

Developing a Strategy for Student Mental Health Well Being

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University provides students with:

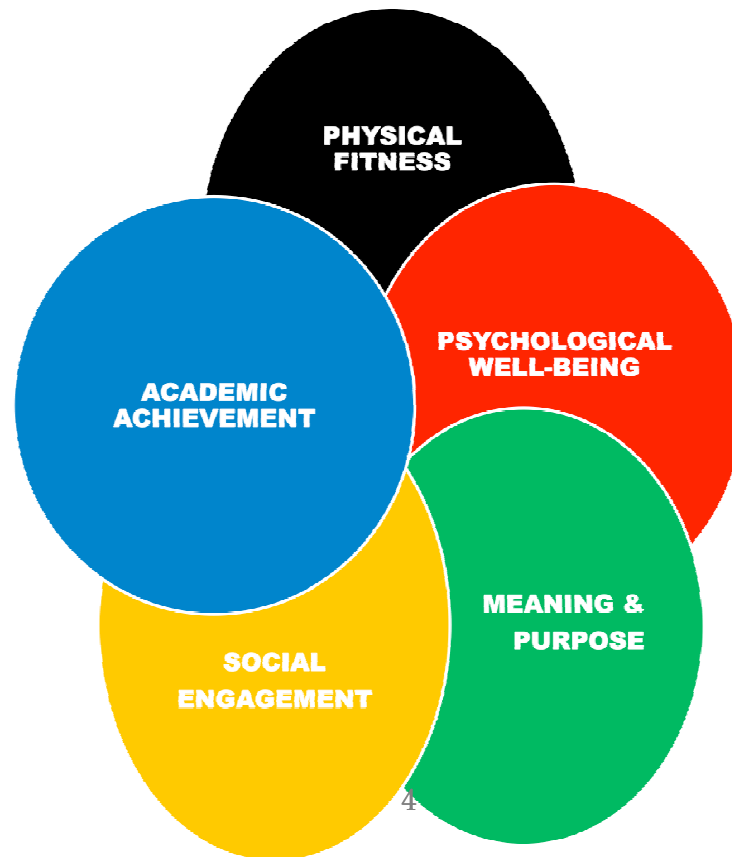
- ◆ Opportunities to learn in new and challenging ways
- ◆ Enhancement of Mental Health and Well Being
- ◆ Encouragement to become confident and independent learners
- ◆ Support from faculty and fellow students to take responsibility for their own academic progress

UNIVERSITIES MUST

- ◆ Provide a vibrant academic environment
- ◆ Be attuned to the learning needs of the student
- ◆ Develop the employability status of its students
- ◆ Create a culture that is supportive to the development and maintenance of health and wellbeing of students and staff (Healthy Universities Initiative, UK)

Holistic Model

Dr. Martin Cunningham,
The Health Centre
Queen's University, Belfast



ETHICAL PRINCIPLES

◆ RESPECT FOR AUTONOMY

1) Confidentiality

2) Informed Consent

3) Role of family

ETHICAL PRINCIPLES

◆ Professional Ethics

- 1) Provision of Competent Care
- 2) Adherence to Codes of Practice
- 3) Responsibility to student is paramount
- 4) Honesty in professional relationships
- 5) Keep professional boundaries in relationships

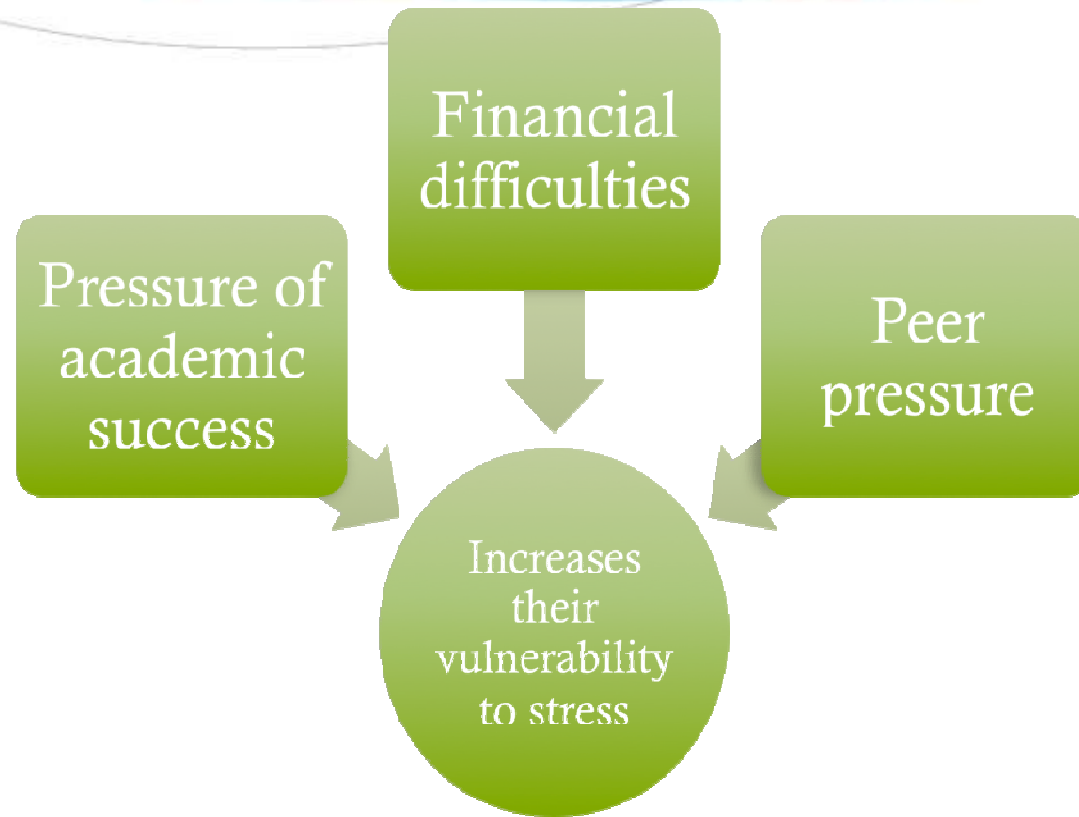
Ethical Principles

- ◆ Treat Student with Dignity and Respect
- ◆ Respect their personal and religious beliefs
- ◆ Balance between resources and needs

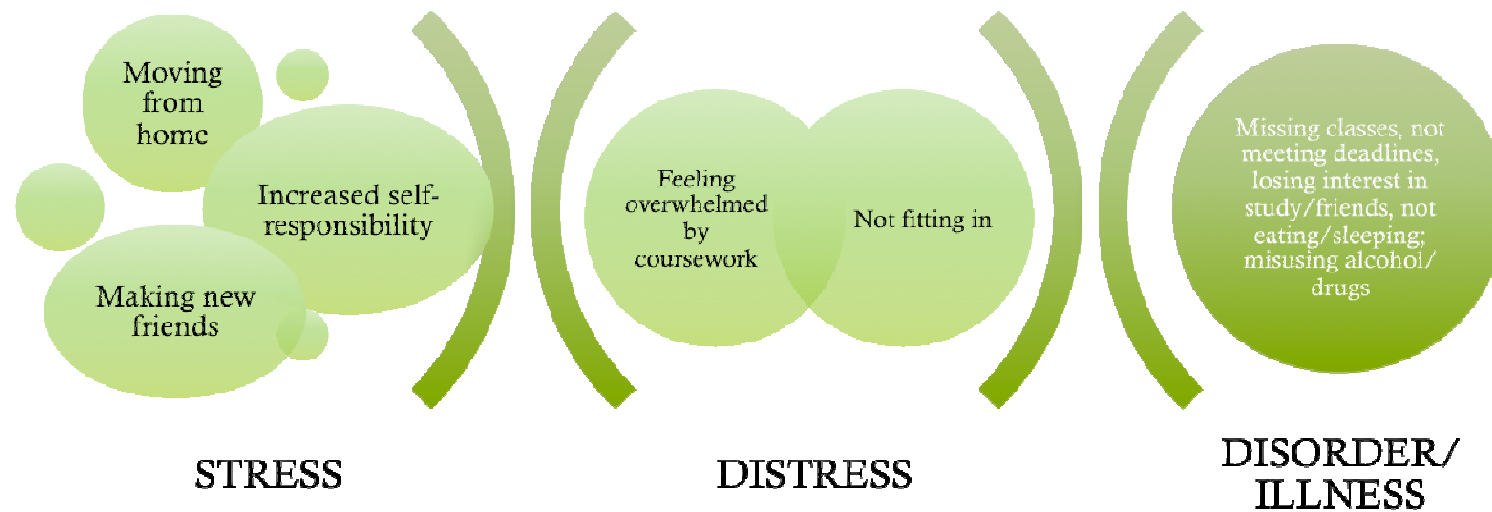
Pressures facing young people

- ◆ Transition from adolescence to adulthood
- ◆ Personality development
- ◆ Development of relationship skills
- ◆ Setting and adjusting their own expectations
- ◆ Biological changes of body and brain
- ◆ Family expectations

Students are vulnerable to additional pressures:



STRESS-DISTRESS-DISORDER



PREVALENCE: anxiety and depression

- ◆ American College Health Association (Annual survey)

ANXIETY	13.4%
Depression	18.4%

Prevalence: alcohol and drug misuse

	USA (CASA, 2007)	UK (McCall, 2001)
Alcohol or drug misuse	22.9% (students) (8.5% general population)	
Alcohol (hazardous use)		Male: 11.5% Female: 5.2%
Drug misuse		Cannabis: 17% Ecstasy: 3%

Sub-Saharan Africa

Age range 11-24

Country	Population	Lifetime use	Current use	Source
Kenya, 2004	1296	38.6%	1.7%	Ndetei et al, 2009
Lesotho, 1989	1133	48%	6.2%	Meursing and Morojole, 1989
Nigeria, 1988	1041	–	12%	Abiodun et al, 1994
Zimbabwe, 1992	2783	38%	2.2%	Acuda and Eide, 1994
Zimbabwe, 1994	3061	46.1	2.1	Eide and Acuda, 1996

Acuda, W., Othieno, C., Obondo, A. and Crome, I. (2011) The Epidemiology of Addiction in Sub-Saharan Africa: A Synthesis of Reports, Reviews and Original Articles. The American Journal of Addictions. 20: 87-99

Mental illnesses that have an onset in adolescents

- ◆ Schizophrenia
- ◆ Depression
- ◆ Bi Polar Disorder
- ◆ Eating Disorder
- ◆ Alcohol misuse and dependence
- ◆ Drug/substance misuse and dependence

PRIMARY PREVENTION

RESILIENCE
AND
VULNERABILITY

STUDY SKILLS
LIFE SKILLS
STUDY-LEISURE BALANCE

**Equipping students with
skills and information
about stress, vulnerability
and resilience**

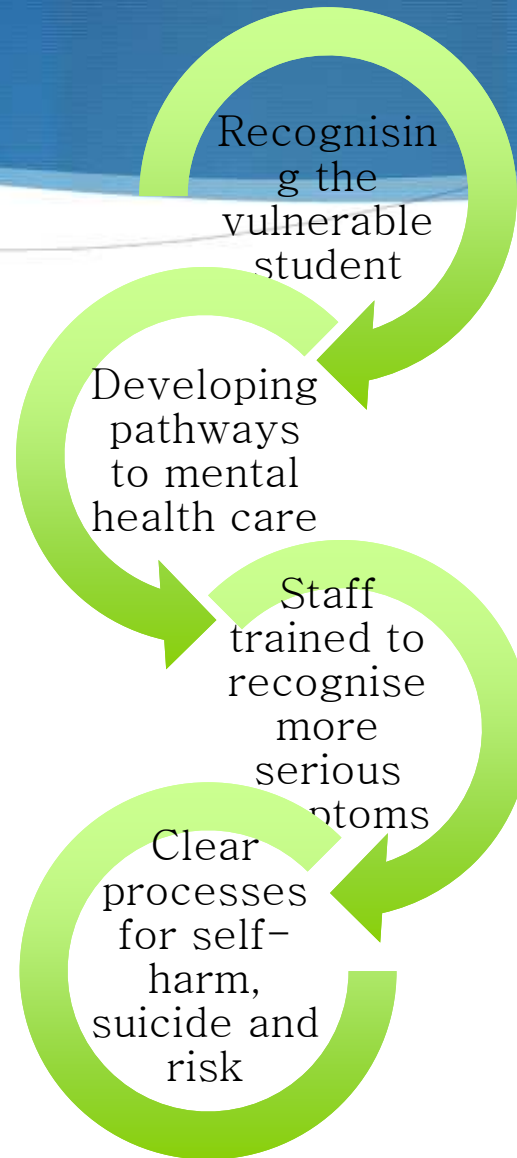
AWARENESS OF MENTAL WELLBEING

CULTURE OF SUPPORT
AND
MENTORING SYSTEM

Primary Prevention

- ◆ Preparation in the Schools
- ◆ Support for Families
- ◆ Government
- ◆ Embedded within University Structures
- ◆ Student Health and Counselling

Model of Early Intervention



Helping Early Intervention

- ◆ Reducing stigma
- ◆ Increase education/ knowledge/understanding
- ◆ Clear Pathways
- ◆ Recognising confidentiality

Key People Necessary for Strategy Development

- ◆ University Medical Officer
- ◆ Director of Student Services
- ◆ Health Care Staff and Counsellors
- ◆ Students – need to be actively involved
- ◆ Mentors
- ◆ University Staff and Senior Management

OVER-ARCHING STRATEGY

