The complexity of student mental health: risk and protective factors

Professor Barbara Dooley
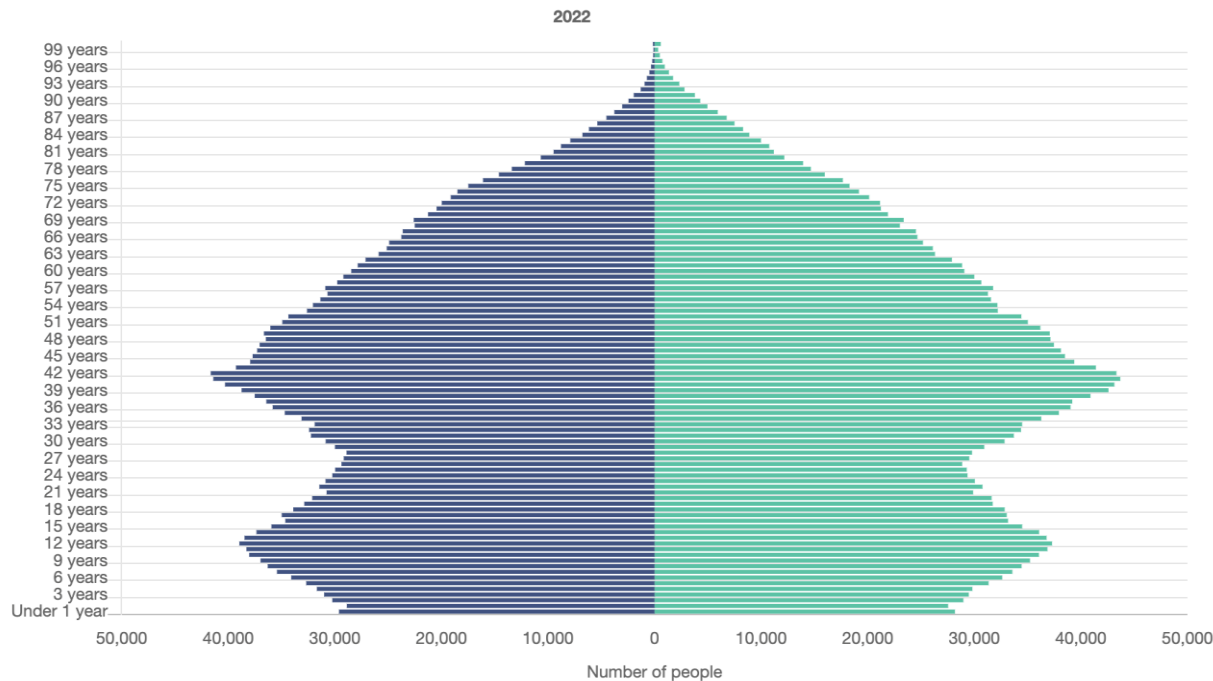**Dean of Graduate Studies & Deputy Registrar**

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Dublin

WHO Definition Mental Health

Mental health is defined as a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and able to make a contribution to their community.

Why focus on youth mental health?

2022

99 years
96 years
93 years
90 years
87 years
84 years
81 years
78 years
75 years
72 years
69 years
66 years
63 years
60 years
57 years
54 years
51 years
48 years
45 years
42 years
39 years
36 years
33 years
30 years
27 years
24 years
21 years
18 years
15 years
12 years
9 years
6 years
3 years
Under 1 year

50,000   40,000   30,000   20,000   10,000   0   10,000   20,000   30,000   40,000   50,000

Number of people

Around 25% of the total global population is comprised of young people 10-24 yrs old (Abidi, 2017)

In Ireland 12.6% are aged 15-24 (CSO 2023)

Adolescence and young adulthood peak time for the onset of mental health difficulties
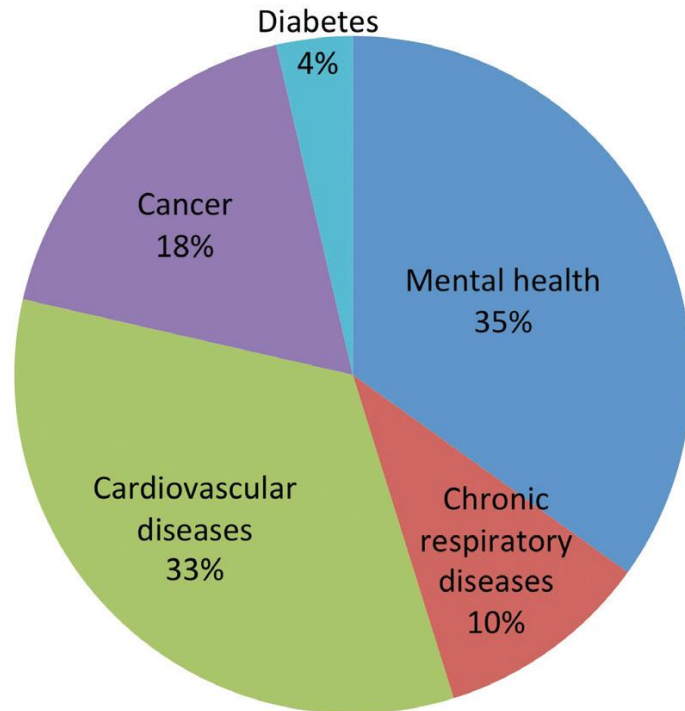
75% of mental health difficulties that persist in adulthood emerge before age 25 (Kessler et al, 2007)

The Context for My World Survey 2
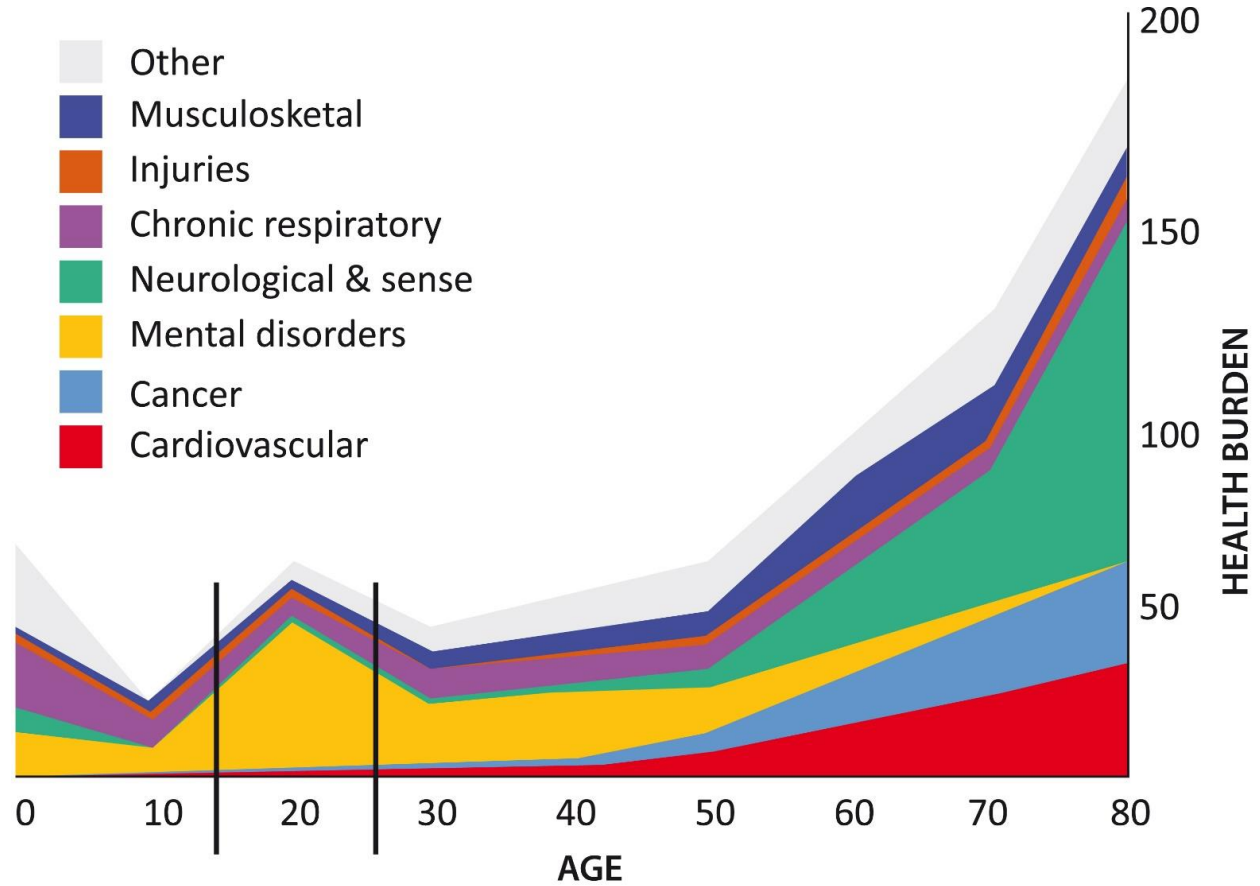
Why is it important for universities & colleges to focus on mental health?

Lost Economic Output by Disease Type, 2011-2030

HARVARD
School of Public Health

WORLD
ECONOMIC
FORUM
COMMITTED TO
IMPROVING THE STATE
OF THE WORLD

The Global Economic Burden of Non-communicable Diseases

Background

- Higher education is associated with several stressors and transitional events, during a time at which common mental health problems are at their developmental peak (Davies, Morris & Glazebrook, 2014)

- Majority of mental health disorders occur prior to the age of 24

- Depression and anxiety are the most commonly occurring mental health difficulties

Background

- There are significant gaps in research and data on the prevalence and nature of mental ill-health among third level students

- There is little evidence comparing different cohorts of students, in a single study, to understand their mental health needs and how different needs should be considered by higher education institutions

- Recently, reports suggest that PhD candidates have elevated mental difficulties

- Other groups of students such as those from low socio-economic backgrounds and international students appear to experience even greater risk

My World Survey 2 Third Level Methodology

- Total sample N=9,935
- 69% female, 29% male, 1% non-binary, 1% other/prefer not to say
- Mean age 20.33 (SD = 1.83)
- 90% Irish
- 87% UG, 8% PGT and 5% PGR
- 7% disability (HEAR)
- 7% disadvantaged (DARE)
- 76% Heterosexual, 18% LGBAP, 6% Questioning/prefer not to say

Key Findings

Mental Health of Students

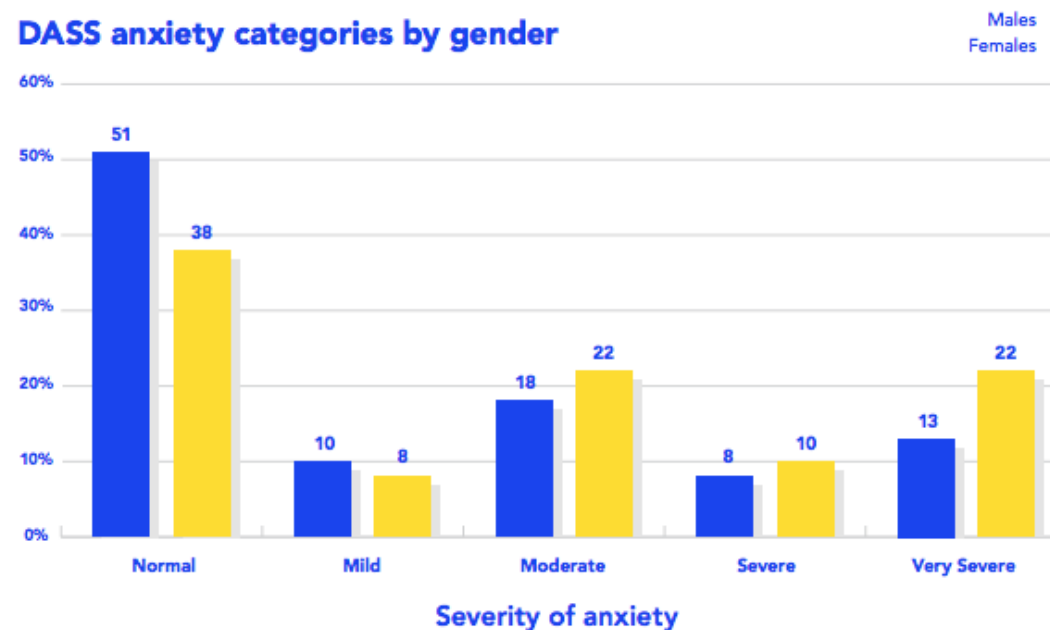- **58% outside the normal range for depression**
- No observed gender association

DASS depression categories for young adults

- 13% Very Severe
- 42% Normal
- 14% Mild
- 21% Moderate
- 10% Severe
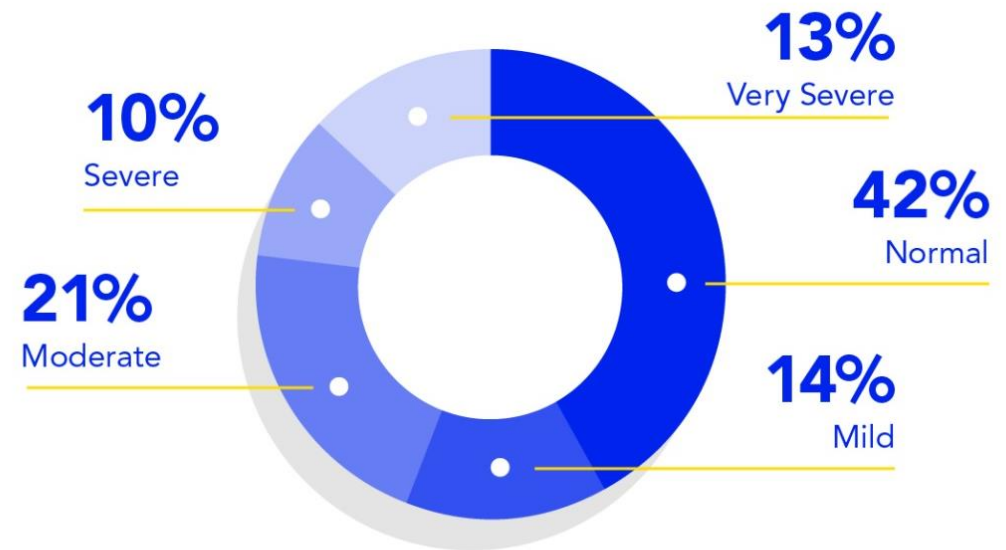
Mental Health of Students

- 48% outside the normal range for anxiety

- Anxiety was strongly linked to gender

DASS anxiety categories by gender

Males ●
Females ●

Severity of anxiety	Males	Females
Normal	51	38
Mild	10	8
Moderate	18	22
Severe	8	10
Very Severe	13	22

Suicidality

63% reported they had ever thought about taking their life though they 'would not do it'
- 35% within the past year

38% reported they had ever deliberately hurt themselves without wanting to take their own life
- Females (42%) more likely to report this than males (22%)

12% reported they had deliberately hurt themselves wanting to take their own life
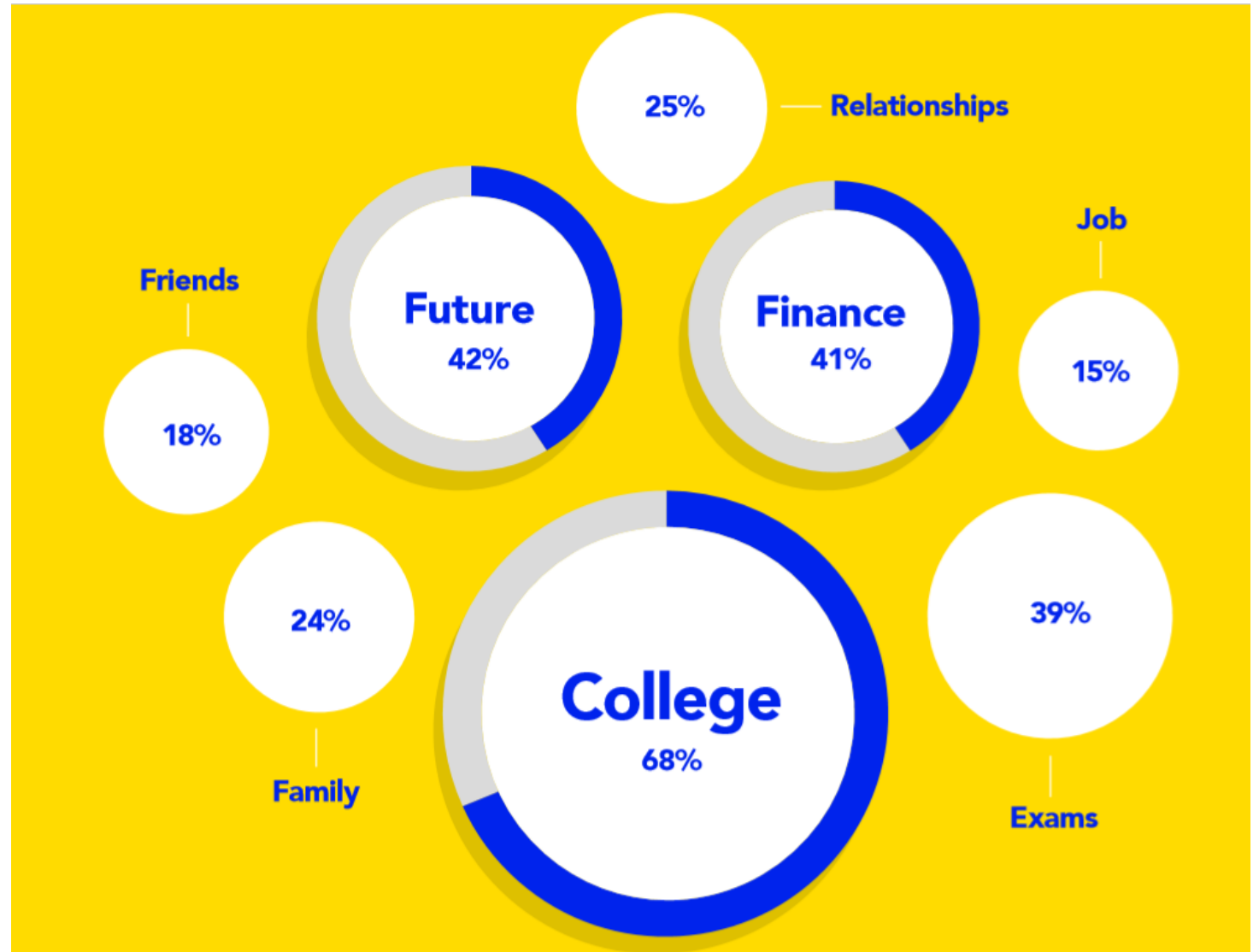- Females (14%) more likely to report this than males (8%)

10% reported a suicide attempt
- 23% within the past year
- 11% within the last six months
- 5% within the last month

Stressors

- **37% reported being often stressed by current financial situation**
  - **Females more likely to report this (54%)**
  - **12% highly stressed**

- **40% reported pressure to work outside of college**
  - **25% highly stressed**
  - **Females more likely to report this (28%)**

25% — Relationships

Friends

Future 42%

Finance 41%

Job

18%

15%
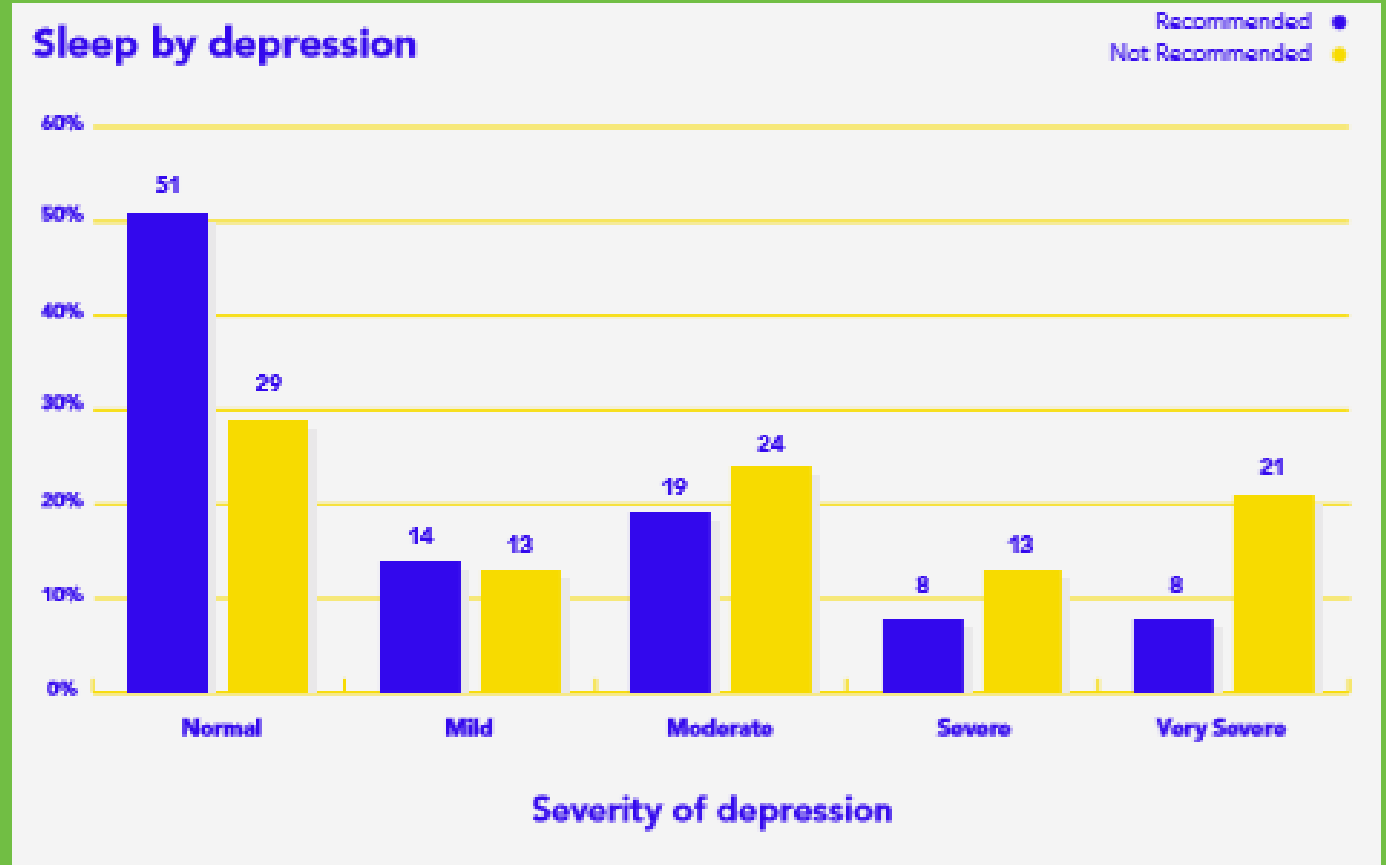
24%

College 68%

39%

Family

Exams

Sleep hygiene

- 62% of students sleep 7-9 hours a night (recommended)

Good sleep hygiene linked to

- Higher resilience, self-esteem, optimism, social support, lower anxiety

Sleep by depression

Recommended ●
Not Recommended ●

Severity of depression	Recommended	Not Recommended
Normal	51	29
Mild	14	13
Moderate	19	24
Severe	8	13
Very Severe	8	21

Severity of depression

Recommended Physical Activity

- Linked to
  - Lower depression and anxiety
  - Lower problem drinking
  - Higher self-esteem, optimism, resilience, body esteem
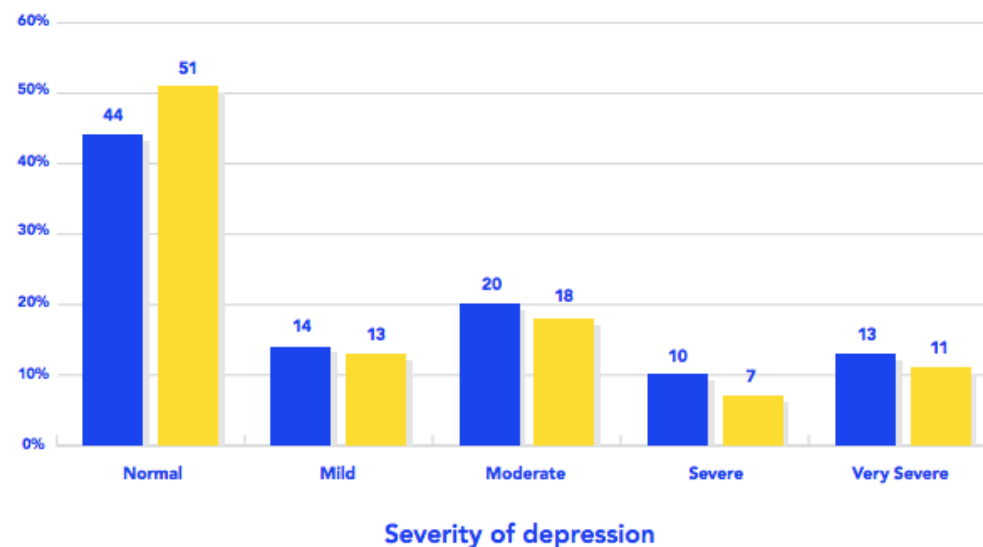
Sexual consent

- **47% reported they had been touched against their will**
  - **Females (56%) more likely than males (23%)**

- **20% reported they had been forced or pressured to have sex**
  - **Females (25%) more likely than males (10%)**

Sexual Consent and Mental Health Indicators

- For both males and females who reported to have been touched against their will more likely to:
  - Not be in the normal range for anxiety and depression
  - More likely to be in the severe/very severe range for anxiety and depression
  - For both males and females who reported they had been forced or pressured to have sex the pattern the same but somewhat stronger

Sexual Consent and Mental Health Indicators

- For both males and females who reported to have been touched against their will more likely to:
    - DSH <u>wanting</u> to take their life
    - Made a suicide attempt at some point

- For both males and females who reported they had been forced or pressured to have sex the pattern as above but stronger

- Made a suicide attempt at some point
    - Males forced 18%, not forced 7%
    - Females forced 21%, not forced 7%

Pornography

65% reported ever watching pornography

- 96% searched for the site themselves
- 3% received a link that they did not wish to see
- 1% watched pornography through other means

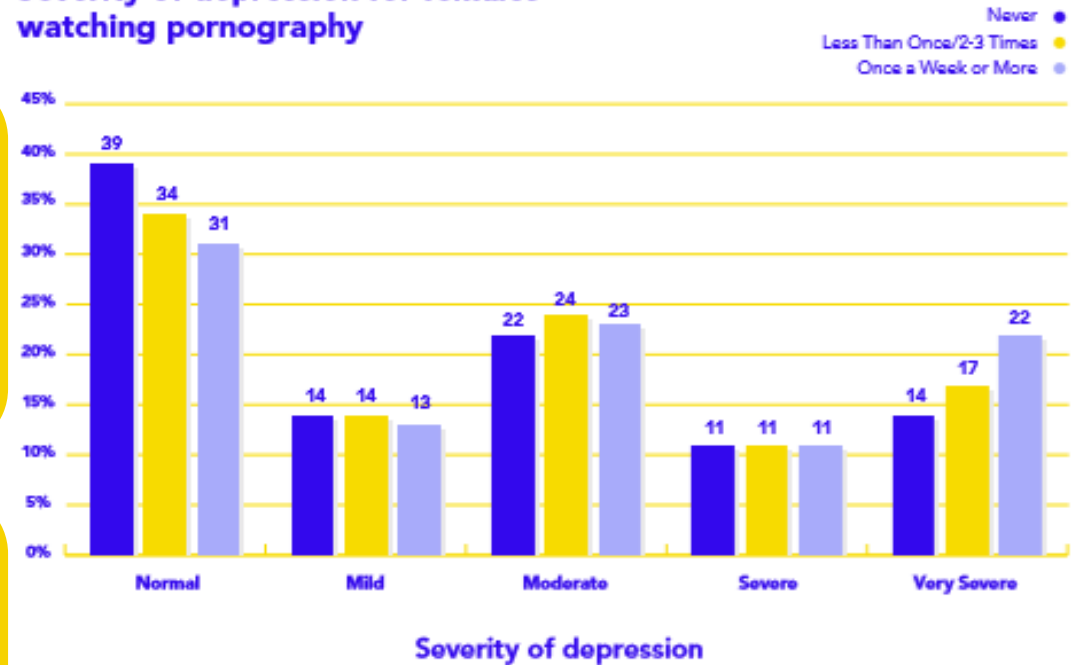**Watching pornography within the past month**

- 73% of males and 17% of females reported once a week or more
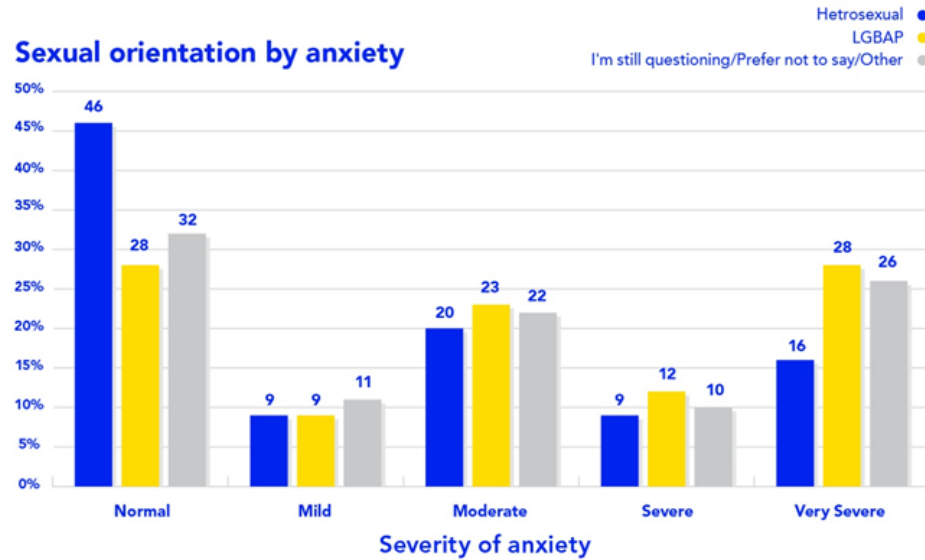- 23% of males and 62% of females 2-3 times in the month

Watched weekly

Lower self-esteem

Lower body esteem

Severity of depression for females watching pornography

Never ●
Less Than Once/2-3 Times ●
Once a Week or More ●

Severity of depression	Never	Less Than Once/2-3 Times	Once a Week or More
Normal	39	34	31
Mild	14	14	13
Moderate	22	24	23
Severe	11	11	11
Very Severe	14	17	22

Severity of depression

Sexual Orientation

Sexual orientation by anxiety

- **76% identified themselves as heterosexual**
- **Sexual orientation was linked to both depression and anxiety**

Talking about Problems

- 40% reported they did not talk about their problems
  - Males (47%) less likely to talk about problems than females (36%)

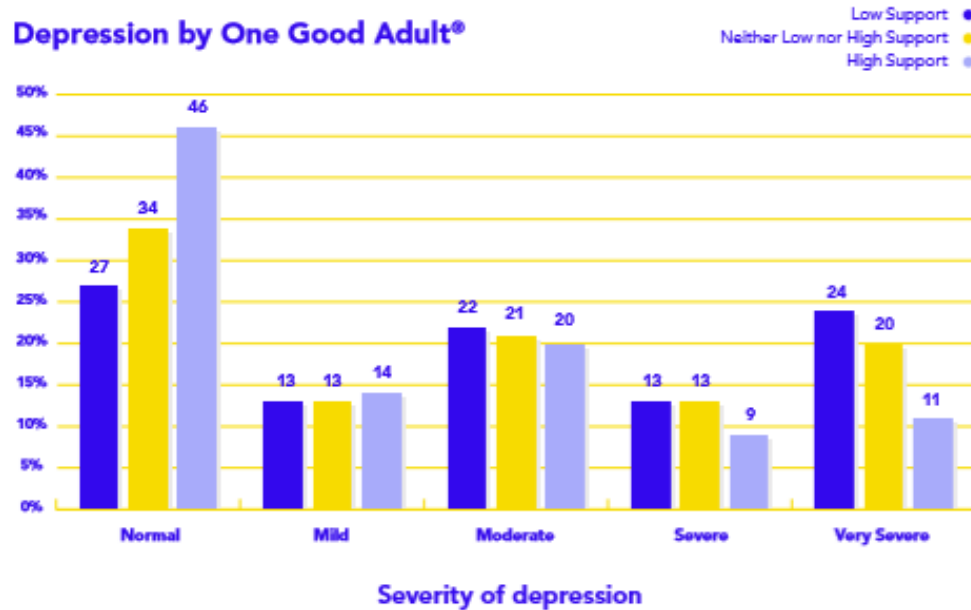- Those who talk report higher protective and lower risk

One Good Adult

Depression by One Good Adult®

Low Support ●
Neither Low nor High Support ●
High Support ●

Severity of depression

Severity	Low Support	Neither Low nor High Support	High Support
Normal	27	34	46
Mild	13	13	14
Moderate	22	21	20
Severe	13	13	9
Very Severe	24	20	11

High OGA support linked to higher
- Life satisfaction
- Self-esteem
- Resilience
- Optimism
- Social support

Low OGA support linked to
- Drug use
- Possible alcohol dependence

Spotlight on Cohorts
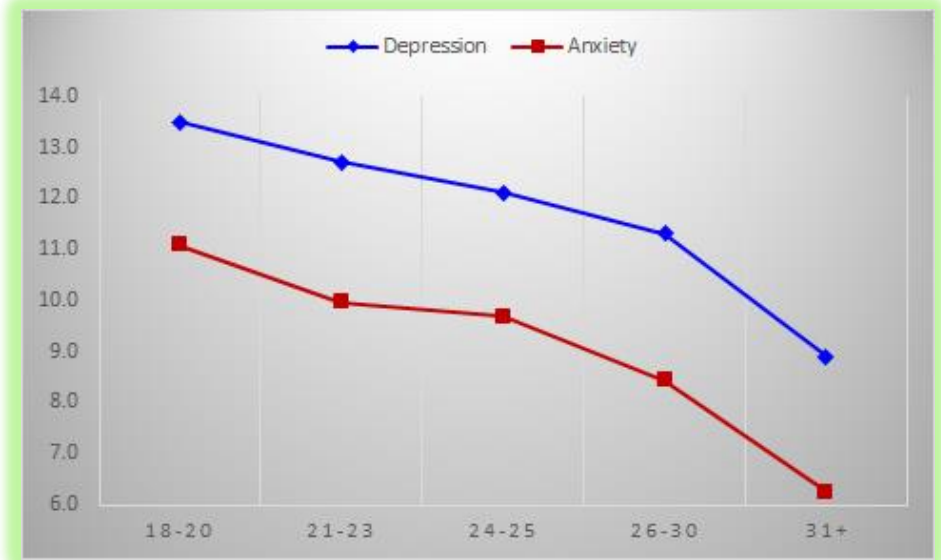
Student Cohort UG, PGT, PGR

UG < PGT & PGR on the following variables:

- Self-esteem
- Body-esteem
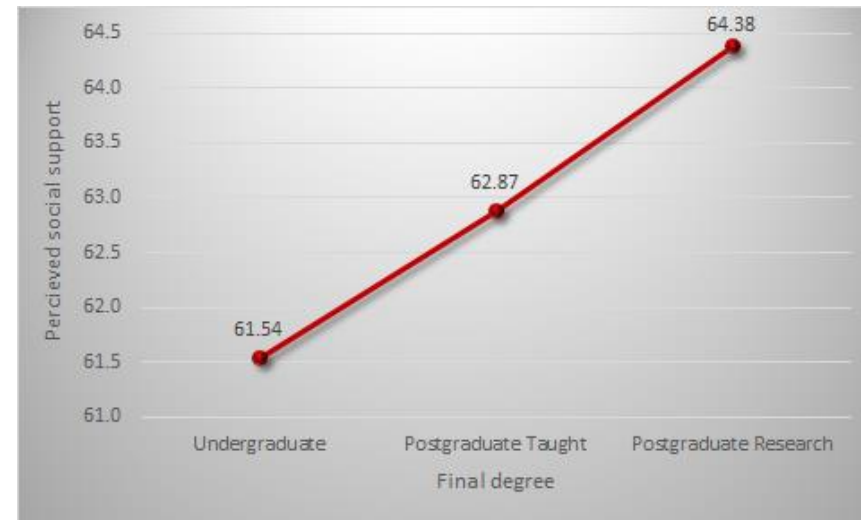- Optimism
- Planned coping
- Risky alcohol behavior

UG > PGT & PGR on the following variables:

- Anxiety
- Depression
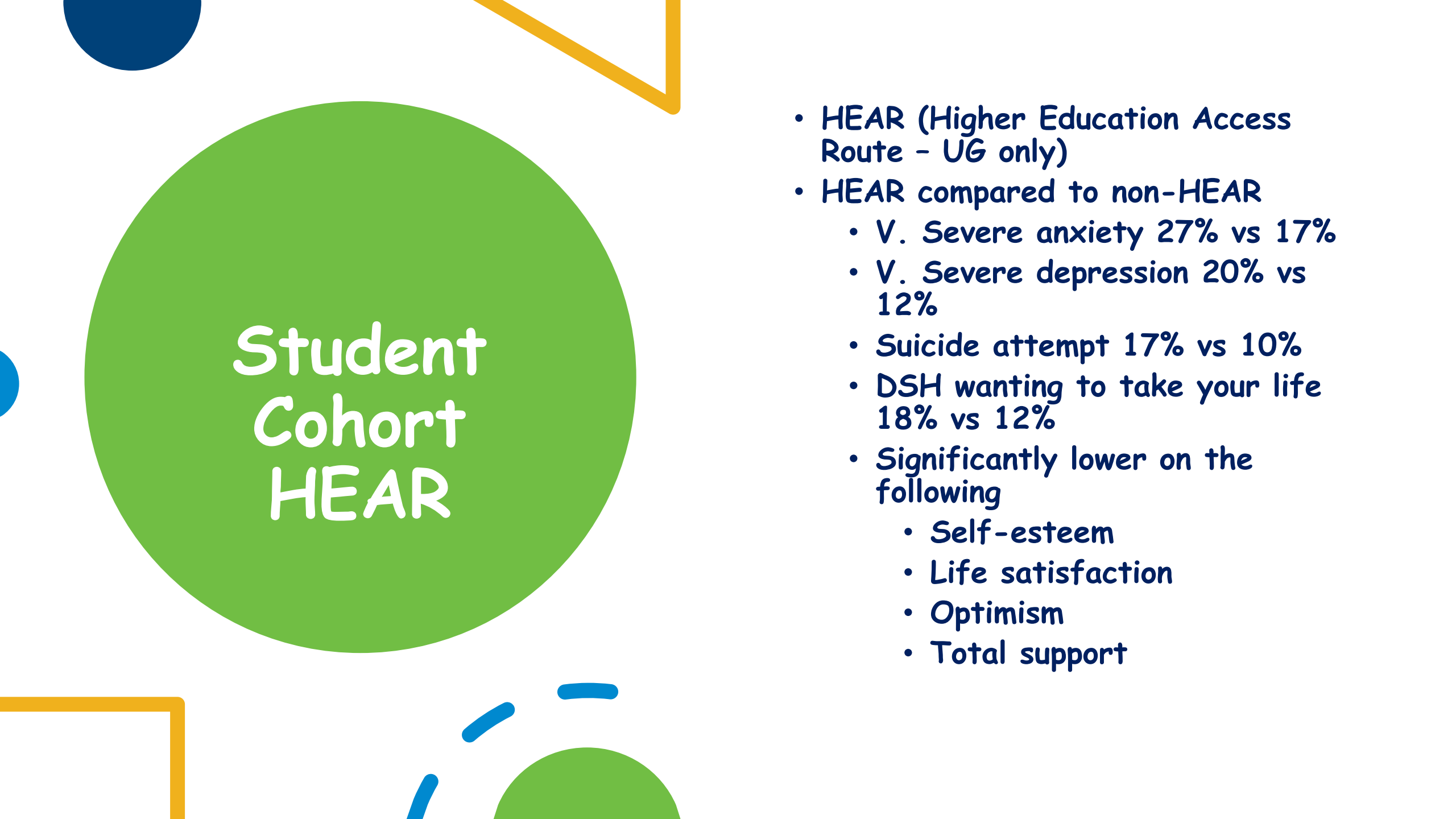- Avoidant coping

Depression and Anxiety

Protective Factors

Student Cohort DARE

- DARE (Disability Access Route to Education)
- DARE compared to non-DARE
  - V. Severe anxiety 28% vs 17%
  - V. Severe depression 21% vs 12%
  - DSH wanting to take your life 28% vs 9%
  - Suicide attempt 28% vs 9%
  - Significantly lower on the following
    - Self-esteem
    - Life satisfaction
    - Optimism
    - Total support

Student Cohort HEAR

- HEAR (Higher Education Access Route – UG only)
- HEAR compared to non-HEAR
  - V. Severe anxiety 27% vs 17%
  - V. Severe depression 20% vs 12%
  - Suicide attempt 17% vs 10%
  - DSH wanting to take your life 18% vs 12%
  - Significantly lower on the following
    - Self-esteem
    - Life satisfaction
    - Optimism
    - Total support

| Variables	Trad entry Mean (SD)	HEAR Mean (SD)	DARE Mean (SD)	Mature Mean (SD)	Post hoc
Depression	13.36 (10.6)	15.82 (10.94)	16.58 (11.5)	12.5 (11.25)	Trad entry & Mature < HEAR, DARE
Anxiety	10.68 (8.64)	12.37 (9.28)	14.08 (10.14)	9.98 (8.7)	Trad entry & Mature < HEAR, DARE
Alcohol use	9.76 (6.03)	8.7 (5.68)	9.82 (6.51)	8.21 (5.49)	Trad entry & Mature > Dare. Trad entry > HEAR.
Drug use	1.1 (1.76)	0.96 (1.47)	1.19 (1.73)	1.17 (1.86)	N/A
Avoidant coping	19.25 (6.15)	19.95 (6.36)	20.38 (6.42)	18.8 (6.35)	Trad entry & Mature < DARE
Problem focused coping	16.51 (4.74)	15.66 (4.62)	15.73 (4.73)	17.2 (4.66)	Mature > Trad entry > HEAR > DARE
Resilience	17.76 (5.11)	17.21 (4.99)	16.22 (5.15)	17.78 (5.39)	Trad entry & Mature > DARE.
Life satisfaction	21.57 (6.23)	19.83 (5.82)	19.26 (6.33)	19.42 (6.22)	Trad entry > HEAR, DARE, Mature
Optimism	11.93 (5.24)	10.87 (4.93)	10.24 (5.36)	12.4 (5.63)	Trad entry & Mature > HEAR, DARE.
Self-esteem	25.79 (6.19)	24.93 (5.63)	23.49 (6.49)	26.58 (6.22)	Mature > HEAR & DARE. Trad entry > DARE
Social support	61.79 (14.13)	58.99 (14.04)	58.89 (15.13)	59.18 (16.26)	Trad entry > HEAR, DARE, Mature

Top Stressors and Coping

Stressors for all cohorts

- College work
- Finances
- Future
- Exams (UGs only)
- Specific to PGRs
  - Supervisor
  - Housing
  - Isolation
  - Mental health
  - Self-esteem
  - Time, thesis, demands

Coping

- PGRs
  - Friends
  - Exercise
  - Talking
  - Sleep
  - Taking time out
- PGT
  - Friends
  - Talking
  - Exercise
  - Sleep
- UGs
  - Friends
  - Music
  - Sleep

- **Lead:** HEIs should demonstrate leadership and commitment to student mental health and suicide prevention by establishing a dedicated team or committee responsible for implementing and coordinating initiatives.

- **Improve:** HEIs should continuously improve their support services and policies for student mental health by regularly reviewing and evaluating their effectiveness, and

- **Transition:** HEIs should provide effective support and resources to help students navigate the transitions into and out of higher education, as these periods can be particularly challenging for mental health.

- **Educate:** HEIs should prioritize mental health education and awareness by providing training and resources for staff, faculty, and students on topics such as mental health promotion, suicide prevention, and stigma reduction.

- **Engage:** HEIs should actively engage with students and involve them in the development and implementation of mental health initiatives, ensuring that their voices and perspectives are heard and valued.

- **Identify:** HEIs should implement strategies to identify students who may be at risk of mental health difficulties or suicide, such as through early intervention programs, screening tools, and improved data collection.

- **Support:** HEIs should provide comprehensive and accessible support services for students, including counselling services, disability support services, and student health centres, with a focus on timely access and continuity of care.

- **Respond:** HEIs should have clear protocols and procedures in place to respond to mental health crises and critical incidents, including suicide risk assessments, emergency response plans, and postvention support for affected students and staff.

- **Collaborate:** HEIs should collaborate with external stakeholders, such as mental health organizations, government agencies, and community resources, to enhance the effectiveness and reach of their mental health and suicide prevention efforts.
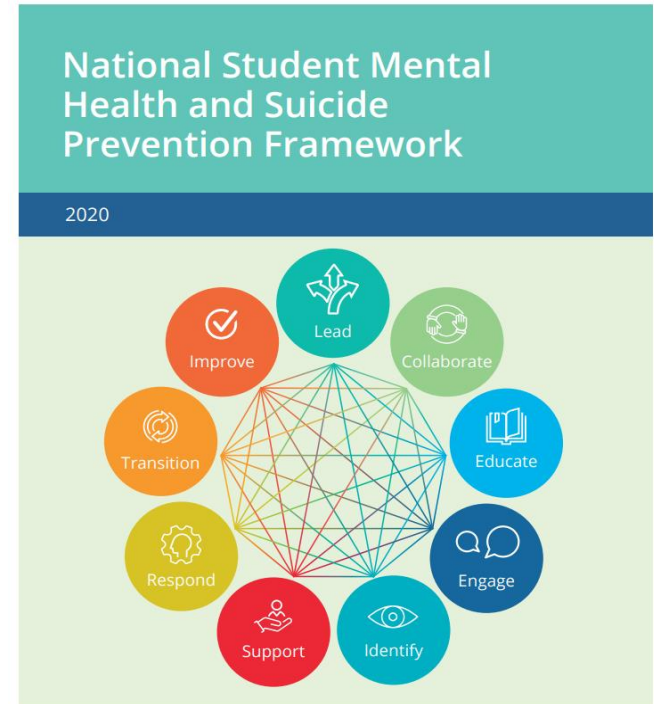
These recommendations are based on international evidence and best practices in student mental health and suicide prevention and aim to provide a comprehensive and integrated approach to support student well-being in higher education.

National Student Mental Health and Suicide Prevention Framework

2020

Summary

- Young people live in a complex ever-changing world

- High rates of anxiety and depression in college students

- Factors associated with anxiety and depression are complex

- We need to equip students with the skills they need to navigate their way through difficult situations to achieve their potential

- We need to equip students with the skills to support their friends or signpost them to appropriate support

- We need to equip staff with the skills to support their students or signpost them to appropriate support

Quotes from participants

- As a teenager I struggled very much with my mental health and at times contemplated suicide, but by remaining optimistic about my future and forcing myself to make progress in small steps I grew stronger as a person. (Male, 21)

- Come from a family with much experience with depression, and I know too many people to count who suffer from depression/anxiety and self-harm. It is a scary world for this generation (Female 23)

My World Survey 2

The National Study of Youth Mental Health in Ireland.

Dooley, B, O'Connor, C, Fitzgerald, A, & O'Reilly, A

my world.

Socioecological Risk and Protective Factors for Sexual Victimization in Post-Secondary Students in Ireland: A Brief Report

Ciara Mahon[1], Barbara Dooley[1], Aileen O'Reilly[1,2], and Amanda Fitzgerald[1]

Abstract
Although numerous predictors of sexual violence (SV) have been identified, there is a need to further explore protective factors and examine the nature and strength of associations between predictors and SV outcomes using a hierarchical predictive model. Cross-sectional data from the My World Survey Post-Second Level (2019) in Ireland were used. The sample contained 8, 288 post-secondary students, 69% female, aged 18 to 25 years (M = 20.25, SD = 1.85). Univariate and multivariate binary logistic regression analyses were conducted to identify correlates of two SV outcomes (i.e., forced/pressured to have sex and being touched in a sexual manner without consent) across societal, community, relationship, and individual levels. Approximately 25% of females and 10% of males reported being forced/pressured to have sex, whereas 55% of females and 23% of males reported being touched in a sexual manner without consent. Key predictors of SV in multivariate analyses included being female and experiencing violence in a romantic relationship, whereas discrimination, living on campus or in rented accommodation (compared with living at home) were also significant predictors of both SV

[1]University College Dublin (UCD), Dublin, Ireland
[2]Jigsaw, The National Centre for Youth Mental Health, Dublin, Ireland

Corresponding Author:
Ciara Mahon, School of Psychology, University College Dublin (UCD), Belfield, Dublin, 4, Ireland.
Email: ciara.mahon@ucd.ie

Original Research

Profiling third-level student mental health: findings from My World Survey 2

Ciara Mahon[1], Amanda Fitzgerald[1], Aileen O'Reilly[1,2] and Barbara Dooley[1]

[1]School of Psychology, University College Dublin, Dublin 4, Ireland and [2]Jigsaw, The National Centre for Youth Mental Health, Dublin 2, Ireland

Abstract
Objectives: This study aimed to identify risk and protective factors for mental health across student cohorts to guide mental health provision. **Methods:** Cross-sectional data from the My World Survey 2-Post Second Level (MWS2-PSL) were used. The sample consisted of N = 9935 students (18–65 years) from 12 third-level institutions (7 out of 7 universities and 5 out of 14 Institute of Technologies (IoTs)) across Ireland. Key outcomes of interest were depression, anxiety and suicidality. Risk factors included drug/alcohol use, risky sexual behaviours and exposure to stressors. Protective factors included coping strategies, help-seeking, resilience, self-esteem, life satisfaction, optimism and social support. These factors were profiled by degree type (undergraduate, postgraduate taught, postgraduate research), access route, and institution type (IoT, university). Chi-square tests of Independence and one-way ANOVAs compared groups on key risk and protective factors. **Results:** A total 71% of respondents were female, 85% were aged 23 or under and there was a 2.2% response rate in IoTs versus 10.6% in university students. Undergraduates demonstrated higher levels of depression, anxiety, self-harm and suicidal ideation than postgraduates. Undergraduates showed higher risk and lower protective factors than postgraduates. Students attending Institutes of Technology reported higher levels of depression and anxiety, lower protective and higher risk factors than university students. **Conclusion:** In this sample of students, undergraduates, especially those attending Institutes of Technology, were at increased risk of mental health difficulties. Findings suggest the need to tailor interventions to meet cohort needs, and consider the differing vulnerabilities and strengths across student cohorts. Due to limitations of this study, such as selection bias, further research is warranted.

Keywords: Student mental health; third-level; risk and protective factors; student cohort; depression; anxiety

(Received 20 April 2021; revised 25 November 2021; accepted 9 December 2021)

An exploratory investigation of body esteem, body dissatisfaction and body change behaviours in sexual minority young adults from a risk and protective perspective

Ciara Mahon[a], Amanda Fitzgerald[a], Aileen O'Reilly[a,b], Courtney McDermott[a], Clíodhna O'Connor[c] and Barbara Dooley[a]

[a]School of Psychology, University College Dublin (UCD), Ireland; [b]Jigsaw, The National Centre for Youth Mental Health, Ireland; [c]The National Suicide Research Foundation, Cork, Ireland

ABSTRACT
Body image, body change behaviours, and risk and protective factors for body esteem, were documented by sexual orientation in young adults aged 18–25 years. Cross-sectional data from My World Survey 2 Post Second Level (MWS2-PSL) were used. The sample consisted of 1,975 heterosexual, 256 gay, 169 bisexual, 89 questioning men and 4,521 heterosexual, 167 lesbian, 781 bisexual, 356 questioning and 121 pansexual women. Body esteem, body dissatisfaction and body change behaviours as well as sexual minority stress risk (discrimination) and protective factors (resilience) were analysed across groups using Chi Square Tests and Analyses of Covariance. Multiple regressions identified relationships between body esteem, body change behaviours and risk and protective factors. Heterosexual men exhibited higher body esteem and body satisfaction than sexual minority men. Bisexual women demonstrated the lowest body esteem, while pansexual women exhibited lower body satisfaction versus heterosexual, lesbian and questioning women. Body change behaviours did not differ among women, but weight loss attempts were elevated in gay and bisexual men. Comfort with sexuality, resilience and social support were positively associated with body esteem. Risk and protective factors for body esteem varied by sexual orientation, highlighting the importance of examining these constructs separately across sexual minority subgroups.

Mental, physical and sexual health in sexual minority third-level students: Findings from My World Survey 2

Ciara Mahon[1] | Amanda Fitzgerald[1] | Aileen O'Reilly[1,2] | Barbara Dooley[1]

[1]School of Psychology, University College Dublin (UCD), Dublin, Ireland
[2]Research and Evaluation Division, Jigsaw, The National Centre for Youth Mental Health, Dublin, Ireland

Correspondence
Ciara Mahon, School of Psychology, University College Dublin (UCD), Dublin, Ireland.
Email: ciara.mahon@ucd.ie

Funding information
Jigsaw, The National Centre for Youth Mental Health

Abstract
Aims: Sexual minority youth experience health disparities across mental, physical and sexual domains. However, little is known about the extent to which mental health overlaps with sexual and physical health to compound health problems among sexual minority youth. This study examined risky health behaviours, adverse health outcomes, and their overlap across mental, physical and sexual domains, in lesbian, gay, bisexual, questioning (LGBQ) and heterosexual third-level students in Ireland. **Method:** Cross-sectional data from the My World Survey 2-Post Second Level (MWS2-PSL) were used. Analyses were conducted on data from N = 7950 18–25-year-old students, of which 6204 (78%) identified as heterosexual, 910 (11.4%) bisexual, 412 (5.2%) lesbian/gay and 424 (5.3%) questioning. Risky health behaviours (e.g., self-harm), adverse outcomes (e.g., mental health difficulties, physical health conditions) and their overlap across mental, physical and sexual domains were compared across heterosexual and LGBQ students using Chi-square tests. Clustering of health behaviours/outcomes within and between domains were examined. **Results:** LGBQ students were more likely to exhibit a greater number of risky mental and sexual health behaviours and outcomes. Sexual, physical and mental health behaviours and outcomes overlapped to a greater extent in LGBQ versus heterosexual students. Distinct health outcomes were observed across sexual minority subgroups (e.g., bisexual women reported greater mental health difficulties). **Conclusion:** Findings demonstrate health inequalities experienced by LGBQ students, particularly across mental and sexual domains. Holistic integrated approaches that consider multiple health domains simultaneously and the distinct health needs of sexual minority subgroups are needed to promote greater health equity.

KEYWORDS
mental health, physical health, sexual health, sexual minority, third-level student