Agenda form Executive Board for the University Council

Discussion meeting	:	
Committee meeting	: November 27, 2019	**OOS**
Agenda issue	: University plan student well being	
Confidential	:	**Yes / no**
Attachment(s)	:	

Involved Service Department(s): CES Hans Oeloff signature: On behalf of SLO

Secretary General: signature: SLO

Responsible member Executive Board: Palstra signature: for SLO

1. Qualification/authority University Council: To inform

2. Previously discussed:

Name of forum: EB
Date of discussion: July 1, 2019
Outcome: positive advice to continue with developing the plan

Name of forum: UC-OW
Date of discussion: October 29, 2019
Outcome: The UC-OW recommends this plan to the EB as the start of a discussion, not the solution to the problem.

Name of forum: RvT
Date of discussion: November 2019
Outcome: Compliments for this plan. This plan contains good elements, but keep it simple. Provide an accessible access, for example a portal, where students without knowledge of the structures of the UT, can turn to for help with problems or for prevention. Make use of existing structures, such as the student introduction and TOM education. Take student well-being into account when shaping education and use the SU buddy system more effectively.

Involved Educational Platform(s): Platform Studiebegeleiding (asked advice), Platform International Affairs (asked advice), Student Union (asked advice, not only via PIA), Platform Wet- en Regelgeving (unasked advice)

3. Abstract on the subject:

According to NSE and International Student Barometer the University of Twente scores well both in education and facilities like student guidance.
As student wellbeing and mental health are receiving increased attention in the media and national discussion, a student wellbeing study was conducted for the first time in the spring of 2019.
As follow up, in the fall of 2019 the Executive Board decided to elaborate the existing University Plan Studying with Functional Impairment into an University Plan Student Well-being aimed at all students. UT-results confirm results of research among other populations on stress and burnout. The UT-study does give more insight in known underlying psychological factors related to stress and stress related disorders like stress mindset, loneliness, sense of belonging, intolerance of uncertainty,

resilience and FOMO (fear of missing out). The UT-study shows that all these factors are significantly related to stress, depression and anxiety and therefore can serve as input to further develop and professionalize UT-specific policy to prevent and -if necessary and possible within our scope of our guidance- treat mental health problems. Due to the dynamics of the current state of affairs, the University Plan Student Well-being will be "work in progress'". In this version an outline of the approach is given as well as the specific actions for the coming year.

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4. (Intended) decision Executive Board:

THE EXECUTIVE BOARD DECIDES

- that the University Plan Student Well-being 2019-2022 needs to be converted into a concrete project plan with clear actions and intended results and prioritization of the recommendations, and focusing on different target groups and also the various forms of substance use;
- that the next phase will be accommodated by CES and requests Oeloff to appoint a project manager and to convert the attached plan into a concrete project plan;
- to make the resources available as requested (see below) both for the project organization as for measures concerning the education programmes;

Requested resources	Coverage	Remains to be covered
K€35 out of pocket costs	CES wants to cover k10 from its own budget	**K€25**
0,5 fte project manager	CES wants to cover 0,2 fte from its own budget	**0,3 fte (k30)**
0,5 fte student psychologist	Already covered by the WSV funds	
0,5 fte student	CES wants to cover this from its own budget	
0,5 fte student advisor		**0,5 fte (k40)**
0,05 – 0,1 fte for each individual student advisor	The vice deans of education have been asked to cover this from their faculty budgets	
		K€95

- the concrete project plan as mentioned above will be submitted to the University Council for formal advice.

Secretary University Council: (to be filled out by Registry UC)
Discussed before with the UC?

- No
- Yes,
  Conclusion then:

Additional explanation:
(in case the Presidium/Registry believes that one of the above mentioned items needs additional explanation)

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.....

STUDENT WELLBEING: A CROSS-SECTIONAL SURVEY OF MENTAL HEALTH OF UT-STUDENTS

Date: 28-08-2019

Authors:

Dr. Saskia Kelders

Kira Oberschmidt

Prof. Dr. Ernst Bohlmeijer

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PREFACE

This report came into being as an initiative from the working group ‘Student stress’ under coordination of SACC. Based on both external and internal signals, the working group decided to investigate the issue of mental health in students. Towards this goal, a Bachelor thesis assignment was drafted and four Bachelor Psychology students were assigned to carry out this study under supervision of dr. Saskia Kelders. After data-collection, a small budget was made available by SACC for a student assistant to carry out data-analyses and write a draft of this report.

We would like to acknowledge the people that made this study and report possible:

The working group ‘Student stress’ for their input in setting up the study and their feedback earlier versions of the report:

- Anne-Marie Hoogland, policy officer SACC
- Carla Bruynel, diversity officer SACC
- Marieke Hofman, student advisor Technical Medicine
- Annemarie Slot, student psychologist

The students who carried out the data collection:

- Jonathan Laatsch
- Marie König
- Paula Friedrichs
- Leonie Reh

The ‘platform studiebegeleiding’ for their feedback on the set up of the study and preliminary results of the study.

And lastly Hans Oeloff (CES) who made available the budget for the student assistant.

Dr. Saskia Kelders

Kira Oberschmidt

Prof. dr. Ernst Bohlmeijer

MANAGEMENT SUMMARY

Student wellbeing and mental health are receiving increased attention in the media and national discussion. In order to assess the situation and the UT and give recommendations to improve student mental health, a student wellbeing study was conducted for the first time in the spring of 2019. The report gives insight into different aspects of students' mental health and shows which groups are at risk of developing mental health issues during their studies.
The most important findings are:

1. UT students' levels of perceived stress and depression and/ or anxiety are high; only around a fifth of students (19.2% of the sample and 20.6% based on extrapolation to the UT student population) do **not** experience at least mild depression or anxiety complaints.
2. Alcohol, drug and compulsive internet use are high in UT students.
3. Only a fraction of those that experience mental health issues has received some form of treatment in the past year.
4. Significant predictors for (dis)stress found in this study are resilience, stress mindset, intolerance of uncertainty, fear of missing out, loneliness and sense of belonging.
5. International students, women and students that identify as LGBT experience the most mental health issues.

Recommendations based on these findings:

1. **There is an urgent need for a preventive approach towards mental wellbeing**

This stepwise approach should:

- Teach all students ways to cope with stress and pressure
- Provide targeted preventive interventions for students who already experience some (dis)stress issues and/or students who score low on the identified predictors
- Minimize the number of students with moderate or severe mental health complaints, and provide easy access to professional help (e.g. supported by technology)

2. **There is a need for ongoing monitoring of mental health of UT-students**

Ongoing, longitudinal studies of the mental health of UT-students can provide us with more insight in the state of mental health of students over time, help us understand the mechanisms of why some students do and other students don't develop mental health issues, and can serve as a way to evaluate initiatives to improve student wellbeing.

3. **Attention for mental health and stress should be integrated in education**

A promising way to reach all students is to integrate attention to dealing with stress and improving mental health in regular education, e.g. as a form of academic skills as these are the skills that are needed for future professionals to succeed in an increasingly stressful and competitive world. To become the 'ultimate people first' University, this is an essential step to take.

4. **Focus on predictors of mental health issues such as resilience, stress mindset, intolerance of uncertainty, fear of missing out, loneliness and sense of belonging**

This study has confirmed some of the known predictors for (dis)stress and has shown that there is room for improvement on these factors. Research should be carried out to develop and evaluate low threshold interventions (with and without technology) that can be implemented at the UT.

5. **Specific attention should be given to identified at risk groups**

The study has identified different groups that report more mental health issues: females, international students, students who identify as LGBT and students who reported illness or disability that decreased their ability to study. Specific attention should be paid to support these at risk groups.

1. AIMS AND BACKGROUNDS OF THE STUDY

In the past years, there has been increasing attention in the Dutch public and in media about student wellbeing. This discussion was fuelled by, amongst others, the outcomes of a study into student mental health conducted at Hogeschool Windesheim (Dopmeijer, 2017). This study drew attention to the high burnout rates and low wellbeing in students. Previous research has found that lower student wellbeing can have a negative impact on their engagement and academic achievement (Lin & Huang, 2014; Schaufeli, Martinez, Pinto, Salanova, & Bakker, 2002). Therefore, the increase of wellbeing and prevention of mental illness in students is a very important topic.

As part of the activities of a working group on student wellbeing, led by Student Affairs Coaching and Counselling (SACC), a study has been set up and was carried out by Bachelor Psychology students under supervision of dr. Saskia Kelders. The goal of the current study was to get a clear picture of the mental health of students at the University of Twente. As no such study had been performed before, it was unknown how the situation at the UT compares to that described in national media (NOS, 2018; Sedee, 2018; Stoker, 2018; Van Dinther, 2018). A variety of aspects of student mental health were taken into account to give a broad overview of which factors may play a role in student wellbeing. The main aims of the study are as follows

1. To collect baseline measures of variables related to mental health– e.g. stress, depression and wellbeing in UT students.
2. To collect baseline measures for different possible predictors of these mental health variables.
3. To identify at risk groups within the UT student population based on demographic and study related characteristics.
4. To test hypotheses on the relationship between predictors, demographic variables and mental health outcomes.
5. To get insight into the counselling use and preferences of UT students.

The results of this study will be used as input for the action plan ‘student wellbeing’.

2. METHOD AND CONCEPTS

2.1 METHOD

The survey was open between April 5 and May 13, 2019. All UT students received an invitation via their student email address on April 5. The survey could be filled in on a desktop or mobile phone. It was expected that it would take the students roughly 20 minutes to finish the questionnaire. In practice, the median time participants took to fill in the survey was 25 minutes. Some participants only filled in part of the survey. However, all participants that finished a whole sub questionnaire were included in the analysis. Therefore, the number of participants sometimes differs between the questionnaires. At the end of the survey, participants were asked whether they would like to participate in a raffle, receive a summary of the results and/ or participate in a student panel.

Although the invitation to the survey was send to all students and it was emphasized that students who do not experience any mental health issues should also fill out the survey, it is likely that those students that have experienced mental health issues before are over-represented in the study. Nonetheless the results can give valuable insights, notably because of the substantial response, as roughly 15% of UT students filled in at least a substantial part of the survey. Response rates seem reasonably distributed among the faculties (see Table 1 and Appendix A for an extended overview of response rates per study program), with EEMCS having a somewhat higher response rate and ITC a substantially lower response rate.

Table 1. Response rates per faculty

Faculty	**N**	**Number of students, October 2018**	**Response rate (%)**
Behavioural, Management and Social Sciences (BMS)	433	3553	12.2%
Engineering Technology (ET)	334	2297	14.5%
Electrical Engineering, Mathematics and Computer Science (EEMCS)	458	2207	20.8
Science and Technology (TNW)	415	2536	16.3
Geo-Information Science and Earth Observation (ITC)	17	402	4.2
University College Twente (ATLAS)	25	138	18.1
Total	1682	11133	15.1

2.2 CONCEPTS

The main concepts that were investigated in this survey are (dis)stress and wellbeing, substance use, possible predictors of stress and wellbeing, and counselling experience and preference. These concepts will be discussed in more detail subsequently, together with a description of the corresponding sub-questionnaire.

2.2.1 Demographics

The questionnaire started with general demographic questions about the participants' age, gender, identification as LGBT (Lesbian, Gay, Bisexual and/or Transgender), nationality and religious belief. Then, study related demographic questions were asked about the study programs participants are currently enrolled in, their year of study, and whether they study fulltime or part-time. Lastly, participants were asked to estimate how much time they spend on sleeping, as well as different study related and private activities.

Demographic variable were included as it was expected that demographic factors influence students' wellbeing. International students often struggle with mental health for reasons like cultural differences or financial pressure (Chen, 1999; Mori, 2000). Secondly, studies have found that female students experience more stress and depression (Dixon & Kurpius, 2008; Misra, McKean, West, & Russo, 2000). Furthermore, LGBT students were also found to experience more stress and mental illness (Oswalt & Wyatt, 2011; Westefeld, Maples, Buford, & Taylor, 2001).

2.2.2 (Dis)stress and wellbeing

The concepts of (dis)stress and wellbeing consist of several aspects. These are stress, burnout, depression, anxiety, wellbeing and sleep. Each will be explained in more detail below.

2.2.2.1 Stress

Lazarus and Launier (1978) describe stress as the fit between a person and his or her environment. The better a person's abilities fit the tasks and challenges in their environment, the lower their stress levels are. When stress is defined, usually a distinction is made between distress, stress that is "*harmful and damaging*" and eustress, stress that is "*positive and beneficial*" (Ogden, 2012).

The perceived stress scale (PSS) by Cohen, Kamarck, and Mermelstein (1983) was used as a measure for stress. The 14 items of the scale are rated on a scale from 'Never' (0) to 'very often' (4). After reversing some of the items a total score is calculated. Higher levels of perceived stress are indicated by higher scores. In this study, a Cronbach alpha of .86 was found, which is in line with the Cronbach alpha of between .84 and .86 found by Cohen et al. (1983).

The PSS has been used in various studies with college students before (Deckro et al., 2002; Örücü & Demir, 2009). Especially for shorter periods of time, the test-retest reliability of the PSS is good (Lee, 2012). The PSS correlates highly with related variables like life event, depression or anxiety (Cohen et al., 1983; Lee, 2012).

2.2.2.2 Burnout

When a person experiences stress over a prolonged period of time, this is called a burnout (Vandereycken, Hoogduin, & Emmelkamp, 2012). Burnout is commonly defined based on its three dimensions – emotional exhaustion, cynicism and professional efficacy (Schaufeli et al., 2002).

The Maslach burnout inventory student scale (MBI-SS) (Schaufeli et al., 2002), which was used to measure burnout, consists of 15 questions. These are scored on a scale ranging from 'Never' (0) to 'Always' (6). For some questions, scores are reversed before the scores are calculated for the three subscales that correspond with the three dimensions of burnout mentioned above. The Cronbach alpha for the whole MBI-SS was .85 in this study, which is in between the Cronbach alpha of .76 and .98 found in other studies (Campos, Zucoloto, Bonafé, Jordani, & Maroco, 2011; Ilic, Todorovic, Jovanovic, & Ilic, 2017). For the subscales of emotional exhaustion and professional efficacy, the Cronbach alpha of .83 and .79 respectively were comparable as well, as other studies found a Cronbach alpha of .87 for the emotional exhaustion scale, and between .71 and .85 for the professional efficacy scale. Only the Cronbach alpha of the cynicism subscales was substantially lower than in other studies, .66 compared to .86 and .88 in the other studies.

The MBI-SS was specifically developed for the use in student populations. The scale has been found to show a negative correlation with engagement and to positively correlate with depression (Rostami, Abedi, Schaufeli, Ahmadi, & Sadeghi, 2014; Schaufeli et al., 2002). Lastly, the MBI-SS shows a good test-retest reliability (Campos et al., 2011; Rostami et al., 2014).

2.2.2.3 Depression

Depression is a mood disorder that is characterized by almost constant sombre mood and listlessness (Kessler, Berglund, & Demler, 2003). In order to speak of a major depressive disorder, "*distinct change of mood, characterized by sadness or irritability and accompanied by at least several psychophysiological changes*" need to be present (Belmaker & Agam, 2008)

Depression was measured with the brief patient health questionnaire mood scale (PHQ-9) (Kroenke, Spitzer, & Williams, 2001). This scale consists of nine questions that are scored on a scale from 'Not at all' (0) to 'Nearly every day' (3). Total scores fall into four categories, namely 'No depression' (0-4), 'Mild depression' (5-9), 'Moderate depression (10-14), 'Moderately severe depression (15-19) and 'Severe depression' (20-27). The Cronbach alpha of .84 was slightly lower than that of .89 found by Martin, Rief, Klaiberg, and Braehler (2006). However, the internal consistency in this study is still good.

The PHQ-9 has been validated in different student samples before (Adewuya, Ola, & Afolabi, 2006; Y. L. Zhang et al., 2013). The scale correlates with other depression and anxiety scales (Cameron, Crawford, Lawton, & Reid, 2008; Y. L. Zhang et al., 2013) and shows a good test-retest reliability (Adewuya et al., 2006; Kroenke et al., 2001).

2.2.2.4 Anxiety

The generalized anxiety disorder (GAD) is described as "*excessive, uncontrollable worry*" (Ruscio et al., 2017). Anxiety often occurs together with other mental disorders, most frequently there is a comorbidity with depression and other anxiety disorders.

Anxiety was measured with the brief measure for generalized anxiety disorder (GAD-7) (Spitzer, Kroenke, Williams, & Löwe, 2006). This scale consists of seven questions that are scored on a scale from 'Not at all' (0) to 'Nearly every day' (3). The total scores fall into four categories, 'Minimal anxiety' (0-4), 'Mild anxiety' (5-9), 'Moderate anxiety (10-14) and 'Severe anxiety' (15-21). The Cronbach alpha for the GAD-7 in this study was .88, while Spitzer et al. (2006) found a slightly higher value of .92 in their study.

Different studies in university students have used the GAD-7 (Choueiry et al., 2016; Han, Han, Luo, Jacobs, & Jean-Baptiste, 2013). The test-retest reliability of the scale is good (Spitzer et al., 2006). Correlation with other concepts like depression and resilience has been demonstrated in previous research (Löwe et al., 2008; Spitzer et al., 2006).

2.2.2.5 Wellbeing

Wellbeing plays a crucial role in the definition of health used by the World Health Organization (1948), which states that "*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*". Wellbeing itself has been described as "*the appraisals individuals make about the quality of their lives*" (Keyes et al., 2008). There are three dimensions of wellbeing that are distinguished in research, namely emotional, psychological and social wellbeing (Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2011).

The mental health continuum – short form (MHC-SF) (Keyes et al., 2008), that was used to measure wellbeing, consists of 14 questions. Items are measured on a scale ranging from 'never' (0) to 'every day' (5) and mean scores are calculated. Furthermore, mean scores for three subscales that correspond with the dimensions described above can be calculated. The Cronbach alpha in this study was.92, which is higher than that of .74 found by Keyes et al. (2008) but comparable to the Cronbach alpha of .89 found by Lamers et al. (2011). The Cronbach alpha for the scales of emotional, social and psychological wellbeing are .88, .80 and .85 respectively, while Lamers et al. (2011) found values of .83, .74 and .83.

The MHC-SF has been used in a student population before (Keyes et al., 2012). Wellbeing correlates with related variables like happiness or satisfaction with life (Lamers, Glas, Westerhof, & Bohlmeijer, 2012). The scale shows moderate test-retest reliability (Lamers et al., 2011).

2.2.2.6 Sleep

The most commonly mentioned symptoms of sleep problems are "*delay of sleep onset, difficulty staying asleep, or awakening too early*". Oftentimes, there is comorbidity between sleep problems and mental illnesses like depression or anxiety (Riemann, 2007). Therefore, sleep was also measured as one of the wellbeing concepts in this study.

A scale for the estimation of sleep problems by Jenkins, Stanton, Niemcryk, and Rose (1988) was used. This sleep problems questionnaire contains four questions that are scored on a scale ranging from 'Not at all' (0) to '22-31 days' (5). Higher total scores indicate more sleep problems. The Cronbach alpha of .77 found in this study is comparable to the .79 found by Jenkins et al. (1988).

The sleep problem scale correlates with related concepts like fatigue or depression and shows moderate test-retest reliability (Jenkins et al., 1988).

2.2.3 Substance use

The concept of substance use includes the use of alcohol, nicotine and several drugs as well as compulsive internet use.

2.2.3.1 Alcohol use

Alcohol use in general and heavy drinking specifically have been linked with many health risks (Saunders, Aasland, Babor, De la Fuente, & Grant, 1993).

A short form of the Alcohol Use Disorder Identification Test (AUDIT-C) (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998) was used to measure heavy drinking. The three items of this scale

are scored ranging from 0 to 4 points. The answer options differ per question. By summing up the points for each answer, a total score can be calculated. Higher scores indicate more alcohol use. To identify heavy drinkers, DeMartini and Carey (2012) suggest using a cut-off score of 5 for females and 7 for males.

The AUDIT-C has been evaluated in studies of college and high school students (Barry, Chaney, Stellefson, & Dodd, 2015; Rumpf, Wohlert, Freyer-Adam, Grothues, & Bischof, 2013) and good psychometric properties are reported (de Meneses-Gaya, Zuardi, Loureiro, & Crippa, 2009).

2.2.3.2 Drug use

No suitable questionnaire to measure drug use was found. Therefore, a question was set up for this survey. 13 substances were included, namely nicotine, cannabis, cocaine, MDMA/ Ecstasy, speed, heroin, opium, ketamine, LSD, mescaline, psilocybin, Chrystal meth and Ritalin/ Adderall. Participants were asked to rate how often they had used each substance, prescriptions excluded. Answers ranged from 'Never' (1) to 'Daily' (9).

2.2.3.3 Internet use

Compulsive internet use, which is also sometimes called internet addiction, is described as "*frequently stay[ing] online longer than intended and continu[ing] their online behavior despite knowledge of problems caused or aggravated by the use of the Internet*", and there are similarities between compulsive internet use and addictions (Meerkerk, Van Den Eijnden, Vermulst, & Garretsen, 2009). Students have been studies as one of the at-risk groups for internet addiction (Kuss, Griffiths, & Binder, 2013). Therefore, compulsive internet use was also included in this study to get more insight into the prevalence at the UT, and possible correlations with the other factors.

The compulsive internet use scale (CIUS) (Meerkerk et al., 2009) consist of 14 items that are scored on a scale from 'Never' (0) to 'Very often' (4). The Cronbach alpha was .90 in this study and between .89 and .90 in the study by Meerkerk et al. (2009).

The CIUS was used in student samples before (Li, O'Brien, Snyder, & Howard, 2015) and correlates with other scales of pathological internet use and social connectedness (McIntyre, Wiener, & Saliba, 2015; Meerkerk et al., 2009).

2.2.4 Predictors

Expected predictors of (dis)stress and wellbeing are resilience, stress mindset, uncertainty, fear of missing out, loneliness and sense of belonging. For each predictor, the expected effect on (dis)stress and wellbeing is described. In this case, wellbeing is used as a synonym for all the (dis)stress and wellbeing variables.

2.2.4.1 Resilience

The first factor that is expected to be related to student wellbeing is resilience. Various slightly different definitions of resilience are being used in research. Smith et al. (2008) describe the following definitions in their study: "*the ability to bounce back or recover from stress, to adapt to stressful circumstances, to not become ill despite significant adversity, and to function above the norm in spite of stress or adversity*". Keeping this in mind, it is expected that those with higher levels of resilience experience higher wellbeing, as they are able to adapt better and to overcome stressful situations more easily. This positive effect of resilience on wellbeing has been found in earlier research with students (Abolghasemi & Varaniyab, 2010; Dunn, Iglewicz, & Moutier, 2008; Grant & Kinman, 2012).

To measure resilience, the brief resilience scale (BRS) (Smith et al., 2008) was used. This scale consists of six items, that are scored on a 5 Likert scale ranging from 'strongly disagree' (1) to 'strongly agree' (5). Some items are reversely scored and then a mean score is calculated. Higher mean scores indicate higher resilience. In this study, a Cronbach alpha of .81 was found for the scale. This is comparable to the Cronbach alpha of between .80 and .91 that Smith et al. (2008) found for the different samples in their study.

The psychometric qualities of the BRS have been evaluated in student samples before and were found to be good (Amat et al., 2014). Correlations have been found between resilience and concepts like optimism and coping (Rodríguez-Rey, Alonso-Tapia, & Hernansaiz-Garrido, 2016; Smith et al., 2008). The test-retest reliability of the BRS is adequate (Rodríguez-Rey et al., 2016; Smith et al., 2008)

2.2.4.2 Stress Mindset

As it was mentioned before in the description of stress, stress does not have to be viewed as fully negative, but can be either harmful or beneficial. The concept of stress mindset relates to this twofold definition. As Crum, Salovey, and Achor (2013) describe it, the stress mindset can be either "*stress is enhancing*" or "*stress is debilitating*", meaning that people perceive stress to either have positive consequences for aspects like performance or growth, or to negatively impact those aspects. Therefore, those with a more positive stress mindset are expected to experience more wellbeing, as they see the enhancing possibilities of stress instead of expecting it to inhibit them. Similar results have been found in previous research (Crum, Akinola, Martin, & Fath, 2017; Crum et al., 2013).

Stress mindset was measured with the stress mindset measure (SMM) (Crum et al., 2013). This scale contains eight statements that participants are asked to rate on a scale from 'Strongly disagree' (0) to 'Strongly agree' (4). Scores for the negatively worded items are reversed and a mean score is calculated. The higher the mean score is, the more a participant beliefs in the "*stress is enhancing*" mindset. A Cronbach alpha of .80 was found in this study, which indicates good internal consistency, though it is slightly lower than the Cronbach alpha of .86 reported by Crum et al. (2013).

Student samples were used for parts of the development of the SMM, making it adequate to use in this population (Crum et al., 2013). Stress mindset was found to correlate with similar constructs like coping and appraisal of stress. The test-retest reliability of the SMM is adequate.

2.2.4.3 Uncertainty

Intolerance of uncertainty was defined by Carleton, Norton, and Asmundson (2007) as "*intolerance of the notion that negative events may occur and there is no definitive way of predicting such events*". Higher intolerance of uncertainty leads people to feel threatened in many situations, which in turn can cause stress and anxiety. Thus, participants with higher intolerance of uncertainty are expected to experience lower wellbeing. In earlier studies, intolerance of uncertainty has been linked to anxiety and depression (Butzer & Kuiper, 2006; Carleton et al., 2012).

A short version of the intolerance of uncertainty scale (IUS) (Carleton et al., 2007) was used as a measure for intolerance of uncertainty. The scale consists of 12 items that are scored on a scale ranging from 'Not at all characteristic of me' (1) to 'Entirely characteristic of me' (5). A sum of all answers is calculated, resulting in a possible score between 12 and 60. Higher levels of intolerance of uncertainty are indicated by higher scores. The Cronbach alpha of the scale was .89 both in this study, and the original study by Carleton et al. (2007).

The IUS was developed and validated in student samples (Buhr & Dugas, 2002; Carleton et al., 2007). Correlations between the IUS and related variables like depression or anxiety have been found (Buhr & Dugas, 2002; Norton, 2005). Test-retest reliability of the IUS is good (Buhr & Dugas, 2002; Carleton et al., 2007).

2.2.4.4 Fear of missing out

Przybylski, Murayama, DeHaan, and Gladwell (2013) describe fear of missing out as the "*pervasive apprehension that others might be having rewarding experiences from which one is absent*". In the current age of social media, people are more frequently reminded of what they might be missing out on, and was found to lead to stress and poor sleep, among other negative consequences (Riordan et al., 2018). Participants that experience higher levels of fear of missing out are therefore expected to experience lower wellbeing.

To measure fear of missing out, the fear of missing out scale by Riordan et al. (2018) was used. It contains one question that is scored on a scale from 'Definitely yes' (1) to 'Definitely not'(5), thus a higher score indicates lower fear of missing out.

The correlation between the single item scale and the 10-item FoMO scale is strong (Riordan et al., 2018). Furthermore, good test-retest reliability was found.

2.2.4.5 Loneliness

Loneliness is not merely the feeling of being alone, but "*feelings of isolation, feelings of disconnectedness, and feelings of not belonging*" also play a part in this concept (Hughes, Waite, Hawkley, & Cacioppo, 2004). It is expected that more loneliness is related to lower scores on the wellbeing variables, as previous studies have shown such an effect of loneliness on depression, stress and wellbeing (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; Shankar, Rafnsson, & Steptoe, 2015).

The short scale for measuring loneliness by Hughes et al. (2004) was used to determine loneliness in this study. The three items of the scale are scored from 'Hardly ever' (1) to 'Often' (3) and a mean score is calculated. Higher scores indicate higher loneliness. Hughes et al. (2004) found a Cronbach alpha of .72 in their study, while the internal consistency in this study was even higher with a Cronbach alpha of .81.

The scale was developed in a study with college students and is therefore suited to be used in this study. It correlates highly with other scales of loneliness and perceived stress and test-retest reliability is good (Cacioppo et al., 2006; Hughes et al., 2004).

2.2.4.6 Sense of belonging

Sense of belonging is part of the perceived cohesion within a group (Bollen & Hoyle, 1990). Lower levels of sense of belonging in college students were found to be related to dropping out of college (Hausmann, Schofield, & Woods, 2007). Higher levels of sense of belonging are therefore expected to be related to more wellbeing.

The sense of belonging subscale of the perceived cohesion scale by Bollen and Hoyle (1990) was used. This scale contains three items that are scored on scale ranging from 'Strongly disagree (0) to 'Neutral' (5) to 'Strongly agree' (10). A mean score is calculated, and higher scores indicate higher sense of belonging. The Cronbach alpha for the scale was .91 in this study and between .89 and .95 in previous research on the scale (Bollen & Hoyle, 1990; Hausmann et al., 2007; Hurtado & Carter, 1997).

The sense of belonging subscales was developed for the use in college students (Bollen & Hoyle, 1990). Sense of belonging correlates with academic activity and morale (Bollen & Hoyle, 1990; Hurtado & Carter, 1997).

2.2.5 Counselling

The survey also included questions about previous counselling and situations that might have impacted the participants' ability to study like illness or family circumstances, but also top sports or activism. At the end of the survey, participants were asked to rate whether they would seek help for mental health complaints through different channels at the UT.

2.3 DATA ANALYSIS

Descriptive statistics were used to illustrate the mean or total scores for the concepts explained above. Regression analysis was used to investigate the relationship between predictors and the (dis)stress and wellbeing variables. To illustrate the differences between groups, mean scores for the different variables were compared and an ANCOVA analysis was used to check whether these differences were significant after correcting for the predicting variables.

3. FINDINGS

3.1 DEMOGRAPHICS

In total, 2055 respondents started filling in the survey, of which 1245 answered all questions. On average, participants were 22 years old (minimum age 17, maximum age 48). In Table 2, gender, identification as LGBT (Lesbian, Gay, Bisexual and/or Transgender), religious belief and nationality are displayed. However, only the four most frequent nationalities are shown. The full table can be found in Appendix B. Moreover, Table 2 shows the frequencies of different study related factors, namely whether students study full- or part-time and in which year of their study they currently are. Comparing the gender and nationality distribution between this sample and the UT student population, the nationality distribution seems similar (70.5% Dutch based on the student numbers of 2018 vs 72.4% Dutch in this sample), but the current sample does have a higher percentage of females (45.7% in the sample compared to 35.6% in the UT population). Based on expected differences in mental health complaints between males and females, outcomes on depression and anxiety from this study will be extrapolated to the UT population by taking into account the difference in gender distribution (see section 3.2.3 and 3.2.4).

Table 2. Frequencies of demographic and study related characteristics

Gender	**N(%)**
Male	902 (53.6%)
Female	769 (45.7%)
Other	11 (0.7%)
LGBT	
Yes	168 (10%)
No	1464 (87%)
Prefer not to disclose	50 (3%)
Religious belief	
Atheist/ Agnostic/ Non-religious	1123 (66.8%)
Buddhism	13 (0.8%)
Christianity	374 (22.2%)
Hindu	54 (3.2%)
Islam	23 (1.4%)
Spirituality	45 (2.7%)
Other	50 (3%)
Nationality*	
Netherlands	1218 (72.4%)
Germany	174 (10.3%)
India	69 (4.1%)
Romania	19 (1.1%)
Fulltime or part-time student	
Fulltime	1638 (96.8%)
Part-time	50 (3%)
Year of study	
First year	375 (21.1%)
Second year	300 (17.7)
Third year	336 (19.9%)
Pre-Master	50 (1.8%)
Master	669 (39.5%)

*only the most frequently mentioned nationalities (> 1%) are displayed. An overview of all nationalities can be found in Appendix B.

Students spend an average of 38.4 hours per week on lectures, project meetings, tutorials, studying and other study related activities (n=887, minimum 0, maximum 120, standard deviation 15.4). 60.7% (n=538) spent 40 hours or less on studying each week, while 39.3% (n=349) spent more than 40 hours. Mentioned activities in the category ‘other’ were thesis and graduation work, self-study exercises, practicals, honours program, language courses and extra classes, internship and activism.

On average, students spend 4.8 hours per week on work (n=1533). However, 46.6% of participants do not work next to their studies (n=714). When only looking at the students that do work next to their studies, the average number of hours spend working per week is 9.0 (n=819). The number of students that work next to their studies is lower in this study than in a national survey of Dutch university students, were 64% work next to their studies (Van der Werf, Schonewille, & Stoof, 2017).

The participants reported spending an average of 2.6 hours per week on care for others (n=1296). When only students that do take care of others are taken into account, the average time spent rises to 5.3 hours per week (n=635). On average, the participants spent 1.8 hours on volunteering (n=1533). When only looking at those students that do volunteering work, the average number of hours spent per week is 5.0 (n=536).

Students were also asked about the occurrence of different situations that might have had an impact on their ability to study in the past year. The frequency for each situation is given below, in Table 3.

Table 3. Frequency for each situation that impacted ability to study.

Situation	N(%)
Illness	407 (24.2%)
Psychological problems	591 (35.1%)
Pregnancy or delivery	4 (0.2%)
Physical, sensory or other dysfunction	108 (6.4%)
Special family circumstance	321 (19.1%)
Recognized top level sports or top level arts	14 (0.8%)
Board position FOBOS cat. 2 (e.g study or sport organisation)	189 (11.2%)
Board position FOBOS cat. 3 (e.g. University Council, Student Union)	32 (1.9%)
Team member FOBOS cat. 4 (Twente Teams)	31 (1.8%)

3.2 (DIS)STRESS AND WELLBEING

Table 4 shows a summary of the (dis)stress and wellbeing variables. All concepts will be discussed in more detail below.

Table 4. Summary of the outcomes for the (dis)stress and wellbeing variables.

	Number of participants (n)	Mean	Minimum	Maximum	Range of the scale	Standard Deviation
Perceived Stress	1365	27.28	4	52	0-56	8.44
Burnout						
Exhaustion	1387	15.54	0	30	0-30	6.90
Cynicism	1387	8.88	0	24	0-30	5.24
Efficacy	1387	11.93	0	36	0-36	6.51
Depression	1381	8.68	0	27	0-27	5.52
Anxiety	1386	7.88	0	21	0-21	5.38
Wellbeing	1378	2.92	0	5	0-5	0.99
Emotional	1378	3.21	0	5	0-5	1.13
Social	1378	2.57	0	5	0-5	1.15
Psychological	1378	3.06	0	5	0-5	1.08

3.2.1 Stress

Perceived stress was measured with the 14-item perceived stress scale. A mean score of 27.27 was found in this study. Other research with college students has found mean values of 22.34 (Morrison & O'Connor, 2005) and 29.86 (Deckro et al., 2002).Thus, the mean score seems to be on the high side.

3.2.2 Burnout

The scores found for each of the burnout scales are comparable to those in other studies with university students. With a mean score of 15.54, emotional exhaustion is higher than in a sample of Chinese college students (Y. Zhang, Gan, & Cham, 2007), where a mean score of 12.38 was found, but lower than the mean of 16.39 found in American college students (Fang, Young, Golshan, Moutier, & Zisook, 2012). Cynicism is lower than in the Chinese sample, where the mean score was 10.33, but comparable to the American study, where the mean score was 8.83. Lastly, the personal efficacy was comparable to that of 11.58 in the American student sample, but lower than the efficacy of 15.28 found in the Chinese study.

3.2.3 Depression

Table 5 shows the number of participants that fall within each category of depressive symptoms. Extrapolating the sample results to the UT-population based on observed differences in gender distribution yielded minimal differences (Table 5). It can be seen that more than two thirds display at least some depressive symptoms. Using the same scale, Eisenberg, Gollust, Golberstein, and Hefner (2007) found that only 13.8% in their student sample experienced any depression. However, it is not clear from their study whether they used the same categories that are described here. In a study of Chinese students in America, Han et al. (2013) found that more than half of the participants (54.6%) experienced no depression. The number of mild cases in their study is comparable to the findings here (37.7%), but they find far fewer cases of moderate depression (6.2%) and barely any cases of moderately severe or severe depression (0.8% each).

Table 5. Frequency of depressive symptoms per category.

Depressive symptoms	N(%)	Extrapolated population %
No depressive symptoms	364 (26.4%)	27.7%
Mild depression	496 (35.9%)	35.6%
Moderate depression	292 (21.1%)	20.3%
Moderately severe depression	171 (12.4%)	12.2%
Severe depression	58 (4.2%)	4.0%

3.2.4 Anxiety

Table 6 shows the distribution over the categories of anxiety symptoms. Extrapolating the sample results to the UT-population based on observed differences in gender distribution yielded minimal differences (Table 6). This distribution is comparable to that described by Choueiry et al. (2016) in a study of Lebanese university students, with the exception that they find less severe anxiety (7.1% as compared to 13.7% in this study) and more cases of no or minimal anxiety (37.1% versus 31.3% in this study). However, other studies show drastically different results. In the previously mentioned study of Chinese students in America, Han et al. (2013) found that most students experience no anxiety (70.8%), some display mild symptoms (23.8%) while only a very small number suffers from moderate or severe anxiety (3.8% and 1.5% respectively).

Table 6. Frequency of anxiety symptoms per category.

Anxiety	N(%)	Extrapolated population %
Minimal Anxiety	434 (31.3%)	33.1%
Mild anxiety	461 (33.3%)	32.7%
Moderate anxiety	301 (21.7%)	21.1%
Severe anxiety	190 (13.7.%)	13.1%

Table 7 illustrates the comorbidity between depression and anxiety. Extrapolating the sample results to the UT-population based on observed differences in gender distribution yielded minimal differences. 19.2% of the participants neither falls into the diagnostic category of depression, nor of anxiety disorder (20.6 % based on the extrapolation to the UT student population). A third of the participants displays mild symptoms of either depression, anxiety, or both. Another third can be categorized as experiencing moderate or moderately severe depression and/ or anxiety. The

remaining 14.9% experience severe depression, anxiety or both. These findings are in stark contrast with those of Dopmeijer (2017). She finds that 46.7% experience no anxiety or depression and that 38.9% display mild to moderate symptoms of anxiety or depression. Only the number of students with severe anxiety or depression is comparable, with 14.4% in her study and 14.9% in this study. However, it should be noted that Dopmeijer (2017) used a different instrument to measure depression and anxiety.

Table 7. Number of participants that display symptoms of anxiety and/ or depression

Anxiety and/ or depressive symptoms	N(%)	Extrapolated population %
No anxiety or depression	257 (19.2%)	20.6%
Mild anxiety and/ or depression	449 (33.6%)	33.4%
Moderate anxiety and/ or moderate or moderately severe depression	431 (32.3%)	31.7%
Severe anxiety and/ or depression	199 (14.9%)	14.3%

3.2.5 Wellbeing

The mean wellbeing score was 2.92 for the whole MHC-SF scale. Keyes et al. (2012) found a mean score of 3.39 in their study of university students. The mean scores for emotional, social and psychological wellbeing were 3.21, 2.57 and 3.06 respectively, while Keyes et al. (2012) report mean scores of 3.78, 2.80 and 3.69 for the subscales. Overall, wellbeing thus seems to be slightly lower in UT students than in other student groups.

3.2.6 Sleep

Table 8 displays how many hours per day participants spent sleeping. More than three quarters of the students (78.5%) fall within the recommended sleep time of seven to nine hours per day. In the scale to estimate sleep problems, higher scores indicate more sleep problems. Possible scores run from 0 to 20. The mean score for the sleep questionnaire in this survey was 3.17 (answers ranged from 0 to 16, standard deviation 3.77). 5.5% of all participants would be classified as having ‘disturbed sleep’ according to the scale. Approximately 14-22% percent of the general population suffer from sleep related problems (CBS, 2018). However, it should be noted that this data was not gathered with the same questionnaire.

Table 8. Frequency of the amount of hours slept per day.

Hours of sleep per day	
<5	12 (0.8%)
5	48 (3.1%)
6	223 (14.5%)
7	556 (36.3%)
8	520 (33.9%)
9	128 (8.3)
10	37 (2.4%)
>10	9 (0.6%)

3.3 SUBSTANCE USE

3.3.1 Alcohol use

Table 9 shows the alcohol use of participants in the previous year. The mean total score for the AUDIT-C in this population was 4.51. The mean score per gender was 4.70 for males and 3.51 for females. DeMartini and Carey (2012) found a mean total score of 7.88 for males and of 6.49 for females in their study of American college students.

Van Dorsselaer and Goossens (2015) describe heavy drinking as drinking 6 or more glasses at least weekly. Using this definition, 14.7% of the participants in this study are heavy drinkers, which is slightly higher than the 12.7% found in other Dutch university students by Van Dorsselaer and Goossens (2015).

Compared to the general Dutch population, the alcohol consumption and frequency of alcohol use in this study is high. 33.2% said that they drink alcohol several times a week, while only 20.5% of the general population reported doing so (Monshouwer, Tuithof, & Van Dorsselaer, 2018). Furthermore, on typical days when they were drinking, 29% of the students reported to drinking more than 4 glasses, while only 13.7% did so in the general population. 35.3% of participants drink 6 or more glasses at least monthly, compared to 19.5% of the Dutch population.

Table 9. Alcohol use in the past year.

How often did you have a drink containing alcohol in the last year?	**N(%)**
Never	159 (12.4%)
Monthly or less	260 (20.2%)
2 to 4 times a month	439 (34.1%)
2 or 3 times per week	344 (26.7%)
4 or more times a week	84 (6.5%)
How many drinks containing alcohol did you have on a typical day when you were drinking?	
1 or 2	541 (42.1%)
3 or 4	373 (29%)
5 or 6	242 (18.8)
7 to 9	92 (7.2%)
10 or more	28 (3%)
How often did you have six or more drinks containing alcohol in the past year?	
Never	388 (30.2%)
Less than monthly	443 (34.4%)
Monthly	265 (20.6%)
Weekly	183 (14.2%)
Daily or almost daily	7 (0.5%)

3.3.2 Substance use

An overview of the results on substance use can be found in Table 10. This study investigated a lot of different substances, some of which are not frequently measured in national research. For the most frequently used substances, data from this study was compared to national data, expect for psilocybin, where no comparable data was available. It should be mentioned that both national studies are from 2015, as no newer data was available.

5.1% of participants reported to smoke daily, which is less than in the general Dutch population of university students, where 6.4% smoke every day (Van Dorsselaer & Goossens, 2015). 12.2% smokes occasionally (at least once a month), which is again less than the average for WO students in the Netherlands, which lies at 17.5%.

44.1% of the participants in this study has used Cannabis before, while only 39.3% of the general WO population have done so. 34% has used Cannabis in the last year, compared to only 15.6% of Dutch university students. These percentages are higher in the population of international students than in Dutch students. However, even when only the Dutch students are compared to those

of other Dutch universities, Cannabis use in general and in the past year is higher (40.3% has used Cannabis before, 29.7% has done so in the past year).

As for Cocaine, 5.3% in this sample have used it before, while 1.5% of WO students have done so. 3.3% used Cocaine in the last year, as opposed to 1.5% in the Dutch student population.

12.4% have used Ecstasy before, while in the general WO population 1.5% have done so. 9.3% have used Ecstasy in the last year, again compared to 1.5% of Dutch university students.

Lastly, substances that are said to enhance concentration like Speed and Ritalin or Adderall have been used by 5.4% and 5.3% respectively. In the general population of Dutch students, 11% have used such substances before (Escher, 2015).

Table 10. Frequency of substance use for different substances.

	Never	**I have used it, but not in the last year**	**Once**	**2 or 3 times**	**4 to 11 times**	**Once a month**	**Once a week**	**Several times a week**	**Daily**
Nicotine	844 (65.8%)	127 (9.9%)	47 (3.7%)	65 (5.1%)	43 (3.4%)	35 (2.7%)	21 (1.6%)	34 (2.7%)	66 (5.1%)
Cannabis	717 (55.9%)	129 (10.1%)	89 (6.9%)	116 (9%)	74 (5.8%)	64 (5%)	37 (2.9%)	41 (3.2%)	15 (1.2%)
Cocaine	1214 (94.7%)	26 (2%)	13 (1%)	18 (1.4%)	8 (0.6%)	2 (0.2%)	0	1 (0.1%)	0
MDMA/ Ecstasy	1123 (87.6%)	40 (3.1%)	36 (2.8%)	39 (3%)	39 (3%)	4 (0.3%)	1 (0.1%)	0	0
Speed	1213 (94.6%)	26 (2%)	14 (1.1%)	14 (1.1%)	10 (8%)	1 (0.1%)	0	3 (0.2%)	1 (0.1%)
Heroin	1280 (99.8%)	2 (0.2%)	0	0	0	0	0	0	0
Opium	1273 (99.3%)	5 (0.4%)	3 (0.2%)	0	0	0	0	1 (0.1%)	0
Ketamine	1248 (97.3%)	8 (0.6%)	6 (0.5%)	11 (0.9%)	5 (0.4%)	2 (0.2%)	1 (0.1%)	1 (0.1%)	0
LSD	1239 (96.6%)	15 (1.2%)	12 (0.9%)	10 (0.8%)	4 (0.3%)	2 (0.2%)	0	0	0
Mescaline	1277 (99.6%)	4 (0.3%)	1 (0.1%)	0	0	0	0	0	0
Psilocybin	1199 (93.5%)	23 (1.8%)	29 (2.3%)	21 (1.6%)	9 (0.7%)	1 (0.1%)	0	0	0
Chrystal Meth	1279 (99.8%)	2 (0.2%)	1 (0.1%)	0	0	0	0	0	0
Ritalin/ Adderall	1214 (94.7%)	29 (2.3%)	13 (1%)	8 (0.6%)	6 (0.5%)	2 (0.2%)	0	3 (0.2%)	7 (0.5%)

3.3.3 Compulsive internet use

On the Compulsive Internet Use Scale (CIUS) higher scores stand for more problematic internet usage. Scores can range from 0 to 56. The mean score in this survey was 18.52 (range 0 to 56, standard deviation 10.02). Li et al. (2015) report a mean score of 33.3 in their study of American university students. However, they only included 27 participants, and thus the comparability of the results is questionable.

According to the developers of the scale, a score of 17 or higher can already be a sign of problematic internet use (Besser et al., 2017). More than half of the participants (n=696, 54.2%) had a score of 17 or higher and thus show signs of problematic internet use.

3.4 PREDICTORS

Table 11 shows a summary of the different predicting variables. Below, the outcomes for each concept are discussed in more detail.

Table 11. Summary of the outcomes for the predicting variables.

	Number of participants (n)	Mean	Minimum	Maximum	Range of the scale	Standard Deviation
Brief resilience scale	1260	3.17	1	5	1-5	0.73
Stress Mindset	1257	1.59	0	3.63	0-4	0.63
Intolerance of uncertainty	1256	32.93	12	60	12-60	9.58
Prospective anxiety	1256	20.59	7	35	7-35	5.76
Inhibitory anxiety	1256	12.35	5	25	5-25	5.00
Loneliness	1263	5.23	3	9	3-9	1.84
Sense of belonging	1260	6.21	0	10	0-10	2.42

3.4.1 Resilience

The resilience level found in this study is comparable to those of 3.53 and 3.57 found in a student sample by Smith et al. (2008). So there seem to be no big differences between UT students and other students in this regard.

3.4.2 Stress Mindset

The mean stress mindset score in this study was 1.59, which means that participants rather perceive stress to be debilitating than enhancing. This score is comparable to the mean value of 1.62 found by Crum et al. (2013) in financial employees. However, no comparable data from student samples is available.

3.4.3 Intolerance of Uncertainty

The score for the intolerance of uncertainty and both the subscales were much higher than those mentioned by Carleton et al. (2007). They found a mean score of 25.85 in their study of undergraduate students, while in this study the mean score was 32.93. For the prospective anxiety subscale the mean score they found is 16.68, as opposed to 20.59 in this study. Lastly, for the inhibitory anxiety scale the score described in literature is 9.17, while in this study a score of 12.35 was found. Thus it seems that UT students experience more intolerance of uncertainty in general, and more uncertainty based on future events as well as more anxiety that inhibits their action.

3.4.4 Fear of missing out

545 (43.3%) reported experiencing fear of missing out to some extent. 223 (17.7%) said they might or might not experience fear of missing out, while 491 (39%) said they did not experience fear of missing out. No comparable data from other studies into fear of missing out was available.

3.4.5 Loneliness

With a mean score of 5.23, loneliness in this sample was much higher than in a student sample described by Phelan et al. (2015) where mean scores ranged between 2.35 and 2.40. In a sample of Polish university students, a mean loneliness score of 4.75 was found (Atroszko et al., 2018), which is closer to the results found here. Still, it seems that loneliness in UT students is high.

3.4.6 Sense of belonging

The average sense of belonging in this study was lower than that found in a study of Latino college students by Hurtado and Carter (1997). Here, the mean scores for the sense of belonging scale ranged from 6.76 to 8.02 for different groups, and almost all score were higher than 7. Thus, the overall sense of belonging at the UT seems to be lower compared to other college communities.

3.5 COUNSELLING

25% (n=420) reported to have received help for mental health in the past year, while the other 75% did not (n=1262). Most participants specified what kind of help they had received (n=400). Most received therapy (n=229, 57%), sometimes in combination with medication (n=42, 10,5%). Some specifically stated that they had received counselling from the UT psychologist (n=67, 16.8%). However, where only 'therapy' was mentioned, this was seen as falling into the broader category. 21 participants had had meeting with their study advisor (5.3%), 13 received medication (3.3%) and 28 mentioned various other methods of counselling (7%).

Participants were also asked where they would seek help if they experienced mental health complaints. The likelihood for each answer can be found in Table 12. Other channels where students were likely to seek help were family members (n=140, 8.3%), a psychologist (n=27, 1.6%) or a general practitioner (n=26, 1.5%). Some would seek help on the internet (n=19, 1.1%) or via an external party outside of the UT (n=17, 1%). Lastly, a partner (n=13, 0.8%) and events or sessions (n=12, 0.7%) were mentioned as possible channels.

Table 12. Likeliness of students seeking help via face-to-face channels.

	Mentor	**Study Advisor**	**Student Counsellor**	**Student Psychologist**	**Teacher**	**Friends**
Extremely likely	71 (5.7%)	263 (21.1)	111 (8.9%)	247 (19.8%)	26 (2.1%)	583 (46.8%)
Somewhat likely	239 (19.2%)	457 (36.7)	375 (30.1%)	412 (33.1%)	130 (10.4%)	415 (33.3%)
Neither likely nor unlikely	196 (15.7%)	139 (11.2%)	237 (19%)	192 (15.4%)	155 (12.4%)	110 (8.8%)
Somewhat unlikely	273 (21.9%)	199 (16%)	257 (20.6%)	210 (16.9%)	345 (27.7%)	74 (5.9%)
Extremely unlikely	466 (37.4)	187 (15%)	265 (21.3%)	184 (14.8%)	589 (47.3%)	63 (5.1%)

3.6 RELATION BETWEEN VARIABLES

3.6.1 Correlation between (dis)stress and wellbeing variables

The (dis)stress and wellbeing variables were all significantly correlated to each other, as can be seen in Table 13. Strength of the correlations ranged from moderate (e.g. between sleep and burnout) to strong (e.g. between perceived stress and anxiety). The strongest correlation existed between depression and anxiety, which is not surprising given the high comorbidity between both concepts.

Table 13. Correlation between the (dis)stress and wellbeing variables.

	Perceived stress	**Burnout**	**Depression**	**Anxiety**	**Wellbeing**	**Sleep**
Perceived stress	1					
Burnout	.660**	1				
Depression	.658**	.588**	1			
Anxiety	.677**	.528**	.709**	1		
Wellbeing	-.666**	-.625**	-.551**	-.494**	1	
Sleep	.496**	.413**	.602**	.487**	-.421**	1

** significant at .001 level.

3.6.2 Regression model stress

All expected predictors played a significant role in the regression model predicting perceived stress (R^2=.48, F(6, 194), p< .001). This model is presented in Table 14. Higher levels of uncertainty, fear of missing out (indicated by a lower score on the scale) and loneliness and lower levels of resilience, stress mindset and sense of belonging lead to higher perceived stress.

Table 14. Regression model of perceived stress and the predicting variables.

	B	SE B	β	Significance
Resilience	-4.67	.29	-.40	.000
Stress Mindset	-1.16	.29	-.09	.006
Intolerance of uncertainty	.13	.02	.15	.000
Fear of missing out	-.90	.15	-.13	.000
Loneliness	.77	.11	.17	.000
Sense of belonging	-.98	.19	-.11	.000

B=Unstandardized coefficient; SE B= Standard error unstandardized coefficient; β= Standardized coefficient;

3.6.3 Regression model depression

For the regression model of depression, all predicting variables played a significant role (R^2=.28, F(6, 79), p< .001). Higher levels of depression were predicted by lower levels of resilience, stress mindset and sense of belonging and by higher intolerance of uncertainty, fear of missing out and loneliness. The regression model can be found in Table 15.

Table 15. Regression model of depression and the predicting variables.

	B	SE B	β	Significance
Resilience	-1.15	.15	-.23	.000
Stress Mindset	-.55	.15	-.09	.000
Intolerance of uncertainty	.04	.01	.10	.000
Fear of missing out	-.24	.08	-.08	.002
Loneliness	.42	.06	.21	.000
Sense of belonging	-.46	.10	-.12	.000

B=Unstandardized coefficient; SE B= Standard error unstandardized coefficient; β= Standardized coefficient;

3.6.4 Regression model anxiety

In the regression model of anxiety, all predictors played a significant role (R^2=.32, F(6, 97), p< .001). High intolerance of uncertainty, fear of missing out and loneliness predicted higher anxiety, as did lower resilience, stress mindset and sense of belonging. Table 16 shows the regression model.

Table 16. Regression model of anxiety and the predicting variables.

	B	SE B	β	Significance
Resilience	-1.06	.15	-.21	.000
Stress Mindset	-.81	.15	-.14	.000
Intolerance of uncertainty	.09	.01	.23	.000
Fear of missing out	-.35	.07	-.12	.000
Loneliness	.24	.06	.12	.000
Sense of belonging	-.34	.10	-.14	.000

B=Unstandardized coefficient; SE B= Standard error unstandardized coefficient; β= Standardized coefficient;

3.6.5 Regression model wellbeing

Stress mindset and fear of missing out played no significant role in the regression model for wellbeing (R^2=.45, F(4, 256), p< .001). Higher intolerance of uncertainty and loneliness as well as lower

resilience and sense of belonging predicted lower wellbeing. The regression model can be found in Table 17.

Table 17. Regression model of wellbeing and the predicting variables.

	B	SE B	β	Significance
Resilience	5.05	.46	.27	.000
Intolerance of uncertainty	-.17	.04	-.12	.000
Loneliness	-2.59	.18	-.35	.000
Sense of belonging	3.05	.32	.22	.000

B=Unstandardized coefficient; SE B= Standard error unstandardized coefficient; β= Standardized coefficient;

3.7 DIFFERENCES BETWEEN GROUPS

Several groups within the sample were explored to determine if there are significant differences in (dis)stress and wellbeing, the predicting concepts and time spent on study and working. Furthermore, analyses were performed to check if the differences between the groups for the (dis)stress and wellbeing variables persist when controlling for the gender and nationality.

The different groups that were taken into account were Dutch and international students, Male and Female students, LGBT and non-LGBT students, Bachelor and Master students, students from the different faculties, students who did and did not report illness or disabilities that impacted their ability to study, and students who did and did not engage in activism.

3.7.1 Dutch and international students

When comparing Dutch and international students, it becomes apparent that international students do significantly worse than Dutch students on all (dis)stress and wellbeing variables and predicting variables, as can be seen in Table 18. International students also reported spending more time each week on study related activities and work, but the difference in time spent working was not significant. Most significant differences between Dutch and international students persisted when controlling for gender. However, observed differences on depression, stress mindset and time spend on study became insignificant (marginally significant for time spend on study) indicating these can be explained by gender differences instead of the difference in nationality.

Table 18. Comparison of mean values between Dutch and International students

Variable	Dutch	International	F	Significance
(Dis)stress and wellbeing				
Perceived stress	26.28	29.81	50.02	.000
Burnout	34.83	40.15	38.88	.000
Depression	2.98	4.62	55.63	.000
Anxiety	2.64	4.45	69.75	.000
Wellbeing	56.58	50.43	57.39	.000
Sleep	3.49	4.28	13.18	.000
Predictors				
Resilience	3.21	3.07	9.87	.002
Stress Mindset	1.64	1.47	19.70	.000
Intolerance of uncertainty	31.58	36.30	65.48	.000
Fear of missing out	3.08	2.64	32.53	.000
Loneliness	4.95	5.94	79.61	.000
Sense of belonging	6.52	5.42	55.88	.000
Time spent				
Studying	37.16	42.49	19.77	.000
Working	4.67	5.20	1.71	.191

3.7.2 Gender

Table 19 shows the differences in mean scores between men and women. Female students scored worse than male students on all wellbeing and predicting variables. While some differences were small, especially the significant differences in levels of perceived stress, anxiety and intolerance of uncertainty in females should be noted. When controlling for nationality, all significant differences persisted.

Table 19. Comparison of mean values between male and female students

Variable	Male	Female	F	Significance
(Dis)stress and wellbeing				
Perceived stress	25.87	28.92	22.87	.000
Burnout	35.51	37.22	3.20	.041
Depression	3.14	3.81	5.53	.004
Anxiety	2.70	3.69	12.41	.000
Wellbeing	55.50	54.17	2.96	.052
Sleep	3.29	4.22	11.72	.000
Predictors				
Resilience	3.32	3.01	28.60	.000
Stress Mindset	1.65	1.53	5.94	.003
Intolerance of uncertainty	31.93	34.11	8.19	.000
Fear of missing out	3.03	2.87	2.57	.077
Loneliness	5.20	5.27	.38	.684
Sense of belonging	6.30	6.11	1.32	.269
Time spent				
Studying	37.80	39.35	1.36	.257
Working	4.55	5.15	1.59	.205

3.7.3 LGBT

LGBT students' scores on all wellbeing and predicting variables are worse than those of non-LGBT students, as is shown in Table 20. For most variables the difference in means is rather big, but especially the much lower wellbeing and much higher burnout scores of LGBT students stand out. On average, LGBT students spent less time studying and slightly less time working than non-LGBT students did, but these differences were not significant. When controlling for gender and nationality, the effect of being an LGBT students on depression and loneliness remain significant.

Table 20. Comparison of mean values between LGBT and Non-LGBT students

Variable	LGBT	Non-LGBT	F	Significance
(Dis)stress and wellbeing				
Perceived stress	29.87	26.86	11.20	.000
Burnout	40.52	35.64	10.83	.000
Depression	4.81	3.25	12.35	.000
Anxiety	4.33	2.97	10.75	.000
Wellbeing	50.74	55.43	8.72	.000
Sleep	4.86	3.55	7.42	.001
Predictors				
Resilience	2.95	3.21	8.10	.000
Stress Mindset	1.49	1.61	2.72	.066
Intolerance of uncertainty	35.10	32.73	5.16	.006
Fear of missing out	2.75	2.98	2.09	.124
Loneliness	5.82	5.16	8.41	.000
Sense of belonging	5.94	6.27	3.70	.025
Time spent				
Studying	35.82	38.72	1.61	.201
Working	4.71	4.85	.299	.742

3.7.4 Bachelor and Master

As Table 21 illustrates, the differences between bachelor and master students were smaller than in the other groups. Generally, master students seemed to be doing slightly better than the bachelor student, except for their lower intolerance of uncertainty compared to bachelor students. However, only the difference in burnout and perceived stress were significant. Master students spent slightly less time studying but more time working than bachelor students. Here only, the difference in time spent working was significant. No significant difference remains between bachelor and master students when controlling for gender and nationality, indicating observed differences can be explained by differences in gender and nationality.

Table 21. Comparison of mean values between Bachelor and Master students

Variable	Bachelor	Master	F	Significance
(Dis)stress and wellbeing				
Perceived stress	27.78	26.62	7.25	.007
Burnout	37.39	34.73	11.09	.001
Depression	3.65	3.13	6.48	.011
Anxiety	3.29	2.94	2.83	.093
Wellbeing	54.27	55.67	3.38	.066
Sleep	3.72	3.70	.05	.821
Predictors				
Resilience	3.16	3.20	1.13	.288
Stress Mindset	1.56	1.63	3.36	.067
Intolerance of uncertainty	32.81	33.12	.31	.580
Fear of missing out	2.96	2.96	.00	.995
Loneliness	5.33	5.09	5.16	.023
Sense of belonging	6.12	6.34	2.37	.124
Time spent				
Studying	38.75	38.00	.507	.477
Working	4.19	5.77	17.77	.000

3.7.5 Faculties

In the comparison of faculties that is displayed in Table 22, ITC stands out, doing worse than the other faculties on all variables expect resilience. BMS students also generally score lower on the wellbeing variables. The differences in depression, loneliness and sense of belonging were significant. Students at ITC and ATLAS spent the most time studying, BMS students spent the least time on study related activities. BMS students did spent the most time working, while ATLAS students worked the least. These differences in time spent were significant. When controlling for gender and nationality, only a significant effect of faculty on time spent studying remains, indicating that the other observed differences can be explained by differences in gender and nationality.

Table 22. Comparison of mean values between faculties

Variable	BMS	ET	EEMCS	TNW	ITC	ATLAS	F	Significance
(Dis)stress and wellbeing								
Perceived stress	27.90	26.58	27.45	26.89	28.75	28.18	1.06	.383
Burnout	37.51	35.51	37.54	34.20	40.08	37.82	2.86	.014
Depression	3.73	2.96	3.93	2.94	5.46	3.23	4.71	.000
Anxiety	3.59	2.81	3.36	2.71	4.46	3.17	2.96	.012
Wellbeing	54.09	55.57	53.37	56.50	52.33	57.26	2.40	.035
Sleep	4.06	3.31	3.73	3.57	5.73	3.86	2.25	.048
Predictors								
Resilience	3.14	3.19	3.19	3.16	3.35	3.27	.42	.834
Stress Mindset	1.57	1.62	1.55	1.63	1.41	1.85	1.56	.169

Intolerance of uncertainty	34.43	32.01	32.89	32.16	35.27	31.41	2.71	.019
Fear of missing out	2.86	3.08	2.89	3.05	3.09	2.64	1.71	.129
Loneliness	5.26	5.15	5.51	4.97	5.91	4.68	3.66	.003
Sense of belonging	5.53	6.39	6.36	6.58	5.37	6.89	7.96	.000
Time spent								
Studying	34.13	40.49	37.19	41.72	49.17	46.38	7.99	.000
Working	6.99	4.29	4.15	3.83	3.56	3.08	10.35	.000

3.7.6 Reported illness or disability

Students that reported having suffered from an illness or disability that affected their ability to study performed worse on all wellbeing and predicting variables, as can be seen in Table 23. All differences were significant. The students who did not report an illness or disability spent less time working, but there was no significant difference in time spent studying. When controlling for gender and nationality, the effect of illness on wellbeing, anxiety and depression remained significant.

Table 23. Comparison of mean values between students who reported that illness affected their ability to study and those who do not.

Variable	No illness/disability	Reported illness/disability	F	Significance
(Dis)stress and wellbeing				.000
Perceived stress	23.90	30.08	209.55	.000
Burnout	31.33	40.53	152.18	.000
Depression	1.99	4.67	202.02	.000
Anxiety	1.92	4.18	137.29	.000
Wellbeing	59.46	50.98	140.89	.000
Sleep	2.56	4.68	106.38	.000
Predictors				
Resilience	3.45	2.95	163.43	.000
Stress Mindset	1.70	1.50	32.32	.000
Intolerance of uncertainty	31.16	34.40	36.72	.000
Fear of missing out	3.09	2.85	11.05	.001
Loneliness	4.81	5.58	57.67	.000
Sense of belonging	3.67	3.33	40.67	.000
Time spent				
Studying	38.79	38.15	.38	.540
Working	4.32	5.22	5.88	.015

3.7.7 Activism

Table 24 shows the comparison of students who engage in activism (e.g. board positions, Twente Teams; FOBOS category 2,3 or 4) and those who do not engage in activism. Not many significant differences were found between the groups. Students engaged in activism displayed significantly higher wellbeing and sense of belonging and were significantly less intolerant of uncertainty. No significant effect of activism remained when controlling for gender and nationality.

Table 24. Comparison of mean values between students who engage in activism and those who do not.

Variable	Active	Non-active	F	Significance
(Dis)stress and wellbeing				
Perceived stress	26.31	27.45	3.12	.077
Burnout	35.51	36.49	.80	.372
Depression	3.23	3.48	.75	.385
Anxiety	3.75	3.20	1.02	.313
Wellbeing	57.53	54.37	8.98	.003
Sleep	3.23	3.80	3.59	.058
Predictors				

Resilience	3.31	3.15	7.14	.008
Stress Mindset	1.61	1.59	.22	.637
Intolerance of uncertainty	30.61	33.33	12.71	.000
Fear of missing out	2.94	2.96	.04	.852
Loneliness	4.91	5.29	6.50	.011
Sense of belonging	3.85	3.42	32.24	.000
Time spent				
Studying	37.52	38.61	.57	.450
Working	5.15	4.76	.57	.449

3.8 COMMENTS MADE BY PARTICIPANTS

At the end of the survey there was room for the participants to leave remarks. In many of the answers it became clear that students see a (bigger) role for the UT in the improvement of students mental health as illustrated in the following quote.

"I believe it is important that the university has a good look at itself and the pressure it puts on its students. This because the university can have a large influence on the mental health of its students."

Of the 323 comments, most were from participants giving a more detailed description of their personal description (n=107). Furthermore, 52 participants explained what they thought to cause stress in students at the UT. For example, one participant said:

"*People shouldn't be graded because they make a test well or not. They should be graded by how they act in class, how active they are in their studies and how well they can communicate with their colleagues. Tests are just moments were people NEED to perform. This is hard for people like me to perform in one stressful moment."*

Of the 323 comments that were made, 51 were either complementing the initiative of the UT to tackle student mental health or giving more suggestions on how this could be achieved. Illustrating quotes are:

"I have a huge appreciation that the University is making time and money available for this research because I think it is very relevant."

"Evaluate the ways you use at the UT to teach and adapt to the newest research. How do we learn, what does motivate people, which skills are actually needed in the future, etc. Here is just one course, about how we actually learn."

Lastly, some participants had remarks about the survey itself (n=52), for example that it was too long and that some questions were seen as repetitive.

4. CONCLUSIONS

1. Students in this survey were found to experience high stress levels. The expected predictors played a significant role in the regression model and thus the prediction of stress.
2. There are many students that experience symptoms of depression and/ or anxiety. The number of students experiencing these symptoms was higher than in other student populations in comparable studies.
3. Many participants fall into the category of 'heavy drinkers'. This number is also slightly higher than in other university samples and much higher than in the general population.
4. Drug use is much higher at the UT than in other Dutch university students, except for smoking. Furthermore, compulsive internet use and possible internet addiction occur more often in this study than in comparable studies with student samples.
5. 25% of participants has received some form of mental health treatment in the past year, while there are 40% that display symptoms of either depression or anxiety. Therefore, there is a large groups of students whose mental health problems go untreated.
6. The groups that reported most mental health issues are females, international students, students who identify as LGBT and students who reported illness or disability that decreased their ability to study. These groups seem most in need of interventions to support their mental health.
7. Observed differences between bachelor and master students and between students of different faculties (except time spend studying) seem to be explained by differences in gender and nationality within the groups.

5. RECOMMENDATIONS

1. **There is an urgent need for a preventive approach towards mental wellbeing**

In the current situation, almost half of the students are in need of professional help for depression and/or anxiety issues. This situation is not sustainable: it is unfeasible to provide professional support for all of these students by e.g. student psychologists. Therefore, there is an urgent need for a stepwise preventive approach to:

- Teach all students ways to cope with stress and pressure
- Provide targeted preventive interventions for students who already experience some (dis)stress issues and/or students who score low on the identified predictors
- Minimize the number of students with moderate or severe mental health complaints, and provide easy access to professional help (e.g. supported by technology)

2. **There is a need for ongoing monitoring of mental health of UT-students**

This study provides a snapshot of the state of mental health of a part of the UT students. Although the sample is quite large in relation to other scientific studies and the sample seems to have a distribution of demographics that is comparable to the UT student population, as the current sample is self-selected, it is likely that students who experience mental health issues are somewhat over-represented. Moreover, as this study is cross-sectional, no interferences can be made about the causal relationship between variables. Ongoing, longitudinal studies of the mental health of UT-students can provide us with more insight in the state of mental health of students over time, help us understand the mechanisms of why some students do and other students don't develop mental health issues, and can serve as a way to evaluate initiatives to improve student wellbeing.

3. **Attention for mental health and stress should be integrated in education**

Current initiatives to improve mental health reach only few students. The study showed that only a fraction of the students that are in need for help, actually receive some form of support. A promising way to reach all students, is to integrate attention to dealing with stress and improving mental health in regular education, e.g. as a form of academic skills, as these are the skills that are needed for future professionals to succeed in an increasingly stressful and competitive world. Many students who participated in this study were positive about the University taking an active role in their mental health. To become the 'ultimate people first' University, this is an essential step to take.

4. **Focus on predictors of mental health issues, as resilience, stress mindset, intolerance of uncertainty, fear of missing out, loneliness and sense of belonging**

This study has confirmed some of the known predictors for (dis)stress and shown that there is room for improvement on these factors. Research should be carried out to develop and evaluate low threshold interventions (with and without technology) that can be implemented at the UT.

5. **Specific attention should be given to identified at risk groups**

The study has identified different groups that report more mental health issues: females, international students, students who identify as LGBT and students who reported illness or disability that decreased their ability to study. Specific attention should be paid to support these at risk groups.

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7. APPENDICES

A – STUDY PROGRAMS

Percentage of participants for each study program, ordered by faculty

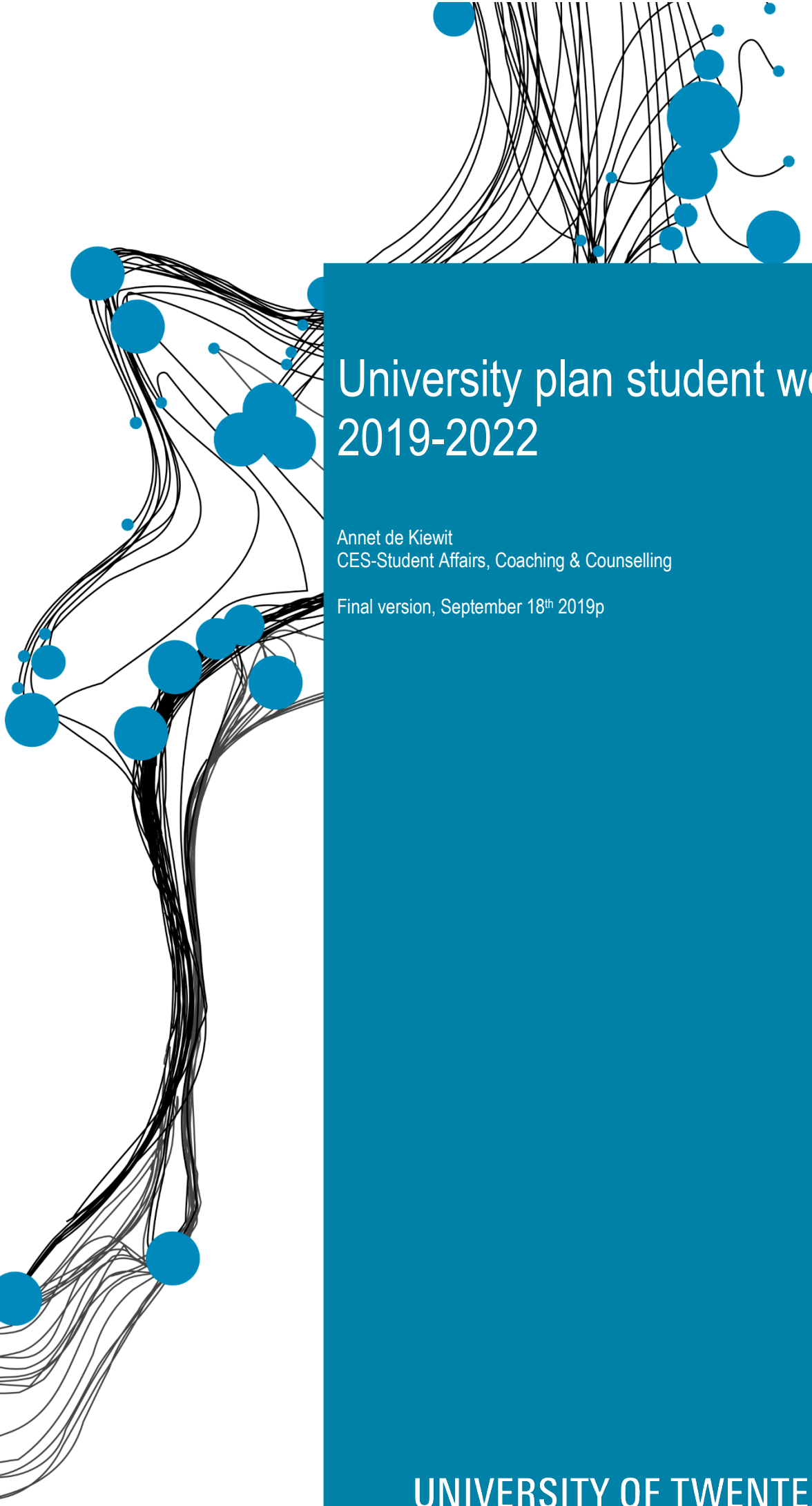
Faculty	N(%)
Behavioural, Management and Social Sciences (BMS)	**433 (25.7%)**
Communication Science	51 (3.0%)
Industrial Engineering and Management	70 (4.2%)
International Business Administration	49 (2.9%)
Management, Society and Technology	36 (2.1%)
Psychology	154 (9.2%)
Public Administration	11 (0.7%)
Business Administration	20 (1.2%)
Educational Science and Technology	21 (1.2%)
Environmental and Energy Management	3 (0.2%)
European Studies	5 (0.3%)
Philosophy of Science, Technology and Society	6 (0.4%)
Science Education and Communication	4 (0.2%)
Social Sciences and Humanities Education	3 (0.2%)
Engineering Technology (ET)	**334 (19.9%)**
Civil Engineering	60 (3.6%)
Industrial Design Engineering	112 (6.7%)
Mechanical Engineering	136 (8.1%)
Construction Management and Engineering	15 (0.9%)
Sustainable Energy Technology	11 (0.7%)
Electrical Engineering, Mathematics and Computer Science (EEMCS)	**458 (27.2%)**
Applied Mathematics	47 (2.8%)
Business & IT	57 (3.4%)
Computer Science	31 (1.8%)
Creative Technology	63 (3.7%)
Electrical Engineering	123 (7.3%)
Technical Computer Science	86 (5.1%)
Embedded Systems	25 (1.5%)
Interaction Technology	16 (1%)
Internet Science & Technology	1 (0.1%)
Systems and Control	9 (0.5%)
Science and Technology (TNW)	**415 (24.7%)**
Advanced Technology	26 (1.5%)
Applied Physics	56 (3.3%)
Biomedical Technology	97 (5.8%)
Chemical Science and Engineering	48 (2.9%)
Health Sciences	32 (1.9%)
Technical Medicine	102 (6.1%)
Nanotechnology	4 (0.2%)
Biomedical Engineering	39 (2.3%)
Chemical Engineering	11 (0.7%)
Geo-Information Science and Earth Observation (ITC)	**17 (1%)**
Geo-Information Science and Earth Observation	14 (0.8%)
Spatial Engineering	3 (0.2%)
University College Twente (ATLAS)	**25 (1.5%)**

B – NATIONALITIES

Percentage of participants for each nationality, in alphabetical order

Country	Frequency
Albania	2 (0.1%)
Andorra	2 (0.1%)
Austria	2 (0.1%)
Australia	1 (0.1%)
Aruba	1 (0.1%)
Azerbaijan	4 (0.2%)
Belgium	2 (0.1%)
Bulgaria	10 (0.6%)
Bolivia	1 (0.1%)
Bosnia and Herzegovina	1 (0.1%)
Brazil	3 (0.2%)
Canada	3 (0.2%)
Cameroon	2 (0.1%)
China	11 (0.7%)
Colombia	2 (0.1%)
Croatia	1 (0.1%)
Curacao	1 (0.1%)
Cyprus	4 (0.2%)
Germany	174 (10.3%)
Denmark	2 (0.1%)
Ecuador	9 (0.5%)
Egypt	4 (0.2%)
Eritrea	1 (0.1%)
Estonia	1 (0.1%)
Ethiopia	1 (0.1%)
Finland	1 (0.1%)
France	1 (0.1%)
Ghana	1 (0.1%)
Greece	8 (0.5%)
Hungary	1 (0.1%)
India	69 (4.1%)
Indonesia	13 (0.8%)
Iran	2 (0.1%)
Iraq	1 (0.1%)
Ireland	2 (0.1%)
Italy	11 (0.7%)
Kenya	1 (0.1%)
Latvia	7 (0.4%)
Lebanon	2 (0.1%)
Lithuania	2 (0.1%)
Luxembourg	1 (0.1%)
Malaysia	1 (0.1%)
Mexico	3 (0.2%)
Moldova	1 (0.1%)
Montenegro	1 (0.1%)
Nepal	1 (0.1%)
Netherlands	1218 (72.4%)
Nigeria	4 (0.2%)
Norway	1 (0.1%)
Pakistan	4 (0.2%)
Peru	1 (0.1%)
Philippines	1 (0.1%)
Poland	3 (0.2%)
Portugal	3 (0.2%)

Romania	19 (1,1%)
Russia	4 (0.2%)
Rwanda	2 (0.1%)
Saint Martin	1 (0.1%)
Serbia	1 (0.1%)
Slovenia	1 (0.1%)
Spain	10 (0.6%)
Sri Lanka	1 (0.1%)
South Africa	2 (0.1%)
Sudan	2 (0.1%)
Suriname	7 (0.4%)
Turkey	6 (0.4%)
Taiwan	2 (0.1%)
Tanzania	2 (0.1%)
Ukraine	3 (0.2%)
United Kingdom	1 (0.1%)
United States	4 (0.2%)
Vietnam	5 (0.3%)
Zimbabwe	1 (0.1%)



University plan student well-being 2019-2022

Annet de Kiewit
CES-Student Affairs, Coaching & Counselling

Final version, September 18th 2019p

UNIVERSITY OF TWENTE.

University plan student well-being 2019-2022

CES-Student Affairs Coaching & Counselling, Annet de Kiewit (student adviser Mechanical Engineering, detached to CES)

Final version, September 18th 2019

Feedback from	**Version**
Carla Bruynel, Anne-Marie Hoogland, Hans Oeloff	April 18th 2019
Carla Bruynel, Anne-Marie Hoogland	May 8th 2019
Annemarie Slot, Platform Studiebeleiding Groot, Platform Studiebegeleiding Klein	June 4th 2019
Hans van den Berg, Frank van den Berg, Miranda Böhnke, Carla Bruynel, Marjolein Dohmen-Janssen, Saskia Kelders, Tiny Luiten, S&P (Inge Boomkamp, Karin Dirksen, Renate van Luijk), Jan Schut, Annemarie Slot, SU (board), Nicole Torka, reactions without comments from: Amir Ametovish and Simone Oolhorst	August 7th 2019
Marieke Hofman, Thea de Kluijver, Renate van Luijk, Tiny Luiten, Hans Oeloff, Panel student well-being (partially processed), Charlotte Röring (on behalf BMS), Jan Schut (on behalf of PIA), SU (board and panel), reactions without comments from: Hans van den Berg and Annemarie Slot	September 2nd 2019

Content

Preface

I thank the many students and staff members who did contribute to (the preparation of) this plan. Many minds do make hard work lighter.

A special thanks to:
- Carla Bruynel, Annemarie Hoogland and Renate van Luijk who were the guardian angels of the predecessors of this plan
- Saskia Kelders for adding the analysis of the faculty specific- and time spent-data to her report and for mailing up and forth with the speed of light at the end of August 2019
- Employees of CES-SACC who made it possible to work quietly on Wednesday
- Employees of ET-BOO who were willing to miss me on Wednesdays and listen to my struggles with this plan during the other days

I truly hope that by reading this report you as a staff member will feel the urgency of us having ‘’students’’ more on top of our minds and giving their (well-being) problems a place on a strategic level next to ‘’education’’, ‘’research’’ and ‘’valorisation’’. And if you read this plan as a student, I truly hope that you feel less alone if you do have mental health problems and keep giving your input whenever you can and be as explicit as possible. As they say: ‘’nothing ventured, nothing gained’’.

Annet de Kiewit
September 2019

Terminology

Concepts defined as in Kelders, Oberschmidt and Bohlmeijer (2019)

Anxiety
Generalized anxiety disorder (GAD) is described as ‘’excessive, uncontrollable worry’’ (Ruscio et. Al. 2017). Comorbidity with depression and specific anxiety disorders

Burn-out
Distress experienced over a prolonged period of time (Vandereyken, Hoogduin & Emmelkamp, 2012)

Depression
Mood disorder that is characterized by almost constant somber mood and listlessness (Kessler, Berglund & Demler, 2003)

Health
‘’Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’’ (WHO, 1948)

Sleeping problems
‘’Delay of sleep onset, difficulty staying asleep, or awakening’’ (Riemann, 2007). Comorbidity with depression and anxiety disorder

Stress-distress and eustress
The fit between a person and his/her environment (Lazarus & Launier, 1978). Stress might be ‘’harmful and damaging’’ (distress) or ‘’positive and beneficial’’ (eustress)(Ogden, 2012)

Substance use
Use of alcohol, nicotine, hard and soft drugs and compulsive internet use

Well-being
‘’The appraisals individuals make about the quality of their lives’’ (Keyes et.al., 2008). See section 2.4.2 for a description of academic, social and personal well-being

Management Summary

According to NSE and International Student Barometer the University of Twente scores well both in education and facilities like student guidance. But do our students feel well? And if not what can/should we do about it?

Student well-being is a 'hot' topic both internationally and nationally. Numerous recent studies show considerable percentages of students distressed and suffering from depression and anxiety (for instance RVG 2018 and RIVM 2019). Numbers seem to have increased considerable in the past years. Debate about the causes is ongoing as is policy development. The Dutch Ministry of Education has asked for further research by RIVM.

The University of Twente has decided in the fall of 2018 to elaborate the existing University Plan Studying with Functional Impairment into an University Plan Student Well-being aimed at all students but not without doing an investigation about well-being among all UT-students. In March 2019 it was decided to add national/international as a variable to the investigation.

The UT-investigation has taken place in Spring 2019. Results do confirm results of research among other populations on stress and burnout. The UT-study does reveal very clearly and in more detail than existing studies that it is not ''just distress'' but serious mental health issues are widespread among UT-students: less than 20% of the student don't show symptoms of depression or anxiety and more than 45% of the students do show moderate or severe symptoms of depression and/or anxiety (Kelders, Oberschmidt and Bohlmeijer, 2019, table 7). Especially the number of students not showing symptoms is lower than in other studies.

Significant differences were found based on nationality (international students showing more symptoms than Dutch students), gender (female students showing more symptoms than male students), sexual preference (LGBT students showing more symptoms than hetero students) and health (students reporting illness/disability showing more symptoms). After correction for gender and nationality no significant differences seem to exist between BSc- and MSc-students and students from different faculties (except time spent on study related activities).

The UT-study does give more insight in known underlying psychological factors related to stress and stress related disorders like stress mindset, loneliness, sense of belonging, intolerance of uncertainty, resilience and FOMO (fear of missing out). The UT-study shows that all these factors are significantly related to stress, depression and anxiety and therefore can serve as input to further develop and professionalize UT-specific policy to prevent and -if necessary and possible within our scope of our guidance- treat mental health problems.

Both the policy induced obligation -the VSNU signed the ''Ambitie studentenwelzijn''- and the severity of the mental health issues of UT-students do not allow to sit back. Action is needed for all UT-students and for risk groups like international, female, LGBT and students with a disability/(chronic) disease in particular.

Actions to be taken are not straight forward however as they will be related to many existing (policy) plans and involving employees from all faculties and most of the service departments. Also the **causes** of the mental health issues and substance use are not (very) clear (yet).

A description and analysis of the UT-context of student well-being and input from students and members of the chain of student guidance does reveal however some (seemingly) straight forward actions like the need for professionalization of members of the chain of student guidance, the need to increase student involvement within the chain of student guidance, improvement of provision of information on existing facilities and the need to incorporate student well-being and student guidance (better) within quality assurance at all levels.

More complex but absolutely necessary to tackle the issue for the long term is to develop a

vision on ‘’being a student’’ and ‘’student well-being’’ and, based on this vision, work towards a link between student well-being and education. Both the recommendations of the UT-investigation of Kelders, Oberschmidt and Bohlmeijer (2019) and the input of the students do point out the necessity of a tie between student (well-being) and education to make progress in this dossier.

Due to the dynamics of the current state of affairs the University Plan Student Well-being will be a ‘’work in progress’’’. In this version an outline of the approach is given as well as the specific actions for the coming year. A separate plan will be made with respect to substance use.

The University Plan Student Well-being proposes to develop and implement an integrative approach along the following (interdependent) lines:

1. **Develop a vision on ‘’Being a UT-student’’ and ‘’Student well-being’’** to clarify mutual expectations and responsibilities among the stakeholders involved. Link this vision to the vision on education, student guidance and the vision of the SU.
2. **Improve the way attention for well-being is organized**. Embed attention for well-being in the organization (both at central and programme level) by making it an explicit part of PDCA-cycles of both faculties/programmes and service departments. Link more closely and clearly to mission and planning of the SU. Make sure sufficient professional staff is available and students are well-represented.
3. **Find and use evidence based measures** both on-line and off-line which are proven to be suitable for the UT-population and context.
4. **Increase awareness and improve provision of information** to empower students to help themselves and/or their friends/housemates as good as possible and to diminish avoidable stress caused by lack of (clear/timely) information.
5. **Organize (a process of) early identification of mental health problems and prevention activities for all students**. Take into account differences between risk groups and/or faculties/programmes if necessary.
6. **Take care of professionalization of student guidance staff, student support staff and teaching staff** and make use of their professionality in education.
7. **Establish a link between student well-being to education** by investigating whether elements of well-being are in fact part of our final qualifications and if/how the well-being of staff does interrelate with well-being of students and vv.

The vision on ‘’Being a UT-student’’ and ‘’Student-well-being’’ will influence next steps to take so does have highest priority. We can however start other activities which (re)strengthen and support our current chain of student guidance, incorporate its activities more clear into PDCA and establish a link to (inter)national developments on well-being and other UT-dossiers related to student well-being like SKC, Kick-In and Quality Agreements. Next to this organizing student involvement, especially of students representing risk groups, in all phases and steps is key.

In 2019-2020 focus will be on the following:

Measure	**Project organization (additional means)**	**Need involvement of (no additional means (yet))**	**Out-of-pocket**
Decide upon a vision on ‘’Being a student’’ and ‘’Student well-being’’	Project manager (0.1) Student (0.1)	Relevant stakeholders (see section 6 of the plan)	
Increase efforts to incorporate student well-being into university,	Project manager (0.15)	UTPK	

faculty and programme PDCA-cycles[1]. Ensure sufficient involvement of students especially students who can represent the groups with significantly more mental health problems	Study adviser (0.05)	UCOW Programme management programmes SU PIA Platform Studiebegeleiding Policy officer S&P+CES-SACC Diversity coordinator SACC	
Link University Plan Student Well-being (better) to the following policy plans/programmes: SKC, Kick-In, Quality Agreements, Internationalization (incl. Contact Centre), ITK, Substance use, SU-plan(s) and Employee well-being	Project manager (0.1) Study adviser (0.1) Student (0.1)	Policy officer S&P+CES-SACC Project managers policy plans/programmes that need to be linked to S&P Policy officer HR-Health & Safety SU	
Gather (more) evidence based preventive measures both outside and inside the university which might suit the UT and make a plan to implement[2]	Project manager (0.1) Student psychologist (0.2) Study adviser (0.1)	Policy officer S&P+CES-SACC Policy officer HR-Health & Safety Study advisers programmes	
Improve both accessibility and content of the student guidance entry on the UT-website. Make it into a student well-being portal[3]	Student psychologist (0.1) Study adviser (0.1) Student (0.15)	Project team Contact Centre Diversity coordinator Study advisers programmes Website manager SACC	€2,000 translation costs (i.e. ‘’sociale kaart’’)
Support, gather and evaluate current UT-student and staff initiatives to create	Student psychologist (0.1) Study adviser (0.1)	Programme management programmes	€2,000 (Health Week)

[1] Support investigation into quality of student guidance facilities (BKS: Hofman & De Kluijver)

[2] BMS-Kelders & Bohlmeijer have made a PhD-proposal that may be linked to this plan

[3] The results of the MSc-thesis project of Oberschmidt (2019, to be published) may serve as a starting point

awareness and prevent (increase of) mental health issues[4]	Student (0.1)	Study advisers programmes Students	€2,000 translation costs (i.e. existing materials study advisers)
Increase mental health literacy of students, student guidance staff and student support staff (front-office: i.e. ISSO, internship coordinators, student services desk)	Student psychologist (0.1) Study adviser (0.05) Student (0.05)	Participants: • Student guidance staff • Student support staff (front-office)	Course Mental health first aid (30 participants, 2 sessions) = €10,000 Workshop Gatekeeper 113 (15 participants, 1 session) = €1,500 Cultuursensitief werken (15 participants, 1 session) = €800 Turbo 2-daagse voor beginnende studieadviseur (PM) Follow-up Cultuursensitief werken (45 participants, 3 sessions) = €3,000 Active Bystander (12 sessions) = €10,000
Evaluation of activities 2019-2020 and upgrade of plan	Project manager (0.05)	Policy officer S&P+ CES-SACC PIA Platform Studiebegeleiding SU	
Project organisation costs and unforeseen costs			€3,700
Total	Project manager (0.5) Student psychologist (0.5)[5]	Estimated hours for study advisers: 0.05-0.1 per adviser (see Risks)	€35,000[7]

[4] See note 2

[5] Student psychologist: may be covered via WSV-CES

[7] In WSV-CES-plan availability of GoodHabitz for students is foreseen in 2021

	Study adviser (0.5) Student (0.5)[6]		

Main risks

- Management (both in faculties/programmes and service deparments) does not give priority to student well-being as a policy theme and will not make necessary resources available. As can be seen in many of the activities the project organization relies on members in the chain of student guidance, other staff members in the programmes and CES and on students for actual implementation.

- We don't manage to relate student well-being clearly to other dossiers in the realm of student affairs creating double work or actions/aspects to be forgotten

[6] Student expertise: communication and/or education and/or psychology, research skills

1 Introduction

According to NSE and International Student Barometer the University of Twente scores well both in education and facilities like student guidance. But do our students feel well? And if not what can/should we do about it?

Student well-being is a 'hot' topic both internationally and nationally. Numerous recent studies show considerable percentages of students being stressed and suffering from depression and anxiety (for instance RVG 2018 and RIVM 2019). Numbers seem to have increased considerable in the past years. Debate about the causes is ongoing. The Dutch Ministry of Education has asked for further research that will be executed by RIVM.

The Ministry of Education, student organizations ISO and LSVB, Vereniging Hogescholen, VSNU, Universiteit voor Humanistiek and center for expertise Handicap + Studie established a common ambition (Ministerie Onderwijs, Cultuur en Wetenschappen, 2018) to increase the attention for student well-being within each organization and for every student but especially for those students with an extra support request like students with a functional impairment, (chronic) disease, mental illness, young students with children, students going through a gender transition or students with special family circumstances like informal care responsibilities. This ambition was translated into an action plan by Landelijk Netwerk Studentenwelzijn (2018).

Also in 2018 the Ministry of Health, Well-being and Sports implemented the ''Nationale Preventieakkoord'' (Ministerie Volksgezondheid, Welzijn en Sport). This requires organizations to develop a policy regarding nicotine, alcohol and other substance use. In case of education organizations this policy should cover both employees and students.

In the fall of 2018 the University Committee Education (UCOW), followed by the Executive Board and the University Council discussed the evaluation of the existing ''Instellingsplan Studeren met een Functiebeperking 2015-2018'' (Hoogland & Bruynel, 2018). It was decided to expand this plan to an university plan student well-being but not without an own investigation about mental health and substance (ab)use among all regular students of the University of Twente.

Also in the fall of 2018 the Committee Personal Circumstances published their year report 2017-2018 with results concerning the relative high number of exception requests for the Binding Recommendation for BSc non-EU students. In this report citations from the statement of these students show their low level of well-being, their dis-stress and (mental) health issues. The CPO in their year report, followed by Platform International Affairs (PIA) and Platform Studiebegeleiding as input for the University Committee Education (UCOW), put forward a list of recommendations to the Executive Board to pay attention to the extra support request not only of this specific group of 1st year BSc-students, but to international students in general.

In March 2019 the Executive Board asked CES for an action plan to the implement the recommendations of CPO, PIA and Platform Studiebegeleiding.

In the end the ''simple'' assignment to come up with a successor of the ''Instellingsplan Studeren met een Functiebeperking'' expanded into an effort to come up with a plan for a programme to address the many aspects of student well-being. For UT-students in general but more specific at least for students from the risk groups mentioned in the ''Ambitie studentenwelzijn'' and international students.

Chapter 2 of this plan describes different elements of the current UT-context of student well-being. Chapter 3 summarizes the results of the investigation on student well-being in spring 2019. Chapter 4 describes the current state of affairs with respect to several risk groups mentioned in the ''Ambitie Studentenwelzijn and identified in the investigation. Chapter 5

describes the current UT-policy with respect to substance (ab)use. In the final chapter 6 the plans for 2019-2022 and necessary means until end of 2020 are described.

2 Context of University Plan Student Well-being

The objective of this chapter is to describe the current state of affairs with respect to student well-being and student guidance at the University of Twente. It consists of the UT-vision, SU-mission and vision on education and student guidance (paragraph 1), the current legal framework (paragraph 2), the policy framework (paragraph 3), the current organization of student guidance at the UT (paragraph 4) and the embedding of this plan within the university and faculty PDCA-cycle(s) (paragraph 5). At the end of each paragraph observations are presented that need to be addressed to improve attention for student well-being/student guidance.

2.1 Vision and mission

This paragraph consecutively describes the relevant elements of the UT-vision, UT-vision on education and UT-vision on student guidance. The plan should be in line with the current vision at all times.

2.1.1 UT-vision

The UT-mission as stated in Shaping2030 (version 5/4 May 2019): University of Twente is here to sustainably empower society. We choose to be the ultimate people-first university of technology.

From the 6 principles guiding the achievement of this mission the following are relevant within this plan:

- Student over System
- Empower over Direct
- Personal Growth over Standardized performance

2.1.2 UT-vision on education

The UT-vision on education (for ITK, 2019) centres on *learning*, not on instruction. We do give our students the opportunities and challenge them more and more to take responsibility for their own learning process. This includes:

- Knowledge
- Skills and Competences
- Attitude

2.1.3 Mission of Student Union

The Student Union promotes the personal development and the well-being of the students of the University of Twente.

2.1.4 UT-vision on student guidance

In 2014 the UT-vision on student guidance was formulated and approved. This vision consists of the following elements:

- Reciprocal responsibility: based on the own responsibility of the student and taking into account the life themes of an adolescent, student guidance supports the development of students towards independent (T-shaped) professionals
- Student guidance includes both guidance with respect to study progress and with respect to (academic) career
- Study advisers do have insight in the study progress of all students during their entire academic career and do act both reactive and pro-active
- Student guidance at the University of Twente is characterized by a professional set-up and execution. All involved work from a chain approach
- Personal qualities, interests, ambitions and the personal situation of the student are the

starting point for every conversation. In this sense guidance will always be student-centered and custom-made. If necessary (and possible) specific guidance needs are addressed both at an university-wide and at a programme-level. This could include (groups of) students with specific characteristics (i.e. students with a functional impairment, international students, excellent students, students with a migration background) or students with specific needs (i.e. study skills, career choice).

- Student guidance does take into account privacy rules and regulations

Observations:
There is no UT-vision on ''being a student'' and/or ''student well-being''. Such a vision is needed to have a framework for appropriate actions. It should be explicitly linked to the visions described in this paragraph.

2.2 Legal framework

Measure taken should fit within the legal framework. The legal framework consists of:

Law	Summary (of applicable articles)	Changes compared to 2015-2018
WHW-Higher Education and Research Act	• The dean of the faculty should provide adequate student guidance • The programme should facilitate students with a functional impairment which limits the student's academic progress • The programme should offer a study compatibility check (SKC)	None
WGB h/cz-Equal Treatment of Disabled and Chronically Ill People Act	• No distinction based on disability or chronic illness • Adequate measures unless they pose an unreasonable burden to the programme	None
WSF-Student Finance Act	Extension of study loan with 12 months	None
Arbowet-Labor circumstances act	Applies to all students in working situations incl. practicals	Per 1 July 2017 Nieuwe Arbowet: Toekomst arbeidsgerelateerde zorg
UN Convention on the Rights of Persons with Disabilities	Institutes of Higher Education are obliged to lower threshold to start and continue education i.e. guideline digital accessibility	Ratified per 1st July 2018, UT should (at least) implement Guideline Digital Accessibility

AVG-Personal Data Protection Act	Storage of personal data should be described in a transparent way and no personal data should be stored or shared without a proper reason	Valid as of May 25th 2018
Tabaks- en rookwaren wet	Law with respect to tobacco and smoking	Smoking at education premises and grounds no longer allowed per January 1st 2020

Observations:

- The Guideline Digital Accessibility, AVG and most likely also Nieuwe Arbowet pose extra requirements especially in relation to students with functional impairment/chronic disease.
- We don't have a clear infrastructure (who is doing what) and capacity to implement new/changed legislation especially within the programmes
- The implementation and way of working with respect to law, rules and regulations are not always clear to students. Study advisers and student counsellors do spend much time to explain.

2.3 Policy framework related to well-being

The policy framework does consist of nationwide and UT-policy.

Organisation	Document	Main characteristic related to well-being
Nation wide		
Minsterie VWS signed by VSNU	Nationaal Preventieakkoord, Naar een gezonder Nederland (''Preventieakkoord'')	Policy with respect to alcohol and substance (ab)use
Ministerie OCW subscribed by VSNU	Naar een inclusiever hoger onderwijs, Gezamenlijke ambitie studentenwelzijn (''Ambitie studentenwelzijn'')	Starting points for a policy with respect to student well-being (see 2.3.1)
Landelijk Netwerk Studentenwelzijn	Actieplan studentenwelzijn	5 pillars to increase student well-being (see 2.3.2)[8]
NVAO-Commissie Maatstaf	Referentiekader studeren met een functiebeperking	7 criteria to evaluate quality of university policy with respect to facilities for students with functional impairment (see 2.3.3). Used within ITK.

[8] Recently the Landelijk Network Studentenwelzijn did present their ''Plan van Aanpak'' in which they present another set of pillars/starting points (Groot & Siebrecht, 2019). See Annex 5 for an overview.

UT student guidance		
University of Twente	Beleidsnota studieloopbaanbegeleiding aan de UT: van visie naar aanpak	6 guide lines to implement the vision on study guidance (see 2.3.4)
University of Twente	Beleidskader studeren met een functiebeperking Instellingsplan studeren met een functiebeperking 2015-2018	6 starting points (see 2.3.5) Standing policy for students with functional impairment/chronic disease
UT-link to student well-being		
Student Union-UT	Strategic Plan 2016-2019+2020-2023	2016-2019: Academic development through activism Academic development more efficient if students get space to relax 2020-2023: Aid in improving the mental well-being of students at the UT with a special focus on our international students
University of Twente	Quality Agreements	Extra attention for among others Community and Talent Development
University of Twente	Studiekeuzecheck	Programme will offer **at least** a questionnaire to the upcoming BSc-students to reflect on study compatibility and the possibility to contact a study adviser
University of Twente	Kick-In	A UT-wide and a programme specific non-compulsory introduction for all regular, (pre-) master and exchange students to start building a social network, arrange formalities and be prepared as good as possible to start classes

University of Twente	FOBOS	Implementation of Student Financial Support Fund (Profileringsfonds)
University of Twente	Visie Sport	Sportsector UT stimulates and facilitates students and staff to develop as a person, meet and relax by means of movement and sport
University of Twente	Smoking policy	Campus (except housing accomodations) smoke free January 1st 2020
University of Twente	Alcohol guidelines	Regulation with respect to alcohol use for study associations and Kick-In

2.3.1 Ambitie studentenwelzijn: starting points policy student well-being

The University of Twente, via the VSNU, signed the ''Ambitie studentenwelzijn''. Any policy with respect to student well-being should subscribe the starting points.

- Attention for an inclusive study climate in higher education
- Full and easy accessible information
- Intensivation of financial support (via 'Profileringsfonds')
- Organisation (incl. link with quality agreements)
- Continuous attention for competence among staff involved

2.3.2 Landelijk network studentenwelzijn: pillars student well-being[9]

Based on the ambition (see 2.3.1) the Landelijk netwerk studentenwelzijn formulated 5 pillars to formulate a policy on student well-being as well as possible measures within each pillar.

- Create awareness
- Bonding and a safe study climate
- Early identification and prevention
- Professionalization of teaching and student guidance staff
- Psychosocial interventions and offer of help

2.3.3 NVAO-ITK: Criteria Commissie Maatstaf

During ITK the policy of the institute with respect to students with a functional impairment/chronic disease will be evaluated based on these criteria. Standing policy, (planned) developments and evaluation in relation to the criteria are described in ''Instellingsplan studeren met een functiebeperking 2015-2018'' (Luijk & Bruynel, 2015) and ''Evaluatie instellingplan studeren met een functiebeperking (2018).

- Provision of information and information activities
- Physical accessibility
- Guidance
- Increasing expertise
- Learning path

[9] See note 8

- Testing and examination
- Safeguard quality and continuity

2.3.4 UT: Guide lines implementation vision on study guidance

In 2014 the following guide line were set to implement the vision on study guidance (University of Twente, 2014). In short these guidelines are:

- Every programme establishes a policy with respect to student guidance which is evaluated on a yearly basis It includes both pro-active and re-active guidance. The policy is evaluated on a yearly basis.
- Re-active guidance: information on guidance facilities can be found easily, is transparent, complete and up-to-date
- Pro-active guidance: there is a systematic approach to monitor students and signal problematic study progress.
- Both CES and programmes are alert with respect to the needs of students with special needs. This might either be students with specific characteristics (i.e. students with a functional impairment, international students, students with a migration background, excellent students) or groups of students with special needs (i.e. study skills of 1st year BSc-students or guidance of BSc students to MSc).
- Student guidance is provided by qualified staff (UFO-profile and BKS are starting points).
- To improve the offer of facilities and adjust it to needs (feed PDCA), registration of student contacts is important.

2.3.5 Starting points UT-policy framework studying with functional impairment

Based on the results of the last ITK it was decided to formulate a separate policy plan with respect to studying with functional impairment. Although facilities and way of working were judged to be OK, the ITK-committee did miss an overall policy (plan) that described both the facilities and way of working. The starting points were formulated as part of the UT-policy framework.

- The university does have an obligation both at the UT-level and at the programme level towards students with a functional impairment. This obligation should secure the accessibility of the education and if necessary and possible increase this accessibility in an effective way.
- Students who do have problems or impairments which hinder their study are responsible themselves to report the need for guidance, facilities and adjustments both to the UT- and programme guidance services.
- The final qualification of the programme are leading. Students with an impairments will receive cooperation and support to realize effective adjustments as long as the final qualification are secured and the burden for the programme is not disproportional.
- Facilitating students with a functional impairment is a tailor-made job. In every day practice this means balancing the (im)possibilities within the programme with the needs of the student.
- The programmes of the UT make use of a guide line to implement (the process of) allocation of facilities. Yearly evaluation of the effectiveness of the allocation is part of the guide line.
- For students with a functional impairment who do have a need for guidance the route towards help and the procedure to ask for facilities is clear. Employees are sufficiently informed with respect to studying with a functional impairment to refer students to the diversity officer.

Observations:

- The ‘’Tabaks- en Rookwarenwet’’, ‘’Preventieakkoord’’ (Ministerie VWS, 2018) and ‘’Gezamenlijke ambitie studentenwelzijn’’ (Ministerie OCW, 2018) must be implemented. There are no plans to do so yet.
- Representation of students of especially risk groups in the development of plans is not safeguarded for instance because most of these plans do not pass via education committees and not many students of risk groups are members of representing bodies (yet).
- UT-wide formal attention for policy and quality assurance with respect to student guidance

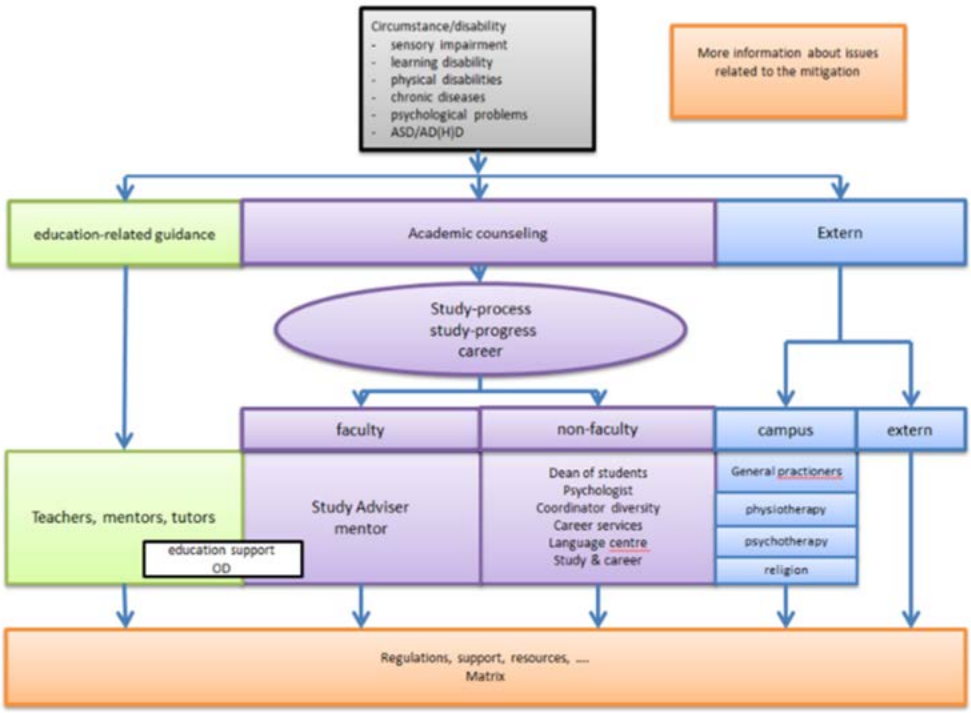
has diminished after 2014. Student guidance staff does work however mostly according to starting points/guidelines described (Kiewit, 2018).
- Student well-being is related to many interrelated UT-dossiers. There is no clear overview (yet) of the relation between all dossiers.
- The representation/influence of staff members involved in student guidance in some of the UT-dossiers mentioned is rather limited at this point. Capacity of these staff members as well as ‘’not being in the picture’’ seem to be the main causes. Focus of the programmes has been mainly on education in the past years (TOM, internationalization).

2.4 Student guidance at the UT: current state of affairs

This paragraph does describe the current organization of student guidance at the University of Twente. The first section does describe the staff members involved, the second section the problems students address in their contacts with esp. study advisers and the last section the existing facilities.

2.4.1 Staff members involved

The University of Twente has a chain of student guidance which at the moment serves (upcoming) BSc, MSc, premaster, exchange and other non-regular students (minor, students from other universities). Student counsellors also serve PhD-students.



This chain includes all staff members who guide individual students or inform or guide groups of students. This guidance covers both the (study) career and the personal circumstances of the student. The partners in the chain meet in the Student Counselling Platform where information, knowledge and experiences are exchanged. From the platform, professionalization activities are initiated and organized and, if necessary, new instruments for the guidance are developed. The platform as a unit identifies bottlenecks in the educational organization and provides solicited and unsolicited advice to the UC-Ow and the Executive Board.

Some study programmes only have the study advisor for this guidance. In the master study guidance tasks can be with programme or specialisation coordinators, although all master programmes do have a study adviser as well. Within the study programmes study advisers work closely together with tutors, mentors, module coordinators, specialization coordinators (MSc),

exchange coordinators, programme coordinators, internships and mobility coordinators, programme directors, lecturers, internship and graduation supervisors and Examination Boards. Study advisers indicate that they generally have weekly or biweekly consultations with the programme coordinator and the programme director.

Study advisors can refer students to the colleagues of the CES Student Affairs, Coaching and Counselling (SACC) department: student psychologists, student counsellors , confidential advisor, diversity coordinator and career counsellors. Students can also contact SACC on their own initiative.

In addition to providing guidance on rules and regulations, for study-related and personal problems, there are also employees who can guide students in practical matters. This applies in particular to international students who are dealing with scholarships, visas and housing. These employees are both located in the faculties (mostly called International Student Support Officers) and in the CES department (Scholarship Office, Housing & International Relations).

For students who do need special (exam) facilities there is a close cooperation between the study adviser in the programme, the diversity coordinator of SACC, the exam office of CES, the roster team of CES and if necessary Campus Facility Management

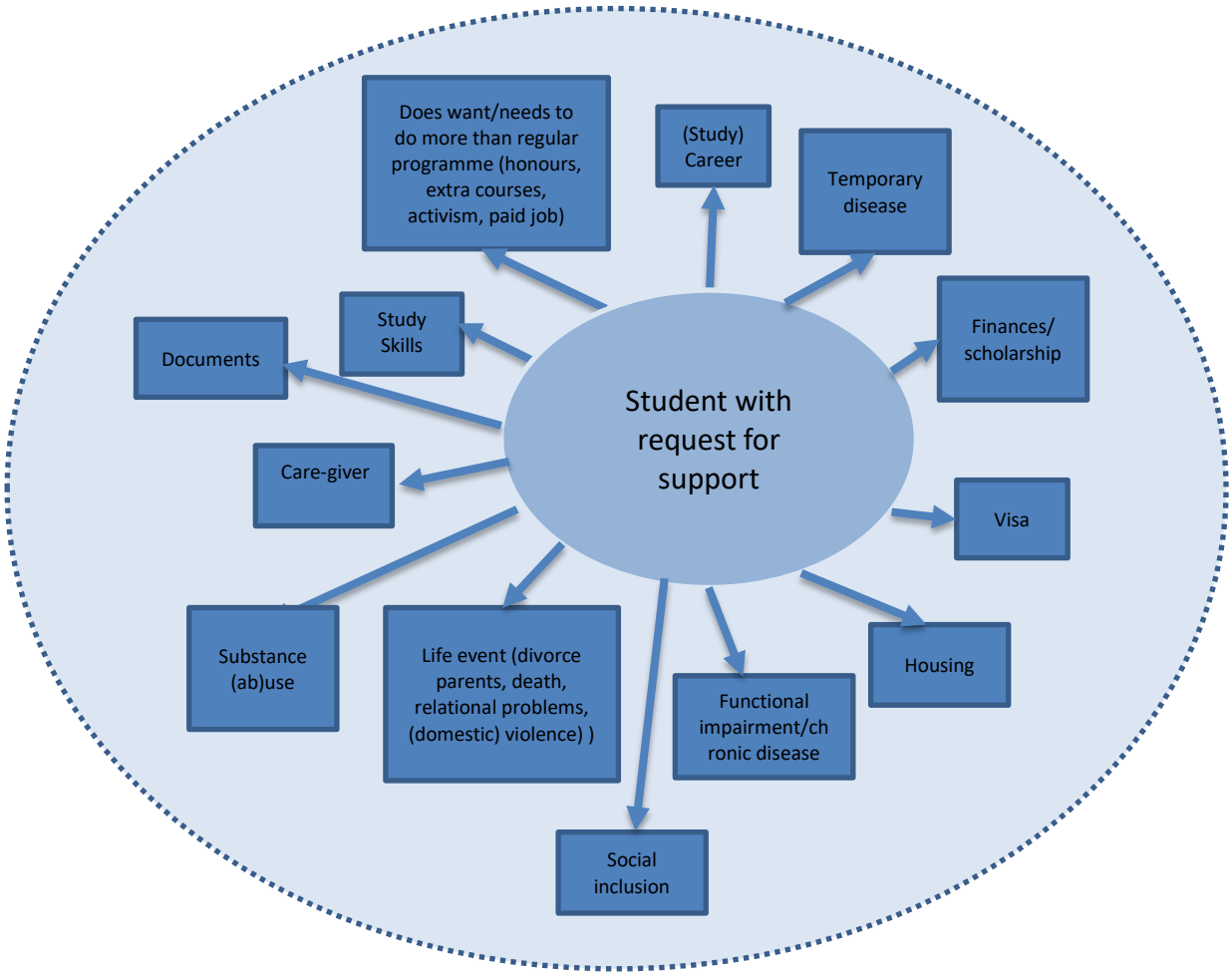
2.4.2 How do students present themselves?

Students present themselves to members in the chain of guidance (incl. student affair officers ITC and international student support officers). Issues can be multiple and hardly ever a student who does seek contact has only one issue.
If not a simple request for information, a request is always related to one or more aspects of well-being. Well-being can relate to:

- Academic well-being: i.e. career choices, academic & professional skills
- Social well-being: relational (i.e. family, friends, housemates but also supervisors and members of projectgroups), fit within society (i.e. membership of associations)
- Personal well-being: emotions (positive-negative), psychological (i.e. personal growth, autonomy), physical and mental health (i.e. functional impairment/chronic disease), housing and financial situation

Some students do not seek contact themselves but do respond to an invitation of their study adviser. Study advisers (or mentors) will invite 1st year BSc-students who do not perform well as part of the BSA-policy. Depending on programme policy and availability of staff senior BSc-students, premaster, MSc- and exchange students will be invited as well usually depending on study results/study pace. Study advisers have indicated (Kiewit, 2018) that they pay more attention to: international students (esp. non-EU also due to MoMi), students with known circumstances, premaster students and delayed students. The SU does indicate that in their fora many students indicate that they experience thresholds while contacting student guidance themselves and value being invited/obliged to come.

Study advisers may also invite students based on contact with 3rd parties like fellow students, housemates, parents, campus security or teaching staff. In the majority of the cases the student at least contacts his/her study adviser once during his/her career.



Depending on the student's individual situation a combination of facilities may be offered to give the student the opportunity to increase his/her well-being and/or adjust study planning, - pace and – career to his/her personal situation.

2.4.3 Existing facilities related to well-being

In Annex 1 a description is given of existing facilities that students can make use of to get into touch with the UT about their well-being or to increase their well-being. Study advisers often assist students by providing information about facilities and qualification criteria.

Observations:

- The offer of facilities is abundant but not always clear/transparent to students. Study advisers do spend much time guiding students to facilities. Provision of information is also pointed out as an issue by students (for instance Oeloff, 2018, Annex 3 and feedback from SU- and well-being panels).
- Often issues of one student do require multiple staff members next to a study adviser. Esp. this is the case for international students and students with disability/(chronic) disease.
- Students do present their well-being/mental health issues sometimes so late that members of the chain of student guidance cannot efficiently/effectively use facilities: students have to be referred to (student) psychologists from the start. This is in line with Kelders, Oberschmidt and Bohlmeijer (2019) when they conclude that a significant part of the students who do show symptoms don't reach out for (professional) help.
- Not all members of the chain of student guidance are trained yet to recognize and deal with mental health and intercultural related problems in a professional way. This is mainly due to recent increase and turnover in the study adviser and student psychologist population. Some members have expressed their need to improve their English language skills (Kiewit, 2018), which is mentioned as point of attention by students as well. BKS does not (necessarily)

cover mental health and intercultural skills.
- At the moment there is no (easy) way to reach **all** students with preventive measures related to stress/depression/anxiety. Also we do not have (a process for) early identification.

2.5 PDCA

Observations:

- Student well-being was not part yet of the UT-wide PDCA-cycle nor from the PDCA-cycle of CES and most of the faculty/program PDCA-cylces. Recently there is a tendency to start incorporating student well-being.
- The PDCA-cycles on student guidance (if existent) of faculty/programmes are not linked to university cycle and CES-cycle and vv.
- The criteria of the Commissie Maatstaf have been used to evaluate the Instellingsplan Studeren met een Functiebeperking 2015-2018 and or also used by NVAO in ITK.
- No criteria are available to evaluate plans on study guidance in general
- No criteria/KPI have been chosen/developed (yet) to evaluate any measures in the realm of student well-being

2.6 Conclusion

Although the University of Twente has a sound student guidance organization and students do value both education and (student) guidance facilities, action is needed to address student well-being and substance use in a more professional, effective and efficient way and meet the ambitions set in the ‘’Preventieakkoord’’ and ‘’Ambitie studentenwelzijn’’. Main observations:

- The UT does not have a vision on being a student/student well-being
- Both staff members of student guidance and moreover students do lack sufficient representation/influence in related UT-dossiers
- Quick wins seem to be possible in the realm of provision of information (website) and training of employees in the chain of student guidance
- Student well-being is not sufficiently implemented in PDCA (yet)
- In most programmes attention for academic/social/personal well-being is not a part of education (yet)

3 Investigation student-well-being spring 2019

Based on the following it was decided to do an UT-investigation among student-well-being and use it as an input for this plan:

- Several reports (RIVM, Windesheim) reflect the pressure on students resulting in mental symptoms and disorders
- Education organisations like VSNU, student organisations like ISO and LSVb and the Ministery of OCW in September 2018 underlined their common responsibility when it comes to mental well-being of students in ‘’Ambitie studentenwelzijn’’
- The year report of CES-SACC 2017-2018 shows an increase in the number of students who consult the student psychologists with symptoms of depression/burn-out
- The year report 2017-2018 of study advisers (as far as available) show an increase in the number of students visiting the study adviser
- The CPO year report 2017-2018 stresses the need for extra guidance for non-EU students as they outnumber the other students when it comes to the exception to MoMi/BSA-regulation

The study has been set up and was carried out by Bachelor Psychology students under supervision of dr. Saskia Kelders. Input was given by a working group on student well-being with representatives from the chain of student guidance.

3.1 Objectives of the investigation

- To collect baseline measures of variables related to mental health– e.g. stress, depression and well-being in UT students.
- To collect baseline measure for different predictors of these mental health variables.
- To identify at risk groups within the UT student population based on demographic characteristics.
- To test hypotheses on the relationship between predictors, demographic variables and mental health outcomes.
- To get insight into the counselling use and preferences of UT students.

3.2 Results of the investigation

Main results (Kelders, Oberschmidt & Bohlmeijer, 2019, Management Summary and Conclusions):

- UT students’ levels of perceived stress and depression and/ or anxiety are high; only around a fifth of students (19.2% of the sample and 20.6% based on extrapolation to the UT student population) do **not** experience at least mild depression or anxiety complaints.
- 25% of participants has received some form of mental health treatment in the past year, while there are 40% that display moderate to severe symptoms of either depression or anxiety. Therefore, there is a large groups of students whose mental health problems go untreated.
- Significant predictors for (dis)stress found in this study are resilience, stress mindset, intolerance of uncertainty, fear of missing out, loneliness and sense of belonging.
- International students, women, students that identify as LGBT and students who reported illness or disability that decreased their ability to study, experience the most mental health issues.
- Observed differences between bachelor and master students and between students of different faculties (except time spend studying) seem to be explained by differences in gender and nationality within the groups.
- The probability of friends being asked for help in case of problems is highest: 80%. Among staff student advisors (58%) and student psychologists are most likely to be asked for help. Only 12% would probably contact a teacher (table 12).

3.3 Recommendations in the investigation

Kelders, Oberschmidt and Bohlmeijer recommend the following (chapter 5):

There is an urgent need for a preventive approach towards mental well-being
This stepwise approach should:
- Teach all students ways to cope with stress and pressure
- Provide targeted preventive interventions for students who already experience some (dis)stress issues and/or students who score low on the identified predictors
- Minimize the number of students with moderate or severe mental health complaints, and provide easy access to professional help (e.g. supported by technology)

There is a need for ongoing monitoring of mental health of UT-students
Ongoing, longitudinal studies of the mental health of UT-students can provide us with more insight in the state of mental health of students over time, help us understand the mechanisms of why some students do and other students don't develop mental health issues, and can serve as a way to evaluate initiatives to improve student well-being.

Attention for mental health and stress should be integrated in education
A promising way to reach all students is to integrate attention to dealing with stress and improving mental health in regular education, e.g. as a form of academic skills as these are the skills that are needed for future professionals to succeed in an increasingly stressful and competitive world. To become the 'ultimate people first' University, this is an essential step to take.

Focus on predictors of mental health issues such as resilience, stress mindset, intolerance of uncertainty, fear of missing out, loneliness and sense of belonging
This study has confirmed some of the known predictors for (dis)stress and has shown that there is room for improvement on these factors. Research should be carried out to develop and evaluate low threshold interventions (with and without technology) that can be implemented at the UT.

Specific attention should be given to identified at risk groups
The study has identified different groups that report more mental health issues: females, international students, students who identify as LGBT and students who reported illness or disability that decreased their ability to study. Specific attention should be paid to support these at risk groups.

3.4 Conclusion
The investigation does confirm earlier results that serious mental health issues and substance use are ongoing and follow-up research is needed, not only on a national but also on an university level.

There are some indications that the situation at the University of Twente might even be worse than at other universities despite more than average facilities, small scale and (seemingly) open culture. Especially the number of students without any symptoms of depression/anxiety and substance use (see chapter 5) stand out.

The study does confirm an impression of several members of the chain of student guidance that many students in general and also students from known risk groups like international students and students with a functional impairment/chronic disease avoid asking for professional help in time or cannot find info in time and by doing so may develop more severe mental health symptoms.

The investigation provides clear info on risk groups to be addressed, predictors that can be focused on and actions to be taken. Especially the study confirms the need and relevance to link student well-being to education in an effort to address **all** students and the need to empower students to help themselves and their fellow students.

The conclusion is that all recommendations should be part of the plan.

4 Risk groups: current state of affairs

In this chapter an overview of the current state of affairs for the main risk groups as pointed out in chapter 3 will be given.

4.1 International students

International students do experience more mental and practical (i.e. housing, visa, finance) problems than Dutch students. This was not only observed by CPO and in the study of Kelders, Oberschmidt and Bohlmeijer but earlier by both members of the Platform International Affairs and Platform Studiebegeleiding.

Facilities

International students do make use of existing facilities more intensely than Dutch students (i.e. study advisers ET do pay about up to 50% more attention to international students than to Dutch students). More facilities have been made available for this group of students in the past years both at CES (visa, housing, scholarships) and faculties (fainco, international support officers). The capacity of student counsellors and student psychologists has not been raised (yet) and in some programmes the number of (international) students is raising at a pace that hardly can be kept up by the study advisers.

Organisation is different at ITC (all facilities under one roof: student affair officers, study advisors, programme coordinators) on the one hand and at other faculties (study advisers, coordinator international affairs and international student support officers) and CES (housing, visa, scholarships) on the other hand. This situation has its roots in the past.

At the moment there is no insight in the consequences of the differences in organization set-up for the well-being of students.

Follow-up CPO year report

CPO, Platform Studiebegeleiding and Platform International Affairs made recommendations to the Executive Board. An overview of these recommendations and recent initiatives can be found in Annex 2.

ESN conference

In April 2019 ESN, the European Student Network of the University of Twente, presented and hosted a 1st Mental Health Conference. CES-SACC has contributed to the programme. Opinions, suggestions and concerns have been gathered by the organisation. They focus on:

- Creating awareness and provision of information both for (upcoming) students and teachers
- Creating more flexibility and smaller units within the programmes
- More attention for (professional) skills within the programmes
- Increase offer of professional guidance and workshops relating to mental health

The full list can be found in Annex 3.

Some observations based on the findings of the ESN-conference:

- Confirmation of the issue raised in section 2.4.3 and 2.6: students do struggle to find and make use of existing facilities and to file a complaint if justified. Some of their suggestions refer to existing facilities.
- Importance of empowering (international) students to organize activities themselves and make them aware of the possibilities to do so. We now see international students find their place in Education Committees, Faculty Boards, University Council and Student Union. UniTe, the umbrella of all associations in the world sector, gradually gains influence within SU. Hopefully students start using their influence to address well-being/mental health issues themselves.
- Some of the remarks of the students stress the importance of clear and detailed information on the Dutch education system in general and the University of Twente education vision in

particular.
- From student's point of view there is a clear link between well-being and education.
- The conference does not reveal additional info on the **causes** of the lack of well-being of international students: most of the suggestions are equally applicable to Dutch students as they are to international students.

International Student Barometer 2018
Next to recommendations made by CPO, Platform Studiebegeleiding, Platform International Affairs and the findings in the ESN-conference, the results of the International Student Barometer 2018 can be taken into account. Relevant to well-being does seem to be:
- Stress/anxiety levels in line with Kelders, Oberschmidt and Bohlmeijer (2019). Concerns about completing studies seem to be higher than among Dutch students (p.20) and may point to one of the causes of bigger mental health problems among international students.
- Welcome, pre-arrival info and possibilities to make host friends seem to be attention points
- (Expectations about) career advice, work experience and employability do score low

Introduction activities
In the Kick-In non-EU students for all faculties but ITC do have a day to arrange practical issues related to enrolment, housing, visa, GBA-registration and TBC-check. Some programmes do pay extra attention to international students in the BSc Kick-In or before the start of the Kick-In, mainly to encourage students to participate which is not obvious for this risk group. Programmes also have incorporated cultural awareness activities in the Kick-In and/or introduction programme. The programme MSc Kick-In mostly hosts a mix of international and pre-master students as Dutch MSc-students often do not participate (having finished a UT BSc-programme).

4.2 Students with functional impairment/chronic disease

The number of students who present themselves with a severe functional impairment does increase as do expectations among these students and their caretakers about facilities the university will offer.

On the other hand a considerable students with a functional impairment/chronic disease do choose not to reveal their circumstances at the start of the studies. International students, if diagnosed, hardly ever report their circumstances. If these students do get study progress problems their symptoms often have aggravated and comorbidity with mental health problems has increased (see chapter 3). Undiagnosed functional impairment, among international as well as Dutch students, also poses a problem.

This group of students, esp. those students who experience study progress problems due to their health situation, are not well represented in Education Committees, Faculty Councils, study associations and extra-curricular associations. It has been tried to constitute some form of representation but not very successful up till now.

Evaluation Instellingsplan Studeren met een Functiebeperking 2015-2018
Based on the criteria of the Commissie Maatstaf process quality and safeguarding both product- and process quality was evaluated. This was done by means of a maturity model developed by CES-SACC. The results of this evaluation were presented in Hoogland & Bruynel (2018). In Annex 4 an overview can be found on the recommendation in this evaluation as well as the requirements of the University Council in their advice based on this evaluation.

Facilities
Based on the results of the NSE 2018, the quality of the facilities for students with a functional impairment can be judged as sufficient and the UT does score high on this aspect related to other universities in The Netherlands (position 2).

Study advisers do pay more attention to students with functional impairment/chronic disease

than to regular students and, as numbers and severity of impairment seem to increase, more attention per student with an impairment. The coordinator diversity of SACC is hugely involved and is the linking pin to Campus Facility Management, the scheduling team and the exam office.

Introduction activities
Upcoming students are encouraged to reveal their circumstances before arrival if facilities are needed. A special day is organized (Dutch only up till now due to lack of international applicants) to inform these students and their parents, the day before the Kick-In starts. Students are encouraged to participate in (at least) part of the Kick-In which is not obvious for this risk group. In the days/weeks after the start of the classes all BSc-students will be asked to reveal their circumstances and information will be given about rules and regulations that allow for exceptions ((exam) facilities, binding recommendation). MSc-students usually will be informed during the Kick-In only.

4.3 Female students

Gender differences among students are not a major subject in any formal UT-policy at the moment. Among members of the chain of study guidance gender differences are a regular conversation topic however. Being a study adviser of Mechanical Engineering is a totally different experience than being a study adviser of Psychology. Gender differences most likely play an important role in differences in programme and faculty culture.

If we do want to address the issues of female student in a different way than the issues of male students, the following can be taken into account:

- High Tech High Tea is organized to recruit female students for technical programmes
- The campus does host a variety of sororities (and fraternities)
- Some programmes do take gender into account when making project groups
- Before the Kick-In a group of female students will organize introduction days for female students in the technical programmes. The objective of these days is to give these students entrance to a network of (potential) girlfriends
- Little formal complaints seem to be made but gender related incidents are reported on a regular basis to programme directors, - coordinators and study advisers. In the majority of the cases the (mostly) female victims don't want to file a complaint

4.4 LGBT students

Differences in sexual preference are not subject to formal UT-policy at the moment. Little is known about for instance discrimination and bullying among students.

If we want to address the issues of LGBT-students in a different way than the issues of hetero students, the following can be taken into account:

- The campus does host J&SV Exaltio (studenten- en jongerenvereniging Exaltio). This association did grow in the last year mainly due to an increase in international students
- Little formal complaints seem to be made related to sexual preference
- Members of the chain of study guidance do/may discuss sexual preference with students. ''Coming out of the closet'' can be a major issue influencing study progress and mental health considerably

4.5 Conclusion

Facilities for international students and students with a functional impairment/chronic disease are available and valued (reasonably) well but there is ample room for improvement mainly in the field of provision of information and organization (cooperation of service departments/faculties, implementation of rules and regulations, use of ICT, PDCA, Kick-In). It is unclear however if/how this type of improvements will contribute to the mental health of the risk groups. For female and LGBT-students there are hardly any specific facilities.

What does stand out is the fact that we are not sufficiently in touch with (representatives of)

these risk groups to address their specific needs. Both the ESN-conference and the very recent first meeting with a student panel that was formed based on the investigation (chapter 3) do make this clear. It seems that these risk groups may not be sufficiently represented via formal channels (University council, Education committees, Student Union) to speak for themselves and express their needs.

5 Substance use: current state of affairs

Next to mental health, substance use was part of the investigation among students (Kelders, Oberschmidt & Bohlmeijer, 2019). In this chapter the main results of the investigation and standing policy with respect to substance use is described.

5.1 Results investigation

Questions were asked about alcohol use, a range of substances (among which nicotine, cannabis, ecstacy and Ritalin but not nitrous oxide and GHB), and about compulsive internet use.
Main findings are:

- Many participants fall into the category of 'heavy drinkers'. This number is also slightly higher than in other university samples and much higher than in the general population.
- Drug use is higher at the UT than in other Dutch university students, except for smoking. Furthermore, compulsive internet use and possible internet addiction occur more often in this study than in comparable studies with student samples.

The researchers do not give recommendations with respect to substance use.

5.2 Standing policy with respect to substance use

The UT does not have an integrated vision/policy with respect to substance use among students. At the moment:

- Smoking policy does aim at students not start to smoke nicotine if they don't do so yet (Hilgekamp, 2019). Smoking will be prohibited in all non-resident parts of the Campus as of 2020.
- An alcohol guideline is in place for study associations (Campus Facility Management and Human Resource Management, 2019)
- An alcohol policy is part of the rules of the general Kick-In (Kick-In, 2019)

A separate plan will be made with respect to substance use (S&P/CES).

6 Plan student well-being 2019-2022

The previous chapters do sketch the situation at our university with respect to student well-being. To come up with a plan we can make use of international and nationwide initiatives as many institutes struggle with the same issues. Also we can make use of efforts within the UT. In Annex 5 an overview of some relevant findings can be found. The analysis of this and additional material still needs attention as insufficient capacity was available before the deadline and we have to do with rapid developments.

Next to external sources we make use of the observations in chapter 2, the results of the investigation of Kelders, Oberschmidt and Bohlmeijer and their recommendations (chapter 3) and the current state of affairs with respect to risk groups in chapter 4.

A separate plan will be made to address the issue of substance use.

It was decided to make a plan along the following lines:
1. Develop a vision on ‘’Being a UT-student’’ and ‘’Student well-being’’
2. Improve the way attention for well-being is organized.
3. Find and use evidence based measures
4. Increase awareness and improve provision of information
5. Organize (a process of) early identification of mental health problems and prevention activities for all students
6. Take care of professionalization of student guidance staff, student support staff and teaching staff
7. Establish a link between student well-being to education

The plan consists of multiple phases. The main objective of the first phase (2019-2020) is to develop a vision on Being an UT-student and strengthen and professionalize existing organization. The main objective of the second phase (2020-2022) is to implement evidence based preventive measures within programmes.

In the plan a distinction is made between additional resources (project organization) and actors we need input from (no additional resources).

6.1 Develop a vision on Being an UT-student

We do have an UT-vision, a vision on education, a mission for the SU and a vision on student guidance. We don’t however have a clear vision on ‘’Being an UT-student’’ and also not on student well-being. Such a vision can help ty together elements of the visions that already have been developed. By doing so it can function as a starting point to describe in a more clear way the role and responsibility of the different stakeholders in the improvement of the well-being of students. Also a vision on being a student and student well-being may help to clarify the relation with other policy documents.

Examples of questions that might be asked in the process to come to a vision:
To what extent is well-being the responsibility of the student and to what extent of the university? Does care for well-being relate to registered students only or also to upcoming students (i.e. SKC, Twente Pathway)? To what extent do students who just arrive(d) need extra attention ((obligatory) introduction interviews BSA/MoMi, Kick-In)? If/how do we take being part of a higher risk group into account before/at/after arrival? Etc.

Stakeholders at the UT:
- Students esp. from risk groups
- Student Union
- Student (incl. international) and study associations
- Teachers

- Programme management
- Examination board
- Education (= Programme) Committee
- FAINCO's and International Student Support Officers
- Committee Personal Circumstances
- Student guidance
- Student Services (incl. culture and sports)
- Marketing & Communication
- Security
- External stakeholders like parents, housemates, friends, employers, recruitment agents, embassies and professional external caretakers (campus GP, psychologists, coaches, Tactus)

The development of the vision can be supported by using the input of the sources mentioned in paragraph Annex 5 and cases provided by member of the chain of student guidance. Strategy development can further set priorities with respect to the activities mentioned in paragraph 2 up to 6. By organizing strategy development based on meetings, awareness can be increased. Strategy development may result in the development of KPI's with respect to student well-being.

Phase 1 2019-2020			
Measure	**Project organization**	**Involvement of**	**Why**
Host faculty-by-faculty or programme-by-programme meetings of study association/education committee/examination board/education support staff and student guidance staff to formulate faculty/programme vision on being student/student well-being and give input for UT-vision	Project manager (0.1) Student (0.1)	Study associations Students from risk groups (also in the role of housemate and friend) Teachers Programma management Student guidance staff Education committees Examination boards Education support staff Employers Parents	Paragraph 2.3, Paragraph 2.6, external sources
Host meeting(s) with SU and umbrellas to give input for UT-vision		SU Students from risk groups (also in the role	

		of housemate and friend) Student guidance staff Student Services Campus GP Tactus Security Parents	
Host meeting(s) with S&P and M&C to give input for UT-vision		M&C Recruitment agents S&P Twente Pathway	
Develop input for a vision based on input from meetings and input from Landelijk Netwerk Studentenwelzijn and other (inter)national sources		Policy officer S&P-SACC	
Formulate an UT-vision based on the outcome		Policy officer S&P-SACC	
Phase 2 2020-2022			
Have vision approved	Tbe	Executive board	
Develop and implement KPI's based on vision	Tbe	Policy officer S&P-SACC	Feedback S&P earlier versions plan

6.2 Improve the way attention for well-being is organized

Attention for well-being both for students and employees has increased. More and more laws and guidelines are introduced that force the UT to take care of well-being in a professional way. At the moment (September 2019) standing policy on well-being is organized via:

- Policy officer V&G HR (Nicole Torka, 1.0fte (partially dedicated to Health & Safety))
- Policy officer Student Affairs S&P/SACC (1.0 fte)
- Student Union (?)
- Faculties/programme policy officer/study adviser (?)

There is no formal link between these positions. And from these position to those in charge of risk groups (like CES-International Relations and diversity coordinator SACC). Student well-being is not (fully) integrated in the UT-year plan, the plan of CES or the plan of most faculties/programmes.

Phase 1 2019-2020			
Measure	**Project organization**	**Involvement of**	**Why**
Set up a student panel to pay attention to student well-being. Make sure students from risk groups are involved in the panel. Connect with the well-being forum of SU.	Project manager (0.1-0.15) Study adviser (0.05)	Students from risk groups Diversity coordinator SU	Paragraph 2.3, Paragraph 2.5, Paragraph 2.6
Include student well-being in the faculty/programme/CES annual plan (PDCA). Establish the position of the University Plan Student Well-being within this PDCA-framework[10]		Vice deans education Programme management Study advisers Policy officer S&P-SACC	
Link the University Plan Student Well-being at least to the following programmes/projects: Quality Agreements (esp. Community and Talent Development), SKC, intro-activities (incl.Kick-In (SU-responsibility)), Contact Centre and Internationalization (esp. non-EU students (agent based marketing, scholarships, Navitas)), Substance use	Project manager (0.1) Study adviser (0.05) Student (0.1)	Policy officer S&P-SACC Programme/project managers SU	
Be an active member of Landelijk Netwerk Studentenwelzijn	Projectmanager or study adviser (0.05)(should be study adviser)	Policy officer S&P-SACC Diversity coordinator	
Phase 2 2020-2022			
Introduce a well-being team that will cover both student and employee well-being. Investigate the capacity need of this team and the way it will work together not only with faculties and service departments of the UT but also with students,	Tbe	Policy officer HR Policy officer S&P-SACC SU Study advisers	Paragraph 2.4 Input Executive Board (decision July 1st 2019)

[10] Support investigation into quality of student guidance facilities (BKS: Hofman & De Kluijver)

SU and Twente Pathway. The objective is to better share knowledge and experience and to contribute to provision of information and preventive measures			
Consider the role of confidentiality officer both within programmes and study- and student associations	Tbe	Confidentiality officer CES-SACC SU Study advisers	Student feedback on the plan
Formalize mandates of study advisers in facilities and exceptions procedures	Tbe	Examination board Programme management Study adviser Diversity coordinator SACC	Parapgraph 2.3.3, Paragraph 4.2, Annex 4
Establish long lasting links of Platform Studiebegeleiding and its members with internal partners like SU, Sports Centre and Security and external partners like Campus GP and Tactus (substance use)	Tbe	Members Platform Studiebegeleiding SU CES-Sports Centre Security Campus GP Tactus	Paragraph 2.4
Resume the project on Osiris registration of facilities and archiving of documents related to personal circumstances[11]	Tbe	Diversity coordinator Secretariat CPO Study adviser Application management (CES/LISA)	Parapgraph 2.2 (AVG), Paragraph 2.3.3, Paragraph 4.2, Annex 4
Have CES/student guidance and students better involved in the set-up, improvement and implementation of ''calamiteitenplan'', ''overlijdensprotocol'' and ''melding ongewenst gedrag''. These protocols are now mostly under the wings of HR.	Tbe	Policy officer S&P+CES-SACC Policy officer HR Study advisers Students	Paragraph 4
Have a complaint procedure with respect to student guidance in place	Tbe	Platform Studiebegeleiding Management CES UCOW Students	Input panel student well-being

6.3 Use evidence based measures and/or evaluate your measures

Well-being is a ''hot topic''. It is tempting to start/keep acting without taking into account the

[11] These activities were given as input to the LISA project calendar dd. August 2019

complexity of the matter and the different (scientific) disciplines involved.

By keeping track of research and development and contribute to knowledge expansion ourselves we should avoid taking costly measures which are not beneficial to students and/or employees.

Phase 1 2019-2020			
Measure	**Project organization**	**Involvement of**	**Why**
Gather (more) evidence based preventive measures both outside and inside the university which might suit the UT and make a plan to implement[12]. At least incorporate the findings of Landelijk Netwerk Studentenwelzijn	Project manager (0.1) Student psychologist (0.2) Study adviser (0.1)	Policy officer S&P+CES-SACC Policy officer HR-Health & Safety Study advisers programmes	Paragraph 3.3 and 3.4, Landelijk Netwerk Studentenwelzijn
Phase 2 2020-2022			
Investigate if/how to professionalize (selection of) students	Tbe	SU Policy officer S&P+CES-SACC	Paragraph 3.2, Input SU
Investigate how programmes handle requests for facilities and come up with an university wide guideline if too much difference is in place	Tbe	Policy officer S&P+CES-SACC Diversity coordinator Study advisers Examination Boards	Annex 4 (University Council)
Develop a comprehensive questionnaire to measure student well-being every year. Align with questionnaire employee well-being if possible. Link with KPI's (see 6.1)	Tbe	Policy officer S&P+CES-SACC Policy officer HR-Health & Safety Study adviser	Paragraph 3.3 and 3.4, Landelijk Netwerk Studentenwelzijn
Develop/use a more elaborate questionnaire to measure both student well-being every 3 years (the length of most strategic plans). Align subjects	Tbe	Policy officer S&P+CES-SACC	Paragraph 3.3 and 3.4, Landelijk Netwerk Studentenwelzijn

[12] BMS-Kelders & Bohlmeijer have made a PhD-proposal that may be linked to this plan. If so, efforts in this line may be speeded up

addressed with employee questionnaire if possible. Pay more attention to probable causes of stress/depression/anxiety that can be influenced by university measures (service departments, faculties, SU). Pay attention to the role of student-activism and side-jobs. Link with KPI's (see 6.1)		Policy officer HR-Health & Safety Study adviser	
Link to research within BMS (i.e. positive psychology, HRM), CEE (i.e. academic skills education) and if available/applicable CELT. Link to other (international) research.	Tbe	BMS, CEE, CELT	Paragraph 3.3 and 3.4, Landelijk Netwerk Studentenwelzijn
Develop a platform of stakeholders from different disciplines (students, teachers, student guidance, security, marketing & communication) to organize the sharing of best practices and evidence based measures	Tbe	Students Teachers Student guidance staff Security M&C	

6.4 Awareness and provision of information

(Upcoming) students and their personal network (parents, friends, housemates) should have access to information on well-being and factors that might influence well-being. At the moment information is rather scattered and cannot always be found by students at the moment they need it. Main objective is to make clear that (mental) well-being needs the attention of all students.

Phase 1 2019-2020			
Measure	**Project organization**	**Involvement of**	**Why**
Improve both accessibility and content of the student guidance entry on the UT-website. Make it into a student well-being portal including instrument for early identification of problems and personal accounts (blog, vlog)[13]	Student psychologist (0.1) Study adviser (0.1) Student (0.15)	Project team Contact Centre[14] Diversity coordinator Study advisers programmes	Paragraph 2.4, Paragraph 2.6, Annex 3, Input students earlier versions

[13] The results of the MSc-thesis project of Oberschmidt (2019, to be published) may serve as a starting point

[14] A study adviser has been introduced within the project organization of Contact Centre

		Website manager SACC Students	
Support, gather and evaluate current UT-student and staff initiatives to create awareness and prevent (increase of) mental health issues[15]	Student psychologist (0.1) Study adviser (0.1) Student (0.1)	Programme management programmes Study advisers programmes Students	See Annex 1, 2 and 4 for current facilities and initiatives
Phase 2 2020-2022			
Have a website entry for external stakeholders (caretakers, parents) related to well-being. Make sure it includes info on rules & regulations and that it includes an elaborate description on the Dutch educational system (BSA, delay, extra-curricular activities)	Tbe	Project team Contact Centre[16] Diversity coordinator Study advisers programmes Website manager SACC Students	Paragraph 2.4, Paragraph 2.6, Annex 3, Input students earlier versions
Have a (compulsory) info-meeting at the start of each academic year for all students to share info on well-being and create awareness.	Tbe	Study advisers Teachers Students CELT	Paragraph 2.4, Paragraph 2.6, Annex 3, Input students
Make the results of the project Digital Accessibility available within the chain of Student Guidance and among teaching staff	Tbe	Policy officer S&P+CES-SACC Diversity coordinator Study advisers Teachers	Annex 4
Add (evidence based) info on well-being to info for upcoming students for instance via acceptance letter, SKC, Kick-In and BSA/MoMi-info	Tbe	Policy officer S&P+CES-SACC	Paragraph 3.3 and 3.4, Landelijk Netwerk Studentenwelzijn

[15] See note 11

[16] A study adviser has been introduced within the project organization of Contact Centre

		Policy officer HR-Health & Safety Study adviser	
Investigate whether a staff member in charge of parental contacts and marketing/communication-events for parents might be necessary/helpful	Tbe	Policy officer S&P+CES-SACC M&C Study advisers	Paragraph 4

6.5 Early identification and prevention

Next to creating awareness and provision of information among students and their personal network (see 6.4), the following preventive measure could be taken into account:

Phase 1 2019-2020			
Measure	**Project organization**	**Involvement of**	**Why**
See 6.3 and 6.4			
Adjust as long as necessary the number of student psychologists to the number of students. Increase in student numbers and diversification (internationalization, side-inflow in MSc, minor students, increase of students with functional impairment) in the past years have not been taken into account (yet)[17].			See proposal CES (WSV-funds)
Phase 2 2020-2022			
Investigate whether a mail/chat-entrance on well-being is necessary	Tbe	Student guidance staff Students	Input students
Make the results of the action described under 6.3 available within the chain of student guidance and among teachers. Implement within programmes if applicable	Tbe	Student psychologist(s) Study advisers Teachers	See under 6.3
Continue experiments with the use of digital platforms and tools (i.e. VGZ, GoodHabitz, programme specific workshops) to increase student well-being. Digital tools and platforms may lower threshold for specific risk groups.	Tbe	Student psychologists Study advisers Teachers	Paragraph 2.4, Paragraph 2.6, Annex

[17] SACC did make a separate proposal to cover the consequences of increase in student numbers and increase of share of international students both for individual meetings and preventive activities. The fte in this plan are related to new activities, (support of) activities in programmes and activities within the chain of study guidance.

Make sure that English language alternatives are available at all times.		Students CELT	3, Input students
Evaluate and improve SKC, introduction activities (incl. Kick-In), BSA and MoMi in the light of findings on well-being. Make these activities/procedures a more visible part of the PDCA-cycle of CES and faculties	Tbe	Programme management Management CES Study advisers Study associations SU CPO	Annex 3, Input students
Increase awareness and knowledge of NL and UT-wide regulations applicable to students (see https://www.utwente.nl/en/ces/sacc/regulations/). The aim of several of these regulations is to protect the rights of specific risk groups (i.e. students with functional impairment, international students). If necessary assist programmes to better apply and implement these guidelines (i.e. unacceptable behavior, cyber security) within the programmes. If possible try to make these (description of) rules & regulations more student friendly	Tbe	Policy officer S&P+CES-SACC Study advisers	Annex 3, Input students, Input study advisers
Further integrate activities for students in the Health Week in October and May	Tbe	Tbe CES-SACC SU	Annex 3, Input panel student well-being
Make those in charge of excellence programmes and extra-curricular activities and courses (i.e. SU, UTLC) aware of the fact that they may host students who are at a higher risk of burn-out because they have a workload which is too high. Give input for preventive measures[18].	Tbe	Tbe SU UTLC	Input study advisers
Give attention to workload when hiring student assistants. Give input for preventive measures[19]	Tbe	Tbe Teachers	Input study advisers

[18]Although the study of Kelders, Oberschmidt & Bohlmeijer (2019) does show that activism enhances well-being and influences sense of belonging and tolerance of uncertainty in a positive way, the study among employees suggests that too many job crafting activities may cause (mental) health problems (Leede, Meijerink and Torka, 2019).

[19] See note 17

6.6 Professionalization

Phase 1 2019-2020			
Measure	**Project organization**	**Involvement of**	**Why**
Increase mental health literacy of students, student guidance staff and student support staff (front-office: i.e. ISSO, internship coordinators, student services desk) • Existing courses: Mental Health First Aid (staff), Gatekeeper (staff), Cultuursensitief werken (staff), Active Bystander (students) • To be developed: Follow-up Cultuursensitief werken (staff) • Partially to be developed: Turbo 2-daagse voor beginnende studieadviseurs	Student psychologist (0.1) Study adviser (0.05) Student (0.05)	Participants: • Student guidance staff • Student support staff (front-office) • Students CELT/experienced study adviser(s) (evaluation of course offer, additional course offer)	Paragraph 2.6 Paragraph 3.2 Feedback SU, Input student panel well-being Landelijk Netwerk Studentenwelzijn
Phase 2 2020-2022			
Design a training plan for starting study advisers (preceding BKS)	Tbe	Student guidance staff CELT HR	Paragraph 2.6 Landelijk Netwerk Studentenwelzijn
Design a training plan for experienced study advisers focused at mental health incl. risk groups next to/as follow-up of BKS	Tbe	Student guidance staff CELT HR	Paragraph 2.6 Landelijk Netwerk Studentenwelzijn
Based on the findings in 6.2 and evaluation of Active Bystander design a training plan for students involved into support of fellow students	Tbe	Student psychologists CELT	Paragraph 3.2, Input SU, Input Panel student well-being
Design a training concerning mental health and intercultural issues for tutors, mentors and teachers (focus on 1 to 1 situations)	Tbe	Teachers CELT HR	Annex 3, Input students, Input study advisers
Further integrate activities for students in the Health Week in October and May	Tbe	Tbe CES-SACC SU	Annex 3, Input panel student well-being
Make those in charge of excellence programmes and extra-curricular activities and courses (i.e. SU, UTLC) aware of the fact that they may host students who are	Tbe	Tbe SU	Input study advisers

at a higher risk of burn-out because they have a workload which is too high. Give input for preventive measures[20].		UTLC	
Give attention to workload when hiring student assistants. Give input for preventive measures[21]	Tbe	Tbe Teachers	Input study advisers

6.7 Education

Awareness, provision of information and prevention with respect to mental health and substance use can be organized mainly extra-curricular: if you, as a student, do not consult the info or make use of facilities, nothing will happen.

We should ask ourselves whether this is a desirable situation. Do we want to hand a diploma to students who are not aware of well-being, their own and that of others? Do we want teachers not to take into account their own and the student's well-being in their teaching activities? Do the final qualifications of the programme include elements relating to well-being, so we, as a university are obliged to formulate learning objectives and test whether students do meet the qualifications?

Both our university vision and our vision on education emphasis the importance of the student as a learning **person**, not a knowledge consuming agent. This implies we should find a way to address student well-being (academic, social and/or personal) within our programmes and do it for **all** students. In this way we follow recommendations made by for instance ''Raad Volksgezondheid en Samenleving'' and Landelijk Netwerk Studentenwelzijn. Also student input (Annex 3, SU and Panel Student well-being) does link well-being to education and is mainly related to workload and uncertainty.

Closely related to the above is the attention that needs to be given to specific risk groups. What does it mean to study with a functional impairment, being an international student in an overall Dutch environment, a male among mostly females or vv? Is the way to the final qualifications equal? Should it **always** be?

The way we approach this line of the plan will be highly dependent on and closely related to the vision we develop. It is therefore foreseen that activities will not start before 2020. For now we mention:

- It should be clear to both students and their network that learning is/might be stressful in itself: you only learn if you acknowledge that you did not know/was not aware/failed. Some basic attention for stress mindset and resilience is needed for all students (see 6.3 and 6.4).
- The University Council has asked (see Annex 4) to investigate to which extent final qualifications are/can be adjusted to facilitate students with a functional impairment/chronic disease.
- Find ways to make professional/academic skills education more attractive to different type of students for instance using the output of recent CEE- and BIG-projects (see Annex 5).
- Include awareness and provision of information on well-being (both student and teacher) in the BKO/SKO-trajectory. Especially focus on 1 to 1 situations (exam review, thesis supervision)(see 6.6)

[20]Although the study of Kelders, Oberschmidt & Bohlmeijer (2019) does show that activism enhances well-being and influences sense of belonging and tolerance of uncertainty in a positive way, the study among employees suggests that too many job crafting activities may cause (mental) health problems (Leede, Meijerink and Torka, 2019).
[21] See note 17

- Investigate if/how the perceived workload of teachers reflects in the stress-level of students and vv.
- Investigate if/how the final qualifications of the programme relate to well-being (knowledge, skills, attitude). Improve/expand education if necessary. Focus not only on teamwork, writing, presenting and digital literacy but also on study skills (i.e. concentration & focus, discipline, deep learning, planning), initiative, independency, resilience and responsibility. Do not only address BSc-students but also exchange, premaster and MSc-students. Include findings in selection (MSc) and SKC (BSc).
- In the Quality Agreements Development of Talent is one of the aspects. Make sure in its implementation there is a link to well-being and student guidance. Make sure that it does not, by definition, increase workload for students and teachers. Make sure all students can discover and develop their talents under the wings of this programme.

6.8 Overview of activities phase 1 (2019-2020)(incl. out-of-pocket)

Measure	Project organization (additional means)	Need involvement of (no additional means (yet))	Out-of-pocket
Decide upon a vision on ''Being a student'' and ''Student well-being''	Project manager (0.1) Student (0.1)	Relevant stakeholders (see section 6 of the plan)	
Increase efforts to incorporate student well-being into university, faculty and programme PDCA-cycles. Ensure sufficient involvement of students especially students who can represent the groups with significantly more mental health problems	Project manager (0.15) Study adviser (0.05)	UTPK UCOW Programme management programmes SU PIA Platform Studiebegeleiding Policy officer S&P+CES-SACC Diversity coordinator SACC	
Link University Plan Student Well-being (better) to the following policy plans/programmes: SKC, Kick-In, Quality Agreements, Internationalization (incl. Contact Centre), ITK, Substance use, SU-plan(s) and Employee well-being	Project manager (0.1) Study adviser (0.1) Student (0.1)	Policy officer S&P+CES-SACC Project managers policy plans/programmes that need to be linked to S&P Policy officer HR-Health & Safety	

		SU	
Gather (more) evidence based preventive measures both outside and inside the university which might suit the UT and make a plan to implement	Project manager (0.1) Student psychologist (0.2) Study adviser (0.1)	Policy officer S&P+CES-SACC Policy officer HR-Health & Safety Study advisers programmes	
Improve both accessibility and content of the student guidance entry on the UT-website. Make it into a student well-being portal	Student psychologist (0.1) Study adviser (0.1) Student (0.15)	Project team Contact Centre Diversity coordinator Study advisers programmes Website manager SACC	€2,000 translation costs (i.e. ''sociale kaart'')
Support, gather and evaluate current UT-student and staff initiatives to create awareness and prevent (increase of) mental health issues	Student psychologist (0.1) Study adviser (0.1) Student (0.1)	Programme management programmes Study advisers programmes Students	€2,000 (Health Week) €2,000 translation costs (i.e. existing materials study advisers)
Increase mental health literacy of students, student guidance staff and student support staff (front-office: i.e. ISSO, internship coordinators, student services desk)	Student psychologist (0.1) Study adviser (0.05) Student (0.05)	Participants: • Student guidance staff • Student support staff (front-office) • Students	Course Mental health first aid (30 participants, 2 sessions) = €10,000 Workshop Gatekeeper 113 (15 participants, 1 session) = €1,500 Cultuursensitief werken (15 participants, 1 session) = €800 Follow-up Cultuursensitief werken (45 participants, 3 sessions) = €3,000 Turbo 2-daagse voor beginnende studieadviseur (PM)

			Active Bystander (12 sessions) = €10,000
Evaluation of activities 2019-2020 and upgrade of plan	Project manager (0.05)	Policy officer S&P+ CES-SACC PIA Platform Studiebegeleiding SU	
Project organisation costs and unforeseen costs			€3,700
Total	Project manager (0.5) Student psychologist (0.5)[22] Study adviser (0.5) Student (0.5)[23]	Estimated hours for study advisers: 0.05-0.1 per adviser (see Risks)	€35,000[24]

6.9 Risk analysis

- Management does not give priority to student well-being as a policy theme and will not make necessary resources available. As can be seen in many of the activities the project organization has to rely on members in the chain of student guidance, other staff members in the programmes and CES and on students for actual implementation

  Especially the involvement of study advisors is key to success. Given the workload caused by increasing numbers of students and their increasing mental health issues and the fact that we have many (rather) unexperienced study advisers, this is a true issue. If, on the other hand, study advisers are not sufficiently involved, their workload may increase even faster.

- Project is not clearly related to other dossiers in the realm of student affairs creating double work or actions/aspects to be forgotten

- Speed of (internal and external) developments may be hard to follow even with a dedicated project organization.

- By choosing an inclusive approach, integrating attention for previously known risk groups (students with functional impairment/chronic disease and international students) in one plan, legal requirements (see section 2.2) and governmental policy requirements (see section 2.3) may not be sufficiently covered. For instance ITK may point this out.

[22] Student psychologist: may be covered via WSV-CES
[23] Student expertise: communication and/or education and/or psychology, research skills
[24] In WSV-CES-plan availability of GoodHabitz for students is foreseen in 2021

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- Amir Ametovic — UT, programme manager Contact Centre S&B
- Marieke de Bakker — Head of Student Counselling University of Utrecht
- Frank van den Berg — UT, manager CELT
- Hans van den Berg — UT, Educational consultant and trainer CELT
- Inge Boomkamp — UT, programme manager Internationalization S&B
- Carla Bruynel — UT, diversity coordinator CES-SACC
- Carolien van Dijken — UT, manager CES-SACC
- Marjolein Dohmen-Janssen — UT, vice dean education ET, contactperson UCOW
- Anne-Marie Hoogland — UT, policy officer and student counsellor CES-SACC
- Saskia Kelders — UT, assistant professor BMS-Positive Psychology
- Bertyl Lankhaar — UT, spokesmen Executive Board (CvB)
- Wilma Meijerink-Ten Thij — UT, organizer employee health week
- Kira Oberschmidt — UT, student BMS
- Hans Oeloff — UT, manager CES
- Jolanthe Schretlen — UT, teacher professional skills Civil Engineering
- Jan Schut — UT, president Platform International Affairs
- Nicole Torka — UT, policy officer HR
- Susanne Wichman — UT, secretary Executive Board (CvB)
- Marc-Jan Zeeman — UT, programme manager Quality Agreements S&B

Panel Student Well-being UT (selection of respondents from investigation, first meeting September 17th 2019)
Platform Studiebegeleiding Groot
Student Union (Sjoerd, Brüggenwirth, Sietse van Mossel, Saikiran Samudrala, Roos de Vries)

Annex 1 UT-facilities related to well-being

Next to (pro-active) meetings with a study adviser/mentor in his/her programme students can make use of the following facilities (possibly) increasing their well-being/mental health or giving the possibility to address well-being related issues:

Group support

Related to study planning, -pace and/or career-Academic and Social well-being

- Open Days
- Group activities Intake & Matching (SKC)
- Programme intro-activities (incl. Kick-In) and University intro-activities (incl. Kick-In)
- Group meetings Study adviser, Academic Skills teacher, Internship coordinator, International Student Support Officer
- Selfmanagement (SACC)
- Study Encouragement Group (SACC)
- Thesis support group (SACC, Dutch)
- Connect programme (SACC)
- Workshops Career Development (SACC)
- Courses UT Language Centre
- Study association

Related to Social and Personal well-being

- Programme intro-activities (incl. Kick-In) and University intro-activities (incl. Kick-In)
- Group meetings Study adviser and/or International Student Support Officer
- Workshops Stress Management, Time Management and Mindfulness (SACC)
- Mindfulness training (SACC)
- Outreach support group international students (SACC)
- Autonomy group (SACC, Dutch)
- Support of SU-PACT and Kick-In (SACC)
- Courses Sports Centre and Vrijhof Culture
- Study programmes, Study-, Student- (incl. international student associations), Sports and Cultural associations organize workshops for their members related to well-being/mental health which are given by student psychologists
- Courses/workshops to support boards of associations organized by SU (sometimes with student psychologists, -counsellors, -advisers as teacher)

Group activities related to well-being offered by programmes may be different per programme and may or may not be part of the curriculum. Examples:

- Study Planning group Technical Medicine
- Class Stress and Stress Management Biomedical Engineering
- Class Homesickness Creative Technology
- Workshop Application Skills Civil Engineering
- Study Skills group Mechanical Engineering

Individual facilities

Programme related (maybe different per programme)

- Student for a Day
- Intake & Matching Study Choice Check (SCC)
- Disclosure of functional impairment/disease before arrival (managed by diversity coordinator SACC)
- Intro meeting/progress meetings study adviser
- Extra guidance study adviser
- Booklet Get Smarter (budget S&B)
- Test facilities (i.e. extra time, separate room) within final qualifications programme (facilitated by exam offices CES)
- Alternative test formats within final qualifications programme
- Alternative courses within final qualifications programme
- Extra exams

Not programme related

- Disclosure of functional impairment/disease before arrival
- Member for a day (SU)
- Buddy (SU)
- Diversity coordinator: i.e. class room arrangements deaf student, devices and software in case of severe dyslexia
- Individual meetings SACC-student psychologist (e-health and face-to-face)
- Individual meetings SACC-student counsellor
- Individual meetings SACC-career services (study check, career guidance)
- Confidentiality officer SACC
- Autism Consultation Hour SACC (together with StuMass and municipality of Enschede)
- Exceptions to university-wide or national regulations (binding recommendation, modern migration, student finance) → CPO-committee
- Financial support (FOBOS, emergency fund)
- Map of support services (Dutch)

Annex 2 Follow-up CPO year report 2017-2018

Recommendations of CPO in their year report 2017-2018 (p. 1 and 2, Dutch)

1. Non-EU bachelor students have to be prepared much better and individually guided. Especially for this group of students for whom lack of study success can have huge consequences, the university has to take responsibility
2. If about 5% of the bachelor students does experience mental health problems, this is worrying but apparently within a nationwide image. In education governance needs to pay more attention to student guidance and well-being in a structural way.

Input of Platform Studiebegeleiding to UCOW (meeting March 12th 2019)

What is most likely hard to influence

- Financial conditions of non-EU students (incl. scholarship requirements like Senescyt)
- Fact that personal circumstances are harder to handle if you cannot go home every weekend
- Fact that consequences of dropping out for non-EU students are harder than for EU-students

What we might be able to do (next to recommendations of CPO)

1. Try to avoid to organize ad-hoc activities. Pay explicit attention to **individual** students in regular PDCA-cycli (UT-wide-faculty-programme). If necessary take extra measures with respect to international students (i.e. excursions or workshops especially for international students). Make sure plans are executed and evaluated and results secured within the regular organization (i.e. SKC, Kick-In, global lounge, acculturation).
2. Many international (BSc-)students do well. Find out what does make them successful and inform the UT-community. Share best practices and documentation among programmes/faculties.
3. In addition to the activities already planned to come to the ''Instellingsplan Studentenwelzijn'' do exit interviews with (international) students who did quit and with (international) students who asked for an exception. Make sure these interviews are done by a person not related to the programme.
4. Thoroughly discuss the evaluation of SKC Spring 2018 and take into account international students when establishing a policy for the coming years. Expectation management is a major issue (i.e. admission is not equal to success). Dutch students should be made more aware of the fact that they enter an international environment.
5. Pay extra attention to the way students are informed between admission and Christmas. NL-students have a hard time to find their way in our information overload. For non-EU students it is even harder. Have members of CES/Platform Studiebeleiding/Platform onderwijscoördinatoren/ISSO (incl. ITC) work together with M&C and students. Facilitate this process.
6. Try to find out what the consequences are of the fact that students BMS, ET, EWI and TNW have to deal with many different staff members in the period between admission and Christmas (admission office, student services, housing, visa, scholarship, study adviser, Kick-In-parent, mentor, student mentor, tutor) and adjust organization if possible/necessary. Compare the situation of ITC (not part of the CPO year report and not fully part of CES-admission procedure and Kick-In) to the situation of other faculties.
7. Renew the Kick-In (esp. BSc) and use the input of PIA and Platform Studiebegeleiding fall 2017 to do so. Take into account the introduction/Kick-In of ITC (as far as not included in input 2017).
8. International students do want to integrate. This process is not facilitated at all times. Examples:
   a) Housing for non-EU students is clustered instead of making it possible to rent furniture to have a non-furnished room in a mixed house.
   b) Non-EU students cannot be a student assistant as the UT is not willing to arrange a working permit.
   c) The length of the academic year (re-sits in week 30) stops B2-students to help in the Kick-In (''I want to be home at least 4 weeks per year'', ''I have to work'').
   d) If students are allowed to make their own project group there is a tendency to have Dutch and non-Dutch groups.
   e) Both Dutch staff and Dutch students will not always use English as a working language in the presence of international students.
   f) Country-by-country or region-by-region world associations are not appreciated by (international) students who seek a ''true'' international association.
9. We may need an extra facility for international students who do need surgery or were very ill. Dutch students will be looked after by their parents in these situations.

Input of Platform International Affairs to UCOW (meeting March 12th 2019)

The platform recognizes guidance of international students as a complicated issue as it concerns lots of units in our organization and therefor would like to stress the following:

- The conclusions and recommendations of the CPO committee are solely based on the group of non-EER students who made a request. Before drawing conclusions on what has to be improved one should more thoroughly investigate the experiences with all non EER students.
- It also would be wise to look into some details of the population making the requests and into the details of the request themselves.. Are they in specific programmes maybe? Programmes with a small or large number of students? Did they come from pre university programme (Studygroup)? Is there a majority with a certain background or nationality? To what matter are the requests related to studying/student life?

Knowing these facts will make it much easier to conclude where and which improvements are needed. Non-EU students probably will always be the group having most troubles to adapt. As a start requirements can be derived i.e. from the Erasmus Charter Higher Education, national law and or existing agreements between UT and third parties.

The following suggestions for improvement were formulated by PIA in the meeting of the 26th of February. Improvement will be best guaranteed if there is an integrated approach applied throughout the whole organization (see also remarks in footnote)

Social networks.

Students will need social networks. Otherwise social isolation is likely to happen. Though we are striving for contacts between all our students it is of great importance that international students before and on arrival can be in contact **with UT students of the same country, region**. Existing student associations from different countries can do a lot here.
To develop social networks consisting of both national and international students, also the national students should be made aware of the benefits of such. Studying in an international programme and/or living on an international campus includes all students to act in line with this. National and international students should experience the Kick-in, study associations, housing policy, language policy, etc. in a setting where all students are addressed.

Learn from best practices.

PIA expects there are programmes where there are none or little international students having requested an exception for BSA, where international students do not feel socially isolated, where no specific problems occur in the population of international students.
One should investigate how these programmes are achieving this and learn from them.
One should also look at best practices elsewhere (outside UT)

Expectation management. Information throughout the whole period of admission->arrival->study->graduation->alumnus

Information given to the student between admission and arrival and between arrival and settling down in the study should be providing a realistic view. To support such, some countries pre-departure meetings are organized (by NESO i.e.). Next the info on housing, on campus life and on starting out the study should be delivered to the student before arrival. We will need a certain guarantee the information has indeed reached the student.
Participation in the Kick-In-seems to be of major importance, drop-out rates of students (all categories) not participating are high.

It all seems to come down to ensure we communicate well with the students.

We do have a lot of information available at websites and we all do our best to communicate with the students. But it turns out the essential information does not always reach the student in the sense of making the student really aware of it. We communicate via different channels which has the danger of not communicating messages uniformly. Currently the UT is running a project to set up a Contact Centre which could help out to solve this.

Conclusions

The above-mentioned improvements are suggested based on the info of the CPO report and on experiences of our units (faculties and service departments). As said before in order to come to more adequate improvements more specific research should be done.
It would be wise, parallel to the above mentioned research, to define a projectgroup looking at:

1. How do we deal with non-EU international students in the current situation?
2. What do we think should be done?
3. Who are the important players to be involved here?
4. **Realize a facility/facilities for non-EU students to decrease the number based on the outcomes of 1,2,3,**

Note: the Platform International Affairs took notice of the input of the Platform Studiebegeleiding and recognizes many of the findings, advices and recommendation there. The Platform International Affairs writes down its findings looking from the angle of coordinators internationalization of service departments and faculties.

Advice of UCOW to Executive Board based on their meeting March 12th 2019

The UC-Ow supports the advices and recommendations of the platforms PIA and Studiebegeleiding Klein regarding the CPO evaluation 2017-2018. Additionally, the UC-Ow advises the Executive Board

- not only to look at foreign students but also to include the Dutch students in motivating them to be open for internationalisation: Cultural awareness is present, but could be improved.
- Next to this the UC-Ow advises the Executive Board to investigate the possibility of including the required level of English as a selection criteria, like TU Delft and the TU Eindhoven, to help prevent international students of becoming isolated. Regulation and Developments are to be checked beforehand.
- Furthermore the UC-Ow advises the Executive Board to follow the advices of the platforms regarding attention and responsibility for student counseling.

Decision Executive Board (March 25th 2019)

The Executive Board:

- takes note of the report and the recommendations of the CPO
- instructs CES to prepare an action plan, based on the recommendations of the CPO, the UCOW and current initiatives with a focus on communication to the UT society
- gives CES permission to contact the students of the UT via e-mail for a study in the field of mental health

Current initiatives referred to in the input to Executive Board:

- CES research into the mental condition of UT students in collaboration with the Department of Positive Psychology
- CES participates in the national student welfare working group
- CES collaboration with student pastoral care
- new M&C webpage with specific information for prospective international students
- International Support Group initiated by CES
- buddy committee of the SU
- insurance conditions for internationalization have been adjusted, from September 2019 onwards, pre-existing conditions and mental support are also insured
- breakfast sessions with students to map issues
- kick-in program is evaluated by SU to better respond to international participants
- CES is preparing a proposal to make the Good Habitz digital training offer also available to students
- SU cooperates with VGZ to offer preventive workshops

Annex 3 Summary 1st Mental Health Conference-presented and hosted by ESN Twente

This document summarizes the opinions, suggestions and concerns that UT students and staff have concerning mental health. They were collected during the first mental health conference that was hosted by the Erasmus Student Network Twente on 30 April 2019 in the DesignLab, with around 60 people attending and giving valuable input. We hope that the results will be helpful to implement effective policies regarding mental health.

How to break the stigma surrounding mental health?

- Talk about it, public speeches
- Stay active, find people with the same problems
- Online platform
- Get together sessions
- Create UT media campaign
- Realize that everybody can get it, like the flu
- Add trigger warnings to lectures
- Everyone has a mind, everyone needs tools and techniques for dealing with mental health
- Get recovered people to tell their stories and let them inspire others

Opinions/suggestions about UT policy regarding student/staff well-being | What needs to change?

- Mental health policies should be linked to or integrated with other policies, e.g. curriculum (Twents Onderwijs Model, marketing etc.). With more free time by having shorter terms (other universities do it, why not Twente?), the stress could be lessened, and you'd treat the cause of many health problems, not the symptoms.
- Lecturers, staff members and thesis/project supervisors need to be trained to be more aware of students' mental health. Students with problems don't always seek help so the environment needs to become more aware.
- There should be more flexibility in terms of taking courses, e.g. from other faculties or programmes. Students should be able to choose what interests them and often those are subjects from outside the own study.
- There should be more skill-based courses across all programmes, e.g. design classes that teach programmes instead of "design thinking". Students want to feel like they have learned something when they have to enter a job but many feel unprepared and lost at the end of their degree.
- Non-curricular activeness, like board years or committee activism, language courses or skills courses should be encouraged (e.g. through EC's) and included in the schedules.
- There should be fewer "big" assignments (counting for big percentages of the final grade). This decreases the pressure and spreads the workload better throughout the year. Other universities do this already.
- Many assignments should be more practical. People who suffer from mental health problems like to have a final "product" or the feeling that they accomplished something, which is rarely the case with purely research-based assignments.
- There should be more support from the UT for international associations, as too many international (and national) students don't know about these associations at all, even all of these associations are striving towards the UT's goal of creating a multinational social network already. UT teams, sports and business associations are much more supported.
- There should be more flexibility in the way students can finish their assignments, e.g. more flexible deadlines and less serious consequences for a missed deadline.
- Psychology students should receive credits for learning/practicing techniques that improve mental health.
- The barrier to get professional help should be minimized, e.g. through chat support. People with mental illnesses find making a phone call or making an appointment incredibly difficult.
- The locals should be included more: What do they want? What are their expectations regarding students/city?
- There should be more counsellors and psychologists.

- The counsellors should understand the problems of international students better, especially non-EU students. The gap in culture between students and counsellor seems to affect the way the conditions are treated. They only end up sympathizing rather than providing any credible solution to the problem.
- Activities should be held regularly to encourage participants to share the difficulties they encounter, e.g. regular working groups. Rather than waiting months for the survey results, this is something that can be done in the meantime, to get an indication of what students really need and what is pressing.
- The grading system at the UT is not rewarding, as excellent grades are rarely given even for outstanding work. The downgrading of grades does not show appreciation for students' achievements and leads to a lot of frustration. Other universities, also in the Netherlands, do not round up/down to even grade numbers, the UT should do the same.
- There should be a UT media campaign that is focused on student well-being, instead of academic achievements only → make the UT the most welcoming university!
- Especially the pressure during the first year of study should be lessened.
- One student quoted their roommate: "Enschede/UT feeds my brain, but not my soul".
- The campus doctor seems to prescribe blood pressure pills for students with anxiety and there seems to be no referral to psychologist at all. This is dangerous and unprofessional and needs to change.

Activity ideas for student/staff well-being

- Mental Health Week, with educational and stress-relieving activities and tips
- Conferences/events promoting human connectivity
- Pressure-releasing activities, e.g. yoga, writing activities, free massages
- Animal visits on campus, e.g. dogs or alpacas. These have been shown to help with immediate stress.
- Nature activities, e.g. guided nature walks should be integrated into mental health programmes, as nature provides a calming environment and sunlight.
- Advice on where to go to relax + the UT should offer more places like that
- UT media campaign
- Coffee meetings
- In the Kick-In, internationals are not allowed to join Dutch fraternities like Audentis and Taste! This needs to change and those associations need to be monitored more closely, as they are quite discriminating towards internationals.
- Psychological courses should be set up to teach well-being, similar to "Happiness courses" that are done at Harvard or "Design your life" from Stanford
- Mindfulness lectures and goal-setting lectures
- Movie nights about mental health
- Include the Dutch in the question on how to make the UT more welcoming for internationals

Annex 4 Evaluation Instellingsplan Studeren met een Functiebeperking 2015-2018

Most important improvements as identified based on the evaluation of Hoogland & Bruynel (2018):

- Improve communication about/with students with special needs. Improve communication both with students and with employees. Examples of possible actions:
    - Translation of ''sociale kaart''
    - Registration of facilities in Osiris
    - Registration of underlying documents in JOIN
    - Include input of students with a functional impairment into PDCA
- Distinguish between different groups within the special needs students. Focus if necessary on specific groups and do increase expertise if necessary. Examples of possible actions:
    - Increase knowledge among (teaching-)staff esp. about AD(H)D and ASS
- Improve transparency of procedures and describe mandates. Examples of possible actions:
    - Mandates of study advisers in the facility and exception-procedures
    - Description of procedure(s) to obtain facilities and/or exception via the website (so not only in Canvas). Identify differences among programmes

In the discussion on the evaluation of Hoogland & Bruynel (2018), the University Council has asked to implement the following:

- It should be more clear which information and facilities are given to (upcoming) students (in general and specific with a functional impairment). If differences occur between programmes an university wide policy should be in place.
- A starting point for the current UT-policy is that the final qualifications of the programme are leading (see chapter 2.3.3). The University Council wants to know to which extend final qualifications are/can be adjusted to facilitate students with a functional impairment.
- Providing insight in the number of students who make use of facilities should be part of the new plan.

Annex 5 Well-being related findings and plans

This annex contains documents/findings that were gathered during the writing of this plan. Within the given timeframe it was not possible to thoroughly process and select relevant elements to be incorporated into the UT-plan.

International

Bristol Model and King's College

Both Bristol University (2018) and King's College (2018) have developed an approach to address student wellbeing. Groot and Siebrecht (2019) do propose to implement the Bristol-model as a starting point for the activities of ''Landelijk Netwerk Studentenwelzijn Hoger Onderwijs''. The model includes the following elements:

- Leadership: mental wellbeing is a strategic priority of the university
- Transitions: students are supported during important transitions (secondary school-university, BSc-MSc)
- Prevention
- Early intervention
- Easy accessible student guidance
- Sufficient and well-trained staff
- Cooperation with external partners
- Data and research: evidence based

It is not clear to what extent the Bristol Model will replace the starting points and pillars as set out in Ambitie Studentenwelzijn and Actieplan Studentenwelzijn.

National

Essay Raad Volksgezondheid en Samenleving

The essay ''Overbezorgd: Maatschappelijke verwachtingen en mentale druk'' (RVG, 2018, Dutch) sketches the problems of current adolescents being under pressure by their own and employers expectations about the need for high grades and extra-curricular CV-building and the need to have a demanding social life (both real and virtual). The essay offers two starting points for (among others) educational institutes to help students deal with this pressure:

- Learn students to manage their own and external expectations and do so within the setting of the programme. Pay special attention to career development and professional skills.
- Give space to different ways a student can arrange his/her personal life. It is recommended that educational institutes need to be more flexible in the way they select and assess.

Landelijk Netwerk Studentenwelzijn

The University of Twente does participate in Landelijk Netwerk Studentenwelzijn. This network did present a draft describing its way of working in June 2019 (Groot and Siebrecht).

Well-being plans/-activities of other universities

Many universities (of practical sciences) have published a student well-being plan or working on their plan. Next to ''Landelijk Netwerk Studentenwelzijn'', also the Landelijke Vereniging van Studieadviseurs (LVSA) may be a source of info. Some examples of actions/measures taken:

- Student well-being week — Universiteit Utrecht, Radboud University
- Student well-being website — Wageningen University
- Huiskamer (lounge) — Erasmus University

Comenius programmes

Within the Comenius-programme Student Well-being is one of the themes as is the international classroom (see https://www.nro.nl/comeniusbeurzen-2019-van-start/, September 16th 2019).

Schipper EUR: goalsetting for 1st year students

The Department of Technology & Operations Management of the Erasmus University (Schipper, 2017) did increase motivation and results of especially boys impressively by introducing a compulsory goalsetting programme for 1st year BSc-students. It is stated that people with a strong sense of purpose do have lower

stress hormones.

University of Twente-UT-wide

Well-being among UT-employees

In April 2019 a report was published presenting the results of a study on well-being among UT employees (Leede, Meijerink & Torka, 2019). This study did focus on work engagement and work pressure. Some relevant findings from this study:

- Over 70% of academic staff reports (too) high perceived workload. Staff of service departments (except S&P) are reporting a lower perceived workload (section 3.2.2).
- It is worthwhile, next to other measures, to facilitate self-management as a means to reduce stress and to improve hierarchic leadership for variables like recognition of performance and feedback.
- In situation of high work pressure pro-actively increasing structural and social resources (like asking for support and coaching) will help. In such a situation the increase of challenging resources like expanding skills and knowledge and taking up extra responsibilities will increase strain.

Brinksma Innovation Grant

The Brinksma innovation grant 2017-project focused on threshold learning concepts in learning research skills in IEM (Löwik, 2019). The approach might be used in learning of other (academic) skills as well (incl. skills related to well-being). An application for the grant maybe used to investigate the link between education and student well-being.

Literature review Hans van den Berg

Hans van den Berg (CELT) did do a literature on depression among students. It can be found via his Linked-In page.

University of Twente-programme specific

Programmes do have different student populations which may ask for different approaches. This fact should be taken into account when developing plans. This section does describe some (best) practices and research within the programmes. It is not the result of a thorough inventory.

BSc-Biomedical Engineering

Dealing with stress: workshop offered to all 1st year BSc-students.

BSc-Civil Engineering

Within Civil Engineering a CEE-project was executed in the past years (see Alink et.al. 2018 & 2019). The starting point of this project was that students do expect problems related to academic skills (conclusion based on NOA-questionnaire) but on the other hand indicate that they don't like academic skills education. The project revealed that this was not related to their mindset related to learning

BSc-Creative Technology

Home sickness: workshop within professional skills

MSc-Geo-Information Science and Earth Observation

The well-being of the ITC student is taken very seriously by the Faculty ITC. In 2018 for the fourth time in a row, the master programme Geo-information Science & Earth Observation received the quality seal 'Top rated programme' in the Dutch Keuzegids Masters. The score for the geo-information programme is 92, which is exceptionally high for a programme with over 200 students, CHOI stated. Usually, such high scores are only presented to smaller educational programmes So where do these two meet? In the teaching and learning environment of the faculty ITC. Integration of well-being into the education and study programme seems to be the key for improving well-being in the international classroom. This high score can be directly related to the ITC SCC policy and implementation. With regard to the implementation of the ITC SCC, there is a separation between social and academic guidance. The academic guidance lies with the academic staff. Social integration lies with the ITC Student Affairs. The linking pin is the Programme Manager/study adviser with the role as "stage manager". The programme manager/Study Adviser ensures correct implementation of the policies. The mentor role within the ITC aims to provide individual students with academic guidance, for them to: make well-informed decisions on own learning goals; align choices for their desired future (academic) career and personal growth; optimize the learning process and performance.

BSc-Mechanical Engineering

During the Kick-In period of 2018 and at the end of September 2018 a small inventory was done within BSc-Mechanical Engineering using Shakespeak during lectures.

- One week before the start of the programme (during the Kick-In) almost 50% of the students indicate that in highschool they did not have to work hard to score high grades (> 7.5). 40% is not worried at all but 30% does worry about their knowledge, skills & attitude, 7% about their housing situation, 6% about their family, 6% about their finances and almost 10% worries about everything.
- After the first test at the end of September only 10% is not at all stressed, 48% is stressed about the workload, 20% about other factors related to the programme and 20% is stressed about personal or other circumstances
- Based on findings in Q4 it can be stated that a goalsetting study skills group may increase well-being of BSc ME-students. In Q1-3 this group is voluntary and will hardly attract participants. In Q4 it is one of the choices within academic skills (0.5 EC load, pass/fail condition within the project).