

MANUAL

FOR IMPLEMENTING A UNIVERSITY PSYCHOLOGICAL HELP SERVICE FOR STUDENTS

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Erasmus+ Programme

RIGA TECHNICAL UNIVERSITY

ACADEMIES4UKRAINE
Strengthening Academic Resilience in Ukraine and EU

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TABLE OF CONTENTS

INTRODUCTION

Background of the Project 4
Current Landscape: National overview of psychological support in Ukrainian HEIs 5
Purpose and Expected Outcomes 6
Who Is This Manual For? 6
Project Partners 6

UNDERSTANDING THE UNIVERSITY ENVIRONMENT AND STUDENTS' NEEDS

1. Psychological Challenges in the Academic Environment 12
2. Research of Student's Needs (project data) 14

DESIGNING AND IMPLEMENTING PSYCHOLOGICAL SERVICES

1. Understanding of Evolution of Psychological Help Services in HEIs 18
2. Designing a System in a 9 Steps 22
- Step One: Identify the "Why?" 23
- Step Two: Think about the Service Delivery System 28
- Step Three: Know the Context 36
- Step Four: Discover and Map Supporting Services 40
- Step Five: Decide Where Services Will Be Delivered 43
- Step Six: Identify and Choose Appropriate Interventions 47
- Step Seven: Consider Service Delivery Formats 52
- Step Eight: Staff the System 57
- Step Nine: Make an Assessment and do Follow-up 62

3. Risks, Challenges and Limitations 66

ACADEMIES4UKRAINE PROJECT PARTNERS INSIGHTS and CASE STUDIES

1. Case study: Riga Technical University in 9 Steps 69
2. The Psychological Support Services at Partners Universities 80

CONCLUSIONS AND FUTURE CONSIDERATIONS 86

REFERENCES 89

TABLE OF WORKSHEETS

Worksheet 1. Self-Check Questions for Each Stage of Evolution 20

Worksheet 2. Mapping your Activities across the Stages of Evolution 21

Worksheet 3. Reflecting on Your "Why" for Supporting Student Mental Health 24

Worksheet 4. Bringing Your Reflection Forward 26

Worksheet 5. Analyzing Models of Psychological Support Systems in Higher Education 35

Worksheet 6. Know the Context 38

Worksheet 7. Mapping of Resources 41

Worksheet 8. Service Delivery Check-list: Accessibility, Safety and Security 45

Worksheet 9. Matching Target Groups & Needs with Recommended Interventions for HEIs 51

Worksheet 10. Evaluation of AI Mental Health Support Tool: Checklist of Green Flags and Red Flags 54

Worksheet 11. Inviting Peer Support in HEIs: Questions to Consider 61

Worksheet 12. Mapping Your M&E plan 65

INTRODUCTION

This manual provides a practical guide for implementing psychological services in universities, offering insights for all higher education institutions (HEIs). Project partners in Ukraine currently have the most pressing need for such support; at the same time these recommendations are relevant and will have value for HEIs worldwide. Based on international frameworks, research data, and the experience of partners, it offers a step-by-step plan for establishing sustainable psychological support services at any HEI in need.

The Manual has been created as part of ***Academies4Ukraine*** project, proposed and coordinated by ***i-strategies,*** an Italian social enterprise focused on innovation in higher education sector. The organization designs meaningful learning experiences, including residential courses in Italy, develops cultural research and heritage initiatives, and participates in EU-funded projects such as Academic Resilience Stories from Ukraine under the Disrupt Education approach.

Background of The Project

Due to war, Ukraine's higher education system is confronting numerous challenges, including damage to university infrastructure, disruption of normal teaching process and academic operations, the urgent need to provide shelter for students and staff, and the relocation of institutions from occupied regions, among others.
Beyond the physical and logistical issues, the psychological impact on students and academic staff is significant. Many face ongoing stress, uncertainty, and trauma, making mental health support an essential component of the educational response.
In response, the ***Academies4Ukraine*** project was funded by the European Union's Erasmus+ Programme in 2023. Project partners seek to enhance the resilience of both Ukrainian and European higher education systems, with a focus on fostering not only structural recovery but also emotional well-being and academic continuity.
This manual provides an overview of psychological well-being services across higher education institutions, gives HEI staff and decision-makers the opportunity to explore the diversity of existing support models and systems, to reflect on their own services, and identify practical ideas for future development and improvement. At the same time, the manual underlines the importance of building institutional resilience. Student support systems are not only crucial in times of crisis; by creating inclusive and stable support environments, they strengthen a university's overall sustainability and capacity for long-term development.

While contexts may differ, students share common needs during their studies. By addressing these challenges, the ideas presented in this manual are valuable for any HEI that is building, rethinking, or strengthening its student support system, contribute to a broader, and lasting improvement of student well-being and institutional resilience.

Current Landscape: National Overview of Psychological Support in Ukrainian HEIs

As of early 2025, psychological support is formally recognized as an integral component of student services across Ukrainian universities. According to a statement by the First Lady of Ukraine, Olena Zelenska, 97 % of Ukrainian HEIs report having functioning psychological services (Zelenska, 2025). While this figure reflects significant policy-level commitment, the methodology behind this estimate and the criteria used to define a functioning psychological service are not clearly outlined in publicly available sources. Therefore, it is difficult to assess the actual scope and accessibility of support across HEIs.

In addition, available evidence suggests that the overall mental health workforce capacity in Ukraine remains limited, which may further influence the implementation of psychological support within universities (Frankova et al, 2024). Student responses reported in various surveys conducted across HEIs in Ukraine during the war suggest that in some universities psychological support structures may exist formally or operate on a limited scale, potentially reflecting resource constraints, staff shortages, and the broader impact of wartime conditions.

It is important to take into account that in her presentation the First Lady of Ukraine, Olena Zelenska, noted that a growing number of institutions have begun to develop more comprehensive approaches, including mental health centers, self-care spaces, youth development hubs, coworking spaces, creativity clubs, art therapy sessions, support groups, educational workshops, etc. (Zelenska, 2025). International experience indicates that services may be provided through standalone mental health centers or integrated within existing university units such as student affairs or academic support offices, typically offering individual and group counseling, psychological first aid, workshops on mental health and resilience, and peer-support initiatives delivered by psychologists or social workers, often with additional training in trauma-informed care.

Notably, starting in February 2025, a nationwide regulation requires all psychologists and psychotherapists working in educational or public institutions to undergo formal certification. This policy aims to ensure compliance with professional ethical codes and legal standards governing psychological practice in Ukraine (Ministry of Health of Ukraine, 2025).

Purpose and Expected Outcomes

This manual is designed to provide essential knowledge and practical insights to support the development or improvement of psychological support systems at HEIs.
Each section of this manual will guide you step-by-step toward the implementation of a sustainable service. Explore the processes through research summaries, gain insight into the steps taken to build such services, and use self-check tools to support your planning process.

BY ENGAGING WITH THE MATERIAL, YOU WILL:

1. ***Understand why student mental health is a distinct issue and requires targeted attention.***
2. ***Gain knowledge of existing models used to deliver psychological support to students.***
3. ***Recognize how the unique needs of HEI shape the design of support services.***
4. ***Evaluate the situation at your own HEI using tools provided in this manual.***
5. ***Develop an understanding of the steps that need to be taken at your own institution.***
6. ***Learn from experience of project partner institutions.***

Who Is This Manual For?

- University leadership and decision-makers
- On-campus health and psychological well-being professionals
- Academic and student affairs staff
- Psychological service coordinators
- Anyone who is interested in psychological support of HEI community members

Project Partners

Academies4Ukraine is implemented by an international consortium consisting of six European partners: i-strategies (Italy, project coordinator), University of Helsinki (Finland), Riga Technical University (Latvia), Pavlo Tychyna Uman State Pedagogical University (Ukraine), Kherson State University (Ukraine) and Odesa National University of Technology (Ukraine).

Riga Technical University (Latvia)

Riga Technical University (RTU) is Latvia's largest and only polytechnic university, educating nearly 15,000 students. It aims to be a third-generation university, combining high-quality education with advanced research and innovation, focusing on technology transfer and practical applications of scientific discoveries. RTU offers a broad range of programs not only in engineering, but also in social sciences and humanities, in 4 faculties and various academies and institutes, all of which are internationally accredited. The university is expanding its infrastructure with a new campus on Ķipsala Island, which will become the most advanced engineering study center in the Baltic region upon completion.







University of Helsinki (Finland)

HELSINGIN YLIOPISTO
HELSINGFORS UNIVERSITET
UNIVERSITY OF HELSINKI

The University of Helsinki is the largest university in Finland, and has 35 000 students and employs nearly 10 000 professionals. It is a public research university that has 11 faculties in four campus areas in Helsinki.
The Faculty of Social Sciences, where the project is more specifically located, includes 12 disciplines and four other research units. The University of Helsinki's Faculty of Social Sciences has granted study rights and Erasmus grants to 26 Ukrainian students and several doctoral candidates from Taras Shevchenko National University of Kyiv. The collaboration, led by Lecturer Kaisa Kuurne since Autumn 2022, focuses on developing tailored academic and well-being support for these students, including tutoring, social activities, and integration efforts, and has guided the co-creation of programs addressing students' emotional, social, and academic needs, as well as sense of community and belonging.







Pavlo Tychyna Uman State Pedagogical University (Ukraine)

Founded in 1930, Pavlo Tychyna Uman State Pedagogical University has become a prestigious institution known for its intellectual and cultural contributions to teacher education. The university offers a wide range of academic programs through 11 faculties, 1 educational-scientific center, and 38 departments, supported by over 500 educators, including prominent scholars and award-winning professionals. It boasts extensive research infrastructure, including centers, laboratories, and postgraduate programs, and provides modern facilities such as academic buildings, hostels, and sports complexes. Pavlo Tychyna Uman State Pedagogical University is focusing on enhancing international cooperation as part of its strategic development, aiming to align more closely with European standards in education.









Kherson State University (Ukraine)

Kherson State University (KSU) is a modern institution with a strong research foundation, advanced resources, and cutting-edge information technologies, temporarily relocated from Kherson to Ivano-Frankivsk due to the war. It offers 60 Bachelor's, 48 Master's, and 16 PhD programs across 9 faculties and 31 departments, serving around 4,000 students. KSU has extensive international cooperation, with over 40 partner universities in 15 countries and active participation in projects like Erasmus+ and USAID. The university has developed several e-learning solutions, including the "Kherson Virtual University" and "KSU Online" platforms, and has expertise in digital learning and management systems. KSU has been involved in numerous international projects, including the SMART-PL project, which focuses on personalized learning through virtual environments and intellectual tutoring.









Odesa National University of Technology (Ukraine)

The Odesa National University of Technology (ONUT) is a Ukrainian higher education institution with over a century of history, training specialists and researchers for globally-demanded industries. These include key sectors such as the food industry, tourism, hotel and restaurant management, information technology, refrigeration and cryogenic technology, thermal power engineering, thermophysics, renewable energy, oil and gas, ecology, economics, and marketing. ONUT holds the IVth (highest) level of accreditation and received the title of "National" in 2002 for its outstanding achievements in training professionals for Ukraine and abroad. The university currently offers education in 22 specialties within 6 Educational and Scientific Institutes (ESI).









UNDERSTANDING THE UNIVERSITY ENVIRONMENT AND STUDENTS' NEEDS

1. Psychological Challenges in the Academic Environment

University time is an important period of personal development for young adults, marked by both processes of strengthening one's independence and self-discovery. During this study period young adults usually separate from their families and take on more responsibility for their own life, e.g. managing their schedules and daily routines, experience negative stress factors such as financial pressures, social adjustments, making friendships and living away from home, which can contribute to poor mental health among students (Ribeiro et al., 2018). This is also a time of rapid brain growth, which relates to various social and personal changes happening, making students more sensitive to stress and affecting mental health (Chung & Hudziak, 2017).

Study time is a peak period of risk for experiencing mental disorders (Kessler et.al., 2007). It is associated with high risk of university failure and drop-out (Duffy et.al., 2020; Whiteford et.al., 2013; Usher & Curran, 2019). The short-term and longer-term consequences of mental health difficulties can be significant, including poorer academic performance, relationship breakdown, and exclusion from the labor market (Osborn et.al., 2022). Undergraduate student mental health data shows prevalence of depression around 25%, while suicide-related outcomes had a pooled prevalence of 14% (Sheldon et.al., 2021). International estimates among students suggest around 4.3% have attempted suicide in their lifetime (Bruffaerts et.al., 2017).

Clinically significant mental health symptoms are common and persistent among first-year university students and have a negative impact on academic performance and well-being. Approximately one-third of first-year undergraduate students endorsed clinically significant depression (36%) and anxiety (39%) symptoms at entry to university. Further, 14% of students endorsed suicidal thoughts, 6% engaged in self-harm, and 1.6% indicated at least one suicide attempt over the course of the academic year (Duffy et.al., 2020).

There have been particular concerns about university students, with data suggesting an increase in the number of students experiencing mental health problems over recent years (Auerbach et.al., 2018; Bruffaerts et.al, 2017; Osborn et.al., 2022; Knapstad et.al., 2021; Oswalt et.al., 2020; Lipson, Lattie & Eisenberg, 2019; Tabor, Patalay & Bann, 2021; McManus & Gunnell, 2020).

Taken together, entry to university represents a high-risk period for the development of significant mental health problems, but at the same time offers an important opportunity for effective prevention (Duffy et.al., 2019).

There are already some data available about the negative impact of war on Ukrainian students (Pypenko, Stadnik, Melnyk & Mykhaylyshyn, 2023). It is shown that students experience PTSD, depression, anxiety, and sleep problems (Pinchuk et.al., 2025; Дзеружинська & Гиндич, 2025). The state of mental health is closely linked to academic performance impairment (Pinchuk et.al., 2025) and there is a need for well-being support programs at higher education (Дзеружинська & Гиндич, 2025), developing sustainable coping mechanisms, effective interventions and engaging to use social support (Дзеружинська & Гиндич, 2025).

Well integrated support services, such as individual counselling, group therapy, crisis intervention, and preventive programs are associated with a range of positive outcomes for HEIs:

- Strong campus support environments foster improved student engagement and a better campus climate (Kassab, Rathan, Schmidt, & Hamdy, 2024) and enhance students' sense of belonging and overall wellbeing (Ruihua et al., 2025).
- Supportive environments are linked to better academic outcomes, increased motivation, and study engagement through strengthened psychological resources and resilience (Du Toit, Thomson, & Page, 2022; Chen, Bian, & Zhu, 2023).
- Student wellbeing is related to higher persistence and lower risk of dropouts and improved retention rates, as students who experience greater psychological support and connectedness are more likely to continue in their studies (Du Toit, Thomson, & Page, 2022; Sadiyeva, 2024).
- These effects extend beyond individual students to the broader institutional ecosystem, contributing to a more supportive study environment, higher levels of institutional loyalty, and an enhanced reputation for student care and success (Ngo et al., 2025; Ruihua et al., 2025).



2. Research of Students' Needs (Project Survey data)

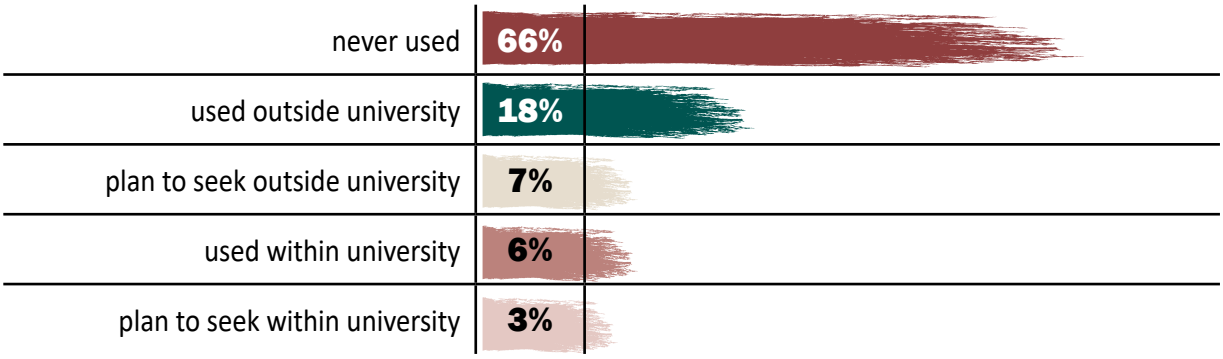
To gain a deeper understanding of Ukrainian students' needs regarding psychological support at university, a survey was conducted by RTU psychologists Viktorija Gaina and Marta Rubina.

Between November 21 and December 13, 2024, a total of 464 individuals participated in an online survey, of which 456 responses were deemed valid. The average age of participants was 21.6 years. Of the respondents, 65% identified as female, 34% as male, and 1% selected 'other' as their gender. Participants were students from Pavlo Tychyna Uman State Pedagogical University (51%), followed by Odesa National University of Technology (28%), Yuriy Fedkovych Chernivtsi National University (11%), and Kherson State University (9.8%).

Survey data indicate significant mental well-being challenges, a strong demand for psychological support services tailored to these students' unique circumstances- including personal difficulties, academic pressure, emotional health concerns, and coping with war-related trauma.

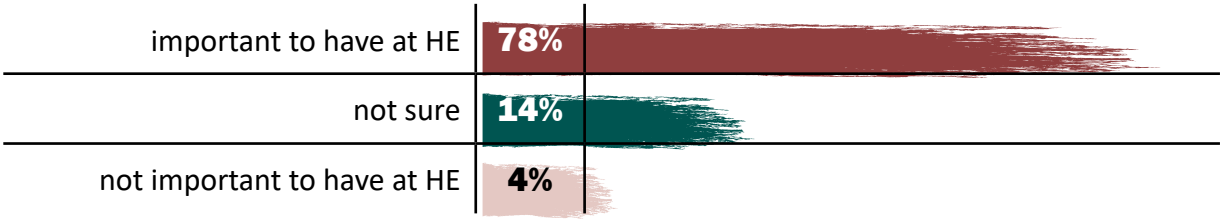
Experience with psychological support: Key Findings

The majority of respondents (66%) never used psychological support services.
A total of 24% have used psychological support services, with a preference for providers outside the university (18%) compared to those within the university (6%). Approximately 10% of participants plan to seek psychological support in the future, with 7% looking outside and 3% within the university.



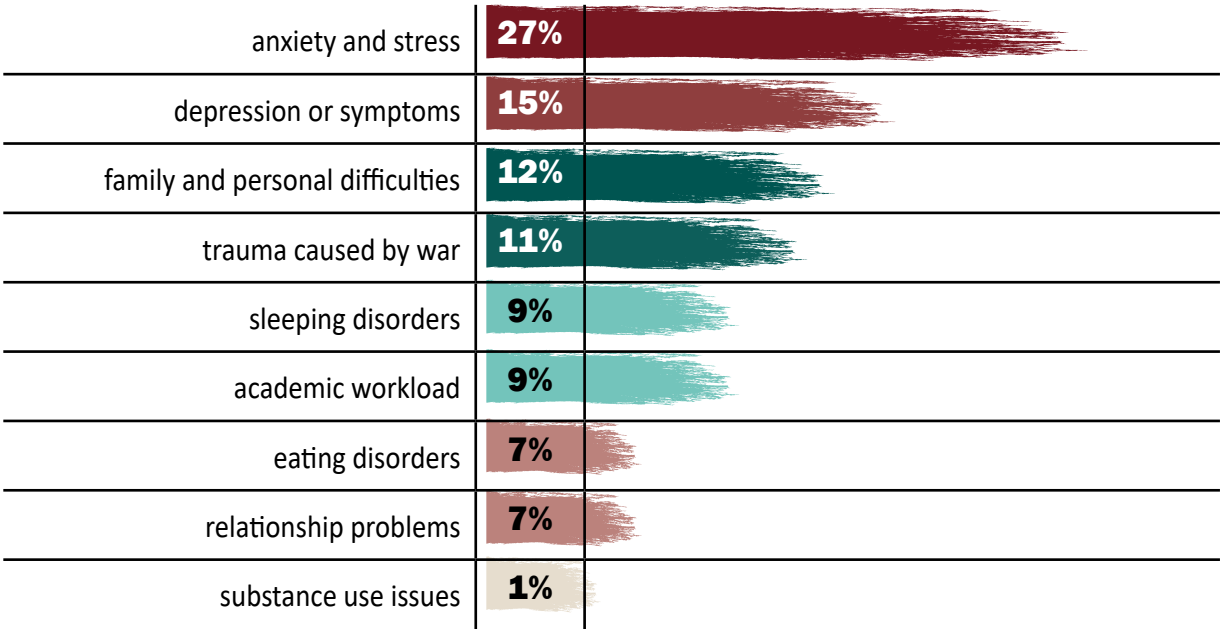
Thoughts about support: Key Findings

A clear majority of students (78%) believe it is important to have psychological support services available at the university. 18% of respondents were not sure about the necessity of these services. A small minority (4%) stated that such services are not important.



Students' needs: Key Findings

The most common reasons cited are anxiety and stress (27%), followed by depression or depressive symptoms (15%). Significant numbers of students would seek help for family and personal difficulties (12%) and trauma caused by war (11%). Academic workload and sleeping disorders each account for 9% of respondents, while eating disorders and relationship problems both stand at 7%. Substance use issues were reported by 1% of respondents.



Preferred support formats: Key Findings

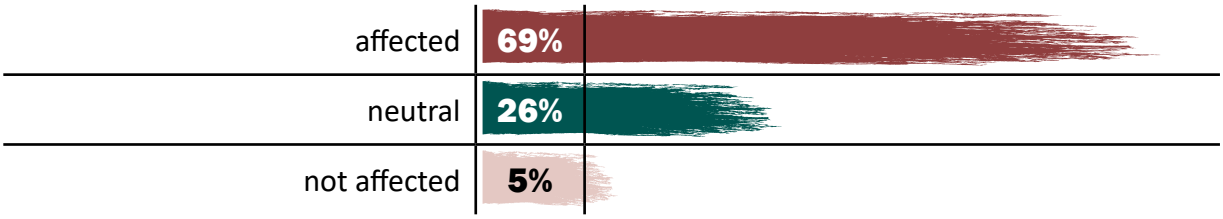
- Individual consultations: the most frequently mentioned format, highlighting a desire for one-on-one professional attention.
- Group-based formats: includes support groups, therapeutic groups, and skill-building workshops, indicating an interest in peer-to-peer connection and collective learning.
- Lecture-style sessions: students expressed interest in educational settings where psychologists share practical self-help techniques and strategies for overcoming challenges.
- Hybrid format: combining in-person and remote options (43%). Some preferred exclusively in-person services (37%), While fewer participants preferred primarily remote services (19%).

Also, students would like to have:

- Psychological assessments: tests, or questionnaires to understand one's own mental state.
- Rehabilitation and recreation services.
- Technology, aligning with the need for remote access to support services, e.g., self-help apps, chat options with psychologists, videos with guidance on stress, and anxiety management.
- Anonymous reporting: "trust box" where students could submit concerns and receive responses.

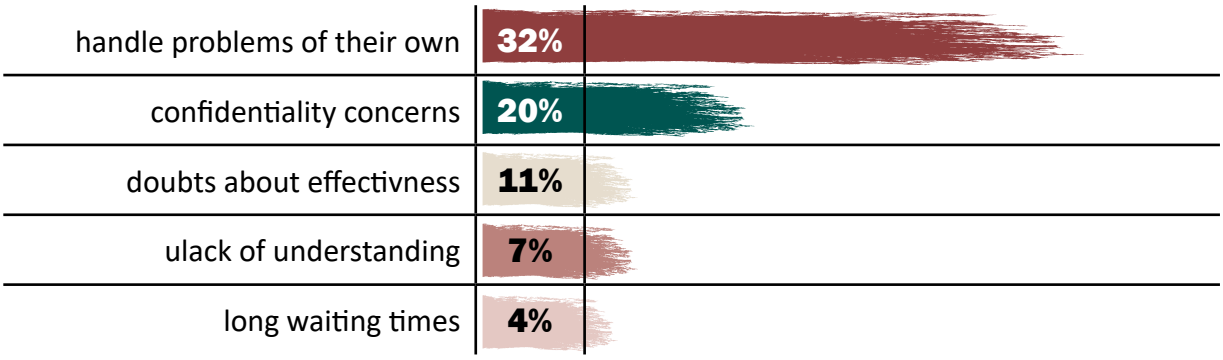
War impact: Key Findings

A significant majority (69%) of students acknowledged that their experiences with war have affected their mental health. 26% of respondents rated the impact as neutral.
5% of participants stated that the war had not affected them.
Students highlighted a critical need for support regarding stress, anxiety, panic attacks, PTSD, apathy, anger, aggression, and sleep disturbances.
The impact of war-related experiences highlights the need for specialized support addressing trauma, PTSD, and related symptoms.



Potential barriers for support use: Key Findings

The most common barrier is the belief that one can handle problems independently (32%). Concerns about confidentiality is a significant factor for 20% of respondents. Some students harbor doubts about a psychologist's ability to help (11%) or lack a clear understanding of how professional support works (7%). Long waiting times were mentioned by 4% of participants as a discouraging factor.



In open-ended questions students emphasized:

- Anonymity concerns: it's difficult to stay anonymous at HEI and sensitive information can be exposed.
- Importance of confidentiality: need to ensure confidentiality, professional boundaries, and private counseling environments.
- Doubts about expertise: whether university psychologists are sufficiently qualified?
- Skepticism about support: doubts about psychologists' ability to help with academic and family-related stress.
- Conflict of interest: concerns about psychologists influencing students' decisions to stay or leave university.
- Ethical standards: need to address ethical practices, including psychologists' education, certification, and the role of professional associations in Ukraine.

Conclusions:

- Ukrainian students share common student needs, such as managing academic workload, coping with study difficulties, regulating emotions, and navigating relationship challenges, but also are impacted by war contextual needs, as trauma-related symptoms, experience of loss and displacement.
- Psychological services are likely to be accessed primarily by students who have little to no prior experience accessing such support at HEIs.
- This may indicate a limited awareness about the role of the psychologist and potentially contributing to unrealistic expectations or unrealistic ideas about seeking individual psychologal support.
- At the same time, students strongly emphasize the need for alternative support formats: group sessions; psycho-educational events; psychological assessments to help students understand their mental state; rehabilitation and recreation services; remote support (chat options with psychologists, videos with guidance on stress and anxiety management); self-help apps.
- Confidentiality is a key issue. This should be specifically emphasized when discussing the role of psychologists at the university, including professional boundaries and the physical setup of counseling spaces.
- The question of professional ethics emerged as particularly important. It is therefore essential to examine the education, certification, and ethical standards that govern psychologists' practice in Ukraine, including the role of professional associations.

Summary:

- Time spent in HEI is a challenging period for many students.
- In Ukraine we observe a growing demand for psychological services within HEIs, driven both by common students' needs and war-context needs.
- However, many students in Ukraine may have limited prior experience with such services.

Therefore, there is a need for:

1. *Systematic efforts to promote awareness and understanding of available psychological support services.*
2. *Psycho-educational activities that explain both the role of psychologists and the importance of mental health for students and for HEIs.*
3. *Alternative and flexible service formats that meet students' diverse needs.*

DESIGNING AND IMPLEMENTING PSYCHOLOGICAL SERVICES

Based on previously described data, the next section of the Manual outlines understanding support system evolution stages and practical steps for planning and implementing university-based psychological services.

1. Understanding of Evolution of Psychological Help Services in HEIs

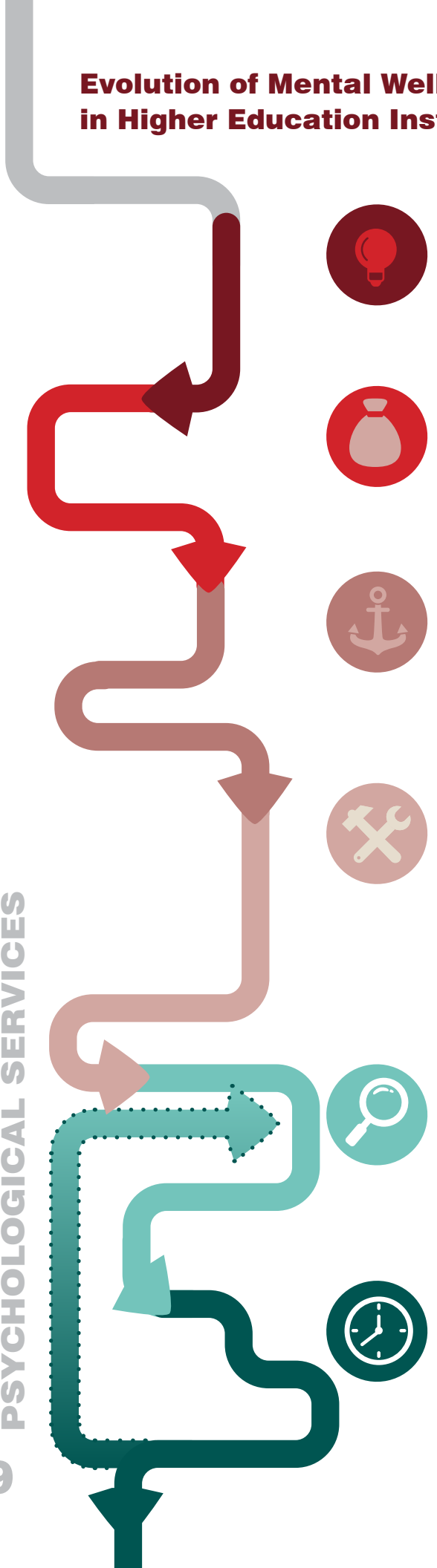
Over the past century, psychological support services in HEIs have evolved from informal, faculty-led guidance efforts to structured, professional mental health systems.

The evolution of psychological support in HEIs has often begun with career guidance services, which historically served as one of the first structured support offerings for students. Over time, these services have expanded to include personal counseling, crisis intervention, and broader well-being initiatives in response to rising mental health needs and student diversity.

This development reflects broader social changes, increased student diversity, and the growing recognition of mental health as critical to academic success (Kraft, 2011; Prince, 2015). Recent reviews highlight the need for adaptive, inclusive support systems that address the needs of vulnerable student populations (Duraku, 2024; Bhatia, 2020).



Evolution of Mental Well-Being Support in Higher Education Institutions (HEIs)



1. Personal Support
Initial, informal efforts by staff or faculty to support students' emotional or psychological needs, often based on personal initiative rather than structured services.

2. Exploration of Psychological Support Needs
Recognition of the growing demand for psychological services, often through observation, feedback, or preliminary needs assessments. Institutions begin to map out the types of support students require.

3. Introducing a Dedicated Mental Health Support Role
Hiring a professional (e.g., psychologist, counselor) to provide formal support services. This marks a shift from informal help to recognized professional care within the institution.

4. Development of a Structured Well-Being Support System
Establishing policies, procedures, and integrated services that address student mental health holistically. This may include partnerships, resource allocation, internal protocols, and ongoing capacity building for staff through structured training programs, peer-learning opportunities, and international exchange initiatives.

5. Monitoring and Adapting the Support System
Implementing feedback mechanisms, data collection, and regular evaluation to assess the effectiveness of services. Adjustments are made in response to student needs, societal changes, and emerging mental health trends.

6. Expansion of Services and Inclusion of New Target Groups
Broadening the scope of support beyond initial groups (e.g., only students) to include faculty, international students, doctoral researchers, etc. New services may include peer support programs, digital mental health tools, or crisis intervention protocols.

Please answer each question by marking YES or NO. Your pattern of YES answers will show where your institution is currently positioned.

	YES	NO
PERSONAL SUPPORT		
Do academics or specific faculty members within the institution provide informal, emotional, or psychological support to students?		
Are these efforts based mostly on personal initiative rather than institutional guidelines?		
Is there a reliance on "gut feeling" or ad-hoc responses rather than structured plans?		
EXPLORATION OF PSYCHOLOGICAL SUPPORT NEEDS		
Have we gathered feedback from students about their emotional or mental health needs?		
Have we identified gaps in our current support (formal or informal)?		
Have we discussed mental well-being as a shared responsibility within the institution?		
INTRODUCING A DEDICATED MENTAL HEALTH SUPPORT ROLE		
Have we hired or appointed a qualified mental health professional?		
Is this person accessible to students on a regular basis?		
Is this professional role clearly defined and integrated into the institutional support system?		
DEVELOPMENT OF A STRUCTURED WELL-BEING SUPPORT SYSTEM		
Does the institution have formal documents, such as policies, procedures, or frameworks that guide to the delivery of mental well-being services?		
Is there a dedicated budget or resource allocation for well-being services?		
Have we provided staff with training or development opportunities to enhance mental health support?		
MONITORING AND ADAPTING THE SUPPORT SYSTEM		
Are we systematically collecting data (e.g., usage trends, student feedback) to understand how support services are accessed and experienced?		
Is there a regular review or evaluation process for these services?		
Do we adjust or improve services based on evidence or shifting demands?		
EXPANSION OF SERVICES AND INCLUSION OF NEW TARGET GROUPS		
Have we extended support services to groups beyond traditional undergraduate, postgraduate students (e.g., international students, students with disabilities, staff)?		
Have we introduced innovative services like peer support programs, digital self-help tools, or crisis response lines?		
Are our services culturally responsive and inclusive of diverse populations?		

Worksheet 2.

Mapping your activities across the stages of evolution

➲ *For each activity in the first column, place a checkmark in the stage column that best reflects where this activity currently takes place in your institution. If the activity is not happening, leave the row blank. When finished, count the number of checkmarks in each column. The stage with the most checkmarks indicates your institution's current development stage.*

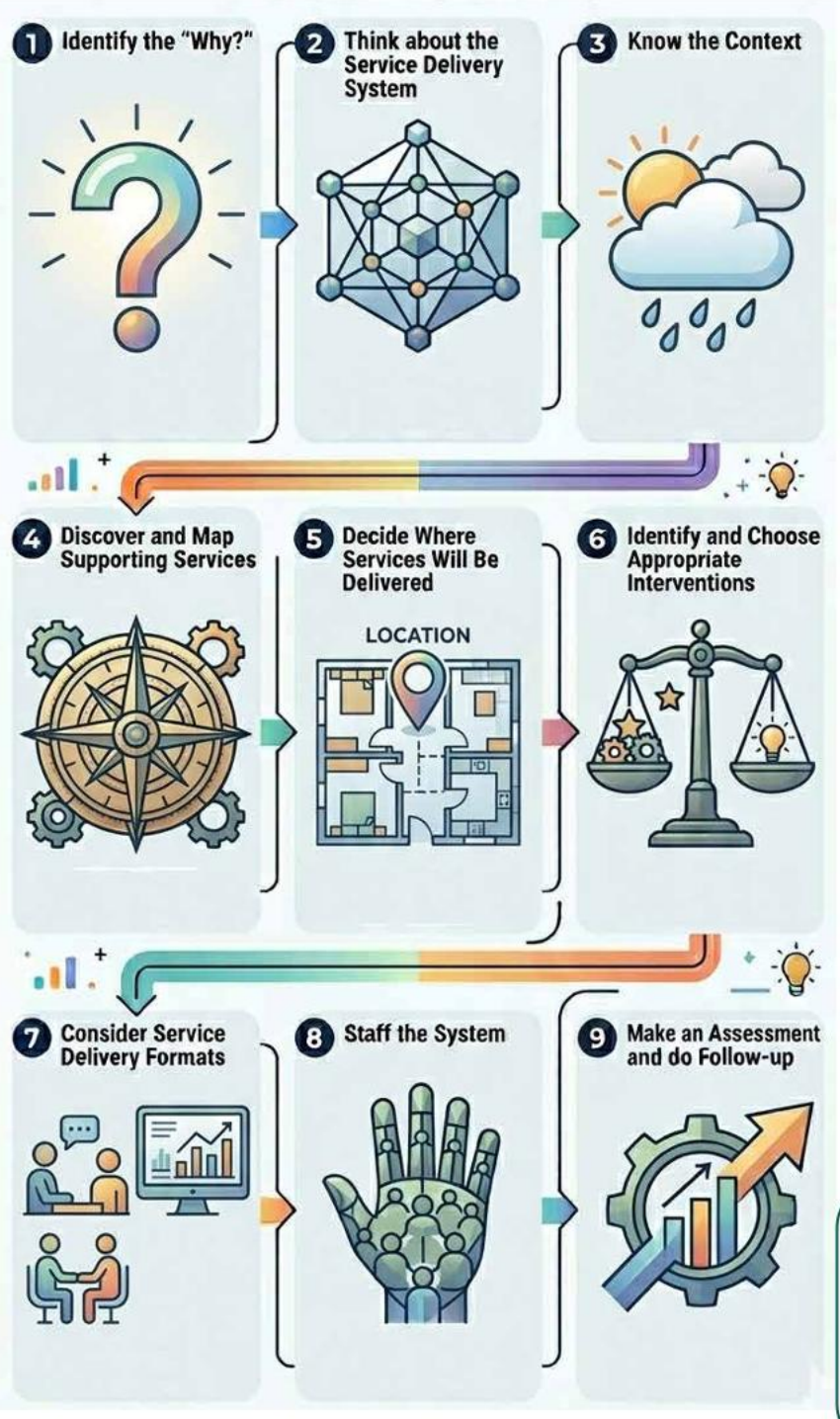
	STAGES					
ACTIVITIES	Providing personal support	Exploring needs related to psychological support in HEI	Hiring a psychological support provider in HEI	Development of mental well-being support system in HEI	Monitoring mental well-being support system in HEI and adapting to changes	Expanding system by adding new target groups and/or services
Outsourcing psychological support for HEI	☐	☐	☐	☐	☐	☐
Taking personal initiative to arrange mental health support for individual students	☐	☐	☐	☐	☐	☐
Implementing various psychological support activities in a particular faculty	☐	☐	☐	☐	☐	☐
Worked on promoting the idea of creating a psychological support unit at the university	☐	☐	☐	☐	☐	☐
Conducted research and data analysis on students' mental health support needs	☐	☐	☐	☐	☐	☐
Participating in HEI's staff exchange programs in order to gain knowledge about psychological support systems abroad	☐	☐	☐	☐	☐	☐
Organizing psycho-educational intervention activities for outreach and mental health promotion	☐	☐	☐	☐	☐	☐
Collecting feedback from psychological support receivers	☐	☐	☐	☐	☐	☐
Managed the restructuring of the university's mental health support services	☐	☐	☐	☐	☐	☐

2. Designing a System in 9 Steps

To outline how psychological support services can be developed at HEIs, we refer to the World Health Organization's (2024) recommendations, which suggest the idea of following practical steps for implementing psychological services across different systems.

WHEN YOU LOOK AT THE FOLLOWING 9 STEPS:

1. ***review the summarized theoretical background,***
2. ***become familiar with the main recommendations,***
3. ***explore existing data,***
4. ***complete and discuss provided worksheets to achieve the most suitable outcome.***



These steps are built on key theoretical insights, practical experience from Academie-s4Ukraine project partners, as well as data collected from students from several Ukrainian universities.

- The 9-step model is universal.
- The model can be used both when psychological support services are not yet in place at HEI, and when there is a need to rethink, strengthen or improve something in existing systems.
- While the ongoing war creates a specific context for providing psychological services at Ukrainian HEIs, the model is flexible and adaptable.

Further, you will find not only general recommendations, but also ideas on how to tailor these recommendations to your own HEI's context.

Step One: Identify the "Why?"



Before engaging in any service planning, it is essential to pause and reflect the underlying motivations that drive both the organization and its members. Reflection and discussions encourage professionals to explore their personal and collective "Why", gives the deeper understanding of purpose and values guiding their work. By understanding these motivations, teams can align their goals, enhance collaboration, and design services that are both meaningful and sustainable.

The following exercise lays the foundation for intentional and value-driven service development.

After this step you have reflected on your personal motivations for supporting student mental health, explored your values, and connected your observations with how your own "why" aligns with your institution's priorities. Great work!
At any point in this Manual, you can return to these reflections to remind yourself of your motivations, both personal and institutional, and connect them to each next step.

It is recommended not to skip this step, but instead to find time to hold HEI governance meetings or staff discussions to talk through and clarify your "Why" for student support services. The more time you use for prior discussion and raising awareness, the clearer the following steps will be.

➲ *This exercise is designed to help you clarify the personal, professional, and institutional motivations behind supporting student mental health. Your reflections will form a foundation for intentional and value-driven development of student support services.*
Please take your time with each section. You may write in bullet points or in narrative form.

1. ALIGNMENT WITH VALUES AND BELIEFS

Consider the personal or professional values that guide your work in higher education.

- What values guide your work in higher education?
- How does supporting student mental health connect with these values?
- Why is supporting student well-being important to you personally now?
- What motivates your engagement in this area the most (legal compliance, institutional culture, personal passion, or student outcomes)?

Your Reflection: _____

_____

_____

_____

_____

_____

2. OBSERVATIONS & EXPERIENCES

Reflect on what you have observed regarding students' challenges within your institution.

- What challenges have you most frequently noticed students facing?
- How do these challenges impact their academic journey and overall well-being?
- What were your personal actions when you noticed students struggling?
- What types of support did you feel were missing in those moments?
- What would you like to have, know, or be more skilled at to better support students in the future?

Your Reflection: _____

_____

_____

_____

_____

_____

3. INSTITUTIONAL REFLECTION (THIS SECTION CAN BE COMPLETED INDIVIDUALLY OR AFTER GROUP DISCUSSION)

What are your Institutional priorities in connection with the topic of students' mental well-being?

- How does your institution currently address student mental health needs?
- Where do you see the main gaps between what students need and what is currently being offered?
- How does supporting student well-being align with your institution's mission and values?
- In what ways could stronger mental health support enhance the institution's reputation and community?

Your Reflection: _____

_____

_____

_____

_____

_____

4. YOUR PERSONAL "WHY?"

Bring your reflections together. Complete the following sentence: "At this moment, my WHY for supporting student mental health is…"

Your Reflection: _____

_____

_____

_____

5. NEXT STEPS

- What is one concrete action you can take in your current role to put your "Why" into practice?
- What resources, support, or partnerships would help you strengthen your impact?

Your Reflection: _____

_____

_____

_____

➲ *Look back at your earlier notes (your values, observations, institutional context, and personal "Why"). Summarize the key points that feel most important to you right now. (Write keywords, phrases, or short sentences)*

1. KEY INSIGHTS FROM MY REFLECTION:

_____

_____

_____

_____

_____

2. WHAT CHANGE DO YOU WANT TO CONTRIBUTE TO?

Consider the level at which you hope to make an impact. What meaningful change do I want to support or help create? You may think about:

Impact at the individual student support level _____

_____

_____

_____

Impact at the teaching / advising / daily practice level

_____

_____

_____

Impact at the program or service development level

_____

_____

_____

Impact at the institutional culture or policy level

_____

_____

_____

3. VISUALIZING IMPACT: IMAGINE SUCCESSFUL PROGRESS IN THIS AREA:

What would be different for students?

What would be different for you or your colleagues?

How would things look or feel if your contribution was effective?

If my efforts were successful, I would notice:

4. FORMULATING YOUR GOAL(S)

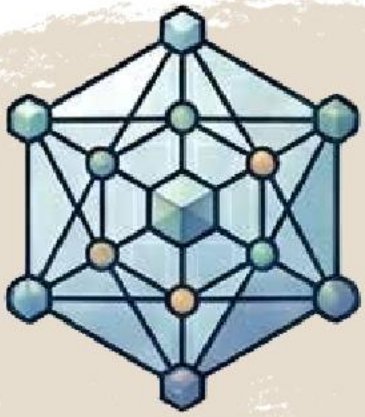
You may write one overarching goal, or 2-3 linked goals. Try to make them clear, meaningful, and realistic:

5. FIRST PRACTICAL STEP. THINK OF ONE CONCRETE ACTION YOU CAN BEGIN WITHIN YOUR CURRENT ROLE:

My first step will be to

Support needed (resources, skills, partnerships):

Step Two: Think about the Service Delivery System



In this step, you will explore the psychological support models and systems that are already in place in higher education settings. You will evaluate and discuss which approaches are most suitable for your institution, whether it is one of integrated models, whole-campus, or hybrid approach. Finally, you will work on creating a clear, easy-to-navigate schema, ensuring that students and staff can effectively engage with the support available.

IN GENERAL, SUPPORT APPROACHES CAN BE GROUPED INTO TWO GENERAL TYPES:

- Integrated or coordinated approaches, where psychological support services are integrated into HEI functioning, and which make sure students get the right level of step-by-step care coordinated across the institution.
- Whole-campus approaches aim to make well-being a shared, systemic, and sustainable feature of university life, rather than an isolated service. Each part of HEI shares responsibility and is involved in students' well-being by proactively shaping the environment in which students live, learn, and grow. Here support is focused on community, policies, and campus-wide initiatives rather than just individual treatment.

**Support may be organized in hybrid ways and change over time and with the needs of HEI or students.*

In this step, you explored some existing psychological support approaches and evaluated which approaches might fit your institution at this moment. By connecting these models to your institutional context, you now have a foundation for understanding how support can be organized and delivered effectively and to naturally adapt to changing times and needs. Next, you will move into Step Three where you will discover the local context, to examine how it is possible to bring psychological support services to your target groups.

Considering the target groups, current situation, institutional experience, and available resources of an HEI, it becomes evident that psychological support systems can be organized in different ways.

INTEGRATED OR COORDINATED APPROACH EXAMPLES: STEPPED CARE APPROACH (WHO, 2024; EAB):

Provided support ranges from less intense (self-help guides and psycho-educational activities) to more intensive interventions (individual counseling, psychotherapy, or crisis intervention), making it accessible for everyone;

Begins with the easiest-to-access and least intensive options, and "steps up" only if more support is needed;

Focuses on timely access, personalized care, and ongoing monitoring to ensure students get the right support in ways that suit them best, while also optimizing resources and reducing overall costs;

An adaptable, efficient, and student-centered approach that encourages engagement and resilience.

Stepped care approach example:

- *HEI with stepped care usually has support staff with a clear plan for year work: psycho-educational materials or public lectures for those students who would like to be more aware about specific topics (e.g., stress management); support groups (e.g., communication or public speaking skills); individual consultations for those who would like to discuss more personal difficulties; crisis interventions for those who are in urgent need.*

- *University of Coimbra implements a stepped-care approach within its health services, allowing students to access supports that range from self-referral and preventive help to more intensive psychological interventions based on need.*

COLLABORATIVE CARE APPROACH (APA, 2017):

Support is embedded within the academic environment, with regular communication and case discussions to ensure personalized, comprehensive care;

Ensures multidisciplinary teamwork for holistic support by providing an integrated, coordinated, team-based, shared-responsibility psychological support approach;

Involves coordination between different professionals (e.g., counselors, doctors, faculty) to manage a student's overall well-being, addressing mental health, academic, and social factors, leading to early intervention, improved student engagement, retention, and overall well-being, while using resources efficiently;

Connects mental health professionals, academic staff, non-academic staff, and external resources, all working together to support students' mental health and academic success;

Requires strong institutional commitment, effective communication systems, staff training for interdisciplinary teamwork, and balancing confidentiality with information sharing.

Collaborative care approach example:

- *HEI with collaborative care approach usually has the support team consist of psychologists, social workers, special support officers, advisers or other specialists; regular support team meetings aimed at creating an appropriate student support plan, as well as inter-departmental meetings focused on resolving or organizing specific issues.*
- *University of the West of England applies a Student Mental Health Partnerships initiative by working in multidisciplinary cooperation and partnership with the NHS, student unions, and internal support services to coordinate and to improve student mental health support through shared protocols, referral pathways and partnership.*

CASE MANAGEMENT APPROACH (VAN BRUNT ET.AL., 2012):

A professional coordinated service and resources, managing the case of students with mental health concerns by coordinating appropriate on-campus and off-campus services, providing continuous support to promote independence and quality of life;

Personalized oversight to ensure students get appropriate support at the right time;

Beneficial for students facing complex challenges at HEI, such as mental illness, substance use, or significant academic difficulties;

Each case presents a possible situation where a case manager can assist by linking the student to other departments and helping them set and achieve their academic, social, and career goals.

Case Management approach example:

- *HEIs with case management elements may have an educated staff member for providing this service.*
- *Trinity College Dublin has introduced a Mental Health Case Coordinator role, specifically to support students with more complex mental health needs. This role works across disability, health, and counselling services and helps ensure students receive coordinated care tailored to their situation, rather than having to navigate different services on their own.*

WHOLE-CAMPUS APPROACH EXAMPLES:
HEALTHY UNIVERSITIES / CAMPUSES APPROACH:
(AMERICAN COLLEGE HEALTH ASSOCIATION, 2023; UK HEALTHY UNIVERSITIES NETWORK):

Well-being is not just an individual responsibility, but shaped by the campus ecosystem as a whole;

Promotes the idea that the entire campus environment influences health and well-being of students, staff and the whole community;

Integrates health and wellbeing to the university policies and procedures, including strategies such as mental health promotion, accessible services, supportive teaching, and healthy campus facilities, helping everyone in the community reach their full potential;

Fosters broad institutional commitment, policy alignment, improved student retention and satisfaction, and a culture of well-being woven into daily campus life;

Requires systemic change, sustained advocacy, coordination across diverse campus units, potential need for additional resources, and robust evaluation mechanisms.

Healthy university approach example*:*

- *In addition to traditional psychological support, other activities are also offered, e.g. available green spaces, walking programs, outdoor wellbeing events, programs and workshops on healthy, sustainable food preparation, etc.*
- *Munster Technological University implements a comprehensive "A Healthy MTU" program rooted in the WHO Healthy Universities model, integrating health and well-being into leadership, culture, physical environment, curricula, and community engagement throughout the university.*

HOLISTIC CAMPUS RESPONSIBILITY APPROACH (CANADIAN MENTAL HEALTH ASSOCIATION, THE CENTRE FOR INNOVATION IN CAMPUS MENTAL HEALTH (CICMH)):

Main model focus is on shared responsibility and institutional culture;

Emphasizes that student well-being is everyone's responsibility, across all levels of the university, from leadership to faculty, staff, and student organizations. Everyone on campus plays a role in creating a safe, supportive, and inclusive environment;

Promotes well-being through structural, policy, cultural, community-based, and service-based initiatives, shifting the focus from individual treatment to community-wide, proactive, and prevention-oriented actions;

Offers programs and services that address diverse student needs, involving students in planning and decision-making;

Requires coordination among multiple stakeholders, policy development, and additional staff resources during the planning and implementation process.

Holistic Campus responsibility approach example:

- *Beyond individual services actions include resilience and skills workshops, mental health awareness campaigns, peer-to-peer initiatives, study pressure reduction measures, coordinated support between advisers and psychologists, and active student involvement in shaping well-being policies and activities.*
- *Erasmus University Rotterdam implements a holistic campus responsibility model through its university-wide Student Wellbeing Programme, which is embedded in its strategic agenda and supported by leadership, faculties, student services, and student organizations.*

CAMPUS ECOSYSTEM APPROACH
(U.S. NATIONAL ASSOCIATION OF STUDENT PERSONNEL ADMINISTRATORS):

Views the university as an interconnected ecosystem, where student well-being depends on the interaction of academic, social, physical, and organizational elements;

Frames student mental health within a broader campus ecosystem rather than focusing on individuals and invites broad participation from campus committees to shape mental health initiatives that align with institutional goals;

Promotes integrated planning, system interconnections, collaboration across departments and structural alignment, with attention paid to how the campus environment supports students;

Encourages campus-wide dialogue and guides campus leaders to see the connections between health, learning, and institutional structures, promoting an integrated and community-focused strategy;

Supports sustainable well-being by ensuring all parts of the campus system are aligned, so students experience consistent support and possibility to be engaged with the university.

Campus ecosystem approach example:

- *EUniWell alliance explicitly integrates well-being across learning, research, community engagement, and sustainability as an ecosystem spanning multiple universities, which could also serve as a strong example.*
- *University of Barcelona initiatives reflect a campus ecosystem mindset that integrates health, sustainability and well-being into a unified campus ecosystem, where various departments, services, physical spaces, and community initiatives are interconnected to support student and staff well-being across multiple dimensions.*

This exercise helps to identify which approaches to psychological support best fit your institution's strategy, resources, and culture. It encourages critical reflection and shared understanding among team members.
Choose one model from the Integrated/Coordinated Approach examples and one model from the Whole Campus Approach examples. Underline the chosen in the table below. Review the descriptions of each model carefully and discuss how each approach could function within your institutional context. Note the main advantages (pluses) and potential challenges (minuses) of each model. In the end, conclude with a short reflection on which approach (or combination) seems most suitable for your institution and why.

MODEL ANALYSIS TABLE

Choose a Model Name	Main Advantages (+)	Potential Challenges (–)	Alignment with Your Institution's Strategy and Structure
From Integrated/ Coordinated approaches (underline one):			
A Stepped care approach			
B Collaborative care approach			
C Case Management approach			
From Whole-campus approaches (underline one):			
A Healthy Universities / Campuses Approach			
B Holistic Campus responsibility approach			
C Campus ecosystem approach			

Step Three: Know the Context



After identifying existing support systems, it is important to understand the broader context of students' lives. Do you know your students? Do you understand their needs well? To check yourself or refresh knowledge, think carefully about student developmental needs, examine local epidemiology, and formulate target-group characteristics.

WHEN EXPLORING WHETHER YOUR HEI SHOULD DEVELOP PSYCHOLOGICAL SUPPORT SERVICES, IT IS USEFUL TO CONSIDER TWO KEY AREAS:

- The context of students' lives: why students may need psychological support;
- The local context- what is known about students in your specific societal settings.

THE CONTEXT OF STUDENTS' LIVES

University time is an important phase of young adult development. It is often marked by increased independence, personal growth, and exposure to various stressors such as financial pressure, social challenges, and academic demands. These factors can negatively affect mental health and contribute to psychological distress among students (Ribeiro et al., 2018; Chung & Hudziak, 2017).

THE LOCAL CONTEXT

In addition to general developmental challenges, it is important to understand the local context of students. According to the World Health Organization (2024), this includes examining local epidemiology and available data; the target population; and existing barriers that prevent students from receiving help.

> **LOCAL EPIDEMIOLOGY AND AVAILABLE DATA:** when planning psychological support services, it is important to consider both general mental health trends and local contextual factors and challenges that may influence students' well-being.

Relevant sources may include global health and mental health data provided by the World Health Organization; local health needs assessment data, e.g. Health Needs Assessment of the Adult Population in Ukraine: Survey Report (April 2025) or Youth Well-being Index Ukraine, as well as data on the impact of war on youth.

Additional data may also be useful on the number of students with disabilities, displaced students, young parents, international students, or other groups with specific support needs.

TARGET POPULATION: identifying the target population, helps determine which interventions are most appropriate, and what type/number of staff may be needed.

Target groups can be identified through:

- individual or group brainstorming activities,
- staff questionnaires,
- experience exchange and discussions with other HEIs,
- analysis of students support requests or collected data.

EXISTING BARRIERS: concerns about student mental health are increasing, but many students still struggle to access support due to various barriers.

A systematic review by Hartrey, Denieffe, and Wells (2017) identified two main categories of barriers to help-seeking:

- **internal factors,** such as symptoms of mental illness, fear of disclosure, and limited recognition of one's mental health difficulties;
- **external factors,** such as limited knowledge about available services and support processes, beliefs and attitudes towards mental health within the HEI community.

Research also shows that self-stigma, when individuals apply negative beliefs about mental health to themselves, along with disclosure fears, concerns about academic consequences, and mental health symptoms, significantly affect help-seeking behavior (Cage et.al., 2018).

Other factors include low trust in mental health professionals, embarrassment, limited mental health literacy, and a tendency toward self-reliance (Disabato et al, 2018).

After this you have structured knowledge about students' life challenges and a clearer understanding of the social context, including what may motivate students to seek psychological help and what may prevent them from doing so, as well as identifying your target audience. With this understanding in place, it is possible to begin exploring the resources available for organizing appropriate services.

This exercise helps you to gain a deeper understanding of the context in which students live, study, and seek support. It encourages reflection on both the individual and local factors that shape student well-being and forms the design of psychological support in higher education institutions.

Reflect individually or in small groups. Students are placed at the center of your reflection - think of their lived experience within your institution and community. Reflect on the following areas connected to students' life. Use the guiding questions to note key insights, data, or observations from your institution's experience or survey findings.

Demographic Factors
What are the key characteristics of your student population (age, gender, background, living situation)?
How might this influence their well-being?

Local Context
What do we know about mental health trends in your country/region (e.g. stress, depression, trauma, stigma)?
How does this shape support priorities?

Role at Institution
How do students' roles (e.g. first-year, international, postgraduate, part-time) affect their needs for psychological support?



Psycho-Social Needs
What emotional, social, and relational needs are most visible among students? What support networks currently exist?

Academic-Related Stressors
What are the main academic challenges (e.g. workload, exams, performance expectations)?
How do this impact mental health?

Contextual Triggers
What broader contextual factors affect students (e.g. financial difficulties, housing, digital learning, war, displacement)?

Summarize what this context means for developing or improving psychological support in your HEI: _____

_____

_____

➲ *Make a summary from all you have discussed about the context of your students:*

Defined target groups	Defined needs	Barriers, that may prevent from help-seeking
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
...		

Step Four: Discover and Map Resources



When you begin planning a psychological service it may seem as though countless tools and procedures are required before you can even start. Keep in mind that you are neither the first nor alone in this process. Many specialists have already contributed valuable work in this field, and a range of useful resources are already available to you. To understand the available resources and avoid duplication of services it makes sense to conduct a mapping of existing resources.

In this step, you have identified the resources already available, you can move on to the next steps, where you will plan specific actions for implementing psychological services at your HEI. Keep in mind, and remind yourself when necessary, your personal and institutional "Why," as well as the broader context of your HEI and students' lives.

Mapping involves identifying, organizing, and visualizing how a service operates, including its key elements, people, processes, infrastructure, and touch-points to reveal its strengths, overlaps, and gaps.

To gain a clear overview of the psychological support resources currently available within your institution and community, fill in the table below.

1.Define the scope

Decide what you want to map (e.g., psychological support services for first-course students)

Clarify if you are focusing only on your institution, the local community, or both

2. Collect data on resources	*Institution*	*Community*
Available services: counselling, crisis hotlines, peer support groups, workshops.		
Human Resources: counselors, academic advisors, student peer mentors, volunteers.		
Spaces/infrastructure: counseling rooms, safe spaces, digital platforms, online forums.		
Financial/Material resources: scholarships, subsidies, funding for mental health initiatives.		
Medical/legal/social support: local clinics, NGOs, religious organizations, online resources.		
Students' organizations in HEI and outside HEI.		
International resources: professional organizations, online/offline services, information, coaching, etc.		

3. Categorize resources (e.g., by type of support, target group, accessibility)

4. Visualize the map (e.g., as a table, service map, geographic map)

5. Analyze gaps & overlaps

Are some services duplicated?
Are there areas with no coverage (e.g., after-hours, crisis support)?
Are certain groups underserved (e.g., international students)?

Update information regularly.
Share updates, so students from target groups and support staff also can use it.

➲ *Try to specify which resources should be added or strengthened to better support student mental health and well-being:* _____

_____

_____

_____

Step Five: Decide Where Services Will Be Delivered



After identifying the need for psychological services in HEIs, including exploration of existing systems, local context and existing resources, defining target support groups, the next step is to address several essential practical considerations. These considerations help ensure that the services are practical to deliver, effective in supporting students, fair for everyone, and able to respond to a wide range of student needs. In this chapter, you have a possibility to examine both physical and digital accessibility, confidentiality, and safety through secure environments and responsible data practices.

The World Health Organization (2024) notes that it is important to consider accessibility, safety and security of services provided.

ACCESSIBILITY INVOLVES ENSURING THAT PSYCHOLOGICAL SUPPORT SERVICES ARE EASY TO FIND, REACH, AND USE FOR ALL STUDENTS. THIS INCLUDES:

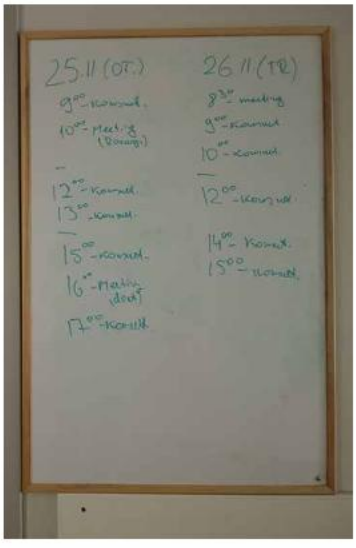
- Selecting an appropriate physical location for service rooms, one that is easy to navigate to, clearly identifiable, and accessible for students with disabilities.
- Planning service times, possible availability outside standard working hours or during crises, making the process clear both for clients and counselors.
- Creating a clear and client-friendly application system, with available information about application format (e.g., phone, email, online portal), and staff responsible for responding.
- Addressing reliable internet access, easy process of joining sessions, and maintaining anonymity for digital services.
- Considering barriers, such as stigma or practical obstacles, that may discourage students from seeking help and identify strategies to reduce these barriers and promote equitable access.

WAY TO CONSULTATION ROOM









SAFETY AND SECURITY: FOCUS ON CREATING A PROTECTED AND TRUSTWORTHY ENVIRONMENT FOR BOTH STUDENTS AND STAFF WHEN PROVIDING PSYCHOLOGICAL SUPPORT. THIS INCLUDES:

- Ensuring appropriate physical spaces for confidential psychological conversations.
- Providing soundproof rooms so that discussions cannot be overheard.
- Protecting personal and confidential information, including reports about students and psychologists' notes.
- Ensuring secure storage of confidential data, both in physical form (e.g., locked cabinets or filing spaces) and digital form.
- Maintaining strong digital data security, especially when using online platforms or providing remote psychological support.
- Develop clear evacuation and emergency procedures for the premises where services are provided.
- Train staff on safety and emergency protocols, including evacuation procedures.
- Ensure physical safety measures, such as secure shelter areas and accessible facilities for students with disabilities, considering relevant local risks and experiences.

FOR STUDENTS



Psychological support for RTU students

Everyday life at university can be quite an exciting experience, but it can also be very challenging and associated with several difficulties, both when starting studies and when developing final theses.

A psychologist helps the student develop new strategies for managing study-related stress and time planning, helps develop personal competencies and necessary study skills.

Apply for a free consultation by writing to ✉ psihologs@rtu.lv.

How does cooperation with a psychologist work?

Psychological counseling is a voluntary and confidential cooperation process that helps a person to more successfully solve certain current life difficulties, to adapt to a new situation faster and more effectively.



⬆ An example of communication about counselling process. A screenshot from RTU Well-being and Career Support Service webpage

⬅ An example of secure locked storage

➲ *Together, these measures ensure a safe, private, and trustworthy environment for psychological support.*

➲ *Read each statement carefully and assess whether it applies to your institution. For each statement, mark one of the following options:*
"Yes" – this element is already in place
"Partly" – this element exists but needs improvement or is not fully consistent
"No" – this element is not yet in place

PART I: ACCESSIBILITY CHECK

LOCATION OF PSYCHOLOGICAL SUPPORT SERVICE	Yes	Partly	No
We have a place/room where psychological support is already provided or will be provided			
The proposed location easy to find on campuS			
The proposed location easy to access for students with disabilities?			

SERVICE TIMING	Yes	Partly	No
Service time/working hours are defined and specialists are available on it			
Support is available outside working hours or for crises			
It is easy to access the service during working hours			

APPLICATION PROCESS	Yes	Partly	No
Application process is clear			
Responses for applications are provided in 24h			
Application system is anonymous (for third persons)			

APPLICATION PROCESS	Yes	Partly	No
Students can join consultations remotely			
Students can join workshops and groups remotely			
Provided services are discrimination free			
Specialists are trauma-informed, disability-informed etc.			
Students can share feedback to improve services			

PART II: SAFETY AND SECURITY CHECK

PHYSICAL SAFETY AND SECURITY	Yes	Partly	No
There is a safe way to shelter from consultation space			
Is it possible to follow evacuation instructions for people with functional impairments (mobility, hearing, vision, and others)?			
The space is suitable for evacuation of students with disabilities			
Clear evacuation plans are available and displayed in consultation areas.			
The space is designed or suitable for confidential conversations			
The consultation area provides adequate sound isolation			

DATA SECURITY	Yes	Partly	No
Students' personal information is protected according to legal procedures			
Confidential records are securely stored, with a locked cabinet available for physical documents.			
Digital space security is maintained			

Step Six: Identify and Choose Appropriate Psychological Interventions



After planning the in-person and digital aspects of accessibility and safety, the next step is to decide which psychological support options will be offered to students. This chapter focuses on identifying evidence-based individual and group-based methods, considering the strength of evidence, feasibility, and cost-effectiveness of each option. Find ideas for trauma-informed approach to a context, ensuring that services are safe and adjusted to students who may experience trauma-related symptoms. Selected interventions are important to match specific student needs and target groups using insights from earlier planning steps.

According to the World Health Organization (2024), several key factors should be considered when selecting the type of psychological intervention: strength of evidence; transdiagnostic interventions; target population; availability; cost-effectivity.

- **Strength of evidence:** choose interventions with the strongest evidence, proved on large populations, with good research design.
- **Target population:** it is important that chosen psychological interventions are adapted for a particular target group. Choose methods for young adults or other target groups at HEI.
- **Availability:** consider the availability of interventions. Are chosen methods available for delivery? Are specialists trained? Is it possible to have training or to buy online manuals? Are they free or available for purchase? Do specialists need to be supervised or certificated?
- **Cost-effectivity and budget:** choose psychological interventions that are possible to deliver consistently within your budget and resources.

The World Health Organization (2024) has recommended different types of evidence based psychological treatments for different mental health conditions and target groups (see Table 1). This table includes indicated prevention for people with signs or symptoms of a mental health condition but do not meet diagnostic criteria for mental disorder, and excludes treatment format (e.g. group, family, couples, digital, self-help, mutual help), psycho-education, preventive interventions, multi-component interventions and unspecified interventions (e.g. structured counseling, psychotherapy or structured psychosocial interventions). This table does not specify the severity level of the condition, recommendations for combined treatments, and other required supports such as social interventions. For a full list of recommended interventions for mental (anxiety, stress, self-farm, suicide and others), neurological (dementia, epilepsy and others), and substance use disorders, see Mental Health Gap Action Programme (mhGAP) guidelines.

TABLE 1. EVIDENCE-BASED PSYCHOLOGICAL TREATMENTS RECOMMENDED FOR ADULTS BY THE WORLD HEALTH ORGANIZATION (2024)

RECOMMENDED FOR	PSYCHOLOGICAL TREATMENT
Adults with depression	• Cognitive Behavioral Therapy (CBT) • Behavioral activation • Brief psychodynamic therapy • Interpersonal therapy/interpersonal psychotherapy • Problem-solving therapy • Third wave therapies: Mindfulness based interventions, acceptance and commitment therapy (ACT), metacognitive therapy • Dialectical Behavioral Therapy (DBT)
Adults with generalized anxiety disorder	• Cognitive Behavioural Therapy (CBT) • Third wave therapies: Mindfulness based interventions, acceptance and commitment therapy (ACT), metacognitive therapy • Dialectical -Behavioral Therapy (DBT) • Stress management (including relaxation and mindfulness training) • Problem-solving therapy
Adults with panic disorder	• Cognitive Behavioral Therapy (CBT) • Third wave therapies: Mindfulness based interventions, acceptance and commitment therapy (ACT), metacognitive therapy • Dialectical Behavioral Therapy (DBT) • Stress management (including relaxation and mindfulness training) • Problem-solving therapy
Adults with PTSD or symptoms of anxiety	• Cognitive Behavioral Therapy (CBT) • Eye movement desensitization and reprocessing (EMDR) • Stress management (including relaxation and mindfulness training)
Adults with acute traumatic stress symptoms	• Cognitive Behavioral Therapy (CBT)
Adolescents (up to 19 years) with ADHD, autism and anxiety, emotional symptoms/disorders, and somatoform disorder	• Cognitive Behavioural Therapy (CBT) • Interventions focused on social skills, cognitive, and organizational skills training • Interventions focused on social skills training and developmental behavioural approaches • Interventions using cognitive learning techniques to enhance communication and social competencies
People with suicidal thoughts	• Cognitive Behavioral Therapy (CBT) • Stress management (including relaxation and mindfulness training) • Dialectical Behavioral Therapy (DBT)
People with suicidal thoughts or with acts of self-harm in the last year	• Cognitive Behavioral Therapy (CBT) • Problem-solving therapy • Dialectical Behavioral Therapy (DBT)
Adults with bipolar disorder in remission (adjunct to pharmacological interventions)	• Cognitive Behavioral Therapy (CBT)
Adults with bodily distress complaints	• Cognitive Behavioral Therapy (CBT)
Adults with epilepsy (adjunct to antiseizure medicine)	• Stress management (including relaxation and mindfulness training)
Adults with psychosis and bipolar disorder	• Interventions focused on social skills, cognitive and organizational skills training
Adults with psychotic disorders (including schizophrenia) in the acute and maintenance phase	• Cognitive Behavioral Therapy (CBT)

TABLE 2. EVIDENCE-BASED PSYCHOLOGICAL TREATMENTS RECOMMENDED FOR ADULTS BY THE WORLD HEALTH ORGANIZATION (2024)

RECOMMENDED FOR	RECOMMENDED TREATMENT	PURPOSE
General Well-being Promotion	• Mindfulness and relaxation groups, • Peer-support groups, • Problem-solving or life-skills groups.	• Strengthen resilience, • Promote mental health literacy, • Encourage self-care habits.
Adults with anxiety disorders (e.g., generalized anxiety disorder, panic disorder)	• Cognitive Behavioral Therapy (CBT) groups, • Stress-management groups, • Problem-solving workshops, • Psycho-education groups.	• Reduce anxiety, • Teach coping skills, • Normalize experiences, • Promote peer support.
Adults with mild-to-moderate depression	• Psycho-education groups, • Resilience or mindfulness groups, • Peer support sessions.	• Build coping skills, • Improve social connection, • Prevent symptoms worsening.
Trauma, displacement or high-stress populations	• Group psychosocial support, • Peer support groups, • Resilience-building workshops.	• Facilitate social support, • Normalize reactions, • Improve coping, • Reduce isolation and improve social connections.
Caregivers of people with different mental disorders	• Psycho-education groups, • Mutual support groups, • Problem-solving groups.	• Provide knowledge, • Improve coping strategies, • Provide emotional support, • Encourage shared learning and peer support.

Sometimes there is a need to provide support in group format, whereby:

- **Resource-efficacy:** groups allow more people to be supported with fewer professional hours.
- **Flexibility:** can be combined with individual therapy, self-help materials, or digital interventions.
- **Community-focus:** encourages peer support, shared learning, and sense of belonging.

When considering group formats, especially in trauma-related contexts, it is important to ensure group leaders are supported and have a backup plan. In situations like war or crisis, a group leader or psychologist might suddenly be unavailable, so it is crucial to have a plan for another trained leader to step in. This helps maintain stability for participants and avoids causing further distress.

TRAUMA-RELATED RECOMMENDATIONS

According to the American Psychiatric Association (2013):

- **Trauma refers** *to exposure to actual or threatened death, serious injury, or sexual violence, whether through directly experiencing the event, witnessing it happen to others, learning that it occurred to a close family member or friend, or encountering repeated or extreme exposure to its distressing details, as in the case of first responders, emphasizing that such events pose a severe threat to an individual's physical safety or integrity.*
- **Post-Traumatic Stress Disorder (PTSD)** *is a mental health condition that can develop after an individual is exposed to a traumatic event. PTSD is characterized by persistent symptoms in four main categories: intrusive distressing memories or flashbacks; avoidance of reminders of the trauma; negative alterations in cognition and mood, including persistent negative beliefs or emotional numbness; and alterations in arousal and reactivity, such as irritability, hypervigilance, or sleep disturbances.*

Research data shows that most people around the world experience at least one traumatic event in their lives (Benjet et.al, 2016; Kessler et.al., 2017), and approximately one in eighteen potentially will develop PTSD (Koenen et.al., 2017).

In the context of higher education, it is important to understand trauma of forced migration (displacement due to war, conflict, persecution, or humanitarian crises) neurobiological and psychological impact on students' cognitive abilities and learning process (Nych, 2025).
Traumatic experiences caused by forced migration may leave long-term impact on student's mental health; it may appear as learning difficulties, ability to adapt to new education system or HEI, communication with others, and this highlights a need for trauma-informed pedagogy approach (Nych, 2025).
Trauma-informed approaches and related skills are becoming increasingly important in modern educational systems and especially psychological services.

The World Health Organization recommends, and research data show (Brewin et.al., 2025), the efficacy of trauma-focused therapies: Trauma-focused Cognitive Behavioral Therapy (TF-CBT) and Eye movement desensibilization and reprocessing (EMDR). These two approaches are shown to be most effective for treating PTSD, reducing symptoms by processing traumatic events.

➲ **Trauma-focused Cognitive Behavioral Therapy (TF-CBT):** helps individuals to process traumatic memories and develop new coping skills.

➲ **Eye movement desensibilization and reprocessing (EMDR):** helps to reduce vividness of traumatic memories by having an individual focus on the memory while processing it in guided eye movements.

➲ *Using the context worksheet completed earlier and the information provided in this section, match the identified target groups and their needs with the most appropriate available interventions. Evaluate the feasibility of implementation based on two criteria: availability and cost-effectiveness within the HEI budget. Please use a 1 - 6 star rating system, where 1 star is very low and 6 stars - very high.*

	Description of your target groups and needs *(copy from Worksheet 6. Know the Context)*		**Recommended available interventions/ psychological treatment**	**Availability in HEI**	**Cost-effectiveness**
Local Context and Epidemiology - mental health trends in your country/region (*e.g. stress, depression, trauma, stigma*)		➡		☆☆☆ ☆☆☆	☆☆☆ ☆☆☆
Demographic Factors - key characteristics of your student population (*age, gender, background, living situation*)		➡		☆☆☆ ☆☆☆	☆☆☆ ☆☆☆
The most visible Psycho-Social Needs among students		➡		☆☆☆ ☆☆☆	☆☆☆ ☆☆☆
Needs for psychological support according to the Role at HEI (*e.g. first-year, international, postgraduate, part-time*)		➡		☆☆☆ ☆☆☆	☆☆☆ ☆☆☆
The Main Academic-related Stressors (*e.g. workload, exams, performance expectations*)		➡		☆☆☆ ☆☆☆	☆☆☆ ☆☆☆
Other Contextual Triggers affecting students (e.g. financial difficulties, housing, digital learning, war, displacement)		➡		☆☆☆ ☆☆☆	☆☆☆ ☆☆☆

Step Seven: Consider Delivery Formats



After gaining insights about recommended interventions, explore the advantages and disadvantages of different service delivery formats. This chapter will guide you to the most suitable for your service, considering the needs and characteristics of your target groups. By reflecting these considerations, you can make informed decisions about how to deliver effective and accessible support.

There are many possible formats to deliver psychological services, services may be offered:

- individually or in groups,
- provided face-to-face,
- provided remotely (video calls, email, telephone, messaging, or apps),
- designed as guided or self-help interventions,
- provided by specialists or trained non-specialists.

PEER-SUPPORT VS SPECIALIST SUPPORT

- Individual face-to-face counseling (CBT, ACT, or multi-orientation) consistently demonstrates strong benefits for improving students' mental health and academic performance; specialist provided group counseling is effective, even if it shows fewer results than individual counselling (Cerolini et.al., 2023).
- Peer-support (mutual support) groups show small improvements in overall personal recovery, but no significant reduction in clinical symptoms; the evidence is not strong enough to recommend peer-support groups as a primary mental health support format (Lyons, Cooper & Lloyd-Evans, 2021).
- Peer support group-based interventions for individuals with mental illness demonstrate consistent, but small effects on clinical and personal recovery, while evidence for functional recovery remains limited (Smit et al., 2023).
- A systemic review of peer support in HEIs reported insufficient evidence for effectiveness, possibly due to the lack of a unified definition of peer support and resulting challenges in measuring its impact (Pointon-Haas et al., 2024).
- However, qualitative research shows that participants in peer-led and mutual-support groups consistently report improved mental well-being and an increased sense of belonging across various mental disorders, although long-term effects are often difficult to evaluate due to weak follow-up (Worral et al., 2018).

WEB-BASED/DIGITAL SUPPORT VS FACE-TO-FACE SUPPORT

- Providing professional psychological counseling services online is promising; it can make psychological help more available due to increasingly busy schedules of students and reducing waiting times (Cerolini et.al., 2023).
- Psychological interventions delivered remotely are likely as effective as face-to-face interventions (World Health Organization, 2024).
- Digital mental health interventions, such as remote therapy and web-based programs, apps and SMS tools, have strong, but still limited, evidence supporting their effectiveness, and they tend to work better when paired with human guidance (Lattie, Stiles-Shields & Graham, 2022).
- More context-responsive tools, such as just-in-time adaptive interventions, are needed to provide timely and personalized support that aligns with users' real-life situations. However, data privacy remains a significant concern, highlighting the need for stronger safeguards and more transparent policies (Lattie, Stiles-Shields & Graham, 2022).
- Artificial Intelligence-based solutions are being widely used across many aspects of mental health care, and there are many questions about their efficacy. The overall strength of the evidence remains limited due to the generally low quality of the available studies (Gutierrez et.al., 2024).
- Efficacy reviews indicate that AI-delivered, self-guided interventions produce medium to large effects depending on the type of intervention, showing positive outcomes in managing mental health symptoms. Dropout rates appear comparable to those of traditional approaches, and chatbots show particularly promising applications (Gutierrez et.al., 2024).
- A small but promising body of research suggests that mobile apps may effectively support mental health before, during, and after disasters, though more studies are needed to fully understand their potential across different crisis situations (Ezeonu et.al., 2024).
- Web-based interventions work better and show larger effects when human guided (Lattie, Stiles-Shields & Graham, 2022).
- Interventions are more effective, and completion rates in groups with depression and anxiety are 12% higher, when interventions include some form of guidance (Musiat, et.al., 2022).

Conclusions:

- *Professional support works best, but peer-support is helpful, especially for feeling understood and connected, even if they have a more limited effect;*
- *Peer-support may work best as an extra rather than a main treatment option;*
- *Professional support provided online can work just as well as in-person care;*
- *Digital tools such as apps, websites, and SMS programs can be used, but tend to work better when someone (a counselor, coach, guide), is there to help keep people on track.*
- *New technologies such as AI tools and mental health apps are showing positive early results and look promising, but they still need stronger evidence and better privacy protections.*

AI tools are increasingly used to provide mental well-being support, and their use is likely to grow both as complementary tools for professionals and as independent resources used directly by young people.

Before choosing AI tools for self-help, check:

1) Green flags: does the tool demonstrate enough positive indicators?

2) Red flags: are there any warning signs?

3) Decide:

a. Acceptable with monitoring (adequate greens and no serious reds)

b. Use cautiously or request improvements (few greens or minor reds)

c. Do not use (major red)

Area to Check	✔ Green Flags (Good Signs)	✖ Red Flags (Warning Signs)
Transparency	✔ Clearly explains what the tool does and what it does not do (e.g., self-help, not therapy). ✔ Clearly states who developed it and includes clinical or technical credentials.	✖ Makes vague promises. ✖ Claims it can diagnose, treat, or cure mental illness without proper evidence.
Privacy & Data Protection	✔ Has a clear, easy-to-understand privacy policy. ✔ Explains how data is stored and shared. ✔ Allows users to control or delete their data.	✖ No privacy policy or unclear data practices. ✖ Collects sensitive mental health data without explaining protections.
Evidence & Methods	✔ Uses well-known psychological approaches (e.g., CBT, DBT, mindfulness). ✔ Refers to research or clinical studies.	✖ No research mentioned. ✖ Relies only on testimonials or marketing claims. ✖ Uses psychological terms without explaining them.
Boundaries	✔ Clearly states who it is for (age group, type of support). ✔ Encourages healthy coping and real-world support.	✖ Encourages emotional dependence on the AI. ✖ Promotes self-diagnosis or reinforces harmful beliefs.
Safety & Crisis Support	✔ Provides clear crisis hotline links. ✔ Encourages users to seek professional help if symptoms worsen.	✖ No crisis information. ✖ Does not guide users toward human help in emergencies.
Human Involvement	✔ Can connect users to trained professionals or supervised support. ✔ Designed to complement, not replace, human care.	✖ Fully AI-driven with no human oversight. ✖ Presents itself as a replacement for therapy.

*** Based on Abrams, 2024; APA, 2025; APA, 2026; Iwaya, 2023; Haupt, 2023; National Planning Cycle Team, 2025; WHO, 2019; WHO, 2023**

TABLE 3. SUMMARY OF ADVANTAGES AND DISADVANTAGES OF DIFFERENT FORMS OF PSYCHOLOGICAL SUPPORT

Form of work	Advantages	Disadvantages
Individual VS in groups		
Individual	✔ Effective for deeper mental health issues. ✔ Improves quality of life and relational patterns. ✔ More opportunities to build a supportive therapeutic relationship. ✔ It is easier to respond to the person's individual situation or needs. ✔ Easier to ensure confidentiality. ✔ It is likely more acceptable to people who find it difficult to share their problems with community members.	✘ Reaches fewer people at a time. ✘ Relatively resource intensive. ✘ Specialists are overwhelmed by demand. ✘ There is less opportunity to learn from peers with similar lived experiences. ✘ Individual interventions may not be consistent with cultural coping norms. ✘ May not address specific problems (e.g. communication skills).
In groups	✔ Lower resource consuming. ✔ Reaches multiple people at a time. ✔ Group members can support and learn from each other and feel validated in their feelings and experiences. ✔ People can build supportive peer relationships that may endure even after the intervention is completed. ✔ Fostering a sense of community. ✔ Reducing the feeling of isolation.	✘ It can take longer to set up and find it difficult to organize outside local communities. ✘ Confidentiality is harder to ensure. ✘ Some people can find it hard to listen to other people's problems. ✘ Not necessarily acceptable or suitable to all service users. ✘ Dropouts can cause disruption to the group.
Self-help VS specialist VS non-specialists		
Self-help format	✔ Requires fewer human resources. ✔ More available and adaptable. ✔ Can be feasibly used as a first intervention in a stepped care system. ✔ Potentially reaches people that can not access in-person interventions (e.g. those living in hard-to-reach areas) or are not ready to apply for psychological services. ✔ Reduces waiting lists and barriers associated with travel. ✔ People participate in their own time, at their own pace, and wherever they prefer. ✔ Potentially less stigmatizing. ✔ Anonymous	✘ Need resources to create and test or maintain services or platforms. ✘ Monitoring learning outcomes and efficacy can be difficult. ✘ People may not use intervention as intended. Some of them may be harmful without guidance. ✘ Drop-out rates may be higher and harder to identify. ✘ Written self-help materials may be inaccessible to people who cannot read or write. ✘ Access to digital self-help interventions can be uneven across populations. ✘ Access to interventions depends on internet coverage and digital skills level.
By specialist	✔ Delivers high quality regulated services. ✔ Trained and certified specialists, proves qualification by regular recertification. ✔ Work shaped by ethical standards. ✔ Works under supervision. ✔ It is possible to complain about quality. ✔ Clients' safety matters.	✘ Specialists are too busy and hard to find; ✘ Longer waiting lines due to the high need for service and length of therapeutical process. ✘ Salary budgeting. ✘ Lack of staff training.
By non-specialist	✔ Creates a sense of community by peer-to-peer support. ✔ Helps to develop transferable skills. ✔ Lower budget is needed. ✔ It is possible to organize service not for salary, but for credits/voluntarily.	✘ There is a need for selection, training, supervision, and someone who leads the process. ✘ Service depends on interest to apply and actively participate. ✘ There is a risk of harmful communication if not supervised.

Face-to-face VS remotely		
Face-to-face	✔ More opportunities to build a supportive therapeutic relationship. ✔ Is it the most recognizable form of psychological forms familiar to clients. ✔ It is easier to organize on campus, and easy to reach service. ✔ It is easier to respond to the person's individual situation or needs. ✔ Easier to ensure confidentiality.	✘ Not possible to use due to different barriers (safety reasons, e.g.). ✘ May be hard to overcome stigma and apply for the first time. ✘ Doubts on confidentiality.
Remotely	✔ Easier to access and manage with a timetable. ✔ Overcomes transport barriers (such as distance, cost or travelling time). ✔ Accessible to people with physical disabilities or other difficulties that make it hard to travel. ✔ Accessible to people in remote communities or other hard-to-reach areas (if they have a phone or internet). ✔ Continuity of care during crises. ✔ Reduces burden on traditional services. ✔ Adaptable during crises like COVID-19. vailable for outgoing students. ✔ Computer-based and brief feedback programs showed efficacy for specific problems (e.g., reducing risky drinking behaviors and consequences).	✘ May be hard to find private and confidential space, the space or device may be shared or space not private due to living together with parents). ✘ Fewer non-verbal cues make communication harder. ✘ It is harder to manage high-risk situations (such as the imminent risk of suicide). ✘ Reliance on technology and telecommunications may be unreliable. ✘ Not accessible to people without a phone or internet (equity issue). ✘ Potential for major interruptions (e.g. software freezes or crashes), background noise and distractions. ✘ Costs may be incurred through mobile or data plans. ✘ Data privacy concerns and reluctance to share private information online. ✘ Require adaptation of clinical methods; long-term effectiveness and inclusivity.

*** Based on the World Health Organization (2024), Franzoi et.al., 2022, and other sources.**

At this moment you might have a deeper understanding of different formats of psychological service delivery. You have connected theoretical findings with your own HEI possibilities, as well as having more information about students' needs. When in the previous steps you discover where, what and how will be provided, it is possible to move on to the next step – discussion about the people who will be involved in support delivery.

Step Eight: Staff the System



Step Eight is to consider the people who will bring the system to life and to focus on identifying and preparing the individuals involved in delivering psychological support. This includes selecting licensed psychologists, trained peer supporters, and qualified volunteers, as well as ensuring they are systemically supported to prevent burnout, receive continuous training and adhere to clear ethical guidelines.

As summarized in Step Seven, psychological support provided by a professional works best, while peer support has limited effect, but it still works as an extra layer of support. Digital tools such as apps, websites, and SMS programs can also be included in the support system, but with an understanding about privacy protection and drop-out risk, if used without any personal feedback.

Universities may adopt different models of psychological support, including:

- support may primarily be delivered by psychologists;
- by other trained specialists (psychiatrists, mental health nurses, clinical psychologists, professional counselors, special educators, social workers, coaches, mentors, and chaplains);
- by non-psychologists (volunteers, peers, or community members who offer support under appropriate supervision).

SUPPORT PROVIDED BY PSYCHOLOGISTS

The quality of psychological support in HEIs is critically dependent on the qualifications, training, and regulation of the psychologists who provide these services. Without proper regulation, there is a higher risk of inconsistent service quality, which can undermine trust and reduce the overall impact of mental health support programs.

Comparing regulatory frameworks across project partners countries, the variation in experience becomes apparent:

- **Finland** has an established, mature system. Psychologists must meet high educational and training standards, and only licensed professionals may practice.
- **Latvia** introduced formal regulation relatively recently, with the regulations coming into force in 2018. Currently, the legal regulation requires that only registered psychologists may practice; it also requires certification in certain fields and need supervision.
- **Ukraine** has just begun formal regulation in 2025, aiming to standardize practice and protect clients. While the new system lays out a legal foundation for quality assurance, the details of certification, supervision, and compliance for institutional settings like HEIs are still evolving.

TABLE 4. COMPARISON OF REGULATION OF THE PSYCHOLOGIST PROFESSION IN PROJECT COUNTRIES

Country	Finland	Latvia	Ukraine
When regulation enacted	1994 Act on Health Care Professionals, 559/1994	2017 Psychologist's law; in force 1 Jan 2018	2025 Law No. 12030 "On Mental Health Care System".
Qualification to practise as psychologist	Master's degree in psychology (~330 ECTS, ~5.5–6 years), including practical internship	Bachelor + master's in psychology (≥200 ECTS), at least one professional study programme	Degree in psychology (requirements and certification process to be defined by implementing regulations)
Licensing / certification required	Yes/must obtain licence from Valvir	Yes/must be certified and registered; without certificate counselling is allowed only under supervision	Yes/psychologists and psychotherapists required to be certified/registered
Oversight / regulatory body	Valvira (National Supervisory Authority for Welfare and Health)	Board for Certification of Psychologists (under Ministry of Education).	National Commission on Mental Health for psychologists; accredited Self-Regulatory Organizations for psychotherapists.
Notes on higher education / institutional context	Universities and HEIs must ensure any psychologist providing student or staff services is licensed; Distinction between psychologist and psychotherapist is strictly maintained.	HEIs must ensure psychologists providing services are certified; Law defines domains such as school and educational psychology, counselling, clinical psychology.	HEIs providing psychological support must comply with new certification/registration requirements once system is implemented; Practical details and timelines still developing.

Conclusions:

- *HEIs cannot assume that everyone calling themselves a psychologist is qualified and needs proof.*
- *Regulation and licensing ensure that psychologists in HEIs are properly trained, follow ethical codes, maintain confidentiality, and use evidence-based methods to provide safe and professional mental health support.*
- *Regulated psychologists deliver consistent, high-quality services and can work more effectively with public health services and other institutions, improving access to resources and collaborations.*

PEER SUPPORTERS AND VOLUNTEERS

- A peer supporter in an HEI is often a volunteer, but not all volunteers are peer supporters. The difference lies in training, role definition, and scope of work.
- Volunteers: assist with general activities or administrative tasks; not responsible for providing mental health support.
- Peer supporters: trained to provide emotional and mental health support under supervision; part of a structured support system. Peer support refers to encouragement provided by individuals who share similar experiences, challenges, or conditions; it may be provided informally or via peer-run programs, one-to-one, in groups or remote, structured or unstructured (Guliver & Byrom, 2014).

TABLE 5. THE DIFFERENCE BETWEEN PEER SUPPORTERS AND VOLUNTEERS IN A HEI SYSTEM

	Peer supporter	Volunteer
Role	Trained students who provide emotional, social, or academic support to fellow students.	Individuals (students, staff, or community members) who assist in general activities, events, or administrative support.
Purpose	Enhance student well-being, reduce stigma around seeking help, and complement professional mental health services	Provide operational, social, or community support rather than mental health intervention.
Training	Receive structured comprehensive training (e.g. active listening, basic counselling skills, mental health awareness, and crisis referral procedures)	May receive basic orientation, but typically not trained in psychological support or counselling.
Scope	Work within defined boundaries; listen, guide, and connect peers to professional help when necessary	Tasks can include organizing events, mentoring in non-therapeutic areas, helping with logistics, or supporting peer programs indirectly
Supervision	Operate under the guidance of licensed psychologists or professional staff to ensure safety and quality	Supervised by program coordinators or administrative staff; not necessarily by licensed psychologists
Responsibility	Must follow ethical guidelines, confidentiality rules, and program protocols; accountable to supervisors	Follow general institutional guidelines, but not accountable for delivering psychological care or managing mental health crises.

Essentials for safe and successful peer support (Guliver & Byrom, 2014):

1. *Comprehensive training;*
2. *Support and supervision;*
3. *Awareness of boundaries;*
4. *Ground rules for conversations to create safe environment;*
5. *Confidentiality;*
6. *Effective guiding to a professional help;*
7. *Peer support integration with existing support systems.*

SUPPORT FOR SUPPORTERS

Supporting the mental well-being of involved staff is just as important as supporting students, because staff work on the front line of stress, crisis management, and emotional engagement. Staff systemic support is a protective factor for everyone in the HEI system.

1. Institutional support level: recognizing, prioritizing and organizing staff support:

- Clear policies and leadership commitment to staff well-being;
- Reasonable workloads, flexible hours, fair distribution of responsibilities, and adequate breaks;
- Rotation of high-stress duties and supportive work environment design;
- Open communication channels for safely voicing concerns;
- Recognition and appreciation initiatives to boost morale and job satisfaction.

2. Training and capacity building level: monitoring of staff needs, proactive initiatives for enhancing staff confidence and competence:

- Supervision groups or individual supervisions for discussing challenging cases or experiences, getting support from colleagues and supervisors;
- Stress-management workshops, mindfulness sessions, and resilience training;
- Professional development to build confidence in handling difficult student situations is important;
- Support during trauma-informed practices to reduce burnout.

3. Community and peer support level: supporting connectedness and sense of belonging:

- Peer-support networks with opportunities for team to debrief and reflect, especially after or during crises;
- Mentorship programs to support new staff and reduce isolation.

This step highlighted the importance of combining professional and non-professional support, ensuring that all team members are properly prepared, trained, and integrated to provide safe, effective, and comprehensive psychological services.
At this moment, planning psychological services may be complete; however, it is equally important not only to plan but also to review and assess the outcomes to ensure the services are effective and continuously improving

➲ *If you identify peer support as a potentially important component of the psychological support system in your HEI, please use the following structure and respond to the questions below:*

Define Roles and Boundaries: • What can and cannot peer supporters do? • What exactly do you expect from them?	
Recruitment Criteria: • How many peer supporters do we need to recruit, and who should they be? • What skills are required? • Which student groups should they represent? • How will we assess their motivation?	
Training and Preparation: • What skills and knowledge will we provide (e.g., active listening, mental health awareness, neurodiversity awareness)? • What topics should be included (e.g., crisis management)? • Who will deliver the training? • What will be the duration and format (lectures, role-plays, experience exchange)?	
Supervision and Support: • Who will guide peer supporters? • Who will provide supervision, and in what format? • What schedules and attendance expectations will be set?	
Ethical and Legal Considerations: • How will confidentiality, boundaries, and professional ethics be taught? • How will ethics awareness be reinforced? • How will compliance be monitored? • What are the procedures for handling complaints?	
Integration with Professional Services: • How will clear referral pathways to licensed psychologists or counseling services be established? • How will peer support be connected to peer supporters' study process? • How will peer supporters be motivated? • Who will coordinate the entire process? • How will the support and supervision of peer supporters be budgeted?	
Monitoring and Evaluation: • How will feedback from participants and peer supporters be collected? • How will outcomes, effectiveness, and satisfaction be measured? • How often will training and protocols be reviewed and updated?	

Step Nine: Make an Assessment and do Follow-up



Assessment and follow-up are essential components of any psychological support service in HEI. Although this is the final step in the process of implementing psychological support interventions, it is not the end of the work. Ongoing assessment and follow-up are necessary to ensure consistent service quality- that interventions remain effective, safe, responsive, and aligned with students' real needs.

Even though you have designed a student-centered support system, it requires continuous monitoring to understand:

- Are students accessing the services?
- Are these interventions effective?
- Are there barriers you did not anticipate?
- Are staff supported and properly equipped?
- Is the system sustainable under real-life conditions?

The World Health Organization (2024) defines this step as Monitoring and Evaluation (M&E):

- monitoring refers to the continuous and systematic collection and analysis of data to assess the service's progress over time and identify challenges or areas for improvement.
- evaluation, on the other hand, involves periodically assessing specific information at defined points in time to determine the extent to which a service has achieved its objectives.

Therefore, assessment and follow up can be organized in three phases (The World Health Organization, 2024):

1. developing a plan of an M&E,
2. collecting and analyzing data,
3. integrating the findings.

As this manual is intended to serve as a practical tool for HEIs implementing psychological support services, we will refer back to the earlier worksheets, which outline your main objectives and contextual factors. These will guide the planning of assessment and follow-up activities.

We will also refer to the recommendations provided by the World Health Organization (2024), which offer a set of indicators that define the measures of success for achieving the desired goals (the HEI's individual objectives), as well as the expected outcomes and outputs of services integrating psychological interventions.

TABLE 6. A SET OF INDICATORS FOR ASSESSING IMPLEMENTATION OF PSYCHOLOGICAL SUPPORT SERVICES (THE WORLD HEALTH ORGANIZATION, 2024)

When using this table, refer to the worksheet "Bringing Your Reflection Forward" to align indicators with the goals defined in the "Why" section.

HEI's goal/goals describe what it seeks to achieve through psychological support for its community. These goals usually focus on reducing distress and improving mental health and psychosocial well-being.	→	Output indicators reflect the direct results of making psychological interventions available	→	Outcome indicators reflect the changes in care for individuals and groups that result from making psychological interventions available
In practice, these goals are reflected in potentially measurable changes among service users. For example, institutions may track how many students report reduced anxiety, stress, or depressive symptoms after receiving psychological support, as well as the proportion of students whose symptoms improve. Collected data may also show how many students no longer meet the criteria for a mental health condition, or a decrease in the overall number of students experiencing significant psychological difficulties. In addition, services can record how many students demonstrate improved daily functioning, such as better concentration, academic engagement, or stress management. Similar measures can capture improvements in subjective well being, including how many students feel calmer, more resilient, or more satisfied with their lives. Finally, progress can be assessed by counting how many service users report improvement in the personal difficulties they identified as most important at the start of support.		Output indicators describe whether the necessary elements for delivering psychological support are in place and functioning. This includes having practical, evidence-based materials that staff can use in their work, as well as clear procedures for referring individuals to other services when additional support is needed. They also reflect the capacity and quality of service delivery, such as having a sufficient number of trained providers, regular supervision to support their work, and basic checks to ensure that interventions are delivered competently.		Outcome indicators may include the number of people who receive psychological support, even if it is only one session, as well as session attendance patterns, such as drop-out and completion rates. They may also show how well the service reaches those in need, for example through contact coverage, which reflects how many people with a specific mental health condition in a given population receive any psychological support. Beyond initial contact, outcome indicators can capture effective coverage, indicating how many of those individuals complete an adequate course of evidence-based psychological intervention. In addition, outcome indicators may include the number of referrals made to other services when further or different support is required.

***In practice, data collection is a continuous activity that takes place alongside the implementation of the psychological support system itself.**

The World Health Organization (2024) provides several recommendations to guide effective data collection and analysis:

- **Efficiency:** Plan data requirements and use with resource efficiency in mind. Use the same sources for multiple indicators and collect only the data you will actually use.
- **Comprehensiveness:** Combine both quantitative and qualitative methods, because together, they provide a fuller picture than either alone.
- **Demographic data:** Include a few key demographic variables (e.g., age, gender) to allow a more detailed analysis.
- **Feasibility and acceptability:** Check whether the planned data collection is realistic and appropriate in the local context.
- **Reliability and validity:** Ensure each measurement tool is reliable and valid for your context. Some measures may need to be adapted before use.
- **Monitoring:** Some indicators are measured before and after an intervention, while others can be used session by session to track progress and guide care.
- Record keeping: Plan how data will be collected, stored, and protected. Decide whether to use paper or electronic systems, check privacy laws, and outline clear procedures for data entry, storage, and analysis.
- **Ethical considerations:** When collecting data involving personal information, ensure proper use of data, confidentiality, and informed consent. Use secure systems for storing and managing personal data.
- **Gender and other characteristics:** Include gender-disaggregated analysis and, when relevant, break data down by other characteristics such as age or disability to improve service monitoring.

All M&E data, whether collected during routine care or through separate activities, requires regular analysis, report, and integration through a collaborative process involving relevant stakeholders (The World Health Organization, 2024).
Ideally, a designated person is responsible for analyzing and interpreting the data, as well as developing conclusions and recommendations (The World Health Organization, 2024).

IF SUCH A ROLE IS NOT ASSIGNED, THEN AFTER DATA COLLECTION IT IS IMPORTANT TO:

- Reflect on what is working well
- Identify gaps or unmet needs
- Update the service delivery model
- Adjust interventions and formats
- Consider additional staff training
- Strengthen partnerships with internal and external stakeholders

Assessment and follow-up turn the whole system into a living, evolving structure rather than a one-time project. It helps your HEI maintain quality, ensure ethical standards, and stay responsive to the challenges students face, especially in rapidly changing contexts such as war-related stress or new academic realities.

➲ *Create a psychological service Monitoring and Evolution plan by selecting and prioritizing criteria and tools from the categories provided. When making your choices, consider the previously outlined recommendations on data collection and analysis.*

Examples of methods/tools for assessment: • Short feedback surveys after sessions • Periodic student well-being surveys • Focus groups or interviews with students • Regular staff debriefings • Annual institutional review of mental health services • Simple monitoring dashboards (monthly or quarterly summary of key indicators, e.g., service use, waiting times, demand trends, no shows, staff workload)	Your chosen methods/tools for assessment:
Examples of service-level outcomes: • Number of students accessing different types of support • Waiting times and accessibility • Dropout rates from counseling or interventions • Satisfaction with the service • Reach among target groups (e.g., first-year students, displaced students)	Service-level outcomes you choose to assess: Corresponding assessment methods/tools:
Examples of student-level outcomes: • Changes in well-being indicators • Perceived improvements in coping, functioning or academic engagement • Feedback on the format (online, group, individual) • Barriers experienced when seeking help	Student-level outcomes you choose to assess: Corresponding assessment methods/tools:
Examples of institutional-level outputs • Service alignment with the HEI's strategic goals • Staff who deliver psychological interventions capacity and training needs • Collaboration across departments • Sustainability of the service using available institutional resources	Institutional-level outputs you choose to assess: Corresponding assessment methods/tools:

Risks, Challenges and Limitations

While implementing psychological support services in HEI can have a meaningful impact on the well-being of students and staff, institutions often face a range of structural, cultural and practical challenges. Anticipating potential challenges helps to create services that are sustainable, flexible and able to adapt to student needs.
Main challenges include institutional readiness and commitment, resource constraints, stigma and help-seeking barriers, inclusion gaps, service quality, external crises, and evaluation limitations.

1. INSTITUTIONAL READINESS AND COMMITMENT

Many HEIs lack the institutional structures needed to integrate mental health into their core mission.

Common challenges include:

- Limited recognition of mental health as an institutional priority (Gaebel et al., 2021; Bouckaert, Galán-Muros & Hsiung, 2024).
- Weak cross-departmental coordination and communication (UNESCO, 2023).
- Fragmented regulatory and national policy frameworks (Kovess-Masfety et al., 2016).
- Lack of long-term planning or stable funding for well-being initiatives (UNESCO, 2023).
- Leadership turnover threatens continuity when mental health is not part of the strategic agenda.

2.RESOURCE CONSTRAINTS

Many HEIs operate with limited financial and human resources, which affects the availability and sustainability of psychological services.

Key constraints include:

- HEIs often operate with restricted budgets and limited professional capacity.
- Insufficient physical space and infrastructure for counseling (UNESCO, 2023).
- Shortage of qualified mental health professionals (de Lima et al., 2021).
- Global inequalities in access, affordability, and availability of mental health care (de Lima et al., 2021).
- High staff turnover undermines service stability.

3.STIGMA AND LOW HELP-SEEKING

Stigma remains one of the strongest barriers preventing students from seeking help and predictors of reduced service use (Gaschet, Suvalo, & Klymchuk, 2025).

Factors influencing low help-seeking includes:

- Low uptake due to concerns about confidentiality, fear of peer judgement, or internalized stigma (Hyseni Duraku et al., 2023a). Check Project survey data about mental health of students in Ukraine (Check survey data on page 14)
- Students may avoid services due to social anxiety or misconceptions rather than lack of need (Ebert et al., 2019b).
- Underreporting mental health problems can create false impressions of low demand for support.

4.ACCESS AND INCLUSION GAPS

Without intentional design, psychological services may not reach vulnerable or underserved student groups (Auerbach et al., 2018; Banks, 2020; Lipson et al., 2023; Lynch et al., 2024; Stoll et al., 2022).

Examples of groups that may experience inclusion gaps include:

- Students from ethnic minority background face limited culturally competent care and additional stressors (Arday, 2018; Stoll et al., 2022).
- International students, LGBTQA+ students, disabled students, and forcibly displaced students face additional barriers (Abelson et al., 2022; Stoll et al., 2022; UNESCO, 2023).
- LGBTQA+ people often need more support yet use services less frequently due to stigma and fear of discrimination (Auerbach et al., 2016).
- Services may not be culturally or linguistically adapted (Quimby and Agonafer, 2023).
- Other groups of students, e.g., relocated students, working or part-time students, students with children, poor students, and others may face extra logistical barriers.
- Structural barriers, e.g., cost, transport, can further reduce help-seeking (Ebert et al., 2019b).

5.QUALITY AND PROFESSIONAL STANDARDS

Maintaining consistent quality and safety can be challenging, particularly in low-resource environments or in newly established services.

Challenges may include:

- Inconsistent staff training or supervision (UNESCO, 2023).
- Lack of national standards for university-based psychological services (Gaebel et al., 2021).
- Limited monitoring of quality, outcomes, and referral pathways (UNESCO, 2023; Auerbach et al., 2018; Abelson et al., 2022).

6. IMPACT OF EXTERNAL CRISES

In contexts affected by conflict, displacement, or political instability, psychological services face additional risks.

This may include:

- Service interruptions due to relocation, infrastructure damage, or unstable internet (UNESCO, 2023).
- Increased demand related to trauma and crisis-related mental health problems.
- Burnout or secondary trauma of mental health professionals.

7. EVALUATION LIMITATIONS

Monitoring and evaluating psychological services can be difficult, particularly in newly established systems.

Common limitations include:

- Incomplete or anonymized data limit meaningful analysis (WHO, 2024).
- Short-term, pilot-funded projects rarely allow long-term outcome tracking (UNESCO, 2023).
- Lack of baseline data for newly established services, making it harder to measure change (WHO, 2024).
- Efficacy and long-term effects of psychological support may be difficult to measure due to data anonymity and limited possibility of collecting data in a psychologist-client setting.
- Limited institutional capacity for Monitoring & Evaluation (M&E) weakens improvement cycles.

ACADEMIES4UKRAINE
PROJECT PARTNERS INSIGHTS and CASE STUDIES

1. CASE STUDY: RIGA TECHNICAL UNIVERSITY IN 9 STEPS

The origins of the RTU Wellbeing and Career Support Center, which began operating in 2025, go back to 2004, when the first RTU Career Day was organized by RTU project managers. Over the years, the service changed its name several times, each transition reflecting shifts in the support it provided, the size of its team, and its position within the university structure. Let's look at RTU Wellbeing and Career Support Center through the 9-Step model for implementing a psychological support system, introduced in current Manual.

Step One: Identify the "Why?"



The development of student support services at RTU began with special career development initiatives rather than full-service psychological services. In 2004, the university organized its first Career Days to strengthen connections between students and employers.
Inspired by European universities, RTU organizes its first Career Days, to connect students directly to industry representatives. The two-day long event gathers 26 companies, presents career opportunities and industry trends, offers different opportunities and internships, both via exhibition and workshops.

RTU CAREER DAY











YEARS LATER

Over time, it became clear that academic performance and career readiness are closely linked to students' psychological well-being. Growing demand for individual consultations, particularly during the COVID-19 pandemic, highlighted the necessity of structured mental health support.

Thus, institutional "Why" in the beginning was linked to:

- career development support,
- reduced drop-out rates because of more aware study choice

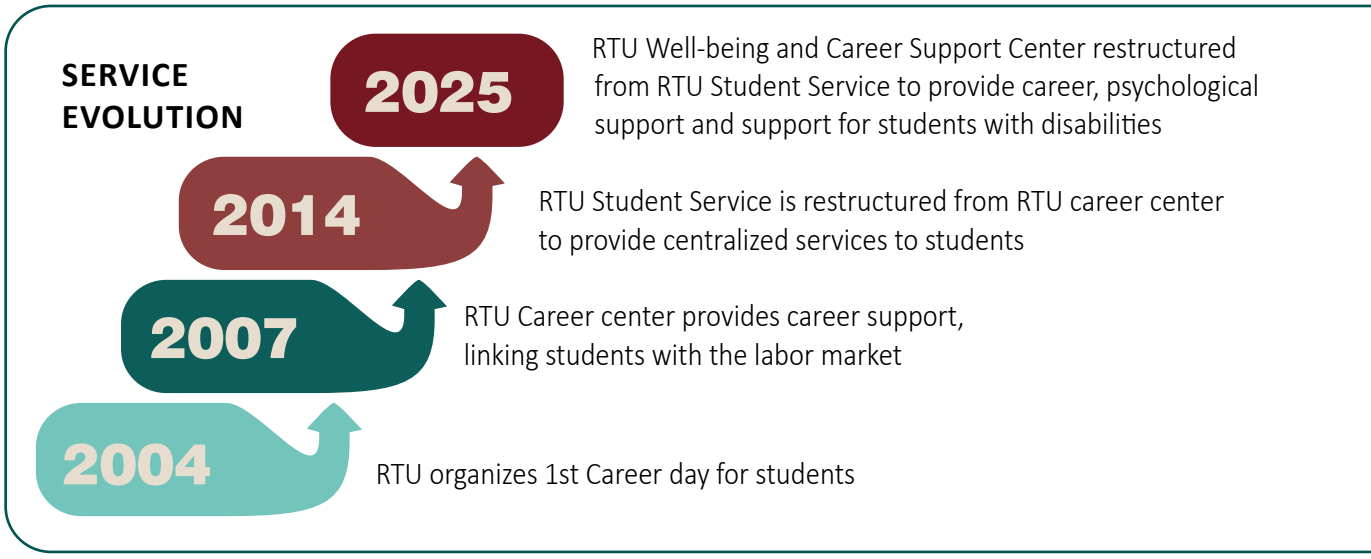
Later, the growing demand for a comprehensive well-being model that integrates psychological, career, and inclusion services shifted to the establishment of the Well-being and Career Support Center in 2025, consolidating the previously provided career and psychological support services, and expanding the range of services through the introduction of systematic support for students with disabilities.

Step Two: Think About the Service Delivery System

RTU's system evolved gradually from a project-based structure to an integrated service model.

DEVELOPMENT STAGES:

- 2004- 2007: Career project initiatives: Career Days that connects students directly to industry representatives.
- 2007- 2014: Career Center with focus mostly on career support services projects: Career Day and other entrepreneurship support projects, business discussions and workshops about career development topics, as well as managing internships offers for RTU students with most notable projects such as Student Business Incubator, Business Club "Suitcase", Business forum "Business Juice", Step by Step student camp, Student Golden Fund.
- 2014- 2024: Student Service providing one stop services from everyday support (information, student ID cards, certificates, books and RTU souvenirs, copy, scan and print-outs service, RTU monthly newsletters) to career development support (individual consultations, public lectures, workshops), and mental well-being support for students and staff (individual consultations, public lectures, workshops).
- Since 2025: Well-being and Career Support Center with career development, mental wellbeing and disability support services with partial decentralization of services, giving students' daily support e.g., issuing academic documents, back to faculties.



THE CURRENT SYSTEM REFLECTS A HYBRID MODEL COMBINING:

- An integrated approach.
- Elements of stepped-care.
- Discussions about whole-campus approach.
- Involvement in Diversity and Inclusion issues, crisis situations management, and other well-being support related areas.
- Partnerships with local NGOs, local HEIs and European HEIs.



Step Three: Know the Context

RTU is the only technical university in Latvia and one of the most international HEIs in Latvia, having around one third international students; so there was a need to consider multiple contextual dimensions.

STUDENT DEVELOPMENT CONTEXT:

- Adaptation challenges among first-year students
- Academic stress and professional identity-related crises
- Career transition difficulties among final-year students
- Increased anxiety and social isolation following COVID-19
- Increased number of trauma-affected students, coming from Ukraine and other countries

INSTITUTIONAL AND SOCIAL CONTEXT:

- A growing number of international students
- Increasing diversity and inclusion needs
- Digitalization of services

INSTITUTIONAL DYNAMICS:

- Organizational restructuring
- Changing strategic priorities
- Limited financial and infrastructural resources

Target groups gradually expanded from "all students" to differentiated groups with specifically defined needs: local students, international students, students with disabilities, first-course students, last course students, part-time or evening-form students, staff members, and alumni.

Target group	Needs
First course students	Students often face difficulties during an adaptation process – they may feel confused, experience anxiety, question their study choices, and may struggle with homesickness or communication difficulties.
All students at any time of study process	Students encounter a range of challenges, including academic workload, interpersonal conflicts, the formation and break of first romantic relationships and friendships, separation process from parents, self-guided financial management. In addition, pre-existing mental health difficulties may intensify because of all these changes.
Last course students	When finishing studies at all study levels, students encounter time management difficulties, procrastination, thesis -writing struggles, and career-transition difficulties.
Part-time or evening-form students	These students meet difficulties with time planning, especially managing studies, work life and family), having difficulties with a sense of belonging to university, or lack of communication with course mates.
International students	When coming to Latvia, both Erasmus and full-degree international students of RTU meet adaptation difficulties, adaptation to different requirements and a new environment, feel homesick, learn new culture communication norms, meet language barriers and other difficulties.
Students with disabilities	Difficulties in study process and communication.
Alumni	Graduated students may need extra support while enrolling in the labor market, may struggle with the future, but may also be ready to cooperate with university to support undergraduate students.
RTU academic staff	Academic staff encounter different difficulties working with students: conflicts, lack of knowledge about special needs), as well as work overload.
RTU non-academic staff	Work overload, burnout, conflicts, lack of knowledge about communication with students with mental health problems or special needs.

Step Four: Discover and Map Resources

RTU mapped both internal and external resources.

INTERNAL RESOURCES:

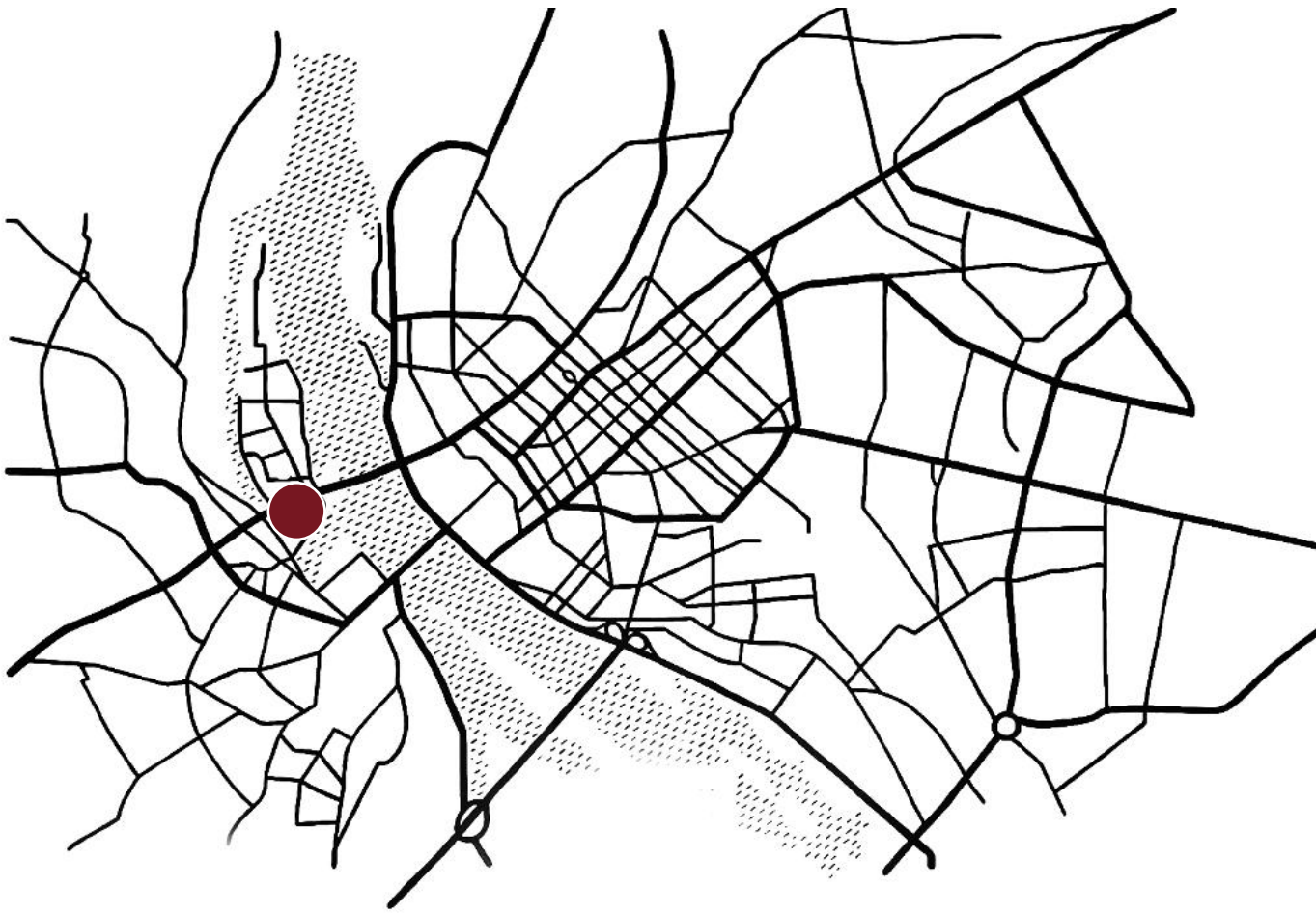
- Project managers,
- Career counselor,
- Psychologists,
- Faculty-level collaboration,
- Student advisers,
- Student Unit.

EXTERNAL RESOURCES:

- Cooperation with the University of Latvia (psychology interns),
- Local NGOs,
- European partner institutions,
- External CBT therapist during COVID-19,
- External doctors (psychiatrists),
- Local entrepreneurs.

RESOURCE MAPPING ENABLED:

- Providing services with lacking resources,
- Identifying colleagues outside the university,
- Identification of gaps (e.g., lack of space),
- Strategic justification for staff expansion.



Step Five: Decide Where Services Will Be Delivered

Historically, the Career Center's two tables were located in an office together with other colleagues from the Study Department in the main administration building.
In 2014, the Career Center moved to a new location on the student campus in order to be closer to students and more easily accessible to them.
In alignment with the current university's infrastructure development strategy, the support center is set to undergo several transformations.
This development is driven by both the needs identified through regular student surveys which have highlighted an increased demand for more individual consultations, better offline services, and a growing concern over mental health issues, and the ongoing challenges presented by the evolving educational environment.

IN ADDRESSING THESE NEEDS, THE CENTER IS COMMITTED TO CREATING A SUPPORTIVE AND ACCESSIBLE ENVIRONMENT FOR ALL STUDENTS, PROVIDING SEVERAL IMPROVEMENTS:

1. *Accessible environment, to lower physical barriers;*
2. *Soundproof walls, to create a more conducive and private space for consultations.*
3. *Dedicated psychological support with several parallel psychologists available to support students more effectively.*
4. *Group meetings room, to offer regular group activities and sessions to foster community and learn emotion regulation skills.*





As part of this plan, the center will relocate to a new, more accessible location to better serve the needs of the student body and to provide a space for the development of new ideas and initiatives.

Accessibility and safety considerations include:

- Disability-friendly environment,
- Confidentiality and soundproofing,
- Hybrid service options (online and in-person),
- Crisis adaptability.





Step Six: Identify and Choose Appropriate Interventions

RTU selected interventions based on student needs, feasibility, resource availability, and evidence-based interventions.

CURRENT SERVICES INCLUDE:

- Individual psychological consultations,
- Individual career support consultations,
- Skills-training groups leaded by CBT therapist,
- Ice-breaking and communication trainings for first-semester students,
- Psychoeducational workshops and materials for website,
- Career assessments (e.g., Orbit8 test),
- Career support projects,
- Disability support planning and providing,
- Education for staff about special needs and disability
- Conversation Club (support group to reduce loneliness).

THE CHOICE OF INTERVENTIONS REFLECTS:

- Increased demand for short-term evidence-based approaches,
- Post-pandemic anxiety and depression trends,
- Need for interventions to support students with academic difficulties,
- Student preference for individual offline or online consultations,
- Staff and location resource limitations.







Step Seven: Consider Service Delivery Formats

RTU implements a hybrid delivery model, taking lessons from pandemic counselling time. Professional psychological support forms the core of the system, while peer-based initiatives function as complementary layers.





Individual Support: *psychologists provide individual consultations and regulate waiting line with awareness to complex, sensitive or crisis cases.*

Group Support: *group psychologist conducts skills-training groups for those skills that need to be trained with peers, providing community-building and emotion regulation focus.*

Online and Offline Formats: *to provide flexible counseling for campus-based, but also home-based or exchange students.*

Peer Elements*: not in the main focus but provided at Conversation Club facilitated by volunteers.*





Step Eight:
Staff the System

AS OF 2026, THE TEAM INCLUDES:

- Two career project managers,
- One part-time career counselor,
- Three part-time individual psychologists,
- One part-time group psychologist,
- One part-time disability support specialist.

RTU EMPHASIZES:

- Professional regulation and licensing,
- Clear role differentiation,
- Interdisciplinary collaboration,
- Ongoing staff development.









IMPORTANT TO NOTE: *daily services with Student service provided RTU students who were hired part-time.*
Staff expansion followed demonstrated increases in service demand, e.g., doubling of consultations during COVID-19 or need for one person who coordinates support for students with special needs and disabilities.



Step Nine: Make an Assessment and Follow-Up

RTU treats service implementation as an evolving system rather than a fixed structure. Monitoring and evaluation ensure sustainability, responsiveness, and quality improvement.

EVALUATION PRACTICES INCLUDE:

- Regular screening surveys for new students in September,
- Surveys at the end of the study semester,
- Collecting statistics data about consultations and events,
- Strategic discussions with university leadership,
- Service adaptation to emerging challenges.

EXAMPLES OF ADAPTIVE DECISION-MAKING:

- Hiring additional psychologists during COVID-19,
- Temporary outsourcing of CBT services during COVID-19,
- Cooperating with psychologists-interns from University of Latvia,
- Introducing and discontinuing roles based on demand,
- Establishing and developing disability services.

CHALLENGES RTU MET AND FACTORS INFLUENCING THE ORGANIZATION OF SUPPORT SERVICES:

- Changing institutional priorities and strategies within HEIs continuously influences service development.
- Changes within the university drive shifts in how support services are organized.
- A lack of awareness about the role of psychological services within higher education governance can lead to mistrust and reactive, “firefighting” approaches.
- Emerging trends in service delivery, such as centralized vs. decentralized models or online vs. offline options, shape organizational decisions.
- The expanding influence of AI, including chatbots, self-help tools, and self-guided therapy, affects service delivery.
- Limited financial resources constrain the range and reach of available support.
- Post-COVID effects, including increased anxiety, depression, and social anxiety, have impacted student wellbeing and demand for support.
- New generations of students and growing diversity bring different perspectives on life, communication, and learning.
- The growing number of international students introduce diverse expectations, cultural challenges, and language barriers.

RTU Conclusions:

➲ Psychological services may evolve from non-mental health initiatives. As in many other HEIs, RTU initially focused on career development support and later expanded its services to include psychological support. Additional support services have been added alongside the existing career and psychological offerings.

➲ Crises can accelerate system development, but institutional flexibility is essential. Some services are introduced or discontinued based on current needs, such as hiring a career counselor for international students for a limited period, using outsourced CBT therapy during COVID-19 crisis, or developing support programs for students with disabilities.

➲ Infrastructure, not staff or services, may become a limiting factor in service growth. With changes in services and a growing number of staff, the need for new facilities has emerged, bringing financial considerations and longer administrative processes.

➲ Cooperation is the key. At RTU, we collaborate with colleagues from other departments, Latvian NGOs, and universities across the EU and this brings other perspectives into our support services.

➲ Continuous data collection and communication with governance are crucial for sustainability. Ongoing data collection and analysis, regular discussions of student and institutional needs with HEI governance, adapting to current circumstances, clear and continuous communication about available services, and patience are all essential for providing effective support.



2. THE PSYCHOLOGICAL SUPPORT SERVICES AT PARTNER UNIVERSITIES

In this chapter, you will explore examples of existing services at partner universities and examine the range of support offered in different settings.

- **University of Helsinki (FI):** Multi-tiered support framework with individual, group, and community-wide resources.
- **Riga Technical University (LV):** Career-integrated well-being center offering support during the whole-range study process.
- **Pavlo Tychyna Uman State Pedagogical University (UA):** Multi-level support provided by two units, and focused on diagnostics, education, and group work.
- **Kherson State University (UA):** Relocated service offering international team-led online and onsite care.
- **Odesa National University of Technology (UA):** Support focused on individual and group work, diagnostics, research, trauma support, and practical self-help tools.

RIGA TECHNICAL UNIVERSITY (LATVIA)

Students' psychological support at RTU is provided by the Well-being and Career Support Center and aimed at helping students maintain a healthy balance between their academic, personal, and social lives. Services are designed to address both immediate and long-term challenges students may face during their studies. All services are available free of charge and are provided in both Latvian and English.

The Well-being and Career Support Center provides:

- Psychological support through individual consultations, public workshops and skill training groups on various well-being topics, helping students manage study-related stress and maintain emotional balance.
- Career support services include consultations on CV and cover letters writing, job search and career planning, along with different workshops provided both by WCSC and companies, and the annual Career Day to connect students with potential employers.
- Support for students with disabilities, ensuring accessibility, and tailored assistance throughout their studies.

Additionally, the university's support team actively participates in the university's diversity and inclusion policies, promoting an inclusive environment where all students are encouraged to thrive academically, socially, and professionally.

UNIVERSITY OF HELSINKI (FINLAND)

University of Helsinki offers a holistic, multi-tier mental well-being framework combining university-based counseling services, peer-led support, community events, as well as municipal student healthcare, and a wide network of external helplines. Many services are available in English, confidential, and accessible online or in-person.

University resources include support provided by:

- university-employed psychologists who offer confidential, non-medical counseling for study-related stress, anxiety, and burnout, available for all degree students.
- well-being groups and workshops provides peer-based support, focusing on topics like academic writing, time management, and preventing burnout, with some sessions available in English.
- campus-wide well-being events promote mental health through activities such as guided stretching sessions and weekly themes covering mindfulness, sleep, and exam stress.
- university Chaplains offer spiritual and personal support, and student health meetings bring together academic and healthcare staff to provide coordinated care for students facing ongoing challenges.

The University of Helsinki widely cooperates with resources like the Finnish Student Health Service (FSHS), which offers general and mental healthcare, peer support for students, support for students with disabilities, national Finnish non-profit organization Nyyti ry, Mental Health Crisis Helpline for immediate crisis intervention and other organizations.

Additional resources include anonymous chat for youths under 30 facing emotional issues, anti-loneliness programs, and support for sexual violence survivors, all available in various languages.











University of Helsinki CHECK EVENTS

PAVLO TYCHYNA UMAN STATE PEDAGOGICAL UNIVERSITY (UKRAINE)

At Pavlo Tychyna Uman State Pedagogical University psychological well-being support is provided by practical psychologist and Student Social and Psychological Service of the Faculty of Social and Psychological Education.



Main tasks of university's practical psychologist are described on website by six key areas:

- diagnostics (identifying learning and adaptation difficulties),
- prevention (addressing mental health risks and behavior issues),
- correction (individual and group interventions),
- education (personality development activities),
- consulting (support for students, parents, and staff),
- and public relations (cooperation with administration and participation in conferences).

The purpose of the Student Social and Psychological Service, led by Candidate of Pedagogical Sciences, Senior Lecturer at the Department of Social Pedagogy and Social Work, and student volunteers of Pavlo Tychyna Uman State Pedagogical University, is meant to solve social problems and improve the situation of students, providing a range of social services and creating favorable conditions for their self-realization and self-improvement.

Main tasks of Student Social and Psychological Service are:

- To create favorable conditions for the realization of students' social rights;
- To promote the successful adaptation of first-year students;
- To prevent negative phenomena in the student environment;
- To support and develop volunteer movement in the student community;
- To implement programs for social development and social support for students within the framework of national and state target programs.



The University has a psychological project PsyChoice blog, where it is possible to find different topics discussed and projects described. For example, the @WarLifeSkills training course, launched on February 2023 to help individuals develop essential skills for navigating crises, particularly in military conflict. It focuses on building resilience, emotional stability, and adaptability by teaching key skills such as managing stress, maintaining mindfulness, and enhancing empathy. The course is structured around seven online sessions, each addressing different aspects of personal growth, like the importance of flexibility, self-awareness, and connecting with others. Ultimately, the course aims to equip participants with the tools to handle long-term stress, foster unity, and make mindful decisions during challenging times.



KHERSON STATE UNIVERSITY (UKRAINE)

Psychological Service was established at Kherson State University in 2012, in 2014, the Psychological Service of KSU was reorganized into the Social and Psychological Service of KSU. The main purpose of the service is to enhance the personal and professional potential of future specialists and to provide psychological support to applicants, students, faculty, and staff of the university by offering social-psychological care, including online consultations, lectures or practical sessions on mental health topics, group therapy/support groups.

The team includes psychologists, social workers, educators, and volunteer consultants from countries like Israel, Bulgaria, Germany, and the Czech Republic, offering free help in areas like child phobias, sleep disorders, trauma therapy, and more.

The year plan of the Social Psychological Service at Kherson State University includes year-round activities such as:

- individual and group counseling, psychological diagnostics, and communication skills training.
- thematic programs of the months cover areas like effective communication, time management, career development, leadership, and healthy lifestyles.
- various events including interactive lectures, group training, social campaigns, and career guidance for school graduates.
- information campaigns support awareness on bullying, emotional health, and inclusion.

Activities are tailored to requests from students, staff, and university administration.

Since Russia's full-scale invasion, the service has also supported people dealing with fear during air attacks, displacement, border crossings, and remote learning from occupied territories. It educates the public on social guarantees, legal status, financial aid, and adjustment abroad.



Training for the first course student's Self-presentation, from KSU website

ODESA NATIONAL UNIVERSITY OF TECHNOLOGY (UKRAINE)

The University mental well-being plan outlines activities aimed at promoting students' mental health, including psychological diagnostics, individual counseling, preventive and educational sessions, group trainings, and collaboration with faculty and student services. It also includes planned work on crisis response, psychological adaptation for first-year students, and professional development of the psychologist.



The practical psychologist of ONTU works to provide socio-psychological support for the educational process at the university, providing:

- Individual psychological consultations;
- Cognitive meetings on psychological topics;
- Socio-psychological trainings;
- Testing of personal qualities;
- Collaboration with curators of academic groups;
- Web-page provides useful practical materials with different self-help recommendations and guidelines on how to support people in stressful situations.

The university webpage provides large amounts of information on how to act during war time.



TABLE 7. SUMMARY OF PSYCHOLOGICAL SUPPORT SERVICES

University	Main Psychological Services	Target Audience	Languages Available	Key Focus Areas	Additional Features
Riga Technical University (Latvia)	- Individual consultations - Public workshops - Skill training groups - Career support services - Support for students with disabilities - Diversity & inclusion efforts	Students, Postgraduates, International students, Students with disabilities	Latvian, English	- Study-related stress management - Emotional balance - Career planning - Disability support - Inclusive environment	- Focus on work-life balance - Annual Career Day for student-employer connections
University of Helsinki (Finland)	- University-employed psychologists - Peer-based support groups - Well-being workshops - Campus-wide well-being events - Chaplains for spiritual support - External helplines and organizations	Students, Ukrainian students	Finnish, English	- Study-related stress, anxiety, burnout - Academic skills (writing, time management) - Mindfulness, sleep, exam stress - Peer and professional counseling support	Collaboration with Finnish Student Health Service (FSHS) - Anti-loneliness programs - Sexual violence support - Resources in various languages - Online consultations available
Pavlo Tychyna Uman State Pedagogical University (Ukraine)	- Practical psychologist services - Social and Psychological Service - Public relations and consultations - Psycho-education programs - Support for social adaptation	Students, parents, staff	Ukrainian, English	- Diagnostic of learning & adaptation difficulties - Prevention of mental health risks - Personal development- Social and psychological adaptation of first-year students	- Focus on volunteer movement - PsyChoice blog with online courses on resilience and crisis management, like @ WarLifeSkills course - National and state target programs for social development
Kherson State University (Ukraine)	- Individual and group counseling - Psychological diagnostics - Online consultations - Group therapy/support groups - Social psychological care	Students, staff, applicants	Ukrainian, English	- Trauma therapy- Communication skills - Career development - Bullying prevention - Healthy lifestyle- Emotional health awareness	- Support during war (fear, displacement, remote learning) - Educational support on legal status, social guarantees, and financial aid for displaced students
Odesa National University of Technology (Ukraine)	- Individual consultations - Psychological diagnostics - Group training - Socio-psychological meetings - Psychological research	Students, staff	Ukrainian, English	- Mental health diagnostics - Stress management - Crisis adaptation for first-year students - War-time crisis response - Self-help resources	- Crisis response for students during wartime - Web-page with self-help materials - Psychological support tailored to stressful situations, including war-related concerns

CONCLUSIONS AND FUTURE CONSIDERATIONS

CONCLUSIONS

DEVELOPMENT OF PSYCHOLOGICAL SERVICES

Psychological service systems tend to have development patterns, often evolving from informal, person-to-person support to more structured systems that expand to meet new demands and target groups. However, psychological services develop and change within the specific HEI context and in their own rhythm, responding to the diverse needs of community groups, and this development may not be linear.

CHALLENGING TIME FOR STUDENTS

The university period is a challenging transition for students. Driven by natural brain development and the shift from family life to independence; this stage introduces various risks to mental well-being that may emerge during their studies and shows a tendency to increase.

BUILDING A SYSTEM

It is suggested to build a system by following the step-by-step flowchart. Start by reflecting on personal and institutional motivations for providing a support system; considering the overall system design; exploring the local context and target groups; mapping a list of additional available resources; planning physical space for service delivery; choosing effective interventions and delivery formats; hiring and train appropriate formal and non-formal staff; and evaluating the success of your goals regarding psychological service.

CHALLENGES AND LIMITATIONS

When going from step to step, some challenges and limitations may appear and impact the whole process. It is important to be aware of those things. Limited institutional commitment, resource constraints, weak coordination across departments, stigma surrounding mental health, inequality among different community groups, inconsistent quality standards, and external crises such as conflict or political instability must be considered as they significantly impact the adaptation and sustainability of mental health services.

WAR CONTEXT AND TRAUMA-RELATED APPROACH

As survey data showed, Ukrainian students have common aged-based needs, at the same time, students may have limited prior experience with such services and severe specific trauma-related symptoms that need to be addressed. There is a clear need for raising awareness about mental health, adaptation of services to crisis contexts, and creating emergency algorithms and crisis guidelines.



FUTURE CONSIDERATIONS

PSYCHO-EDUCATION: STIGMA, “I CAN DEAL MYSELF”, AWARENESS

As the survey data from current project and the RTU screening data show, many students’ responses indicate a reluctance to seek psychological support, often due to beliefs such as “I should cope on my own” and “I can handle it myself”. Sometimes, this delays receiving necessary and timely psychological support. Psychoeducation is a never-ending process that should increase awareness of mental health issues, signs of distress, and available support, as well as reducing stigma and promoting help-seeking behaviors. HEIs should pay attention to preventive implementation of psycho-educational programs normalizing help-seeking and providing evidence-based guidance are essential to shift campus culture.

SELF-HELP ADVANTAGES AND RISKS: WHEN STIGMA MEETS SELF-HELP WITHOUT AWARENESS ABOUT MENTAL HEALTH

Self-help resources, such as online modules, resilience with public lectures, or digital tools, may be the first option when it is not possible to access psychological support services, because of service capacity, different barriers, or stigma. However, risks arise when students rely on self-help without adequate mental health awareness or access to professional follow-up, especially in the context of unresolved trauma or clinical conditions. Future work should clarify when self-help is helpful versus when it might delay needed professional support, how to resolve concerns about privacy or safe self-help (e.g., avoiding cases of AI-induced psychosis/crisis).

SUPPORTING DISPLACED STUDENTS

Students who have experienced displacement, whether due to conflict, disaster, or forced migration, may face unique academic, psychosocial, and cultural challenges, higher levels of stress, trauma exposure, and psychosocial barriers that affect academic engagement and well-being. HEIs need to consider culturally responsive support services, flexible academic policies, and community integration strategies, and to develop targeted support frameworks and inclusive programs to address both educational continuity and trauma recovery.

INTEGRATION OF TRAUMA-INFORMED WORK: COUNSELING AND TEACHING

Trauma-informed frameworks are increasingly recognized as vital beyond clinical services, extending into teaching, student services, and administrative practices.

Building trauma-informed campuses means not only training more counselors but also equipping faculty and staff with the knowledge to integrate trauma awareness into pedagogy and campus life. A trauma-informed campus integrates knowledge about trauma into policies and practice to minimize re-traumatization and enhance student engagement and retention; this requires ongoing professional development for faculty and staff to recognize trauma responses and to interact with students in ways that promote safety, trust, and empowerment.

ASSESSMENT AND MEASUREMENT CHALLENGES: DIFFICULTIES WITH MEASURING EFFICACY OF PSYCHOLOGICAL HELP

Measuring the efficacy of psychological interventions in HEIs presents ongoing methodological challenges; it is still discussed in HEIs how to assess and measure efficacy of psychological support at HEI. Traditional tools (e.g., self-report scales) risk bias, recall problems, variability across cultural contexts, and psychological support framework itself.

Future work should emphasize reliable, standardized, validated, but also ethical tools capable of capturing meaningful changes in student outcomes. It should also integrate longitudinal and mixed methods of designs to strengthen evidence about what works.

STRENGTHENING COLLABORATION AND EXPERIENCE EXCHANGE

Establishing strategic partnerships across departments, peer institutions, external mental health organizations, communities, and other HEIs is essential to share best practices, resources, and research findings, and facilitating shared learning.

All sides can win from collaborative networks, by promoting cooperation in trauma-informed care, psychosocial support models, and integrative campus services. It is also important to develop support and feedback from colleagues in the field.

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