



MindGuard

MINDGUARD Transnational Report



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Project Information

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1. Executive Summary

This report describes the state-of-the-art regarding existing policies and challenges about mental health among students and faculty in academic settings in Ireland, Belgium, the Netherlands, Greece, and Cyprus.

The main aim of the project is to enhance the mental health and well-being of higher education students and staff by using participatory methods and innovative digital tools.

The specific objectives are:

- Build an inclusive higher education system through comprehensive user-centred training tailored to HE settings, focusing on MHFA to support the mental health of students and academics.
- Enhance the knowledge and skills of faculty, staff and students and develop their confidence in supporting their peers' mental wellbeing.
- Promote early intervention and reduce the stigma surrounding mental health issues.
- Improve students' understanding and empathy towards mentally ill peers through interactive experiences.
- Foster a supportive campus environment that promotes mental health awareness and reduces stigma, contributing to creating inclusive environments that foster equity and equality, which are responsive to the needs of the wider community.

This joint report is the final product of the first work package, summarising the results of the national research reports of Ireland, Belgium, the Netherlands, Greece, and Cyprus. Specifically, it focuses on the existing policies regarding mental health in Higher Education Institutions, the challenges and needs, gaps, and best practices regarding the promotion of mental health awareness and preparation of students and staff to respond efficiently to critical situations.

2. Introduction

Mental health issues among youth have dramatically increased over the past decade. Specifically, mental health issues among higher education students have become a pressing concern worldwide (Sanders, 2023; Sivertsen et al., 2019). Several studies showed that university students often experience high levels of stress, anxiety, and depression, which can significantly impact their academic performance, psychological well-being and future prospects (OECD, 2022; UNICEF, 2021; Sanders, 2023).

Inclusive academic environments play an essential role in promoting mental health awareness among students and staff. In the last few years, European countries and others have established policies, protocols, and practices to respond to this growing concern. However, existing policies, according to the findings of the transnational report/desk research, survey, and focus group findings, were not sufficient to eliminate mental health



issues or even equip students and staff with the necessary skills to respond to critical situations. Therefore, the Mind Guard project is aiming to address these issues through an inclusive approach and overcome any challenges in all partner countries.

3. Research Methodology

The Mind Guard Project consisted of two phases:

1. Desk Research:

Each partner country conducted a brief literature review on existing policies regarding mental health in higher education institutions, specific challenges that can hinder the promotion of mental health awareness among students and staff, gaps, and best practices that are currently used and can be adopted and/ or adapted. The research questions that guided the desk research were the following:

- What are the existing policies, frameworks, and guidelines for mental health first aid (MHFA) in HEIs at the national level?
- What are the key challenges and barriers to implementing mental health education and first aid training in academia?
- What are the knowledge, skills, and confidence gaps among students and academic staff regarding mental health first aid and peer support?
- What best practices and successful models exist in academia (both nationally and across the EU) for mental illness prevention and first aid training?

2. Field research:

Each partner country conducted one focus group and distributed online surveys to university and college students, academics, administration and professional staff working in Higher Education, and mental health experts. The focus group and survey questions covered the same thematic areas as in desk research (existing policies, challenges, skill and gaps, best practices). The participants provided their consent for the use of the data via a written form.

4. Desk Research Results

For the analysis of the desk research results, a thematic-based approach was used to allow the identification of common policies, challenges, and any gaps across partner countries. At the end of the section, there is a list of best practices per partner country for inspiration.

4.1. Existing Policies

All partner countries have documented their existing policies, frameworks, and guidelines for mental health first aid (MHFA) in their HEIs. It was noticed that none of the partner countries has mentioned a unified policy regarding mental health first aid for students and faculty. However, each partner has documented similar policies and frameworks regarding mental health and different initiatives that are taking place in their institutions.



The following policies are in place to promote mental health awareness and mental health first aid in the partner countries.

A. Cyprus

- The Ministry of Health has established the Cyprus Mental Health Commission, which was set up in 2019 to develop and implement policies for the promotion of mental health and the prevention of mental disorders in the country. The Commission is responsible for the development of action plans and strategies to address mental health issues, including those affecting university students.
- All public and private Universities have established their own mental health centres to provide counselling services to their students. The Counselling Centres exist as a part of the academic mission of each institution.
- MHFA training is usually provided on a voluntary and sporadic basis, lacking institutional policy backing or curricular integration.
- The use of non-hierarchical peer supervision groups facilitated by mental health professionals was mentioned in Cyprus' report as one of the initiatives to promote mental health awareness.

B. Greece

- Greece established the [National Action Plan for Mental Health \(2021-2030\)](#) in 2021, which is organised around 10 key intervention axes aimed at reforming and enhancing mental health services. However, there is no measure for Higher Education Institutions, including students and faculty.
- All Public universities across the country have student counselling centres (e.g., the [Counselling Centre for Students at the National and Kapodistrian University of Athens](#), and the [Counselling and Guidance Centre of the Aristotle University of Thessaloniki](#)). These centres are operating under the law 4485/2017 and provide services, typically free of charge and accessible to both undergraduate and postgraduate students.
- No specific actions are documented regarding MHFA training. However, initiatives include two programs of voluntary peer mentoring at the University of Athens-UOA ("By students- for students"), where students receive online support in the format of forums or live sessions on the University campus.

C. Netherlands

- The Netherlands has had the Student Well-being Action Plan since 2018.
- Since 2021, there has been a national Mental Health and Substance Use Monitor for students in higher education (MMMS) conducted by a multi-stakeholder consortium.
- Indeed, a national framework regarding mental health in academic settings (action plan from 2023 until 2030) has been established. This framework allows higher education institutions to obtain financial resources to promote mental health awareness and support students and staff.



- However, no MFHA training has been implemented in academia.
- The consideration of digital tools is mentioned in university-level documents ([University of Groningen, 2024a](#)).

D. Ireland

- Ireland has established the National Student Mental Health and Suicide Prevention Framework (HEA, 2020), which represents the first coordinated national policy effort to provide guidance for HEIs on addressing student wellbeing.
- Another foundational initiative is the Mental Health First Aid (MHFA), which has delivered certified training across numerous HEIs, targeting both academic staff and student leaders.
- Integration of MHFA in curricula. For example, institutions such as the Royal College of Surgeons in Ireland (RCSI) have incorporated MHFA directly into their pharmacy curricula, while others offer it as voluntary training.
- University-level strategic documents also demonstrate commitment to mental health.

E. Belgium

Belgium does not have a national mental health strategy specifically targeting Higher Education Institutions (HEIs), as both education and health are devolved competences managed separately by the country's three language-based communities: the Flemish Community, the French Community (Wallonia-Brussels Federation), and the German-speaking Community. Therefore, the following section will be divided in three subsections, one for each community.

E.1. Flemish Community

- Belgium has established the Support Centre for Inclusive Higher Education (SIHO), which plays a key role in shaping mental health strategies for students in higher education.
- One initiative that is mentioned is the MoodSpace (www.moodspace.be) tool, which is an online platform developed for students, offering information, self-help tools, and e-mental health interventions.
- While there is no formal MHFA programme across HEIs, the Belgian Red Cross (Flanders) has published evidence-based guidance for laypeople on providing first aid for mental health problems (Stroobants et al., 2023).
- Another initiative is the MindMates program, which is a student-led network focused on raising awareness, reducing stigma, and fostering a culture of openness around mental health through events and peer discussions.
- Other initiatives include the following: a. "Feeling Good at UGent" framework at Ghent University, which combines preventive actions, direct support, and awareness-raising activities, b. Trustpunt, a confidential support service. Through Trustpunt, students can report transgressive behaviour and receive advice, support, or engage in a confidential conversation (Trustpunt, 2025). c.



Mindful Mundus, an EU-funded mental health and intercultural competence project for Erasmus Mundus students, which provides workshops, webinars, and peer-led support (Mindful Mundus, 2025). “Talk it out!” initiative is specifically designed for international students and aims to create peer support groups by students, for students. “The Resilient Student”, developed jointly by the Applied Psychology (Learning Park) degree programme and Student Services. This programme provides training sessions on seven core themes relevant to student life, including fear of failure, procrastination, stress resilience, worrying, assertiveness, and trusting one’s own inner strength.

E.2. French Community

- The Service de santé mentale (SSM) – PsyCampus offers psychological support to all students, whether or not they are members of the University, and to Université libre de Bruxelles staff.
- Université catholique de Louvain has its own Student Support Service, which offers free and confidential individual counselling sessions conducted by professional psychologists.
- Other initiatives include group activities, peer support initiatives, and encouraging students to assist one another through programmes like “Venir en aide à un ami” (Helping a Friend) (Soutien psychologique, 2025).

E.3. German Community

In the German Community, similar practices to those in the French-speaking region are followed.

4.2. Key challenges

According to the desk research reports from all partner countries, the main challenges to implementing mental health education and first aid training in academia are the following:

- **Stigma concerning mental health issues.** Most reports have identified stigma for mental health issues and self-stigma as important challenges for implementing a successful mental health first aid training in HEIs. Indeed, a persistent stigma around mental health is an important barrier to help-seeking behaviours among students and staff.
- **Lack of formal MHFA frameworks.** All the partner countries have identified the variability of institutional commitment in MHFA and mental health initiatives. For instance, Greece’s report described the fragmentation in terms of the services offered to students and staff, while in Belgium’s report, a similar challenge was mentioned; that is, the fragmentation of policy around mental health in academia. Furthermore, Cyprus’s report has indicated the absence of clear institutional policies on mental health response, such as inadequate policy development,



including clear referral protocols, emergency response guidelines, and confidentiality protections.

- **Under-resourcing of counselling services.** Ireland, Belgium, Greece, and the Netherlands' reports have recognised this barrier consistently. The low accessibility of services in rural areas in Greece has been mentioned while Ireland, Belgium, and the Netherlands reported other similar barriers, such as the lack of institutional support and difficulties concerning information provision. Students and staff are not well-informed about available counselling services.
- **Lack of mental health literacy.** Almost all the partner countries, except Greece, have emphasised the importance of mental health literacy. Mental health literacy refers to the knowledge and beliefs individuals have about mental disorders, including their recognition, management, and prevention. Therefore, a lack of mental health literacy or low levels of mental health literacy can prevent help-seeking behaviours and other actions.
- **Digital exclusion, low digital literacy, and interventions.** Even though all the partner countries have mentioned the use of digital tools to promote mental health education in academia, one of the main challenges that is being emphasised by Ireland and the Netherlands is digital disparities and integration gaps. Specifically, the integration of digital tools into institutional mental health strategy is sometimes ad hoc or not effectively promoted by the Universities. Simultaneously, low digital literacy skills are an important barrier to the use of these digital tools/platforms.
- **Staff burnout and workload.** Reports from the Netherlands and Cyprus have identified staff burnout and heavy workload as barriers to promoting and implementing mental health education. For instance, Ireland's report has indicated that academic staff frequently report a lack of time and institutional support to engage in mental health training. In some cases, staff fear repercussions for acknowledging their own mental health struggles.

Figure 1 summarises the key challenges identified in the desk research from all partner countries.



Key challenges

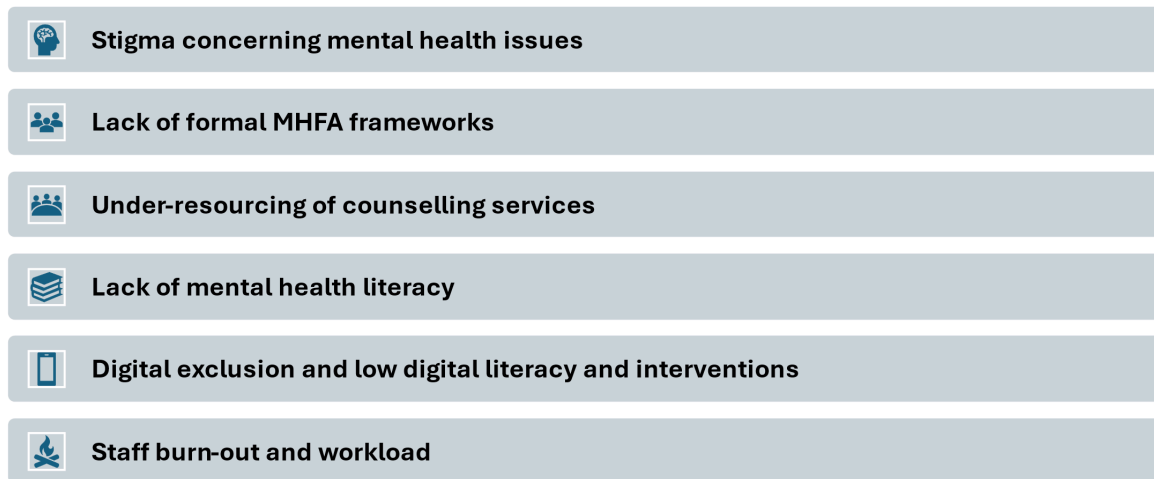


Figure 1: Key challenges identified in desk research

4.3. Gaps

Based on the identified challenges, the desk research identifies the following confidence gaps among students and academic staff regarding mental health first aid and peer support. The gaps can be divided in three categories: gaps among students, among staff, and gaps regarding digital competence.

1. Among students: The findings of the transnational report and desk research of this project revealed that students do not feel confident in supporting their peers in need. There is limited formal MHFA training and no integration of mental health education in the curricula, except for medical/health programs in most countries. Greece's report has also indicated the accessibility of internal support mechanisms as an important gap in mental health support for students. Specifically, students, in most cases, do not know where to locate the available support centres or how to find information about them. This problem can be attributed to the lack of clear protocols and policies regarding mental health, as suggested by Cyprus's report.
2. Among staff: Lack of knowledge and improper mental health literacy among academic and administrative staff have been identified by most partners as important gaps in MHFA. Staff often feel ill-equipped to identify and respond to mental health issues. Belgium's report has also indicated an important gap in the lack of formal MHFA training among staff and the limited time. Cyprus' report commented that MHFA is taking place sporadically and on a voluntary basis. As a result, staff are not feeling confident enough to deal with students in need or implement any strategies regarding mental health emergency issues. It is also important to note that most

- MHFA trainings and policies are referring to students' mental health, often leaving staff ill-equipped to deal with their own struggles effectively.
3. Digital competence: Most of the partners have indicated that there is an emergent need for developing digital literacy among staff and students regarding safe and effective use of online mental health tools. Ireland, Cyprus, the Netherlands, and Belgium's reports have pointed out that limited digital technologies/tools are used for the promotion of mental health education in academic settings. While students and staff have expressed openness to tools like virtual simulations and AI-driven resources, these innovations are not yet systematically integrated into mental health education or institutional strategies. Similarly, peer support structures remain underdeveloped. Therefore, the lack of digital literacy remains a major gap regarding mental health first aid and peer support mechanisms.

Figure 2 summarises the confidence gaps identified in the desk research from all partner countries.

Gaps



Figure 2: Gaps identified in desk research

4.4. Best practices

Below, there is a collection of ten best practices (2 from each partner) and successful models that exist in academia (both nationally and across the EU) for mental illness prevention and first aid training. Each partner country has provided four to five best practices and models. Due to limited space, only two practices from each country have been included



in this report. These practices can serve as an inspiration for the MindGuard project and/or any other future actions related to mental health education in HEIs.

A. Cyprus

Best practice No 1

<p>GOOD PRACTICE/POLICY: Mental Health Policy DOCUMENT TITLE: Student Mental Health Policy AUTHOR(S): Carol Murray Head of Student Counselling and Support C.J.Murray@hw.ac.uk 0131 451 3387 WEBSITE/LINK: https://www.hw.ac.uk/documents/mental_health_policy.pdf</p>	
<p>Summary of the Good Practice (GP)</p>	<p>The document outlines the University's commitment to mental health support for students, and in addition, it outlines the actions that the University will take to respond to concerns.</p>
<p>Goal(s) of the document</p>	<ul style="list-style-type: none"> · To develop a coordinated global campus strategy for the promotion of the mental health of all students, including suicide prevention initiatives · To provide a coordinated approach to the management of students' mental health difficulties and to deliver effective management of cases where there is an emergency and/or serious risk of harm or suicide · To provide effective and accessible support to students, making reasonable adjustments as necessary · To engage with external partners such as Health Providers to promote and improve access for students to community and specialist resources · To ensure effective operation of relevant enabling policies for students with mental health problems, including Equality and Diversity, Admissions, Mitigating Circumstances, and Temporary Suspension of Studies.
<p>Target group(s)</p>	<p>University students</p>
<p>Main intervention strategies</p>	<p>The policy includes information:</p> <ul style="list-style-type: none"> - about the procedures that need to be followed in cases of students' mental problems - about signs of mental health problems (useful for staff) - contact details about university support services - Other sources of information regarding Mental Health



Rationale for choosing the GP	It is a well-written policy aiming to inform the students about the support services provided by the University. Furthermore, the establishment of such policies can help the students reduce the stigma of mental health problems.
Theories used (cited)	Equality Act 2010
Needs/problems addressed by the GP	It is a detailed document that addresses the need in Higher Education for more information regarding students' mental health.
Possible benefits/resources derived from the GP	Good structure Definitions of mental illness, clear and detailed procedures that could be adopted by similar institutions in Higher Education.
Has the GP had an impact on policy? Has it been implemented successfully in practice?	Yes, it is implemented in Heriot-Watt University.

Best practice No 2

Title	ETUCARE programme
Duration of implementation	Participants were given access to an e-learning module of the ETUCARE program every week during the 8-week intervention period.
Target group (s) addressed	University students
Description/Objectives	To assess the effectiveness of an 8-week online intervention called ETUCARE, integrating a variety of evidence-based strategies for improving French university students' mental health.
Challenges addressed	The sample was small and predominantly female, which limited the generalisation of results. Recruitment was carried out on an exclusively voluntary basis, and hence participants may have had greater motivation and higher readiness for change than the general student population.
Methodological approach used	The intervention group was composed of participants who received the ETUCARE program, and the control group comprised students on a waiting list who did not follow the program during the study period.



Results/ Impact	The findings revealed that participation in the online self-help program was associated with higher levels of psychological well-being post-test and fewer clinical symptoms of psychological distress, anxiety, and alcohol consumption among university students.
Innovative aspect/ Success factors	Each e-learning module had a duration of 45 minutes and contained psychoeducation information, videos, student experiences, tools, quizzes (e.g., sleeping habits, identifying stressors, etc.), and a number of weekly exercises based on evidence-based practices. Exercises took 5 to 15 minutes, enabling them to be carried out within busy academic schedules.
Financial and sustainability model	No external funding
Contact details of the leading organisation	Instance Régionale D'éducation et de Promotion de la Santé, 21000 Dijon, France
Link/ Website (if any)	Link for the article: Theurel A, Witt A, Shankland R. Promoting University Students' Mental Health through an Online Multicomponent Intervention during the COVID-19 Pandemic. Int J Environ Res Public Health. 2022 Aug 22;19(16):10442. doi: 10.3390/ijerph191610442

B. Greece

Best practice No 3

Title	Positive psychology intervention programme
Duration of implementation	Five psychoeducational sessions, between 1.5 and 2 hours, over five weeks
Target group (s) addressed	University students 75 students from civil and mechanical engineering educators' classes of ASPETE
Description/Objectives	The aim of the study was to examine the effectiveness of an intervention programme based on principles of positive psychology on young students' positive and negative emotions, resilience, happiness, optimism, and self-esteem.
Challenges addressed	University students are asked to face various obstacles when transitioning to university life after high school context. Their well-being is linked to the positive emotions they experience. Up to this point, though, the focus is on academic performance rather than students' mental health, with some interventions done at the school levels.
Methodological approach used	The approach was based on principles drawn from psychology intervention programs such as the 8-week positive psychotherapy group by Parks and Seligman (2007), the how of happiness (Lyubomirsky, 2007), and the Acts of Kindness interventions (Aok) (Lyubomirsky et al., 2005). During each session, two psychologists introduced the new content, and students reported their everyday experience while filling in worksheets with weekly exercises such as



	naming three good things, writing a gratitude letter, identifying and using strengths, savouring, kindness, and life summary. The students in the experimental group of the research filled in a survey where emotions were measured by the Modified Differential Emotions Scale-mDES constructed by Izard (1977) and modified by Fredrickson (2009), resilience was measured by the Connor-Davidson Resilience Scale (CD-RISC; Connor and Davidson, 2003), happiness was assessed by the Subjective Happiness Scale-SHS (SHS; Lyubomirsky and Lepper, 1999), optimism was assessed by the Life Orientation Test-LOT-R, and self-esteem was measured by the RSES (Rosenberg et al., 1995).
Results/ Impact	The intervention significantly increased positive emotions, resilience and self-esteem among the sample students of the experimental group showing the benefits of such experience on students' overall well-being. Optimism was particularly positively affected.
Innovative aspect/ Success factors	The suggested approach is focused on prioritising students' strengths rather than weaknesses. This includes building on their positive emotions, psychological resilience, subjective happiness, optimism and self-esteem, which all together help them draw from their existing resources.
Financial and sustainability model	Financial support for dissemination from the Special Account for Research of ASPETE through the funding program "Strengthening ASPETE's research".
Contact details of leading organisation	Counselling Centre of Pedagogical and Technological Education (ASPETE)
Link/ Website (if any)	



Best practice No 4

Title	Setting the ground for a multi-level approach to developing soft skills in Higher Education
Duration of implementation	Dec 1, 2020 - Sep 30, 2023
Target group (s) addressed	Higher Education students
Description/Objectives	<p>The objective of the project was to advance practices in the education of students in Higher Education (HE), dealing with challenges and opportunities related to transversal skills development. The issue of transversal skills development in HE is often addressed through programs that are simply piecemeal efforts. Instead, a system-based approach could add value to reduce fragmented efforts and increase the efficiency of these initiatives.</p> <p>The objectives of the LEVEL UP project were (1) To provide new understanding on transversal skills, by bringing together the most up to date knowledge across different fields, and scientific disciplines; (2) to develop innovative educational material and tools for transversal skills training; (3) To integrate all the produced material in a pragmatic and applicable framework for transversal skills training, using a systems-based approach.</p>
Challenges addressed	<p>There is a consensus that the focus in the 21st century should be placed on preparing students for work, active citizenship and life. Broad, “transversal” skills beyond academic knowledge, such as the ability to collaborate, to be prosocial, to communicate effectively, to be curious and creative, to show critical thinking and problem solving, and to show agility and adaptability, are now an emerging trend for tackling the global challenges. Although students in higher education commonly graduate with excellent technical academic skills to do well in their future profession, it is highly debated whether higher education graduates have also developed sufficient soft skills essential to do well at the workplace.</p>
Methodological approach used	<p>The Level UP intervention was designed to develop a framework that lies in a multi-level support system that follows a linear, progressive fashion, starting from the broader application to the narrower one.</p> <p>The main activities of the project were:</p> <ol style="list-style-type: none"> 1. Systematic review on the effectiveness of soft skills training for university students and stakeholders' consultations on which skills are the most important and trainable. 2. Develop an introductory course on soft skills and test it in local pilots. 3. Develop a series of bootcamp (advanced) trainings and test it in local pilots. 4. Develop a digital tool to accompany students' learning during soft skills training and test it in local pilots. 5. Co-design a roadmap of implementation for soft skills training in each university.



	6. Run a feasibility study to define the acceptability and usefulness of integrating the training material into a unified framework.
Results/ Impact	<p>A list of the concrete outputs and other results that the project produced is presented below:</p> <p>The 'Mind the skills gap review' evidence synthesis report.</p> <p>'Life Skills 101': Skills for success in the workplace and life course.</p> <p>'Life Skills Boot Camp': Mastering the Skills for Professional and Personal Success' training program.</p> <p>Digital learning tool: Two complementary apps, a trainer's app and a learner's app, were developed to promote a content-based collaborative method, where trainers interact with students.</p> <p>'Bridge the skills gap implementation roadmap'.</p> <p>'Evaluation of the bridge the skills gap': An evaluative report to assess the feasibility/acceptability of the proposed intervention implementation.</p> <p>'Short-term joint staff training events': A Learning Training Activity to act as a capacity building activity to set a pool of trainers in each university.</p> <p>Identifying relevant stakeholders and actively engaging them throughout the project lifecycle.</p> <p>Raise awareness about the project and promote its outputs through a series of multiplier events and other dissemination activities.</p>
Innovative aspect/ Success factors	Most participants found soft skills training acceptable and usable. The key domains affecting training implementation in practice were the university context and its resources (to offer a unified framework) and participants' prior knowledge and experience related to the training's topics.
Financial and sustainability model	Erasmus+ 2020-1-CY01-KA203-065985
Contact details of leading organisation	UNIVERSITY OF CYPRUS, University House "Anastasios G. Leventis", 1 Panepistimiou Avenue, 2109 Aglantzia, 2109 NICOSIA, Κύπρος (Κύπρος), CY
Link/ Website (if any)	

C. Netherlands

Best practice No 5

Title	Stijn - Student Wellbeing Programme
Duration of implementation	2023-2028
Target group (s) addressed	Secondary vocational education (mbo), higher vocational education (hbo) and academic education (wo)
Description/Objectives	Initiative to provide support to educators, local authorities, prevention and healthcare professionals, and the primary objectives are enhancing student wellbeing, fostering resilience, and mitigating substance abuse among students



Challenges addressed	Low student wellbeing and high depression, burn-out and suicide rates. Lack of higher education institutions working together integrally, lack of clear overview and guidelines regarding themes, stakeholders and activities of student wellbeing. Need for leadership and policy, stakeholder participation, knowledge and skills regarding student wellbeing.
Methodological approach used	Annual conference and other gatherings Developed a “framework Student Wellbeing” to support educational institutions in working integrally on student well-being. Collecting and developing knowledge and supporting products, which will be placed on the National Knowledge Bank Student Wellbeing of ECIO, which forms together with the framework and the accompanying manual first basis for student wellbeing good practices and will be supplemented in the coming years.
Results/ Impact	Supportive, safe and inclusive (study) climate; Prevention, early detection and student guidance; and the Well-being-promoting learning environment.
Innovative aspect/ Success factors	-
Financial and sustainability model	Programme is funded by the Dutch national government
Contact details of leading organisation	Trimbos Institute and ECIO
Link/ Website (if any)	https://www.trimbos.nl/aanbod/programmas/stijn/

Best practice No. 6

Title	Grip op je dip online (Grip on your dip)
Duration of implementation	2020 - ongoing
Target group (s) addressed	Young people (16-25 years) with mild to moderate depressive symptoms
Description/Objectives	To alleviate or reduce depressive symptoms in young people and thus prevent depression.
Challenges addressed	Depression
Methodological approach used	Blended course The online group course consists of six structured weekly meetings of one and a half hours, given in a secure chat box and supervised by a trained mental health professional. Before each meeting they do a homework assignment on the theme that the next session will be chatted about.
Results/ Impact	Young people learn in a structured way to identify negative thought patterns and convert them into real and positive ways of thinking and behaving.



Innovative aspect/ Success factors	Recognized by the RIVM - First indications of effectiveness (2020) The committee finds Grip op je dip Online a nice, accessible intervention that focuses on a relevant target group. The intervention is based on a well-founded approach of cognitive behavioral therapy. The main goal is formulated SMART and the intervention is well described overall. The literature in the substantiation has been updated and the process evaluation has been added as a second study for evidence at the level of 1st indications for effectiveness.
Financial and sustainability model	license
Contact details of the leading organisation	Youz - Parnassia Groep GGZ-institutions
Link/ Website (if any)	https://www.gripopjedip.nl

D. Ireland

Best practice No 7

Title	Peer Mentoring at Scale (TCD Student2Student)
Duration of implementation	2009–present
Target group (s) addressed	All undergraduate students, with a specific focus on first-year students
Description/Objectives	To equip student volunteers with skills in active listening and mental health literacy, enabling structured peer support and reducing isolation.
Challenges addressed	High levels of transition-related stress, reluctance to seek help, and social disconnection in early university experience.
Methodological approach used	Annual recruitment and structured training of 800+ student volunteers in active listening, empathy, and referral pathways. Supported by Student Services.
Results/ Impact	Increased early interventions, improved student satisfaction and retention, and reduced pressure on counselling services.
Innovative aspect/ Success factors	Large-scale student-led model; embedded in university culture; strong volunteer ethos; proactive outreach to first-year students.
Financial and sustainability model	Financed by Trinity College Dublin's Student Services budget. Sustainability is ensured through annual recruitment and inclusion in institutional policy.
Contact details of the leading organisation	Peer Mentoring at Scale (TCD Student2Student)
Link/ Website (if any)	Email: student2student@tcd.ie https://www.tcd.ie/student2student



Best practice No 8

Title	MHFA Train-the-Trainer Programme (Multi-campus HEIs)
Duration of implementation	2021–present
Target group (s) addressed	Academic and administrative staff across Higher Education Institutions (HEIs)
Description/Objectives	To develop internal institutional capacity for delivering MHFA training by certifying selected staff as MHFA trainers.
Challenges addressed	Lack of internal MHFA trainers, cost barriers for repeated external training, unequal access to MHFA opportunities, and training fatigue among staff.
Methodological approach used	Collaboration with MHFA Ireland to accredit internal staff trainers; institution-led delivery of campus-specific MHFA workshops and support structures.
Results/ Impact	Expanded training access, reduced delivery costs, improved staff confidence and engagement in peer support and mental health awareness.
Innovative aspect/ Success factors	Peer-facilitated training model; cost-efficiency; adaptability to institutional contexts; creates lasting capacity.
Financial and sustainability model	Funded by internal professional development budgets and supported by MHFA Ireland grants. Long-term sustainability through in-house trainer capacity.
Contact details of leading organisation	MHFA Ireland in collaboration with Irish HEIs
Link/ Website (if any)	https://www.mhfaireland.ie

E. Belgium

Best practice No 9

Title	Immersive Mental Health - Thomas More University of Applied Sciences
Duration of implementation	01.09.2022 – 31.10.2024
Target group (s) addressed	Healthcare professionals, care recipients, mental health organisations, and immersive tech developers
Description/Objectives	The project aims to improve the mental well-being of care providers and recipients through immersive technologies (VR, 360° video) and wearable devices that track biofeedback (e.g., heart rate, respiration).
Challenges addressed	Increased stress levels, along with insufficient knowledge among companies and healthcare institutions about combining both technologies.
Methodological approach used	Co-creation and collaboration with healthcare institutions and tech partners; development and deployment of immersive applications using



	VR headsets and biofeedback; testing of VR relaxation sessions in real-world care environments.
Results/ Impact	<ul style="list-style-type: none"> ● Use of immersive VR for stress relief in various settings such as: <ul style="list-style-type: none"> ○ Relax in VR for parents in the neonatology department ○ Relax in VR for patients at a PAAZ ○ Relax in VR for healthcare professionals ● Smartphone VR for healthcare professionals & psychiatric patients ● Implementation Guide for integrating immersive technologies into healthcare settings ● Stress course for company employees ● User Manuals ● IMH app for smartphone: A VR app offering low-threshold relaxation exercises for stress relief and mental well-being support.
Innovative aspect/ Success factors	Combination of VR with wearable biofeedback sensors; low-threshold, user-friendly VR relaxation sessions; practical application through field testing with end users in healthcare; strong institutional partnerships.
Financial and sustainability model	Funded by the Flemish Agency for Innovation and Entrepreneurship (VLAIO – TETRA programme) and the European Union (NextGenerationEU program). Sustained through integration in care settings and further development in collaboration with tech providers.
Contact details of leading organisation	Thomas More University of Applied Sciences, Belgium – info@thomasmore.be
Link/ Website (if any)	https://immersivementalhealth.thomasmore.be/nl

Best practice No 10

Title	MoodSpace
Duration of implementation	December 2021 – Ongoing
Target group (s) addressed	The target group of MoodSpace includes students as well as those around them, such as friends, parents, and university staff.
Description/Objectives	MoodSpace is a digital platform designed to support the mental well-being of students. It offers self-help resources, reliable information, and peer stories to help students deal with emotional challenges and build resilience. It also provides guidance for friends, parents, and university staff.
Challenges addressed	Increasing mental health concerns among higher education students, stigma around discussing mental well-being, and lack of accessible, student-friendly resources tailored to their needs.
Methodological approach used	MoodSpace is an initiative by the Support Centre Inclusive Higher Education (SIHO) in close collaboration with students, academic experts and Flemish higher education institutions, on behalf of the Flemish Minister of Education Ben Weyts.



	<p>The platform has solid scientific foundations. It is designed, monitored and evaluated by a working group of academic experts:</p> <ul style="list-style-type: none"> - Valérie Van Hees (SIHO - chair working group) - Ronny Bruffaerts (KU Leuven - hoofdonderzoeker) - Maarten Vansteenkiste (Ghent University) - Patrick Luyten (KU Leuven) - Laurence Claes (KU Leuven, University of Antwerpen) in samenwerking met Eetexpert - Imke Baetens (VUB) - Alexis Dewaele (Ghent University) - Katrijn Brenning (Ghent University) - Gwendolyn Portzky (Ghent University) - Eva Dejaegere (Ghent University) - Tom Van Daele (Thomas More University of Applied Sciences) - Michael Zenner (Web development) <p>The starting point is the public health perspective. MoodSpace is available in Dutch and English to ensure broad accessibility.</p>
Results/ Impact	<ul style="list-style-type: none"> • Centralised, evidence-based mental health support tailored to students' needs • Anonymous access to reduce stigma and encourage use • Used by both students and staff as a reference for mental well-being • Contributed to awareness-raising and open dialogue around mental health in higher education • Integration of diverse academic and student voices in content development
Innovative aspect/ Success factors	<p>MoodSpace brings together, for the first time, the knowledge of various academic disciplines, the various initiatives for and by students, and the opportunities offered by higher education institutions in a single platform.</p> <p>It serves as a catalyst for open dialogue and experience-sharing around mental health.</p> <p>The platform is accessible completely anonymously, and welcomes not only students but also teachers, student counsellors, psychologists, parents, and other interested parties.</p> <p>Its strength lies in the active involvement of students—both in shaping the development of the platform and in enriching it through power stories, podcasts, and initiatives created for and by them.</p>
Financial and sustainability model	<p>A realisation of the Support Centre for Inclusive Higher Education (SIHO), commissioned by the Flemish government. Its long-term sustainability is reinforced by ongoing institutional engagement and integration into university mental health strategies.</p>
Contact details of the leading organisation	<p>Support Centre Inclusive Higher Education (SIHO), Belgium Email: info@siho.be</p>
Link/ Website (if any)	<p>https://moodspace.be/en</p>



5. Field Research Results

The field research provided valuable insights about Mental Health First Aid training, peer support mechanisms, digital tools and mental health education in general. The views of undergraduate and postgraduate students, mental health professionals, academics, administration and professional staff, and researchers were taken into consideration via the use of focus groups and the collection of data via a survey. A thematic-based approach was used to identify common and/or different views of the target groups regarding the current state of mental health education in academia, challenges, gaps, skills that need to be developed, and the use of digital tools in HEIs.

5.1. Findings from Focus Groups

The focus group discussions provided in-depth qualitative insights into the lived experiences, perceptions, and needs of various stakeholder groups—including students, academic staff, researchers, mental health professionals, and administrative personnel. Participants highlighted issues such as stigma around mental health, the lack of institutional support, and the importance of peer-based support networks. Direct quotations and thematic analysis from these discussions are used to present their views authentically.

5.2. Findings from Surveys

In contrast, the survey offered structured, quantitative data that help identify patterns across countries. The survey included questions regarding awareness of mental health services, interest in MHFA training, digital tool use, and self-efficacy in addressing mental health issues. Each survey question is now discussed individually below, with attention to variations by country and stakeholder role.

5.3. Demographics

In total, **259** participants responded to the online surveys across the five partner countries. Additionally, **30** individuals participated in the focus groups, providing qualitative insights from a variety of roles within academic settings. *Figure 2* shows the number of participants in total that were involved in the online survey across all countries and *Figure 3* below presents the number of university students, academics, administrative staff, researchers, and mental health professionals who shared their perspectives on Mental Health First Aid (MHFA) through focus group-style input across Belgium, Cyprus, Greece, Ireland, and the Netherlands. This multi-stakeholder engagement allowed the project to capture rich, role-specific insights on mental health awareness, needs, and support structures in higher education.

Important Note on Belgium Data Collection

Belgium collected data through two separate survey instruments. As a result, not all data presented in the figures above reflect the total Belgian contribution to the study. Additional figures referring to Belgium are discussed narratively throughout this transnational report to



ensure clarity, accuracy, and transparent demonstration of target numbers reached within the project's research activities.

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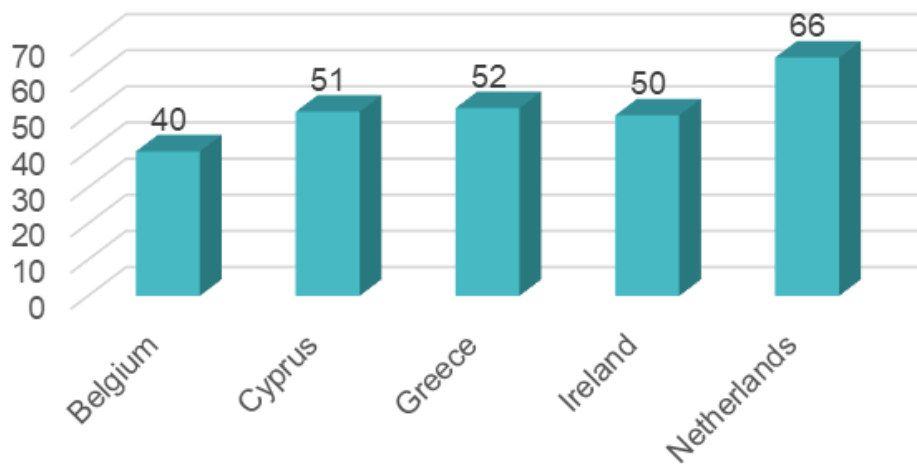


Figure 2: Number of participants per country (Survey results)



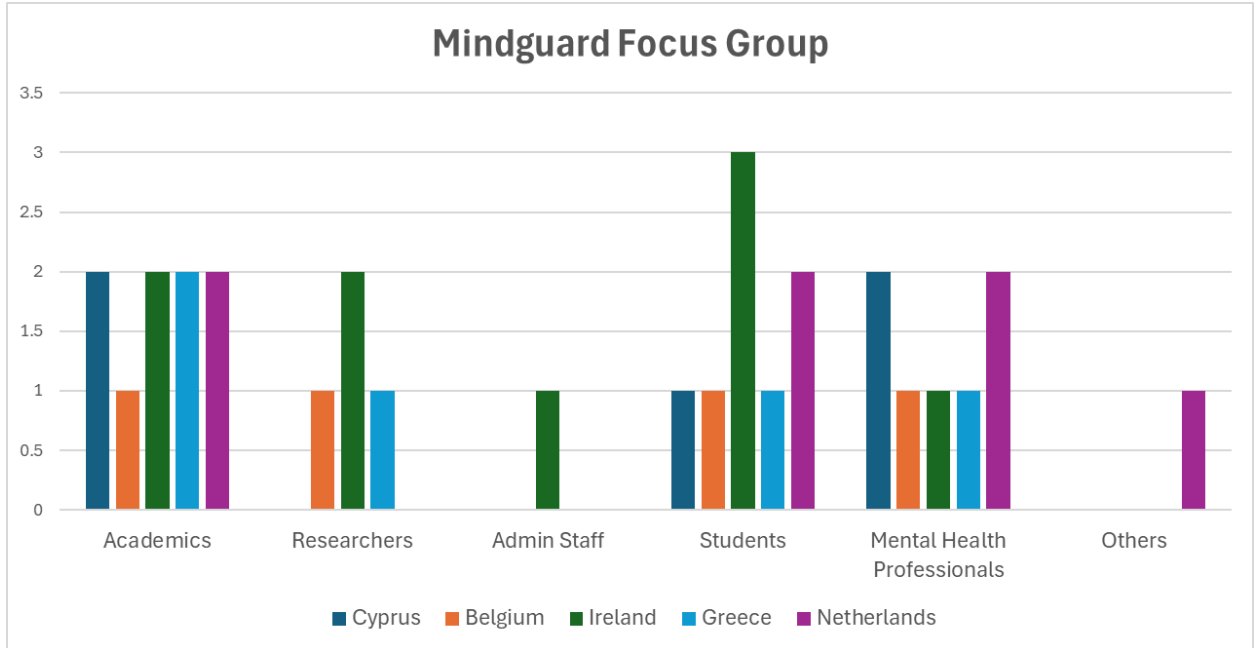


Figure 3: Number of participants per target group per partner country (focus groups results).

As shown in Figure 3, the focus groups included **9 academics**, **4 researchers**, **1 administrative staff member**, **8 students**, **7 mental health professionals**, and **1 participant from other stakeholder groups**. The distribution varied slightly across countries, with Ireland showing the highest number of students (N=3) while Cyprus, Greece, and the Netherlands had more balanced participation among academics and mental health professionals.

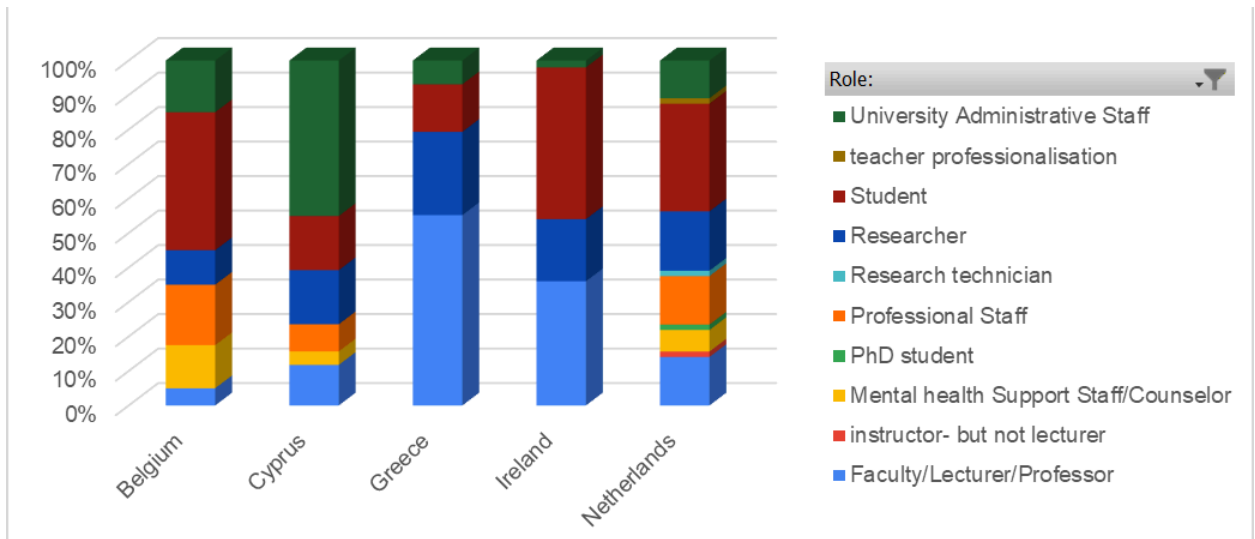


Figure 4: Number of respondents on the online survey per target group per partner country.



As shown in Figure 4, participants from all five partner countries—Belgium, Cyprus, Greece, Ireland, and the Netherlands—took part in discussions reflecting a broad range of academic roles. Notably, **47** individuals were identified as faculty members or lecturers, while 11 were mental health support staff or counselors. Additionally, **66 students** participated, including both undergraduate and postgraduate respondents. The rest of the participants included **researchers (37 total)**, **university administrative staff (38 total)**, and smaller groups such as **professional staff (20)** and other academic or support personnel (e.g., research technicians, instructors, teacher professionalisation roles). This diverse participant pool ensured a well-rounded representation of perspectives regarding Mental Health First Aid (MHFA) awareness, challenges, and support mechanisms across the academic landscape in Europe.

Important note: Belgium collected data with two different surveys, so not all data in the graphs above can represent the total collection of data of the study. More numbers regarding Belgium are calculated verbally throughout the text of this document, transnational report, to show clarity and to proof number reach for the project.

5.4. Current State of Mental Health in Academic Institutions

The focus group discussions revealed a multifaceted picture of mental health and well-being within academic institutions across partner countries. While all the participants have acknowledged a growing awareness of mental health issues among students and staff in HEIs, they also emphasised the lack of clear policies/protocols and structured support systems for meaningful support. Indeed, limited accessibility to support services is considered a major barrier to help-seeking behaviours. It is also important to note that lots of academics have pointed out that there is less support for staff on multiple levels. Academic institutions' policies focused more on supporting students than on supporting staff.

5.5. Challenges

According to the field research, the main challenges for students and staff are the following:

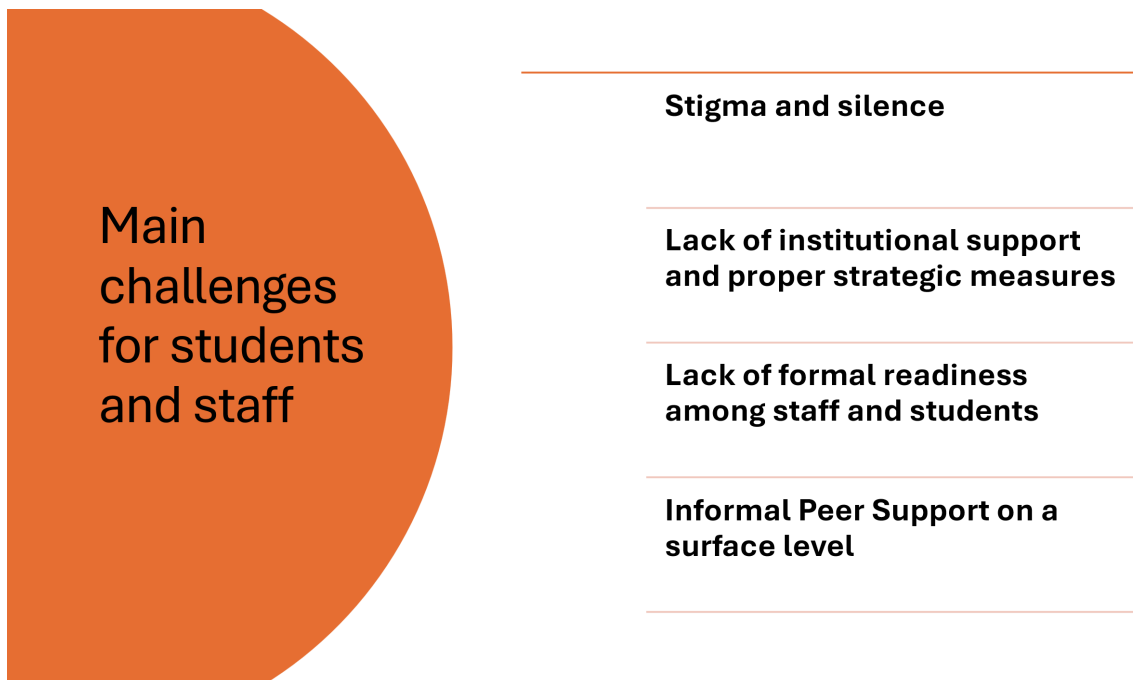
- **Stigma and silence:** The Mental health topic remains stigmatised even though lots of support services are available in each partner country. Many participants across all partner countries have pointed out that they do not seek help due to fear of judgment or professional consequences. This finding is linked to another challenge that was described in Greece's report, that is, 'academic culture'. Specifically, academics prioritise performance, and as a result, students might be afraid of discussing in an open dialogue about mental health issues.
- **Lack of institutional support and proper strategic measures:** Lack of funding and resources was a challenge that was mentioned in focus groups in Belgium and Greece. Fragmentation of services and multiple policies can make the promotion of mental health education within academic settings a very difficult task.
- **Lack of formal readiness among staff and students:** Staff and students who participated in focus groups felt ill-equipped to offer effective mental health first aid either to their peers/students or themselves. Even though most of the participants reported the implementation of many programs in their institutions, they indicated that a lack of



awareness and communication about these programs and low accessibility are major obstacles to participating in or using their services. As a result, another common theme arose via the focus groups, which was the unpreparedness of faculty to deal with distressed students. According to survey findings for all partner countries, most respondents did not receive any formal training in mental health first aid or awareness (e.g. Cyprus 68.6%, Ireland 96%).

- Informal Peer Support on a surface level: Even though the focus group in Ireland acknowledged the importance of informal peer support, especially among students, the Netherlands' focus group has revealed that informal peer support among staff is not so regular. Interactions among staff members regarding mental health issues are taking place on a surface level.

Figure 5 shows the main challenges for students and staff.



5.6. Needs/Skills needed

According to the survey's respondents on Question 12: 'What specific skills or knowledge do you think students and academic staff need to support mental health in their institutions better?', the following needs/skills have been identified. It is important to note that there was a consensus regarding the skills or knowledge that the respondents in all partner countries have provided. Below is a list of the skills mentioned by most respondents:

- Mental health literacy
- Active listening and communication skills (including non-judgmental communication)
- Empathy
- Knowledge of resources and referral pathways



- Ability to recognise warning signs
- Resilience
- Self-awareness, reflection, and critical thinking
- Crisis management, stress management, and self-care
- Emotional regulation
- Collaboration and problem solving
- Confidence to talk openly about mental health stigma
- Continuous growth and mindfulness
- Proactiveness
- Being able to set boundaries
- Assertiveness
- Adaptability
- MHFA integration in curricula
- Visibility and accessibility of services
- Peer support structures: training is needed for peer support
- Formal training MHFA
- A unified Institutional policy and support
- Emotional intelligence
- Follow-up conversations with peers
- Digital literacy

5.7. The role of digital technologies and immersive experiences

All the participants of the focus groups expressed a positive view toward the use of digital technologies and immersive experiences to support mental health education in HEIs. The majority of the participants embraced these digital tools as innovative tools that can support and promote mental health awareness. However, a few of the participants in Ireland, Cyprus, Greece, the Netherlands, and Belgium have expressed their concerns and doubts about their usefulness. For instance, one of the arguments was concerning the depth and realism of digital tools for supporting well-being (e.g. VR apps, AI chatbots, biofeedback), while another argument was referring to digital tools being helpful but cannot replace human interaction. A last argument was pointing out the use of digital technologies as a complementary tool for traditional MHFA training.

5.8. Recommendations

A crucial question on the survey was Question 13: ‘What recommendations or improvements would you suggest to enhance mental health support in academic settings?’. A variety of recommendations were gathered from all partner countries. Common recommendations included the integration of MHFA training into curricula, the establishment of peer support networks, the use of awareness-raising campaigns, and the promotion of a healthier work-life balance.

Recommendations are provided below per country:



A. Cyprus

- Integration of mental health education into curricula
- Awareness-raising campaigns
- Increase access to professional support/counselling services
- Promote a healthier work-life balance
- Increase resources/funding
- Establish peer support networks
- Regular mental health first aid training

B. Greece

- Proper planning, systemic, structured, and strategic schemes
- Reducing the workload and promoting better work-life balance
- Increasing availability of and access to resources and support systems
- Peer support networks and mentoring practices
- Training or integration of mental health topics into the regular training of staff or curricula
- Awareness-raising campaigns

C. Netherlands

- Foster an open and inclusive mental health culture
- Improve communication and visibility of mental health support
- Integration of mental health into academic practice and curricula
- Make MHFA training mandatory
- Establish clear structures and professional support for pathways
- Promote flexible, health-supportive academic policies
- Strengthen peer support networks
- Invest cautiously in digital and immersive tools
- Strengthen institutional leadership and accountability

D. Ireland

- Encourage open communication, workshops, storytelling, and listening training
- Provide better education on mental health and its impact on individuals
- Train staff/students to spot early signs; make referral procedures clear
- Offer stress relief workshops, well-being days, and mindfulness activities
- Create clear, visible directories of services; promote help-seeking behaviour
- Embed mental health topics across courses, not just extracurricular activities
- Make helplines, services, and support more visible and accessible
- Support peer mentoring programs and train peer supporters
- Implement mandatory MHFA training; offer regular refreshers
- Normalise mental health talk via awareness campaigns and personal stories
- Develop institutional policies for accountability and service sustainability
- Use apps, helplines, VR, and online platforms to scale and support access



E. Belgium

- Compulsory Mental Health First Aid (MHFA) training should be introduced.
- Integrate mental health topics into the academic curriculum.
- Increase the visibility of existing mental health initiatives and resources.
- Appoint or highlight specific mental health contact persons within faculties.
- Offer guidance and support to academic staff on how to assist individuals in mental distress.
- Tackle stigma and normalize seeking help by launching anti-taboo campaigns.
- Ensure each university is financially and logistically capable of offering free mental health services.
- Expand the number of trained psychological personnel available to students and staff.
- Use widespread awareness campaigns and accessible dissemination to ensure information reaches everyone.

6. Conclusion

The desk and field research reveals important findings regarding mental health education in academia across five European countries – Cyprus, Greece, the Netherlands, Ireland, and Belgium. Specifically, existing policies, common challenges, confidence gaps, skills, and recommendations were revealed through desk and field research.

Even though participants have acknowledged the growing awareness for mental health issues in academic settings, the implementation of a mandatory and continuous MHFA training among students and staff, the integration of MHFA into curricula, the development of peer network support systems, the use of digital technologies to promote mental health education and other improvements could benefit the academic and student community in the future. It cannot be ignored that one of the findings showed that the majority of the survey’s respondents answered that mental health support in academic settings is ‘very important’ and that they would be interested in receiving MHFA training to support themselves and others.

While the broader research focus highlights the mental health needs of students, findings from all five countries reveal that academic and administrative staff across higher education institutions also face significant mental health challenges, yet receive comparatively less institutional attention. Staff participants consistently reported high levels of stress, fatigue, and emotional burden, often linked to growing workloads, limited mental health training, and a growing expectation to support students without adequate preparation or systemic support.

A recurring theme across the focus groups was the lack of dedicated mental health services for staff, including structured peer support, accessible counselling, or targeted MHFA (Mental Health First Aid) training tailored to academic roles. Even in contexts where some resources exist, staff reported that these are under-communicated, under-utilized, or not perceived as safe due to concerns about stigma and confidentiality.

Survey responses further reinforced this gap: although most respondents rated mental health support as “very important,” staff members indicated they felt less confident in managing



mental health issues and less supported by their institutions compared to students. There is a clear need for institutional policies that prioritise staff well-being, normalise mental health discussions, and integrate mental health into professional development pathways.

In conclusion, while student mental health remains a vital priority, the evidence strongly suggests that a sustainable and inclusive approach must equally consider the mental health of university staff. Supporting those who support others is not only ethically imperative—it is foundational to building a mentally healthy academic environment. Even though HEIs face significant challenges in implementing an inclusive MHFA training, it is imperative to design and implement a support system which incorporates the most important elements, taking into consideration research evidence and individual recommendations.

7. Annexes

7.1. Research Questions

The following research questions guided each partner's desk research, referring to the studies collected for analysis in the HEI context.

- What are the existing policies, frameworks, and guidelines for mental health first aid (MHFA) in HEIs at the national level?
- What are the key challenges and barriers to implementing mental health education and first aid training in academia?
- What are the knowledge, skills, and confidence gaps among students and academic staff regarding mental health first aid and peer support?

What best practices and successful models exist in academia (both nationally and across the EU) for mental illness prevention and first aid training?

7.2. Field Research Instruments

To comprehensively explore mental health needs and gaps in higher education institutions (HEIs), the MINDGUARD project employed two field research instruments across all five participating countries: an online survey and a series of focus group discussions. These tools were designed to gather both quantitative and qualitative data from key stakeholder groups, including students, faculty members, administrative staff, mental health professionals, and other relevant actors.

7.2.1. Online Survey

The online questionnaire was developed using a standardized structure and distributed across the participating countries. Each partner collected responses from a minimum of 50 individuals, targeting a diverse sample across academic roles and institutions (e.g., public/private universities, vocational institutes).



The survey included:

- Demographic items (e.g., role, institution type, experience).
- Closed-ended questions using Likert scales to assess perceived preparedness, comfort levels, and awareness of MHFA-related initiatives.
- Open-ended questions exploring key challenges, training preferences, perceived institutional gaps, and recommendations for improvement.

This instrument allowed the consortium to collect cross-national data on awareness, perceptions, training needs, and the perceived importance of mental health support in academic settings. It offered valuable insight into the confidence gaps and interest levels among staff and students regarding MHFA training and institutional readiness.

7.2.2. Focus Groups

Focus groups were conducted in each country with a minimum of five participants, ensuring representation from four core target groups: students, academic staff, mental health/wellbeing professionals, and other stakeholders (e.g., career advisors, policy actors). Each group engaged in a semi-structured discussion guided by a shared set of open-ended questions.

These sessions explored:

- Personal and institutional responses to mental health challenges.
- The visibility and effectiveness of support services.
- Familiarity with MHFA practices.
- Perceptions of digital tools and immersive training experiences (e.g., VR).
- Recommendations for improved support mechanisms.

Data from the focus groups complemented survey findings by providing rich, context-specific narratives and real-world examples from within higher education environments.

Together, these two tools ensured a robust, mixed-methods approach to understanding the mental health landscape in HEIs, informing the design of evidence-based resources for educators and institutions.



7.3. Consent Form

Consent Form	
<p>I, _____, hereby declare that:</p> <ul style="list-style-type: none"> ● I consent to participate in the consultation discussion organised by [insert your organisation's name], in the context of the Erasmus+ European project “Participatory and Digitally Empowered Mental Health Prevention Framework for Academic Settings” with Project number: 2024-1-NL01-KA220-HED-000255675, which aims to improve mental health and wellbeing in higher education through participatory methods, immersive digital tools, and VR-based training for mental health prevention and first aid. ● I have been informed about the project and understand its purpose and aims. ● I have been informed that the discussion will be recorded and photos taken. The recording and photos will be solely for internal use by the researchers to record and analyse the data. ● I may choose not to answer any of the questions I will be asked and may stop participating in the consultation discussion at any time. At the end of the consultation, I can ask to modify or remove some of my remarks. ● My name will not be published or communicated to anyone outside the research team. ● The information I will provide will only be used for this study and the exploitation of its results. ● Each participant should respect the personal data of the other team members. I fully understand that any information I or other group members provide should be confidential. ● My participation is voluntary, and I am free to withdraw at any time without giving any reason. ● I received the invitation with the information, read it, and clearly understood the process. <p>Place and date: _____</p>	
Participant’s signature	Researcher’s signature
<p>(e-signature link)</p>	



7.4. Country Reports Summaries

7.4.1. Cyprus

Summary of General key insights - Cyprus- MINDGUARD project

The findings from the national survey conducted in Cyprus highlight a critical yet underdeveloped area within the country's higher education sector—mental health awareness and institutional preparedness. The data gathered from 51 respondents, including faculty, administrative staff, researchers, students, and support professionals, presents a diverse and representative picture of recent views and needs.

A convincing outcome of the survey is the agreement on the importance of mental health support in academic settings. Over 90% of participants rated this support as either "important" or "very important," demonstrating a shared understanding across roles and institutions of the value of mental well-being for academic success and institutional sustainability. However, this recognition is not matched by existing institutional practices. A substantial proportion of respondents rated their institutions as only moderately or poorly prepared to address mental health challenges, with only a minority perceiving their institutions as effective in current efforts. Equally concerning is the limited formal training in Mental Health First Aid (MHFA) and awareness initiatives among respondents. Two-thirds of the participants had not received any formal training, indicating a considerable gap in both capacity building and policy-level initiatives to equip academic staff and students with essential mental health competencies. While a significant number of institutions are private universities—where innovation and responsiveness might be expected—training and structured support appear inconsistent or ad hoc.

Also, while a portion of participants expressed personal comfort discussing mental health issues, others reported discomfort or hesitation, suggesting the persistence of stigma or a lack of safe spaces for open dialogue. This disconnect between awareness and action reinforces the urgent need for structured, inclusive, and continuous professional development opportunities in the mental health field.

The MindGuard project in Cyprus should leverage this data to propose targeted actions: capacity-building programs for key stakeholder groups, integration of MHFA into institutional policies, and the development of culturally sensitive mental health toolkits. This alignment will not only bridge the gap between perceived importance and institutional effectiveness but also promote a proactive, resilient academic environment that stresses mental health as a foundational pillar of higher education.

7.4.2. Ireland

Summary of General key insights - Ireland- MINDGUARD project

The findings from the focus group, survey responses, and literature review align closely, revealing shared challenges and opportunities in mental health support within Irish higher education institutions (HEIs). All three data sources acknowledge a growing awareness of mental health issues, intensified since the COVID-19 pandemic, yet they consistently highlight the gap between awareness and effective, accessible support.



The literature review documents a national policy evolution, including the HEA's National Student Mental Health and Suicide Prevention Framework and institutional strategies such as RCSI's curriculum-integrated MHFA. These frameworks advocate preventative care, MHFA training, and digital support platforms. However, both the survey and focus group underline the challenges in operationalizing these strategies: stigma, insufficient training, overwhelmed services, and fragmented communication persist across campuses. Despite national policies, institutional commitment remains inconsistent, and the availability of services is often not matched by visibility or uptake.

From the survey, it is clear that while almost all participants value mental health support, only a small number have received MHFA training (6/50). Many cited stigma, workload, and uncertainty as reasons for not discussing mental health or accessing services. In parallel, the focus group emphasized how students hesitate to approach staff due to fear of judgment, while staff feel unprepared or unsupported to engage with mental health concerns. Both groups rely on informal peer support, which is valued but not adequately supported or equipped.

The desk research identified best practices (e.g., Student2Student at TCD, SilverCloud, MHFA train-the-trainer programs) that show promise. These models work best when embedded in institutional culture, backed by leadership, and communicated effectively. Yet, the survey and focus group responses suggest that such initiatives are often localized, fragmented, or underutilized, especially by staff.

Digital and immersive tools, such as VR simulations and online CBT platforms (SilverCloud, Togetherall), are positively viewed across all data sets. They are seen as scalable, engaging, and effective for building empathy and mental health literacy—though concerns about overreliance on technology and social disconnection were also raised.

Individual Recommendations Derived from the Data

1. **Mandatory MHFA Training:** Implement certified MHFA training across institutions for students, faculty, and staff, tailored to their roles. Peer-led or internal "train-the-trainer" models (as in best practice examples) can reduce costs and increase sustainability.
2. **Normalize Mental Health Conversations:** Foster a culture of openness through anti-stigma campaigns, regular wellbeing check-ins, and storytelling. Promote the idea that "talking about mental health is a strength, not a weakness."
3. **Enhance Visibility and Navigation of Supports:** Develop a centralized, easy-to-navigate platform that lists all available mental health supports, training opportunities, and helplines. Ensure these are promoted through orientations, syllabi, and staff meetings.
4. **Embed Mental Health into the Curriculum:** Integrate mental health topics (e.g., stress management, emotional literacy) into both staff development and student education. Use reflective assignments and simulations to deepen learning.
5. **Promote Flexible, Inclusive Practices:** Advocate for flexible work/study arrangements, "well-being days," and accommodation policies that support mental health recovery and resilience, particularly post-pandemic.
6. **Leverage Digital & Immersive Tools:** Expand the use of VR simulations and AI-driven role-play to provide safe environments for practicing supportive conversations and crisis responses. Ensure accessibility and balance digital tools with opportunities for in-person connection.



7. Strengthen Peer Support Infrastructure: Expand peer mentoring schemes with structured training in active listening and referral pathways. Recognize and reward participation in such programs within academic progression or workload models.
8. Institutional Leadership & Accountability: Establish clear policies and accountability frameworks for mental health across departments. Departmental heads should champion mental health and integrate it into everyday academic practice.
9. Evaluate and Scale Best Practices: Conduct regular reviews of existing initiatives to assess impact and adapt accordingly. Share successful interventions across institutions through collaborative platforms like MINDGUARD.

These recommendations align with national policy goals while being directly informed by the lived experiences and needs expressed by students and staff in the study. They provide a roadmap for moving from awareness to action and support the design of MINDGUARD's future toolkit and interventions.

7.4.3. Belgium

Summary of General key insights - Belgium- MINDGUARD project

1. Current State of Mental Health and Well-being

- There is a widespread consensus that mental health challenges among students and faculty are increasing.
- Transition periods (e.g. starting university, mobility, or PhD studies) are marked as particularly vulnerable moments.
- Certain groups (e.g. LGBTQ+ students, international students, or those in financial difficulty) are more at risk.
- While awareness and openness have improved in recent years, institutional responses remain fragmented and uneven across departments and institutions.

2. Structural Challenges and Inequalities

- Many students are unaware of available mental health support tools such as MoodSpace or Mindful Mundus.
- Support varies significantly by university and even by faculty, creating inequalities in access and quality.
- Interns hosted in civil society organisations are often unsupported, as coordination between universities and external hosts on mental health is weak or non-existent.

3. Communication and Stigma

- Stigma persists, particularly when communicating mental health issues with academic supervisors.
- Peer-to-peer dialogue is more common and perceived as safer, though still often informal and unstructured.
- Staff and mentors often lack the training to identify or respond appropriately to mental distress.

4. Academic Pressures and PhD Environment

- PhD students face unique challenges such as:



- o High expectations and performance pressure.
- o Competitive publishing culture.
- o Power imbalances with supervisors.
- o Isolation, especially for international students.
- Perfectionism is a double-edged sword: a strength and a major stressor.
- Universities are only beginning to implement procedures to address toxic supervision and abuse.

5. Mental Health First Aid (MHFA) and Staff Readiness

- Most support from staff or peers is based on general empathy, not structured MHFA approaches.
- Some promising initiatives exist (e.g. WeCare workshops at Ghent University) but remain limited in scope.

6. Digital Solutions and Awareness

- Tools like MoodSpace are praised but underused due to poor visibility and communication.
- Chat-based support and digital platforms are seen as beneficial, especially for low-threshold engagement.
- Concerns persist about “technological solutionism”—digital tools are helpful but cannot replace human interaction.
- Screen overexposure itself can be a mental health risk, especially in fields heavily reliant on digital work.

7. Good Practices and Suggestions

- Positive examples include flexible work environments, staff training initiatives, and city-wide collaborations like Mental Health Week in Ghent.
- Suggested improvements:
 - o Mainstream MHFA training for all staff and student mentors.
 - o Better onboarding for international students (including digital and intercultural preparation).
 - o Create safe, failure-tolerant academic environments.
 - o Use testimonials and peer narratives to reduce stigma and normalise struggle.

7.4.4. Greece

Summary of General key insights - Greece- MINDGUARD project

This research examined the state of mental health support in Greek academic settings by combining evidence from the academic and grey literature (e.g., policy documents) with two complementary primary data sources—a focus group and a questionnaire distributed across diverse roles within academia. Overall, the findings align with and deepen the understanding of the challenges identified in the literature while also suggesting targeted solutions.

1. Current policies and practices

The literature review governmental actions in Greek mental health care landscape. Notable government reforms—such as the National Action Plan for Mental Health (2021–2030) and the reforms enacted under Law 5129/2024—show an upcoming commitment to modernise and



unify services across domains. However, these improvements are largely directed toward community-based and psychiatric services rather than prevention measures within higher education setting. Our primary data echo these gaps. Both the focus group and questionnaire results reveal a deficiency in strategic, coordinated mental health support specifically tailored for academic environments. Most support comes from external centres (Ευαγγελάκου, 2019), while the counselling centres that exist within HEIs offer some general academic assistance. Respondents highlighted that while student counselling services exist, there is minimal focus on faculty and staff wellbeing. This shows a mismatch between the broader policy reforms and the application of mental health prevention initiatives within higher education institutions.

2. Experiences of stakeholders and barriers to effective support

The focus group participants, coming from diverse roles (teaching, research, studying) emphasised the fragmented institutional support system. Academic staff reported that they experienced a sustained burnout due to high workload, rigid hierarchies, and insufficient higher-level support. Stigma, prejudice and lack of awareness are added as additional barriers. Questionnaire respondents further supported this, quantitatively, the majority were unaware of any formal mental health education or first aid training, and they rated the preparedness of their institutions as notably low ($M \approx 2.5$ on a 5-point scale). Barriers such as lack of awareness, insufficient funding, and a rigid academic culture that prioritises academic achievements over well-being were consistently reported in the qualitative-oriented questions. Such findings align with the desk research which highlights the barriers of pervasive stigma and fragmented services (Ladikou, 2025; Koutra et al., 2023). Thus, both data sources reinforce the need to address systemic deficits and cultural norms that hinder an open dialogue and proactive mental health support.

3. Training and support modalities

Participants expressed differing views on the optimal mode of training and support. Focus group participants voiced a clear preference for face-to-face, traditional training—citing the irreplaceable value of human interaction—while viewing digital or online platforms mainly as a complementary tool. In the questionnaire, though, Mental Health First Aid (MHFA) workshops and training sessions, followed by online courses and peer-support programs, were perceived as beneficial by a large majority. This suggests an opportunity to develop a hybrid training model that emphasizes in-person engagement, boosted with digital tools for broader accessibility.

4. Individual recommendations and strategic interventions

In terms of strategic recommendations, the data converge on several key points. First, there is a call for comprehensive, systemic planning that extends beyond ad-hoc measures. A significant number of questionnaire respondents and focus group participants recommended the development of structured, institution-wide schemes that focus on prevention as much as intervention. Second, it was recommended to allocate funding and resources, increasing access to trained mental health professionals and counselling services. Third, training should integrate mental health literacy topics, teaching soft skills like resilience which are crucial for early identification and effective crisis management and intervention. Finally, peer support networks and awareness campaigns are essential, contributing to mitigating stigma and fostering a more inclusive academic culture that acknowledges mental health as a key component of overall success.



5. Implications for practice

In summary, while national policies aim to adopt a more unified mental health approach, their translation into the academic sector remains inadequate. What is required is coordinated effort and targeted mental health strategies that address the challenges of higher education settings. An increased focus on prevention and intervention through systemic reform are essential to advance the mental wellbeing of all members of the academic community. Policy reforms along with individual actions can support immediate intervention and long-term strategic planning. Institutions should explore models that not only address the psychological needs of students but also the often-overlooked emotional burdens of academic staff. Future practice should focus on combining targeted, hands-on training on basic skills, complemented by digital tools like VR/AR.

7.4.5. Netherlands

Summary of general key insights - Netherlands - MINDGUARD project

The findings from the focus group, survey responses and literature review align closely, revealing shared challenges and opportunities in mental health support within the Dutch Higher Education. All three data sources acknowledge that despite national advances in policies and mental health awareness policies, there is still a lack of institutional support and limited communication and information provisions. Especially the academic culture is noted as an atmosphere where stigma is still present.

The literature review documents the start of growing mental health policies and interventions on a national and institutional level. This notion is also echoed in the focus group where participants acknowledged new projects and policies on mental health and well-being, but a lacking awareness and availability of support. Furthermore, the survey underlines operational challenges that were also addressed by the focus group: the lack of a generalised person or department to go to with mental health issues, accessibility of support and communication and/or advertisement of support. The survey furthermore highlighted once more the overwhelming work pressure staff experiences and that there is a stigma when it comes to talking about mental health matters in the professional work sphere. Participants cited even uncertainty about job offerings as a reason to not bring up mental health.

From the survey it is evident that while almost all participants value mental health, only 4 have received mental health first aid training. Shame was cited together with the notion of taboo and that there is a culture change needed in order to open a space in which mental health can openly be discussed, without judgement. The focus group emphasised that there is a clear divide between work and personal life and that mental health is often regarded as a private matter. However, similarly to the results of the survey, mental health does play a part in both.

The desk research reported on the lack of clear guidelines and limited opportunities and time for professionalisation regarding mental health. This is once again underlined by both the focus group and survey, citing the lack of financial resources, experiencing an already high workload and academic pressure, and the lack of professional support or training on the topic of mental health.

Digital interventions such as VR are not clearly found through the desk research, and also the focus group and survey have not mentioned or used such tools yet. VR and immersive tools are positively viewed in the focus group and seen as an effective tool. There are concerns about the



overreliance on technology and social media, and possible disconnection, especially for students.



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