

ESSUS 2018



6th ESSUS Conference

**“Health (risk) behavior of university students in times of
performance pressure**

Towards practical solutions”



This year's conference venue:

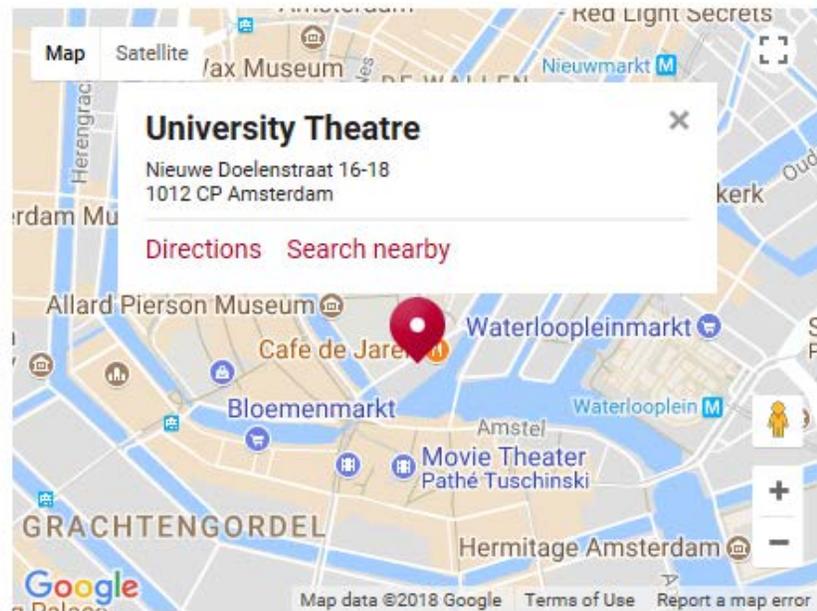


Nieuwe Doelenstraat 16-18
1012 CP Amsterdam
T: +31 (0)20 525 2997

University Theatre

Opening hours:

Mon - Fri: 8:00 - 18:00



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Welcome to the 6th ESSUS Conference !

“Health (risk) behavior of university students in times of performance pressure: Towards practical solutions

This year’s ESSUS will take place in Amsterdam, The Netherlands and is organized by the Student Health Service of the University of Amsterdam

We wish you have a very good an fruitful conference !

Organizing Committee

Peter Vonk and Claudia van der Heijde

Ester van Run, Laura van der Geest, Naomi Cook

This year’s Scientific Committee:

Prof. dr. Guido Van Hal, University of Antwerp, Belgium (Chair)

Dr. Claudia M. van der Heijde, University of Amsterdam, NL

Dr. John McAlaney, Bournemouth University , UK

Dr. Christiane Stock, Syddansk Universitet, Denmark

Dr. Joel Ladner, Université de Rouen, France

Key note: Psychological Mechanisms of Risk Taking in University Students



Prof. dr. Reinout Wiers,

Professor of Developmental Psychopathology, Department of Psychology and Honorary Faculty
Professor Faculty of Social and Behavioral Sciences, University of Amsterdam

Adolescents and emerging adults take more risks than other age groups. Two different theoretical accounts have been proposed to explain this phenomenon. First, dual process accounts attribute increased risk-taking to a combination of strong motivational and suboptimal cognitive control processes, which explain risky behaviors as irrational: young people know the risks of smoking, binge drinking and unsafe sex, but were overwhelmed by salient stimuli and could not control themselves. The alternative account views risky behaviors as goal-directed, with (long-term) health goals being less important than developmental goals related to the age, such as making friends, finding a partner, etc. I will argue that risk taking in university students is typically better understood by the second mechanism, and discuss implications for interventions.

Key note: Promoting mental health of college students: the "Caring Universities" international endeavour



Eirini Karyotaki, Ph.D.

Postdoc researcher at the department of Clinical Psychology, VU Amsterdam.

Most of the mental disorders have their peak onset during college years. Young students face many challenges that may exacerbate current psychopathology or trigger the first onset of mental disorders. These disorders have profound negative effects on student's interpersonal relationships, academic functioning, physical health and labor perspectives. It is time for universities to play a role in improving college student wellbeing.

The WHO World Mental Health Surveys International College Student (WHO WMH-ICS) initiative is aimed at developing and implementing a system for improving resilience and mental well-being in college students. This is a multicomponent international initiative, which consists of epidemiological, effectiveness, and implementation research. The first part this initiative is an online survey assessing college students' mental health. All students in participating universities are invited to fill in this survey to assess wellbeing, mental health problems, and risk factors. This part of the initiative aims to build a large knowledge base for understanding mental health among students. The second part of this initiative is a series of internet-based interventions for mental health disorders, which aims at the promotion and prevention of mental health problems among students. Participating universities develop and test Internet-based interventions in randomized trials. The first pilot tests on such interventions, aimed at depression, anxiety and stress are currently being conducted. The third part of this initiative is the dissemination of evidence-based Internet interventions at universities. When interventions have been proven to be effective in the randomized trials they can be implemented at the university(-ies) and offered to students who are identified through the survey as in need for help. This initiative is now ongoing in several countries worldwide (e.g., Belgium, Germany, the Netherlands, and the United States), while more countries are expected to join this effort in the near future.

Intermezzo: My body is my scientist



Mariette Reineke

Stichting Verkering met Jezelf

A short interactive presentation by Mariette Reineke about how our body never lies. Our body is actually very intelligent, but do we listen to it?

We live in a world with many demands, expectations, ideals and beliefs, also when you are a student. Life can feel like a 24/7 pressure cooker. We make choices to medicate ourselves, like alcohol or food, so we don't have to feel that pressure and the tension that comes with it.

There are many times in the day that we override what our body communicates.

How often do you need to go to the toilet but then decide that something else is more important so you postpone your toilet visit?

How often do you feel tired in the evening but stay up late to watch tv or study?

When we ignore these signals, it causes tension in the body, which can lead to feelings of overwhelm, stress and eventually physical complaints or disease.

So what can we do to connect more to our bodies and listen to what it has to say?

Mariette will do a simple exercise that you can do in your chair (chair yoga) and present some simple tools how to connect more to the body and start having a relationship with yourself. With this presentation you will become more aware of your body.

Our body is not only our scientist, but also our marker of truth.

Mariette Reineke: freelance journalist, founder Stichting Verkering met Jezelf, coach, blogger

www.hearstorm.nl

www.verkeringmetjezelf.nl

<https://www.linkedin.com/in/mariettereineke/>

	Thursday 21th June
9.00	Registration, coffee , tea UvA Theater
9.30	Welcome, Director Student Health Services, Peter Vonk
	Mental health problems and substance (ab)use
9.45	Key note prof dr Reinout Wiers , University of Amsterdam, Psychological Mechanisms of Risk Taking in University Students
10.15	Association of alcohol use among Flemish students during class, study and exam period with membership in a student association, sports club or youth movement. Annelies Thienpondt, Ghent University
10.30	Alcohol and religion in Flemish university and college students: beyond belief? Guido Van Hal, University of Antwerp
10.45	Alcohol use in Flemish students: 'To be or not to be'... a bacchanal? Joris van Damme, Flemish expertise center on Alcohol and other Drug problems, Brussels
11.00	Tackling risky alcohol use in Flemish students: a vision Nina De Paepe' Flemish expertise center on Alcohol and other Drug problems, Brussels
11.15	Refreshment break
11.30	MindMates, Together our minds can achieve greater things Samira Akhtar (project manager MindMates, Student Health Centre KU Leuven),
11.45	The use of the AUDIT-C as an indicator of problematic alcohol use among university students in the Netherlands; Jannet de Jonge, Windesheim Zwolle
12.00	Mental wellbeing, stress and substance use in Flemish students. Veerle Soyez' Vrije Universiteit Brussel
12.15	Alcohol & drug policy targeting university students – Why & how? Martha de Jonge, Trimbos Institute, The Netherlands
12.30-1245	Discussion: moderator: Guido Van Hal
13.00-1415	Lunch
	Health behavior and wellbeing
14.30	Sleep problems among higher educational students, working towards solutions Monique van Weeren, Student Health Service, University of Amsterdam
14.45	Sexually Transmitted Diseases in university students Ive Talboom, general practitioner , KU Leuven, Belgium
15.00	Nutritional status and eating disorders among medical students from the Cluj-Napoca University centre: results of two cross-sectional surveys Irina Brumboiu, University of Medicine and Pharmacy, Cluj-Napoca, Romania
15.15	STI-testing among German, Hungarian and Austrian medical students: a multicenter study Henna Riemenschneider Technische Universität Dresden
15.45	Refreshment break
16.00	Addressing loneliness and associated health risks among university students Claudia van der Heijde, Student Health Service, University of Amsterdam
16.15	Talking about my problems? I handle them myself !' Marlise Huijzer, student UvA
16.30	Depression, anxiety and stress in university students in three European countries Joel Ladner, University of Rouen
16.45	Students under pressure: towards an integrated approach for student wellbeing Jolien Dopmeijer, Windesheim Zwolle
17.00-1715	Discussion: moderator: Christiane Stock
19.30	Dinner

	Friday 22th June
9.00	coffee , tea UvA Theater
9.45	Welcome Prof Guido Van Hal , University of Antwerp and founder ESSUS and committee chair
	Performance
10.00	Insights for a differential approach towards reducing study related stress Martin de Boer, HU Business School, Institute for Management and Commerce
10.15	Stimulant misuse among college and university students: results from a representative Flemish sample Sara De Bruyn, University of Antwerp
10.30	Refreshment break
10.45	Health and study outcomes in young adults who combine study and care Ingrid van Tienen, Vu University Amsterdam
11.00	Opinions of professionals with regard to (ab)use of methylphenidate amongst Dutch university students Carmel van den Berk, Student Health Service, University of Amsterdam
11.15	Discussion: moderator: Joel Ladner
11.30-1200	Intermezzo: My body is my scientist Mariette Reineke, Stichting Verkering met Jezelf
1230 -1345	Boat Lunch
	E-Health
14.00	Key note : Eirini Karyotaki, Vu University Amsterdam Promoting mental health of college students: the "Caring Universities" international endeavour
14.30	Recruiting students for an indicated depression and anxiety prevention program: What lesson can we learn from the Dutch ICare trial? Felix Bolinski, Vu University Amsterdam
14.45	What is the best way to deliver social norms messages to young people? Christiane Stock, University of Southern Denmark
15.00	Using technology to monitor, prevent and intervene – the development of BSmartaware to address digital addiction in University students John McAlaney, Bournemouth University
15.15	Refreshment break
15.30	STUFV (Students Party Safe): an online tool for students in Limburg Wannes Broux , CAD Limburg vzw
15.45	The UvAcare project - Examining the effectiveness of a guided and unguided web-based intervention for symptoms of depression and/or anxiety in undergraduate and graduate students: a randomized controlled trial. Eline Bol & Nine Wolters, University of Amsterdam
16.00	The current use and perceptions of E-sexual health regarding sexual dysfunctions Iris Bunte, Student Health Service, University of Amsterdam
16.15	Discussion: moderator: John McAlaney
17.00	Closing ceremony
17.30	Drinks

Mental health problems and substance (ab)use

Association of alcohol use among Flemish students during class, study and exam period with membership in a student association, sports club or youth movement.

Thienpondt, A.¹; Van Damme, J.²; Van Cauwenberg, J.¹; Rosiers, J.²; De Bruyn, S.³; Soyez, V.⁴; Sisk, M.⁵; Van Hal G.⁶ and Deforche, B.¹

¹ Department of Public Health, Ghent University, Ghent, Belgium

² Flemish expertise center on Alcohol and other Drugs, Brussels, Belgium

³ Department of Sociology, University of Antwerp, Antwerp, Belgium

⁴ Department of Clinical and Life Span Psychology, Free University of Brussels, Brussels, Belgium

⁵ Student Health Center, Catholic University of Leuven, Leuven, Belgium

⁶ Department of Epidemiology and Social Medicine, Social Epidemiology and Health Policy, University of Antwerp, Antwerp, Belgium

Background: Although US literature showed that alcohol abuse is higher among college/university students who are member of a student association, research in Europe is scarce. On the other hand, insight into the relationship between students' alcohol use and being member of a sports club or youth movement is currently missing. Although alcohol use among students is likely to vary in different periods of the academic year (e.g. lesson, study and exam periods), current research generally does not take this into account. Therefore, the aim of this study was to investigate the relationship between alcohol use (during lesson, study and exam period) among Flemish students and (board)membership of a student association, sports club or youth movement.

Methods: In 2017, all Flemish students were invited by their institutions (n=18) to participate in an online survey on substance use. This data (n=35.861 students; 21.5±2.7 years; 55,1% female) was used to examine associations between alcohol use (during class, study and exam period) and (board)membership (student association, sports club and youth movement) with linear regressions. Analyses were corrected for sex, age and living situation.

Results: During class period, there was a positive relation between alcohol use and being board member ($\beta=0.12$; $p<0.001$) or member of a student association ($\beta=0.03$; $p<0.001$), a sports club ($\beta=0.03$; $p<0.001$) or youth movement ($\beta=0.10$; $p<0.001$). During the study period, only being member of a youth movement was positively related to alcohol use ($\beta=0.02$; $p<0.001$). During the exam period, being board member of a student association ($\beta=0.02$; $p=0.02$) was positively related to alcohol use while being member of a sports club was negatively related with alcohol use ($\beta=-0.02$; $p=0.007$).

Conclusion: Results of this study suggest that student associations, sports clubs and youth movements might be important settings for strategies (f.e. motivational or skills-based interventions) preventing alcohol abuse among college/university students.

Alcohol and religion in Flemish university and college students: beyond belief?

Guido Van Hal¹, Joris Van Damme², Annelies Thienpondt³, Johan Rosiers², Sara De Bruyn⁴, Veerle Soyez⁵, Maura Sisk⁶, Stefan Van Dongen⁷, Benedicte Deforche³

1 Department of Epidemiology and Social Medicine, Social Epidemiology and Health Policy, University of Antwerp, Antwerp, Belgium

2 Flemish expertise center on Alcohol and other Drug problems, Brussels, Belgium

3 Department of Public Health, Ghent University, Ghent, Belgium

4 Department of Sociology, University of Antwerp, Antwerp, Belgium

5 Department of Clinical and Life Span Psychology, Vrije Universiteit Brussel, Brussels, Belgium

6 Student Health Center, Catholic University of Leuven, Leuven, Belgium

7 Department of Biology, University of Antwerp, Antwerp, Belgium

Background: Alcohol (ab)use and university and college students are often considered as a natural interwovenness. However, this viewpoint at least ignores the layered structure and complexity of the student group composition, which is far from being monolithic. For instance, it is obvious that differences in religion can be of great influence regarding one's alcohol use. Until now, however, there is a dearth of studies taking into account differences in religion as an influencing factor for alcohol use.

Methods: All Dutch speaking students in Flanders and Brussels were invited from March to April 2017 to an online survey on substance use through diverse media distributed by their institution. 35,221 students were included in the analyses (55.1% female; 75% below 24 years of age). Chi-square tests were performed with p-values of < 0.05 being considered as statistically significant.

Results: More than 97% of the respondents filled out the question about their religion (34,183/35,221), of which 13,485 Christians, 18,821 humanists, 838 Islamic students and 1,039 other (Jewish, Hindu, Buddhist or no religious belief). Only 31.6% of the Islamic students has ever drunk alcohol vs. 94.1 to 96.5% in other beliefs ($p < 0.001$). Only 25% of the Islamic students were at risk of problematic alcohol use (AUDIT-C) vs. 41 to 55% in other beliefs ($p < 0.001$). Of the Islamic students (last year alcohol users), 29% did binge drinking at least once in the last year, while this was between 47 and 60% for the other beliefs ($p < 0.001$).

Conclusion: According to these first results, it seems that Islamic students have a much lower prevalence of alcohol use and a much less risky alcohol behaviour compared to students with another belief. Maybe a positive deviance approach could be a useful strategy to lower the risky alcohol use behaviour in students with another than Islamic belief?

Alcohol use in Flemish students: ‘To be or not to be’... a bacchanal?

Joris Van Damme¹, Annelies Thienpondt², Johan Rosiers¹, Sara De Bruyn³, Veerle Soyez⁴, Maura Sisk⁵, Guido Van Hal⁶, Benedicte Deforche²

1 Flemish expertise center on Alcohol and other Drug problems, Brussels, Belgium

2 Department of Public Health, Ghent University, Ghent, Belgium

3 Department of Sociology, University of Antwerp, Antwerp, Belgium

4 Department of Clinical and Life Span Psychology, Vrije Universiteit Brussel, Brussels, Belgium

5 Student Health Center, Catholic University of Leuven, Leuven, Belgium

6 Department of Epidemiology and Social Medicine, Social Epidemiology and Health Policy, University of Antwerp, Antwerp, Belgium

Background: Alcohol use in higher education is commonly presented as a bacchanal in popular media. Earlier waves of the quadrennial Flemish student survey on substance had limited ability to add nuance to this picture. The most recent (fourth) wave investigated alcohol use in more detail, using a more diverse sample.

Methods: All Dutch speaking students in Flanders and Brussels were invited through diverse media from March to April 2017 to an online survey. 35,221 students (age \bar{x} : 21.5y; 55% female) were included in the analyses. Representativeness was enhanced through data weighting according to gender, age and institution. Associations were investigated using chi-square and independent sample t-test analyses.

Results: 93.9% drank alcohol in the past year. Consumption drops during study (63.5%) and exam periods (37.7%). Students drink 12.9 standard drinks/week during lesson weeks, and 3.0 and 2.6 standard drinks/week in study and exam periods. 63.0% drinks less than the norm for ‘acceptable drinking’ during lesson weeks (i.e., 10 standard drinks/week in Flanders), with an average of 3.3 standard drinks/week. Those exceeding this norm drink on average 29.2 standard drinks/week. Despite this majority of ‘acceptable’ drinkers, many students show risky drinking patterns: 51.3% has increased risk for problematic alcohol use (AUDIT-C), and 44.2% and 31.6% performs monthly in pre-drinking and binge drinking. Significant gender and living condition differences exist.

Conclusion: Alcohol use in Flemish higher education is a common practice, characterized by a minority of extreme heavy drinkers compared to a majority of moderate drinkers. Despite this majority, many students are at risk. Therefore, both universal and selective prevention methods are recommended. For example, universal programs promoting “healthy” consumption by increasing consumption awareness, peer care, good work-life balance..., while selective programs target, e.g., students that drink to cope with stress, by targeting stress factors and promoting healthy coping strategies.

Tackling risky alcohol use in Flemish students: a vision

Nina De Paepe¹, Joris Van Damme¹, Annelies Thienpondt², Johan Rosiers¹, Sara De Bruyn³, Veerle Soyez⁴, Maura Sisk⁵, Guido Van Hal⁶, Benedicte Deforche²

1 Flemish expertise center on Alcohol and other Drug problems, Brussels, Belgium

2 Department of Public Health, Ghent University, Ghent, Belgium

3 Department of Sociology, University of Antwerp, Antwerp, Belgium

4 Department of Clinical and Life Span Psychology, Vrije Universiteit Brussel, Brussels, Belgium

5 Student Health Center, Catholic University of Leuven, Leuven, Belgium

6 Department of Epidemiology and Social Medicine, Social Epidemiology and Health Policy, University of Antwerp, Antwerp, Belgium

Abstract

Background: Educational institutions are often the preferred setting for prevention of risky alcohol behaviour among students in higher education. Literature on the unique features and limitations of this setting is scarce but essential to plan and develop short and long term preventive actions.

Methods: In an effort to formulate a vision on tackling risky alcohol behaviour in Flemish students, insights from qualitative focus group sessions with health and policy stakeholders from 15 Flemish higher education institutions were used. This information was further amplified with an extensive literature search on determinants of alcohol use among students.

Results: Despite the importance of educational institutions as setting to implement interventions, a number of limitations should be considered: (1) in Flanders students spend limited time on college and university campuses and mainly consume alcohol in other contexts, which plead for a broader approach than only the educational context; (2) most students are full-grown, which limits the options and sometimes the willingness of institutions to intervene in alcohol use among students; (3) alcohol and illicit drug problems are one of the so many health-related problems institutions encounter. Moreover, these problems are often a secondary, underlying phenomena in help requests that institutions receive; (4) study curricula in higher education are very diverse, which makes the incorporation of alcohol topics into curricula more complex than, e.g., in obligatory education; (5) and educational institutions often have limited resources to develop and structurally implement preventive actions.

Conclusion: Within these barriers it is important to develop a framework for institutions that provide guidance in formulating policy measures tailored to their needs. Moreover institutions should be supported in implementing these policy measures. Preventive actions should also target other influential contexts (e.g., nightlife, family, leisure time) and need to be aligned. Finally, on student level both universal and selective prevention is recommended.

MindMates, Together our minds can achieve greater things.

Samira Akhtar (project manager MindMates, Student Health Centre KU Leuven)

Dirk Monsieur (Coordinator of Student Health Centre KU Leuven)

Professor Ronny Bruffaerts and Philippe Mortier (KU Leuven)

Introduction: In their transition from adolescence to adulthood, students are faced with many challenges on an intellectual, social and personal level. Longitudinal research at the KU Leuven shows a high and persistent prevalence of emotional problems and mental disorders as well as suicidal behaviour among KU Leuven students. Help-seeking behaviour on the other hand is low. If a student seeks help, family, friends and peers are the first to be consulted. The university context is therefore an ideal setting to implement a solid prevention policy. Embedded in a long tradition of care regarding students at the KU Leuven, the Student Health Centre designed a prevention project called MindMates. The goal is to improve mental health in our student population by reinforcing the protective factors and reducing the risk factors.

Methods: MindMates offers a theory-based and science-based holistic range of interventions going from health promotion and information, skills training packages for students and gatekeepers to peer support. There is a strong link with curation. The project is scientifically monitored.

Results: The interventions are frequently consulted and used by KU Leuven students. Since the start of the project nearly 70 000 visitors consulted the homepage of the MindMates website, 461 students followed the skills training package and 72 students asked to start up peer support offered by a fellow student. Through the skills training of 175 gatekeepers we reached again approximately 8000 students. The evaluation of the skills training packages by participants are promising. The frequent use of MindMates-interventions show a growth of mental health literacy as well as help-seeking behaviour among young adults. We also notice a growth in intake conversations with psychologists at the Student Health Centre since the start of the project.

Conclusions: With MindMates the Student Health Centre is on top of the current growing emphasis in health care on prevention, empowerment, and the improvement of mental health for the individual student but also for the university in its entirety.

The use of the AUDIT-C as an indicator of problematic alcohol use among university students in the Netherlands

Sanne Verhoog^{1*}, Jolien M. Dopmeijer, MSc^{2-5*§}, Claudia M. van der Heijde, PhD³, Jannet M. de Jonge, PhD², Peter Vonk, MD³, Rob H.L.M. Bovens, PhD⁴, Reinout W. Wiers, PhD⁵, Michiel R. de Boer⁶, Trynke Hoekstra⁶, Anton E. Kunst, PhD¹, Mirte A.G. Kuipers, PhD¹

* Shared first authorship.

¹Department of Public Health, Academic Medical Center, University of Amsterdam

²Department of Health and Welfare, Mental Healthcare and Society, Windesheim University of Applied Sciences, Zwolle

³Department of Research, Development and Prevention, Student Health Service, University of Amsterdam

⁴Tranzo, Scientific Center for Care and Welfare, University of Tilburg

⁵Addiction Development and Psychopathology (ADAPT-)lab, Department of Psychology, University of Amsterdam

⁶ Department of Health Sciences, Section Methodology and Applied Statistics, VU University Amsterdam

[§] Corresponding author: Jolien M. Dopmeijer, Department of Health and Welfare, Mental Healthcare and Society, Windesheim University of Applied Sciences, Zwolle

jm.dopmeijer@windesheim.nl

Background: There is increasing concern for problematic drinking among students in higher education. As drinking is part of the student culture students tend to develop hazardous drinking behaviors. Effective screening methods for student drinkers are needed to identify students at risk for alcohol use disorder. In the adult population the Alcohol Use Disorder Identification Test (AUDIT) or the short version, the AUDIT-C, is used for this screening. However, much less is known about how to specifically identify at risk students. This study set out to investigate to what extent the AUDIT-C instrument is feasible to identify problematic drinking students at risk for alcohol use disorder by determining the sensitivity and specificity for various cut-off points.

Methods: This study used cross-sectional data of health surveys from 5,401 students of a university and two schools for higher vocational education in the Netherlands. At first, problematic student drinkers were identified. Problematic drinking was defined as exceeding the recommended AUDIT cut-off of 11 for students. ROC curves, sensitivity, specificity, positive and negative predictive values for the AUDIT-C were calculated for different cut-off scores of the total sample and were stratified by age, gender and educational level. Additionally a sensitivity analysis was conducted to indicate potential cut-off scores of the AUDIT-C for the student population by comparison of the cut-off scores of the AUDIT.

Results: Twenty percent of students were problematic drinkers, defined by the AUDIT. Specificity increased with higher cut-off points of the AUDIT-C (>80% for cut-offs >7), while sensitivity decreased (<85% for cut-offs >8). Patterns were similar in all subgroups.

Conclusion: AUDIT-C seems feasible for use in a student population, at potential cut-off points 7 or 8 depending on gender. Although sensitivity and specificity outcomes were in balance, selection of cut-off points also depends on the importance of avoiding false-positives or false-negatives which may be determined by the intervention for which screening is applied.

Mental wellbeing, stress and substance use in Flemish students.

Veerle Soyez¹, Joris Van Damme², Annelies Thienpondt³, Johan Rosiers², Sara De Bruyn⁴, Maura Sisk⁵, Guido Van Hal⁶, Benedicte Deforche²

1 Department of Clinical and Life Span Psychology, Vrije Universiteit Brussel, Brussels, Belgium

2 Flemish expertise center on Alcohol and other Drug problems, Brussels, Belgium

3 Department of Public Health, Ghent University, Ghent, Belgium

4 Department of Sociology, University of Antwerp, Antwerp, Belgium

5 Student Health Center, Catholic University of Leuven, Leuven, Belgium

6 Department of Epidemiology and Social Medicine, Social Epidemiology and Health Policy, University of Antwerp, Antwerp, Belgium

Background: Adapting to higher education life can be extremely stressful for students as they have to cope with numerous academic and psychosocial adjustments. These requirements occur in an already crucial developmental period. More research is needed to study the mental health of college / university students and associations with their substance use.

Methods: All Dutch speaking students enrolled at a college or university in Flanders and Brussels were invited to participate in an online survey on substance use between March and April 2017. Data of 35,221 students were included in the analyses; 61.2% of them were women. The mean age of participants was 20,9 years old (SD= 2,30); 23,8% were first-year students and 30,8% was following an ‘individualized trajectory’. Data were weighed according to gender, age and institution to account for population distribution in Flemish students. Descriptive and bivariate analyses (χ^2 , T-tests, Spearman and Pearson correlations) were performed.

Results: 64,9% report at least one symptom of anxiousness or depression (GHQ-12) and 44,4% report multiple symptoms. The total CSSS (College Student Stress Scale) score in this study varied from 0 to 44 ($M= 15,5$). Generally spoken, (weak) associations were found between mental health variables and (problematic) use of different substances; strongest correlation was found total stress-score and problematic cannabis use ($r_s= 0,157$; $p < 0,001$). Use of stimulant medication for performance enhancement was higher among students with a lower well-being ($t(1329,679)=-7,255$, $p < 0,001$) or more stress ($t(1267,061)=-9,769$, $p < 0,001$). Associations were stronger for males compared to females, and for students living in student houses, compared to students living with their parent(s) or living independently.

Conclusion: Psychosocial services in higher education settings should consider help seeking for mental health problems as a gateway for substance (mis)use prevention. Specific subgroups need to be taken into consideration, such as students living in student house or males.

Alcohol & drug policy targeting university students – Why & how?

Trimbos-institute - Martha de Jonge mjonge@trimbos.nl

Introduction: Heavy drinking is common among large parts of the student population. Alcohol and drug use are related to mental health problems, loss of wellbeing and poor intellectual performance. This brings up the question what role universities can have in preventing heavy drinking. In this session we'll discuss grounds, chances and obstacles for student alcohol and drugs policies at universities.

Methods: The Trimbos-institute collected evidence and practice based knowledge on student drinking and alcohol prevention strategies and policies. In addition we interviewed over forty representatives of ten institutions for higher education.

Results: The interviews provided us with insights in chances and obstacles, as well as good practices and dilemma's universities encounter in preventing students from heavy drinking.

Compared to adults, the negative consequences of alcohol have even more of an impact on students as their brains are still developing. Moreover, their social setting changes when they start their academic education: they make new friends, they experience more freedom as well as more responsibilities and they are introduced to new drinking environments. This changing social context might encourage risky drinking habits. On the other hand it also provides for prevention opportunities. In a new environment people are open for new information and guidelines – in other words: there is a window of opportunity for alcohol and drug prevention programmes.

Components of such programs are education, restricting the availability of alcohol, understanding the signals of problem drinking, possibilities for early interventions, compliance with alcohol regulations, campus policy and cooperation with alcohol and drug experts.

Conclusion: Universities have reason as well as possibilities to influence student drinking. Implementation might be a challenge.

Health behavior and well-being

Sleep problems among higher educational students, working towards solutions

Van Weeren, M., Van der Heijde, C.M., Cohen, N. & Vonk

Introduction There is a growing recognition of the importance of sleep on our health and wellbeing. Partial sleep deprivation, or short sleep, is defined as sleep time less than 6 hours per night and this occurs regularly among students due to various aspects. Sleep problems are associated with several effects on health and a lower academic performance. This research aimed to obtain an improved perspective of sleep problems among higher educational students by gaining insight into causes and effects on health and academic performance of sleep problems. The corresponding research question was: *Do students in higher education experience sleeping problems and what are the causes and effects?*

Methods The design of this study was cross-sectional survey research. The sample consisted of 493 students attending higher education in Amsterdam (56.6% female, mean age 22.2, SD = 4.15). Several validated scales were used to measure concepts. Linear regression analysis was performed to test associations between factors in the individual and social level and sleep and to test associations of poor sleep with mental health, physical health and academic performance.

Results Poor sleep was significantly associated with sleep need ($p = 0.010$, $n = 456$), behavior ($p < 0.000$, $n = 410$) and psychology ($p = 0.002$, $n = 370$) in the individual level. In the social level, working in the evening/night ($p = 0.013$, $n = 244$), loneliness ($p = 0.002$, $n = 352$), satisfaction with social network ($p = 0.014$, $n = 352$), and the Chinese ethnicity ($p = 0.010$, $n = 493$) were significant predictors of poor sleep. For the concept physical health, having a sleep-related disorder was a significant predictor of poor sleep ($p = 0.003$, $n = 351$) and poor sleep was significant associated to a lower vitality ($p < 0.000$, $n = 349$). Additionally, drug use was a significant predictor of poor sleep and vice versa ($p = 0.013$, $n = 349$). Furthermore, poor sleep was a significant predictor of poor mental health ($p = 0.000$, $n = 347$). Last, poor sleep was significantly associated to academic performance in the current academic year ($p = 0.008$, $n = 347$) and study concentration ($p = 0.000$, $n = 312$).

Conclusion Several factors and effects have been identified to have a significant association to poor sleep in higher educational students. This improved insight can be used for exploring solutions to improve sleep among students.

Sexually Transmitted Diseases in university students

Ive Talboom, general practitioner , KU Leuven, Belgium

Background and aims: Sexually Transmitted Diseases (STD's) are widespread in a student population. Despite many informational campaigns and brochures, students are often still ignorant and don't seem to realize what risk they take in every single sexual contact.

Moreover, because some tests are not routinely done in general, particularly in the absence of symptoms, many infections remain undiagnosed and untreated with ongoing transmission as result.

It is the aim to examine the evolution of the incidence of pharyngeal and anorectal Chlamydia Trachomatis (CT) and Neisseria Gonorrhoea (NG) in a population of university students, since we started with the implementation of a more accurate screening in 2013 : In every STD consultation, we make an assessment of an individual's personal risk based on behavioral factors.

Methods: In a retrospective investigation we analysed the incidence of extragenital CT and NG among our own patients, all university students of KU Leuven. Therefore, we collected all available information recorded in the medical files of our GP clinic during the last 5 years. Yearly, approximately 6500 students consult our student health center, on an average of 2 consultations per patient/year, and we test more and more for STD's (750 in 2014 to 1400 in 2017).

Results: We observed an increasing incidence of extragenital CT- and NG-infections (from 1 in 2014 to 6 in 2017 and from 1 in 2014 to 10 in 2017, respectively). All the NG-infections were found in men who have sex with men (MSM).

Conclusions : We advise other clinicians to screen according to a person's history of risk, and more specifically for CT and NG in genital as well as extra-genital sites, if there has been unprotected sexual intercourse. This involves a precise sexual history taking and examination, based on the type of sexual contact.

Nutritional status and eating disorders among medical students from the Cluj-Napoca University centre: results of two cross-sectional surveys

Irina Brumboiu^{1,2}, Irina Cazacu^{1,2}, Flavia Manole², Gautier Zunquin³, Porrovecchio Alessandro⁴, Peze Thierry³, Tavalacci Marie-Pierre⁵, Ladner Joel⁵

¹“Iuliu Hatieganu” University of Medicine and Pharmacy, Cluj-Napoca, Romania

²Cluj-Napoca Unit - The Network of International Francophone Clinical Epidemiology, Cluj-Napoca, Romania

³Université du Littoral Côte d'Opale - EA 7369 - URePSSS - Unité de Recherche Pluridisciplinaire Sport Santé Société, F-59383 Dunkerque, France

⁴University of Lille - EA 7369 - URePSSS - Unité de Recherche Pluridisciplinaire Sport Santé Société, F-59000 Lille, France

⁵Rouen University Hospital, Rouen, France; INSERM Unit 1073, School of Medicine, University of Rouen, Rouen, France

Introduction. The cardiovascular diseases are the leading cause of mortality in the Romanian population. Despite this, national preventive programs based on Romanian population characteristics are not being implemented. At the same time, the overweight among adolescents was recently identified as an early predictor for cardiovascular diseases. The aim of this work was the analysis of the results for the first two years of the multiannual survey on the nutritional status and the eating disorders among medical students, from the “Iuliu Hatieganu” University of Medicine and Pharmacy, Cluj-Napoca.

Methods. Two cross-sectional studies were conducted during the academic year periods 2015-2016 and 2016-2017. Data were collected through a self-administered questionnaire, and the statistics were descriptive and inferential.

Results. A total of 804 students were included in the present analysis, 222 students for the first sample and 582 for the second one. The average age was 21.5 ± 1.9 years, respectively 21.2 ± 3.2 years, both groups having a female predominance (sex ratio: 0.22, respectively 0.29). In both periods, the men students were significantly ($p < 0.01$) more overweight and obese (32.5%, respectively 30.8%) than women (6%, respectively 9.6%). The male gender (OR=5.9; OR=2.7), a low academic performance

(OR=7.2; OR=2.2), and the alcohol use as binge drinking (OR=3; OR=1.55) were the associated factors to overweight and obesity. The underweight nutritional status was associated with female gender

(OR=7.5; OR=6) and lack of sport practice (OR=3.1; OR=1.36). Eating disorders were detected in 25.7%, respectively 24.1% of students.

Conclusions. We found a consistently and constant nutritional status pattern, with the predominance of overweight and obesity among men and underweight among women medical students. The prevalence of eating disorders is present in a quarter of students and didn't affect the nutritional status during the students' lifetime. These study results will be presented to students' organizations, university administration and medical service, in order to implement specific policies on nutritional recommendations for medical students.

STI-testing among German, Hungarian and Austrian medical students: a multicenter study

Autoren: Henna Riemenschneider¹, Karen Voigt¹, Jeannine Schübel¹, Erika Balogh², András Terebessy³, Christian Vajda⁴, Jörg Schelling⁵, Stephan Fuchs⁶, Antje Bergmann¹

¹ Technische Universität Dresden, Germany

² University of Pécs, Hungary

³ Semmelweis University Budapest, Hungary

⁴ Medical University of Graz, Austria

⁵ Ludwig-Maximilians-Universität München, Germany

⁶ Martin-Luther-Universität Halle-Wittenberg, Germany

Aims and goals: In addition to condom use, testing for sexually transmitted infections (STI) is an important method to prevent STI. To protect own and partners health, but also based on an association between physicians' health behavior and patient consulting, medical students should be sensitized to STI prevention. We aimed to describe STI-testing among medical students as an indicator for sensitizing to STI prevention.

Methods: An anonymous and voluntary cross-sectional multicenter health survey was conducted among 1st, 3rd and 5th academic year medical students in Dresden, Munich, Halle, Graz, Budapest and Pécs in 2016 (n=3173). The analysis focuses on German (39.9% GE), Hungarian (34.8% HU) and Austrian (10.6% AU) students (n=2707).

Results: 4% (m/f n.s.) reported STI in lifetime (5% GE, 4% HU/2% AU, Z-test/p≤0.05). More male (33% vs. 23%, chi²-test/p≤0.001) and more AU (31% vs. 24% GE and 26% HU) were identified for risk group (≥2 partners in 12 months).

Many medical students never test themselves for STI: More AU (72%) vs. HU (65-66%) vs. GE (47-59%, Z-test/p≤0.05) reported testing "never" for chlamydia/gonorrhea/syphilis. Less GE (38%) reported "never HIV test" compared to HU (63%) and AU (58%) (Z-test/p≤0.05). More male than female reported testing "never" for chlamydia/gonorrhea/syphilis (67% vs. 51-61%, Z-tests/p≤0.05) and HIV (53% vs. 49%, n.s.).

"Regular testing" for STI was low (7% HIV/chlamydia, 3% gonorrhea/syphilis) but reported more among GE for all tests (Z-tests/p≤0.05). Significant gender differences were observed only for chlamydia-test (2% m vs. 10% f, Z-test/p≤0.05).

Only 4% reported HIV-test and 2% chlamydia/gonorrhea/syphilis-tests "when having a new partner" (m/f, n.s.).

Conclusions: STI-testing is seldom among medical students and sensitizing is needed. Clear recommendations regarding testing are needed and these must be made public among medical students but also among general practitioners and specialists.

Main message 1: Testing for STI among medical students is seldom in all study centers

Main message 2: More sensitizing to STI testing as a STI prevention method is needed

Addressing loneliness and associated health risks among university

CM Van Der Heijde - Student Health Service University of Amsterdam - Amsterdam, Netherlands

J Pijpers - Student Health Service University of Amsterdam - Amsterdam, Netherlands

R de Wildt - Liesveld - Vrije Universiteit Amsterdam - Amsterdam, Netherlands

P Vonk - Student Health Service University of Amsterdam - Amsterdam, Netherlands

Background: Loneliness is a significant risk factor for the development of both physical and psychological issues such as the development of depression and suicidal risk. University students are an upcoming risk group for loneliness in the Netherlands. However, studies that investigate loneliness in this specific population group is scarce. In order to establish effective interventions targeting loneliness, a better understanding of the mechanisms of loneliness among students is required.

Methods: The design of this study was a cross-sectional survey research. An online survey was distributed among university students attending various universities in the Netherlands. 481 students participated in the research. Mean age was 22.49 years (SD=2.87). 72% was female. Logistic regression analysis was performed to determine the association between loneliness and several potentially associated factors.

Results: 23% of the participants experienced severe feelings of loneliness. Factors predicting loneliness were homesickness (OR 1.06, 95% CI 1.01-1.1), negative self-image (OR 1.3, 95% CI 1.43-1.45), help-seeking behavior (OR 1.03, 95% CI 1.001-1.056), psychological problems (OR 1.8, 95% CI 1.01-3.3), and alcohol abuse (OR 1.75, 95% CI 1.1-2.8). Introversiveness was significantly and negatively associated with loneliness (OR 0.08, 95% CI 1.05-1.18).

Conclusions: Loneliness is complex subjective phenomenon that is hard to measure since it is highly determined by the way an individual evaluates his or her social network. However, this study indicated that homesickness, personality characteristics and health related factors are associated with loneliness. Awareness about these factors can be raised to address loneliness and associated factors, in order to make student life less lonely and decrease risks. Additionally, students can be informed about E-health applications that target loneliness.

‘Talking about my problems? I handle them myself !’

Marlise Huijzer, University of Amsterdam

Many students have serious mental health problems. The main focus of this research is talking about mental health problems by young adult students within the social context of the university. The question that is answered in this interdisciplinary research is: ‘What determines whether or not young adult students discuss mental health problems within the context of the university?’ In this qualitative research, students from various Dutch universities were interviewed.

The results of this research show that students’ personal expectations, social contact and the prevailing social norms of the university help determine whether students discuss mental health problems. Students have a positive expectation of a conversation and the consequences of a conversation about these problems. Although this positive expectation of talking about mental health problems dominates, there are still students who indicate that they do not talk about mental health problems. Three reasons are distinguished for this. First, a student can have negative experiences and expectations of talking about mental health problems. Secondly, students have less in-depth contact with fellow students. The social network of students has generally increased, especially with many different and irregular contacts. Thirdly, students can attach value or experience the norm to resolve issues individually because of the standards of the university and the characteristics of the life phase of students.

In conclusion, students have overall a positive idea about talking with other students about mental health problems. Because of the social norms in university, the life-phase they are in and their personal expectations, many students will try to find a solution themselves instead of talk about it with others. Recommendations for university, education, teachers and students are creating space for discussing mental health problems and creating greater awareness about current standards within the academic community.

Depression, anxiety and stress in university students in three European countries

Ladner Joel^{1, 2}, Habibirwe P³, Porovecchio S⁴, Bramboiu E⁵, Ciobanu E⁶, Croitoru C⁵, Cazacu I⁶, Peze T⁴, Tavalacci MP^{2, 3}

1 - Epidemiology and Health Promotion Department, Rouen University Hospital.

2 - INSERM Unit 1073, University of Rouen, France

3 - CIC 1404, Rouen University Hospital, France

4 - EA 7369, ULCO, Dunkerque, France

5 - Epidemiology Department, University of Medicine, Cluj-Napoca, Romania

6 - Epidemiology Department, University of Medicine, Chisinau, Moldavia

Objectives: The objective of the study was to determine the prevalence and associated factors with depression, anxiety and stress among college students from three European countries: France, Romania and Republic of Moldavia.

Methods: From September 2016 to March 2017, a cross-sectional study was conducted in university students in France (3 universities: Opal Coast Littoral, Lille and Rouen), Romania (Cuj-Napoca) and Moldavia (Chisinau). A self-administered and anonymous questionnaire including DASS 21 was used to assess depressive, anxiety and stress. Socio demographic characteristics were also collected.

Results: A total of 2362 (1557 French, 268 Moldavian, 537 Rumanian) university students were included, with M:F ratio of 0.37, and a mean age of 21.6 (SD=3.1). The overall prevalence of depression, anxiety and stress was 36.4%, 44.8%, 34.8% respectively. The combination of depression, anxiety and stress was found higher in students from Republic of Moldavia 36.6%, 26.3% Romania and 19.5% France. The female gender was associated with depression (AOR=1.27, 95%CI=1.03-1.56), anxiety (AOR=1.63, 95%CI=1.34-1.99), stress (AOR=1.93, 95%CI=1.55-2.39). Health care curriculum was negatively associated with depression (AOR=0.62, 95%CI=0.47-0.83), anxiety (AOR=0.59, 95%CI=0.44-0.78), stress (AOR=0.59, 95%CI=0.44-0.80). Eating disorders was associated with depression (AOR=2.67, 95%CI= 2.18-3.28), anxiety (AOR=2.49, 95%CI=2.02-3.06), and stress (AOR=2.30, 95%CI=1.88-2.82).

Conclusion: This study highlights various prevalence of depression, anxiety and stress according the country and also the curriculum. There is a pressing need to prioritize mental health of university students through the national public health policies.

Students under pressure: towards an integrated approach for student wellbeing

Jolien Dopmeijer, MSc¹, Jannet de Jonge, PhD¹, Rob Bovens, PhD², Rutger Kappe, PhD³, Nikkie Gubbels, MSc³, Peter Vonk, MD⁴, Claudia van der Heijde, PhD⁴, Reinout Wiers, PhD⁵

¹Department of Health and Welfare, Mental Healthcare and Society, Windesheim University of Applied Sciences, Zwolle

²Tranzo, Scientific Center for Care and Welfare, University of Tilburg

³Department of Education and Innovation, Research group Study Success, Inholland University of Applied Sciences

⁴Department of Research, Development and Prevention, Student Health Service, University of Amsterdam

⁵Addiction Development and Psychopathology (ADAPT-)lab, Department of Psychology, University of Amsterdam

Introduction: Finding balance between personal fulfilment and development on the one hand and adjusting to a demanding study environment on the other hand is a huge deal for many students in higher education. Often, this imbalance leads to psychosocial problems. This presentation gives insight into the nature and extent of students' psychosocial problems and probable causes.

Methods: During December 2017-March 2018 the Study Environment, Health and Study Success survey took place for the fifth time at Windesheim University of Applied Sciences. Students completed a questionnaire regarding symptoms of i.e. depression, anxiety, burnout, alcohol or substance misuse, suicidal ideation and behavior, performance pressure, caregiving and help-seeking behavior. Additionally, questions were asked concerning study environment and academic performance.

Results: The response rate was 18% (n=3134). Results showed many students with psychosocial problems. These problems were related to study delay and intention to withdrawal. Few students reported to seek help at school resources, most of them shared their issues with family, friends. They reported that stigma and feeling ashamed makes them avoid seeking help. Furthermore, students mentioned the demanding study environment and experienced performance pressure as reasons for help-avoiding behavior.

Conclusions: There's a need for an integrated approach for enhancing student wellbeing. Recently, a national Partnership for Student Wellbeing was established by a network of partners in higher education in the Netherlands. Their mission is to develop an integrated approach for enhancement of student wellbeing of all students in higher education. Their plan is based on five pillars concerning a broad scope of influential factors on student wellbeing, partially based on promising developments abroad. What can we learn from the UK, USA and Canada in our way to development of an integrated approach for student wellbeing?

Performance

Insights for a differential approach towards reducing study stress

Martin de Boer, HU Business School, Research Centre Innovation & Business, PO Box 85029, 3508 AA Utrecht, The Netherlands

Introduction

HU Business School is introducing a personalized learning environment in which students determine their personal learning goals and shape and optimize their personal study career. The courses offer options from which students can choose, such as level of competence they aim to achieve during the course and the support they need from coaches and expert tutors (Van der Ven et al., 2017). Learning in peer groups and receiving feedback from peers is an essential part of the learning process.

This approach is aimed to enhance the experience of autonomy, competence and relatedness which are important prerequisites for motivation, engagement and effectiveness of learning (Vansteenkiste et al., 2004). It also aims at developing the competence to shape lifelong learning and to develop personal talents. However, shaping one's own study career might offer a positive challenge and may even relieve study stress for some students but might pose sources of stress to other students.

In the following, we re-examine a model of motivational and personality differences among students from a previous study (de Boer et al. 2016) to assess sources of stress and find clues for the design of the personalized learning environment so that study stress can be minimized for all students.

Methods

In a previous paper, motivation, needs and attitude towards study were investigated among candidates of HU Business school (de Boer et al., 2016). We conducted interviews with students, lecturers and study career coaches and subsequently developed a questionnaire consisting of 52 statements about motivation, needs and attitude of students towards various aspects of study. A personality test (Van der Zee et al., 2000) and background questions (age, gender, previous education and cultural background) were also included. The questionnaire was completed by 1236 candidate students of HU Business School in May 2014. The response rate was 79%. Based on the motivation, needs and attitude statements a segmentation model consisting of four personas was derived using hierarchical cluster analysis (Ward's method). Subsequently the personas were profiled with the data from the background and personality questionnaires. A persona test consisting of 26 statements was developed, using logistic regression analysis. Interviews with students at the end of the first period of their propaedeutic year about their experiences with study, provided further insights into the four personas (de Boer et al., 2017). In the present paper we re-examine the personas with regard to stress students experience from study. Although the study didn't focus on study stress, specific statements from the questionnaire, the personality test and the interviews about study experience, combined with self-determination theory (Vansteenkiste et al., 2008, 2009), help us to see and understand differences in the experience of stress from study among the four personas. It needs to be emphasized that the study was conducted in the old classic setup of the study program with no options to plan one's own study career.

Results

The four personas differ markedly in quantity and quality of motivation, personality, their social and emotional needs and as a result their engagement in study. We can also see differences in the pressure and stress they experience from their study.

Carefree opportunists have low (autonomous and controlled) motivation and have poor planning capabilities and discipline. However, they are optimistic and carefree and therefore they don't feel much pressure or stress from study. *Carefree opportunists* need a focus on discipline that should be coached by the tutor in order for them to be successful in the personalized learning environment.

Calculating consumers have a low autonomous motivation, combined with a high controlled motivation. They don't enjoy study and feel a pressure to obtain a degree. Due to their poor planning capabilities, poor self-discipline and poor self-confidence, they experience study-stress.

They need help to set their own goals in order to enhance their motivation and engagement, and they need support with planning. They need more triggers and incentives from the School to become motivated and engaged and to develop personal learning goals. In this way they can become successful in the personalized learning system.

Dutiful team players have high autonomous and high controlled motivation. Although they have good self-discipline and planning capabilities and like their study, they experience study-stress because they feel they must do well. Although they like to work in teams, they experience stress because they feel responsible for the team result and consequently do all the work. Dutiful team players often feel comfortable with a more controlled environment because it reassures them and makes them feel more confident. For this group of students, study career coaching clearly needs attention in a personalized learning environment in order to prevent study stress.

Motivated self-developers have high autonomous and low controlled motivation and therefore they are qualitatively the best motivated students. They are ambitious and intrinsically motivated. They are selective in their study efforts and due to their good planning capabilities and self-discipline they are able to cope well with pressure from study. Motivated self-developers may find the new learning environment difficult but also challenging. They will adapt to the personalized learning system and enjoy independence and the increased responsibility.

Conclusions

The presented insights suggest that it will be fruitful to further explore and monitor the triggers and experience of study stress in the personalized learning environment, by incorporating study stress in more detail in the persona model. This will allow us to work out options in the personalized learning environment and a differential approach in coaching, so that study stress can be minimized for all students.

*Copies will be sent on request.

Stimulant misuse among college and university students: results from a representative Flemish sample

Sara De Bruyn¹, Joris Van Damme², Annelies Thienpondt³, Johan Rosiers², Veerle Soyez⁴, Maura Sisk⁵, Benedicte Deforche³, Guido Van Hal⁶

¹Department of Sociology, University of Antwerp, Antwerp, Belgium

²Flemish expertise center on Alcohol and other Drugs, Brussels, Belgium

³Department of Public Health, Ghent University, Ghent, Belgium

⁴Department of Clinical and Life Span Psychology, Vrije Universiteit Brussel, Brussels, Belgium

⁵Student Health Center, Catholic University of Leuven, Leuven, Belgium

⁶Department of Epidemiology and Social Medicine, Social Epidemiology and Health Policy, University of Antwerp, Antwerp, Belgium

Background: The misuse of prescription stimulants among students has become an important topic of debate in both public and scientific circles. Most studies have been executed in the US, indicating prevalence rates ranging from 5% to 35%, but questions remain on the magnitude of this public health problem in the Flemish academic context.

Methods: A questionnaire on substance use was sent to students from all Flemish colleges and universities in 2017. 35,221 students were included in the analyses. The data was weighted to account for the population distribution in gender, age and study institution. The weighted sample consists of 44.9% men and 55.1% women and has a mean age of 21.5. We performed descriptive and bivariate analyses to measure the prevalence and characteristics of stimulant misuse. Misuse was defined as the use of prescription stimulants for performance enhancement without any applicable diagnosis (e.g., ADHD).

Results: About 1 out of 12 students have ever misused prescription stimulants and 3.9% of the students misused the medication in the previous 12 months. More than 3 out of 4 students started misusing stimulants in college/university. About half of the students who misused the medication during the previous year, did this once a week or more during exam periods. However, only 1 in 3 students regularly experienced the desired effect. Students primarily acquired the medication from friends, general practitioners and parents. Stimulant misuse is more concentrated among men (compared to women) and among students living independently (compared to students living at home or in a student residence).

Conclusion: Prevalence rates are worrying but not as alarming as in the US. However, we believe action is required to avoid a potential similar evolution, especially since half of the students who have misused the medication, are demonstrating this behavior rather frequently, i.e. once a week or more during exams. As this behavior primarily occurs in stressful periods, students should be educated about how to deal with stress in a non-pharmaceutical way. Since this misuse generally starts during higher education, colleges and universities have a clear responsibility in addressing this issue.

Health and study outcomes in students who combine study and informal care giving

Ingrid van Tienen¹, Simone de Roos², Alice de Boer^{1,2}, Claudia van der Heijde³, Jolien Dopmeijer⁴, Peter Vonk³

1 Department of Sociology, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands

2 Sociaal en Cultureel Planbureau, The Hague, The Netherlands

3 Student Health Service of the University of Amsterdam, Amsterdam, The Netherlands

4 Hogeschool Windesheim, Zwolle, The Netherlands

A substantial part of young people has a sick relative, family member or friend. Amongst them is a group of young adults who combine going to college or university with caring responsibilities for a sick relative or friend. Very little is known about this particular group and the possible effects that this combination of tasks may have on their health and study progress. The purpose of this study was to take a closer look at the population of students and to investigate whether young adult carers differ in health and various study outcomes from students without caring tasks.

The data used for this study originated from the “Student Health Check” (2015/2016) by the Student Health Service of the University of Amsterdam (UvA), which is an ongoing online health survey among college and university students in Amsterdam with questions about physical and mental health (EK10, K6), (risk) behavior and study. The cleaned sample consisted of 4592 respondents, of which nearly 6% were defined as a student carer. The sample contained students from college (57%) and university (43%), there were more women (82%) than men (33%) and most of them (47%) were between the ages of 17 to 23. IBM SPSS was used to perform quantitative analysis on the data. The analysis consisted of bivariate and multivariate analysis (regression and logistic regression) on physical and mental health (depression and anxiety) problems and self-perceived average grade and study pace. All multivariate analysis were controlled for background characteristics, and study outcomes were also controlled for their average grade in high school.

The results show that physical problems, as well as mental problems, are significantly more reported among student carers as opposed to students without caregiving tasks. Furthermore they report a lower average grade as well as a lower study pace.

Student carers are at risk for health and study problems, as was also found in previous research by Dopmeijer (2018). From earlier studies it is known that professionals have difficulties in identifying this group. Also, student carers themselves are not inclined to seek help easily (or quickly?!). Therefore, we finish this contribution with different practical recommendations such as increasing the awareness among teachers, staff and carers themselves of the existence of young carers and of possible signals of overburden. By doing so, we hope schools can identify and support student carers when needed and prevent problems that are hard to overcome.

Opinions of professionals with regard to (ab)use of methylphenidate amongst Dutch university students

C Van den Berk - Student Health Service University of Amsterdam - Amsterdam, Netherlands

CM Van Der Heijde - Student Health Service University of Amsterdam - Amsterdam, Netherlands

M Donker - Vrije Universiteit Amsterdam - Amsterdam, Netherlands

P Vonk - Student Health Service University of Amsterdam - Amsterdam, Netherlands

Background: There is an increase in the prescriptions for Methylphenidate (MF) due to increased diagnostics of Attention Deficit (Hyperactivity) Disorder and the popularity of MF as cognitive enhancer. There is a growing number of students that abuse MF (without medical indication) to improve their academic performance. Long-term (side) effects of abuse are not yet known. This qualitative study reports on experiences and opinions of professionals, with regard to (legal) use and abuse of MF amongst university students. The obtained insights can lead to a better understanding and prevention of (ab)use of MF and better cooperation and consensus between professionals.

Method: Eight semi-structured interviews amongst three different professional domains (eg general practitioners, psychiatrists and student psychologists) are carried out. They are all working with students in Amsterdam. After data collection, the interviews were transcribed and analyzed using three types of coding (open, axial and selective).

Results: Six main themes emerged from the data: 1) impact of AD(H)D on the student, 2) role of society, 3) diagnosis, 4) prescribing medication according to guideline, 5) abuse of MF and 6) efficacy of MF according to professional. The variety of ideas about these sub-themes amongst the professionals was large, and could not be associated with the professional domains. GPs and psychiatrists are prescribers, but do not feel responsible for abuse of MF by students.

Conclusions: When trying to understand the diversity in opinions, we see that professionals vary with regard to understanding the problem of AD(H)D. Some think there is an increase as result of societal developments and increased academic pressure while others regard it as a biological phenomenon needing treatment. This difference in perspective strongly determines prescription behaviour and the definition of abuse of MF.

E-Health

Recruiting students for an indicated depression and anxiety prevention program: What lesson can we learn from the Dutch ICare trial?

Felix Bolinski^{1*}, Annet Kleiboer¹, Pim Cuijpers¹, David Daniel Ebert², Heleen Riper¹

¹ Faculty of Behavioural and Movement Sciences, Clinical Psychology, VU Amsterdam, The Netherlands

² Chair of Clinical Psychology and Psychotherapy FAU Erlangen; Germany

*Presenting author

Introduction: Students are an at-risk group for the development of common mental health disorders, such as depression and anxiety. In addition, they seem to be a group that is difficult to convince to seek help. We will present recruitment challenges and possible solutions for the ICare Prevent trial, testing an Internet-based intervention for the indicated prevention of depression and anxiety.

Method: We recruit through traditional print and targeted social media advertisements, we have approached university and student organisations, and we have purchased access to a research panel. Moreover, we have organized a student workshop to come up with creative ideas for recruitment.

Results: Inclusion is going slowly. Two major causal aspects have emerged. Firstly, students' mental health: of the 14 applicants who provided informed consent, 11 had to be excluded based on their symptom severity. Secondly, universities, students, and their representatives are mindful of privacy issues and protective of their data. Fear of stigmatization, weakness, and the creation of mental health profiles within the university is a recurring topic. As a result, one participant has been randomized since recruitment started in July 2017.

Discussion: Little is known about students' attitudes towards online mental health interventions. Feasibility studies addressing specifics of the recruitment process are needed. Moreover, streamlined strategies to inform stakeholders are needed to overcome issues of stigmatization and privacy issues. We aim to conduct focus groups and expand our inclusion criteria in order to reach the targeted sample size.

What is the best way to deliver social norms messages to young people?

Christiane Stock, Lotte Vallentin-Holbech, Unit for Health Promotion Research, University of Southern Denmark, Esbjerg, Denmark

Issue: Social norms messages strive to correct misperceived norms regards alcohol and other drug (AOD) use among peers in order to reduce own AOD use among young people. There is sparse research on how social norms messages should be best delivered in order to achieve the optimal impact on perceptions and behaviour of the target audiences. *The GOOD life* program was developed and tested in Danish schools and consists of three different social norms components: face-to-face communication (normative feedback session), print communication (posters) and interactive media (quiz type web application). This study aimed to compare young peoples' engagement and satisfaction with different ways to deliver social norms messages in schools.

Methods: The study comprised comprised 1355 pupils in 8th and 9th grade at 38 public schools in Southern Denmark who participated in the trial *The GOOD life*. Process evaluation data were collected with mixed methods based on a questionnaire on exposure to, satisfaction with and recall of the intervention messages plus 8 focus group interviews.

Results: The majority (82%) of pupils in the intervention group participated in the feedback session, and 54% reported having seen the posters, whereas only 33% accessed the web-application. Among pupils exposed to more intervention components and among those with high satisfaction with the feedback session, the intervention had an enhanced effect on reducing overestimation of peer lifetime binge drinking. High recall of the intervention messages resulted also in enhanced intervention effects. However, the number of posters being exposed to did not have an impact on the intervention effect.

Conclusions: Intervention components with the highest level of interactivity were most successful. Web applications should be more engaging than a simple quiz type. A higher dose of social norms messages led to a higher level of remembering and comprehension and to enhanced intervention effects. To reach best results campaigns should use more than one channel of delivery and should last long enough. Such knowledge on effectiveness of delivering social norms messages to adolescents is important information for drug prevention at the university, because such insight can inform social norms campaigns for students as well.

Using technology to monitor, prevent and intervene – the development of BSmartaware to address digital addiction in University students

John McAlaney and Raian Ali

Bournemouth University , UK

Introduction: The ubiquity of smartphone devices in young adult and student populations provides unique opportunities for monitoring and changing behaviour. These technologies also allow individuals to provide immediate feedback on the behaviour change strategies being used. This study describes the development of the BSmartaware software system that can be installed on smartphone devices as a tool by researchers and practitioners to develop, test and implement behaviour change strategies.

Methods: The methodology consisted of a series of diary studies, interviews and online reviews that focussed on apps that aim to reduce digital addiction. Content analysis was used throughout the studies. The first diary study consisted of 14 participants ranging from 18 – 50 years old recruited from a student population, who were asked to use three of the most popular commercial apps that are used to counter DA. Follow-up Interviews were then conducted with the participants to expand upon the comments that had been made in the diaries. In addition, 733 user reviews of the commercial apps were analysed to determine public views on such behaviour change software systems.

Results: It was evident from all studies that most users also had high and at times contradictory expectations for any such system. For example, participants did not wish the system to require effort on their part to maintain but also wanted complete control over the software. In addition to catch the attention of the individual most participants stated that the system must be engaging, and yet must do so in a way that is not distracting.

Conclusions: Software provides an opportunity to gain unique insights into student behaviour, and to intervene in an intelligent and automated way. The practical considerations will be discussed, along with the collaborative research opportunities that the BSmartaware software provides.

STUFV (Students Party Safe): an online tool for students in Limburg

Wannes Broux (Prevention worker, CAD Limburg vzw)

Introduction: Since five years there's a cooperation in the province of Limburg (Belgium) between the Centre for alcohol- and other drug problems Limburg, the student guidance and facilities and the municipalities involved. Together these partners form a steering group that focusses on sensitizing students regarding to alcohol and substance use. They came up with the idea of using the communication channels and social environment of students for their sensitizing messages.

Method: A random survey was launched, which looked at the interest and interpretation of a website focusing on a safer student nightlife. 1032 students responded (RR 6,7%). Focus groups were organized to specify the results. With that feedback, the steering group made a proposal for a website. This proposal was included in a student project in order to arrive at a finished product: stufv.be

Results: 77% of the students indicated that they were interested in such a website. The three things that they would prefer to see in the website are: Information about events, a module about getting home safely and first aid tips. From the gender specific results it can be determined that more women than men choose items that focus on safety and help.

An average of 29 people a week use the website stufv.be. Most people visit the website for the events (10%), followed by the facts (4,81%), first aid tips (4,76%) and q&a (4,25%).

Conclusions: A mobile website for students that focusses on a safer student nightlife is a supported idea. Students are searching for information and tips tailored to their social environment. Some students already use the website, but based on the numbers of the current use, there's still some work to do. In the autumn of 2018 the project will be further evaluated.

The UvAcare project - Examining the effectiveness of a guided and unguided web-based intervention for symptoms of depression and/or anxiety in undergraduate and graduate students: a randomized controlled trial.

Klein, A. M.,^{1,2} Bol, E. J. M.*¹, Wolters, N. E.*¹, Van Blom, J. J.¹, Van der Heijde, C. M.², Vonk, P.², Bolinski, F.³, Riper, H.³, Schneider, S.⁴, Rapee, R. M.⁵, & Wiers, R. W.¹ (*Submitting authors)

¹ Faculty of Social and Behavioral Sciences, Developmental Psychology, University of Amsterdam, The Netherlands

² Student Health Service, University of Amsterdam, The Netherlands

³ Faculty of Behavioural and Movement Sciences, Clinical Psychology, VU Amsterdam, The Netherlands

⁴ Clinical Child and Adolescent Psychology, Ruhr University Bochum, Germany

⁵ Faculty of Human Sciences, Psychology, MacQuarie University, Australia

Introduction: Mental health problems constitute a substantial burden in the university environment. Recent studies show that over a third of undergraduate students and almost twice as much graduate students report mental health problems (Levecque, et al., 2017; Zivin et al., 2009). Mental health problems are associated with physical, interpersonal, and cognitive impairments, affecting academic attainment (Danna & Griffin, 1999). Unfortunately, many students do not find the right help, despite of the available services (e.g., counsellors, psychologists). The long-term goal of this project is to increase the support for mental wellbeing of all undergraduate and graduate students at the University of Amsterdam (UvA) using modern technology. We will develop an online screening tool followed by personalised feedback. Additionally, we will use a transdiagnostic eHealth intervention to improve the mental wellbeing of students who experience depression and/or anxiety.

Methods: All undergraduate and graduate students of the UvA (approximately 37.400) will be invited for an online screening every year. Eleven hundred participants with symptoms of anxiety and/or depression will be randomly assigned to (1) a guided eHealth intervention, (2) an unguided eHealth intervention, or (3) treatment as usual. The intervention covers basic cognitive behavioural therapy principles to target symptoms of depression and anxiety (Bolinski et al., 2018). Primary outcome variables are depression and anxiety measures (self reported and clinician-rated). Secondary outcome variables include quality of life and self-reported academic achievement.

Discussion and conclusion: The proposed trial allows us to estimate the prevalence of various mental health problems in a university sample and to compare the costs and benefits of a guided/unguided programme specifically tailored for students. The use of eHealth interventions in university populations could provide an accessible means to address mental health complaints and improve the wellbeing of undergraduate and graduate students.

The current use and perceptions of E-sexual health regarding sexual dysfunctions

Bunte, I.A.A.¹, Van der Heijde, C.M.¹, Hilverda, M.D.² & , Vonk, P.¹

¹Department of Research, Development and Prevention, Student Health Service, University of Amsterdam, Amsterdam, The Netherlands

²Athena Institute for Research on Innovation and Communication, Vrije Universiteit, Amsterdam, The Netherlands

Background: the prevalence of sexual dysfunctions is high and people with a sexual dysfunction suffer from psychosocial effects. Those effects increase the risk of comorbidities such as depression, greater levels of anxiety and lower self-esteem. E-sexual health has a good potential for lowering help-seeking behaviour regarding those problems, but little is known about the practice of this intervention. Therefore the Student Health Service decided to conduct a research about the current use and perceptions of E-sexual health concerning sexual dysfunctions. The concepts of the Technology Acceptance Model (TAM) is used as a guiding principle to give answer to that question.

Methods: a total of 426 students (112 men, 314 women, M = 22 years) and 61 (17 men, 44 women, M = 42 years) healthcare providers conducted an online survey about the perceived usefulness, perceived ease of use, attitude, intention and actual use of E-sexual health. 295 Of the students also finished the questions about sexual dysfunction experiences. Multiple linear regressions are conducted to test the TAM for E-sexual health.

Results: the research results show that six out of eight hypothesis are supported, which indicated that the extended variables of the TAM can effectively predict whether students will adopt E-sexual health, $F(6, 316) = 17.13$, $R^2 = .25$ and $p < .001$, cannot predict whether healthcare providers will $F(3, 39) = 3.92$, $R^2 = .25$ and $p = .016$. The predictor for the actual use for healthcare providers was earlier experience with E-sexual health $\beta = .45$, $p = .005$.

Conclusions: although the clear predictors of E-sexual health use, it appeared that the current use and implementation of E-sexual health is much lower compared to other several E-health services. Further research is necessary to find out why and how healthcare providers can have easier access to it.

Dear colleagues,

The 6th ESSUS conference will be held at the University of Amsterdam from the 21st -22rd of June 2018. The theme of this sixth ESSUS conference of the ESSUS Network is “Health (risk) behavior of university students in times of performance pressure: Towards practical solutions” and will be organized and hosted by the Student Health Service of the University of Amsterdam.

Apologies for cross-posting. Please share this call with potentially interested colleagues

Join us in Amsterdam for the:

6th ESSUS Conference

**“Health (risk) behavior of university students in times of performance
pressure**

Towards practical solutions”

Call for Abstracts

21 - 22 June 2018

On behalf of the ESSUS Network:

Organized by the Student Health Service of the University of Amsterdam, Amsterdam, the Netherlands

**Deadline for abstract proposals: 1st
of May 2018**

Via studentenartsen@gmail.com

6th ESSUS Conference

**“Health (risk) behavior of university students in times of performance
pressure**

towards practical solutions”

Call for Abstracts

The 6th ESSUS conference welcomes all kinds of papers on the topic of Health (risk) behavior in university students. In particular, this year’s ESSUS conference will have a special focus on the present performance-based student culture and the increased pressures to succeed that students face nowadays. In the Netherlands, 3 out of 4 students feel emotionally exhausted. In other European countries students appear to have a similar experience. The use of social media has exploded and alcohol and drug (ab)use could be categorized as one way for students to ineffectively cope with their problems. We also want to point attention to E-Health interventions and other practical solutions that could be deployed for different student health (risk) (behavioral) problems.

A larger number of students report negative stress and /or burnouts, because of heightened levels of the need to perform academically, socially, career wise, financially, and that amidst the rise of the need to be successful and social media as tools for flaunting it. Not seeking help, especially for mental health problems, is common in the student population, with dangers of unnecessary aggravation of problems and serious repercussions on study performance.

In this 6th ESSUS conference we welcome contributions that address these problems and work towards solutions. Besides encouraging students to seek help at an earlier stage for their health -related problems , we could think of different initiatives to address these problems. Nowadays, E-Health offers a multitude of possibilities to target several health-related problems from interventions for beating depression, anxiety, and addictions to encouraging healthy behavior such as physical exercise or a healthy diet. The aim of the 6th ESSUS Conference is to offer a platform for scientists and practitioners who work with students to present innovative current scholarly work in the field, exchange good practices and to target potentially fruitful areas for future research that are unexplored.

Call for abstracts

For the 6th ESSUS Conference we invite participants to present their research on the above mentioned theme and its accompanying phenomena around the following conference subthemes:

Mental health problems and substance (ab)use

- Increase of stimulant drug use (methylphenidate, Ritalin, etc.) in university students.
- Designer or new drugs
- Suicide ideation
- How to identify and reach out to students with problems in an early stage
- PhD student stress and health
- International students stress and health

Health behavior

- Sleeping patterns and sleep problems in university students and effective solutions
- Sexual and reproductive behavior in university students
- Physical activity and sports and their impact on health and performance
- Healthy diet vs. eating disorders
- Behavioral Addictions and interventions (internet, shopping, gambling, etc.)
- Healthy coping strategies for students (Yoga, meditation, sports, etc.)

Performance

- Stress impact on performance
- Student engagement or burnout?
- Concentration difficulties in students
- Motivation, fear of failure, procrastination and organizing problems

E-Health

- Effective E-Health interventions and solutions for student mental health problems
- Effective E-Health interventions and solutions for student substance (ab)use problems
- Effective E-Health interventions and solutions for typical student problems (choosing contraceptives, dealing with solitude or low self-esteem, informal care, negative sexual experiences, etc.)
- Decision aids for student problems (contraceptives, recurrent bladder infections, etc.)

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Keynote Speaker: Reinout Wiers, Ph.D.

Prof. dr. Reinout Wiers is full professor of developmental psychopathology at the University of Amsterdam. He is internationally known for his work on implicit cognitive processes in addiction.

Keynote Speaker: Eirini Karyotaki, Ph.D.

Dr. Eirini Karyotaki is postdoctoral researcher at the department of Clinical Psychology, VU Amsterdam. She graduated with a thesis on Innovations in mental health care for adult depression. Currently she is coordinating a large-scale university project on college students' mental health: Caring Universities.

For more information about the program visit:

<http://www.essus.org/>

Important deadlines

1st of May: deadline abstract

submission 15th of May: abstract
acceptance

15th of June: deadline for registration

21st -22rd of June: conference

Call for abstracts

Abstract submissions are now being accepted for presentation at the 6th ESSUS conference “Health (risk) behavior of university students in times of performance pressure towards practical solutions” 2018.

For submitting the abstract please send an email containing the title, authors, institutions, and the abstract as a word document attached to: studentenartsen@gmail.com

Submission deadline: 1st May, 2018

Abstracts are limited to 300 words, including introduction, methods, results, conclusions.

Methodological abstracts can be composed of introduction, methods approach, critical discussion and conclusion. The submitting author is automatically listed as the contact author.

Conference fee: 150 €

Reduced conference fee for students: one day 25 €; two days 50 €

The conference fee covers admission to all sessions, refreshments during breaks and lunches. The fee does not cover additional costs such as social program, dinners, accommodation or travel costs.

Number of participants is limited.

We look forward to meeting you at the 6th ESSUS conference , 21-22 June 2017 in Amsterdam, The Netherlands. Save the date!

On behalf of the organizing committee of the ESSUS 2018 conference, and the ESSUS network

Warm regards,

Claudia Van der Heijde, PhD and Peter Vonk, MD Ester
van Run, Naomi Cook and Laura van der Geest

ESSUS 2018

