



Contribution by Reinout Wiers, professor Developmental Psychopathology, about the academic and student social well-being and the influence of it coronavirus on this, during the Opening ceremony of the Academic Year 2020-2021. Conversation with Geert ten Dam, President of the UvA Executive Board.

*[Geert ten Dam]*

*Let's look back at the extraordinary circumstances of the past six months. How have students been coping? Reinout Wiers, Professor of Developmental Psychopathology and initiator and driver of UvAcare, is in an excellent position to tell us. He conducted a study into student wellbeing during the coronavirus pandemic. Could you tell us a bit about the background to your study into student mental health issues and the coronavirus?*

*[Reinoud Wiers]*

We do a lot of research into developing and testing new interventions. We had this idea that it would be great to test new interventions on students, to study whether they do what you expect them to do and how they work, before you use them on 'real patients'. You could cheekily say we're using our students as guinea pigs, but it's actually really useful: for instance, we developed a new intervention for alcoholism and we tested it first on students who are heavy drinkers; it's now proven to be an effective addition to our tools for treating alcoholism, and in Germany it's been included in the treatment guidelines. A study into heavy-drinking students that I conducted more than fifteen years ago changed my views about using students as guinea pigs. We did a study into a new intervention and its effects two weeks later, and some of the participants were hard to track down. It turned out one was in hospital after getting drunk and riding their bike into a wall and another got depressed and moved back in with their

parents. We now know that, just like the rest of the population, some 15% of students have serious mental health issues. The big three are anxiety, depression and addiction, although burnout is also common.

This gave us the idea of doing something about the issue, particularly because of the increasing numbers of proven effective e-health interventions, which meant the cases were more accessible and the university didn't suddenly have to appoint hundreds of clinical psychologists. I wrote the initial grant application over ten years ago. It was rejected: students were already privileged; I'd be better off focusing on people with real problems.

But over the next ten years, the environment changed, and mental health issues among students started to gain more attention.

The external PhD candidate Jolien Dopmeijer did a lot of work in this area. Together with our colleagues from VU Amsterdam, we managed to get a grant for a small initial trial, followed by a larger project at the UvA in collaboration with Peter Vonk from the Student Medical Service and many people from Student Services. That's how UvAcare was born.

The idea behind UvAcare is actually very simple: from time to time, all students are invited to take part in a mental health check, and those with high scores can participate in a study on the effectiveness of a broad e-health intervention. This study is ongoing; this coming autumn, we'll send out the final round of invitations, and a year after that, we'll see the results of the study.

*[Geert ten Dam: And then came COVID-19]*

*[Reinout Wiers]*

Yes, then came COVID-19 and suddenly we were all stuck in lockdown, teaching and being taught online.

What does that do to students, and what factors can help us predict who will cope well or less well with this setback? These are questions that my subject area, developmental psychopathology, is uniquely suited to answer: why does a crisis lead to serious issues for some, and only mental growth for others? Who is vulnerable and who will show resilience?

I realised that, with UvAcare, we had a unique opportunity: we had a measurement relating to the lockdown for many of the students who had completed the mental health check. We then asked those students to complete another questionnaire, which included questions about how they were coping with the coronavirus crisis.

Over the summer we analysed the initial results. We have data from around 800 students who had all experienced significant issues before the coronavirus. On average those issues increased, but there was considerable variation.

There was a group for whom things got worse, but also a group who reported that things actually got better. The group for whom things got worse were those who became very concerned about the coronavirus and adopted less useful coping strategies to deal with the situation, such as blaming themselves or others, dwelling on the serious potential consequences of the crisis and continually worrying about them. Students who were using drugs before the coronavirus crisis also coped poorly, as did international students.

Which groups coped relatively well? These were students for whom things were not going well before the crisis. You probably saw this in the media: some people who weren't very happy with life loved the fact that the social comparison with all those people whose lives were great suddenly stopped. Emotional support was also important, from parents or friends, and positive coping mechanisms played a role: accepting the situation, putting the issues in perspective and seeing new opportunities, for example. Of course, these findings have suggested new avenues for intervention.

*[Geert: What are some of the things you might do in these new interventions?]*

[Reinout Wiers]

Probably teaching students more positive ways of dealing with issues, and perhaps studying something like that in a future UvAcare project. I came across a small American intervention that showed promising results and I thought it would be a good idea to look into it further. More generally, I think it would be good to develop UvAcare further as an academic centre for developing and testing new interventions, as is the case at teaching hospitals. Students would take part in state-of-the-art interventions, whether as participants or as beginning researchers.

That's a good note on which to end. Over the years, there has rightly been a growing attention to students' mental health issues. The interventions and the science behind them have continued to develop. We've developed a new way of looking at mental health issues, in which symptoms affect each other in network models, many of which were developed using psychological methodology of the UvA, by colleagues such as Han van der Maas, Denny Borsboom and Sacha Epskamp. At the new Urban Mental Health research centre, which I lead with Claudi Bockting, work is being done on modelling of mental health issues in an urban environment, with the help of experts from the IAS, the UvA's Institute for Advanced Studies.

The next exciting step is to develop appropriate interventions based on someone's personal network. That will involve collaboration with the client – who might also be a student with issues – and their therapist, while in the background a maths whiz is calculating the network models for that person. So, we're moving from using students as guinea pigs to a model in which we're working together to create an appropriate intervention for a unique person with specific issues. In doing so, we're helping students directly and effectively with their mental health issues and taking the next step in our scientific understanding.