Mental Health Prevention and Promotion: Leveraging Positive Psychological Interventions and Social Entrepreneurship to Build Resilience and Well-being in College Students

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Introduction:
College student mental health has never been more important. Over the past fifteen years, rates of depression, anxiety, and other mental health issues have become increasingly pronounced. From 2007 to 2017, diagnosable mental health conditions in college students surged from 22% to 36%. (Lipson, Lattie & Eisenberg 2019). In 2018, approximately 38% of University of Utah students had a mental health condition, and an estimated 58% of those students went untreated (Eisenberg, 2018).

The extensive and acute stressors of the COVID-19 pandemic, and the consequent social isolation, have exacerbated what was already deemed a dire reality. The most recent Healthy Minds Study (HMS) data, drawn from large national samples, has illuminated significant upticks in both depression and anxiety in college students. In 2020, the HMS found that 37% of respondents screened positive for moderate to severe anxiety, and just one year later, that number increased to 41%. In that same year, rates of anxiety increased from 31 to 34 percent (Lipson, Eisenberg, Heinze & Zhou). The prevalence of poor mental health in Utah is particularly acute and among the worst in the nation. Nearly 20 percent of adults in Utah have a mental illness (Summers, Meppen & Ball, 2019). Prominent healthcare leaders assert that a factor catalyzing the mental health epidemic is that, as a society, we address mental health reactively, at the time of crisis, rather than promoting mental health proactively (Bobrow, 2022). We need to shift the way we address mental health, with a greater focus on prevention, in addition to providing better and more affordable access to mental health care.

Purpose, research question, & hypothesis:
This research aimed to evaluate the impact of an evidence-based preventive well-being skills program. The program was delivered via an app and web technology and reinforced in Zoom-based support groups. The curriculum delivered was drawn from positive and clinical psychology and is designed to improve happiness and well-being. The program was developed by Drs Ed and Carol Diener and University of Utah students from the WeBeWell organization. The WeBeWell team made minor alterations to the existing program, which had been shown to be effective in a randomized controlled trial (Heintzelman et al., 2019), by reducing the time commitment of the program and adding new delivery methods, including an app and peer support group. The aim was to scale the new program, if found to be effective.

- **Research question**: what is the impact of WeBeWell's six-week multi-modal well-being program on components of subjective well-being and mental health?
- **Hypothesis**: There will be significant improvements across all mental health and well-being assessments between students' baseline and post-intervention scores.

Methodology:
Participants included 120 college students at the undergraduate and graduate level (*N*=120). The age of subjects ranged from 18-45, with an average age of 20.75. The overwhelming majority of participants were female (77.5%), with 20% identifying as male, 1.6% identifying as non-binary, and .08% as genderfluid. We worked hard to recruit and serve a diverse sample of students. Our sample is more diverse, as a percentage, compared to

the University of Utah undergraduate student population regarding race and ethnicity. Our sample also had a larger number of first-generation students (30%) than the University of Utah as a whole. The program completion rate was 83.3%.

Intervention: Our six-week program covered six skill lessons, including an introduction to well-being and mental health, identification and application of character strengths, goal setting strategies conducive to well-being and success, cultivating healthy relationships, strategies to cultivate resilience and manage the effects of stress, negative thoughts and emotions, mindfulness, and meditation.

Measures: The research team administered valid and reliable self-report measures of positive and negative affect, depression, anxiety, and others pre- and post-intervention.

Results: We found statistically significant differences on all of the mental health outcomes listed below between pre- and post-testing using a Wilcoxon Signed-Rank Test. We also calculated percentage differences in median values from pre to post-test on multiple well-being outcomes. These data indicate that the WeBeWell program positively affected the college students served, and the sizes of the effects were moderate to strong.

Depression ↓ 33.3%

Anxiety ↓ 42.9%

Positive Feelings ↑ 9.1% Negative Feelings ↓ 6.3%
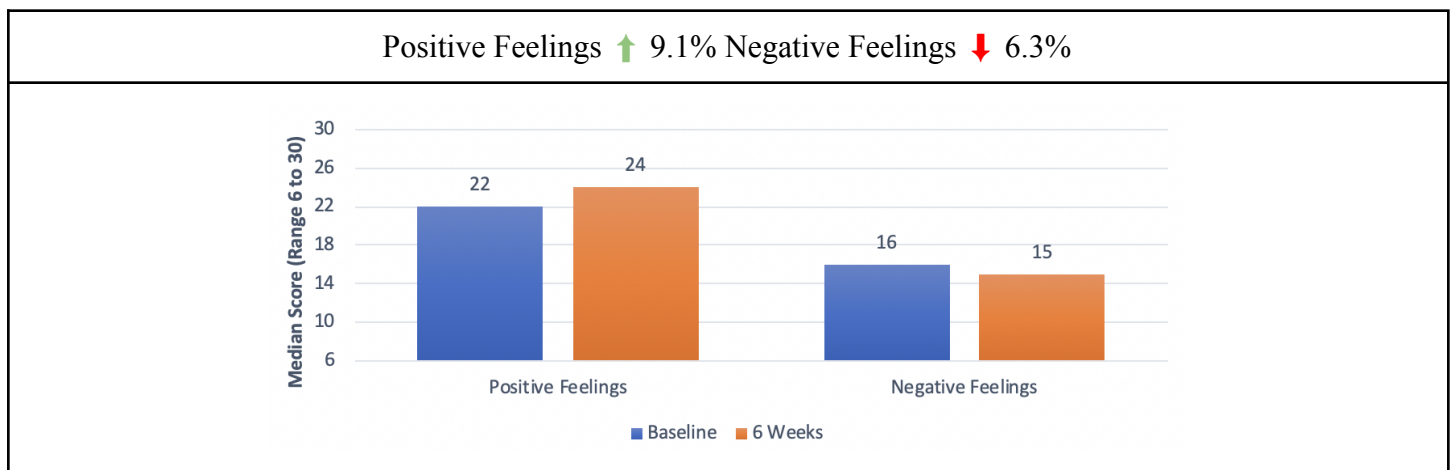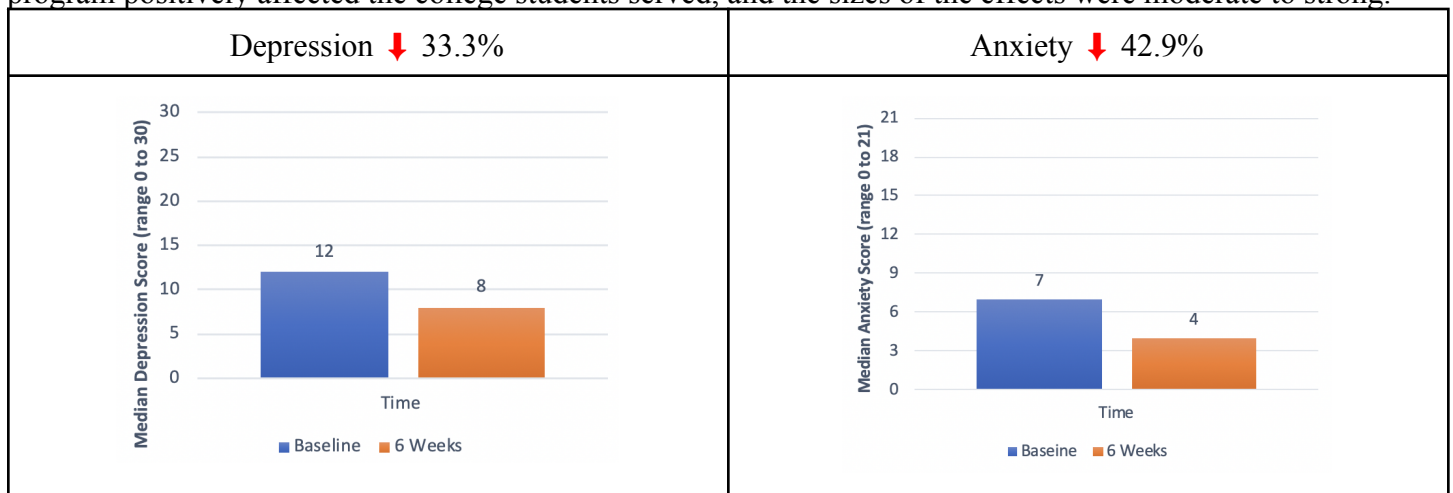
Conclusion: Our data analysis exhibits that the WeBeWell program had a positive impact on student participants' well-being and mental health. In addition, the program increased feelings of connectedness and belonging on measures created by the WeBeWell team that had not been previously tested. This study is ongoing and our future directions include disaggregating data to evaluate potential differences in impact across gender, race/ethnicity, and first-generation college student status. While the curriculum we delivered in our program was previously shown to produce an array of benefits to well-being by randomized controlled trials, our study here was limited by the lack of a control group. In future research, we aspire to implement a wait-list control group.

Conflict of Interest:

The principal investigator of this study, Alexander Becraft, and researcher, Mitchell Wulfman, are both executives of the WeBeWell organization and, as a result, have a conflict of interest. The University of Utah's Conflict of Interest Office and the Institutional Review Board has reviewed and managed these conflicts of interest.

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