

I acknowledge the use of CoPilot on 02/04/2026 to create infographics for my academic poster assignment. I used the prompts:

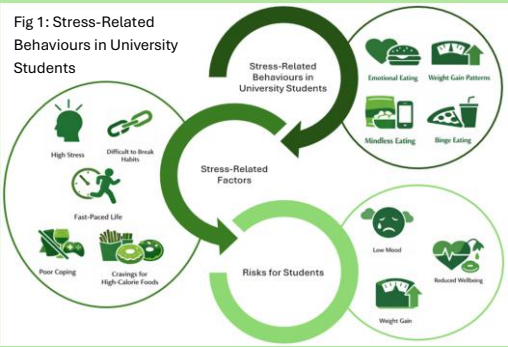
1. Create an infographic stating there were 8 participants, 75% of whom were Caucasian females. It must be in shades of green and automatic black available as standard on Microsoft Word.
(I did not enter this as a prompt, but to inform the AI of my colour scheme and content of my poster, I input a copy of my poster and a copy of the associated article for this assignment into the AI.)
2. Make this [infographic] smaller and more modern and professional for an academic poster.
3. Using all the information in this thread create some professional, modern, sleek infographics to use in my poster that can save me words in my paragraphs.
4. Create an infographic for the stress related behaviours experienced by university students that fits my theme.
5. Create another infographic showing high stress, poor coping strategies, fast-paced student lifestyles, cravings for high calorie foods and habits that are difficult to break.
6. Create another image with the same format showing the risks to the student as weight gain, low mood and reduced wellbeing.

(Please note, Figure 1 has been created using a combination of AI generated images and Word SmartArt tools.)

Exploring Mindfulness and mHealth in a University Population and the Implications Posed in the Real World

Background

University students commonly experience stress, weight gain, emotional and binge eating. Mindfulness is shown to reduce stress and improve eating behaviours; however, students often lack awareness, skills and opportunities to practice it. mHealth gives a fresh, accessible method of delivering mindfulness support (Lyzwinski et al., 2018).



Target Population

University of Queensland students were chosen to participate as they were identified as being at high risk of stress-related, unhealthy behaviours; heavy mobile phone users and in a critical developmental stage for long-term health habits (Lyzwinski et al., 2018).



Fig 2: Study Participants

Method

A pilot study was conducted and participants engaged in focus groups and evaluated samples of mindfulness-based text messages. This design was created to explore the lack of knowledge available to professionals seeking to improve mindfulness in students (Lyzwinski et al., 2018).

Key Findings in Lyzwinski, et al. (2018).

Barriers to mindfulness:	Methods of facilitation of mindfulness via mHealth:
• Social and cultural norms • Technological distractions • Low awareness • Psychological factors • Financial factors • Time pressures	• Short mindfulness practices • Practical guidance • Friendly message tone • Calming imagery • Personalisation • Peer support

Real World Implications

Universities

Utilise the COM-B model (Willmott et al., 2021) to promote behavioural change within the university environment, such as:

- Improve mindfulness education as students have a low awareness of its purpose, methods and benefits.
- Integrate mindfulness education at key points in the university journey such as in orientation materials and campus-wide campaigns.
- Provide clear, practical guidance to increase awareness and reduce misconceptions about mindfulness.
- Endeavour to create supportive social environments that aim to change social norms, therefore providing a strong influence on student behaviour.
- Normalise mindfulness by offering lunchtime sessions, supporting student led clubs and encouraging buddy systems.
- A socially supportive environment increases motivation and reduces stigma.
- Ensure the university environment nudges students towards mindfulness by using environmental cues such as educational posters, mindful menus in cafés, providing quiet spaces for reflection which help to integrate mindfulness into daily campus life.

Health Educators

- Ensure mindfulness text messages are used as students identified these as being motivating and easy to engage with.
- Ensure the messages delivered to students are friendly and include practical guidance whilst avoiding institutional, rule-based language.
- Consider tailoring messages to support specific goals such as the identified issues of stress management, emotional eating and overall wellbeing (Ryan & Lauver, 2002).
- Interventions should be low cost and accessible.
- Priority should be given to free and low-cost programmes due to students' financial positions.
- Interventions should be brief and flexible to accommodate heavy academic schedules.
- The tools provided should be simple and digital to align with the student user profiles.

mHealth Developers

- Designs should be simple and student-centred based upon the study identifying a preference for a minimalist, calm and personalised app environment containing short exercises with no social media integration and limited notifications (Ryan & Lauver, 2002).
- The focus should be practical and on everyday mindfulness and teach students in a low-pressure way such as including real-life examples to increase applicability and chances of integration into daily routines (Patrick, K et al., 2016).

Public Health Implications

Early intervention can help to prevent long term health risks. Mindfulness supports healthier eating, reduces stress and improves emotional regulation. Early adulthood is a key window for preventing chronic disease risk factors (Frech, 2012). Student-centred mindfulness interventions can contribute to long-term positive wellbeing outcomes (Ryan & Lauver, 2002).

References

Frech, A. (2012). Healthy behavior trajectories between adolescence and young adulthood. *Advances in Life Course Research*, 17(2), 59–68. <https://doi.org/10.1016/j.alcr.2012.01.003>

Lyzwinski, L. N., Caffery, L., Bambling, M., & Edirippulige, S. (2018). University students' perspectives on mindfulness and mHealth: A qualitative exploratory study. *American Journal of Health Education*, 49(6), 341–353. <https://doi.org/10.1080/19325037.2018.1502701>

Patrick, K., Hekler, E. B., Estrin, D., Mohr, D. C., Riper, H., Crane, D., Godino, J., & Riley, W. T. (2016). The pace of technologic change: Implications for digital health behavior intervention research. *American Journal of Preventive Medicine*, 51(5), 816–824. <https://doi.org/10.1016/j.amepre.2016.05.001>

Ryan, P., & Lauver, D. R. (2002). The efficacy of tailored interventions. *Journal of Nursing Scholarship*, 34(4), 331–337. <https://doi.org/10.1111/j.1547-5069.2002.00331.x>

Willmott, T. J., Pang, B., & Rundle-Thiele, S. (2021). Capability, opportunity, and motivation: An across contexts empirical examination of the COM-B model. *BMC Public Health*, 21(1), 1014. <https://doi.org/10.1186/s12889-021-11019-w>