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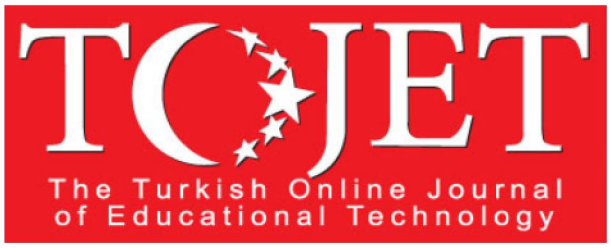

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Evidence-Based Mental-Health Promotion For University Students – A Way Of Preventing Drop-Out

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ABSTRACT
Our paper reports on the results and consequences of an empirical mental health research fulfilled among 1618 university students at the University of Szeged, Hungary. Results indicated that 46,8% of students could be considered as mentally healthy, 42,1% of them were vulnerable and 11,1% were endangered. Among their general resistance resources (GRR) for coping in mentally demanding situations financial status was a definite negative factor, while mildly positive resources included friends, family, living environment, health status, learning and work. The lack of GRRs leads to becoming mentally endangered, which in turn inhibits the mobilisation of existing resources. There is a strong need for student-targeted mental health promotion actions, programmes, projects and education initiated in higher education.

INTRODUCTION
The Physical and mental health status of the Hungarian population is rather unfavourable. Promotion of health culture and creation of a lifestyle that strengthens physical and mental health as well are of high priority in terms of improving the situation. The basic prerequisite of community level intervention is to characterise the actual mental health status of the target population. Empirical data provide a good starting point for the creation of community programmes and setting out the priorities.

The promotion and improvement of mental health and subjective well-being is a very important part of European Union Health Policy (European Pact for Mental Health and Well-being, 2008). This is based on the recognition of mental health being not only an individual value, but an individual and community resource as well that is very important in terms of EU's social and economic success. In accordance with this, the low level of mental health raises not only individual problems but human rights, social, economic and public health issues as well we have to address on Union and member state level also (European Pact for Mental Health and Well-being, 2008).

To define the concept of mental health we started from the WHO approach. According to the World Health Organisation mental health is not only the lack of mental and psychological disorders but it can be considered the state of subjective well-being in which every individual can recognise the inherent possibilities and cope with the natural stress situations of life, can work in a productive and fruitful way and play an active part in his/her own community's life (WHO, 2010).

As an antecedent of the above definition, the Hungarian Ferenc Szakács uses important key words in terms of our thinking. He states, that „…healthy (normal) is the person, who is capable of *independent life*, who *accepts the roles* arising from his/her life situation, *performs a work* sufficient for his/her capabilities, and in the meantime (therefore not at last) is *capable to please* and *lives his/her life* together with other people *in accordance with community and social purposes*." (Szakács, 1994, pp. 29.).

Mental health is the most sensitive indicator of psychological normality, the capacity for life pleasures, meaning the individual feels safe and well in the world and in his/her "own skin", is at peace with his/her environment (objective and subjective environment) and with him/herself, and has a feeling of comfort. He/she is able to utilize the sources of pleasure offered by life and is capable to fight for reaching these. This pervades his/her life skills, the organising of his/her lifestyle and the planning of his/her future.

On the basis of its experiences in mental health promotion and psychotherapy, our research group attempted to empirically define and validate three categories of psychological status (Lippai and Erdei, 2014). The starting point of our research was the fact that the psychological status of an individual is largely characterised by the experience of different scale difficulties, complaints during the adaptation to everyday challenges (cf. Generalised Adaptation Syndrome - Selye, 1965; transactionalist approach to stress - Lazarus, 1991).

We have created a short Mental Health Status Questionnaire and validated it on a representative sample of 1839 people from a middle-size Hungarian town called Hódmezővásárhely (Lippai and Erdei, 2014., Benkő et. al. 2013). Validation included comparing our data to national psychological life quality measurements worked out by Hungarostudy research (Kopp and Kovács, 2006). These measurements included elements like a) self-evaluation of subjective psychological well-being, positive life quality and mental health; b) low-spirit, depression, negative emotional states; c) hopelessness; d) lack of life goal and positive emotions; e) vital exhaustion accompanying stress; f) feeling of subjective competence in solving difficult tasks and g) sense of coherence helping to cope with everyday stress situations.

By comparing our data to data obtained along all the above dimensions of psychological life quality we found, that results of *mentally healthy* people were significantly more favourable than that of the *vulnerable* and the *endangered* group (Lippai and Erdei, 2014). Let us now see how can these three categories be characterised.

Mentally healthy people were characterised as those possessing appropriate self-power, self-evaluation. When they get to strongly stressful – loaded by emotional trauma and relationship conflicts – life situations, they are able to react in a structured way and actively cope with challenges. Their own resources are enough to fulfil everyday activities, they are also capable of controlling negative feelings and tensions resulting from stress situations. Adaptation problems can occur in this group also, but relatively rarely and on a temporary basis.

In case of people in the *vulnerable* group we can assume considerably different reactions in stress situations. The individual's response to actual stress situations is less active and can be characterised with parrying the problems and difficulties. In the background there is mostly the devaluation of oneself or his/her environment (self-evaluation problems). In case of the vulnerable person there are explicit adaptation disorders, typically in the form of some pronounced complaints or many smaller – but by and large with a significant effect – difficulties. That is why to be able to face problems and to handle everyday stress situations more effectively he/she has to *change*, in a way like acquiring a novel application of his/her existing resources.

The person characterised as *endangered* can not effectively handle everyday stress situations, emotional traumas, social conflicts and relationship difficulties, he/she is paralysed when confronted with a problem (serious decision dilemma). His/her existing external and internal resources are not enough for coping with the challenges of everyday life. The severe adaptation disorders appear in the form of serious complaints. That is why an external help is needed in learning new ways of coping, conflict management techniques and get support in their adaptation.

In case of all three groups for the sake of effective intervention there is a need to set different mental health promotion targets and apply different methods. That is why the recognition of these three groups and their empirical characterisation is an important step in the preparation of community level health promotion intervention (Benkő, 2009).

THE STUDY

Research aim

We aimed at researching mental health among university students in Szeged. Information referring to mental health is especially important in case of the university student population as this is the area where student related health promotion needs the most improvement.

Research tool

The research tool was an assisted structured questionnaire interview administered by well-prepared interviewers. The research was carried out within the framework of grant *TÁMOP-6.1.5-14-2015-0004 – One step towards our health – The complex health promotion programme of County Csongrád.* Our questionnaire contained 10 socio-demographic questions and 8 topic-related questions in the following composition:
1. socio-demographic questions: gender, age, place of living, university faculty, major, term, education level of father and mother, financial status and academic performance.
2. Indicators of mental health status.
3. Resources playing a role in the development of mental health: social integration, social support, culture in the wider sense among others.
Data were processed by SPSS20 statistical programme.

Research Sample

The sample consisted of the students studying at the University of Szeged. The University of Szeged is the biggest service-provider in the Southern-Great Plains Region of Hungary. It has 12 faculties and more than 20 000 students study here at the moment. 1618 students were asked during the research, among which 1565 students provided suitable answers for setting up the three categories of mental health. 464 students came from County Csongrád, where the university is located (29,1%) and 1129 students (70,9%) came from all over the country. Students of 10 faculties could have been reached. The profile of four faculties include teacher training also (see in italic). Evaluable amount of responses came from the Faculty of Medicine (FM - 37%), Faculty of Health Sciences and Social Care (FHSSC - 25,9%), *Juhász Gyula Faculty of Education* (JGYFE - 20,6%), the *Faculty of Natural Sciences and Informatics* (FNSI - 13,4%) and the Faculty of Dentistry (FD - 1,9%). The rest of the students came from the *Faculty of Arts* (FA - 0,3), Faculty of Economics (FE - 0,2%), Faculty of Pharmacology (FP - 0,2%), Faculty of Law (FL - 0,2%), and the *Faculty of Music* (FM - 0,1%).

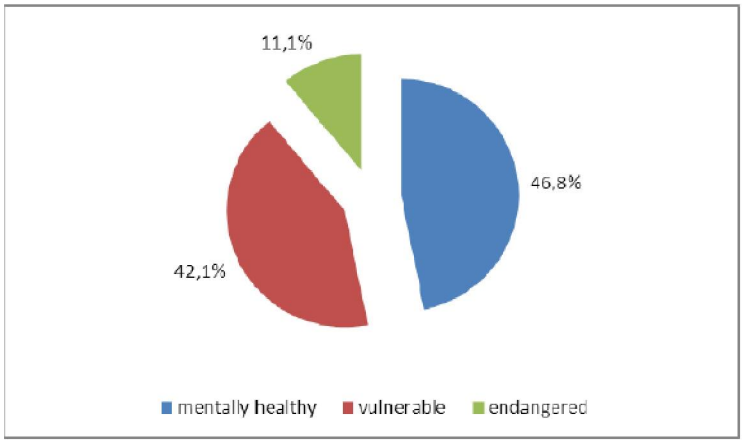
25,5% of respondents were male and 74,5% were female. We have created age-groups according to psychological categories. 94,3% were between 18 and 25 (adolescence), 5,5% were between 26 and 45 (young adult), 2,0% were between 46 and 65 years (age of upkeep). None of the respondents were above 66 years, which is the age of decline.

FINDINGS

Mental health status indicators of students at the University of Szeged

When analysing our data, the following student distribution among the developed three categories of mental health was found (Figure 1.)

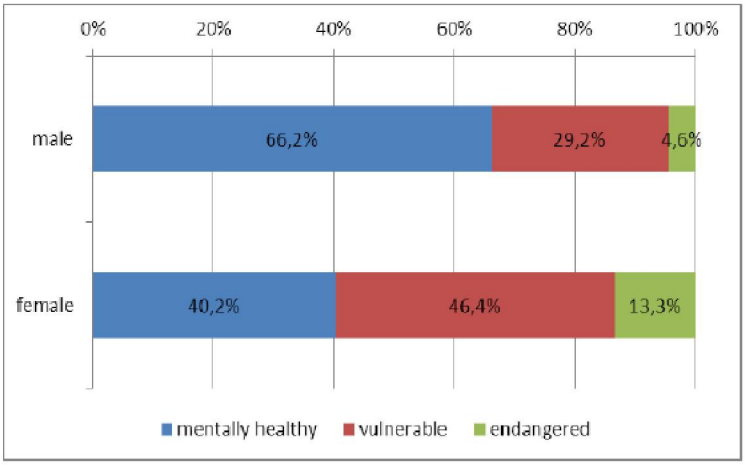
Figure 1. – Mental health status of the student sample at the University of Szeged (N=1565)



Our results show, that 46,8% of students could be considered as mentally healthy, 42,1% of them were vulnerable and 11,1% were endangered.

We have studied the observed categories along socio-demographic variables. Figure 2. shows the differences by gender.

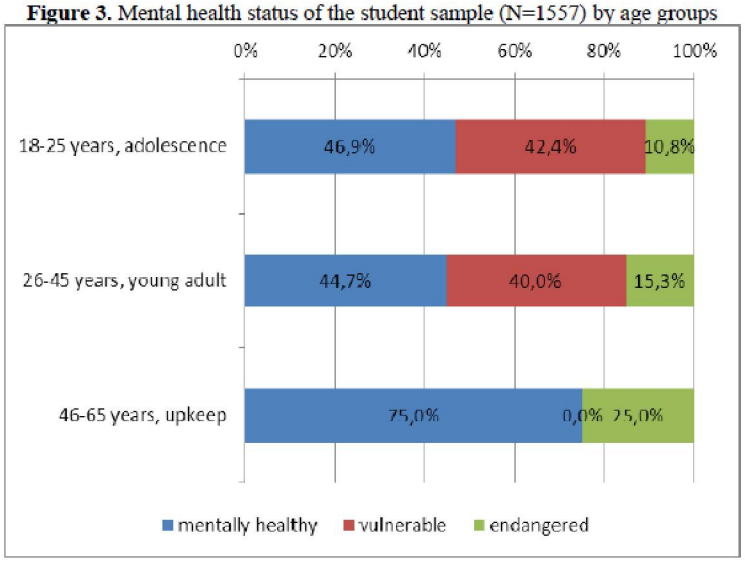
Figure 2. Mental health status of the student sample (N=1553) by genders



We can see, that 66,20% of male respondents could be considered mentally healthy, while only 40,20% of female respondents belonged to the same category. 29,20% of male respondents were in the vulnerable and 4,60% of them were in the endangered group, compared to the corresponding 46,40% and 13,30% of female respondents. It can be stated, that data referring to female respondents were considerably unfavourable than those referring to male respondents.

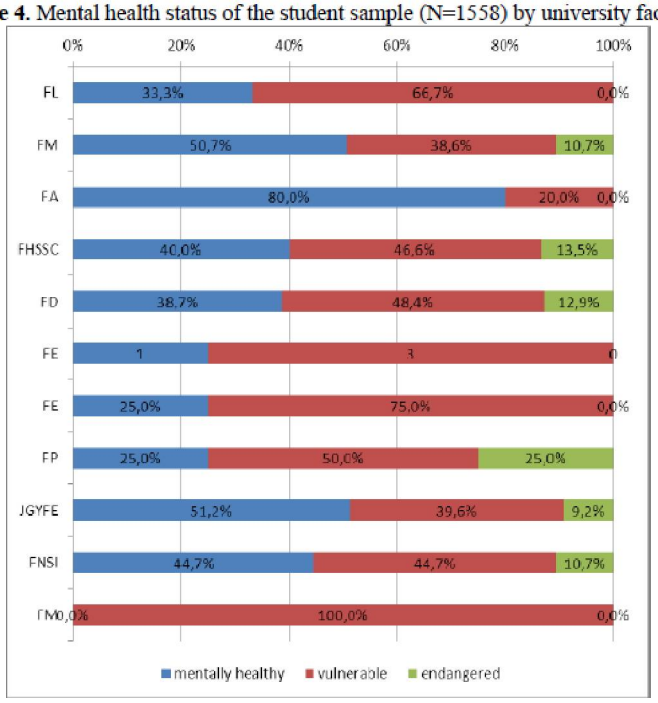
Age-group differences are shown on Figure 3. When creating the age-group categories, we have used the classification of the Hungarostudy researches (Kopp and Kovács, 2006).

Figure 3. Mental health status of the student sample (N=1557) by age groups



It is clearly visible, that almost half of the adolescent (18-25 years) and the young adult (26-45 years) group (46,90% and 44,70%) belonged to the mentally healthy category. Their respective ranking in terms of vulnerability was 42,40% and 40,00%, for endangerment it was 10,8% and 15,30%. There were only 4 respondents above the age of 46 years that is why a statistical statement can not be provided. To some up, by age the proportion of the mentally healthy was decreasing, while the proportion of those becoming vulnerable and endangered was increasing. Data was also processed according to the university faculty students belong to. As it was already indicated, only 5 faculties provided statistically enough number of students to our research, so results should be treated with this restriction in mind (Figure 4.).

Figure 4. Mental health status of the student sample (N=1558) by university faculties



Compared to the complete sample results of the subsamples of the Juhász Gyula Faculty of Education and the Faculty of Medicine show slightly more favourable tendencies. At the Faculty of Education 51,2% of the subsample were mentally healthy, 39,6% were vulnerable and 9,2% were endangered. In case of the Medical Faculty the proportion of those mentally healthy were 50,70%, 38,6% were vulnerable and 10,7% were endangered.

The distribution of students in the 3 mental health categories at the Faculty of Natural Sciences and Informatics were as follows: 44,7% mentally healthy, 44,7% vulnerable and 10,7% endangered.

Less favourable results were obtained in case of the Faculty of Health Sciences and Socal Care and for the Faculty of Dentistry. For both faculties the ratio of the mentally healthy were lower (FHSSC – 40,00%, FD – 38,70%), and the proportion of the vulnerable (FHSSC – 46,60%, FD – 48,4%), as well as of the endangered group (FHSSC – 13,50%, FD – 12,90%) was higher.

Resources of students at the University of Szeged

It is widely accepted in health promotion, mental health promotion literature, that the strength and number of General Resistance Resources (GRR) and their subjective Sense of Coherence define the success of coping with stressors. General resistance Resources are those biological, material and psychosocial factors which make it easier for individuals, groups and sub-societies to observe their life as consistent, structured and comprehendible (Antonovsky, 1987). Typical examples of GRRs are money, knowledge, experience, self-esteem, health-conscious behaviour, devotion, social support, cultural capital, intelligence, traditions, life-philosophy etc. The higher a person is on the continuum of resources, the more probable it is to obtain life experience that supports a strong sense of coherence. The lower is one positioned on such a continuum, the more likely it is to obtain experiences that support a weak sense of coherence.

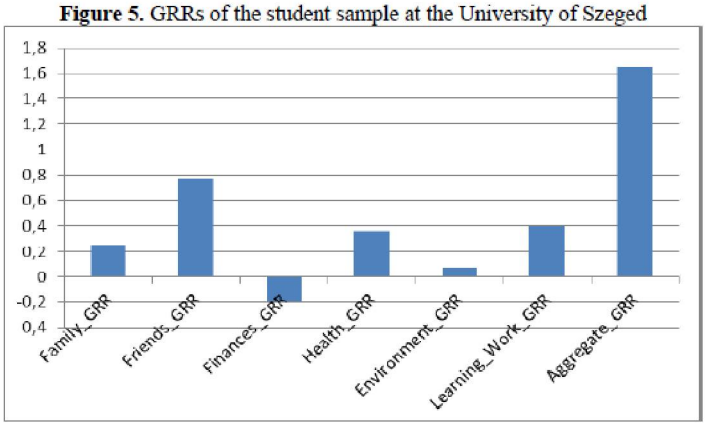
On the basis of subjective sensing, the following GRRs were studied among the students of the University of Szeged:

1. *Social relationships - Family.*
2. *Social relationships – Friends*
3. *Financial status*
4. *Health status*
5. *Learning and work*

6. *Environment*

We have generated a GRR index for all domains with the minimum value of -2 and the maximum value of +1. Figure 5. shows the distribution of GRRs in the whole sample.

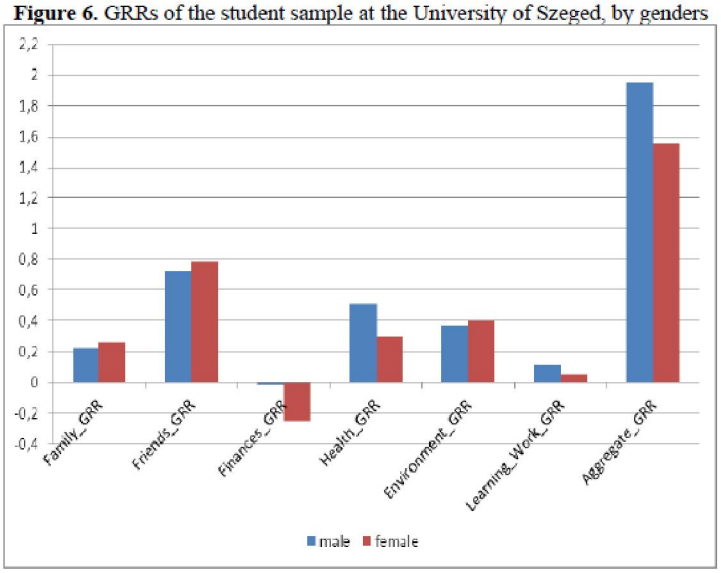
Figure 5. GRRs of the student sample at the University of Szeged



It is visible, that financial needs were evidently not satisfied. Mildly positive resources included friends, family, living environment, health status, learning and work. An aggregate GRR index was also generated out of the six separate domains (Aggregate_GRR), the minimum value of which was -12, the maximum value was +6. This aggregate value was in the positive range, though not very strong.

Let us observe the gender differences in the development of GRRs (Figure 6.).

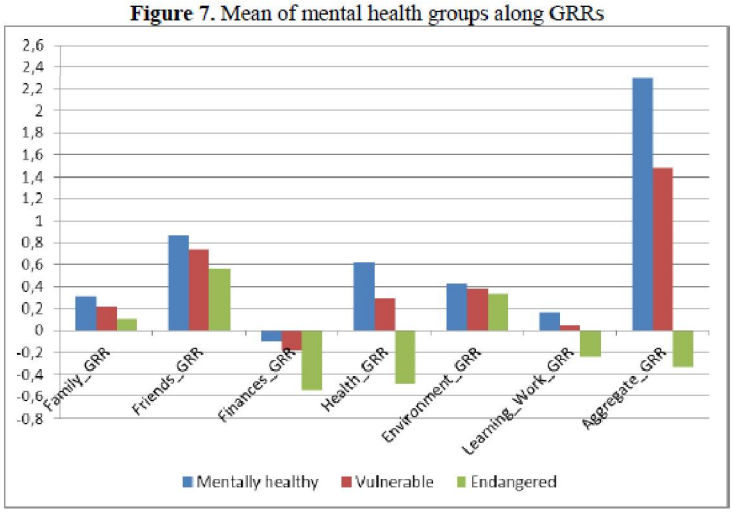
Figure 6. GRRs of the student sample at the University of Szeged, by genders



Female students were in a visibly worse position concerning the aggregate GRR value (1,55). Compared to the male respondents, they had a slight advantage only in case of family, friends and the environment.
When analysed by age, young adults, that is those between the age of 26 and 45 years had the least aggregate GRR value (1,40).

Let us compare the GRRs along the 3 groups of mental health (Figure 7.).

Figure 7. Mean of mental health groups along GRRs



There seems to be a clear relationship between GRRs and mental health status. In case of each GRR domains, the mentally healthy group possessed the highest set of resources, followed by the vulnerable ones, and the least resource belonged to the endangered group.

Student expectations

It was an important question whether students would like to receive support in a hard life situation or in case of a crucial decision. 96,7% of all respondents indicated they would. So students needed and were willing to receive expert help. The expressed need was greater in case of female respondents (97,8%), while male respondents indicated 'yes' in 93,3%. Analysed by age groups, adolescents, that is those between the age of 18 and 25 years needed help the most (96,8%).

CONCLUSIONS

On the basis of our research it can be stated, that the observed university students possessed low level or resources and the ratio of those in the vulnerable and in the endangered groups were high. That is why there is a need within the higher education system for processes, programmes and projects aiding social integration and social relationships, as well as focusing on establishing the relevant prerequisites. The lack of resources leads to becoming mentally endangered, being mentally endangered would in turn prevent the individual from mobilizing existing resources.

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