

eMental Health in Third Level Education settings

A Briefing Document
Prepared by the eMEN team
at Mental Health Reform

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The eMEN (Ireland) Briefings Series

This is the first in a series of eMEN project Briefings on aspects of the eMental Health ecosystem in Ireland. eMEN is a project part-funded under the Interreg North-West Europe programme, with a focus on supporting development and deployment of eMental Health to help address challenges facing mental healthcare systems in Europe. Mental Health Reform is the Irish partner in the project, with HSE providing the co-financing alongside the Interreg part-funding. eMEN also has partners from the Netherlands, Belgium, UK, France, and Germany, with involvement of a mix of mental health service providers, eMental Health developers, researchers and other organisations.

The Irish eMEN briefings provide useful information and analysis on the opportunities and potential demand for eMental Health in different settings. The data and analysis draw extensively on a compilation of statistics and other information about the Irish eMental Health ecosystem prepared for the Irish eMEN project by WRC research consultancy. This covered three main sectors/settings: general population, and associated public, private and third sector services; employment-related settings – employees & unemployed, employer & employment services; and third level education – students and student support services.

This first briefing was prepared to coincide with the eMEN international seminar on 'Technology and Student Mental Health' held in Dublin on 18th June, 2019. Apart from its local relevance in Ireland, the topic is also relevant at the European level, for example in the context of the European Union's activities in the European Higher Education Area (EHEA).

eMental Health

A recent Irish review of the eMental Health field has suggested a broad definition of eMental Health - *'technology-supported provision of mental health services and supports'*.¹ Relevant technologies include telecommunications (phone, video, online); online and computer-based programmes; mobile apps; virtual reality; gaming; social media; data analytics; and many more. This state-of-the-art report organises and discusses the field around a number of important application domains (Exhibit 1). These have relevance across the different components of the overall mental healthcare and support ecosystem, including formal mental health services, third sector and peer support organisations, and self-help activity by people with mental health issues.

Application domains outlined in the report including telecommunications (phone, video, online); online and computer-based programmes; mobile apps; virtual reality; gaming; social media; data analytics; and many more. (Exhibit 1).

Exhibit 1. eMental Health Application Domains

- Telemental health (enabling consultations at a distance)
- eTherapy (online therapeutic programmes)
- Ongoing support for enduring mental health difficulty (e.g. for medication management)
- Other innovative additions to the treatment toolkit (e.g. virtual reality, serious gaming)
- Crisis support and suicide prevention (e.g. crisis text services)
- Information and psycho-education (online self-help)
- Peer support (online groups and other applications of social media).



Telemental health includes telepsychiatry applications to provide improved access to specialists in primary care settings and emergency departments, and telepsychology/counselling arrangements enabling remote client-practitioner therapy sessions. Emerging communication modes, such as instant chat, are increasingly employed to reach and engage with the demographic groups that favour these. eTherapy applications, combining online self-directed usage with varying levels of therapist assistance, are beginning to be available in programmes providing psychological therapies at scale for common conditions such as mild/moderate depression and anxiety. Mobile applications show promise in supporting ongoing care management and self-management for people with enduring/severe mental health conditions.

Gaming applications are used to support treatment provision and engagement for young people, and virtual reality has important application in the treatment of phobias and other conditions. Online platforms are providing organised repositories of mental health information and psycho-education modules, as well as peer support fora and other group-based applications.

1. Cullen K (2018) eMental Health: State-of-the-Art and Opportunities for Ireland. <https://www.mentalhealthreform.ie/wp-content/uploads/2018/10/eMental-Health-State-of-the-art-Opportunities-for-Ireland-Full-Report.pdf>

Exhibit 2 presents an overview of some of the potential benefits of eMental Health.

Exhibit 2. Potential benefits of eMental Health

- Wider reach of mental health services and access to these; including reaching people reluctant to utilise more traditional forms of service
- Cost-efficiencies in delivering high-volume services
- Treatment innovation and enhancement
- More user involvement and empowerment
- Expansion of self-help and access to peer support

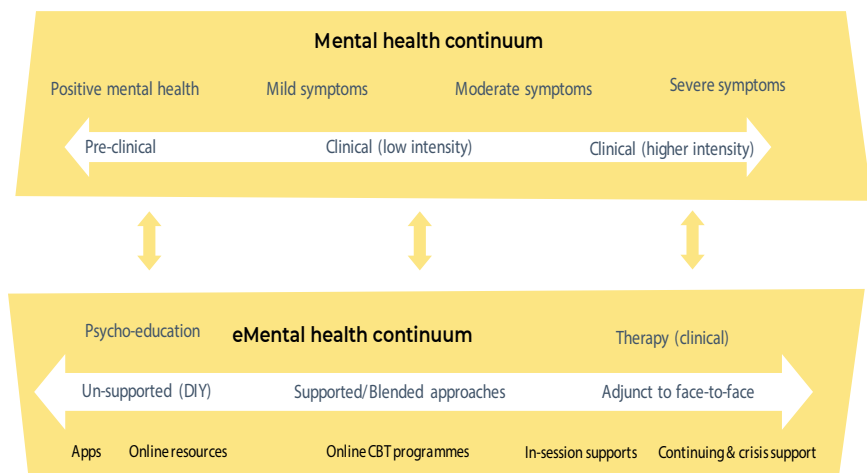
Current evidence and practice suggest that eMental Health offers considerable potential, and some fields of application are already quite mature. eMental Health applications can help to empower people with mental health conditions to engage more effectively in their recovery through self-help, access to peer support, and new ways to participate in jointly managing treatment and recovery pathways with clinicians. They can also help mental health services to address the large treatment gaps that prevail for common mental health conditions, as well as the current limitations on effective continuity of care for people with enduring conditions. For some hard-to-reach groups reluctant to utilise traditional mental health services, eMental Health may offer a more acceptable way to access support.





Exhibit 3 presents a schematic view of how eMental Health can address different needs along the mental health continuum. The eMEN project focuses especially on eMental Health applications that can provide increased access to supports for the large numbers of people with common mental health conditions, such as anxiety and depression. Of particular interest are supported/blended approaches that combine self-directed usage of online programmes with human support from a therapist or other trained supporter.

Exhibit 3. eMental Health and the mental health continuum

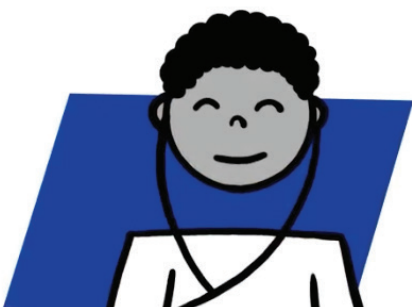


Third-level students – an important target group for mental (and eMental) health supports

Currently, just over 225,000 students are attending third level education in Ireland. Almost 80% of the 179,500 undergraduates are in the 18-24 years age group; overall, about two-thirds of Irish school-leavers now progress to higher education, either straight after finishing school or in the subsequent year or two. This means that third level education is an important setting for addressing mental health issues in Ireland, especially for the young adult age group. The setting has relevance both for mental health promotion purposes and for delivery of services and supports for young adults experiencing mental health difficulties.

Mental health of the core college-age cohort

A variety of sources provide data and analysis on the mental health status of third-level students and the wider college-age cohort in Ireland. One source is the Irish Health Survey of 2015 (conducted as part of the wider European Health Interview Survey – EHIS), which utilised the Patient Health Questionnaire (PHQ-8) scale to measure depressive symptoms. Both Eurostat and the Central Statistics Office (CSO) in Ireland present data from this survey.



The Eurostat analysis indicates higher prevalence of depressive symptoms (moderate, moderately severe, or severe) among adolescents and young adults compared to other age groups in Ireland, and considerably higher than the average for their peers across the EU (**Exhibit 4**).

Exhibit 4. Prevalence of depressive symptoms by age group in Ireland and the EU²

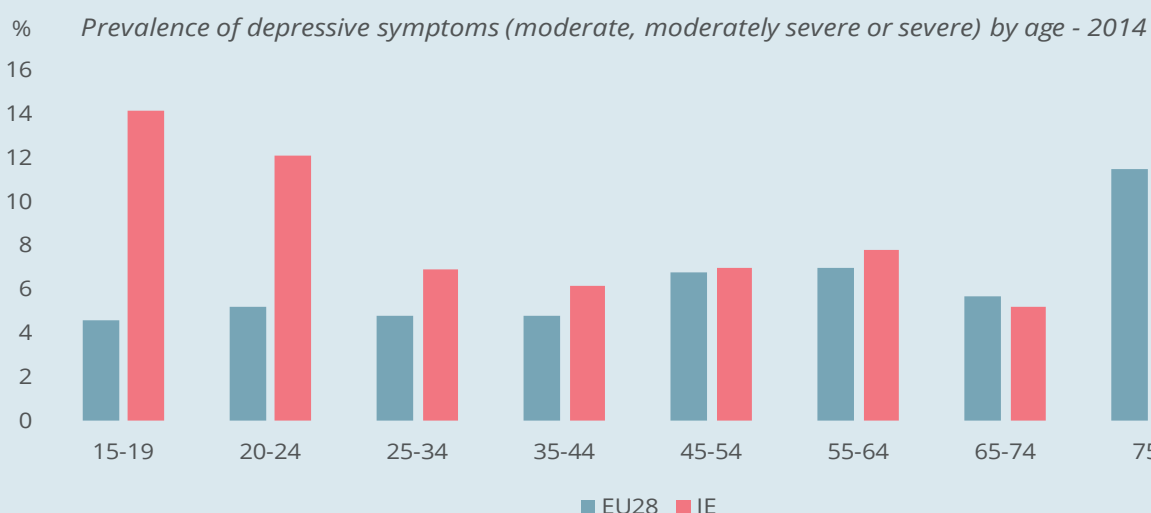


Exhibit 5 presents the data for the adolescent and young adult age groups in Ireland, broken down by gender, with estimation of the approximate numbers of young people in each grouping. This shows a higher prevalence of depressive symptoms amongst females, with this especially pronounced in the 15-19 age group.

Exhibit 5. Levels of depression symptoms in adolescents and young adults in Ireland³

Age and gender groups		Mild		Moderate		Moderately severe or severe		All	
		#	%	#	%	#	%	#	%
15-19	Male	18,600	12.0	10,200	6.6	2,200	1.4	31,000	20.0
	Female	24,800	16.8	18,300	12.4	13,300	9.0	56,500	38.2
	All	43,400	14.2	28,500	9.3	15,500	4.9	87,500	28.4
20-24	Male	30,000	21.8	9,800	7.1	4,500	3.3	44,300	32.2
	Female	36,700	27.0	12,400	9.1	6,100	4.5	55,200	40.6
	All	66,700	24.5	22,200	8.1	10,600	4.0	99,500	36.6

2. Eurostat: Data based on EHIS (2014/2015)
https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mental_well-being_and_social_support_statistics#Current_depressive_symptoms

3. CSO: QNHS Special Module – Irish Health Survey (2015) <https://www.cso.ie/en/releasesandpublications/ep/p-ihs/irishhealthsurvey2015/ct/>



The My World survey of young adults conducted in 2011 also found substantial numbers experience mental health difficulties to varying degrees of severity based on scores on the Depression, Anxiety and Stress Scale (DASS-21) (**Exhibit 6**). Third level students in the survey had a similar profile to the overall sample of young adults on these indicators.

Exhibit 6. Prevalence (%) of self-reported mental health difficulties - Irish young adults (17-25)⁴

	Depression	Anxiety	Stress
Normal range	60	63	70
Mild	12	8	10
Moderate	14	15	10
Severe	6	5	7
Very severe	8	9	3
	100	100	100

Recent evidence gathered through the 2016 Healthy Ireland survey also suggests the potential value of positive mental health promotion amongst this age group.⁵ This measured ‘positive’ mental health using the Energy and Vitality Index (EVI) and ‘negative’ mental health using the Mental Health Index – 5 (MHI-5). Only a minority in the 15-24 years age group had positive mental health (20% of males; 11% of females) and sizeable proportions had negative mental health (8% of males; 17% of females), indicating that many of this age cohort might benefit from guidance on optimising their mental health/wellbeing.

Data from the My World survey and other sources⁶ indicate a range of additional mental health issues amongst college students and the wider college-age cohort. These include risky lifestyles, especially alcohol and other substance abuse. Gambling addictions appear to be another emerging issue. These sources also show worrying levels of lifetime deliberate self-harm, suicidal ideation, and suicidal acts.

The adolescent and young adult years are also a period where more severe and enduring conditions, such as psychoses, often first become manifest. Each year, an estimated 1,500 people develop psychosis in Ireland, and two-thirds of presentations occur before the age of 35.⁷

3. CSO: QNHS Special Module – Irish Health Survey (2015) <https://www.cso.ie/en/releasesandpublications/ep/p-ihs/irishhealthsurvey2015/ct/>

4. Dooley and Fitzgerald (2012) My World Survey: National Survey of Youth Mental Health in Ireland. <http://www.ucd.ie/t4cms/MyWorldSurvey.pdf>

5. HEALTHY IRELAND SURVEY 2016 <https://health.gov.ie/wp-content/uploads/2016/10/Healthy-Ireland-Survey-2016-Summary-Findings.pdf>

6. Cannon M, Coughlan H, Clarke M, Harley M, Kelleher I (2013) The Mental Health of Young People in Ireland: a report of the Psychiatric Epidemiology Research across the Lifespan (PERL) group. Dublin: Royal College of Surgeons in Ireland.

7. HSE (May, 2019) National Clinical Care Programme for Early Intervention in Psychosis: Model of care. <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/psychosis/resources/ncp-eip-cbtp-standard-operating-procedure-jan-2019.pdf>

Unmet mental health needs

Available Irish data shows growing demand for college mental health services, as well as challenges to provide for this through reliance solely on traditional face-to-face counselling services (Exhibit 7). Further development of mental health promotion in third level settings is also important, as well as enhancement of supports for students with more severe and enduring conditions, and greater attention to early intervention in psychosis in this setting.

A growing demand for college mental health services, as well as challenges to provide for this through reliance solely on traditional face-to-face counselling services (**Exhibit 7**).

Exhibit 7. Unmet mental health needs

- Student mental health services in Ireland report substantial increase in demand for their services in recent years, resulting in longer waiting times
- Current data suggests that only about half of college students who might benefit from counselling-type or similar supports are receiving this
- There appears to be limited attention to early intervention in psychosis and to innovations in support for students with more severe and enduring conditions
- Although there have been initiatives on mental health promotion amongst college students, the evidence suggests that further efforts in this area are warranted

Current data suggests that about 5% of college students across Ireland attend campus student counselling services.⁸ However, student mental health services report a substantial increase in the numbers seeking their services in recent years, resulting in longer waiting times. It is likely that significant numbers who might benefit end up not availing of counselling, and opportunities for early intervention and prevention of longer-term consequences are missed. Evidence from Ireland and the UK indicate 10% or more may avail of these services when there is sufficient capacity and good access. For example, one Irish service annually supports this volume of students through a combination of face-to-face services and a supported online CBT programme.⁹



8. Karwig G et al, (2015) Reaching Out in College: Help-Seeking at Third Level in Ireland. Dublin: ReachOut Ireland.

9. TCD (2014) Student Counselling Services. Annual Report 2013-2014.

Potential contribution from eMental Health

The data on prevalence of mental health issues amongst the student age group, as well as the more general digital readiness of this demographic, indicate a substantial potential contribution from increased utilisation of eMental Health in third-level education settings. This includes innovative approaches to positive health promotion, better access to support for students with common mental health issues, and enhanced supports for students with more severe and enduring mental health conditions.

Already, utilisation of eMental Health in this sector has been slowly growing in Ireland. This includes phone helplines, online CBT provided through a range of supported/blended arrangements, online psychoeducation resources, and mental health apps developed for Irish students. Exhibit 8 presents some examples of these.

Exhibit 8. Some existing examples of eMental Health in third level settings

- Online CBT programmes (e.g. Silvercloud)
- Online social anxiety programme (Participate)
- Student-led initiatives (e.g. USI's +Connections app)
- Telemental health (e.g. Niteline phone-based support; video- and phone-based counselling)
- Sign-posting to useful online programmes and apps available externally

As part of the range of supports provided by student counselling services, a number of Irish universities now offer the *Silvercloud* online CBT programme and/or the *Participate* online programme for social anxiety (developed in NUIG). USI have developed the *+Connections app* for students, with functions that promote positive mental health and provide connections to various support services. *Niteline* is a phone-based listening, support and information service, run by and for the students of a number of universities and third level colleges.



Next steps?

Exhibit 9 identifies some aspects of eMental Health warranting further attention in third level settings.

Exhibit 9. Some aspects of eMental Health for further attention

- Online mental health programmes promoting positive mental health and building resilience
- Exploiting the potential of social media for mental health promotion and peer support
- Online therapy & telemental health, both for common mental health conditions and for more severe and enduring conditions
- Leveraging third level eMental Health innovation capacity to develop new approaches
- Basic/applied research to further understand eMental Health benefits, risks and effectiveness
- eMental Health in curricula for mental health practitioners - initial and continuing education



Positive mental health programmes & opportunities presented by social media

Technology-supported approaches have strong potential for promoting positive mental health, including online programmes and opportunities presented by social media. Alongside the focus on mitigating the negative impacts of social media on young people's mental health, developments in exploiting the positive potential for mental health promotion are also important. The *Good Thinking* approach in London is an interesting example of this, using social media to identify people who might benefit from their online mental wellbeing supports and sign-post them to these.¹⁰

In some countries, college campuses are implementing internal social media platforms to support all aspects of college life and student experience. These developments present many new opportunities for reaching students with mental health issues, sign-posting to available supports, and research on mental health issues across the student body.



Online therapy and telemental health

Although some student counselling services now offer online CBT programmes, only a minority of services across third level institutions in Ireland currently provide this. Available research evidence shows promising results for effectiveness of these programmes in addressing depression, anxiety and stress amongst third-level students¹¹, and it is worth considering a substantial expansion of provision of these types of supports across the country. Suggested uses include offering as an alternative to face-to-face counselling (preferably with some human support), where clinically appropriate and preferred by the student; as an adjunct to face-to-face counselling (e.g. for usage between sessions); or as an option to offer as an interim measure for students on waiting lists for face-to-face counselling.

10. <https://www.good-thinking.uk/>

11. Davies E, Morriss R, Glazebrook C (2017) Computer-delivered and web-based interventions to improve depression, anxiety and psychological well-being of university students: A systematic review and meta-analysis. *Journal of Medical Internet Research* 2017; vol. 6; issue 3.



Further development of online therapy and telemental health as a component of student mental health support services offers significant potential to enhance reach and access in cost-effective ways. In the Irish context, reaching an additional 5% of students in this way would approximately double the number of students receiving this level of mental health support (from about 11,000 to 22,000+).

Nevertheless, technology-supported approaches should not be seen as a replacement for one-to-one supports, particularly for students who would benefit from more traditional talking therapy, and students should have choice in the options they can avail of. In addition, research evidence shows that online therapy programmes that include some level of human support tend to be more effective than unsupported approaches.

Technology-supported approaches also have growing potential for supporting students with more severe and enduring conditions. Under disability and equality legislation, colleges have duties to support students in these circumstances. Relevant applications of technology include better communications and integration of care between college and external mental health services, and usage of apps and other innovations to facilitate continuity of engagement between students and college counselling or psychiatry services.



Research and innovation

Much of the innovation in eMental Health originates from university-based research and development activity, some emanating from mental health faculty and some from technology/media faculty. The scope for increased leveraging of the synergies between these faculty is considerable, as well as for working more closely with student mental health services in this context. Further basic and applied research is also important, for example, to further develop understanding about the efficacy of eMental Health approaches, particular sub-populations for whom it may be more (or less) helpful, and how it can be effectively implemented into services. The international Caring Universities project is an interesting example of an innovative approach in this field.



Courses/qualifications in eMental Health

Finally, universities in some countries (e.g. the Netherlands) are beginning to offer professional courses or course modules on eMental Health as part of psychology and allied health professional curricula. Inclusion of eMental Health in third level curricula in Ireland would be useful, focusing both on applied skills (for those who will work as mental health practitioners) and on innovation/RTD skills in this field.

12. <https://caring-universities.com/>

13. www.mentalhealthreform.ie/wp-content/uploads/2019/06/eMental-Health-Interventions-by-Prof-Jacques-van-Lankveld-Open-University-of-the-Netherlands.pdf

