



# MindGuard

## Guide for implementing participatory VR training on mental health prevention in higher education



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## 1. Introduction

Higher Education Institutions (HEIs) across Europe are facing a growing mental health crisis among students and staff. While mental wellbeing is increasingly recognised as a critical determinant of academic success and social inclusion, institutional responses remain fragmented, reactive, and often inaccessible. The cumulative impact of academic stress, social isolation, financial hardship, and post-pandemic uncertainty has led to a dramatic increase in mental health challenges, particularly anxiety, depression, and stress-related disorders. Despite this, stigma, insufficient training, and limited systemic infrastructure continue to impede timely intervention and support.

Amid these pressing challenges, immersive technologies such as Virtual Reality (VR) present a powerful opportunity to transform mental health education and prevention in HEIs. VR enables experiential learning that goes beyond traditional methods, allowing students and staff to practice empathy, communication, and Mental Health First Aid (MHFA) responses in psychologically safe environments. When thoughtfully implemented, these tools can enhance mental health literacy, reduce stigma, and create supportive campus cultures where wellbeing is understood as a shared institutional responsibility.

This guide emerges as part of the MindGuard project, a European initiative that aims to integrate immersive digital tools with inclusive, evidence-based mental health strategies in academia. MindGuard specifically addresses the gap between research and practice by offering a participatory, structured, and adaptable framework for VR-based MHFA training across diverse academic settings. It is designed for use by a wide range of actors, including students, academic staff, administrative personnel, and policy-makers—none of whom may have formal mental health training but all of whom play a vital role in fostering mentally healthy learning environments.

Grounded in recent research and co-created with input from students and educators across partner countries, the guide provides practical steps, implementation tools, and guiding principles to support the integration of preventative mental health measures using both digital and human-centred approaches. It champions accessibility, inclusion, and sustainability, ensuring that interventions do not simply respond to crises, but build lasting capacity for wellbeing within higher education ecosystems.

Whether you are a university administrator looking to adopt a VR training program, a faculty member seeking to support your students more effectively, or a student leader advocating for change, this guide provides the tools, strategies, and inspiration needed to foster a culture of care and resilience on your campus.

## 2. Background and Rationale

Mental health is vital for all EU citizens to live healthy, happy and productive lives. During the pandemic, the prevalence of anxiety and depression doubled in some European countries (OECD,2021). For university students, mental health is important to allow them to participate fully in their education and academic journey. Research by UNICEF (2021) reported that nine million young people in Europe were living with mental disorders. The OECD (2022) Health at a Glance report noted that 50% reported unmet needs for mental healthcare in 2022.

Mental health issues among higher education students have become a pressing concern worldwide (Auerbach et al.,2018; Sanders, 2023). According to Sanders (2023), mental health problems among university students had almost tripled between 2016-17 and 2022-23, and were especially prevalent among female and non-binary students. There is a lot of research that shows that university students often experience high levels of stress, anxiety, and depression, which can significantly impact their academic performance, wellbeing and future prospects (OECD, 2022; UNICEF, 2021; Sanders, 2023). However, traditional methods of mental health training and support in educational institutions often fall short in effectively addressing these challenges (Sanders, 2023; Davies et al.,2016; Reavley et al.,2012).

In the Netherlands, research by the Caring Universities Consortium (2023) shows that a large group of students still seems to be struggling with mental problems. Research by the psychiatric epidemiological cohort study of the Dutch general population showed that 40% of young adults (18-24 years) had a mental disorder in the past year.

According to the Union of Students in Ireland (2023) research, students are experiencing extremely severe levels of anxiety (38.4%), depression (29.9%) and stress (17.3%). In addition, close to a third (32.2%) of students had a formal diagnosis of a mental health difficulty at some point in their lives. In Cyprus, research by the Youth Board (2022) showed that more than half of the youth face mental health challenges. Kavvadas et al. (2022) research showed that Greek university students revealed severe prevalence of stress, anxiety, and depression (47.3%, 41.1% and 55% respectively).

In all countries, the factors documented that relate to mental health problems in university students are associated with poorer academic achievements, more college dropouts, and higher societal and economic costs (EC, 2020 & 2022; Sanders, 2023; Caring Universities Consortium, 2023).

Higher Education Institutions are great places to establish frameworks to detect students at risk of mental disorders and to provide support and implement preventive measures to combat possible mental disorders and tackle them at an early stage. CUC (2023) proposes that “university students are the group that could benefit most from online screening and low-intensity e-health interventions” (p. 2).

MindGuard aims to enhance the knowledge and skills of faculty, staff, and students in supporting their peers' mental wellbeing through immersive and experiential learning and mental health first aid actions. It addresses those people in academia who are not employed in the health or mental health sectors but who would benefit by becoming better aware of mental illnesses, ways of preventing them and efficient ways of addressing them.

The target groups are therefore university students of all ages and years of study, university faculty and university administrative staff (such as Welfare Officers, Health & Safety Officers, general administrators, career counsellors, Student Affairs, and related groups).

Through the proposed XR training for mental health prevention and first aid in higher education, MindGuard aims to revolutionise the way faculty and students learn and engage with mental health issues. By leveraging digital and immersive technology, we can empower students to become effective allies in supporting their peers' mental wellbeing, ultimately creating a more inclusive and supportive campus community.

It is expected that thousands of students, faculty and academic staff across Europe will benefit from this initiative, with ripple effects to professionals entering the labour market, young parents, and beyond.

Preventative mental health measures in academia are crucial due to the unique stressors and pressures experienced by students and academic staff. MindGuard will address the specific identified needs as follows:

To address the need for greater awareness and education about wellbeing and mental health issues among students, faculty, and staff in academic institutions, MindGuard will create training curricula and mechanisms for early intervention that will be co-designed in a participatory framework with students, faculty, staff, and experts. These approaches will include understanding common mental health conditions and recognising signs of distress. The increased awareness will be a building block towards more inclusive HE systems because it will help increase student and staff access to mental health support and multiply students' study completion rates.

Through the use of online and open-source resources, MindGuard will address the need for accessible support services, ensuring that mental health support will be free and easily accessible to students and staff. The materials' online presence will reach out to people with fewer opportunities, e.g. people with disabilities, people from migrant backgrounds, living in rural communities or remote areas, people facing gender inequalities, socio-economic difficulties or any source of discrimination. MindGuard will address such barriers, creating inclusive environments that foster equity and equality.

Through the use of VR experiential scenarios, it will meet the need for training academic staff/faculty on how to best help students with mental health issues. This training will support digital capabilities of the HE sector via the development of digital skills of faculty and academic staff. It will also cover responding to crisis situations and referring students to appropriate resources. By offering this training to students, MindGuard will also develop their digital skills.

### 3. Purpose of the Guide

This Guide has been developed to support students, university educators, administrative staff, and academic institutions in implementing Virtual Reality (VR)-based training initiatives aimed at preventing and managing mental health challenges in higher education institutions (HEIs). It provides a structured, participatory approach to integrating mental health awareness and support into academic settings, with a focus on inclusivity, engagement, and sustainability.

Grounded in the findings of the translational report and desk research conducted during the initial stages of the project, this step-by-step Guide serves as a practical tool for translating research insights into actionable strategies. It offers a comprehensive framework for the implementation of preventative mental health measures in academia, while also delivering targeted guidance for integrating VR technologies into existing educational practices.

Specifically, this Guide aims to:

- **Prevent the onset of mental health issues** among students and staff by fostering proactive and supportive learning environments.
- **Facilitate the adoption of VR-based Mental Health First Aid (MHFA) training** in a participatory, inclusive, and context-sensitive manner.
- **Promote stigma-free, psychologically safe, and digitally-empowered campus communities**, where mental health is recognised as a shared institutional responsibility.

Developed as part of **Work Package 2 of the MindGuard Project**, this Guide reflects both national and European research findings and policy priorities in the area of student mental health. By combining innovative digital tools with evidence-based pedagogical approaches, it empowers HEIs to build resilience and capacity within their academic communities, ultimately contributing to healthier, more responsive educational ecosystems.

## 4. Integration of the VR Platform and Interactive Training

This guide is designed to support the implementation of VR-based training for mental health first aid and prevention, complementing the interactive training (WP3) and VR platform (WP4) developed in the MindGuard project. The following section clarifies how users can effectively link the Guide with these digital resources to maximise engagement, learning, and impact.

### Purpose of Integration

- Enable university staff and educators to confidently embed VR training into existing mental health programs and curricula.
- Ensure a smooth user experience by providing clear pathways to access and use VR scenarios in conjunction with other training tools.
- Reinforce the participatory and inclusive approach by encouraging feedback on VR content and training usability.

### How to Integrate VR into Mental Health Training

#### 1. Accessing the VR Platform:

- The VR platform will be accessible via institutional accounts or designated portals.
- Training administrators should coordinate with IT departments to ensure smooth installation and compatibility with campus hardware.

#### 2. Aligning VR Scenarios with Training Goals:

- Use VR modules to simulate real-life mental health situations aligned with the MHFA curriculum.
- Select scenarios that reinforce the five-step framework, such as recognising distress, responding empathetically, and referring appropriately.

#### 3. Combining VR with Traditional Methods:

- Facilitate blended learning by pairing VR immersive experiences with group discussions, role-plays, or lectures.
- Encourage participants to reflect on VR scenarios during debriefs, sharing insights and strategies.

#### 4. Tracking Participation and Progress:

- Utilise built-in analytics in the VR platform to monitor user engagement and completion rates.
  - Integrate VR training data with institutional learning management systems where possible.
5. **Customising VR Content:**
- Institutions are encouraged to adapt VR scenarios to reflect local cultural contexts, languages, and campus-specific challenges.
  - Feedback from students and staff should guide iterative updates and improvements.

### Best Practices for VR Training Implementation

- Pilot VR modules with small groups to identify technical or content issues.
- Provide orientation sessions to familiarise users with VR technology and controls.
- Ensure technical support is available during training sessions.
- Maintain accessibility by providing alternative training formats for those unable to use VR.

## 5. Framework for Preventative Mental Health Measures in Academia: A Step-by-Step Approach for University Staff and Educators

Mental health prevention in higher education requires a **proactive, systemic, and inclusive approach** that empowers staff, educators, and students alike. This section presents a practical, evidence-based framework that institutions can adopt and adapt to their local context. It focuses on **early identification, capacity-building, and community-based support**, all while **reducing stigma** and fostering resilience. It is anticipated that it will provide university staff and educators with a practical, step-by-step framework to embed preventative mental health strategies across their institutions. Prevention is not only about reducing mental illness—it's about creating a campus culture where students and staff feel supported, valued, and empowered to thrive.

The framework below outlines **five key steps** to build a proactive, inclusive mental health support system:

1. **Build Awareness and Literacy**  
Increase mental health knowledge, reduce stigma, and promote early help-seeking through accessible educational resources and campaigns.
2. **Train Staff to Recognise and Respond**  
Equip academic and administrative staff with the skills to identify signs of distress, respond empathetically, and connect students to appropriate support.



### 3. Establish Institutional Support Systems

Integrate mental health into campus operations by defining referral pathways, creating cross-functional teams, and assigning clear roles.

### 4. Normalise Mental Health Conversations

Foster an open and empathetic campus culture through storytelling, inclusive teaching, and shared experiences between staff and students.

### 5. Sustain and Monitor Prevention Efforts

Ensure long-term impact through regular evaluation, strategy updates, and integration of mental health into institutional planning and KPIs.

By following these steps, universities can move from reactive responses to a **sustainable, preventative approach**, ensuring safer and more supportive learning environments for all.

## Step 1: Build Mental Health Awareness and Literacy

### Objectives:

- Normalise conversations about mental health and wellbeing
- Improve understanding of common mental health challenges
- Promote early help-seeking among students and staff

### Key Actions:

- **Deliver psychoeducational training sessions** tailored for faculty, tutors, administrative staff, and student-facing roles (e.g. welfare officers, career counsellors).
- Include **basic knowledge modules** on:
  - Types of mental health conditions (e.g. depression, anxiety, PTSD, eating disorders)
  - Risk factors (e.g. academic pressure, isolation, financial stress)
  - Protective factors (e.g. peer support, physical activity, meaningful engagement)
- Develop and distribute **mental health literacy resources**:
  - Quick-reference guides, infographics, and multilingual materials
  - Campus-specific help directories and emergency contacts
- Create **an online hub or portal** where staff can access resources, FAQs, and guidance on how to support distressed students.

### Suggested Tools:

- Printable “Recognise and Respond” cards
- Mental health calendar with monthly awareness themes
- Slide decks for awareness talks and induction sessions



## Step 2: Train Staff to Recognise and Respond

### Objectives:

- Equip academic and administrative staff with **practical skills to intervene early**
- Encourage compassionate, confident, and appropriate responses to distress
- Avoid reliance on clinical training—focus on **Mental Health First Aid (MHFA) principles**

### Key Actions:

- Offer **modular MHFA training** (short, repeatable, and role-based):
  - Recognising early signs of mental distress (e.g. absenteeism, disengagement, emotional outbursts)
  - How to approach a conversation non-judgmentally
  - Managing confidentiality and boundaries
- Provide **role-play simulations** and case-based learning:
  - E.g. "A student breaks down after failing an exam" or "A peer expresses suicidal thoughts"
- Introduce the **"Recognise – Respond – Refer"** model:
  1. **Recognise** signs and symptoms
  2. **Respond** calmly and empathetically
  3. **Refer** the individual to appropriate support channels

### Suggested Tools:

- Pre-recorded video demonstrations of effective staff-student conversations
- Pocket MHFA cards and digital toolkits
- Referral flowcharts tailored to local services and procedures

## Step 3: Establish Institutional Support Systems

### Objectives:

- Embed mental health support structures into university systems
- Ensure clear, consistent pathways to care across departments
- Build a **community of care**, not isolated interventions

### Key Actions:



## MindGuard

- Designate **Mental Health Liaisons** in each faculty/department (trained staff or student reps)
- Collaborate with counselling services, student affairs, and peer networks to:
  - Map referral pathways (counselling, disability services, crisis support)
  - Create protocols for managing disclosures and emergencies
- Build **cross-functional partnerships**:
  - Student unions, IT teams (for digital tools), health and safety teams, diversity offices
- Encourage all departments to develop **local Mental Health Action Plans** that align with institutional strategy

### *Suggested Tools:*

- Departmental checklist: "Is your unit mental-health ready?"
- Action plan template with goals, timelines, and responsibilities
- Memorandum of Understanding template between departments and wellbeing services

## Step 4: Normalise Mental Health Conversations

### *Objectives:*

- Reduce stigma and misinformation about mental health
- Promote a culture of openness, empathy, and shared responsibility
- Recognise and respect the diversity of mental health experiences

### *Key Actions:*

- Run **student-staff storytelling campaigns**:
  - Share real stories (with consent) about mental health recovery, peer support, and navigating university life
- Facilitate **community dialogues, talking circles, or peer panels**
- Integrate wellbeing into **curriculum and pedagogy**:
  - Use inclusive teaching practices (e.g. trauma-informed approaches)
  - Offer reflective assignments or classroom check-ins
- Celebrate **Mental Health Awareness Days** with community-based, inclusive events

### *Suggested Tools:*

- Storytelling templates (e.g. "My Mental Health Journey")
- Event planning guide for "Wellbeing Weeks"
- Faculty briefing sheets on how to integrate wellbeing into lectures

## Step 5: Sustain and Monitor Prevention Efforts

### Objectives:

- Ensure longevity and consistency in mental health promotion
- Continuously assess what works and where gaps exist
- Embed a culture of **preventative mental health care** in policy and practice

### Key Actions:

- Create a **university-wide mental health strategy** linked to the institution’s broader inclusion and equity goals
- Assign annual staff to review action plans, update training resources, and assess uptake
- Embed mental health indicators into existing quality assurance mechanisms
  - E.g. staff/student surveys, programme reviews, annual reporting
- Offer **booster training** or “MHFA refreshers” each academic year

### Suggested Tools:

- Annual institutional mental health health-check tool
- Guide to embedding wellbeing in university Key Performance Indicators (KPIs)
- End-of-year impact report template

By implementing this framework, university staff and educators will increase their confidence and competence in supporting students, reduce the burden on formal mental health services by enabling early intervention, contribute to building inclusive and stigma-free campuses and support institutional efforts toward student retention, wellbeing, and success.

Before implementing specific actions, it's essential to anchor all interventions in a **set of shared values**. These **Guiding Principles** ensure the framework is inclusive, impactful, and sustainable across different academic and cultural contexts.

## 6. Guiding Principles

Establishing effective preventative mental health strategies within higher education requires more than just practical steps—it demands a foundation built on core values that shape how interventions are designed and delivered. These guiding principles ensure that mental health initiatives are inclusive, accessible, empowering, and sustainable, while thoughtfully integrating technology without sacrificing the essential human connection. By adhering to these core principles, universities can create a supportive environment where every member of the academic community feels valued, understood, and equipped to contribute to collective wellbeing.

## 1. Inclusivity

Mental health prevention efforts must actively involve all participants—students, faculty, and staff—across diverse backgrounds and identities. This means acknowledging and respecting differences in culture, gender, ability, and socio-economic status to ensure no one is marginalised or left behind. All students and staff should be actively involved in the design, delivery, and evaluation of mental health strategies.

## 2. Accessibility

Barriers to participation, whether technological, cultural, linguistic, or informational, must be identified and removed. This ensures that mental health resources, training, and support systems are available to everyone, regardless of their circumstances or location. Ensuring that information, training, and support are available to everyone, regardless of background, ability, or access to technology, is critical.

## 3. Empowerment

The framework aims to build confidence and competence among staff and students in recognising, discussing, and responding to mental health challenges. Empowerment fosters self-efficacy, encouraging individuals to take proactive steps in supporting their own and others' wellbeing. Giving people the tools, knowledge, and confidence to support their own and others' mental health is imperative.

## 4. Complementarity

While virtual reality (VR) and other digital tools offer innovative ways to learn and practice mental health first aid, these technologies should supplement—not replace—meaningful human interactions. Maintaining personal connections is vital for effective support and long-term wellbeing.

## 5. Sustainability

Mental health initiatives should be designed for long-term impact, embedding supportive practices into the institutional culture and infrastructure. This includes ongoing training, resource allocation, and evaluation mechanisms that adapt to evolving needs. Prioritising long-term commitment, continuity, and institutional integration over short-term solutions is important.

These guiding principles form the ethical and practical backbone of all preventative mental health measures within academic settings. By embedding inclusivity, accessibility, empowerment, complementarity, and sustainability into every stage of program development and implementation, higher education institutions can ensure that their mental health efforts are not only effective but also enduring. This principled approach guarantees that mental wellbeing becomes an integral, embraced aspect of campus life benefiting individuals and communities alike for years to come.

They serve as cross-cutting themes, guiding how each step of the framework should be developed and implemented. Here's a snapshot of the framework that follows:



## Framework Overview: 5 Steps to Preventative Mental Health Support

### 1. **Build Awareness and Literacy**

Develop ongoing campaigns, integrate mental health into teaching, and ensure resources reflect diverse identities and needs.

*Aligned principles: Inclusivity, Accessibility, Empowerment*

### 2. **Train Staff to Recognise and Respond**

Provide MHFA training, VR simulations, and role-play sessions tailored for both academic and administrative roles.

*Aligned principles: Empowerment, Complementarity*

### 3. **Establish Institutional Support Systems**

Create clear referral pathways, assign mental health roles, and integrate support systems into institutional policies.

*Aligned principles: Sustainability, Accessibility*

### 4. **Normalise Mental Health Conversations**

Promote peer-led storytelling, inclusive discussions, and visible leadership engagement to reduce stigma.

*Aligned principles: Inclusivity, Empowerment, Complementarity*

### 5. **Sustain and Monitor Prevention Efforts**

Regularly evaluate programs, collect user feedback, and align mental health KPIs with institutional quality assurance systems.

*Aligned principles: Sustainability, Inclusivity*

## 7. Participatory and Co-Creation Approaches in Implementing the Guide and VR Training

Building on the Guiding Principles, this section highlights how participatory and co-creation methods can enhance the quality, inclusiveness, and sustainability of implementation.

The success of mental health prevention and VR training depends on active involvement from all stakeholders—students, faculty, administrative staff, and mental health experts. Co-creation fosters ownership, relevance, and responsiveness, ensuring interventions meet the real needs of the academic community.

### Steps to Foster Participation and Co-Creation

#### 1. **Establish Stakeholder Groups:**

- Form mental health working groups or advisory panels, including diverse representatives (e.g., students from different faculties, staff from welfare and IT).
- Engage these groups in planning, decision-making, and feedback throughout the implementation process.

**2. Co-Design VR Scenarios and Training Materials:**

- Invite users to contribute real experiences, suggest scenario topics, and review draft VR content.
- Conduct workshops or focus groups to gather input on cultural sensitivity, language, and usability.

**3. Facilitate Continuous Feedback Loops:**

- After initial training sessions, collect structured feedback via surveys, interviews, or digital platforms.
- Use this feedback to refine VR scenarios, adjust training content, and improve delivery methods.

**4. Empower Peer Leadership:**

- Train student ambassadors or peer educators to facilitate mental health conversations and support VR training rollouts.
- Peer involvement helps normalise mental health discussions and enhances trust in the programs.

**5. Transparent Communication:**

- Share progress, challenges, and successes regularly with the campus community.
- Promote inclusivity by ensuring communication channels are accessible and culturally appropriate.

## Benefits of Participatory Approaches

- Increases the relevance and cultural appropriateness of interventions.
- Enhances buy-in and motivation among participants.
- Builds sustainable mental health cultures rooted in community ownership.
- Enables early identification of barriers and opportunities for improvement.

## 8. Ensuring Accessibility, Digital Literacy, and Crisis Preparedness

In order to ensure the successful implementation of the framework, institutions must address key operational factors, including digital access, skills training, and effective crisis response. This section provides actionable guidance in these areas

### Addressing Digital Access, Literacy, and Crisis Management Protocols

## *Ensuring Equitable Digital Access and Literacy*

### **1. Assessing Technology Needs:**

- Conduct a digital readiness audit to identify gaps in access to VR hardware, software, and internet connectivity among students and staff.
- Partner with campus IT and external vendors to provide necessary devices or alternative access points (e.g., VR labs, libraries).

### **2. Providing Digital Skills Training:**

- Offer introductory sessions to familiarise users with VR equipment and interfaces.
- Develop simple, multilingual user guides and troubleshooting FAQs.

### **3. Alternative Training Options:**

- For participants unable or unwilling to use VR, provide equivalent learning through videos, case studies, or interactive workshops.
- Ensure all training materials adhere to accessibility standards (e.g., captioning, screen readers).

## *Crisis Management and Escalation Procedures*

### **1. Clear Protocols for Staff and Educators:**

- Provide a simple, stepwise decision tree for identifying and responding to mental health crises (e.g., suicidal ideation, acute distress).
- Emphasise immediate safety, confidentiality boundaries, and referral to qualified professionals.

### **2. Integration with Campus Support Services:**

- Map out and publicise local crisis response resources, including counseling centres, emergency hotlines, and external health providers.
- Train Mental Health Liaisons and staff in crisis response and referral coordination.

### **3. Using VR Training for Crisis Scenarios:**

- Include VR modules that simulate crisis intervention and de-escalation techniques to build confidence and preparedness among staff.

### **4. Ongoing Support and Supervision:**

- Provide access to supervision and debriefing for staff who assist students in distress, to prevent burnout and secondary trauma.

## 9. Mental Health Issues in the Academia: Scenarios & Case Studies

In what follows, mental health issues in the academia, as identified within the framework of the project so far are explored in the form on scenarios & case studies.

	MENTAL HEALTH ISSUE	DESCRIPTION
1	Generalised anxiety disorder (GAD)	This is due to academic pressure, performance expectations, and future uncertainty; Panic disorder.
2	Depression	Feelings of sadness, hopelessness, and low motivation are linked to academic stress, social isolation, or personal issues.
3	Stress and Burnout	Chronic stress from workload, deadlines, and balancing study with personal life; Burnout is characterised by emotional exhaustion and disengagement as well as reduced academic performance due to academic stress from workload and deadlines.
4	Post-Traumatic Stress Disorder (PTSD)	Stress resulting from traumatic experiences, including personal trauma or academic-related incidents and experiences.
5	Eating Disorders	Anorexia, bulimia, or binge eating, sometimes related to stress or body image pressures.
6	Substance Use Disorders	Increased risk of alcohol or drug misuse as coping mechanisms for stress and anxiety.
7	Sleep Disorders	Insomnia or irregular sleep patterns caused by stress or poor time management.
8	Suicidal Ideation and Self-Harm	Serious mental health crises due to overwhelming academic or personal challenges; Thoughts or behaviors related to self-injury or suicide.
9	Attention Deficit Hyperactivity Disorder (ADHD)	Challenges with focus, concentration, impulsivity and organization impacting academic performance.
10	Adjustment disorders	Difficulty adapting to university life, new environments, or changes in academic demands.
11	Obsessive-Compulsive Disorder (OCD)	Repetitive thoughts and compulsive behaviors affecting daily functioning.
12	Bipolar Disorder	Mood swings from depressive lows to manic highs.
13	Phobias and Specific Fears	Fear of public speaking, exams, or social situations.
14	Imposter Syndrome	Feelings of inadequacy despite achievements, common in high-achieving students and staff.



15	Loneliness and Social Isolation	Feeling disconnected from peers and support networks.
16	Perfectionism	Unrealistically high standards leading to anxiety and self-criticism.
17	Chronic Fatigue and Physical Health Issues Related to Mental Health	Psychosomatic symptoms impacting academic performance.
18	Relationship and Interpersonal Difficulties	Conflicts and stress from peer or faculty interactions.
19	Financial Stress Impacting Mental Health	Anxiety and depression linked to economic challenges.
20	Gender Dysphoria and Identity-Related Mental Health Challenges	Stress related to gender identity and acceptance.
21	Grief and Loss	Coping with bereavement or significant life changes during studies.
22	Postpartum Mental Health Issues	For students or staff experiencing pregnancy and parenthood.
23	Harassment or Discrimination-Related Stress	Mental health impact from bullying, racism, sexism, homophobia, or microaggressions in academia.
24	Career/Employment Anxiety	Among postgraduate students, adjuncts, and early-career researchers facing precarious job markets.
25	Digital Overload and Technostress	Anxiety, headaches, and cognitive exhaustion caused by an "always-on" academic culture, continuous screen use, and the inability to disconnect from digital platforms and notifications.
26	Loss of Purpose in the Academia	Feelings of detachment, disillusionment, and low motivation driven by systemic instabilities such as precarious employment, short-term contracts, and intense pressure to publish

## MENTAL HEALTH ISSUE 1: GENERAL ANXIETY DISORDER

### 1. Scenario/ Case study: Emma's Struggle with Generalised Anxiety and Panic Disorder in University

#### Background:

Emma is a 21-year-old undergraduate student in Environmental Science at a large European university. She has always been a high achiever, praised for her dedication and academic performance. Outgoing and engaged in her first year, Emma is now finding it increasingly difficult to cope with academic pressures.

#### The Issue:

Over the past semester, Emma has been experiencing worsening anxiety symptoms—persistent worry about failing exams, difficulty concentrating during lectures, and physical discomfort such as stomach upset and headaches. Recently, she has also begun experiencing sudden episodes of overwhelming fear, with symptoms including chest tightness, shortness of breath, dizziness, and a racing heart. These panic attacks often occur before presentations or exams, leaving Emma terrified of them happening again.

#### Why the Silence?

- **Fear of stigma:** Emma believes admitting her struggles will make her look weak in a department that prizes resilience.
- **Academic culture pressure:** Her peers rarely talk about mental health, reinforcing the idea that challenges should be faced silently.
- **Lack of awareness:** Emma doesn't know what support services are available, and doubts whether they would take her concerns seriously.
- **Fear of consequences:** She worries disclosure could negatively affect her academic record or future career.

#### Consequences:

- Emma begins skipping lectures and avoiding presentations for fear of panic attacks.
- Isolation sets in as she withdraws from her friends, ashamed of her struggles.
- Missed deadlines and reduced participation result in a noticeable decline in performance.
- Her anxiety feeds into negative self-perceptions, leaving her considering dropping out.

#### Potential Interventions (if addressed early):

- **Peer support networks:** Student ambassadors or peers trained in Mental Health First Aid could have gently checked in on Emma when she started withdrawing.
- **Faculty MHFA training:** Professors trained to spot anxiety symptoms could have proactively offered support and resources.
- **Awareness campaigns:** Reducing stigma by normalizing mental health conversations on campus.



- **Digital literacy tools:** Anonymous online/VR-based modules teaching coping strategies and information about panic and anxiety.
- **Clear pathways to help:** Accessible and visible counseling services, crisis lines, and academic accommodations.

### Reflection:

Emma's case demonstrates the double burden of anxiety disorders and stigma in academia. Her symptoms are highly treatable, but fear of judgment and silence keep her from seeking help. Reducing stigma, promoting safe dialogue, and providing clear, supportive services can prevent silent struggles from escalating into crises.

## 2. First Steps

### First Steps to Overcome Anxiety and Panic in Academia

1. **Acknowledge and Normalise the Experience**
  - Anxiety and panic attacks are common and treatable.
  - Seeking help is a strength, not a weakness.
2. **Open a Safe Dialogue**
  - Mentors/peers: Offer a private, non-judgmental space to listen and validate.
  - Students: Share with trusted friends, mentors, or family members.
3. **Learn and Dispel Myths**
  - Engage with mental health workshops to understand anxiety and panic symptoms.
  - Challenge misconceptions (e.g., panic attacks are not signs of “going crazy” or “failing”).
4. **Access Professional Support Early**
  - Schedule an appointment with university counseling services.
  - Explore group therapy or peer support circles.
5. **Practice Coping Techniques**
  - Use grounding or breathing strategies during panic attacks.
  - Develop healthy routines (sleep, exercise, nutrition, relaxation).
6. **Build a Support Network**
  - Connect with peers or student ambassadors trained in MHFA.
  - Inform a trusted faculty member who can assist with academic accommodations.
7. **Set Small, Realistic Goals**
  - Break tasks into manageable steps to avoid overwhelm.
  - Celebrate progress, no matter how small.

## 8. Challenge Stigma and Negative Thoughts

- Practice self-compassion and reframe anxiety as a manageable condition.
- Join awareness campaigns to help shift the culture toward openness.

If symptoms escalate or suicidal thoughts emerge, immediate professional support via counseling services or crisis helplines should be sought.

## 3. First Aid Checklist

Mental Health First Aid Checklist for Supporting a Student with Anxiety and Panic:

### 1. Observe and Recognise Warning Signs

- Withdrawal, absenteeism, declining academic performance.
- Restlessness, sweating, trembling, or visible panic during presentations.
- Verbal cues of distress: “I can’t cope,” “I’m terrified of failing.”
- Signs of avoidance (skipping classes, missing deadlines).

### 2. Approach with Empathy and Confidentiality

- Choose a safe, private space.
- Use supportive language: *“I’ve noticed you seem overwhelmed. How are you feeling?”*
- Assure confidentiality within safety limits.

### 3. Encourage Open Communication

- Allow Emma to share her experiences at her own pace.
- Use active listening (nodding, summarizing, validating emotions).
- Normalise the experience: *“Many students experience anxiety. You are not alone.”*

### 4. Assess the Immediate Risk

- Gently ask about self-harm or suicidal thoughts if appropriate.
- If high risk is disclosed, follow crisis protocols immediately.

### 5. Provide Information and Resources

- Explain available services: counseling, peer support, crisis lines.
- Share how to access resources confidentially.
- Offer digital apps for grounding and mindfulness.

### 6. Encourage Help-Seeking and Self-Care

- Suggest scheduling an appointment with counseling services.
- Promote healthy coping (exercise, relaxation, sleep hygiene).

- Offer to assist with first steps (e.g., walking together to the counseling centre).

#### 7. Follow Up

- Regularly check in to show ongoing care.
- Encourage continued engagement with supports.

## 4. Support Services & Apps

Support Services & Apps Students can Access:

- **University Counseling Services** – confidential therapy and crisis support.
- **Peer Support Networks / Student Ambassadors** – trained students providing empathetic listening.
- **Academic Advisors or Mentors** – academic accommodations and workload flexibility.
- **Wellness Centres** – workshops on stress, resilience, and mindfulness.
- **MHFA-Trained Faculty and Staff** – visible points of support on campus.
- **Digital Tools** – apps for meditation, grounding, and anxiety management.
- **Crisis Helplines** – 24/7 national and international services.

## 5. Additional Tips

- Respect Emma's autonomy — let her choose her path to help.
- Avoid giving clinical advice unless trained.
- Be patient — recovery and coping take time.
- Know your limits — refer to professionals when needed.
- Model openness by talking positively about mental health.

## MENTAL HEALTH ISSUE 2: DEPRESSION

### 1. Scenario/ Case study: Bregje's struggle with depression and academic disengagement

#### Background:

Bregje is a 24-year-old second-year Master's student in Biomedical Engineering at the University of Groningen. During her Bachelor's studies, she excelled in a competitive environment, balancing sports, academics, and leadership roles. However, in her second year of the Master's programme, she began experiencing a persistent, unexplained sadness. Over time, this sadness developed into a pervasive sense of hopelessness about the future.

Her academic workload feels heavier than ever, yet she struggles to find motivation for assignments she previously enjoyed. Her stress is compounded by ongoing conflicts at home with her parents, who demand relentless academic success, and the recent end of a long-term relationship, leaving her feeling isolated. As these pressures mount, Bregje withdraws from her friends, ceases participating in activities she once loved, and begins to believe she is "failing at everything".

#### The Issue:

Over the past eight months, Bregje has exhibited clear signs of moderate to severe depression, including persistent sadness, emotional flatness, extreme fatigue, irregular sleep patterns, and difficulty concentrating. Unlike students with anxiety, she isn't paralysed by fear but feels weighed down by hopelessness and numbness. She misses deadlines not out of panic but because she no longer feels it matters. Her thoughts are dominated by questions like "What's the point?" and "I'll never catch up."

#### Why the problem persists?

- Emotional exhaustion and numbness: Depression leaves Bregje feeling too drained and detached even to ask for help. Even sending an email to counselling feels like too much.
- Fear of judgment and stigma: Bregje worries that professors and peers will think she's incompetent, unreliable, or incapable, which makes her withdraw even more.
- Shame and self-blame: She believes her sadness and lack of motivation are personal failings (such as "I'm lazy" or "I'm weak"), rather than recognising them as signs of an illness.
- Loss of insight: Unlike anxiety, which results in hypervigilance, depression can obscure self-awareness. Bregje doesn't realise that her hopelessness and withdrawal are treatable symptoms, not her true self.
- Cultural expectations and family pressure: In her family, mental health struggles are minimised or stigmatised, which makes her hesitant to open up.
- Isolation feedback loop: Her withdrawal makes her feel invisible, which deepens her belief that no one cares or would understand if she reached out.

#### Consequences:

- Physical strain and behavioural changes: Ongoing fatigue, loss of appetite, and headaches, along with mental fog, make basic tasks such as showering or cooking seem daunting and overwhelming.
- Emotional impact and cognitive difficulties: Bregje no longer recognises the motivated student she once was. Her academic ambitions now seem meaningless, leading her to

question not only her career but also her self-worth. This breakdown of identity distinguishes depression from temporary stress and anxiety. The emergence of passive suicidal thoughts, like “I wish I wouldn’t wake up” or “It would be easier if I weren’t here,” indicates a lack of panic but a deep sense of hopelessness and loss of purpose.

- Social effects: She stops attending lab meetings and social events, not due to fear of judgment, but because she feels empty. As she declines invitations, her friends gradually drift away, which increases her sense of isolation.
- Academic effects: Unlike anxiety, which causes frantic overwork, depression leaves Bregje paralysed. Bregje stops initiating tasks, avoids replying to emails, and allows deadlines to pass without panic, just emptiness.

#### **Potential Interventions (if addressed early):**

- Peer-led depression support groups: Promoting normalisation of low mood and reducing stigma by connecting students with personal peer support networks trained in Mental Health First Aid.
- Supervisor and faculty training: Educating staff to recognise subtle signs of depression, such as emotional blunting and cognitive slowing, rather than attributing them to laziness.
- Skills workshops: Providing training in behavioural activation, self-compassion, and resilience to failure, aimed at tackling depression caused by perfectionism.
- Customised academic accommodations: Offering flexible deadlines, reduced course loads, and structured reintegration plans following leave due to mental health issues.
- Integrated mental health screening: Routine depression assessments for postgraduate students at healthcare facility centres.
- Mentorship from alumni: Showcasing stories of alumni who recovered from depression and either successfully continued or redirected their careers.

#### **Reflection:**

Bregje’s case shows that depression is not just stress taken too far. It fundamentally differs from anxiety and burnout, involving a collapse of motivation, hope, and self-esteem. Academic institutions often mistake depression for disinterest or laziness, but this invisibility hides a serious and treatable condition. Recognising depression’s unique traits and responding with empathy, structure, and early intervention can prevent a downward spiral that might lead to withdrawal or even self-harm.

## 2. First Steps

First steps to navigate depression in university life:

- Recognise the signs of depression
  - Persistent sadness, hopelessness, and low motivation are not character flaws; rather, they are symptoms of a mental health issue.
  - Key symptoms include cognitive slowing, physical heaviness, and loss of interest in the condition.
- Open a safe dialogue
  - peers/mentors: Ask about feelings, not just performance (“How are you feeling day-to-day?”).
  - students: If you feel numb or disconnected, it’s a signal to seek help, not to ignore this weakness.
- Seek professional support early

- Arrange a clinical assessment with a counsellor or GP for an accurate diagnosis.
- Explore therapy options such as CBT, IPT, or group therapy specifically for depression.
- Consider taking medication as advised by a healthcare professional.
- Rebuild life step by step
  - Focus on one manageable task each day (“Get out of bed and open the blinds”)
  - Use external structures (apps, planners, accountability partners) to anchor routines.
  - Celebrate achievements, not just perfection.
- Reignite connection and purpose
  - Participate in low-pressure peer support groups.
  - Reconnect with a trusted individual prior to engaging in larger social events.
  - Pursue hobbies outside of academics to rediscover joy.
- Address crisis risks quickly and effectively
  - If experiencing suicidal thoughts or deep hopelessness, contact a professional or crisis line immediately.
  - Be aware of your university’s emergency mental health procedures and hotlines.

### 3. First Aid Checklist

Mental health first aid checklist for supporting a student with depression:

- Recognise the warning signs of depression
  - Persistent low mood, emotional flatness, or tearfulness
  - Cognitive slowing, such as taking ages to respond or finish tasks
  - Social withdrawal and neglect of self-care, including hygiene and meals
  - Hopeless statements like “What’s the point?” or “I’m done with this.”
- Approach with presence, not pressure
  - Find a quiet, private moment to speak.
  - Use compassionate language: “I’ve noticed you haven’t been yourself lately. Are you okay?”
  - Don't pressure them to speak; simply be present and show kindness.
  - Avoid quick fixes, validate their pain and offer steady support.
- Encourage professional help
  - Let them share at their own pace.
  - Reflect on feelings: “That sounds really tough. I’m here for you.”
  - Reassure them: “Depression is common and treatable. You don’t have to go through this alone.”
  - Offer to help them book a counselling appointment or walk with them.
  - Normalise therapy as a strength, not a last resort.
- Encourage self-care and healthy habits
  - Recommend rest, hydration, gentle exercise, and a good sleep routine.
  - Encourage them to do one small thing each day that brings joy or peace.
- Support daily functioning
  - Suggest working on small tasks together, for example, “Want to tackle the intro for 10 minutes?”.
  - Offer concrete assistance, such as sharing notes or checking in on progress with meals.
- Provide information and resources
  - Share information about counselling, peer support, and academic adjustments.

- Recommend mental health apps (e.g., for journaling and mood monitoring).
- Help them take the first step if needed (e.g., guide them towards a support service).
- Follow up
  - Check in regularly: “Thinking of you, how have you been this week?”, “How have you been since we last spoke?”.
  - Celebrate small successes, such as submitting an assignment or attending a lecture.
  - Show you still care, without pressuring them.
- Know when to refer
  - If they hint at suicidal thoughts, ask calmly and directly: “Are you thinking about hurting yourself?”
  - Stay with them and contact crisis services if at risk.

## 4. Support Services & Apps

Support services & tools for students with depression:

- Psychological counselling services from the Student Service Centre (SSC) - depression clinical assessment, therapy, and medication support.
- Academic advisors or mentors - arrange flexible deadlines and academic accommodations.
- Courses and workshops from the Student Service Centre (SSC) on depression.
- MHFA peer support groups - offer safe spaces for students living with depression with trained students in MHFA.
- MHFA-trained faculty staff - guide students toward appropriate services.
- Digital tools:
  - Online UG student well-being page
  - Online self-support through the e-health platform Mirro, used by the UG. - an online way to access support and resources for mental health concerns. It includes self-help modules covering various relevant topics.
  - E-health programme from Caring Universities Consortium - a programme that helps university students improve mental well-being by supporting better sleep, reducing procrastination, boosting mood, increasing self-worth, and managing stress.
  - Local and national listening services in the Netherlands: All Ears Groningen, @ease Groningen, Frisse Gedachtes, and Alles Oké
  - Grip op je Dip: an informative Dutch website for young people who are feeling down.
  - TalkCampus: an anonymous global social media platform designed for students to interact globally with peers from different universities. It provides multilingual support, round-the-clock safeguarding and escalation, access to trained peer supporters and professional staff, and guidance to various valuable internal and external mental health resources.
  - MoodMission: evidence-based activities to improve low mood.
- General Practitioner (GP) / Mental healthcare services (GGZ) / Addiction Care Northern Netherlands (VNN) - local mental health services outside the UG in the Netherlands
- Emergency or crisis services situations - local and national services in the Netherlands for suicidal ideation or crisis situations, if depression escalates to a mental health crisis
  - crisis telephone helpline 0800-0113 in the Netherlands (Dutch 113 Suicide Prevention)
  - UG suicide prevention protocol 2021

## 5. Additional Tips



## MindGuard

- Recognise your energy limitations - Depression can make even simple tasks feel draining; adjust your expectations accordingly.
- Don't confuse depression with laziness - it's a medical condition, not a moral failing.
- Avoid toxic positivity - Offering validation and steady support is more effective.
- Structured re-entry plan - After leave, assist students in gradually resuming academic activities with reassurance.
- Model vulnerability - When staff and peers share authentic experiences, it can help break shame cycles.
- Maintain connections - Gentle, consistent contact can help lessen feelings of loneliness.

## MENTAL HEALTH ISSUE 3: STRESS AND BURNOUT

### 1. Scenario/ Case study: Maartje's struggle with stress and burnout as a postdoctoral researcher at the University of Groningen

#### **Background:**

Maartje has just finished her PhD in Science Education and started as a postdoctoral researcher. During her PhD she was always very organised, completing her tasks on time and managing her research without problems. She was seen as someone who worked hard but never seemed stressed or exhausted. Her colleagues considered her an example of balance, and she also felt confident about her capacity to control the situation.

#### **The Issue:**

The step to the postdoctoral position has been more difficult than she imagined. During the PhD, her main responsibility was her research and her manuscripts. Now she has to deal with more tasks at the same time: managing projects, teaching classes, applying for grants, and supervising students. This new combination of responsibilities is making her feel overwhelmed.

In the last months she feels tired almost every day and has problems to sleep. She often wakes up without energy and suffers headaches. It is harder for her to concentrate, and she postpones important tasks. She avoids meetings when possible and participates less in discussions. Things that before motivated her, like mentoring or presenting her work, now feel too heavy. She also doubts more about herself and if she is good enough for this position. Her performance is slipping, not because she doesn't care, but because she no longer has the capacity to keep up. She feels guilty when she rests and anxious when she works.

Her work is starting to be affected, with delays and less motivation to advance. At the same time, she is isolating from colleagues, which increases the feeling of being alone. For supervisors or peers, this can look like only a normal adjustment period, but in reality it shows clear signs of stress and burnout that, if not recognised, may have serious consequences for her wellbeing and professional future. Maartje's burnout stems from sustained external pressure without space for recovery. She continues to push through exhaustion until her body and mind begin to shut down.

#### **Why the problem persists?**

- **Fragmented workload:** Instead of one clear research focus as in the PhD, Maartje's time is constantly split between teaching, supervising, grant writing, and project administration. The lack of continuity makes it hard for her to feel she is progressing anywhere.
- **Invisible labour:** Many of the new tasks she faces, such as preparing course materials or responding to administrative emails, are time-consuming but receive little recognition. This mismatch between effort and acknowledgement fuels her frustration.
- **Role ambiguity:** Maartje is unsure what is expected from her as a postdoc: whether her priority should be publications, securing funding, or excelling in teaching. This uncertainty adds extra stress.
- **Erosion of boundaries:** She often works evenings and weekends, feeling she cannot say no to requests from senior staff. This constant availability prevents real rest.



- Peer comparison: Seeing other early-career researchers presenting at conferences or winning grants makes her feel she is falling behind, reinforcing her sense of inadequacy.
- Lack of recognition: Burnout is often invisible. Unlike anxiety or depression, burnout is often overlooked until performance drops significantly.
- Internalises a productivity mindset: Maartje values her self-worth based on her output. Recognising her burnout feels like failure.

### Consequences:

- Physical strain: Maartje feels tired most of the time, even when she sleeps enough hours. She suffers frequent headaches and back pain from long hours in front of the computer, and her sleep rhythm is very irregular. This makes it harder for her to recover energy.
- Behavioural changes: She delays important tasks like project reports or applications, and avoids meetings with colleagues. She also tries not to participate in group activities, which makes her more isolated in the department.
- Emotional impact: She often feels anxious and more irritable than before, especially when she has to manage many tasks at the same time. What used to be exciting for her now feels like an obligation, and she starts to think she is not capable of doing her work well.
- Cognitive difficulties: Concentration is not the same as before. She struggles to prepare lectures or write papers without losing focus. Taking decisions becomes stressful, and negative ideas about not being “good enough” are always present.
- Social and academic effects: By reducing her contact with peers and mentors, she loses part of the support network that helped her during the PhD. The quality of her work decreases, deadlines are missed, and she criticises herself strongly, which increases her feeling of being stuck.

### Potential Interventions (if addressed early):

- Clear workload agreements: Early conversations with supervisors about balancing research, teaching, and project management could have prevented an overload of responsibilities.
- Mentorship for transition: Guidance from more experienced postdocs on how to handle the step from PhD student to independent researcher could have reduced feelings of being unprepared.
- Time-management and priority workshops: Practical training on how to divide tasks, set realistic goals, and protect time for rest could have supported healthier working habits.
- Regular wellbeing check-ins: Scheduled informal meetings with supervisors or HR focused on wellbeing, not only performance, might have helped to identify early signs of stress.
- Access to flexible arrangements: Options like temporary reduction of teaching load or shared responsibility in projects would have given her time to recover and re-organise.
- Building supportive networks: Encouragement to join peer support groups of postdocs facing similar challenges could have reduced isolation and normalised struggles.

### Reflection:

Maartje’s experience shows how stress and burnout can develop when the transition into a postdoctoral role is demanding and not accompanied by enough support. Burnout is not a sign of laziness or weakness; rather, it is a physiological and psychological response to prolonged, unmanaged stress. Unlike anxiety or depression, it often affects high-performing individuals who push themselves beyond their limits. What initially appeared to be a natural and exciting step in her academic journey has gradually become a source of exhaustion, frustration, and disengagement. Her case reminds us that burnout is rarely just about personal resilience, but often shaped by structural

issues such as excessive workload, unclear expectations, and insufficient guidance. When institutions focus on output but ignore signs of overload, they risk accelerating a downward spiral. Preventing chronic burnout from developing into clinical depression or dropout requires early intervention, a shift in academic culture around productivity, and integrated support systems. Recognising and responding to these pressures and addressing them early is essential, so that young researchers can maintain both their well-being and the quality of their academic work.

## 2. First Steps

First steps to manage academic stress and prevent burnout:

- Recognise the cycle of burnout
  - Chronic fatigue, low motivation, and emotional numbness are not merely “part of the job.”
  - Burnout is a genuine, harmful condition, acknowledging it is crucial for recovery.
- Acknowledge the need for rest
  - Peers and mentors should start open discussions about workload and stress.
  - Students should talk to someone they trust or an advisor, burnout is more common than you might realise.
- Reframe productivity
  - Understand that rest supports creativity and performance.
  - Taking breaks isn't laziness; it's strategic recovery.
- Re-engage with values, not just deadlines
  - Ask yourself: What initially drew me to this field? What small aspect still gives me purpose?
- Connect instead of isolating
  - Peer support groups can validate your experience and provide useful coping strategies.
  - Reconnect with peers who invigorate rather than drain your academic experience.
  - Inform managers/supervisors if burnout affects your work, they can assist.
- Rebuild balance with micro-changes
  - Set boundaries by limiting study hours, especially at night and weekend.
  - Use techniques like Pomodoro for focused work plus planned breaks.
  - Reintroduce small daily joys like music, walks, or hobbies.
- Redesign routines for sustainability
  - Alternate between high-focus and low-effort tasks.
  - Prioritise sleep, hydration, and meals.
  - Schedule non-academic activities into your calendar.
- Remember, it's ok to step back
  - Temporary breaks or academic adjustments are valid and sometimes necessary.
  - Your worth isn't determined by productivity.
- Seek professional support when needed
  - Book a session with student wellbeing or counselling services.
  - Ask professors or supervisors for extensions or lighter work/course loads if needed.

## 3. First Aid Checklist

Mental health first aid checklist for supporting a student with stress and burnout:

- Recognise the warning signs of burnout
  - Observe physical signs such as exhaustion, frequent yawning, or neglect of personal grooming.
  - Identify emotional cues like irritability, cynicism, or flat affect.
  - Listen for expressions such as “I’m completely done” or “I just don’t care any more.”
  - Be alert to missed work, decreased quality of output, or disengagement.
  - Note complaints about chronic stress, overwork, or difficulty concentrating.
- Approach with empathy and caution
  - Pick a quiet, private time to have the conversation.
  - Use empathetic language like, “You seem really overwhelmed lately. How are you holding up?”
  - Avoid dismissive remarks such as “We’re all stressed” and instead validate their feelings.
- Create space to breathe and support recovery, not just coping
  - Advise scheduling downtime during the week.
  - Help them recognise what can be dropped or delegated.
  - Assist with managing deadlines and scheduling brief recovery intervals.
  - Encourage embracing short-term academic adjustments without shame.
  - Remind them it’s okay to decline additional commitments.
  - Suggest low-pressure, enjoyable activities that are unrelated to academics.
- Encourage reflection and openness
  - Ask about their coping strategies and whether they’ve taken breaks.
  - Practice active, non-judgmental listening.
  - Acknowledge their feelings: “It makes sense that you’re feeling burned out with everything going on.”
- Provide information and resources
  - Discuss options like extensions, reduced workload, or temporary leave.
  - Provide information on self-care apps, support groups, and counselling services.
  - Suggest practical steps, such as creating a recovery plan or accompanying them to student support.
- Follow up
  - Reconnect after a week to see how they’re doing.
  - Continue providing empathy and assistance without pressure.
  - Celebrate small recovery milestones, like getting sufficient sleep or taking a day off.
- Know when to refer
  - If the student mentions hopelessness, gently look for signs of deeper issues or suicidal thoughts.
  - Refer to crisis support or mental health professionals if necessary.

## 4. Support Services & Apps

- Psychological counselling services from the Student Service Centre (SSC) - burnout recovery support, including therapy and time-off planning.
- Academic advisor, professor or supervisor - arrange flexible deadlines, task adjustments, or leave of absence planning.
- Courses and workshops from the Student Service Centre (SSC) on stress management and burnout.

- MHFA peer support groups - MHFA-trained peer listeners in recognising and responding to burnout.
- MHFA-trained faculty staff - guide students toward appropriate services.
- Digital Tools:
  - Online UG student well-being page
  - Online self-support through the e-health platform Mirro, used by the UG. - an online way to access support and resources for mental health concerns. It includes self-help modules covering various relevant topics.
  - E-health programme from Caring Universities Consortium - a programme that helps university students improve mental well-being by supporting better sleep, reducing procrastination, boosting mood, increasing self-worth, and managing stress.
  - Local and national listening services in the Netherlands: All Ears Groningen, @ease Groningen, Frisse Gedachtes, and Alles Oké
  - Grip op je Dip: an informative Dutch website for young people who are feeling down.
  - TalkCampus: an anonymous global social media platform designed for students to interact globally with peers from different universities. It provides multilingual support, round-the-clock safeguarding and escalation, access to trained peer supporters and professional staff, and guidance to various valuable internal and external mental health resources.
  - Balance: a stress management app with daily check-ins and breathing exercises.
  - Forest or Pomofocus: a time management tool with built-in breaks and focus tracking.
  - Insight Timer: guided meditations specially for overwhelm and fatigue.
  - MindShift CBT: for coping with stress.
  - Reflectly: for mood tracking and burnout signs.
  - WellTrack Boost: a university-based wellness platform with burnout prevention modules.
- General Practitioner (GP) / Mental healthcare services (GGZ) / Addiction Care Northern Netherlands (VNN) - local mental health services outside the UG in the Netherlands
- Emergency or crisis services situations - local and national services in the Netherlands for suicidal ideation or crisis situations, if burnout escalates to a mental health crisis
  - crisis telephone helpline 0800-0113 in the Netherlands (Dutch 113 Suicide Prevention)
  - UG suicide prevention protocol 2021

## 5. Additional Tips

- Respect energy levels - avoid urging students to simply “do more” as a solution.
- Encourage honest dialogue - Validate when someone admits they are struggling to cope.
- Avoid glorifying overwork - challenge cultures that normalise burnout; everyone needs flexibility sometimes.
- Establish clear boundaries - Show how to say “no” to unnecessary demands and respect your limits so that others feel comfortable doing the same.
- Normalise recovery - rest is not a reward, it is vital maintenance.
- Know when to refer - Consult professionals if someone appears numb, hopeless, or despairing, depression may be developing.



## MENTAL HEALTH ISSUE 4: POST TRAUMATIC STRESS DISORDER (PTSD) (CARDET360)

### 1. Scenario/Case Study: Sofia's Silent Struggle with Post-Traumatic Stress

#### Background:

Sofia is a 22-year-old postgraduate student in Education. Last year, she experienced a serious car accident on her way to campus. Physically, she recovered, but emotionally she's been struggling.

#### The Issue:

Since the accident, Sofia has frequent nightmares and flashbacks, especially when passing the road where it happened. Loud noises or sudden movements make her panic. She avoids late classes, busy hallways, and even group projects because she fears losing control. Academic pressure triggers feelings of helplessness, similar to those she felt during the accident.

#### Why the Silence?

- **Stigma & Misunderstanding:** Worries people will see her as "dramatic" or "weak."
- **Self-blame:** Believes she "should be over it by now."
- **Fear of disclosure:** Unsure how lecturers or peers would react if she shares her trauma.
- **Lack of clarity:** Doesn't know whether to go to a doctor, counsellor, or keep silent.

#### Consequences:

- Missing lectures and deadlines due to avoidance and poor sleep.
- Strained friendships because she cancels plans frequently.
- Hypervigilance and exhaustion from constantly feeling "on edge."
- Declining academic performance and growing self-isolation.

#### Potential Interventions (if addressed early):

- **Peer support:** A friend notices her withdrawal and gently checks in.
- **Staff awareness:** Lecturers trained to recognise signs of trauma and offer flexible deadlines.
- **Professional pathways:** Referral to trauma-informed counselling/therapy.
- **Safe campus spaces:** Quiet rooms for grounding during flashbacks.
- **Psychoeducation:** Workshops on stress, trauma, and resilience.

#### Reflection:

Sofia's case shows how unspoken trauma can quietly erode academic and social life. Empathetic recognition, stigma-free dialogue, and accessible professional support can prevent long-term harm.

### 2. First Steps

First Steps to Address PTSD in the Academia:

- **Acknowledge & Normalise:** Trauma reactions are common and treatable; recovery is possible.
- **Open a Safe Dialogue:** Encourage sharing in trusted, confidential settings. Avoid pressing for details of the trauma.
- **Dispel Myths:** PTSD isn't a sign of weakness or overreacting. Triggers are real and valid.
- **Seek Professional Help Early:** Trauma-informed counselling, GP/mental health services, and, if necessary, referral to specialist therapy (e.g., EMDR, CBT).
- **Practice Coping Skills:** Grounding techniques (5-4-3-2-1 senses exercise), breathing, journaling.
- **Build a Support Network:** Trusted peers, mentors, or student support groups.
- **Set Small Goals:** Attend one lecture, join one safe social activity, practice one grounding strategy.
- **Challenge Stigma & Self-blame:** Replace "I should be over this" with "Healing takes time and support."

### 3. First Aid Checklist for PTSD

Mental Health First Aid Checklist for Supporting a Student with PTSD:

- **Observe & Recognise:** Avoidance, hypervigilance, startled reactions, sleep problems, withdrawal.
- **Approach with Empathy:** "I've noticed you've been more on edge and missing classes—would you like to talk?"
- **Encourage Communication:** Listen without asking for trauma details; validate feelings.
- **Assess Immediate Risk:** Check for self-harm, suicidal thoughts, or unsafe coping (alcohol, drugs).
- **Provide Information:** Share resources about trauma counselling and crisis lines.
- **Encourage Self-Care:** Suggest grounding, rest, gentle routines.
- **Follow Up:** Offer ongoing check-ins to reduce isolation.

### 4. Support Services & Apps

Support Services & Apps Students can Access:

- University Counselling & Health Services with trauma-trained staff.
- Peer Support Networks or Mental Health Ambassadors.
- Trauma-specific helplines (national PTSD or crisis lines).
- Apps: *PTSD Coach*, *Headspace*, *Calm Harm*.

- Quiet campus rooms or wellbeing hubs.

## 5. Additional Tips

Additional Tips for Mentors or Peers:

- Avoid forcing students to disclose trauma details.
- Don't minimise reactions ("It's in the past, move on").
- Respect triggers—offer flexible options (e.g., presentations in smaller groups).
- Encourage professional help rather than "just coping."
- Model compassion and patience.

## MENTAL HEALTH ISSUE 5: EATING DISORDERS

### 1. Scenario/ Case study: Luca's Quiet Battle with Disordered Eating in a Performance Culture

#### Background:

Luca is a 20-year-old second-year student in Sports Science. Once enthusiastic about varsity rowing, he's become intensely focused on "clean eating" and cutting weight to improve performance and aesthetics for social media.

#### The Issue:

Over recent months, Luca has shifted from flexible nutrition to rigid rules: skipping meals, tracking every calorie, and compensating with extra workouts. He feels guilty after normal portions and occasionally binges late at night, followed by shame and punishing exercise. He's often light-headed in morning lectures and struggles to concentrate.

#### Why the Silence?

- **Fear of stigma:** He worries teammates will label him "undisciplined" if he admits losing control around food.
- **Perfectionism & sport norms:** Restriction is praised in his circles; he believes "leaner is always better."
- **Normalization of dieting:** Friends swap extreme diet tips, making disordered patterns seem "healthy."
- **Uncertainty about help:** Luca isn't sure whether to talk to coaching staff, a GP, or counselling.

#### Consequences:

- Skipped social meals; isolation from friends and teammates.
- Declining academic focus and fatigue; occasional near-faints after training.
- Increasing body dissatisfaction and mood swings.
- Risk of medical complications from under-fueling and over-exercise.

#### Potential Interventions (if addressed early):

- **Peer check-ins:** MHFA-aware teammates notice withdrawal and gently ask how he's doing.
- **Coach and faculty training:** Staff recognise warning signs and open supportive, non-judgmental conversations.
- **Rapid referral pathways:** Clear links to campus health, dietetics, and counselling.
- **Culture change:** Team workshops on fueling, performance, and body image.
- **Digital literacy tools:** Anonymous modules on balanced nutrition and challenging appearance-based pressures.

#### Reflection:

Luca's case shows how performance culture and silence can allow disordered eating to escalate. Early, empathetic engagement and clear, stigma-free pathways to support can prevent medical and academic crises.

## 2. First Steps

### First Steps to Address Disordered Eating in Academia:

- 1. Acknowledge and Normalise**
  - Disordered eating is common and treatable.
  - Seeking help is strength, not failure.
- 2. Open a Safe Dialogue**
  - Peers/staff: Offer a private, respectful space; avoid appearance comments.
  - Students: Share concerns with someone trusted (friend, mentor, coach).
- 3. Learn and Dispel Myths**
  - “Leaner isn’t always healthier.” Performance needs fueling.
  - Restriction/binge cycles are not willpower issues.
- 4. Access Professional Support Early**
  - Book with counselling; consult campus health/GP; ask about dietitian support.
- 5. Practice Coping & Nourishment Skills**
  - Regular meals/snacks; gentle, non-punitive movement; grounding techniques.
- 6. Build a Support Network**
  - Loop in a trusted coach/mentor; consider peer groups.
- 7. Set Small, Realistic Goals**
  - One balanced meal; one flexible food; one social eat per week.
- 8. Challenge Stigma & Negative Self-Talk**
  - Replace body/food shame with self-compassion and evidence-based information.

If symptoms escalate (fainting, medical concerns) or suicidal thoughts emerge, seek immediate professional care via health services, counselling, or crisis lines.

## 3. First Aid Checklist

### MHFA Checklist for Supporting a Student with Disordered Eating:

- 1. Observe & Recognise**
  - Rapid weight changes, skipped meals, frequent fatigue, excessive exercise, secrecy around food.
- 2. Approach with Empathy & Confidentiality**
  - “I’ve noticed you seem run down and worried about food lately—how are you feeling?”
- 3. Encourage Open Communication**
  - Listen without focusing on weight; validate feelings.
- 4. Assess Immediate Risk**
  - Ask about fainting, purging, misuse of laxatives/diuretics, self-harm thoughts; follow crisis protocols if needed.
- 5. Provide Information & Resources**
  - Explain counselling, health services, dietitian, and confidential access.
- 6. Encourage Help-Seeking & Self-Care**
  - Offer to help make the first appointment; suggest gentle routines.

#### 7. Follow Up

- Check in regularly; reinforce care and progress.

## 4. Support Services & Apps

- University Counselling & Campus Health (including GP/dietitian).
- Peer Support Networks / Student Ambassadors.
- Sports Medicine & Coaching staff trained in MHFA.
- Wellness Workshops on body image and fueling.
- Digital tools for meal structure, mood tracking, and mindfulness.
- Crisis Helplines (24/7).

## 5. Additional Tips

- Avoid commenting on appearance/weight.
- Don't police food - focus on wellbeing.
- Respect autonomy - offer choices.
- Know your limits - refer to professionals.
- Model balanced - non-judgmental talk about food and bodies.

## MENTAL HEALTH ISSUE 6: SUBSTANCE USE DISORDERS

### 1. Scenario/Case Study: Alex's Struggle with Substance Use in Academia

#### Background:

Alex is a 24-year-old master's student in Business Administration at a competitive university. Known for being outgoing and sociable, Alex often attends networking events, group projects, and social gatherings. Over the past year, the mounting pressure of academic deadlines, financial stress, and uncertainty about the future has taken a toll on him.

#### The Issue:

To cope with stress and anxiety, Alex began drinking more frequently—first just at social events, but eventually alone in his apartment. During exam periods, he sometimes uses stimulants to stay awake and “push through” all-nighters. While he tells himself this is temporary, his reliance on alcohol and substances is growing.

#### Why the Problem Persists:

- **Normalization of use:** Within his peer group, heavy drinking is considered normal.
- **Academic pressure:** High workload fuels the belief that stimulants “help” performance.
- **Stigma and fear:** He worries about judgment or disciplinary action if he admits he has a problem.
- **Lack of awareness:** He doesn't know where to turn for confidential help.

#### Consequences:

- Declining health, including fatigue, irritability, and hangovers affecting class performance.
- Missed deadlines and reduced focus despite substance use intended to “improve” productivity.
- Strained friendships due to unpredictable mood and behaviors.
- Heightened risk of dependency and serious long-term consequences.

#### Potential Interventions (if addressed early):

- **Peer awareness campaigns:** Normalizing open conversations about healthy coping mechanisms.
- **Confidential support services:** Easily accessible counseling, recovery groups, and substance use specialists.
- **Alternative stress outlets:** Promoting sports, mindfulness, and healthier time management.
- **Faculty training:** Professors able to recognise warning signs and guide students to resources.
- **Anonymous digital tools:** Apps that provide safe tracking and guidance on substance use habits.

**Reflection:**

Alex's case shows how academic culture, stress, and social pressures can create an environment where substance use becomes normalised, then problematic. Addressing the stigma, ensuring access to confidential support, and promoting healthier coping strategies are crucial steps in prevention and recovery.

## 2. First Steps

### First Steps to Overcome Substance Use Challenges in Academia

1. **Acknowledge the Issue**

- Recognise that reliance on alcohol or drugs is a sign of distress, not weakness.
- Understand that substance use often masks deeper stress or anxiety.

2. **Create Safe Spaces for Dialogue**

- For peers/mentors: Offer non-judgmental conversations without accusations.
- For students/staff: Share concerns with a trusted person or professional.

3. **Access Accurate Information**

- Learn about the risks of substance misuse and its connection to mental health.
- Participate in health literacy workshops or peer-education programs.

4. **Seek Professional and Campus Support Early**

- Contact confidential university counseling or substance-use services.
- Explore local or online recovery programs.

5. **Replace with Healthy Coping Strategies**

- Practice exercise, relaxation, or creative outlets to manage stress.
- Use mindfulness apps or breathing techniques during craving moments.

6. **Build a Support Network**

- Connect with sober peers or support groups.
- Share progress with a mentor, counselor, or trusted friend.

7. **Set Manageable Academic Goals**

- Avoid last-minute cramming to reduce reliance on stimulants.
- Break tasks into achievable steps with planned breaks.

8. **Challenge Stigma and Shame**

- Reframe help-seeking as courage, not weakness.
- Support awareness efforts to normalise recovery in academia.

## 3. First Aid Checklist

Mental Health First Aid Checklist for Supporting a Student with Substance Use Concerns:

1. **Observe and Recognise Warning Signs**
  - Sudden decline in academic performance or attendance.
  - Physical signs: frequent hangovers, exhaustion, slurred speech.
  - Behavioral changes: mood swings, isolation, or defensiveness about habits.
2. **Approach with Empathy and Confidentiality**
  - Choose a private, supportive environment.
  - Express concern without judgment:  
“I’ve noticed you’ve seemed really stressed and not yourself lately—how are you doing?”
3. **Encourage Honest Communication**
  - Listen actively without lecturing.
  - Avoid stigmatizing language such as “addict” or “failure.”
4. **Assess Immediate Risk**
  - If the student is intoxicated, unsafe, or at risk of overdose, follow emergency protocols.
  - Gently check for suicidal thoughts if distress is severe.
5. **Provide Resources and Information**
  - Share campus or community support services for substance use.
  - Offer information on confidential recovery programs and harm-reduction services.
6. **Encourage Professional Help and Healthy Alternatives**
  - Suggest meeting with a counselor or doctor trained in substance misuse.
  - Recommend non-substance-based coping strategies (exercise, structured routines).
7. **Follow Up**
  - Check in regularly with supportive messages.
  - Encourage ongoing engagement with healthier coping strategies.

## 4. Support Services & Apps

Suggested Support Services & Apps for Substance Use Challenges:

- **University Counseling Services** – Confidential therapy for substance use and underlying stress.
- **Specialised Recovery Programs** – On-campus or community-based addiction services.
- **Peer Support Networks** – Student recovery communities or sober groups.



## MindGuard

- **Health and Wellness Centres** – Workshops on coping strategies and resilience.
- **MHFA Trained Staff** – Faculty/staff prepared to respond to substance-related concerns.
- **Digital Tools & Apps** – *Sober Grid*, *I Am Sober*, mindfulness and habit-tracking apps.
- **Crisis Helplines** – 24/7 services for urgent cases of relapse, overdose, or mental health emergencies.

## 5. Additional Tips

Additional Tips for Mentors or Peers:

- Approach conversations with empathy, not judgment.
- Avoid enabling behaviors (e.g., covering for missed deadlines repeatedly).
- Encourage healthier outlets for stress such as sports, hobbies, or peer groups.
- Remain patient—recovery is a long process.
- Know personal limits: always refer to professionals when substance use is severe.

## MENTAL HEALTH ISSUE 7: SLEEP DISORDERS

### 1. Scenario/Case Study: Daniel's Struggle with Sleepless Nights in Academia

#### Background:

Daniel is a 23-year-old postgraduate student in Engineering at a large university. He is passionate about his research and often works late into the night to meet deadlines and prepare for presentations. Daniel is known for his strong work ethic, but over the past semester, his sleep habits have become increasingly irregular.

#### The Issue:

Daniel often stays up until 3 or 4 a.m., trying to finish assignments or worrying about his workload. He then struggles to wake up for morning classes, often skipping lectures. Even when he manages to get into bed earlier, his mind races with thoughts about his studies, finances, and future career. He frequently experiences restless nights with only a few hours of sleep.

#### Why the Problem Persists:

- **Stress and overcommitment:** Pressure to excel academically and keep up with peers.
- **Poor time management:** Procrastination and difficulty setting boundaries with work.
- **Digital distractions:** Late-night screen time and excessive use of devices.
- **Normalization of poor sleep:** Among his peers, pulling all-nighters is seen as a badge of honor.

#### Consequences:

- Constant fatigue, low energy, and difficulty concentrating in class.
- Declining academic performance due to lack of focus.
- Increased irritability and social withdrawal from friends.
- Heightened risk of developing anxiety and depression due to chronic sleep deprivation.

#### Potential Interventions (if addressed early):

- **Sleep hygiene workshops:** Training students in healthy routines for consistent sleep.
- **Digital detox initiatives:** Encouraging students to limit late-night screen use.
- **Time management and study skills support:** Helping students plan workload realistically.
- **Peer role models:** Campaigns where senior students share positive sleep habits.
- **Counseling services:** Support for underlying stress and worry fueling insomnia.

#### Reflection:

Daniel's case shows how poor sleep, often normalised in academic culture, can spiral into a significant mental health challenge. Supporting students to prioritise rest, set healthier routines, and reduce academic stress is essential for well-being and sustainable performance.

## 2. First Steps

First Steps to Overcome Sleep Disorders in Academia:

1. **Acknowledge the Problem**
  - Recognise that irregular sleep patterns are not “normal student life.”
  - Accept that quality sleep is vital for learning, memory, and health.
2. **Establish a Consistent Routine**
  - Go to bed and wake up at the same time daily, even on weekends.
  - Create a calming bedtime ritual (reading, gentle stretches, journaling).
3. **Reduce Stress Before Bedtime**
  - Practice relaxation techniques such as deep breathing, mindfulness, or progressive muscle relaxation.
  - Avoid studying or working in bed.
4. **Limit Stimulants and Digital Use**
  - Reduce caffeine and energy drinks, especially after midday.
  - Switch off screens at least 30–60 minutes before bedtime.
5. **Use Campus Resources Early**
  - Attend workshops on sleep, stress, or time management.
  - Seek counseling if racing thoughts or stress are interfering with rest.
6. **Build a Support Network**
  - Share sleep goals with friends or roommates who can encourage healthier habits.
  - Seek mentorship from staff or advisors who can help with workload adjustments.
7. **Set Manageable Academic Goals**
  - Break tasks into smaller steps to avoid late-night cramming.
  - Celebrate progress without sacrificing rest.
8. **Monitor Progress**
  - Use a sleep diary or app to track sleep patterns and identify triggers.
  - Adjust strategies if symptoms persist.

## 3. First Aid Checklist

Mental Health First Aid Checklist for Supporting a Student Experiencing Sleep Disorders:

1. **Observe and Recognise Warning Signs**

- Persistent fatigue, yawning, or sleeping in class.
  - Frequent absences from morning lectures.
  - Complaints of stress, exhaustion, or inability to focus.
- 2. Approach with Empathy and Confidentiality**
    - Start a private conversation:  
“I’ve noticed you’ve been really tired lately and missing classes—are you okay?”
    - Reassure the student that sleep challenges are common and manageable.
  - 3. Encourage Open Communication**
    - Listen actively to concerns about workload or racing thoughts.
    - Normalise help-seeking and reinforce that lack of sleep is not weakness.
  - 4. Assess the Immediate Risk**
    - Gently ask about extreme exhaustion or unsafe behaviors (e.g., falling asleep while driving).
    - If sleep loss is linked with suicidal thoughts or severe depression, follow crisis protocols.
  - 5. Provide Information and Resources**
    - Share details of sleep workshops, wellness programs, or counseling services.
    - Provide links to reliable self-help materials.
  - 6. Encourage Help-Seeking and Self-Care**
    - Suggest contacting campus counseling for stress or insomnia.
    - Recommend healthy habits: physical activity, consistent schedules, reduced caffeine.
  - 7. Follow Up**
    - Check in about progress with routines.
    - Encourage ongoing commitment to better sleep hygiene.

## 4. Support Services & Apps

Suggested Support Services & Apps Students Can Access:

- **University Counseling Services** – Support for stress, worry, and insomnia.
- **Time Management Workshops** – Skills to balance workload and reduce late-night study.
- **Wellness and Sleep Hygiene Programs** – Practical training on rest and relaxation.
- **Peer Support Networks** – Students sharing strategies for healthier routines.
- **Mental Health First Aid (MHFA) Trained Staff** – Staff trained to identify and support students with sleep and stress concerns.



## MindGuard

- **Digital Tools and Apps** – Sleep-tracking apps, mindfulness apps (e.g., Headspace, Calm).
- **Crisis Helplines** – In case of severe distress linked to sleep loss.

## 5. Additional Tips

Additional Tips for Mentors or Peers:

- Respect the student’s experience without trivializing (“we all pull all-nighters” is not helpful).
- Encourage balance between academic effort and rest.
- Share positive sleep habits without being prescriptive.
- Remind students that good sleep is part of academic success, not separate from it.
- Refer to professionals when persistent insomnia or stress is evident.

## MENTAL HEALTH ISSUE 8: SUICIDAL IDEATION & SELF-HARM

### 1. Scenario / Case study: Alex's Quiet Crisis under Academic Pressure

#### Background:

Alex is a 24-year-old final-year student in Computer Science. This semester he's juggling a major capstone project, part-time work to cover living expenses, and family expectations to graduate with honours.

#### The Issue:

Over recent months Alex's mood has dropped. He uses increasingly stark language about hopelessness ("what's the point"), has stopped attending social activities, and communicates less. Friends noticed fresh, hidden cuts on his forearm and he's made vague remarks such as "I can't take this anymore." He reports nights when he thinks about "ending it" and has begun researching methods online. At times he engages in self-injurious behaviour (cutting) as a way to cope with overwhelming emotion.

#### Why the Silence?

- **Shame & stigma:** Fears being judged or "ruining" future job prospects.
- **Protecting others:** Doesn't want to burden family or friends.
- **Minimising:** Believes others have it worse; thinks he should handle this alone.
- **Fear of forced hospitalization:** Worries disclosure will lead to loss of autonomy.

#### Consequences:

- Academic decline and missed deadlines.
- Social withdrawal and increasing isolation.
- Escalation from passive thoughts ("I wish I weren't here") to active planning or unsafe behaviours.
- Serious risk of accidental or intentional severe injury or death if not addressed.

#### Potential Interventions (if addressed early):

- A trusted friend notices the cuts and directly, compassionately asks about self-harm and thoughts of suicide.
- Rapid referral to campus counselling and the university's emergency mental health pathway.
- Development of a safety plan (removal of means, emergency contacts, coping strategies).
- Family/close-person involvement with consent where safe and appropriate.
- Possible medical assessment and psychiatric support for medication or intensive therapy if needed.

**Reflection:**

Alex's case highlights how suicidal thoughts and self-harm often occur alongside practical stressors (academic, financial) but are rooted in emotional pain and hopelessness. Early, nonjudgmental intervention and clear emergency pathways can save lives.

## 2. First Steps to Respond to Suicidal Ideation & Self-Harm

First Steps to Face Suicidal Ideation & Self-Harm:

- **Take any mention seriously.** Comments like “I can’t go on” or visible self-injury are red flags.
- **Open a compassionate conversation:** Find a private, calm moment. Use direct but gentle language: “I’m worried about you — you mentioned thinking about ending your life. Are you thinking about suicide right now?”
- **Assess risk:** Ask about plans, intent, timeline, and access to means (e.g., pills, weapons).
- **If immediate danger is present:** Do not leave the person alone — contact emergency services or campus emergency mental health team right away.
- **Create immediate safety measures:** Remove or secure any means of harm when safe and possible.
- **Offer practical help:** Offer to contact counselling or emergency services with them, or to stay until help arrives.
- **Encourage professional support:** Arrange urgent assessment with campus mental health, GP, or local crisis services.
- **Document & escalate:** If you are staff, follow institutional safeguarding protocols and record actions taken, maintaining confidentiality limits.

## 3. First Aid Checklist (MHFA) for Suicidal Ideation & Self-Harm

Mental Health First Aid Checklist for Supporting a Student with Suicidal Ideation & Self-Harm:

### Observe & Recognise

- Signs: explicit talk of suicide, written notes, recent self-injury, withdrawal, dramatic mood changes, giving away belongings, increased substance use, researching methods.

### Approach with Care

- Use an open, calm tone: “I’ve noticed you haven’t been yourself and you mentioned not wanting to be here. I’m really concerned — can we talk about that?”
- Stay non-judgmental; validate feelings: “That sounds unbearably painful. I’m glad you told me.”

### Ask Directly

- Ask clearly about suicidal thoughts: “Are you thinking about killing yourself?”
- If yes, ask about plan, intent, timing, and access to means.

### Assess Immediate Risk

- High risk if there is a specific plan, intent to act, access to means, or recent attempt.
- If immediate risk → call emergency services / crisis team now.

### Respond & Support

- If low/medium risk: develop a safety plan, agree on steps (who to contact, coping strategies), schedule an urgent counselling appointment.
- If high risk: stay with the person (or ensure someone stays), remove means if possible, call emergency services or a crisis team, and seek immediate professional/medical help.

### Provide Information & Link to Help

- Give clear directions to crisis lines, campus counselling, emergency services, and walk-through how to access them.
- Offer to help make the call or contact supports.

### Follow Up

- Arrange check-ins; help them connect with longer-term therapy and social supports. If consent is given, involve family or close friends.

### Boundaries & Self-Care

- Know your role and limits; involve professionals when needed. Seek support for yourself after a crisis.

## 4. Support Services & Apps

Support Services & Apps Students can Access:

- **University Counselling & Crisis Team:** urgent assessments, short-term therapy, referrals to specialist services.
- **Primary Care/ GP:** medical evaluation; medications may be considered for depression/anxiety.
- **Local Emergency Services/ Psychiatric Emergency Teams:** for imminent risk.
- **National Crisis/Suicide Hotlines & Text Lines:** 24/7 immediate support (refer users to local/national numbers in their area).
- **Peer Support & Student Wellbeing Networks:** ongoing social support and practical help.
- **Specialist Services:** community mental health teams, tertiary psychiatric services, inpatient care when necessary.
- **Apps & Digital Tools (as adjuncts, not replacements):** *CALM Harm* (urges management), *MY3* (safety planning), *7 Cups* (peer support). Use with caution — these are helpful for coping but not substitutes for emergency help.

## 5. Additional Tips

Additional Tips for Friends, Mentors or Peers:



## MindGuard

- **Never minimise or debate suicidal thoughts** (“You have so much to live for”) — instead acknowledge pain and show you care.
- **Ask directly and openly**; asking won’t put the idea in someone’s head.
- **Avoid secrecy if there is risk**: If someone is at imminent risk, confidentiality must be broken to keep them safe — explain this calmly.
- **Remove means where possible and safe**: Secure medications, sharp objects, or firearms and remove access to high-risk locations if feasible.
- **Make concrete offers of support**: “I can come with you to counselling,” or “Let’s call the crisis line together now.”
- **Encourage professional help** and assist with practical barriers (transport, appointments).
- **Know the escalation pathway**: Have local emergency numbers, campus crisis contacts, and mental health resources readily available.
- **Self-care for supporters**: Supporting someone in crisis is hard — seek supervision, debrief with professionals, and use your support network.



## MENTAL HEALTH ISSUE 9: ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

### 1. Scenario/ Case study: Maya's Hidden Struggle with Focus and Follow-Through

#### Background:

Maya is a 19-year-old first-year Computer Science student. She's bright and curious but overwhelmed by unstructured projects and long lectures.

#### The Issue:

Maya loses track of time, misses deadlines despite all-nighters, and forgets small tasks that snowball into crises. She starts assignments late, gets distracted mid-task, and blurts things out in tutorials, then feels embarrassed. She suspects ADHD but fears being judged.

#### Why the Silence?

- **Stigma:** Worries others will see her as "lazy" or "using ADHD as an excuse."
- **Assessment anxiety:** Uncertain about pathways for screening/diagnosis.
- **Medication worries:** Fears being pressured into treatments she's not ready to consider.
- **Cultural expectations:** Family equates struggle with lack of effort.

#### Consequences:

- Incomplete labs, late submissions, and falling grades.
- Sleep disruption and mounting anxiety.
- Social friction from impulsive comments and missed meet-ups.
- Eroding self-confidence and harsh self-talk.

#### Potential Interventions (if addressed early):

- **Academic scaffolding:** Clear timelines, interim checkpoints, and rubrics.
- **Accessibility support:** Disability Services for exam adjustments and study skills.
- **Skill-building tools:** Timers, task blockers, and body-doubling study groups.
- **Faculty MHFA training:** Normalise help-seeking and offer options proactively.
- **Peer mentoring:** ADHD-aware mentors for planning and accountability.

#### Reflection:

Maya's case shows how untreated ADHD traits can be misread as lack of effort. Supportive structures and stigma-free access to assessment can transform performance and wellbeing.

## 2. First Steps

### First Steps to Navigate ADHD-Related Challenges in Academia

1. **Acknowledge and Normalise**
  - Attention differences are common and manageable.
2. **Open a Safe Dialogue**

- Private check-ins; collaborative problem-solving around deadlines.
3. **Learn and Dispel Myths**
    - ADHD ≠ low intelligence; strategies help regardless of diagnosis status.
  4. **Access Professional Support Early**
    - Ask counselling/health services about assessment pathways and skills support.
  5. **Practice Coping Techniques**
    - Pomodoro, task chunking, visual timers, single-tab study blocks.
  6. **Build a Support Network**
    - Peer study groups, body-doubling, mentor check-ins.
  7. **Set Small, Realistic Goals**
    - Define “first tiny step,” then the next.
  8. **Challenge Stigma & Negative Thoughts**
    - Replace “I’m lazy” with “I need the right structure.”

If distress escalates or suicidal thoughts emerge, seek immediate professional support via counselling or crisis services.

### 3. First Aid Checklist

#### MHFA Checklist for Supporting a Student with ADHD-Related Difficulties:

1. **Observe & Recognise**
  - Chronic lateness, missed deadlines, disorganisation, distraction, impulsive comments.
2. **Approach with Empathy & Confidentiality**
  - “I’ve noticed deadlines are piling up—would it help to plan together?”
3. **Encourage Open Communication**
  - Validate; focus on systems, not blame.
4. **Assess Immediate Risk**
  - Screen for acute distress or burnout; follow crisis protocols if risk is disclosed.
5. **Provide Information & Resources**
  - Accessibility/Disability Services, learning support, counselling.
6. **Encourage Help-Seeking & Self-Care**
  - Offer to co-create a simple task plan and book support.
7. **Follow Up**
  - Brief weekly check-ins to reinforce momentum.

### 4. Support Services & Apps

- University Counselling and Learning Support.



**MindGuard**

- Disability/Accessibility Services for adjustments.
- Peer Mentors and Academic Advisors.
- Workshops on planning, time management, and study skills.
- Digital tools: timers, to-do managers, distraction blockers.
- Crisis Helplines.

## 5. Additional Tips

- Use clear, written instructions and interim milestones.
- Celebrate progress, not just outcomes.
- Avoid moralising productivity.
- Offer choices and flexibility.
- Know when to refer on.

## MENTAL HEALTH ISSUE 10: ADJUSTMENT DISORDER

### 1. Scenario/ Case study:

**Background:** A first-year international student has recently moved abroad to start their studies. They face cultural differences, homesickness, and increased academic workload. Despite initial excitement, they begin to feel overwhelmed.

**The Issue:** The student shows persistent sadness, anxiety, and difficulty concentrating. They struggle to make friends, often isolate themselves, and perform below their usual academic standards.

**Why do the problems persist?** The student avoids reaching out to support services, thinking their difficulties are a personal weakness. Lack of awareness about adjustment disorders, stigma around mental health, and pressure to appear “successful” keep them from seeking timely help.

**Consequences:** If unaddressed, symptoms can escalate into depression, social withdrawal, or academic failure. The student may even consider abandoning their studies.

**Potential Interventions (if addressed early):** Early recognition by academic advisors or peers, referral to counselling services, peer mentoring, cultural orientation sessions, and stress-management workshops.

**Reflection:** Adjustment disorders in HEIs are common but often overlooked, as difficulties adapting to change are perceived as “normal.” Recognising when everyday stress turns into impairment is essential for prevention.

### 2. First Steps

First steps to overcome adjustment disorders include: acknowledging that adaptation takes time, encouraging students to share their struggles, offering accessible orientation programmes, and promoting positive coping strategies such as structured study schedules, healthy lifestyle routines, and regular social interaction.

### 3. First Aid Checklist

#### Mental Health **First Aid Checklist – Adjustment Disorders**

- Listen without judgment and validate the student’s feelings.
- Encourage open discussion about challenges.
- Suggest small, manageable steps to balance academics and personal life.
- Provide information about campus support services.
- Check for any escalation (e.g., persistent hopelessness, signs of depression).
- Encourage professional help if symptoms persist longer than expected.

### 4. Support Services & Apps

Support Services & Apps Students can access:

**On-Campus Services:** University counselling centres, peer mentoring programmes, and academic advising.

**Helplines:** National or local student support hotlines.

Country	Helpline / Service	Phone / Access	Notes / Relevance
<b>Europe-wide</b>	Child/Youth Helpline	<b>116 111</b>	Free, anonymous support for children & young people (adaptation stress, anxiety).
<b>Ireland</b>	Samaritans	<b>116 123</b> (24/7)	Emotional support for stress, isolation, and adaptation struggles.
	Pieta (Crisis Helpline)	1800 247 247 / Text HELP to 51444	24/7 crisis line for self-harm & suicidal thoughts, also covers adjustment crises.
	Aware Support Line	+353 (0)1 661 7211	For depression, anxiety, mood, and life transitions.
<b>Belgium</b>	Community Help Service (CHS, English)	+32 (0)2 648 40 14	Anonymous, confidential helpline – useful for international students.
	Zelfmoordlijn 1813 (Dutch)	<b>1813</b> (24/7), chat via <a href="http://www.zelfmoord1813.be">www.zelfmoord1813.be</a>	Crisis and emotional distress support.
	Centre de Prévention du Suicide (French)	<b>0800 32 123</b> (24/7)	Free helpline for emotional/mental health challenges.
<b>Cyprus</b>	Cyprus Samaritans	<b>8000 7773</b> (4 pm–12 am daily)	Confidential listening service for stress, anxiety, or adaptation difficulties.
	116 000 – Children in Distress	116 000 (24/7)	Emotional support for children & adolescents, incl. adaptation stress.
	Safer Internet Helpline	7000 0 116	Advice & support for young people on online-related distress & adaptation.
<b>Greece</b>	National Suicide Hotline	1018 (24/7)	Covers crisis situations, incl. academic & adjustment struggles.
	University Counselling Services (Athens, Ioannina, Patras, etc.)	Varies (e.g. +30 210 3680978, +30 26510 0 6600)	Free counselling for students struggling with adaptation, loneliness, and stress.



<b>Netherlands</b>	113 Zelfmoordpreventie	113 or 0800-0113 (24/7)	Phone & chat support for crisis, stress, and adaptation difficulties.
	De Luisterlijn	<b>088 0767 000</b> (24/7)	Emotional support for stress, loneliness, school/work struggles.
	Alles Oké? Supportlijn (young adults 18–24)	<b>0800-0450 / Chat (daily 14:00–22:00)</b>	Free support for young adults feeling overwhelmed or unable to cope.
	MIND Korrelatie	<b>0900-1450 / WhatsApp / Chat</b>	Multi-channel advice for burnout, stress, relationships, adaptation issues.

### Apps:

Country	App / Platform	Access / Language Options	Notes / Relevance
<b>Europe-wide</b>	<b>Headspace</b>	iOS / Android / Web (EN, multiple)	Mindfulness & meditation for stress, sleep, and adaptation challenges.
	<b>Calm</b>	iOS / Android / Web (EN, multiple)	Breathing, relaxation, and guided sleep meditations – useful for anxiety & stress.
	<b>Woebot</b>	iOS / Android (EN)	AI-based CBT chatbot for mood tracking & coping with adjustment stress.
	<b>TalkCampus</b>	iOS / Android (multilingual)	Global peer-support app designed specifically for students in higher education.
	<b>MoodMission</b>	iOS / Android (EN)	Suggests evidence-based coping “missions” for anxiety, stress, and low mood.
<b>Ireland</b>	<b>SilverCloud Health</b>	iOS / Android / Web (EN)	Evidence-based CBT programs are widely used in Irish universities & healthcare.
	<b>MyMind</b>	Web (EN, IE support)	Online therapy & self-help resources for students and young adults.



<b>Belgium</b>	<b>Klaar voor de Start (VLESP)</b>	Web & mobile resources (NL/FR)	Self-help resources for stress, wellbeing, and suicide prevention.
	<b>Tele-Onthaal</b>	Webchat app (NL/FR)	Chat-based counselling service for stress and personal crises.
<b>Cyprus</b>	<b>Antilipsi</b>	iOS / Android (GR, EN)	Local app offering mental health resources, helplines, and coping strategies.
	<b>MindCare CY (NGO initiative)</b>	Web-based (GR/EN)	Guidance for students, links to helplines and resources for stress and adaptation.
<b>Greece</b>	<b>iFightDepression Tool</b>	Web & guided program (GR/EN)	EU-funded CBT-based tool for depression/anxiety, promoted by Greek NGOs.
	<b>StressLess</b> (Greek developers)	Android (GR)	Exercises for relaxation, breathing, and stress management.
<b>Netherlands</b>	<b>Psyfit</b>	Web program (NL)	Online mental health training to build resilience against stress & adaptation issues.
	<b>MIND Korrelatie Online Tools</b>	Web, WhatsApp, chat (NL/EN)	Digital tools for burnout, stress, relationships, and adaptation difficulties.
	<b>Alles Oké? Chat</b>	Web & mobile (NL)	Free daily chat support app for young adults.

## 5. Additional Tips

Additional Tips for Mentors or Peers:

- Normalise conversations about adjustment difficulties.
- Encourage participation in student societies and campus activities.
- Look out for signs of withdrawal and check in regularly.
- Share personal experiences of adaptation to reduce stigma.
- Promote inclusive environments that celebrate diversity.

# MENTAL HEALTH ISSUE 11: OBSESSIVE COMPULSIVE DISORDER

## 1. Scenario/ Case study:

**Background:** A postgraduate student in the sciences begins to experience intrusive thoughts about making mistakes in lab experiments. To ease the anxiety, they repeatedly re-check equipment and calculations, often spending hours on small tasks.

**The Issue:** While initially viewed as “perfectionism,” the behaviour becomes compulsive and disrupts academic performance. The student avoids group work due to a fear of being judged, which leads to social isolation.

**Why do the problems persist?** The student feels ashamed and hides symptoms, fearing stigma. Lack of awareness among peers and faculty means they receive little support, and their condition is mistaken for diligence.

**Consequences:** Severe academic delays, declining grades, and risk of depression or burnout. If untreated, the student may disengage from studies or develop additional anxiety disorders.

**Potential Interventions (if addressed early):** Early psychoeducation, counselling referral, exposure and response prevention (ERP) therapy, and stress-management strategies. Faculty awareness can lead to more understanding of behaviour patterns.

**Reflection:** OCD in academia often hides behind stereotypes of “hard-working” students. Recognising the difference between healthy routines and compulsive behaviour is crucial for early intervention.

## 2. First Steps

First Steps to Overcome OCD:

- Acknowledge and normalise conversations about intrusive thoughts.
- Encourage students to speak openly with a trusted person (peer, mentor, or counsellor).
- Suggest structured daily routines without reinforcing compulsions.
- Provide information on professional help (counsellors, psychologists).
- Promote peer support and faculty sensitivity to unusual behaviour patterns.

## 3. First Aid Checklist

Mental Health **First Aid Checklist – OCD**

- Listen empathetically, without judgment of rituals or thoughts.
- Avoid criticising or trivialising compulsive behaviours.
- Encourage professional support (counselling/therapy).
- Offer grounding techniques (e.g., breathing, mindfulness).
- Be aware of escalation (severe anxiety, depression, or suicidal thoughts).
- Provide reassurance that OCD is manageable with the right strategies.

## 4. Support Services & Apps

Support Services Students can access:

Country	Helpline / Service	Phone / Access	Notes / Relevance
<b>Europe-wide</b>	Child/Youth Helpline	<b>116 111</b>	Free, anonymous support for young people with anxiety or compulsive stress.
<b>Ireland</b>	Samaritans	<b>116 123</b> (24/7)	Emotional support for anxiety and compulsive distress.
	Aware Support Line	+353 (0)1 661 7211	Focus on anxiety, low mood, and stress.
<b>Belgium</b>	Community Help Service (English)	+32 (0)2 648 40 14	Confidential support is useful for international students with OCD symptoms.
	Zelfmoordlijn 1813 / Prévention du Suicide 0800 32 123	1813 / 0800 32 123	For crisis situations, including compulsive distress.
<b>Cyprus</b>	Cyprus Samaritans	<b>8000 7773</b> (daily 4 pm–12 am)	For stress, compulsions, and emotional struggles.
	Safer Internet Helpline	<b>7000 0 116</b>	For young people dealing with online compulsions (e.g., excessive checking).
<b>Greece</b>	National Suicide Hotline	<b>1018</b> (24/7)	Covers crisis situations, incl. severe OCD-related distress.
	University Counselling Services	Varies (Athens, Ioannina, Patras)	Provides structured therapy for compulsive behaviours.
<b>Netherlands</b>	113 Zelfmoordpreventie	<b>113</b> / 0800-0113 (24/7)	Covers crises related to compulsive thought patterns.
	De Luisterlijn	<b>088 0767 000</b> (24/7)	General emotional support for OCD-related anxiety.



	MIND Korrelatie	0900-1450 / Online	Advice & counselling for compulsive behaviours and anxiety.
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Apps Students can access:

Country	App / Platform	Access / Language Options	Notes / Relevance
Europe-wide	nOCD	iOS / Android (EN)	Specialised app for OCD management – CBT & ERP-based support.
	Headspace	iOS / Android / Web (EN, multiple)	Mindfulness meditation for intrusive thoughts and compulsive anxiety.
	Woebot	iOS / Android (EN)	AI CBT chatbot helps challenge repetitive thinking.
	MindShift CBT	iOS / Android (EN)	Evidence-based strategies for anxiety & OCD symptoms.
Ireland	SilverCloud Health	iOS / Android / Web (EN)	Modules on anxiety, intrusive thoughts, and compulsions, supported by the Irish HSE.
Belgium	Tele-Onthaal Chat App	Webchat (NL/FR)	Useful for those needing compulsive thought discussion in private.
Cyprus	Antilipsi	iOS / Android (GR/EN)	Local resources and links to support for compulsive and anxiety issues.
Greece	iFightDepression Tool	Web & guided program (GR/EN)	CBT-based tool is also useful for OCD-related anxiety.
	StressLess (Greek)	Android (GR)	Exercises for relaxation and reducing compulsive stress.
Netherlands	Psyfit	Web (NL)	Online mental health training, including resilience against compulsive behaviours.
	Alles Oké? Supportlijn App	Web & mobile (NL)	Daily chat support for young adults with OCD-related stress.



	<b>MIND Tools</b>	<b>Korrelatie</b>	Web/WhatsApp (NL/EN)	Practical coping strategies for compulsions and anxiety.
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## 5. Additional Tips

Additional Tips for Mentors or Peers:

- Avoid reinforcing compulsive rituals (e.g., repeatedly reassuring or checking).
- Encourage professional therapy (CBT, ERP).
- Model healthy routines without rigidity.
- Be patient—symptoms are not simply “bad habits.”
- Share resources (apps, helplines) discreetly.
- Foster a non-judgmental environment where students can talk openly.

## MENTAL HEALTH ISSUE 12: BIPOLAR DISORDER

### 1. Scenario/Case Study: Sofia's Journey through the Highs and Lows of University Life

#### Background:

Sofia is a 24-year-old master's student in Architecture at a European university. Known for her creativity and energy, she often impresses professors with her ambitious ideas and long hours in the studio. Over the past year, however, her behaviour has become increasingly unpredictable — alternating between periods of extreme enthusiasm and deep exhaustion.

#### The Issue:

Sofia has been experiencing mood swings that affect her studies, relationships, and overall well-being. During her "high" phases, she sleeps very little, takes on excessive workloads, and speaks rapidly about new projects. She feels unstoppable and sometimes spends recklessly on art supplies or travel. Within weeks, this energy fades into prolonged periods of sadness, fatigue, and hopelessness. During these depressive phases, Sofia isolates herself, misses deadlines, and struggles to get out of bed.

#### Why the Silence?

- **Stigma and misunderstanding:** Sofia fears being labelled "unstable" or "dramatic."
- **Lack of awareness:** Peers and staff often mistake her manic phases for simple overexcitement or passion.
- **Fear of academic consequences:** She worries that disclosing her condition might affect her career prospects or assessment fairness.
- **Self-doubt:** Sofia sometimes questions whether what she's experiencing is "serious enough" to need help.

#### Consequences:

- Missed deadlines and inconsistent academic performance.
- Strained friendships due to unpredictable mood changes.
- Financial difficulties from impulsive spending during manic episodes.
- Low self-esteem and feelings of guilt during depressive episodes.
- Heightened risk of self-harm during severe depressive periods.

#### Potential Interventions (if addressed early):

- **Early screening and counselling:** Prompt referral to university or external mental health professionals for assessment.
- **Academic flexibility:** Allowing adjusted deadlines and attendance options during mood episodes.
- **Peer awareness:** Campaigns and training for recognising signs of mood disorders and promoting empathy.
- **Medication and therapy adherence support:** Guidance and follow-up from healthcare providers.

- **Digital tools:** Apps for mood tracking, sleep monitoring, and self-management strategies.

**Reflection:**

Sofia's story shows the importance of recognising bipolar disorder beyond stereotypes. Her academic environment praises productivity but fails to identify when energy becomes excessive or harmful. Early support, understanding, and a flexible structure can help students like Sofia maintain balance and succeed academically while managing their condition.

## 2. First Steps

### First Steps to Manage Bipolar Disorder and Promote Stability in Academia

1. **Acknowledge and Understand the Condition**  
Recognise that bipolar disorder involves alternating periods of mania and depression. Understanding these patterns reduces confusion and guilt.
2. **Seek Professional Assessment Early**  
Encourage students experiencing extreme mood swings to contact counselling services or a GP for evaluation and treatment planning.
3. **Maintain a Regular Routine**  
Consistent sleep, study, and meal times can help stabilise mood fluctuations. Avoid all-nighters or irregular schedules that disrupt rhythm.
4. **Learn to Identify Triggers**  
Keep a journal or use a digital app to record mood changes, stress levels, and sleep patterns. Awareness of triggers supports prevention.
5. **Encourage Communication with Trusted People**  
Advise students to inform one or two trusted friends, mentors, or tutors who can provide support during mood changes.
6. **Promote Balanced Academic Planning**  
Support students in pacing their work, setting realistic goals, and avoiding overcommitment during energetic phases.
7. **Use Coping and Grounding Techniques**  
Mindfulness, relaxation, and breathing exercises can help manage impulsivity and stress.
8. **Access Ongoing Support**  
Encourage continuous engagement with therapists, psychiatrists, or peer support groups to maintain stability and prevent relapse.
9. **Act Early in Crisis Situations**  
If symptoms worsen, or if suicidal thoughts occur, contact crisis services immediately for professional help.

## 3. First Aid Checklist

### Mental Health First Aid Checklist for Supporting a Student Experiencing Bipolar Disorder

#### Recognise Warning Signs

- Periods of intense energy, little sleep, or excessive talking.
- Sudden mood changes or irritability.
- Risk-taking behaviours (spending, skipping classes, impulsive projects).

- Signs of depression, such as withdrawal or hopelessness.

#### **Approach with Empathy and Calm**

- Choose a quiet, private setting to talk.
- Avoid judgment or attempts to “cheer them up.”
- Use steady, reassuring communication.

#### **Listen without Overstepping**

- Let the student share at their own pace.
- Acknowledge the difficulty of managing fluctuating moods.
- Avoid labelling behaviour as “dramatic” or “lazy.”

#### **Assess Immediate Safety**

- If there are indications of self-harm or suicidal thoughts, follow crisis response protocols.
- Encourage immediate contact with counselling or medical services.

#### **Provide Reliable Information and Resources**

- Offer contacts for university counselling, mental health hotlines, or student health centres.
- Suggest resources for mood tracking and psychoeducation.

#### **Encourage Healthy Routines and Structure**

- Emphasise the importance of balanced sleep, nutrition, and regular breaks.
- Help students plan manageable study workloads.

#### **Support Adherence to Treatment**

- Encourage consistent use of prescribed medication if applicable.
- Remind that ongoing professional care is essential for long-term balance.

#### **Follow Up with Compassion**

- Check in after difficult periods.
- Reinforce progress and small victories.
- Maintain confidentiality and trust.

## **4. Support Services & Apps**

Suggested Support Services & Apps Students Can Access:

- **University Counselling Services** – offering psychological and emotional support.
- **Student Health Centres** – for coordination with psychiatric or medical professionals.
- **Peer Support Networks** – trained peers offering empathy and guidance.
- **Academic Advisors** – for flexible study plans during mood fluctuations.
- **Digital Tools** – apps for mood tracking and stability (e.g., eMoods, Daylio, Moodpath).
- **Crisis Helplines** – national and local 24/7 emergency mental health support.

- **Workshops** – on stress management, routine planning, and self-care.

## 5. Additional Tips

### **Additional Tips for Mentors, Peers, or Staff:**

- Stay calm and patient during mood fluctuations.
- Encourage but never force disclosure or help-seeking.
- Avoid giving medical advice unless qualified.
- Model stability — consistency in communication builds trust.
- Reinforce that treatment and recovery are possible.
- Celebrate progress and resilience, not just academic success.

## MENTAL HEALTH ISSUE 13: PHOBIAS AND SPECIFIC FEARS

### 1. Scenario/ Case study:

**Background:** A second-year student in a business programme is required to present research findings in front of a large class. Despite thorough preparation, the student experiences intense fear, sweating, shaking, and shortness of breath at the thought of speaking in public.

**The Issue:** The student has a specific phobia (public speaking anxiety). They avoid classes that require presentations and skip seminars, which directly affects participation and academic performance.

**Why do the problems persist?** Fear is reinforced by avoidance. The student feels embarrassed and doesn't seek help, believing "everyone else" copes normally. Faculty may misinterpret avoidance as laziness or lack of preparation.

**Consequences:** Missed learning opportunities, lower grades, social isolation, and potential escalation into generalised anxiety or depression.

**Potential Interventions (if addressed early):** Exposure therapy (gradual, supportive practice in safe settings), CBT techniques, mentoring by peers, and integration of relaxation/breathing exercises before presentations.

**Reflection:** Specific fears may seem "minor" compared to other disorders, but in academia, they can have a serious cumulative effect on learning, self-esteem, and career readiness.

### 2. First Steps

First Steps to overcome phobias and specific fears:

- Recognise that the fear is real and not a sign of weakness.
- Encourage small, gradual exposure (e.g., presenting to a peer before a class).
- Teach simple coping strategies (deep breathing, grounding).
- Encourage seeking professional counselling if fear significantly disrupts functioning.
- Normalise discussion of performance anxiety among students.

### 3. First Aid Checklist

Mental Health First Aid Checklist for Phobias and Specific Fears:

- Stay calm and supportive if a student experiences visible panic.
- Reassure without dismissing ("I know this feels overwhelming, and you're not alone").
- Suggest grounding (breathing slowly, focusing on surroundings).
- Offer gradual steps instead of forcing immediate exposure.
- Provide information about campus counselling services.
- Encourage professional guidance if fears are persistent or worsening.

### 4. Support Services & Apps

Support Services Students can access:



Country	Helpline / Service	Phone / Access	Notes / Relevance
<b>Europe-wide</b>	Child/Youth Helpline	<b>116 111</b>	Free emotional support for young people with anxiety and fear-related issues.
<b>Ireland</b>	Samaritans	<b>116 123 (24/7)</b>	Emotional support for fear, anxiety, and isolation.
	Aware Support Line	+353 (0)1 661 7211	Covers anxiety, panic, and fear-related distress.
<b>Belgium</b>	Community Help Service (English)	+32 (0)2 648 40 14	International student-friendly confidential support.
	Zelfmoordlijn 1813 / Prévention du Suicide 0800 32 123	1813 / 0800 32 123	For crises when phobias escalate to panic or despair.
<b>Cyprus</b>	Cyprus Samaritans	<b>8000 7773</b> (daily 4 pm–12 am)	Safe listening for fear, anxiety, and phobia-related stress.
	116 000 – Children in Distress	<b>116 000 (24/7)</b>	Emotional support for younger students with fear-based challenges.
<b>Greece</b>	National Suicide Hotline	<b>1018 (24/7)</b>	Covers crisis anxiety, including panic attacks linked to phobias.
	University Counselling Services	Varies (Athens, Ioannina, Patras)	Provides specific support for exam anxiety and social fears.
<b>Netherlands</b>	113 Zelfmoordpreventie	<b>113 / 0800-0113 (24/7)</b>	For crises when fear/anxiety become overwhelming.
	De Luisterlijn	<b>088 0767 000 (24/7)</b>	Emotional support for phobia-related panic or anxiety.
	MIND Korrelatie	<b>0900-1450 / Online</b>	Counselling advice for stress, fears, and anxiety.

Apps Students can access:

Country	App / Platform	Access / Language Options	Notes / Relevance
Europe-wide	MindShift CBT	iOS / Android (EN)	Designed for anxiety and phobias with step-by-step CBT strategies.
	FearTools	Android (EN)	Self-help app for phobias, includes gradual exposure exercises.
	Headspace / Calm	iOS / Android / Web (EN, multiple)	Relaxation and breathing techniques for phobia-related panic.
	Woebot	iOS / Android (EN)	CBT chatbot that helps challenge irrational fears.
Ireland	SilverCloud Health	iOS / Android / Web (EN)	Offers CBT modules on anxiety, panic, and phobias; widely available in Irish HEIs.
Belgium	Tele-Onthaal Chat App	Webchat (NL/FR)	Direct access for fear or panic conversations.
Cyprus	Antilipsi	iOS / Android (GR/EN)	Local app providing stress/fear coping resources and links to support.
Greece	iFightDepression Tool	Web (GR/EN)	CBT-based tool; useful for phobia-related anxiety.
	Relaxation/Mindfulness Apps (local NGOs)	Android/iOS (GR)	Provide breathing & exposure support for phobia management.
Netherlands	Psyfit	Web (NL)	Online training for stress/fear resilience.
	Alles Oké? Supportlijn App	Web & mobile (NL)	Chat support for young adults facing exam/social fears.
	MIND Korrelatie Tools	Web/WhatsApp (NL/EN)	Practical resources for coping with fear, panic, and phobias.



## 5. Additional Tips

Additional Tips for Mentors or Peers:

- Validate students' fears rather than minimising ("It's okay to feel nervous, many people do").
- Offer low-pressure opportunities for practice (small groups, friendly audiences).  
Encourage gradual exposure rather than avoidance.
- Teach grounding techniques before exams/presentations.
- Ensure peers and staff do not mock or dismiss phobias.
- Recommend professional help if fears significantly disrupt studies.



## MENTAL HEALTH ISSUE 14: IMPOSTER SYNDROME

### 1. Scenario/ Case study: Arjun's Fear of Being "Found Out" in a High-Achieving Lab

#### Background:

Arjun is a 24-year-old MSc candidate joining a prestigious research group. He earned a competitive scholarship but feels out of place among confident peers.

#### The Issue:

Despite good results, Arjun attributes successes to luck or generous supervisors. He overprepares, avoids sharing early drafts, and panics before presentations. He hesitates to apply for grants, fearing exposure as a fraud.

#### Why the Silence?

- Perceived norms: Everyone appears assured; struggle feels taboo.
- Reputation concerns: Worried that admitting doubt will harm references.
- Perfectionism: Believes only flawless work is acceptable.
- Lack of language: Didn't have a name for what he feels until recently.

#### Consequences:

- Missed opportunities (talks, leadership roles, funding).
- Overwork, sleep problems, and creeping burnout.
- Procrastination and cycles of last-minute panic.
- Strained relationships from constant self-criticism.

#### Potential Interventions (if addressed early):

- Mentoring: Pairing with a senior student/PI who normalises learning curves.
- Skills workshops: Feedback literacy, presenting, and compassionate goal-setting.
- Culture shifts: Lab meetings that include "failure shares/learning moments."
- MHFA-aware faculty: Proactive check-ins and clarity on expectations.
- Peer circles: Reflective groups that counter isolation.

#### Reflection:

Arjun's case highlights how silent self-doubt erodes performance and wellbeing. Normalising imperfection and building reflective, supportive structures can restore confidence.

## 2. First Steps

First Steps to Tackle Imposter Feelings in Academia:

1. Acknowledge and Normalise
  - Imposter thoughts are widespread among high achievers.
2. Open a Safe Dialogue
  - Supervisors/mentors invite honest check-ins about progress and setbacks.

3. Learn and Dispel Myths
  - Perfection isn't a prerequisite for belonging; learning is iterative.
4. Access Professional Support Early
  - Counselling for perfectionism, anxiety, and self-compassion skills.
5. Practice Coping Techniques
  - Evidence logs (document wins/effort), realistic planning, values-based goals.
6. Build a Support Network
  - Mentors, peer writing groups, and presentation practice circles.
7. Set Small, Realistic Goals
  - Share a rough draft; submit one application; celebrate attempts.
8. Challenge Stigma & Negative Thoughts
  - Reframe "I fooled them" to "I'm learning and contributing."

If distress escalates or suicidal thoughts emerge, seek immediate professional support via counselling or crisis services.

### 3. First Aid Checklist

#### **MHFA Checklist for Supporting a Student with Imposter Feelings:**

1. Observe & Recognise
  - Downplaying achievements, avoidance, overwork, perfectionistic paralysis.
2. Approach with Empathy & Confidentiality
  - "Your work has merit—can we talk about what makes sharing it feel risky?"
3. Encourage Open Communication
  - Validate; normalise self-doubt; share typical learning trajectories.
4. Assess Immediate Risk
  - Ask about burnout, hopelessness, or self-harm thoughts; follow crisis steps as needed.
5. Provide Information & Resources
  - Mentoring schemes, counselling, skills workshops.
6. Encourage Help-Seeking & Self-Care
  - Support time off, realistic timelines, rest.
7. Follow Up
  - Revisit goals and celebrate progress publicly and privately.

### 4. Support Services & Apps

- University Counselling Services.
- Graduate Mentoring & Supervisory support.
- Writing centres, presentation coaching, careers service.



## MindGuard

- Peer groups for accountability and reflection.
- Digital tools for journaling, planning, and mindfulness.
- Crisis Helplines.

### 5. Additional Tips

- Praise process and learning, not just results.
- Share your own mistakes to model openness.
- Avoid comparisons; focus on individual growth.
- Keep expectations clear and achievable.
- Refer on when limits are reached.

## MENTAL HEALTH ISSUE 15: LONELINESS AND SOCIAL ISOLATION

### 1. Scenario/ Case study: Sofia's Disconnection as a Commuter Student

#### Background:

Sofia is a 22-year-old commuter in Business Administration. She balances part-time work with studies and rarely stays on campus beyond lectures.

#### The Issue:

Sofia eats alone, doesn't recognise faces in her cohort, and feels invisible in seminars. Weekends feel empty; she scrolls social media but avoids events because "everyone already has a group." Her motivation and sleep are slipping.

#### Why the Silence?

- **Fear of judgment:** Doesn't want to seem needy or awkward.
- **Past rejection:** A failed attempt to join a society led to withdrawal.
- **Logistical barriers:** Work hours and commuting limit attendance.
- **Assumption of exclusivity:** Believes societies are for "insiders."

#### Consequences:

- Low mood, reduced engagement, and missed opportunities for collaboration.
- Declining academic participation and confidence.
- Risk of unhealthy coping (excessive screen time, irregular sleep).
- Entrenched isolation that becomes harder to break.

#### Potential Interventions (if addressed early):

- **Proactive peer outreach:** Student ambassadors invite commuters to low-pressure meet-ups.
- **Inclusive timetabling:** Clubs/events scheduled across times, with hybrid options.
- **Buddy programmes:** Pairing new or commuter students for connection.
- **MHFA-aware staff:** Notice non-participation and gently check in.
- **Digital literacy tools:** Moderated platforms to discover interest-based groups.

#### Reflection:

Sofia's case shows how practical barriers and social anxiety can compound into isolation. Small, supported steps toward connection can restore belonging and academic momentum.

### 2. First Steps

#### First Steps to Rebuild Connection and Belonging

1. **Acknowledge and Normalise**
  - Many students experience loneliness, especially commuters and newcomers.
2. **Open a Safe Dialogue**

- Invite conversation about barriers (time, transport, cost).
- 3. Learn and Dispel Myths**
    - Groups welcome newcomers; many people attend alone.
  - 4. Access Professional Support Early**
    - Counselling for social anxiety and mood; signpost peer-led spaces.
  - 5. Practice Connection Skills**
    - Start with one recurring activity; prepare simple conversation openers.
  - 6. Build a Support Network**
    - Join course WhatsApp/Discord, peer mentoring, or study pods.
  - 7. Set Small, Realistic Goals**
    - One society taster, one coffee chat, one study group this week.
  - 8. Challenge Stigma & Negative Thoughts**
    - Replace “I don’t belong” with “I’m trying, and others are too.”

If mood worsens markedly or suicidal thoughts emerge, seek immediate professional support via counselling or crisis lines.

### 3. First Aid Checklist

#### MHFA Checklist for Supporting a Student Facing Loneliness/Isolation:

- 1. Observe & Recognise**
  - Frequent solo attendance/absence, minimal participation, signs of low mood.
- 2. Approach with Empathy & Confidentiality**
  - “I’d love to hear how your first weeks are going—what would make campus feel easier?”
- 3. Encourage Open Communication**
  - Listen for barriers; collaborate on practical solutions (timing, transport).
- 4. Assess Immediate Risk**
  - Ask about mood changes, hopelessness; follow crisis steps if risk disclosed.
- 5. Provide Information & Resources**
  - Peer programmes, societies, commuter lounges, online communities.
- 6. Encourage Help-Seeking & Self-Care**
  - Offer to attend a first event together; suggest sleep and routine supports.
- 7. Follow Up**
  - Check-in after events; celebrate attempts, not just outcomes.

### 4. Support Services & Apps

- University Counselling and Peer Support Networks.



**MindGuard**

- Student Societies, Buddy/Peer-Mentor schemes, Commuter lounges.
- International/Student Life Offices and Residence Life (if relevant).
- Wellness centres running low-pressure social workshops.
- Digital community platforms and event finders (moderated).
- Crisis Helplines.

## 5. Additional Tips

- Use inclusive invitations (“come as you are,” “newcomers welcome”).
- Offer multiple formats: small groups, hybrid, daytime/evening.
- Avoid “just put yourself out there”; offer concrete options.
- Respect autonomy and pace.
- Know your limits and refer when needed.

## MENTAL HEALTH ISSUE 16: PERFECTIONISM

### 1. Scenario/ Case study: Alexander's struggle with perfectionism and academic pressure

#### Background:

Alexander is a 22-year-old Mathematics undergraduate at the University of Groningen. Recognised as a "gifted" student from a young age, he was praised for his discipline, organisation, and academic success. He often topped his class and took pride in being meticulous and prepared. Thriving under pressure, he learned early that praise was linked to achievement.

Since university, Alexander has felt unspoken pressure to maintain his image as "the reliable high-achiever". While he still earns strong grades, the workload from coursework, internships, and exams has become overwhelming for him. He fears disappointing others and himself. Now, Alexander spends long hours perfecting assignments, rewriting small tasks, and second-guessing submissions. He frequently deletes drafts, worried they aren't "good enough", and experiences anxiety symptoms, such as a tight chest, fatigue, sleep issues, especially near deadlines. Despite outward success, he grows more isolated and mentally exhausted.

#### The Issue:

Alexander's perfectionism extends beyond merely aiming for excellence. It originates from a deep internal belief that his worth depends solely on his academic achievements. He sets extremely high, often unrealistic standards for himself. Small mistakes seem like signs of failure, and anything less than perfect is unacceptable.

Meanwhile, others may see Alexander as diligent and attentive, but he is caught in a cycle of anxiety-driven overwork and avoidance rooted in fear. He procrastinates because he fears he won't be perfect, over-researches, over-edits, and struggles to relinquish control. This results in significant procrastination, frantic last-minute efforts, and harsh self-criticism, even when his results are objectively good.

Alexander's motivation is now driven more by fear than passion or curiosity. His perfectionism undermines his confidence, motivation, and emotional wellbeing. He finds it difficult to relax, struggles to appreciate his achievements, and tends to avoid opportunities that involve feedback or failure. Group projects are particularly challenging, as he fears judgment if others see his work before it's "finished." Despite all this, Alexander hesitates to seek help because asking for assistance feels like proof that he isn't good enough.

#### Why the problem persists?

- Emotional barriers:
  - Fear of losing his identity and worth: Alexander defines himself as a "capable high-achiever." For him, admitting struggles threatens this identity, as losing perfection implies losing his worth. He links competence directly to his self-esteem, so recognising difficulties feels like denying his true self to others.
  - Shame, self-criticism, and fear of being misunderstood: When Alexander faces difficulties, he often blames himself instead of questioning the high and unrealistic standards he sets. He feels ashamed for finding tasks hard that others seem to manage easily. This shame worsens because he worries that if he shares his feelings,

others will dismiss his concerns, calling them ambition, overreaction, or perfectionism. Hearing comments like “just relax” only increases his feeling of being isolated.

- Fear of showing vulnerability and feeling pressured to maintain control: For Alexander, vulnerability is equated with weakness. He thinks that showing doubt, seeking help, or showing emotional pain could cause professors or peers to perceive him as unable. Consequently, he always maintains a composed exterior, seeming calm, focused, and in command, even when he's overwhelmed. Dropping that front feels dangerous and insecure.
- Academic culture: Perfectionism is often praised, not challenged in academic settings. In competitive academic environments, overworking, fixating on details, and aiming for top grades are often seen as signs of discipline. This makes it difficult for Alexander to recognise that his behaviour could be harmful, or for others to notice that he is suffering.

### Consequences:

- Physical strain: Alexander constantly fears failure or disappointment, even when there is no real threat. This causes ongoing stress, poor sleep, and physical symptoms like headaches, muscle tension, and tiredness. His body stays in a nearly constant state of alert, as if he must always be perfect.
- Emotional impact: Alexander finds it hard to cope with uncertainty, failure, or “average” results. A single critical comment or a mark slightly below expectations feels disastrous. This emotional inflexibility makes him resistant to feedback, vulnerable to minor setbacks, and prone to emotional crashes.
- Cognitive difficulties: Alexander appears diligent but delays tasks, not from lack of care but fear of producing 'not good enough.' This procrastination causes guilt and panic, worsening self-criticism. Joy in learning has faded, replaced by viewing academics as a test of worth rather than growth. His studies feel transactional and exhausting, driven more by fear of failure than curiosity or passion.
- Behavioural changes and risk of anxiety or depression: Alexander’s perfectionism may lead to generalised anxiety disorder, depression, eating disorders, or burnout. Over time, this emotional strain could impair his ability to enjoy and maintain a healthy life outside of university.
- Social effects and academic effects: Alexander isolates himself, avoids group activities, and hesitates to seek help. He fears being perceived as less capable and struggles to open emotionally to friends or mentors. As he focuses solely on academic success, his social confidence and sense of belonging decline. Ironically, in his pursuit of perfection, his self-confidence worsens. He doubted his abilities, questioning if he’s truly competent, deserving of his university spot, or if he’ll ever be “good enough.” His identity becomes overly linked to performance, leaving little room for a stable sense of self outside achievements. Over time, this emotional strain might hurt his academic results.

### Potential Interventions (if addressed early):

- Peer support groups: Guidance to promote realistic academic expectations with student ambassadors or peers trained in MHFA.
- Faculty training: Training and tools to assist academic staff in recognising and addressing perfectionist behaviours in students.



- Skills workshops: Teaching students that learning involves making mistakes and that failure is an integral part of the academic journey; Helping students distinguish between excellence and compulsive self-imposed pressure; Assisting students in minimising self-criticism and fostering emotional resilience; Guiding students to set clear, realistic and effective goals, estimating time accurately, and prioritising progress over perfection.
- Counselling support: Assistance to explore and address the underlying causes of perfectionism, for example, by using cognitive-behavioural therapy (CBT) for perfectionism.
- Mentorship from alumni: Older students sharing their struggles with perfectionism to reduce isolation and shame.

### Reflection:

Alexander's case illustrates how perfectionism, often seen as dedication, can become profoundly harmful. It distorts self-esteem, increases anxiety, and diminishes motivation. Unlike typical anxiety or depression, perfectionism masquerades as ambition, but its effects can be equally damaging. What seems like high achievement often conceals fear, shame, and paralysis. Supporting students like Alexander requires more than just teaching study skills; it entails transforming academic cultures that link success with flawlessness. When universities endorse focusing on the process rather than perfection, they foster genuine learning and healthier mental states.

## 2. First Steps

First steps to manage perfectionism in academic settings:

- Acknowledge that perfectionism is an unhealthy pattern, not a personality trait
  - Perfectionism isn't solely about working hard; it also involves fear of failure, harsh self-criticism, and avoidance.
  - Often, unrealistic standards are internal rather than imposed by others.
- Separate self-worth from performance
  - Challenge the belief that your worth hinges on perfect performance. Try saying, for example, "This assignment does not define my value," or "I can be valuable even when my work isn't perfect."
- Set "good enough" goals
  - Aim for "done and good enough" instead of striving for perfection.
  - Set SMART goals (specific, measurable, achievable, relevant, time-bound) rather than vague, perfection-focused aims. For example, use time limits to prevent over-polishing. These small adjustments lower pressure while still ensuring high, realistic standards.
- Try taking imperfect action
  - Submit drafts before feeling "completely ready."
  - Participate in creative activities where mistakes are part of the process, like painting, journaling, doodling, cooking, and playing music badly.
  - Submit work even if it feels unfinished; done is better than perfect.
  - Try new challenges where failure is possible and safe.
- Develop self-compassion skills
  - Be kind to yourself, as you would to a friend in need.
  - Replace "I should be better" with "It's okay to be learning."
  - Celebrate effort and progress (e.g. how you managed your time, what you learned, and how you resisted overworking, etc.), not just results, grades or feedback.
  - Use journaling, mindfulness, or therapeutic tools to address inner criticism.



- Talk about it, even briefly
  - Talk with peers and mentors about your struggles with overworking or fear of failure.
  - Students should share concerns with someone they trust, perfectionism often flourishes in silence.
- Limit comparison and reclaim control
  - Cut down on social media or peer comparisons about grades or achievements.
  - Focus on your personal progress, not perfect standards.
- Redefine success as sustainable excellence
  - Instead of seeking short-term perfection, focus on long-term sustainable growth and consistency. Consider: "Can I continue this approach for the next 6 months without risking burnout?" If the answer is no, it indicates that making adjustments is not only acceptable but necessary.
- Be patient with the process
  - Changing perfectionistic habits requires patience. It's normal to feel anxious about submitting "unfinished" work or taking breaks. That's okay. Progress isn't about removing all perfectionist thoughts but about responding differently when they arise.
- Seek professional support when needed
  - Schedule a session with a mental health counsellor or coach.
  - Utilise academic support services that help with productivity and time management.

### 3. First Aid Checklist

Mental health first aid checklist for supporting a student with perfectionism:

- Recognise the warning signs of perfectionism
  - Chronic over-editing or procrastination on assignments.
  - Emotional distress over minor feedback or perceived flaws.
  - Frequent statements like: "It's not good enough," or "I can't afford to make a mistake."
  - Avoidance of group work, presentations, or creative assignments.
  - Reluctance to seek help or accept praise.
- Approach with empathy and care
  - Find a calm moment to ask, "I've noticed you've been revising this project many times. Are you feeling pressured to perfect it?"
  - Avoid judging or dismissing, validate their concern.
  - Focus on the process rather than the result: "I see how hard you're working. Let's discuss ways to make it more manageable."
- Encourage open conversation
  - Encourage them to compare their personal standards with the actual expectations.
  - Show your own experiences with mistakes or deadlines.
  - Provide examples demonstrating that academic success involves growth, not just polish.
- Support taking action despite imperfections
  - Encourage making small steps, even if imperfect.
  - Help them to set realistic goals and timelines.
  - Encourage viewing feedback as part of the learning process.
  - Celebrate progress, creativity, and bravery, not just outcomes.
- Provide information and resources

- Guide them to mental health workshops, academic skills centres, or peer mentoring.
- Suggest self-help books or apps focused on perfectionism and self-compassion.
- Offer time management strategies that prioritise pacing over perfection.
- Follow up with compassion
  - Revisit the conversation: “How have things felt since we last talked about the pressure you were under?”
  - Celebrate when they share or submit something they found difficult.
  - Keep the door open for future support.
- Know when to refer
  - If perfectionism is linked to anxiety, burnout, or low self-esteem, consider recommending professional help.
  - If there are indications of more serious issues, such as depression or self-harm, refer immediately to counselling services.

## 4. Support Services & Apps

Support services & tools for students experiencing perfectionism:

- Psychological counselling services from the Student Service Centre (SSC) - therapy support focused on perfectionism, cognitive behavioural therapy (CBT), and self-compassion.
- Academic advisors or mentors - to provide safe, growth-oriented feedback, share their own experiences, discuss realistic expectations and goals, and help with academic accommodations.
- Courses and workshops from the Student Service Centre (SSC) on perfectionism, self-criticism, imperfect action, and redefining success.
- MHFA peer support groups - help students understand that they're not alone in this struggle, and provide conversations around academic pressure and unrealistic expectations.
- MHFA-trained faculty staff - guide students toward appropriate services; assist academic staff in recognising and addressing perfectionist behaviours in students.
- Digital Tools:
  - Online UG student well-being page
  - Online self-support through the e-health platform Mirro, used by the UG. - an online way to access support and resources for mental health concerns. It includes self-help modules covering various relevant topics.
  - E-health programme from Caring Universities Consortium - a programme that helps university students improve mental well-being by supporting better sleep, reducing procrastination, boosting mood, increasing self-worth, and managing stress.
  - Local and national listening services in the Netherlands: All Ears Groningen, @ease Groningen, Frisse Gedachtes, and Alles Oké
  - Grip op je Dip: an informative Dutch website for young people who are feeling down.
  - TalkCampus: an anonymous global social media platform designed for students to interact globally with peers from different universities. It provides multilingual support, round-the-clock safeguarding and escalation, access to trained peer supporters and professional staff, and guidance to various valuable internal and external mental health resources.
  - Youper: an AI-guided emotion-based journal and CBT tools for managing self-criticism.
  - MoodKit: a CBT-based app for challenging negative thoughts.

- ThinkUp: an affirmation app that provides positive affirmations and mindset reframing.
- Insight Timer: an app offering mindfulness and acceptance-based meditation sessions for perfectionism.
- Book Recommendations:
  - ‘The gifts of imperfection’ by Brené Brown
  - ‘How to be an imperfectionist’ by Stephen Guise
- General Practitioner (GP) / Mental healthcare services (GGZ) / Addiction Care Northern Netherlands (VNN) - local mental health services outside the UG in the Netherlands
- Emergency or crisis services situations - local and national services in the Netherlands for suicidal ideation or crisis situations, if perfectionism escalates to a mental health crisis
  - crisis telephone helpline 0800-0113 in the Netherlands (Dutch 113 Suicide Prevention)
  - UG suicide prevention protocol 2021

## 5. Additional Tips

- Don't praise perfection - focus on effort, learning, and growth instead.
- Avoid comparison traps - recognise that each student's journey is unique.
- Support identity beyond achievement - help students see themselves as more than their academic output.
- Model vulnerability - share your personal struggles with perfectionism, if relevant.
- Encourage experimentation - support students in engaging in creative or less-critical activities.
- Know when to seek help - perfectionism frequently coexists with anxiety, OCD (Obsessive-Compulsive Disorder), or depression, and get help when necessary.

## MENTAL HEALTH ISSUE 17: CHRONIC FATIGUE & PHYSICAL HEALTH ISSUES RELATED TO MENTAL HEALTH

### 1. Scenario / Case Study: Emma's Exhaustion Behind the Books

#### Background:

Emma is a 21-year-old undergraduate in Law. She was always a high achiever, but over the past semester she has been battling constant fatigue, body aches, and frequent headaches. Despite medical tests showing “nothing wrong,” she continues to feel drained and struggles to keep up with her workload.

#### The Issue:

Emma wakes up tired, struggles to focus in lectures, and often falls asleep in the library. She experiences frequent stomach issues before exams and notices her body “shutting down” under stress. Doctors have ruled out acute illness, but her symptoms are linked to prolonged stress, anxiety, and burnout.

#### Why the Silence?

- **Stigma:** She worries others will think she's “lazy” or “making excuses.”
- **Academic culture:** In her competitive course, exhaustion is normalised as “just part of being a student.”
- **Self-doubt:** She fears she is not resilient enough and should simply “push through.”
- **Uncertainty:** She doesn't know whether to seek academic accommodations or mental health support.

#### Consequences:

- Declining attendance and participation.
- Missed deadlines due to exhaustion and concentration lapses.
- Withdrawal from social life to “preserve energy,” leading to isolation.
- Risk of worsening depression and anxiety as physical symptoms persist.

#### Potential Interventions (if addressed early):

- **Peer check-ins:** Friends noticing Emma's fatigue and gently encouraging her to seek help.
- **Staff awareness:** Lecturers and tutors recognising psychosomatic symptoms and offering flexibility.
- **Professional referral:** Linking Emma to counselling, stress management, and medical follow-up.
- **Self-management strategies:** Sleep hygiene, balanced nutrition, pacing techniques, and gentle physical activity.

- **Wellbeing workshops:** Sessions on stress-illness connection and practical coping strategies.

**Reflection:**

Emma’s story illustrates how untreated psychosomatic symptoms blur the line between physical and mental health. Early recognition and holistic support can prevent escalation into long-term disability or dropout.

## 2. First Steps

First Steps to Address Suicidal Ideation & Self-Harm:

- **Acknowledge & Normalise:** Stress can manifest physically; symptoms are real and valid.
- **Open Dialogue:** Encourage safe conversations without dismissing symptoms as “all in your head.”
- **Dispel Myths:** Chronic fatigue is not laziness or weakness — it is often the body’s response to prolonged stress or mental health strain.
- **Seek Professional Help Early:** Consult both health services (to rule out physical conditions) and counselling for stress-related issues.
- **Coping Strategies:** Sleep hygiene routines, relaxation practices, grounding exercises, pacing workloads.
- **Support Network:** Share concerns with trusted peers, mentors, or staff.
- **Small Goals:** One regular bedtime, one short walk a day, one planned rest break.
- **Challenge Stigma:** Replace self-blame (“I should be stronger”) with acceptance and proactive care.

## 3. First Aid Checklist (MHFA) for Chronic Fatigue & Psychosomatic Symptoms

Mental Health First Aid Checklist for Supporting a Student with Chronic Fatigue & Psychosomatic Symptoms:

**Observe & Recognise**

- Constant tiredness, falling asleep in class, frequent headaches/stomach pain, declining performance.

**Approach with Empathy**

- “I’ve noticed you seem really tired and unwell lately — how are you holding up?”
- Avoid minimising or implying laziness.

**Encourage Open Communication**

- Invite discussion about stress levels, workload, and health without judgment.

**Assess Immediate Risk**

- Explore impact on functioning; check for co-existing depression, suicidal thoughts, or self-harm behaviours.

#### Provide Information & Resources

- Share campus health services, counselling, workshops on stress and sleep, and student disability support for accommodations.

#### Encourage Help-Seeking & Self-Care

- Suggest scheduling a GP check-up and booking with counselling.
- Promote restorative activities (gentle movement, balanced meals, adequate rest).

#### Follow Up

- Check in regularly; encourage small steps toward recovery and balance.

## 4. Support Services & Apps

Support Services & Apps Students can Access:

- **University Counselling & Wellbeing Services** (stress management, psychoeducation).
- **Campus Health Services / GP** for physical check-ups and referral.
- **Academic Support Services** for deadline extensions or workload adjustments.
- **Peer Wellbeing Networks** to reduce isolation.
- **Apps:** *Sleep Cycle* (rest tracking), *Headspace* or *Calm* (relaxation/meditation), *Daylio* (mood & energy journaling).

## 5. Additional Tips

Additional Tips for Friends, Mentors or Peers:

- Avoid dismissing symptoms as “just stress.”
- Don’t pressure the student to overperform — validate rest as part of recovery.
- Encourage balanced routines, not all-or-nothing pushes.
- Model healthy work-life balance.
- Respect autonomy — offer support without forcing solutions.

## MENTAL HEALTH ISSUE 18: RELATIONSHIP AND INTERPERSONAL DIFFICULTIES

### 1. Scenario/ Case study: Eduardo and his flatmates

**Background:** A third-year old university student shares an apartment with peers. Recently, conflicts have escalated over shared responsibilities, noise, and study schedules. The student feels excluded by their flatmates, which heightens their stress levels during exams.

**The issue:** The student begins to withdraw from group activities, avoids social interactions, and feels anxious in class. Interpersonal stress affects concentration and motivation, leading to poor academic performance.

**Why do the problems persist?** Fear of confrontation and poor communication skills prevent the student from resolving conflicts. Cultural differences and a lack of conflict-resolution strategies make matters worse. Faculty and peers may not notice subtle signs until the student disengages.

**Consequences:** Academic underperformance, loneliness, possible depression, and reduced self-confidence. In extreme cases, unresolved interpersonal difficulties may escalate into bullying or harassment.

**Potential Interventions (if addressed early):** Mediation and conflict-resolution workshops, peer mentoring, group counselling, and open communication practices. Encouraging students to develop interpersonal and emotional regulation skills.

**Reflection:** Interpersonal difficulties are common in HEIs due to diverse backgrounds and high-stress environments. Proactive support can turn conflicts into opportunities for personal growth and stronger communities.

### 2. First Steps

#### First Steps to Overcome Relationship and Interpersonal Difficulties

- Encourage the student to express feelings in a safe space (mentor, counsellor, peer group).
- Teach active listening and nonviolent communication techniques.
- Suggest small steps toward resolving misunderstandings.
- Connect them with student support offices, mediators, or counsellors.  
Normalise interpersonal conflict as part of student life, but stress the importance of healthy resolution.

### 3. First Aid Checklist

#### Mental Health First Aid Checklist:

- Listen without taking sides.
- Encourage calm dialogue and reflection before responding.
- Help the student identify their needs and boundaries.
- Suggest campus mediation or counselling services.
- Watch for signs of escalation (bullying, harassment, isolation).
- Reinforce that healthy relationships are key to wellbeing and academic success.



## 4. Support Services & Apps

Support Services Students can access:

Country	Helpline / Service	Phone / Access	Notes / Relevance
Europe-wide	Child/Youth Helpline	116 111	Free support for young people facing relationship or peer difficulties.
Ireland	Samaritans	116 123 (24/7)	Emotional support for loneliness, conflict, and relationship stress.
	Aware Support Line	+353 (0)1 661 7211	Covers interpersonal anxiety and mood disturbances.
Belgium	Community Help Service (English)	+32 (0)2 648 40 14	Support for international students with relationship or social stress.
	Tele-Onthaal	106 (24/7) / Webchat	General emotional support for conflict or interpersonal challenges.
Cyprus	Cyprus Samaritans	8000 7773 (daily 4 pm–12 am)	Confidential listening for conflict and stress.
	116 000 – Children in Distress	116 000 (24/7)	Relevant for younger students struggling with interpersonal conflicts.
Greece	National Suicide Hotline	1018 (24/7)	Support for crises linked to isolation or severe relational distress.
	University Counselling Services	Varies (Athens, Ioannina, Patras)	Mediation, counselling, and guidance for student conflicts.
Netherlands	De Luisterlijn	088 0767 000 (24/7)	Support for emotional and relational stress.
	Alles Oké? Supportlijn	0800-0450 / Daily chat	For young adults facing friendship, relationship, or social difficulties.
	MIND Korrelatie	0900-1450 / Online	Counselling and mediation advice for relationship and social conflicts.

Apps Students can access:

Country	App / Platform	Access / Language Options	Notes / Relevance
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Europe-wide	Woebot	iOS / Android (EN)	CBT chatbot – helps reframe negative thoughts about relationships.
	Headspace / Calm	iOS / Android / Web (EN, multiple)	Mindfulness and stress reduction to support relational resilience.
	MoodMission	iOS / Android (EN)	Suggests coping activities for interpersonal stress.
Ireland	SilverCloud Health	iOS / Android / Web (EN)	Modules on relationships, communication, and anxiety.
Belgium	Tele-Onthaal Chat App	Webchat (NL/FR)	For students experiencing interpersonal distress.
Cyprus	Antilipsi	iOS / Android (GR/EN)	Local app providing guidance for stress and relationships.
Greece	iFightDepression Tool	Web (GR/EN)	Helps with anxiety and negative self-thoughts in relationships.
	StressLess (Greek developers)	Android (GR)	Exercises to reduce stress during conflicts.
Netherlands	Psyfit	Web (NL)	Training for resilience, emotional regulation, and interpersonal skills.
	Alles Oké? Supportlijn App	Web & mobile (NL)	Free daily chat for social/relationship issues among young adults.
	MIND Korrelatie Tools	Web/WhatsApp (NL/EN)	Multi-channel advice for conflict, communication, and relational stress.

## 5. Additional Tips

Additional Tips for Mentors or Peers:

- Encourage respectful dialogue and mediate when possible.
- Promote empathy and cultural sensitivity in diverse groups.
- Recognise early warning signs of exclusion or bullying.
- Offer conflict-resolution workshops and peer-mentoring schemes.
- Support students to set boundaries and communicate assertively.
- Create safe spaces on campus for discussion and group reflection.

## MENTAL HEALTH ISSUE 19: FINANCIAL STRESS IMPACTING MENTAL HEALTH

### 1. Scenario/Case Study: Ovi's Experience with Financial Stress, Anxiety, and Depression in Academia

#### Background:

Ovi is a 23-year-old postgraduate student in Engineering at a European university. He comes from a modest background and works part-time at a café to cover rent and living expenses while managing tuition fees. During his undergraduate years, Ovi balanced academics and work successfully, but with rising living costs and the demands of postgraduate research, he now finds it increasingly difficult to cope.

#### The Issue:

Over the past six months, Ovi's financial situation has become unstable. His working hours were reduced, while rent and food prices increased. Struggling to afford essentials, he feels constantly anxious about money. His sleep is disrupted by racing thoughts about bills, and he experiences fatigue, low motivation, and feelings of hopelessness. Academic performance is suffering as he finds it hard to focus, misses deadlines, and avoids social activities to save money. Recently, he has begun to experience symptoms of depression — persistent sadness, loss of interest, and social withdrawal.

#### Why the Silence?

- Shame and stigma: Ovi feels embarrassed to admit financial struggles in an environment where many peers appear financially comfortable.
- Fear of judgment: He worries professors and classmates will think he is irresponsible or incapable of managing stress.
- Lack of awareness: Ovi doesn't know that universities often provide emergency grants or hardship funds for students in financial distress.
- Cultural barriers: Coming from a background where talking about money or mental health is taboo, he keeps his situation private.

#### Consequences:

- Ovi skips meals and sleeps irregularly, affecting both his physical and mental health.
- Persistent anxiety about debt triggers headaches, poor concentration, and irritability.
- Isolation deepens as he withdraws from social life, leading to worsening depression.
- Academic performance drops significantly, and he considers deferring his studies.

#### Potential Interventions (if addressed early):

- Financial literacy workshops: Sessions teaching budgeting, managing student finances, and accessing university financial aid.
- Peer and mentoring support: Trained student mentors could help identify financial hardship early and direct Ovi to support.

- Faculty MHFA training: Lecturers aware of financial stress indicators could sensitively check in and suggest resources.
- Emergency financial assistance: Quick, confidential access to hardship funds, meal vouchers, or housing support.
- Integrated mental health and financial counseling: Services combining emotional support with practical financial guidance.

Reflection:

Ovi's case illustrates how financial pressures can spiral into anxiety and depression when left unaddressed. The link between money worries and mental health is strong, yet often hidden by stigma and silence. Creating supportive, stigma-free environments and ensuring that students know where to seek both financial and emotional help can prevent serious mental health crises and academic withdrawal.

## 2. First Steps

### First Steps to Address Financial Stress, Anxiety, and Depression in Academia

1. Acknowledge the Impact
  - Financial stress is a real and valid challenge that affects mental health.
  - Recognizing it early is the first step toward recovery and stability.
2. Start an Honest Conversation
  - Talk with trusted friends, mentors, or financial aid officers.
  - Sharing concerns can help uncover practical solutions and reduce isolation.
3. Seek Professional Support
  - Schedule an appointment with university counseling or financial services.
  - Explore whether integrated mental health and financial counseling options are available.
4. Understand Available Resources
  - Many universities offer hardship grants, food assistance, or flexible payment plans.
  - Ask student services about budgeting tools or emergency funds.
5. Develop Healthy Coping Habits
  - Prioritise rest, balanced meals, and regular exercise to reduce anxiety.
  - Use mindfulness or relaxation techniques to manage stress responses.
6. Set Realistic Academic and Financial Goals
  - Create a manageable budget and break academic tasks into smaller steps.
  - Celebrate small wins to build confidence.

#### 7. Challenge Stigma and Self-Blame

- Financial hardship is not a sign of failure or inadequacy.
- Speak openly about challenges to help normalise the conversation.

#### 8. Stay Connected

- Join peer support groups or student associations offering emotional and financial guidance.
- Maintain social contact to prevent isolation and depressive thinking.

If feelings of hopelessness or suicidal thoughts arise, immediate professional help should be sought through counseling services or crisis hotlines.

## 3. First Aid Checklist

### Mental Health First Aid Checklist for Supporting a Student Facing Financial Stress

#### 1. Recognise Warning Signs

- Frequent expressions of worry about money or work hours.
- Withdrawal from social or academic activities.
- Visible fatigue, irritability, or sadness.
- Declining performance, missed deadlines, or unexplained absences.

#### 2. Approach with Empathy and Respect

- Choose a private, comfortable setting.
- Use supportive, non-judgmental language:  
“You seem under a lot of stress lately — is there something I can help with?”

#### 3. Encourage Open Dialogue

- Allow the student to share their struggles at their own pace.
- Listen actively and validate their experience: “It’s understandable to feel overwhelmed when finances are tight.”

#### 4. Assess for Risk

- If depression or suicidal thoughts are mentioned, follow crisis response procedures immediately.

#### 5. Provide Information and Resources

- Share details of counseling services, financial aid offices, and hardship funds.
- Suggest digital tools for budgeting and stress management.

#### 6. Encourage Help-Seeking

- Offer to help them book an appointment with support services.
- Emphasise that seeking help is a proactive step, not a weakness.

#### 7. Follow Up

- Check in regularly to show continued support and interest.
- Reinforce positive steps taken toward managing finances and wellbeing.

## 4. Support Services & Apps

### Support Services & Apps Students Can Access

- University Financial Aid Office – hardship funds, emergency grants, meal assistance.
- University Counseling Services – confidential mental health support and therapy.
- Student Mentoring Networks – peer support for budgeting and emotional coping.
- Wellbeing and Career Centres – workshops on stress, work-life balance, and resilience.
- Digital Tools:
  - *Mint* or *PocketGuard* – budgeting and financial tracking.
  - *Headspace* or *Calm* – guided meditation for stress management.
  - *Fika* – university wellbeing app offering short exercises for emotional resilience.
- Crisis Helplines – 24/7 national or local mental health support lines.

## 5. Additional Tips

- Respect the student’s privacy and autonomy — allow them to choose when and how to seek help.
- Avoid judgmental comments about financial choices or spending.
- Encourage self-care and realistic goal setting.
- Normalise discussions about money and mental health in academic spaces.
- Know your limits — refer to professionals for specialised financial or psychological support.
- Model empathy and openness by speaking positively about seeking help and managing stress.

## MENTAL HEALTH ISSUE 20: GENDER DYSPHORIA AND IDENTITY-RELATED MENTAL HEALTH CHALLENGES

### 1. Scenario/ Case study: Alex's Journey toward Self-Acceptance and Belonging in University

#### Background:

Alex is a 22-year-old postgraduate student in Sociology at a medium-sized European university. Assigned female at birth, Alex identifies as non-binary and uses they/them pronouns. Since adolescence, they have experienced discomfort with their assigned gender, but university life initially represented a chance for freedom and self-expression.

#### The Issue:

Although Alex started university feeling optimistic, over time they have encountered repeated microaggressions, misgendering, and structural exclusion. Professors and peers often use incorrect pronouns, and university forms only recognise “male” and “female.” There are no gender-neutral bathrooms in the main building. This constant invalidation has led to anxiety, isolation, and a loss of motivation to attend seminars or group discussions.

#### Why the Silence?

- **Fear of stigma:** Alex worries that speaking up could make them appear overly sensitive or disruptive.
- **Lack of awareness:** Many staff and students have limited understanding of gender diversity and its impact on mental well-being.
- **Institutional invisibility:** The absence of visible inclusive policies leaves Alex unsure where to turn for help.
- **Internalised doubt:** They question whether their experiences are “serious enough” to justify asking for support.

#### Consequences:

- Avoidance of classes or group projects where misgendering occurs.
- Increased anxiety and low mood impacting focus and performance.
- Withdrawal from social events, leading to loneliness.
- Thoughts of interrupting their studies due to emotional exhaustion.

#### Potential Interventions (if addressed early):

- **Inclusive language training:** Regular workshops for staff and students on gender diversity.
- **Safe spaces:** Creation of visible LGBTQIA+ groups and peer mentoring schemes.

- **Accessible counselling:** Gender-affirming therapy offered through university services.
- **Digital empathy modules:** VR experiences to foster understanding of identity-related stress.
- **Policy reform:** Introduction of gender-neutral facilities and inclusive documentation.

### Reflection:

Alex's case highlights how institutional neglect and social exclusion can worsen mental health challenges among gender-diverse students. Their struggles stem not from identity itself but from the lack of acceptance surrounding it. Building a culture of empathy, inclusion, and respect can transform the university into a genuinely supportive environment for all.

## 2. First Steps

First Steps to Support Identity, Acceptance, and Mental Well-being in Academia

1. **Recognise and Validate the Experience**  
Acknowledge that gender dysphoria and identity-related stress are real, not exaggerated concerns. Validation reduces shame and encourages openness.
2. **Foster Inclusive Dialogue**  
Encourage respectful conversations about identity without assumptions. Always ask and use chosen pronouns. Listening without judgement is key.
3. **Educate and Raise Awareness**  
Attend training sessions or workshops on gender inclusion. Learning correct terminology and understanding gender diversity promotes allyship.
4. **Encourage Use of Support Services**  
Guide students toward gender-affirming counselling, student unions, or inclusion offices. Early connection with supportive professionals prevents isolation.
5. **Build Safe Peer Networks**  
Encourage participation in LGBTQIA+ student groups or social activities. Peer validation fosters belonging and resilience.
6. **Empower through Self-Care and Affirmation**  
Suggest grounding techniques, journaling, or creative outlets to manage stress. Celebrate personal milestones of self-acceptance.
7. **Promote Advocacy and Engagement**  
Involve students in awareness campaigns or policy discussions. Active participation empowers them and drives institutional change.
8. **Seek Immediate Help When Needed**  
If distress escalates or includes self-harming thoughts, seek urgent professional support through university counselling or crisis lines.

## 3. First Aid Checklist

Mental Health First Aid Checklist for Supporting a Student Experiencing Gender Dysphoria or Identity-Related Stress

### Recognise Early Signs

- Avoidance of social or academic spaces.

- Visible discomfort when addressed incorrectly.
- Decline in performance or attendance.
- Expressions of distress or hopelessness about identity.

#### **Approach with Sensitivity and Respect**

- Choose a private, safe space to talk.
- Use inclusive language: “How would you like me to refer to you?”
- Avoid assumptions about pronouns or gender identity.
- Ensure confidentiality within professional limits.

#### **Listen and Validate**

- Allow the student to share experiences at their pace.
- Use empathy and avoid over-questioning.
- Validate emotions: “It sounds like this has been very difficult for you.”

#### **Assess Safety and Well-being**

- Ask gently if they feel unsafe, targeted, or overwhelmed.
- If there is risk of self-harm, activate appropriate crisis protocols.

#### **Provide Practical Resources**

- Share contacts for LGBTQIA+ societies, inclusion offices, or gender-affirming counsellors.
- Suggest reliable online resources or anonymous chat lines.
- Inform about reporting mechanisms for discrimination.

#### **Encourage Connection and Support**

- Offer to accompany them to a support service if they feel nervous.
- Reinforce that seeking help is an act of strength, not weakness.

#### **Follow Up**

- Check in periodically to ensure continued support.
- Encourage participation in inclusive events or peer activities.

## **4. Support Services & Apps**

Suggested Support Services & Apps students can access:

- **University Counselling Services** – offering inclusive, gender-affirming support.
- **Equality, Diversity and Inclusion Offices** – confidential advice and complaint procedures.
- **LGBTQIA+ Student Networks** – peer support, advocacy, and social activities.
- **Peer Ambassadors or Mentors** – trained in MHFA and inclusive listening.
- **Digital Tools** – apps promoting mindfulness and resilience (e.g., Calm, I Am, Wysa).
- **Local LGBTQIA+ Helplines** – for confidential, 24/7 emotional support.
- **Workshops and Webinars** – on allyship, pronouns, and inclusive communication.

## 5. Additional Tips

Additional Tips for Mentors, Peers, or Staff:

- Always use correct pronouns and chosen names.
- Avoid unsolicited advice or medical assumptions.
- Respect privacy — never disclose identity without consent.
- Model inclusivity through everyday language and actions.
- Promote visibility of support resources on campus.
- Remember: creating acceptance is everyone's responsibility.

## MENTAL HEALTH ISSUE 21: GRIEF & LOSS

### 1. Scenario / Case Study: Maria's Struggle with Grief during Exams

#### Background:

Maria is a 20-year-old second-year Business student. Two months ago, her grandmother, who raised her, passed away unexpectedly. Maria returned to university shortly after the funeral, determined not to "fall behind."

#### The Issue:

Maria finds herself unable to focus in lectures, bursts into tears unexpectedly, and avoids talking about her loss. She feels detached from friends who "don't know what to say" and ashamed when she can't concentrate on coursework. Sleep is irregular, she skips meals, and exam preparation feels impossible.

#### Why the Silence?

- **Fear of judgment:** Worries that professors or peers will think she's using grief as an excuse.
- **Cultural and family expectations:** Believes she should "stay strong" and not burden others.
- **Isolation:** Friends seem uncomfortable talking about death, so she stays quiet.
- **Uncertainty:** Doesn't know if universities offer support for bereavement.

#### Consequences:

- Missed deadlines and declining academic performance.
- Withdrawal from social groups and increased loneliness.
- Heightened anxiety and sadness, risk of depression.
- Possible reliance on alcohol or unhealthy coping strategies to numb pain.

#### Potential Interventions (if addressed early):

- **Peer support:** Friends acknowledge her loss and offer companionship, even in silence.
- **Staff sensitivity:** Tutors offer flexible deadlines and extensions, while checking in privately.
- **Counselling referral:** Access to grief counselling or support groups.
- **Memorial rituals:** Encouraging healthy expression of loss (journaling, creative outlets, cultural/religious practices).
- **Awareness workshops:** Normalising grief and discussing how to support grieving peers.

#### Reflection:

Maria's story shows how grief profoundly affects learning and wellbeing. Universities can create compassionate spaces that acknowledge bereavement as a legitimate mental health challenge, offering flexibility and professional support.

## 2. First Steps

First Steps to Address Grief & Loss:

- **Acknowledge & Normalise:** Grief is a natural response to loss, not a weakness.
- **Open Safe Dialogue:** Offer a compassionate space; listen more than you speak.
- **Dispel Myths:** There's no "right" way or timeline to grieve. Suppressing grief delays healing.
- **Professional Support:** Counselling for bereavement, student health services, and community grief groups.
- **Coping Skills:** Journaling, mindfulness, talking circles, memorial practices, grounding exercises.
- **Support Network:** Encourage friends, mentors, and family to stay present.
- **Small Goals:** Attend one lecture, share a meal with a friend, complete one short assignment.
- **Challenge Stigma:** Replace "I should be over this" with "Grief is a process, and I deserve support."

## 3. First Aid Checklist (MHFA) for Grief & Loss

Mental Health First Aid Checklist for Supporting a Student with Grief & Loss:

### Observe & Recognise

- Persistent sadness, withdrawal, academic decline, emotional outbursts, changes in appetite or sleep.

### Approach with Empathy

- "I'm so sorry for your loss. I can't imagine how hard this is, but I'm here if you'd like to talk."

### Encourage Communication

- Allow expression without rushing to "fix."
- Respect silence — being present can be more powerful than words.

### Assess Immediate Risk

- Check for signs of suicidal ideation or self-harm, particularly if grief becomes overwhelming.

### Provide Information & Resources

- Share bereavement support services, counselling, and peer support groups.

### Encourage Self-Care

- Suggest rest, balanced routines, and safe outlets for grief (creative work, memorials).

### Follow Up

- Gentle ongoing check-ins; grief often lasts much longer than others expect.



## 4. Support Services & Apps

Support Services & Apps Students can Access:

- **University Counselling Services** with grief specialists.
- **Academic Support Teams** for extensions and compassionate leave.
- **Peer Support & Student Wellbeing Networks.**
- **Bereavement Support Groups** (local/national).
- **Apps:** *Grief: Support for Young People*, *Headspace* (grief meditations), *Moodfit* (mood tracking).
- **National Helplines** for grief, crisis, or suicide risk.

## 5. Additional Tips

Additional Tips for Friends, Mentors or Peers:

- Avoid clichés like “time heals all wounds” or “at least they lived a long life.”
- Don’t compare losses — each grief is unique.
- Offer practical support (meals, note sharing, reminders).
- Respect cultural/religious grieving practices.
- Be patient — grief is non-linear, with good and bad days.
- Model compassion and acceptance of emotions.

## MENTAL HEALTH ISSUE 22: POSTPARTUM MENTAL HEALTH ISSUES

### 1. Scenario/ Case study: Sofia's Hidden Battle with Postpartum Mental Health

#### Background:

Sofia is a 29-year-old PhD student in Sociology who recently returned to her doctoral program after giving birth to her first child. She is also working part-time as a teaching assistant. Sofia has always been ambitious and committed to her academic career, but balancing the demands of research, teaching, and motherhood has become overwhelming.

#### The Issue:

In the weeks following her return, Sofia began experiencing persistent sadness, fatigue, and feelings of guilt about not being “good enough” as either a mother or a researcher. She struggles with disrupted sleep due to caring for her baby, making it even harder to keep up with her academic responsibilities. She feels isolated from her peers, who are mostly single or child-free, and she hesitates to disclose her struggles to her supervisors.

#### Why the Problem Persists:

- **Stigma and silence:** Concerns about being judged as less capable because she is a mother.
- **Lack of institutional support:** Few formal policies on parental leave, flexible schedules, or childcare.
- **Isolation:** Limited peer networks of other student-parents.
- **Self-stigma and guilt:** Pressure to perform at pre-baby levels both academically and personally.

#### Consequences:

- Declining academic progress due to fatigue and lack of concentration.
- Social withdrawal from colleagues and friends, feeling that “no one understands.”
- Heightened risk of postpartum depression and anxiety.
- Considering dropping out of her doctoral program.

#### Potential Interventions (if addressed early):

- **Flexible academic policies:** Remote participation, extended deadlines, and parental leave.
- **Peer-parent support groups:** Creating safe spaces for student/staff parents to connect.
- **Supervisor training:** Encouraging empathetic and flexible approaches to academic expectations.
- **Accessible childcare services:** On-campus or subsidised childcare options.
- **Mental health awareness:** Campaigns normalizing postpartum struggles to reduce stigma.

**Reflection:**

Sofia's case highlights how postpartum mental health is often invisible in academia. By offering flexible policies, support networks, and open dialogue, institutions can help student and staff parents balance their dual roles while safeguarding their well-being.

## 2. First Steps

### First Steps to Overcome Postpartum Mental Health Challenges

**1. Acknowledge and Normalise the Experience**

- Recognise that postpartum mood changes are common and not a personal failure.
- Understand that seeking help is an act of strength, not weakness.

**2. Open Safe Conversations**

- For peers/mentors: Ask empathetically how the new parent is coping and offer non-judgmental listening.
- For parents: Share feelings with trusted colleagues, mentors, or family to reduce isolation.

**3. Access Professional and Campus Support**

- Reach out to counseling or mental health services for postpartum-specific support.
- Explore whether the institution provides parental leave, flexible deadlines, or reduced workloads.

**4. Build a Support Network**

- Join or initiate parent-focused support groups within or outside the university.
- Connect with other student/staff parents who share similar experiences.

**5. Prioritise Self-Care**

- Schedule short breaks for rest, nutrition, or light exercise.
- Practice small-scale mindfulness or relaxation strategies during baby's rest times.

**6. Adjust Academic Expectations**

- Break down large academic tasks into smaller, realistic goals.
- Communicate with supervisors about temporary adjustments.

**7. Challenge Stigma and Self-Criticism**

- Replace negative self-talk with compassionate reminders of achievements as both parent and academic.
- Engage in awareness-raising campaigns to normalise postpartum experiences in academia.

### 3. First Aid Checklist

Mental Health First Aid Checklist for Supporting a Student or Staff Member with Postpartum Mental Health Concerns:

**1. Observe and Recognise Warning Signs**

- Persistent sadness, fatigue, or tearfulness.
- Withdrawal from academic or social activities.
- Expressions of guilt, inadequacy, or hopelessness.
- Difficulty balancing childcare and academic responsibilities.

**2. Approach with Empathy and Confidentiality**

- Choose a quiet, private space to talk.
- Express care:  
“I know returning after childbirth can be overwhelming—how are you managing?”
- Reassure confidentiality within safety limits.

**3. Encourage Open Communication**

- Allow the individual to share without judgment or pressure.
- Validate emotions: “It makes sense to feel exhausted and stretched thin right now.”

**4. Assess the Immediate Risk**

- Gently ask about thoughts of self-harm or overwhelming despair.
- If risk is high, follow crisis protocols immediately.

**5. Provide Information and Resources**

- Share counseling, maternal health, or family services available on campus.
- Offer details about flexible academic policies, childcare services, or external supports.

**6. Encourage Professional Help-Seeking**

- Suggest appointments with mental health professionals specializing in postpartum care.
- Offer to help with accessing services or accompanying the person if they wish.

**7. Follow Up**

- Check in regularly with kind messages or small acts of support.
- Encourage ongoing engagement with both professional and peer support.

### 4. Support Services & Apps

Suggested Support Services & Apps for Postpartum Mental Health:

- **University Counseling Services** – Provide therapy for postpartum depression, anxiety, and adjustment.
- **Parental Support Programs** – On-campus or community parent groups, childcare services.
- **Academic Advisors/Supervisors** – Can offer flexible deadlines or workload adjustments.
- **Health and Wellness Centres** – Provide workshops on stress management and balancing parenthood with studies.
- **MHFA Trained Staff** – Faculty/staff who can recognise postpartum struggles and offer guidance.
- **Digital Tools and Apps** – Postpartum-specific apps (e.g., *Mothers and Babies Online*, *MindMum*, *Headspace for Parents*).
- **Crisis Helplines** – Immediate 24/7 support for severe distress.

## 5. Additional Tips

Additional Tips for Mentors or Peers:

- Be flexible and understanding about deadlines or participation.
- Avoid judgmental comments such as “other parents manage fine.”
- Offer practical help (e.g., sharing notes, covering a class, or flexible meeting times).
- Remind the parent that balancing academia and new parenthood is challenging but possible with support.
- Refer to professionals when signs of severe postpartum depression or anxiety appear.



## MENTAL HEALTH ISSUE 23: HARASSMENT OR DISCRIMINATION-RELATED STRESS

### 1. Scenario/ Case study: Aisha's Experience of Bias and Harassment on Campus

#### Background:

Aisha is a 22-year-old third-year student in Biomedical Sciences. She's active in a cultural society and recently joined a competitive lab module.

#### The Issue:

Over the semester, Aisha has faced repeated microaggressions ("Your English is so good for someone from there") and exclusion from group chats where lab partners coordinate. A teaching assistant made a joke about her headscarf during a practical. Since then, Aisha feels tense in labs, struggles to concentrate, and dreads classes tied to that team. She's sleeping poorly, experiencing headaches, and feels a constant knot of worry about "what might happen next."

#### Why the Silence?

- **Fear of retaliation:** Worried grades, references, or lab access could be affected if she speaks up.
- **Confidentiality concerns:** Unsure who will be told if she reports and whether she'll be believed.
- **Normalization of harm:** Friends suggest "that's just how they are," leaving her doubting her own reactions.
- **Practical barriers:** Doesn't know the difference between informal support and formal complaints, or where to start.

#### Consequences:

- Avoids labs where the TA is present; participation drops.
- Increased anxiety, irritability, and sleep disruption; frequent somatic stress (headaches, stomach aches).
- Social withdrawal from group work and societies.
- Thoughts of switching programmes or leaving university.

#### Potential Interventions (if addressed early):

- **Bystander action & allyship:** Peers and staff name the behaviour, offer support, and redirect harmful comments.
- **Trauma-informed check-ins:** MHFA-aware staff privately ask how she's doing and outline confidential options.
- **Clear pathways to help:** Visible routes to counselling, equality/Title IX or EDI offices, ombudsperson, and academic adjustments.
- **Safety planning & academic flexibility:** Temporary group changes, alternative demonstrators, or extensions while support is arranged.

- **Culture change:** Regular training on anti-discrimination, inclusive labs, and reporting transparency.

**Reflection:**

Aisha's case shows how harassment and discrimination erode safety, learning, and belonging. Early, empathetic support and trusted, transparent processes reduce harm and help students re-engage.

## 2. First Steps

### First Steps to Address Harassment- or Discrimination-Related Stress in Academia

1. **Acknowledge and Normalise the Experience**
  - What happened is not your fault; your reactions are understandable and valid.
2. **Open a Safe Dialogue**
  - Choose a private space; speak with someone who can listen without judgment (mentor, tutor, counsellor).
3. **Learn and Dispel Myths**
  - Harassment can be verbal, nonverbal, or digital; discrimination can be direct or systemic. Microaggressions matter.
4. **Access Professional Support Early**
  - Book counselling; contact the Equality/Title IX or EDI office; consider the ombudsperson or student advice service.
5. **Practice Coping and Safety Skills**
  - Grounding/breathing techniques; identify safer study spaces and trusted allies in problem settings.
6. **Build a Support Network**
  - Connect with identity-affirming groups, peer mentors, or staff advocates.
7. **Set Small, Realistic Goals**
  - Document one incident (date, time, what happened); attend one drop-in; identify one accommodation (e.g., group change).
8. **Challenge Stigma & Self-Blame**
  - Reframe "I'm overreacting" to "I'm responding to harm and deserve support."

*If symptoms escalate or suicidal thoughts emerge, immediate professional support via counselling services or crisis helplines should be sought.*

## 3. First Aid Checklist

### Mental Health First Aid Checklist for Supporting a Student Facing Harassment/Discrimination-Related Stress:

1. **Observe and Recognise Warning Signs**

- Withdrawal after specific classes/people, declining participation, visible distress, mentions of biased remarks, avoidance of certain spaces.
- 2. Approach with Empathy and Confidentiality**
    - Choose a private space. “I’ve noticed you seem tense after lab—would you like to talk?” Clarify confidentiality within safety limits.
  - 3. Encourage Open Communication**
    - Let them share at their pace; validate their experience; avoid minimising (“I’m sure they didn’t mean it”).
  - 4. Assess the Immediate Risk**
    - Ask about current safety, stalking/threats, or self-harm thoughts; follow crisis protocols if risk is disclosed.
  - 5. Provide Information & Resources**
    - Counselling, Equality/Title IX or EDI office, ombudsperson/student advice, security if safety concerns, academic adjustments; explain how to access confidentially.
    - Encourage saving messages/emails and noting dates/times if they choose to document.
  - 6. Encourage Help-Seeking & Self-Care**
    - Offer to help with first steps (e.g., walking together to counselling or an EDI drop-in); support rest, nutrition, movement.
  - 7. Follow Up**
    - Check in regularly; respect their choices and pace; avoid gossip or sharing details without consent.

## 4. Support Services & Apps

- **University Counselling Services** – confidential therapy and crisis support.
- **Equality/Title IX or EDI Office** – information on options, informal resolutions, and formal complaints.
- **Ombudsperson / Student Union Advice** – independent, confidential guidance.
- **Academic Advisors/Programme Leads** – discuss adjustments (group changes, tutor switches, deadlines).
- **Campus Security/Emergency Services** – for immediate safety concerns.
- **Peer Support & Identity-Based Societies** – empathy and community.
- **Digital Tools** – journaling, grounding, mindfulness apps; secure note-keeping for incident logs.
- **Crisis Helplines** – 24/7 national/international services.

## 5. Additional Tips

- Prioritise safety and autonomy; don’t pressure someone to report before they’re ready.
- Avoid victim-blaming; challenge biased remarks and “jokes.”
- Keep information confidential and share only on a need-to-know basis within safety limits.



## MindGuard

- Model inclusive, respectful language; address systemic issues through proper channels.
- Know your limits—signpost and refer to trained professionals when needed.

## MENTAL HEALTH ISSUE 24: CAREER/EMPLOYMENT ANXIETY

### 1. Scenario/ Case study: Eveline faces challenges with her career uncertainty while working as a postgraduate researcher

#### **Background:**

Eveline, a 26-year-old PhD candidate in Physics at the University of Groningen, began her academic journey with a clear sense of purpose. Over six years, she has dedicated herself to developing her academic profile by attending international conferences, publishing in reputable journals, teaching undergraduates, and forming connections with senior faculty. Her life has centred around her research and her identity as a “future academic.”

As she enters her final year, Eveline actively begins her job search but soon faces the harsh realities: limited tenure-track opportunities, intense competition, unclear application procedures, and the constant expectation of unpaid or underpaid work, such as postdoctoral fellowships and adjunct roles. She spends countless hours customising cover letters, updating CVs, and refining research statements, only to face silence or rejection. Meanwhile, she observes peers in more employable fields securing stable outside-academic roles. The transition from doctoral student to early-career professional, which once seemed a natural progression, now appears uncertain, lonely, and unstable.

#### **The Issue:**

Eveline’s career anxiety becomes persistent, overwhelming, and emotionally draining. She constantly questions, “What if I can’t find a job?” or “Have I wasted years of my life?” She obsessively checks job boards, rewrites her application materials late into the night, and then freezes when it’s time to submit. Her sleep worsens, her appetite becomes irregular, and she feels a constant tightness in her chest. These feelings go beyond a simple fear of losing her job; they embody a fear of losing her sense of self. Eveline has identified herself as “an academic,” and without that title or institutional connection, she feels uncertain about who she is.

Career uncertainty threatens not only her income but her sense of purpose, belonging, and self-esteem. She avoids discussing non-academic options with her supervisor, worried she’ll seem to be giving up. At the same time, she hesitates to meet with career services, fearing that exploring new paths might be seen as a sign of failure. As rejection emails pile up, she becomes increasingly isolated. Each rejection isn’t just a missed opportunity; it confirms her fears that she’s not enough.

#### **Why the problem persists?**

- Fear of seeming exposed or judged ungrateful: Eveline feels guilty about expressing her anxiety because others assume she's “lucky” to be in academia.
- Internalised identity collapse: She has built her sense of self around being an academic. Not securing a job feels like an existential threat rather than merely a career setback. Expressing doubt or anxiety seems like admitting defeat.
- Stigma surrounding leaving academia: Eveline has been subtly led to believe that leaving academia equates to “failing out.” She hesitates to pursue other careers, fearing judgment or losing her sense of purpose.



## MindGuard

- Isolation within academia: Eveline doesn't realise that her classmates and colleagues also share her feelings; they often remain silent. Everyone acts as if they're "fine," which reinforces her belief that she is alone in her fear and falling behind.
- Emotional avoidance: She refrains from naming her fears, believing it would make them more real. To prevent emotional collapse, she avoids career services and difficult conversations.

### Consequences:

- Physical strain and behavioural changes: Eveline suffers from sleep disturbances, persistent tension headaches, and concentration issues. This career-related uncertainty increases her stress levels, which in turn impacts her physical health and mental well-being.
- Emotional impact and cognitive difficulties: Her irritability increases as Eveline's confidence diminishes, leaving her feeling more frustrated and helpless. Without external validation such as job offers or interviews, she begins doubting her intelligence, work ethic, and the value of her entire academic journey. While non-academic jobs are available, Eveline refuses them due to a profound sense of loss and shame. Her fear of failure is concealed behind a loyalty to academia.
- Social and academic effects: Eveline emotionally withdraws from friends and colleagues, avoiding networking events and interviews because she fears underperforming. She begins isolating herself, especially from those she perceives as more "successful." Even minor setbacks, such as rejection emails, trigger intense distress or despair. Furthermore, anxiety affects her concentration on research and job applications.

### Potential Interventions (if addressed early):

- Peer-led support groups: Dedicated discussion spaces led by students trained in MHFA for postgraduates and early-career researchers to openly share their experiences, job market realities, fears, and failures without fearing judgment.
- Faculty training: Training academic staff to sensitively support students anxious about their careers and avoid reinforcing messages based solely on prestige or academic success.
- Skills workshops: Supporting students in exploring various career options, both academic and non-academic, without pressure, through a skill-based approach; Alleviating concerns about career development and employment; Helping students reshape their career narratives and identities beyond academic validation.
- Career counselling or career coaches: Guidance on a variety of career options both within and beyond academia, supporting job-seeking efforts to reduce emotional burnout.
- Alumni engagement with diverse paths: Talks and faculty openness to normalise alternative career paths; Highlighting graduates who have left academia to pursue fulfilling careers, inspiring students to broaden their understanding of success.

### Reflection:

Eveline's experience highlights the silent epidemic of career and employment anxiety among postgraduate students and early-career researchers. This anxiety extends beyond job applications to concerns about identity, survival, and existential uncertainty in a system that offers little clarity or safety. Unlike perfectionism or general anxiety, this distress is driven by systemic precarity and the emotional investment many students have in their academic journeys. When career anxiety is internalised as personal failure instead of recognising as a response to unstable systems, it becomes more dangerous. Addressing this issue in the long term requires institutional support, validation of

non-linear career pathways, and a shift from equating 'success' with academia to viewing it as sustainability.

## 2. First Steps

First steps to navigate career and employment anxiety:

- Name the anxiety without shame
  - It's okay to feel worried about your career, this doesn't mean you're ungrateful or failing.
  - You're not alone, many peers share similar doubts but rarely discuss them.
- Talk to someone safe
  - Peers and mentors: Sharing concerns with trusted colleagues can help break the silence.
  - Supervisors: Bring up career-related stress during supervision meetings; remember, this is a professional concern, not personal.
- Separate your identity from your CV
  - Keep in mind that you are broader than your research achievements or job position.
  - Engaging in journaling, therapy, or creative activities can assist you in reconnecting with your sense of identity beyond just achievements.
- Practice in self-care routines
  - Manage stress by engaging in exercise, getting enough rest, and participating in activities beyond your academic responsibilities.
  - Avoid burnout by establishing boundaries during your job search and taking regular breaks from constant comparison.
- Broaden your career imagination
  - Create a list of what you enjoy, what energises you, and what you're good at, beyond just job titles.
  - Recognise that academic routes are not the only valid or rewarding options.
  - Explore other fields such as policy, non-profits, consulting, or education where your skills are valuable.
  - Your skills are transferable, even if academia didn't explicitly teach you how to use them.
- Reconnect with purpose and core values
  - Think about work that feels meaningful to you, rather than just what appears impressive.
  - Let your passions steer your next steps, instead of fear.
- Concentrate on what is within your control
  - Set achievable weekly goals for job searching or applications.
  - Create a flexible career plan with multiple options.
- Seek professional support when needed
  - Schedule a session with a university career advisor for personalised guidance.
  - If anxiety causes physical symptoms, depression, or hopelessness, seek professional help.

## 3. First Aid Checklist

Mental health first aid checklist for supporting someone facing career and employment anxiety:

- Recognise the warning signs of career and employment anxiety
  - Physical signs include insomnia, digestive problems, and fatigue.
  - Obsessing over job searching or avoiding applications.
  - Anxiety when talking about future plans or job prospects.
  - Frequent worry about financial security, relocation, or leaving academia.
  - Self-critical comments like “I’m not good enough for this field” or “I’ll never find a job.”
  - Emotional distress following rejection.
  - Expression of hopelessness.
  - Isolation or avoidance from peers, events, or professional opportunities.
- Promote open dialogues without rushing to solve
  - Create a safe space to discuss insecurities, options, and fears without judgment.
  - Feel free to share your own career doubts or experiences if relevant.
  - Start conversations softly: “I understand this phase can be overwhelming. How are you managing the uncertainty?”
  - Instead of downplaying concerns (“It’ll be fine”), acknowledge and validate their fears.
- Offer to help with one concrete step
  - Encourage them to divide big career goals into smaller, achievable steps.
  - Acknowledge their resilience, adaptability, and willingness to self-reflect, not only their accomplishments.
  - Reviewing a CV, attending a career advisor meeting, or researching alternative career paths.
- Provide information and resources
  - Advise them to use university career services, counselling, and mentoring programmes.
  - Recommend online communities or job platforms tailored to their discipline.
  - Encourage exploring both academic and non-academic roles.
- Follow up with compassion care
  - Check in regularly: “How are you feeling about the job search lately?”
  - Offer ongoing support, especially after rejections or tough moments.
- Know when to refer
  - If career and employment anxiety cause physical symptoms or hopelessness, consider recommending professional help.
  - If there are indications of more serious issues, such as depression, burnout or self-harm, refer immediately to counselling services.

## 4. Support Services & Apps

Support services & tools for career/employment anxiety:

- Psychological counselling services from the Student Service Centre (SSC) - provide support for managing anxiety and rejection sensitivity.
- University Career Services - offer personalised support for job searches, interview preparation, and career changes.
- Academic advisors or mentors - share insights into job markets and their personal experiences.
- Courses and workshops from the Student Service Centre (SSC) - workshop on CV writing, enhancing LinkedIn profiles, and exploring non-academic career paths.



- MHFA peer support groups - provide safe environments to discuss career-related stress with peers.
- MHFA-trained faculty staff - guide students toward appropriate services; assist academic staff in recognising and addressing career and employment anxiety behaviours in students.
- Digital Tools:
  - Online UG student well-being page
  - Online self-support through the e-health platform Mirro, used by the UG. - an online way to access support and resources for mental health concerns. It includes self-help modules covering various relevant topics.
  - E-health programme from Caring Universities Consortium - a programme that helps university students improve mental well-being by supporting better sleep, reducing procrastination, boosting mood, increasing self-worth, and managing stress.
  - Local and national listening services in the Netherlands: All Ears Groningen, @ease Groningen, Frisse Gedachtes, and Alles Oké
  - Grip op je Dip: an informative Dutch website for young people who are feeling down.
  - TalkCampus: an anonymous global social media platform designed for students to interact globally with peers from different universities. It provides multilingual support, round-the-clock safeguarding and escalation, access to trained peer supporters and professional staff, and guidance to various valuable internal and external mental health resources.
  - LinkedIn Learning: offers professional career skills, productivity tips, networking strategies, and career exploration.
  - JobScan: a tool for optimising resumes for job applications.
  - Youper: supports journaling and emotional awareness during career transitions.
  - Calm or Insight Timer: provides mindfulness practices to cope with career-related stress.
  - Daylio: track emotional patterns during career transitions.
- General Practitioner (GP) / Mental healthcare services (GGZ) / Addiction Care Northern Netherlands (VNN) - local mental health services outside the UG in the Netherlands
- Emergency or crisis services situations - local and national services in the Netherlands for suicidal ideation or crisis situations, if career and employment anxiety escalates to a mental health crisis
  - crisis telephone helpline 0800-0113 in the Netherlands (Dutch 113 Suicide Prevention)
  - UG suicide prevention protocol 2021

## 5. Additional Tips

- Don't view academia as the sole route - fulfilment and impact can take many different forms.
- Normalise non-linear career paths - many successful individuals have followed unconventional routes.
- Redefine success - "What are your values? What kind of life do you aim to create?"
- Challenge shame - leaving academia or changing plans is not a failure. It means choosing sustainability.
- Promote a balanced sense of hope that is grounded in reality - "It's natural to worry, and you're doing your best."
- Pay attention to your body - Physical symptoms are often the initial sign that the stress is excessive.



## MindGuard

- Remain in contact - isolation can increase anxiety. Foster community rather than competition.



# MENTAL HEALTH ISSUE 25: DIGITAL OVERLOAD AND TECHNOSTRESS

## 1. Scenario/Case Study: Emma's Struggle with Digital Overload

### Background:

Emma is a 27-year-old PhD student in Computer Science. She spends long hours on her laptop conducting research, coding, and attending virtual meetings with supervisors and collaborators around the world. Her workload is intensified by online seminars, paper submissions, and constant notifications from academic platforms.

### The Issue:

Emma experiences growing anxiety, headaches, and difficulty focusing. She feels compelled to check emails and online platforms late at night, worried she might miss something important. Her constant connection to screens leaves her mentally and physically drained, often irritable, and unable to relax even during weekends.

### Why the Problem Persists:

- **Always-on culture:** Academic communication often expects immediate responses.
- **Perfectionism:** Emma believes that being constantly available equates to commitment and success.
- **Limited awareness:** She does not realise how continuous screen use harms her concentration and wellbeing.
- **Lack of boundaries:** Emma finds it difficult to disconnect from her work.

### Consequences:

- Sleep disruption and chronic fatigue.
- Decline in academic performance due to cognitive overload.
- Increased irritability and social withdrawal.
- Heightened risk of burnout or anxiety disorders.

### Potential Interventions (if addressed early):

- **Digital wellbeing workshops:** Teaching balance, screen management, and healthy online habits.
- **Offline breaks:** Encouraging scheduled screen-free hours or weekends.
- **Mindfulness and relaxation practices:** Breathing exercises, physical activity, or guided meditation.
- **Supervisor training:** Promoting respect for students' offline hours.
- **Time management support:** Helping prioritise essential digital tasks.

### Reflection:

Emma's case shows how digital overload can silently erode wellbeing in academia. Encouraging

boundaries, self-care, and mindful use of technology can help prevent technostress from developing into chronic mental health difficulties.

## 2. First Steps

First Steps to Manage Digital Overload and Promote Healthy Tech Use

- 1. Recognise the Effects of Digital Overuse**  
Understand that excessive screen time can affect both mental and physical health, leading to fatigue and anxiety.
- 2. Set Clear Digital Boundaries**  
Define offline hours, disable unnecessary notifications, and separate study spaces from rest areas.
- 3. Plan and Prioritise**  
Identify urgent tasks and delegate or postpone non-essential ones. Avoid multitasking whenever possible.
- 4. Schedule Regular Breaks**  
Adopt the 20-20-20 rule: every 20 minutes, look away from the screen for 20 seconds and move for at least 20 steps.
- 5. Engage in Mindfulness Practices**  
Incorporate short relaxation or breathing exercises during long digital sessions.
- 6. Seek Support and Open Dialogue**  
Discuss digital workload expectations with supervisors or peers and agree on reasonable communication patterns.
- 7. Reflect on Digital Habits**  
Keep track of online time and notice triggers for compulsive checking. Replace them with healthier offline routines.

## 3. First Aid Checklist

Mental Health First Aid Checklist for Supporting a Student Experiencing Digital Overload

### Recognise Early Signs

- Persistent fatigue and eye strain.
- Anxiety or irritability linked to online demands.
- Difficulty focusing or multitasking excessively.
- Inability to disconnect after working hours.

### Approach with Empathy and Care

- Initiate a private, friendly conversation: “You seem very busy online lately, how are you managing your workload?”
- Avoid judgement about digital habits.

### Encourage Open Discussion

- Listen actively about their pressures and expectations.

- Help normalise discussions about digital stress.

#### Assess Immediate Risk

- If anxiety, insomnia, or exhaustion are severe, suggest contacting counselling services.

#### Provide Resources

- Share information on mindfulness or digital wellbeing workshops.
- Recommend time-tracking apps or eye-care practices.

#### Encourage Balance

- Suggest regular offline breaks, social activities, or walks.
- Reinforce the importance of rest for sustained productivity.

#### Follow Up

- Check in periodically to ensure healthy digital routines are maintained.

## 4. Support Services & Apps

Support Services and Apps Students Can Access:

- **University Counselling Services** – support for digital stress and anxiety.
- **Digital Wellbeing Workshops** – managing screen time and online demands.
- **Mindfulness Apps** – Calm, Headspace, Insight Timer.
- **Focus Tools** – Forest, Freedom, or built-in device timers.
- **Peer Support Networks** – communities for sharing coping strategies.
- **Crisis Helplines** – for 24/7 emotional assistance.

## 5. Additional Tips

#### Additional Tips for Mentors, Peers, or Staff:

- Model healthy digital behaviour and respect offline hours.
- Encourage small, realistic changes rather than sudden disconnection.
- Remind students that rest enhances productivity and creativity.
- Avoid glorifying constant availability as a sign of success.
- Promote awareness campaigns about digital wellbeing across campus.



# MENTAL HEALTH ISSUE 26: LOSS OF PURPOSE IN ACADEMIA

## 1. Scenario/Case Study: Liam's Struggle with Academic Purpose

### Background:

Liam is a 32-year-old early-career researcher in Environmental Science. Despite strong academic performance, he feels increasingly uncertain about his future. Short-term contracts, limited funding, and pressure to publish make him question whether an academic career is still meaningful.

### The Issue:

Liam feels detached from his work and struggles with low motivation. He procrastinates, avoids meetings, and finds it difficult to celebrate achievements. Although recognised by peers, he feels isolated and unfulfilled, often wondering whether continuing in academia is worth the effort.

### Why the Silence?

- **Precarious employment:** Temporary positions make open conversations about doubt feel risky.
- **Perfectionism:** Liam believes that questioning purpose is a weakness.
- **Isolation:** Career uncertainty is rarely discussed among colleagues.
- **Fear of stigma:** Admitting disillusionment may be perceived as failure.

### Consequences:

- Reduced engagement and loss of productivity.
- Heightened risk of depression and burnout.
- Strained relationships with colleagues and supervisors.
- Difficulty making long-term career decisions.

### Potential Interventions (if addressed early):

- **Mentorship programmes:** Linking early-career researchers with senior mentors.
- **Career reflection workshops:** Helping align personal values with professional goals.
- **Peer discussion groups:** Safe spaces to share experiences and career doubts.
- **Professional counselling:** Supporting emotional wellbeing and decision-making.
- **Exploration of career alternatives:** Encouraging skills transfer to non-academic sectors.

### Reflection:

Liam's experience illustrates how uncertainty and structural instability in academia can undermine purpose and wellbeing. By fostering open dialogue, mentorship, and proactive career guidance, institutions can help restore motivation and a sense of direction among students and staff.

## 2. First Steps

### First Steps to Rebuild Purpose and Motivation in Academia

- 1. Acknowledge and Normalise the Experience**  
Recognise that questioning career direction is common and does not indicate failure.
- 2. Reflect on Personal Values and Goals**  
Encourage exploration of what gives meaning to one's work and what long-term aspirations truly matter.
- 3. Seek Mentorship and Peer Connection**  
Find mentors or peers to discuss concerns openly and receive honest feedback and reassurance.
- 4. Set Realistic, Meaningful Goals**  
Focus on small, achievable objectives that provide a sense of progress and satisfaction.
- 5. Explore New Directions**  
Encourage attending workshops or career fairs to discover alternative professional pathways.
- 6. Practice Self-Compassion**  
Remind oneself that setbacks and doubt are part of growth, not signs of inadequacy.
- 7. Access Professional Support**  
Counselling can help manage emotional fatigue, clarify priorities, and develop coping strategies.

## 3. First Aid Checklist

### Mental Health First Aid Checklist for Supporting a Student or Researcher Experiencing Loss of Purpose

#### Recognise Early Signs

- Apathy and withdrawal from work or meetings.
- Procrastination or lack of motivation.
- Negative self-talk and expressions of futility.

#### Approach with Empathy

- Initiate a kind, private conversation: "You seem unsure about your work lately. Would you like to talk?"
- Avoid dismissive comments such as "everyone feels that way sometimes."

#### Encourage Honest Reflection

- Listen to their concerns and validate feelings of uncertainty.
- Help them identify sources of stress and possible changes.

#### Assess Immediate Risk

- If symptoms of depression or hopelessness are severe, encourage immediate professional help.

### Provide Resources

- Share information about counselling and career development services.
- Suggest mentoring or peer support networks.

### Encourage Gradual Progress

- Support them in setting small, purposeful goals.
- Reinforce positive changes and engagement.

### Follow Up

- Check in regularly to maintain connection and trust.

## 4. Support Services & Apps

Support Services and Apps Students Can Access:

- **University Career Services** – guidance and career planning.
- **Counselling Centres** – support for motivation and emotional wellbeing.
- **Peer Researcher Groups** – communities addressing shared challenges.
- **Professional Development Workshops** – on resilience, career transition, and skills.
- **Goal-Setting Apps** – Notion, Trello, or Habitica to track milestones.
- **Crisis Helplines** – for urgent mental health support.

## 5. Additional Tips

Additional Tips for Mentors, Peers, or Staff:

- Encourage open conversations about purpose and career uncertainty.
- Avoid minimising feelings of doubt or loss of motivation.
- Promote mentoring and professional growth opportunities.
- Acknowledge effort and small achievements to restore confidence.
- Foster a culture where purpose and wellbeing are prioritised over constant output.

## 10. Conclusion

The growing prevalence of mental health issues among university students and staff is no longer a marginal concern—it is a defining challenge for academic institutions across Europe. The evidence is clear: unaddressed mental health difficulties lead to poorer academic outcomes, greater dropout rates, reduced staff performance, and long-term personal and societal costs. As such, prevention must become a core element of higher education strategy, not a peripheral support service.

The MindGuard framework offers a proactive, participatory, and digitally empowered approach to this challenge. By integrating Virtual Reality (VR) into Mental Health First Aid (MHFA) training and embedding mental health literacy across the institutional culture, HEIs can shift from fragmented, reactive interventions to a cohesive model of early detection, empathy-building, and community support. Crucially, this guide emphasises that technology alone is not the solution—it must be coupled with inclusive practices, co-creation processes, and sustainable institutional structures that reinforce human connection, trust, and care.

Throughout this Guide, we have laid out five actionable steps to prevent mental health issues within academia—from building awareness and training staff, to sustaining efforts through monitoring and institutional integration. These steps are anchored in five core principles: inclusivity, accessibility, empowerment, complementarity, and sustainability. When implemented holistically, they offer a blueprint for universities to build resilient mental health ecosystems that support every member of the community.

Moreover, MindGuard recognises that preventative mental health strategies must go beyond pedagogy—they must be embedded in the lived realities of students and staff. This includes ensuring equitable access to digital tools, addressing digital literacy gaps, and preparing institutions for crisis response. It also requires a fundamental cultural shift: normalising mental health conversations, investing in continuous learning, and empowering students and staff to be active agents in their own and others' wellbeing.

As the academic landscape becomes increasingly diverse, digital, and dynamic, the role of HEIs in shaping the mental health of future generations cannot be overstated. The time to act is now.

We invite you—students, educators, administrators, and policy-makers—to use this guide not only as a manual, but as a starting point for transformation. Together, we can create academic environments that are not only intellectually rigorous but also emotionally safe, inclusive, and empowering.

By embedding mental health prevention into the heart of higher education, we are not just addressing a crisis—we are laying the foundation for healthier, more equitable societies across Europe.

## 11. References

Transnational report on the evaluation of the guide\_v.4 (all partners)

