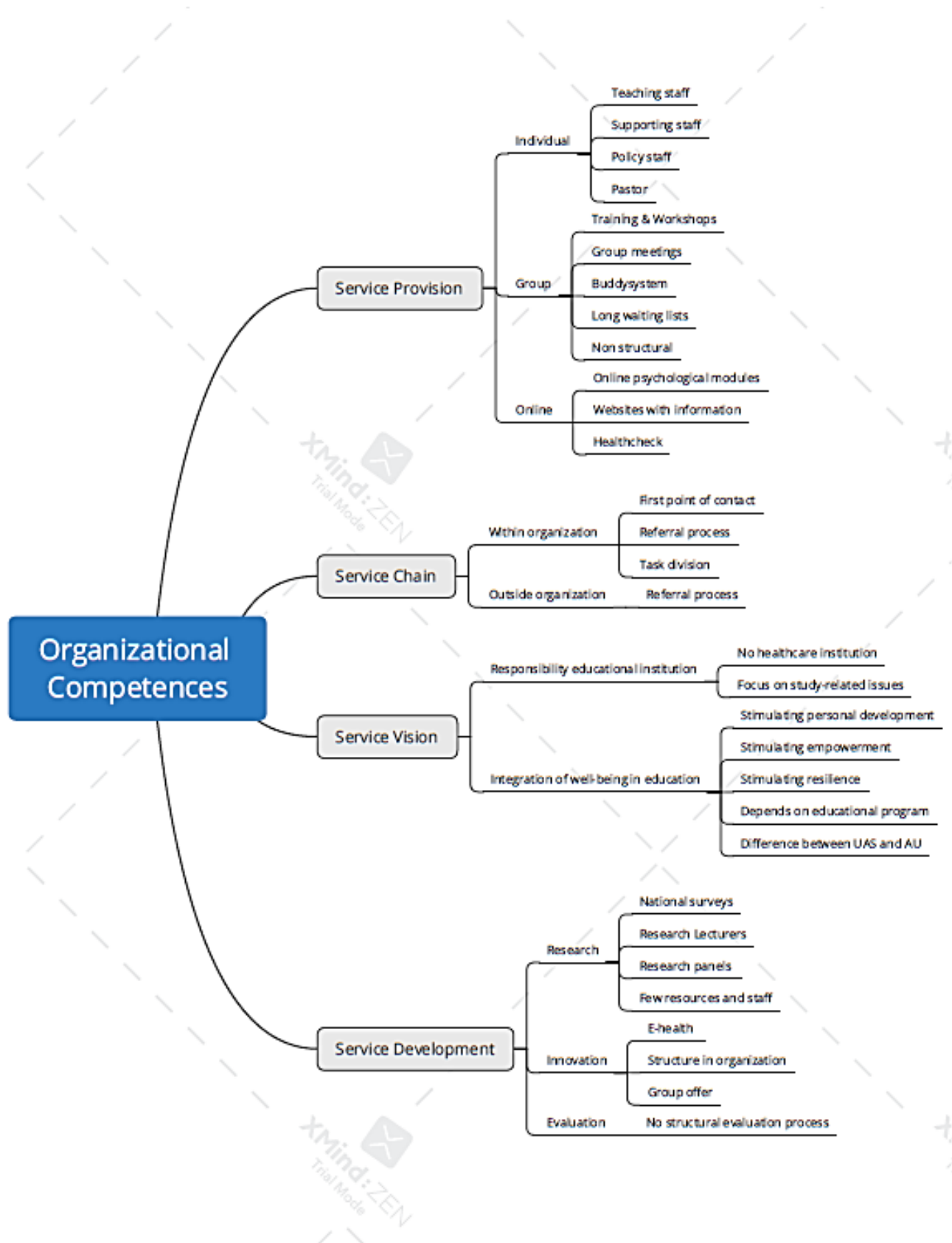
2.1 Student Competences



2.2 Professional Competences



2.3 Organizational Competences



Appendix 3: Overview of Services

Trainingen/workshops	
Tentamentijger	Een workshop voor studenten die vlak voor dat die tentamens beginnen nog even het geheugen opfrissen van andere studievoordigheidstrainingen. Het gaat erom dat ze weer weten hoe ze rustig blijven tijdens een tentamen
Autonomie groep	De autonomie groep richt zich op de identiteit van studenten en de behoeften van studenten. (wie ben ik? Wat wil ik? Mag ik mezelf zijn? Kan ik in een groep vertellen dat ik er mee zit?) Deze groep is ook geschikt voor studenten die moeite hebben om uit de kast komen.
Bijeenkomsten voor rouw en verlies	Studenten die moeite hebben met rouw en verlies kunnen deze bijeenkomst bijwonen
Buddy project	Binnen het buddy project kunnen studenten een buddy zijn voor een andere student. Een student kan op deze manier gesteund worden bij moeilijke situaties binnen de onderwijsinstelling.
Disability Network	Het disability network is opgezet voor studenten met een functiebeperking. Dit gaat over studenten met angstklachten, stressklachten tot aan studenten met een lichamelijke beperking of een spierziekte. Elke eerste bijeenkomst van de maand wordt hier voor een lunch georganiseerd om studenten op een laagdrempelige manier met elkaar in contact te laten komen.
Flex studeren	Speciale regelingen voor mantelzorgers, ondernemers en topsporters.
Internationale groepen	De internationale groep is opgezet voor studenten die het lastig vinden om contact te maken. Zij kunnen elke vrijdag aansluiten bij deze groep.
Mindfulness	Training om meer rust te ervaren, minder te piekeren en beter om te kunnen gaan met stress.
Oecumenische kerk voor activiteiten	De kerk kan iedereen naar toe, hier worden ook wel eens trainingen verzorgd.
Opjutgroep bij gebrek aan discipline	De opjutgroep is voor studenten die de discipline missen om zelf aan de gang te gaan. Zij worden in kleine groepjes begeleid met strakke afspraken,
Scriptie Atelier	In het scriptie atelier kunnen studenten terecht die worstelen met hun scriptie.
Stress bootcamp	Sporten met studenten om stress te verlichten
Studievoordigheidstrainingen	Studenten kunnen deze training volgen om te leren hoe zij het beste kunnen studeren. Zeker bij studenten met uitstelgedrag en perfectionisme is deze training nuttig.
Tentamenangsttraining	De tentamenangsttraining wordt aangeboden aan studenten die moeite hebben met de voorbereidingen van een tentamen.
Theaterproductie over burn-out	De theaterproductie T-Podium, kun je inhuren als onderwijsinstelling. Aan de hand van dit stuk wordt het 'drukke' leven van de tegenwoordige tijd uitgebeeld en zullen er tips gegeven worden hoe hier het beste mee om te kunnen gaan.

Thesisgroep 'back on track'	Back on track is een thesis groep voor studenten die vastlopen in het thesistraject. Het scriptorium werkt samen met studentenpsychologen om studenten hierbij te ondersteunen.
Time Management	Een training voor studenten om te leren plannen en hun tijd zo effectief mogelijk in te delen
Training 'Kans' voor nek en schouders	Oefeningen voor nek en schouders om stress te verlichten
Training 'schipperen naar schitteren'	Wij hebben hier ook een training gehad maar die was vooral gericht op meisjes 'van schitteren naar schipperen' en dat ging dan echt over meisjes die tussen twee culturen inzaten wat natuurlijk ook veel stress oplevert. Nou die was 'van schipperen naar schitteren' dus 'schipperen' tussen twee culturen in, maar dan ook kijken, een weg vinden van hoe kan je zorgen dat je daar, hé in feite the best of both worlds zonder dat je je ouders en familie teleurstelt toch ook kan kiezen voor jezelf en voor je studie en ik denk dat dat heel belangrijk is! Want dat zie je heel veel gebeuren bij die culturen..
Training assertiviteit	Training om het zelfvertrouwen van studenten te vergroten en hen assertiever te laten zijn. Studenten wordt geleerd om grenzen aan te geven.
Training faalangst	Training om studenten te helpen om te gaan met faalangst. Studenten wordt geleerd hoe om te gaan met gedachten en deze positief te kunnen beïnvloeden.
Training ICE MAN hoogsensitiviteit	er is een docent die biedt dat aan speciaal voor hoog gevoeligheid, hoog sensitiviteit en die biedt ook een workshop aan van de ICEMAN weet je wel van Wim Hof die in dat ijswater ging zitten... waarbij studenten kennis krijgen over hoe ze met hun hooggevoeligheid om kunnen gaan (de ademhalingstechnieken kwamen bij de Wim Hof-methode aan bod). heeft hij een badkuip met ijswater erin.. maar hier neemt hij dus gewoon emmers mee en ijsblokjes en dan kan je als student gaan ervaren hoe dat is en moet er een bepaalde ademhalingstechniek bij toegepast worden .
Workshop 'ren de stress uit je lijf'	om studenten aan het bewegen te krijgen en hen te laten ervaren hoe goed dat doet en hoe pak je bijvoorbeeld, nou ja in dit geval hardlopen, hoe pak je dat op, hoe bouw je een schemaatje op.
Yoga en ademhalingslessen	Door middel van yoga en ademhalingslessen wordt studenten geleerd om met lichte inspanning het lijf en de geest in balans te kunnen houden
Online	
E-modules Mirro	Dat is ook door verschillende Geestelijke Gezondheidszorg Instellingen ontwikkelt, dat zijn online modules, hulpmodules, ook bij stress klachten, angstklachten, eh... gameverslaving.. allemaal verschillende onderwerpen.. slaapproblemen.. eh.. en dat zijn modules die studenten kunnen volgen en als daar dan uit komt van nou je bent nog niet genoeg geholpen, dan kunnen zij een doorverwijzing krijgen naar een GGZ.
Informatie over studentenvoorzieningen in het buitenland	Heel veel studenten gaan naar het buitenland. Op de site van deze onderwijsinstelling is een plattegrond van de wereld beschikbaar waar een aantal belangrijke universiteitssteden opstaan. Per

	studentenstad wordt verwezen naar de studenten services van die buitenlandse universiteit. Op deze manier kun je als student makkelijk toegang krijgen tot studentendecanen, adviseurs en psychologen die je eventueel kunnen helpen wanneer je als student gaat studeren aan een buitenlandse universiteit.
Modules faalangst en effectiviteit 'Minddistrict'	Er zijn twee online modules voor studenten die worden dus centraal aangeboden. Dat is een module over faalangst en een module over effectiviteit.
Student mijn kwartier	En wat ik zelf vaak doe is studenten ook verwijzen naar een programma op internet. Student mijn kwartier heet dat. En dat is een digitaal programma en dan moet je iedere dag een kwartier lang allerlei vragen invullen en dan krijg je een dashboard te zien en die zegt iets over jouw toestand en dan kun je van dag tot dag kun je de verbetering zien. En dat is eigenlijk een soort digitale coach digitale hulp om te kijken waar je staat en dat ja dat is ook bedoeld om stress te verminderen.
Studenten gezondheidstest	Studenten krijgen een online vragenlijst toegestuurd waarbij zij op een aantal domeinen vragen dienen te beantwoorden. Deze vragenlijst omvat meerdere gezondheidsgebieden zowel alcohol- en drugs gebruik, mentale gezondheid, sociale functioneren etc. , dat is een getrapte vragenlijst. Het nadenken bij het invullen van de vragenlijst kan de student al bewuster maken van haar eigen gezondheidstoestand. En het mooie van die vragenlijst dat studenten direct na het invullen een mailtje krijgen met oranje, groene en/of rode stoplichten. Ze worden vergeleken met medestudenten en de kleur van het stoplicht bepaalt hoe de gezondheidstoestand ervoor staat. Daarnaast krijgen zij feedback om wat aan de gezondheid te kunnen doen.
Website met spiegelinformatie	Een website met spiegel informatie, waarbij echte verhalen van studenten opgeschreven staan. Daarnaast is er uitgezocht hoe het met deze studenten is gesteld en hoe het afgelopen is. Dus studenten kunnen op de website: www.ik-student.nl spiegel informatie krijgen over tegen welke problemen ze aan kunnen lopen en wat ze daar eventueel aan zou kunnen doen.
Innovaties	
'Test': Artificial Intelligence project	Het ontwikkelen van een e-coach. Het gaat om een artificial intelligence systeem waarmee in komend jaar 200 studenten uitgenodigd worden om mee te doen aan een pilot.
Boekje 'studenten en stille pijn'	Onderzoek naar het hulp zoek gedrag van studenten, gepubliceerd in een boekje
Docent-mentoren krijgen een grotere rol	Om een informelere structuur te creëren hebben docent-mentoren een grotere rol gekregen
Een psycholoog speciaal voor Phd-ers	Phd-ers verkeren in een lastige situatie aangezien zij tussen het werkveld en de onderwijsinstelling in zitten. Daarom is er speciaal een psycholoog voor phd-ers aangesteld.
E-health interventie 'psychotherapie', in samenwerking met faculteit psychologie	Er wordt samen met de faculteit psychologie gewerkt aan een e-health interventie. Dit betreft een effectieve vorm van psychotherapie via het internet. Het voordeel hiervan is dat studenten op een laagdrempelig niveau aan zichzelf kunnen werken.

Good Habits online modules	Dat is een bepaalde module die je kunt gebruiken om trainingen te doen. VGZ heeft van dat soort online modules en good habits heeft dat. Ja je logt in, je krijg een code en je logt in.. het is nog niet.. we gaan het binnenkort voor studenten openstellen. Je logt in, toevallig hebben we het er gister tijdens de vergadering over gehad, met een code en dan kun je verschillende modules aanvinken, bijvoorbeeld slapeloosheid of je kunt gamegedrag.. of.. nou ja wat jij dan op dat moment belangrijk vindt, kun je dan aanklikken en dan kun je er wat vragen over beantwoorden, van nou ik doe dit of dat.. en dan komt er een soort uitslag uit van nou dat gedrag is zorgelijk, of het is prima zoals je het doet of je zou hulp moeten zoeken of niet.
Healthy Campus	Een werkgroep die zich bezig houdt met meerdere aspecten van gezondheid en gezondheidsvoorzieningen. Er worden activiteiten aangeboden die gezondheid onder studenten stimuleren.
Healthy life skills	Project dat door studentenzaken wordt geïnitieerd. Het doel heeft om in kaart te brengen wat er allemaal binnen de onderwijsinstelling gebeurt en hoe kan het in een studiesucces center gebundeld gaan worden.
Inloop peer-to-peer	dat is een soort inloop voor studenten die georganiseerd wordt met studenten waar studenten gewoon kunnen navragen 'goh ik zit ergens mee, waar moet ik naartoe'..
Inzetten van maatschappelijk werk binnen de onderwijsinstelling	Een pilot opzetten waarbij maatschappelijk werk op de campus langs komt voor zo'n acht uur in de week.