


Barriers and opportunities of psychosocial support for student well-being at Polish universities

Bariery i możliwości wsparcia psychospołecznego dla dobrostanu studentów w polskich uczelniach

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Abstract

In Poland, public mental health is becoming an emerging concern for the higher education system, with at least five studies since 2020 highlighting the deteriorating mental health of university students. The study published by the Polish students' union is especially significant due to its public mental health advocacy on the national level. The current dialogue around its findings identifies four barriers and potential facilitating factors for mental health and psychosocial support (MHPSS) at universities: (1) university structures and cultures may be not conducive to well-being; (2) striving for gender equality may be of critical importance; (3) proven opportunities exist for informal advocacy and broader mental health interventions; (4) academic authorities still need to include well-being on the agenda of university boards. Based on existing literature, the following four recommendations are proposed:

- Recommendation 1: Self-reflection on MHPSS needs to be initiated at universities.
- Recommendation 2: MHPSS at universities needs to take gender into account.
- Recommendation 3: Building intra-university alliances against depression seems to be a low-cost, effective community-based MHPSS solution.
- Recommendation 4: University MHPSS requires high-level ambassadors such as the rector's college.

The article will be of interest for both university management and policymakers focusing on student well-being and MHPSS designed for them.

Keywords: university students, public mental health, mental health advocacy, barriers and facilitating factors, recommendations for university MHPSS

Streszczenie

W Polsce publiczne zdrowie psychiczne zaczyna być przedmiotem troski systemu szkolnictwa wyższego, podczas gdy co najmniej pięć badań od 2020 roku wskazuje na pogarszający się stan zdrowia psychicznego studentów uczelni wyższych w Polsce. Badanie opublikowane przez polski samorząd studencki jest szczególnie istotne z punktu widzenia działań na rzecz zdrowia psychicznego na poziomie krajowym. W obecnym dialogu z jego wynikami zidentyfikowano cztery bariery i możliwe czynniki ułatwiające zdrowie psychiczne i wsparcie psychospołeczne (mental health and psychosocial support, MHPSS) na uniwersytetach: (1) struktury i kultury uniwersyteckie mogą nie sprzyjać dobrostanowi; (2) potrzeba dążenia do równości płci może mieć kluczowe znaczenie; (3) istnieją sprawdzone możliwości nieformalnego rzecznictwa i szerszych interwencji w zakresie zdrowia psychicznego; (4) władze akademickie powinny nadal uwzględniać temat dobrostanu w programie prac gremiów uniwersyteckich. W oparciu o istniejącą literaturę przedstawiono cztery zalecenia:

- Zalecenie 1: Należy zainicjować autorefleksję MHPSS na uniwersytetach.
- Zalecenie 2: MHPSS na uniwersytetach musi uwzględniać płeć.
- Zalecenie 3: Budowanie wewnątrzuniwersyteckich sojuszy przeciwko depresji wydaje się tanie i wykonalne jako rozwiązanie MHPSS dla społeczności.
- Zalecenie 4: Uniwersytecki MHPSS wymaga ambasadorów wysokiego szczebla, takich jak kolegium rektorskie.

Artykuł będzie interesujący zarówno dla kierownictwa uczelni, jak i decydentów skupiających się na dobrostanie studentów i MHPSS zaprojektowanym dla studentów.

Słowa kluczowe: studenci, publiczne zdrowie psychiczne, rzecznictwo na rzecz zdrowia psychicznego, bariery i czynniki ułatwiające, zalecenia dla uniwersyteckiego zdrowia psychicznego i wsparcia psychospołecznego (MHPSS)

INTRODUCTION

This article will be of interest to global scholars and policymakers who are familiar with the issue of well-being of university students. Many studies have examined student populations, focusing on various aspects of their well-being, social support, depression, anxiety, and stress. This section highlights only some of the existing research on these topics based on student samples, noting that their systematic reviews would be desirable at some point. While these studies themselves do not address activities related to the implementation of institutional and structural changes, some findings may nonetheless inform such reforms.

In 1948, the World Health Organization defined health as: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Constitution of the World Health Organization, 1948). Well-being is a multi-dimensional concept that encompasses the physical, mental, and social aspects of life. It includes various elements such as life satisfaction, emotional stability, and the ability to manage stress effectively. Key components of well-being often manifest in emotional, psychological, and social domains. Well-being is crucial for students for several reasons, as it influences academic performance, protection against mental health issues, ability to sustain social relationships, resilience, and coping mechanisms, all of which are important during this demanding period of education of young adults. The 18–24 age group is often classified as emerging adulthood. This period is characterised by several critical developmental changes. Emerging adults explore various aspects of their identity, including career choices, personal values, and relationships. There is also a significant shift towards greater independence from parents and guardians. Cognitive abilities continue to mature during this stage, with a shift towards more abstract, complex, and critical thinking. Educational experiences significantly shape intellectual development. Emerging adults learn to manage their emotions in more adaptive ways, which is crucial for handling the stressors of adulthood. They form deeper, more intimate connections, and often begin considering long-term partnerships. The period also involves key decisions about professional paths, which can include higher education, vocational training, or entering the workforce. Understanding these developmental changes is essential for supporting students effectively. Interventions and support systems tailored to the unique challenges and opportunities of this stage can promote well-being, academic success, and overall development. Institutions can provide targeted resources, such as mental health services, academic advising, and career counselling, to help students navigate this critical period of growth and transition.

Research on student well-being often explores factors that contribute to or detract from students' overall happiness and life satisfaction. For instance, a study of 222 undergraduate students by Diener and Seligman (2002) found that strong

social relationships and engagement in meaningful activities significantly enhance student well-being. Social support is a critical factor in buffering against mental health issues among students. Studies consistently show that students with strong social support networks report lower levels of stress and higher levels of well-being. For example, Hefner and Eisenberg (2009) demonstrated that perceived social support is inversely related to symptoms of depression and anxiety in college students. Their study was based on large, random sample of 1,378 students who responded to a web-based survey administered at a large public university. Furthermore, research by Wilcox et al. (2005) highlights the role of peer support in helping students adjust to college life and manage academic pressures, using the concept of social support to analyse interviews with 34 first-year students. Anxiety is a common mental health concern among students. Research suggests that academic pressure, social challenges, and future uncertainties contribute to heightened anxiety levels. Beiter et al. (2015) analysed reports from 374 undergraduate students, identifying key sources of anxiety such as academic performance, financial worries, and interpersonal relationships. The study suggests that institutions should provide targeted support services to address these anxiety-inducing factors. Student stress is extensively studied, with findings highlighting the pervasive nature of stress in academic settings. For example, Ross et al. (1999) identified key stressors including academic workload, time management, and personal responsibilities. Furthermore, Misra and McKean (2000) found that stress levels peak during exam periods, particularly among students with inadequate coping mechanisms. These findings underscore the importance of stress management programmes and resources within educational institutions.

Depression is a prevalent issue among students, with numerous studies highlighting its impact on academic performance and overall quality of life. Ibrahim et al. (2013) reported high rates of depressive symptoms among university students, particularly during periods of academic stress. Their systematic review analysed studies from PubMed, PsycInfo, BioMed Central and Medline published between 1990 and 2010, examining depression prevalence among university students. The review used the search terms depression, depressive symptoms, depressive disorders, prevalence, university students, college students, undergraduate students, adolescents and/or young adults. Across 24 studies, depression prevalence ranged from 10% to 85%, with a weighted mean of 30.6%. University students seemed to experience depression substantially more often than the general population. Additionally, Eisenberg et al. (2007) found that a significant percentage of students with depressive symptoms do not seek help, underscoring the need for improved mental health services and outreach on campuses. Their web-based version of the Patient Health Questionnaire survey was administered to a random sample of 2,843 respondents at a large public university with a demographic profile reflecting the national student population.

To understand how these global findings on student well-being apply locally, the case of Polish universities offers valuable insights. In this context, applying global research on student well-being involves assessing how factors like social support, academic stressors, and mental health challenges manifest within the local higher education system. Understanding these dynamics is crucial for tailoring effective interventions and support mechanisms that align with the specific needs and cultural context of Polish students. By leveraging insights from international research, such as the impact of social relationships on well-being or the prevalence of anxiety and depression among students, Polish universities can develop targeted strategies to enhance student resilience and academic success. This localised approach not only addresses common challenges like academic pressure and social integration but also aims to improve overall student satisfaction and mental health outcomes within Polish higher education institutions.

CASE SELECTION: LOCAL CASE OF POLISH UNIVERSITIES

Although the research discussed does not directly involve the implementation of institutional and structural changes, its findings provide valuable insights that can inform such initiatives. For example, the demonstrated importance of social support and mental health resources suggests that institutions should prioritise these areas in student services. Additionally, understanding specific stressors and mental health challenges faced by students can help institutions develop targeted interventions and support systems to enhance student well-being and academic success. Existing research on student well-being, social support, depression, anxiety, and stress provides a comprehensive understanding of the challenges students face. By leveraging these insights, educational institutions can implement evidence-based changes that foster more supportive and health-promoting environments.

The local case of university students' well-being in Poland, an EU member since 2004, highlights the limited availability of mental health and psychosocial support (MHPSS) despite increasing needs. Most students in Poland are aged 18–24, a period when they transition out of child and adolescent healthcare services and into the adult healthcare system, with similarly targeted MHPSS activities, which remains underfunded, including the private sector. In this population, the shift from secondary school to university may coincide with the transition between youth and adult healthcare. The stigma and taboo surrounding mental health in Poland is still an issue, only slowly diminished by awareness-raising activities (Chatizow, 2022; Toczyski, 2023). The negative legacy of shame related to mental health issues may be more pronounced in Eastern Europe (former Eastern bloc) than in Western countries. Although university culture should ideally be more open to ideas than general culture and could pioneer new perspectives in MHPSS, its impact seems to be either insufficient or even counterproductive.

Recently, the mental health and well-being of university students in Poland was the subject of at least four studies published in recent years (Debowska et al., 2020; Rogowska et al., 2020; Talarowska et al., 2023; Wiczorek et al., 2021), with the latter having data collected before and after coronavirus disease 2019 (COVID-19) pandemic (March 2019, April 2022), and three others in the early phases of the pandemic (March, April, May and June 2020). These studies cover the period from the early stages of the COVID-19 pandemic to two years after it. The five-wave study conducted among Polish university students at the beginning of pandemic demonstrated “a significant increase in depression levels as the pandemic was progressing”, but also increasing suicidality among young male students, as measured with the Depression Anxiety Stress Scales (DASS) and the Depressive Symptom Inventory-Suicidality Subscale (DSI-SS) (Debowska et al., 2020). In another of these studies, the General Health Questionnaire – GHQ-28 (a 28-item questionnaire of minor psychiatric disorders in the general population) found that “almost 77% of surveyed students presented with a substantial level of psychopathological symptoms, requiring psychological or psychiatric attention” (Wiczorek et al., 2021, p. 9).

Another study reached similar conclusions, with 65% surveyed students reporting mild to severe anxiety and more than half showing high levels of perceived stress, with the authors noting: “Fortunately, the university seems an excellent environment to implement protective strategies focused on preventing mental disorders as well as psychological intervention and treatment” (Rogowska et al., 2020, p. 809). However, the chronologically first and last data collections, using the same questionnaire (although not in the same group), show that “the results detailing the condition of the mental health of the subjects, as measured using GHQ-28, were significantly worse in the group surveyed after two years of the pandemic” (Talarowska et al., 2023, p. 1). Thus, no MHPSS interventions seem to have been implemented or effective.

In the above-mentioned literature, available in the international databases, no grey literature is found, even though it was published and resonated in the public discourse in Poland. The most mediatised and discussed was the two-part report “Mental health of students” (Bieńkowski et al., 2021; Maciejowska, 2021). When reading it, one might first wonder why it was only in 2020, the year of the COVID-19 pandemic, that such a report appeared. After all, posing these research questions and the need to explore the issue seems so obvious that it could have been done two decades earlier, too. However, it did not. The report states: “In the case of psychological support at Polish higher education institutions, as many as 56% of students do not know whether their university employs a psychologist. Every third respondent indicates the presence of a psychologist at the university, while one in nine indicates that there is none. In addition, 67% of the respondents rate their university's activities promoting mental health care at a low level, or as ineffective, i.e. not reaching the target group. Furthermore, as many as 55% of students confirmed that no activities are

being undertaken at their home universities to raise awareness on topics related to mental disorders. In summary, a significant proportion of universities attribute it to inadequate or insufficient promotion of psychological support by academic centres” (Bieńkowski et al., 2021, p. 39).

The essence of the cultural change observed here is, thus, significant, and it is also noted by the first commentator on the report (Atroszko, 2021), who praised it. The focus then shifts the key concept of student mental health. It is worth remembering that we live at a time when some still question the validity of the term “mental health” itself, failing to see humans as bio-psychosocial beings. There are those who taboo, stigmatise, push mental health issues outside the field of their attention or even dismiss them altogether. Therefore, it is important to recognise and greatly appreciate the effort made by the Office of the Analysis Centre of the Independent Students’ Union in Poland (named Independent Students’ Union with the Polish abbreviation NZS) in collaboration with the Polish Association of Psychology Students and Graduates (Polskie Stowarzyszenie Studentów i Absolwentów Psychologii, PSSiAP), to bring public attention to the mental health of the group they represent.

In response to the report on the mental health of Polish university students, several critical issues emerge. To build on the report’s findings and highlight the opportunity for academia to work with policymakers, four issues need to be addressed in response to the report: (1) university structures and cultures that are not conducive to well-being; (2) the need to strive for gender equality, (3) opportunities for informal advocacy for mental health, and (4) governance and the inclusion of well-being on the agendas of university boards. University structures and cultures often fail to support student well-being adequately. This includes insufficient availability and promotion of psychological support services, as evidenced by a significant proportion of students being unaware of available resources. Gender disparities in mental health support and awareness need to be addressed, as seen in varying levels of psychological distress reported by male and female students. Informal advocacy efforts play a crucial role in raising awareness about mental health issues among students and fostering supportive campus environments. Governance practices within universities should prioritise student well-being by integrating mental health initiatives into institutional policies and ensuring their effective implementation and evaluation. These findings underscore the need for collaborative efforts from both academia and policymakers to improve mental health support systems and promote a culture of well-being within Polish universities.

RESULTS

In this section, the above-mentioned four issues will be presented in more detail. The section provides a more in-depth contextualisation of key findings from the report on the mental health of Polish university students. It highlights significant gaps in the availability and promotion

of psychological support services at universities, revealing that many students are unaware of on-campus psychologists and perceive current mental health initiatives as inadequate. These findings underscore the urgent need for universities to reevaluate their structures and cultures to better support student well-being. Additionally, the report identifies disparities in psychological distress between male and female students, emphasising the importance of tailored interventions that address gender-specific mental health needs. Informal advocacy efforts led by student organisations and networks are recognised as crucial in raising awareness about mental health issues and complementing formal institutional strategies. Moreover, effective governance practices within universities are essential in prioritising mental health on the institutional agenda, ensuring that policies are implemented and evaluated effectively. These insights highlight the complexity of addressing mental health challenges within Polish universities and stress the necessity for collaborative efforts among academia, student bodies, and policymakers. Ultimately, by addressing these issues comprehensively, universities can create environments that not only enhance academic success but also foster the overall well-being of their student communities.

Issue 1: University structures and cultures are not conducive to mental health

To contextualise Poland’s progress in addressing university students’ well-being, the above mentioned NZS student union report seems to be the first national survey assessing student satisfaction regarding the psychosocial support available for them. While psychosocial support led by psychologists and counsellors exists in most universities, most students are unaware of it.

Having already highlighted the late inclusion of the issue of student mental health on the public agenda, it seems that the delay in addressing the problem by various boards and the lack of a proactive approach to the mental health of students (even with separate interventions for male and female students) may be due to a confluence of factors including denial of the problem, helplessness, and perhaps even guilt. After all, many individuals managing universities or their units see their mission as setting high expectations, raising the bar, and striving to constantly select, prioritise, rank, and build their own identity on achievements. It can be assumed that mental health is not nurtured by such an approach, but engaging in dialogue with those who hold a different view could help strike a balance between expected standards and health. Meanwhile, also only in 2020, an article appeared in the monthly magazine of a Polish medical university reporting the results of a study of student well-being (Castellanos and Springer, 2021). According to the results of a survey conducted with almost 60 male and female students from the so-called English Division and nearly 300 Polish students at this medical university, most respondents – based on their own declarations – had “a happy childhood, didn’t

use drugs or alcohol to cope with stress nor had suicidal thoughts before starting their medical studies” (Castellanos and Springer, 2021, p. 51). Only 4% of the respondents had used psychiatric counselling prior to entering college. However, significant changes occurred once they started their studies, as “since they started medical studies over 80% of them feel anxious, over 60% are easily irritable, around 60% concluded that their mood has deteriorated, more than 50% said their self-esteem dropped and over 50% said the reason for that was their performance in school” (Castellanos and Springer, 2021, pp. 51–52). Family pressure was reported by one in five respondents, coinciding with regrets about the decision to study medicine in one in ten. And at the same time, as many as 90% of those completing the survey believed that their university should provide better mental health support. The findings were published by two authors: fifth-year medical student Juliana Orrego Castellanos and emergency medicine physician Janusz Springer, both affiliated with the university where the study was conducted, approximating students’ opinions and experiences. Thus, the report of the NZS and the PSSiAP is situated against the background of the results obtained also through student efforts at the aforementioned medical university. This situation can be interpreted as students and student-led institutions taking responsibility for placing the issue of well-being and mental health of their social collective, including both male and female students, on the agenda of public debate. The question also arises: are students a special group in some respect compared to the country’s population? The first answer is, of course, yes; students are individuals who are constantly subjected to the influence of university structures and cultures, while also reciprocally exerting influence on these structures and cultures. Therefore, they form a special population, directly subjected to the influence of the academic world and actively co-creating it. The nature of university life is peculiar – partly meritocratic, where there is no end in sight to external and internal, more and less formal, requirements for achievement, and partly aristocratic or even feudal, as noted by analysts of higher education and academic life (Gubański, 2016; Rykiel, 2013; Ślosarski, 2013). The psychological pressure or even violence sometimes present in academic communication (in such symptomatic contexts as promotion reviews) is a sad symptom of this system. While some claims about the pressures of academia on mental health may sound strong and lack empirical evidence, actually “there is compelling evidence that the university environment is triggering high levels of stress and burnout and low levels of well-being for academics” (Urbina-Garcia, 2020, p. 563). Taking this arrangement of trends in academia into account, it can be hypothesised that, indeed, it is the pressures of academia that are striking a blow to the mental health of both female and male students, leading to the psychologically adverse effects of studying in the university environments currently available in Poland. Anft (2021) describes how students in several countries perceive their university’s efforts to promote well-being, and notes that even such seemingly small

factors, such as well-implemented and applied technology, can foster more consistent communication between universities and students, ultimately contributing to better well-being. Further research that takes into account a frame of reference to the specific university structures and cultures surrounding college students would be valuable. Perhaps a collection of profiles of universities, departments, institutes, or faculties in terms of their specifics and how they respond to the issue of well-being of staff and students, would be useful as a supplement to the report. It is a paradox that research institutions study themselves the least, while learning about themselves and their organisation would foster a culture of well-being within the organisation.

Issue 2: Concern for gender equality is relevant to mental health concerns

The previous issue of university structures and cultures in Poland not supporting mental health is underscored by a lack of awareness among students about available psychosocial support services, exacerbated by a systemic reluctance to prioritise mental health due to institutional pressure. These pressures, amplified by high academic expectations and a competitive environment, as revealed by surveys, contribute to significant declines in student well-being upon entering medical school. In contrast to such an atmosphere, the students’ union report highlights the cooperation of many individuals, expressed in its co-authorship. The initiation of the debate by the national students’ union (NZS) and psychology graduates association (PSSiAP) through the survey and report was an engaging undertaking for a large body. The authors of the general part of the report presented by the Office of the Analysis Centre of the Independent Students’ Union (NZS) are, in the order presented, Filip Bieńkowski, Kamil Molenda, Stefan Horodeński, Łukasz Karolkiewicz, Anna Komisarska, Yana Korin, Wojciech Mankowski, Sebastian Moskalski, Dominika Stepniowska, Natasza Tomyślak, Klaudia Banaszczyk, Bartosz Frąc, Dominika Stepniowska, Daria Wojtynek, and Maciej Szaszkiwicz (2021). Surveying, analysing, and presenting survey results focused the attention and work of fifteen people, maintaining a gender balance. The authors’ list seems to be almost perfectly gender-balanced, suggesting an important balance in perspectives, which may be especially important when considering potential correlations between gender and mental health.

The second part of the report is an analysis by Julia Maciejowska, representing the PSSiAP in the project. In this section, too, the author addresses gender, noting that no statistically significant differences between female and male students in the level of well-being were found in the survey. However, the NZS report indicates that female students are more likely to criticise the specific form of access to psychological help offered to them than male students (as much as a 19 percentage point difference), and are more likely to know how long it takes to wait for psychological

help. Female students also more likely to have participated in at least one consultation with a psychologist (55% of female students vs. 44% of male students) and to visit psychologists' offices regularly (19% of female students vs. 13% of male students). In addition, 71% of female students versus 62% of male students report having friends who use psychological help. The authors interpret these data as reflecting women's greater willingness to talk freely with each other about feelings and experiences, and base their relationships on emotional support. They also note a network effect, conjecturing that those who use psychological help themselves know more individuals who do the same. The authors and contributors note that mental disorders and illnesses are seen as a serious and widespread problem in their community by more female students than male students, explaining this by the greater social acceptance of women focusing on their emotions. Additionally, 48% of female students say they know the difference between an illness and a mental disorder, compared to 36% of male student respondents.

Gender equality in employment and career is linked to well-being. Even if it does not directly relate to a gender gap in well-being among university students per se, the sensitivity of gender in focusing on student mental health needs to be taken into account in mental health and psychosocial interventions within achievement-driven university cultures. This two-part report was therefore examined from the point of view of gender differences, as a study of American students (Browning et al., 2021) reveals that diagnoses and solutions to college students' mental health problems, especially during the pandemic, were inadequate. The authors are concerned about the long-term consequences for health and education, especially for women, who reported greater disruption than men in daily activities, physical and mental health, and financial hardship. In connection with the series of lockdowns in Poland, the issues of gender and women's invisible work were analysed (Banerski et al., 2021), leading to the observation that, especially for women overburdened with domestic responsibilities, supportive technology proved useful. However, this is not a long-term solution to the problem.

Although mental health levels were not measured in that project, this presents an opportunity for a forward-looking look at this dimension of health, with a focus on foresight. Namely, over time, female students will be worse off, even though today their level of well-being is the same as that of male students, and their awareness of mental health issues and ability to reach out for support is greater. Female students will be worse off, as many indications suggest that the so-called pay gap will not disappear soon. So, to complement the mental health reports, a brief argument is presented about the pay gap and the pressures on women. Existing research materials provide a meta-approach to the phenomena of gender equality and the depression gap. There are many indications that secondary data analysis is worthwhile, aiming to show the evidence-based, yet emotion-related, affective part of the story behind the numbers.

As Columbia University public health researchers recently suggested (data: 2001–2002, analysis: 2016), the wage gap can have devastating effects on mental health. Women are 2.4 times more likely to develop depression when poorly paid compared to men (Platt et al., 2016). The risk of anxiety disorders is even higher. A phenomenon known as the gender pay gap leading to mental health damage, i.e. severe depression (which can be fatal) has been shown through a secondary analysis of U.S. data from 2001–2002. This is a landmark study, so not much is known about the earlier period. Metaphorically, it is like taking a picture of a tree in 2001. If the image shows a spreading tree, can it be assumed that it also existed there in 1980 and 1960? Or is it better to assume that the phenomenon only started in 2001? The more plausible assumption is that the mechanism existed long before, and that many new cases of female depression have been developing continuously around the world because of the gender wage gap, including in this part of Europe. The idea can be effectively illustrated metaphorically, encouraging for example, artists to visualise it more fully, and other researchers to refine the analysis, increasing the resolution of such an image.

New discoveries emerge from new analyses, but first the data must be collected for analysis. Finding data for secondary analysis can also be a creative activity. Inspired by a Columbia University study (Platt et al., 2016), analogous old data from Germany, spanning the period from the 1990s up to 2009 (analysed in 2018) was examined. This secondary analysis of German data shows a similar pattern: the gender pay gap has a devastating effect on mental health [the author of this undergraduate finding is Michelle Lemmen (2018)]. The comparative context includes U.S. data from 2001–2002, overlapping temporally with German data from 1992 and from 1994 to 2009. The analytical procedure originally used in America was thus applied to German data from a similar time period. However, since depression is a universal phenomenon and defines specific aspects of mental health, the American study may be more relevant than the broader mental health focus of the German study. It can be argued that researchers around the world are also drawing inspiration to conduct similar secondary analyses. Among the inspiring presentations on European pathways to balance and gender equality, many synergies and analogies can be found – alongside differential specifics – between countries, societies, and sometimes even smaller communities. It is encouraged to look at gender equality issues and their psychological implications already for female students in specific university settings.

Issue 3: There can already be intra-university alliances against depression, drawing on proven methods

The previous section examined the relevance of gender equality to mental health concerns within the context of Polish university structures, which often fail to support

students' well-being adequately. Despite a reported lack of statistically significant differences in overall well-being levels between male and female students, the NZS report highlights notable disparities in how genders perceive and access psychological support services. Female students are more critical of the accessibility and adequacy of these services, engage more frequently in psychological consultations, and have greater awareness of mental health issues compared to their male counterparts. This differential experience underscores the need for gender-sensitive mental health interventions within universities, especially considering broader societal implications such as the gender pay gap, which research suggests can significantly impact women's mental health, potentially leading to higher rates of depression and anxiety disorders. This intersectional analysis calls for a comprehensive approach to addressing mental health disparities among university students that incorporates gender-specific considerations and acknowledges the ongoing challenges posed by systemic inequalities.

When inspirations such as the one mentioned above regarding the differentiating role of gender and the wage gap, were shared with individuals from ten countries, it was in preparation for the creation of a story to be popularised through artistic activities during the next European Capital of Culture. The meeting did not focus specifically on mental health. It was held in Poland, in Warsaw at one of the local activity centres in Muranów. This location is significant as it is in this central part of the city that the Warsaw City Centre Alliance Against Depression was established for 2021–2024, with funding from the EU's Third Health Programme. For the purpose of the international meeting, the media reception of the above-mentioned pay gap study was primarily reviewed, and it was disseminated within a community-based proven action aimed at public mental health for both the local community and wider society – via a local alliance (in this case, built within the framework of the EAAD-Best project funded by the European Commission). Such alliances are already present in some European countries, as is an accompanying emerging digital tool within the European Alliance Against Depression (EAAD), called iFight-Depression. The tool, which supports self-monitoring and strengthening one's mental health, is also funded by the EU and is free for users. When such information is disseminated in central Warsaw, even internationally, through Polish participants, it adds both local and European value to the way we think about health, including the socially generated gender wage gap and its consequences for mental health. This represents a truly liberating activity today: to destigmatise mental health by taking advantage of opportunities also present in unexpected places and showing non-obvious connections.

At the National Conference on Mental Health of the Independent Students' Union, the ExperiOR Psychological Research Circle of the University of Gdańsk and the National Representation of Doctoral Students, I discussed how, in the search for ways to socially destigmatise mental health

crises and develop a willingness among individuals to seek psychological help, crisis intervention, or psychiatric support, my team's focus had been on methods centred around working with the media and local communities (Toczyski, 2021a). Through action research, we are testing, with a team of collaborators, whether there is space for public community health (public mental health) to intersect with online mental health interactions (digital mental health) in Poland today. We use the alliance against depression method developed by the international community of the EAAD, which, as a soft inspiration for global mental health, has already reached other continents, including Australia. In this method, local entertainers begin forming a local alliance in which both formal and informal allies (individuals, institutions, and media) interested in a particular area come together to spread the idea in their local community that depression can affect anyone, is a real disease, and can be treated. We are creating such an alliance in central Warsaw, using a grant from the EU's Third Health Programme (Toczyski, 2023). At the same time – as an extension of local outreach – we are introducing to certified mental health professionals nationwide the non-commercial psychoeducational digital tool iFightDepression, also developed by EAAD (Oehler et al., 2021). Certified mental health professionals – including psychologists providing psychological support to students – can thus offer the EU-funded online tool to their clients and patients nationwide during a local intervention.

While there is no intention to contribute to the inflation of expectations for local alliances and digital anti-depression tools, it is suggested that universities consider a four-step solution supported by digital tools for users' self-enhancement of their mental health. Why not explore the potential of building an analogy for community work within the communities of specific universities: schools, colleges, academies, or universities? In larger institutions, these could be alliances at the department or institute level. Animating such community work seems feasible in any clearly defined community, and the metaphorical walls of a university and its surroundings create such a clear demarcation, though of course often permeated by contact and dialogue with the wider world. A local alliance against depression could simply encompass the university environment (much like it could encompass the corporate or school settings). Naturally, the existing structures and cultures will stand in the way, creating a management challenge.

Issue 4: Mental health issues at universities require the appointment of pro-rectors for well-being

The previous section explored the potential for intra-university alliances against depression, drawing on proven methods already implemented in community settings across Europe. The establishment of the Warsaw City Centre Alliance Against Depression, funded by the EU's Third

Health Programme, serves as a model for addressing mental health within local communities. These alliances leverage media and community engagement to destigmatise mental health issues and promote awareness about available support services. Inspired by this model, the integration of digital tools for self-monitoring and mental health support into outreach strategies is desired, enhancing accessibility to psychological resources. In the context of universities, similar alliances could be established at departmental or institutional levels to cater specifically to the needs of students and academic staff. These initiatives would address the unique challenges posed by university structures and cultures, which often contribute to mental health issues among students due to academic pressures and competitive environments. By adapting community-based approaches within university settings, such alliances could foster a supportive environment where mental health is prioritised, and stigma is reduced. However, implementing such initiatives may face resistance from existing institutional norms and administrative challenges, requiring proactive management and support from university leadership for successful implementation.

Overall, integrating proven methods from community-based mental health initiatives into university settings holds promise for improving student well-being and addressing mental health disparities within higher education institutions in Poland and beyond. However, the feasibility of such an approach remains a critical question. This leads to the final part of the story. As indicated by data from various studies compiled by Małgorzata Górską, an expert on business organisational cultures, the well-being of modern work is in some ways similar to that of universities. Although work affects employees' mental health, and mental health impacts their productivity and absenteeism, it remains a taboo subject within many organisations. Employees are often reluctant to raise the issue and, at the same time, they internally believe that mental health should not be their sole responsibility and advocate for mental health programmes from employers. Górską also points out several arguments for making well-being a topic of discussion at the board of directors level, not the lower levels of the organisation. Mental health affects organisational performance, and a well-being strategy touches the entire company. It is a topic that requires governance from the top. In Górską's view, supported by practical experience, it is therefore the board of directors who should be the main sponsor and ambassador of well-being in the organisation (Górską, 2021).

Following the reasoning presented in the Transition Group's psycho-educational and counselling debates community, and focused on well-being as a board responsibility, the issue of well-being should be clearly defined within the university context. Well-being should be singled out for the new pro-rector's responsibilities: Vice-Rector for Welfare (Toczyski, 2021b). Just as there are pro-rectors for science, cooperation, or teaching, the issue of welfare should also be addressed at the highest level of the rector's college, through

equivalent positions. The proposed high managerial position in the hierarchical structure of the university and the associated ability to exert real influence is likely to provoke controversy. Acknowledging this, it may be prudent to suggest signing a memorandum of understanding and divergence with the board on this issue. Therefore, it is at this point, with the proposal to create pro-rector positions (rather than just plenipotentiaries or proxies) for well-being and MHPSS, that these remarks are concluded.

Thus, addressing the current issue emphasises the need for universities to appoint pro-rectors specifically dedicated to student and staff well-being. Drawing on successful models, such as the Warsaw City Centre Alliance Against Depression, funded by the EU's Third Health Programme, this proposal advocates for integrating community-based mental health initiatives into university settings. Such initiatives would involve establishing alliances at departmental or institutional levels to address mental health challenges exacerbated by academic pressures and competitive environments. However, implementing these initiatives may encounter resistance from institutional norms, requiring proactive support from university leadership. This approach aims to prioritise mental health, reduce stigma, and improve overall well-being within higher education institutions in Poland and beyond, aligning with broader societal trends in workplace well-being governance.

DISCUSSION

The nuanced findings regarding the mental health of Polish university students offer a comprehensive view of several critical issues. Firstly, the analysis highlights significant deficiencies in the accessibility and promotion of psychological support services within university settings. A notable finding is the widespread lack of awareness among students regarding the availability of on-campus psychologists, alongside perceptions that current mental health initiatives are inadequate. These findings highlight the urgent need for universities to reevaluate their organisational structures and cultural frameworks to better support student well-being. Moreover, the report identifies gender-based disparities in psychological distress among students, emphasising the importance of tailored interventions that address the specific mental health needs of both male and female students. This gendered perspective is crucial for developing effective support mechanisms that align with the diverse experiences within university populations. Informal advocacy emerges as pivotal in raising awareness about mental health issues among students. Initiatives led by student organisations and informal networks complement formal institutional efforts, fostering a more supportive and inclusive campus environment. Furthermore, effective governance practices within universities are crucial in prioritising mental health on the institutional agenda. Integrating mental health initiatives into formal policies and ensuring their robust implementation and evaluation are essential steps toward establishing

a holistic approach to student support. Addressing mental health challenges within Polish universities requires collaborative efforts between academia, student bodies, and policymakers to create environments that promote both academic success and the overall well-being of students.

In conclusion, key recommendations will synthesise the suggestions outlined in this article. Optimising opportunities and minimising barriers are facilitating factors in the pursuit of a culture of well-being culture within universities in Poland. Public mental health concerns extend to higher education, yet university structures and cultures are not always conducive to student well-being. Intervention programmes need to take diversity into account, and especially gender differences in mental health, such as the higher prevalence of depression among female students and suicidality among male students. Some evidence-based opportunities for informal advocacy for mental health, such as alliances against depression, are already in place. One of the levels involved in such alliances comprises local authorities and gatekeepers, necessitating the engagement of academic leadership. However, it would be required to include the topic of students' well-being on the agenda of university boards. Awareness-raising activities are especially recommended in the communities where the levels of stigma are higher.

Recommendation 1: University MHPSS self-reflection needs to be initiated

Universities are among the most suitable arenas for public debate. However, their structures and cultures need to be rethought and even rebuilt in order to better address the issue of students' deteriorating MHPSS. In countries like Poland, where university life remains heavily focused on requirements and achievement, often with a quasi-feudal culture, psychological pressure, symbolic and explicit verbal violence, there is a need to promote well-being even through small interventions. This can be achieved through more sophisticated internal communication, such as well-implemented and strategically applied technology. Profiling universities, departments, institutes, and faculties based on their responsiveness to the issue of well-being of staff and students would be useful.

Recommendation 2: MHPSS within universities needs to take gender into account

Most research of university students' well-being in Poland reports gender differences. Even when no statistically significant disparities between female and male students' well-being are found, their attitudes toward mental health and searching for help are different, with women being more concerned about prophylactic and treatment than men. Data collected in the United States and Germany, i.e. in Western contexts outside of Central and Eastern Europe (CEE), indicate a strong link between gender equality in employment and career and overall well-being (Lemmen,

2018; Platt et al., 2016). Female students may face pay gap in the future, which is connected to depression gap, i.e. devastating effects on female mental health. On the other hand, male students reported a higher tendency toward suicidal thoughts in the research cited (Lemmen, 2018; Platt et al., 2016). Consequently, MHPSS interventions need to be gender-sensitive to empower students to navigate both current challenges and future crises.

Recommendation 3. Intra-university alliances against depression seem to be low-cost and working MHPSS solutions

In Poland, alliances against depression have already begun to take shape with the support of the European Commission (Toczyski, 2023). Their methodology is close to action research, where researchers and their collaborators test whether the method developed by the international community of the EAAD, along with their non-commercial psychoeducational digital tool, iFightDepression, is relevant in the Polish context (and seven other implementation and transfer contexts). Given the initial feasibility of the method in Poland and its effectiveness in other CEE countries (Székely et al., 2013), universities in the CEE region may consider a similar four-step solution, supported by digital tools, to promote users' self-enhancement of their own mental health. The principles of community work could be applied to higher education institutions, even at the department or institute level, with a focus on four key groups. The four core activities include: contacting and arranging mental health training for local general practitioners, conducting awareness campaigns for the general population, involving local gatekeepers as ambassadors, and empowering individuals at higher risk and their relatives. This concept seems to be transferable to university communities.

Recommendation 4: University MHPSS requires high-level ambassadors

There are arguments for making well-being a topic of interest for the boards of directors, not only for the lower levels of the organisation. Vice-Rector for Well-being and MHPSS, as suggested in public debates (Toczyski, 2021b), could be a college-level engagement within the rector's office, analogous to similar solutions in the corporate world. Assigning this responsibility to a high managerial position in the hierarchical structure of the university may exert real influence and lead to social change. When it is not yet possible to introduce such a position, signing a memorandum of divergence within the current structures of power could serve as an important first step.

STUDY LIMITATIONS

While this review highlights the significant challenges and potential strategies for improving student well-being, several

limitations should be acknowledged. First, the research primarily focuses on student samples from specific geographic regions, which may not be representative of the global student population. Cultural differences and varying educational systems can influence well-being and mental health outcomes, necessitating more diverse and comprehensive studies. Second, many of the studies reviewed rely on self-reported data, which can be subject to bias. Students may also underreport or overreport their symptoms and well-being due to social desirability or stigma. Longitudinal studies and mixed-method approaches could provide a more nuanced understanding of student mental health. Third, while there is extensive documentation of the problems, there is a relative scarcity of large-scale, longitudinal studies evaluating the effectiveness of interventions over time. More research is needed to determine which strategies are most effective in different contexts and for different student populations. To foster a culture of well-being at universities in Poland, it is essential to optimise opportunities and minimise barriers. Public mental health concerns impact higher education, and university structures and cultures may not always support well-being. The above-mentioned recommendations aim to address these challenges comprehensively, but may be not exhaustive. Interventions such as the university MHPSS self-reflection, gender-informed MHPSS, and the formation of intra-university alliances against depression within universities (engaging local general practitioners, running awareness campaigns, involving gatekeepers as ambassadors, and empowering at-risk individuals and their relatives) can foster community support and enhance mental health outcomes, but they have not been tested in purely academic institutional settings. Well-being should be a priority for university leadership. Consequently, appointing a Vice-Rector for Well-being and MHPSS or similar high-level ambassadors can drive meaningful change. However, the effectiveness of this recommendation may depend on the specific person assigned to the role. Future research should aim to expand the diversity of student samples to include different cultural and educational contexts, utilise longitudinal and mixed-method approaches to gain a deeper understanding of mental health trends and intervention outcomes, and evaluate the long-term effectiveness of various interventions to identify the most beneficial strategies for different student populations. Understanding these underlying reasons through further research is crucial for developing effective interventions and support systems that can enhance student well-being and reduce the prevalence of mental health issues among the student population.

FURTHER DIRECTIONS OF RESEARCH AND ANALYSIS

The lack of progress in student well-being and the high rates of depression can be attributed to multiple interconnected factors, including bio-psychological elements, including those tied to the developmental stage. Social structure and culture may also play a role, such as academic pressure,

social isolation, financial strain, mental health stigma, substance abuse, and poor coping mechanisms. Understanding these underlying reasons through further research is crucial for developing effective interventions and support systems that can enhance student well-being and reduce the prevalence of mental health issues.

Further research should focus on action research to better understand the complex factors contributing to student well-being and mental health issues. These factors are multifaceted, encompassing bio-psychological elements linked to developmental stages, as well as sociocultural aspects. Action research methodologies can provide valuable insights by actively involving students, faculty, and other stakeholders in identifying and addressing challenges within university environments. By engaging in collaborative problem-solving and iterative learning cycles, action research can help tailor interventions and support systems that effectively address the specific needs and contexts of students. Moreover, comprehensive research efforts should aim to uncover the interconnectedness of these factors and their differential impacts across diverse student populations. This holistic approach is essential for developing evidence-based strategies that promote student well-being and resilience, while mitigating the prevalence of depression and other mental health issues in academic settings.

Conflict of interest

The author does not report any financial or personal connections with other persons or organisations which might negatively affect the content of this publication and/or claim authorship rights to this publication.

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Author contribution

Original concept of study; collection, recording and/or compilation of data; analysis and interpretation of data; writing of manuscript; critical review of manuscript; final approval of manuscript: PT.

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