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The prospects for protecting students' health and well-being in the activity of university medical-psychological centres in Western Europe

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Abstract:

The main purpose of my theoretic-empirical studies is to analyse the priorities and specificities of university medical-psychological centres in Western Europe. In my quantitative and qualitative analysis were compared the differences and convergences of health protection and the re-establishment of well-being of students in these medical-psychological centres and their subsidiaries - psychological aid services.

Keywords: socio-psychic activity, protection and health prevention, diagnosis and treatment, psychological help and psychotherapy, problem solving.

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Перспективы защиты здоровья и благополучия студентов в деятельности университетских медико-психологических центров в Западной Европе

Аннотация

Основной целью моих теоретико-эмпирических исследований является анализ приоритетов и специфики университетских медико-психологических центров в Западной Европе. В моем количественном и качественном анализе были сопоставлены различия и конвергенции охраны здоровья и укрепления благополучия студентов в этих медико-психологических центрах и их филиалах - службах психологической помощи.

Ключевые слова: социально-психическая активность, защита и профилактика здоровья, диагностика и лечение, психологическая помощь и психотерапия, разрешение проблем.

Introduction and methodology

University students are going through a period marked by many changes in the psychological, social and family spheres, often with a weakening of their biopsychosocial equilibrium. By his age, by his status, the student is therefore in a particular period of life, marked by the persistence beyond the years of adolescence, of a significant dependence on parents or their substitutes. The problem of this young adult (post-adolescent) is no longer that of defensive redevelopments in relation to the bodily transformations of puberty, but that of entering a relatively autonomous social life that is still in the process of identity development of personalization and individualization. Therefore, academic institutions, by its importance, plays the transient role of the relay's identifying figure in this movement: the student maintains financial and social

dependence, while moving towards more individual autonomy. This conflict is gradually resolved into a gradual investment of intellectual and creative activity, social and physical activities in this pre-adult life. However, the explicit issues that motivate the request for medical-psychological consultation generally appear to be adequate to the particularities of the students, because they focus first on issues of dependence and autonomy under various avatars: the cultural and social change of students, the separation of family landmarks and conflicts related to dual spatial and social belonging, etc. Several researches on student health, conducted in Western European countries, show a high prevalence of problems affecting the health and well-being of these young people. The awareness of the potential difficulties associated with this crucial period of life has led universities to set up medical-psychological care structures and to provide students with free and adapted places to consult. It should be noted that their organization and importance vary depending on the country, the type of university and the financial and organizational resources available on site. In some countries, for example, universities are organized on campuses and provide the medical-psychological services they need (Germany, France, Grand Britain, etc.); but in other countries (Switzerland, Italy, the Netherlands, etc.) the majority of internal health prevention structures set up tend to act as interfaces with teaching, academic administrative structures and external medical-psychological structures (consultation rooms, hospitals near the university campus). Given this very current problem the purpose of my theoretic-empirical study is to analyse the objectives of these centres and to clarify their particularity in the different countries of Western Europe. The methodology of my analysis is based on three specific axes: to analyse several meta-analyses carried out in different European countries, to compare surveys and empirical studies carried out on a representative sample of students, to take into account the scientific work devoted to this issue and to share my personal experience as a researcher and university lecturer.

1. Analysis of the major priorities of university medical-psychological centres in Western Europe

Currently, student health has become the major shared concern in academic institutions. Several studies and reports by World Health Organization (WHO, 2018), the Observatory for Student Life (2016-2020), different student mutuals, health insurances and other surveys on this subject have alerted students to the fragile state of health. The empirical studies cited above and several synthesized scientific research (Kanuri, Taylor, Cohen, Newman, 2015; Eisenberg, Golberstein & Gollust, 2007; Vermet & Knaeps et al., 2015, etc.) allow me to get an idea of the prevalence of medical difficulties presented to students. Although the methodologies, observation times and samples of these different studies carried out in Western European universities are quite disparate, conclusions can be drawn on student health problems, precisely: 25 to 38% of students exhibit depressive suffering, 10% to 16.5% of students have a variety of chronic diseases, 5 to 15% of students have anxiety disorders, depression and burn-out, 5 to 10.5% of students have an eating disorder, 5% to 17% of students regularly use alcohol, cannabis and drugs, 4 to 15% of students have or have recently had suicidal thoughts, etc. For example, in France, the study "The health of students and young doctors" carried out in 2016 by the National Council of the Order of Physicians, also gives the following indications: "25% of medical students who responded to this survey reported being in a state of average or poor health: this rate is particularly high among graduate students, since they represent more than 30% of this category" [1]. Rotenstein and col. (2016) conducted a meta-analysis of 195 studies

involving 129,123 medical students in 47 countries and found that: “27.2% of students had mental health problems, 9.3% to 55.9% - had depression, 11.1% -reported suicidal thoughts, 7.4% to 24.2% -had stress and anxiety disorders. However, only 15.7% of these students with depression would have been treated”[2]. It should be noted that these prevalence’s among medical students are quite similar to those found in all students in other academic disciplines. Similarly, studies by Verger and col. (2010) confirm: “30.5% of students, among those with a mental disorder, consult a health professional, 16.7% of them consult a physician and 17.8% of them consult a psychologist or psychiatrist. Even more worryingly, only 35% of students with the most severe mental disorders consult a health professional: 19.6% a general practitioner, 23.3% a psychologist or psychiatrist” [3]. According to these authors, the barriers to access to care are mainly related to representations of psychological difficulties and the lack of availability of students' time. From my point of view, the barriers to the consultations are multiple, including: 1) lack of knowledge of the symptoms of different diseases, 2) the shameful feeling of talking about one's health problems, 3) the lack of knowledge of free public health networks etc. It should also be noted that for this reason, in England and Ireland, universities have for many years developed campus-integrated public health centres, with cognitive-behavioural prevention, general health education and student well-being programs. In France, the *French Student Health Foundation* (FSHF), with several universities in France, offer hospitalizations in study care, allowing students to access medical-psychological consultations: individual and multidisciplinary consultations, group psychotherapies, specific individual or group educational workshops, etc. In most Western European countries, three-step prevention involves taking into account medical-psychological difficulties: 1) primary prevention (actions to reduce the frequency of symptoms of a disease diagnosed by decreased causes and risk factors, incidence corresponds to the appearance of new cases); 2) secondary prevention (actions to detect a diagnosed disease with rapid and effective treatment to contain the harmful consequences); 3) tertiary prevention (actions to reduce the progression and complications of the disease and promote a speedy recovery). The general practitioner, the psychologist and the psychiatrist within the university structure position himself as one of the links in the aid chain that must be organized with the interdependent intervention of each. This prevention must be consistent with the Ottawa Charter, which includes health policies, taking into account the specifics of the student population, precisely: "Build healthy public policy, create supportive environments, strengthen community action, develop personal skills, reorient health services, moving into the future: health is created and lived by people within the settings of their everyday life; where they learn, work, play and love, etc.” [4]. According to the results of my study a number of primary prevention actions may also be recommended: 1) targeted preventions (to reduce the use of tobacco, alcohol, cannabis, drugs, stress, conflicts, etc.), 2) the fight against financial insecurity and isolation, integration assistance and social assistance, 3) free screening of various infectious and communicable diseases (sexual diseases, various infectious diseases, etc.) and different vaccinations. It should be noted that secondary prevention also requires the support of many professionals at the university who are in contact with students (professors, teachers, administrative staff, social counsellors and disability services) in order to carry out a close interdependence between educational, social and medical-psychological accompaniments. On the other hand, an informative telephone monitoring device on care pathways and other communication tools (websites, smartphone applications, classical communication displayed in universities, etc.) are absolutely necessary within universities. Among the major actions of secondary and tertiary prevention I can distinguish 1) the development of the offer of hospital care-study, 2) strengthening the specific reception of students in various health sectors and links with specialist doctors' consultation centres, 3) continuing the care of medical-psychological centres of students even if they have moved or changed universities, etc. In addition, psychiatrists, general practitioners-physicians and

university psychologists, who take care of students in their practices, could greatly benefit from long-term interdependent exchanges as part of a prevention network with specialized doctors (neurologists, gynaecologists, dermatologists-venerologists, urologists, cardiologists, dentists, gastroenterologists, otolaryngologists, etc.) whose consulting offices are close to the major university sites. According to Radtchenko-Draillard (2019) "Burn-out appears above all as an interdependent consequence of conflicts that exist at different levels": 1) at the intrapersonal level; 2) at the intersubjective level; 3) intragroup level; 4) at the intergroup level; 5) at the international level. In order to summarize the impacts of burnout on health in general and the nervous and immune systems especially in the various researches, I synthesized in the table the main dysfunctions, psychological disorders and various diseases that appeared with the development of burn-out" [5]. In addition, these missions echo a wish expressed by university presidents, namely that an annual comprehensive medical and psychological visit be made mandatory at the university to establish a health check and to provide students with information on the resources available to them to accompany them in the protection of health. This identification requires a methodology that is not limited to screening but to integrative management of medical care and the consolidation of student well-being.

2. The peculiarities of psychological work to reinforce the well-being of students in Western European universities

The consequences of students' difficult adjustment to adult life require the establishment of psychological and psychotherapeutic centres to reinforce their well-being (Wasson, Cusmano, Meli et al., 2016; Pedrelli, Nyer, Yeung, Zulauf & Wilens, 2015; etc.) The various reports underline the need for the completion of the project of a working group called PSYCHE (Psychological Counselling in Higher Education) and the organisation of the European Forum for Academic Guidance. It should be noted that their main characteristics in the context of the West-European university orientation are: 1) gather information and place it in a context where it will be useful, 2) verify the quality of the educational support set up at the university, 3) take into account current and future professional opportunities, 4) pay as much attention to the evolution of students' academic success as to their personal development and health. Let us also analyse the specific work of these centres in the different countries of Western Europe. Precisely, in France, the university information and guidance services bring together psychologists and social service assistants; student mutuals, student actions themselves "health workers" and university psychological support offices. Their essential recommendations for the health and well-being of students have been developed: 1. creation of an application *P@ss Youth Health*, a site that will allow students to meet free of charge the doctor of their choice (general practitioner or specialist) for a health check-up, 2. systematic initial and continuous training of teachers and education staff in psychology and youth health issues, 3) the conception of a hotline dedicated to all staff of higher education institutions, 4) the creation of the single body of psychologists of National Education-Higher Education, 5) the interactive reinforcement of university medicine on the one hand and university psychological support offices on the other. We should also add the implementation of national and territorial management of the "Well-being and Youth Health" plan (2016-2020) and the creation of a student social security scheme. The creation of a *National Institute of Youth Health in France* coordinates prevention, intervention, training and multidisciplinary research initiatives in one place that brings together

resources on youth health by combining all medical, psychological, social and other disciplines. The Teacher Support Device and the Enhanced Education Support Device for the disability centre have also been created in French universities. In addition, there is the "*Night Line*" device which aims to listen and support students in psychological difficulty or for other personal problems; it is a group of volunteers who have received psychological training to receive calls and chat with students on the model of similar arrangements that exist in Great Britain, Ireland, Belgium, Germany and France. It is based on four fundamental principles: 1) the service is anonymous, 2) it is confidential, 3) it is without judgment, 4) it is non-direct. These devices have a partnership with the Department of adolescent and young adult university psychiatry to carry out this accompaniment. In Great Britain, most institutions have guidance counsellors as well as psychological aid practitioners. The *Counselling and Advisory Service* (CAS) is part of a University Service that includes a Housing Service, a Referral Service, a Health Service and a Chaplaincy. The Housing Department looks after students who live in university residences or private apartments and who have rent problems. The Referral Service helps them find the career or profession they would like at the end of their studies. The Health Service provides emergency medical advice and care; it provides contraceptive advice and vaccinates students. This service and the *Psychological Aid Service* (PAS) work together most closely. The Counselling and Advisory Service has close ties to teachers, who also have a pastoral role in the institution. Psychologists meet regularly with tutors to talk about students' problems and to offer their help. Psychological aid work in Britain is based on psychoanalytic or psychodynamic-inspired psychotherapy; many of them also base their work on Freudian theory, Lacanian, Kleinian and Bionian theories, Rogerian theory, Gestalt-analysis, Transactional-Analysis, etc. In addition, some practitioners are inspired by cognitive and behavioral theories and testing. According to these psychologists, students who consult them have many different personal problems (a) bereavement after the death of loved ones, b) unexpected traumatic experiences, c) break-up situations, d) housing problems, e) financial difficulties, f) problems with their university teaching and learning, g) poor time management, development of burn-out, h) indubitable for adult life away from their families, i) stress, anxiety and depression, j) eating disorders, k) suicidal ideation, l) sexual abuse disorders, m) psychiatric illnesses, n) insomnia, o) physical symptoms and doubts about their gender identity, etc.). Each practitioner's work is supervised by a therapist outside the team. This individual supervision is required by the *Association for Student Counselling* (ASC) and it is in this context that the study of individual cases and other professional problems are regularly discussed with an experienced practitioner, outside the academic institution and administration, so that the work can be systematically monitored and evaluated. In Ireland, the activity of Irish psychological aid practitioners is similar to that of their English counterparts and it is not uncommon for Irish Psychological Aid practitioners to be members of the *Association for Student Counselling* (ASC) in Great Britain, in addition to their own Irish association. In Germany, the *Orientation and Psychological Assistance Centres for Students* (*Zentrale Studienberatung - ZSB*) are an integral part of German universities dealing mainly with the field of psychology and psychoanalytical psychotherapy. Personalised counselling is a service offered by most *Counselling and Psychological Help Centres*. For example, counsellors and psychotherapists specialize in counselling and short-term psychotherapy. Their main tasks are: 1) the psychological support for students who have personal problems affecting their health, well-being and university education, 2) the organisation of staff at the Counselling and Psychological Aid Centres, 3) the implementation of concepts and forms of Counselling and Psychological Assistance, 4) the evaluation of the effects of the Guidance Council and Psychological Aid. But

since each land has a right of cultural sovereignty, special financial and political structures may differ from one land to another. At the same time, several important trials were attempted in order to establish adapted career orientation projects taking into account the singularity of the student as a person and his professional and personal development. In Denmark, the *University Psychological Aid (Studenterradgivningen)* is to provide social, psychological and psychiatric services to higher education students. These services are free, but unfortunately the credits available to each centre are not sufficient and students are obliged to register in advance and be on the waiting list. In each faculty and institute of the university as well as in other higher education institutions, there is a tutoring and study-specific aid institution that cooperates to some extent with the local tutoring and aid institutions and the central aid institution. These centres are established to list students' problems in the following order, ranging from more specific problems to broader personality disorders (precisely : a) anxiety and fear of failing exams and university studies, b) problems adapting to student life, c) isolation and inability to establish or maintain interpersonal relationships, etc., d) bereavement problems, loss of one of his parents, e) sexual problems, f) eating disorders, g) addiction problems, h) more specific neuroses, various disorders, etc., i) depression, sadness, loss of self-esteem, j) early affective deficiencies, etc.). In Italy, psychological services have been set up with the specific aim of providing assistance to students with emotional problems and/or difficulties in continuing their studies. In Italy, students cannot take the initiative on their own to contact *Psychological Assistance Services (Centro di Consultazione Psicologica per Studenti Universitari)*. In most cases, these services started as *Psychological Assistance Services* and do not support career guidance activities. In the Italian context, Psychological Assistance Services may adopt the following different ways of organising: 1) a fully private, autonomous service, 2) a service with agreements with the city or with the regional council to promote university studies, 3) a service managed and run by the University that benefits from the participation of the Board of Directors, 4) a service that is part of the National Health Service. Highly qualified staff work in almost all departments. These professionals, however, do not see themselves as practitioners of Psychological Aid, but rather as university psychologists (PhD), psychotherapists, etc., even though they are aware that they need to adapt their traditional tools to the institutional context, the age of the client and his or her problems, and the short duration of the relationship. The Freudian psychoanalytic approach prevails over other theoretical approaches, even if they are also used (systemic, cognitive, behavioral therapies, projective and psychometric testing, surveys). In Belgium, all universities have free psychological services to help students, but they are a little different in French and Dutch-speaking universities; sometimes they are independent of other services (social assistance, medical assistance, information on education and career guidance, housing assistance); sometimes they have among the many large medical-psychological centres and offer the following aids (vocation orientation, access to medical care, educational- administrative guidance, psychological assistance). Highly qualified psychologists (often doctors in psychology) consult in these university departments with the following modes of intervention: 1) assistance in the choice of studies, 2) a personalized psychological consultation with interviews and testing, 3) conflict management workshops and burn-out prevention, 4) psychoanalytic or behaviour psychotherapies and other actions to strengthen the health and well-being of students, etc. In the Netherlands, not all university psychology services have the same responsibilities. For example, in some universities, it is other services that are responsible for conducting psychological tests or it is done in services outside the university. These differences are the result of local university development. Students can go to some *Psychological Help Services* at any time, during office hours, in other services they must make

an appointment for the first interview. Some services use a more direct procedure in which the difference between admission and treatment is less well defined. Most of the students in these services are followed individually, there are also group therapies that take place themed centred on common student problems (a) anxiety about the exam, b) lack of self-confidence, c) interpersonal conflicts, d) burn-out, depression and stress, e) the problem of orientation in his studies, f) the fear of failure in studies, etc.). Psychological tests are mainly used to ensure that the student has chosen the right section. There is also a series of tests to determine which psychotherapy will be most appropriate. Within his department, the student can generally consult two people: a) the professor or the teacher- to obtain information about his subject, the choices he can make and his personal progress; b) the tutor- to have information about studies, programmes, progression, options and all exceptional circumstances. In order to improve the well-being of students outside the department, in addition to the *Psychological Assistance Service*, there are generally a number of central services that work: 1) mediators or independent counsellors 2) a career orientation centre, 3) a methodology service with workshops in the field of learning - organization of studies, etc.). In Portugal, there are several other *Psychology Aid Services*, attached to the various faculties of Psychology, but which are not particularly aimed at students of Higher Education; these services are open to local communities as well as students. Psychological aid is practiced mainly by students in Psychology of the third cycle (Master 2 Research, PhD or Doctorate), as part of their training, and they are supervised by the professors of the Faculty of Psychology. In Spain, the organization of the COU (*Curso de Orientacion Universitaria*) is the responsibility of each university and each higher education institution organizes information conferences for students, publishes study guides and prepares and passes selection tests for university entry. These services are organized by the administration of universities and the attention paid to the needs of students depends on the different departments or "vice-rectorates", teachings, etc., The themes of these services are: 1) orientation and psychological help, 2) general interventions on problems such as stress, sleep disorders, eating disorders, depression, anxiety, etc., 3) prevention actions, particularly regarding substance abuse and alcoholism, 4) special attention to activities for students with disabilities. In Switzerland, psychotherapeutic consultation for students is part of the reception and brief interventions section of the General Psychiatry Department, which brings together several health programmes, offers short health check-ups and psychotherapeutic interventions, and interviews for individual consultations and hospital interventions using a specific crisis model. The Reception and Brief Interventions Section is also available to primary care physicians and health professionals who wish to obtain specialized advice (consilium) or crisis follow-up for a student or his/her family. Psychotherapeutic consultation depends on the University Department of Adult Psychiatry with the participation of university psychologists (mostly doctors of psychology), which guarantees a certain independence from academic structures and reassures students about confidentiality. The conceptual framework is that of a Freudian and Jungian psychoanalytic approach or inspired by a psychodynamic investigative model. In this context, the analyst (psychologist and psychiatrist) must adapt his listening tools to the compelling needs of students who require careful decryption before an implicit or explicit agreement can be made on the start of a possible psychotherapy. Students often consult psychologists and psychiatrists in their early years of study to alleviate personal suffering (including: disappointment, disillusionment, conflicts, stress, burn-out, anxiety and doubts about their academic orientation, ability to succeed in the chosen university course, etc.) and reinforce their well-being. For this purpose, Freudian analytical psychotherapy is more often used by the university psychologists. However, Freud's reflections on his use must be taken into

account (1937-1938): “ For the work of analysis proceeds best if the patient’s pathogenic experiences belong to the past, so that his ego can stand at aa distance from them. In states of acute crisis analysis is to all intents and purpose unusable. The ego’s whole interest is taken up by the painful reality and it withholds itself from analysis, which is attempting to go below the surface and uncover the influences of the past.” [6] On the other hand, the missions of university psychologists in these centres must be well defined. In this regard Radtchenko-Draillard (2020) considers that considers that there are two main axes of their missions : 1) the missions of university psychologists of the specialty - "learning, development and advice in academic-professional orientation" exercise in the Centres of Information and Orientation (CIO); these missions are also based on psychological tools and methods adapted to students in difficulty and at risk of university disinvestment (with the following methods -interviews, observations, tests, assessments, psychotherapies, etc.), and finally they orient themselves towards a qualification for their socio-professional integration: 2) the missions of psychologists of the speciality "clinical psychology, psychoanalysis" practice in the Medical-Psychological Centres (MPC) of higher education where they provide a rapid therapeutic and psychoanalytic solution to the symptom of each subject; it is an individual clinic, these psychologists work in these different settings (personal, social, medical, judicial, etc.) with a multidisciplinary team (neurologists, generalists, psychiatrists, lawyers, etc.). [7] Indeed, in a university institution, psychologists and psychiatrists must add to the traditional practice of analytical therapy the other tools, including: psychodrama, art-therapy, music-therapy, orientation workshops, role-playing, mediations, negotiation sessions, etc. (Hewlett& Park, 2017; Eisenberg, Golberstein, & Gollust, 2007; Radtchenko-Draillard, 2011 and others).

Discussion and Conclusion

The absolute majority of qualitative and quantitative research in the form of official reports, questionnaires, theoretical and methodological scientific analyses, surveys alert us to the health problems and psychological fragility of students. For this reason, the construction of a quality prevention system (primary, secondary, tertiary) must involve not only quantitative means, but also the creation of original devices that integrate and overcome barriers to care, depending on the specifics of the contexts in which students are part. Precisely, in order to optimize the quality of care, it seems important to be able to benefit from the theoretical-empirical contributions of the various major currents that today structure health care: a) neurocognitive approaches and cognitive-behavioural therapies, b) psychological and against-addiction therapies; c) psychoanalytic-inspired therapies adapted to the clinic of the patients they met; d) contributions of psychiatric work and proposed specific arrangements and systemic approaches. Thus, it seems urgent to me to quickly propose some lines of research, which will evolve according to the results different field realities encountered: namely: 1) studies of mixed methodology on the psychic health of students and their access to medical-psychological care: with a quantitative epidemiological component allowing a representativeness of the different psychological disorders, as well as their access to care and supplemented by a qualitative component on the trajectories of students , exploring through individual interviews with them to identify factors aggravating their condition and the factors that enable their rapid recovery 2) the joint researches to measure the impact of psychological complications on career

management problems or potential academic failure and to rapidly adapt prevention and care devices to explain the psychotherapeutic processes involved in each device and to measure their effects. In my theoretic-empirical analysis, based on several studies, reports and surveys carried out in the various universities of Western European countries, I distinguish the main types of activities of medical-psychological centres and the psychological support services: 1) adaptation of the free and accessible medical offer to the needs of students and its connection with specialized medical networks (comprehensive health check-up, screening, treatment, follow-up of sick students, etc.), 2) the detection and prevention of problems of psychic fragility and mental disorders (consultations of university psychiatrists, psychotherapies, treatment, etc.), 3) correcting psychological problems and strengthening the well-being of students (resolutions of intrapersonal and interpersonal conflicts, family and sexual problems, inadequacy to student life and higher education, etc.) In addition, I was able to prioritize (according to the DSM-5) essential problems of the health and well-being of students who have usually consulted medical-psychological centres (a) depressive and anxiety disorders, b) trauma and stressor related disorders, c) somatic symptom and related disorders, d) feeding and eating disorders, e) sleep-wake disorders, f) substance related and addictive disorders, g) sexual dysfunctions, h) neurocognitive disorders, i) educational problems, j) problems related to other psychosocial, personal and environmental circumstances, etc.). Thus, I consider that the missions of these medical-psychological centres are mainly: participation in the accompaniment of students in their university careers and projects; implementation of health prevention actions; universalization of comprehensive and free medical follow-up for all students with systematic consultations with specialist doctors at university, in medical practices or hospitals; psychotherapeutic interventions for the students with psychological difficulties, etc.; implementation of specific training for university doctors and university psychologists so that they can effectively accompany students, etc. In conclusion, health professionals in university medico-psychological centres must perform many tasks in order to fully participate in academic institutional dynamics and to intervene effectively in the prevention of students' health and the strengthening of their well-being during their studies.

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