The complexity of student mental health: risk and protective factors

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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?

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

- Mental health: 35%
- Cardiovascular diseases: 33%
- Chronic respiratory diseases: 10%
- Cancer: 18%
- Diabetes: 4%

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
Mental Health of Students

- 48% outside the normal range for anxiety
- Anxiety was strongly linked to gender
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%)
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
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%)
• 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 wanting 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

Watching pornography within the past month

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

- 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
Sexual Orientation

- 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

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
  - Very severe anxiety 28% vs 17%
  - Very 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
• 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
<table>
<thead>
<tr>
<th>Variables</th>
<th>Trad entry Mean (SD)</th>
<th>HEAR Mean (SD)</th>
<th>DARE Mean (SD)</th>
<th>Mature Mean (SD)</th>
<th>Post hoc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>13.36 (10.6)</td>
<td>15.82 (10.94)</td>
<td>16.58 (11.5)</td>
<td>12.5 (11.25)</td>
<td>Trad entry &amp; Mature &lt; HEAR, DARE</td>
</tr>
<tr>
<td>Anxiety</td>
<td>10.68 (8.64)</td>
<td>12.37 (9.28)</td>
<td>14.08 (10.14)</td>
<td>9.98 (8.7)</td>
<td>Trad entry &amp; Mature &lt; HEAR, DARE</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>9.76 (6.03)</td>
<td>8.7 (5.68)</td>
<td>9.82 (6.51)</td>
<td>8.21 (5.49)</td>
<td>Trad entry &amp; Mature &gt; Dare. Trad entry &gt; HEAR.</td>
</tr>
<tr>
<td>Drug use</td>
<td>1.1 (1.76)</td>
<td>0.96 (1.47)</td>
<td>1.19 (1.73)</td>
<td>1.17 (1.86)</td>
<td>N/A</td>
</tr>
<tr>
<td>Avoidant coping</td>
<td>19.25 (6.15)</td>
<td>19.95 (6.36)</td>
<td>20.38 (6.42)</td>
<td>18.8 (6.35)</td>
<td>Trad entry &amp; Mature &lt; DARE</td>
</tr>
<tr>
<td>Problem focused coping</td>
<td>16.51 (4.74)</td>
<td>15.66 (4.62)</td>
<td>15.73 (4.73)</td>
<td>17.2 (4.66)</td>
<td>Mature &gt; Trad entry &gt; HEAR &gt; DARE</td>
</tr>
<tr>
<td>Resilience</td>
<td>17.76 (5.11)</td>
<td>17.21 (4.99)</td>
<td>16.22 (5.15)</td>
<td>17.78 (5.39)</td>
<td>Trad entry &amp; Mature &gt; DARE</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>21.57 (6.23)</td>
<td>19.83 (5.82)</td>
<td>19.26 (6.33)</td>
<td>19.42 (6.22)</td>
<td>Trad entry &gt; HEAR, DARE, Mature</td>
</tr>
<tr>
<td>Optimism</td>
<td>11.93 (5.24)</td>
<td>10.87 (4.93)</td>
<td>10.24 (5.36)</td>
<td>12.4 (5.63)</td>
<td>Trad entry &amp; Mature &gt; HEAR, DARE.</td>
</tr>
<tr>
<td>Social support</td>
<td>61.79 (14.13)</td>
<td>58.99 (14.04)</td>
<td>58.89 (15.13)</td>
<td>59.18 (16.26)</td>
<td>Trad entry &gt; HEAR, DARE, Mature</td>
</tr>
</tbody>
</table>
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.
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)
An exploratory investigation of body esteem, body dissatisfaction and body change behaviours in sexual minority young adults from a risk and protective perspective

Ciarà Mahon PhD, Amanda Fitzgerald PhD, Aline O’Reilly PhD, Courtney McDermott, Cécile O’Connor MSc, and Barbara Dooley MSc

Abstract

Body image, body change behaviours, and risk and protective factors for body re-wiring, were documented by sexual orientation in young adults aged 18-25 years. Cross-sectional data from My World Survey 2 Post Second Level (MW2S-PSL) were used. The sample consisted of 1,901 heterosexual, 2,981 Bisexual, 698 questioning men and 4,321 heterosexual, 1,677 Lesbian, 378 Bisexual, 1,058 questioning and 121 transgender women. Body esteem, body dissatisfaction and body change behaviours as well as sexual minority pressure (discrimination) and peer influences (conformity) were measured. Analyses of Covariance: Multiple regression 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 than heterosexual, lesbian and questioning women. Body change behaviours did not differ among women, but weight loss attempts were higher in gay and bisexual men. Conformity to body image ideals is related to change behaviors, with less weight loss attempts and moderate exercise among heterosexual men. Risk and protective factors for body esteem varied by sexual orientation, highlighting the importance of examining these constructs separately across sexual minority subgroups.

Keywords:

Body image, body change behaviors, body esteem, protective factors

AUTHOR INFORMATION

ORIGINAL RESEARCH Methodology: My World Survey 2

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My World Survey 2
The National Study of Youth Mental Health in Ireland

Ciarà Mahon PhD, Amanda Fitzgerald PhD, Aline O’Reilly PhD, Barbara Dooley MSc

Abstract

Ciarà: 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. Methods: Cross-sectional data from the My World Survey 2 Post Second Level (MW2S-PSL) were used. Analyses were conducted on data from N = 7,510 18-25-year-old students, of which 1,204 (16%) identified as heterosexual, 1,361 (18%) bisexual, 413 (5.5%) lesbian and 454 (6.0%) 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/eustress within and between domains were examined. Results: LGBQ students were more likely to exhibit a greater number of risk-mental and sexual health behaviours and outcomes, and sexual, physical and mental health behaviours and outcomes overlapped to a greater extent in LGBQ versus heterosexual students. Heterosexual students are more aware and report higher levels of sexual minority subgroups (e.g., bisexual women reported greater mental health difficulties). Conclusions: 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

Original Research

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

Ciarà Mahon PhD, Amanda Fitzgerald PhD, Aline O’Reilly PhD, and Barbara Dooley MSc

Abstract

UCD Institute of Psychology, University College Dublin, Dublin 4, Ireland and The National Centre for Youth Mental Health, Dublin 4, Ireland

Ciarà: 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 My World Survey Post Second Level (2017) in Ireland were used. The sample consisted of 8,388 post-secondary students, 65% female, aged 18 to 23 years (mean = 20.25, SD = 1.81). Univariate and multivariate binary logistic regression analyses were conducted to identify correlates of two SV outcomes (i.e., force/(pressured) to have sex and being touched in a sexual manner without consent) across sociocultural, community-level, and individual-level variables. Approximately 23% of females and 10% of males reported being forced/pressured to have sex, whereas 35% 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 relationship (e.g., dating violence). Discrimination, being on campus or in rented accommodation (compared with living at home) were also significant predictors of both SV.
Thank You