



POPULATION HEALTH AND DIGITAL HEALTH PROMOTION

SUBJECT CODE - LCHS7009

GROUP PRESENTATION - COMPONENT 3

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TOPIC - Mental Health App for University Students

Slide 1: What makes this issue important

- Students in college who are 18 to 25 years old often feel anxious, depressed, lonely, and stressed about school.
- Loneliness is a significant issue among university populations as it correlates with depression, stress, anxiety, and suicidal ideation.
- We should treat the mental health of students as a public health issue.

Slide 2: Why this group of people

- This intervention focuses on international and first-generation students because they may have more academic, financial, cultural, and social stress than other students.
- First-generation students seem to have more stress, anxiety, and depression, but they don't use mental health services as often.
- These students might not ask for help as much because they are afraid of being judged or don't know how to use support systems.

Slide 3: What happens if you don't deal with it

- If you don't pay attention to your students' mental health, it could get worse and cause them to become more depressed, anxious, have trouble sleeping, and avoid other people.
- It can also have an effect on grades, attendance, and staying in school.
- Universities may then have to deal with more requests for counselling and crisis support than for early prevention.

Slide 4: Why a digital intervention?

- A digital health app is a good choice because students can use it whenever and wherever they want.
- Digital mental health interventions for college students have led to small but important improvements in their mental health.
- This makes digital support a good choice for early intervention and prevention.

Slide 5: Why this intervention is necessary

- The app might have ways to track your mood, do short CBT exercises, manage stress, get support from peers, and find university and NHS services.
- This method can help lower stigma, wait times, and barriers to access.
- It is especially helpful for first-generation and international students who might need more help that is easy to get.

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PRATHAMKUMAR SOLANKI - 2430951

Mental Health App for University Students



JUSTIFICATION

Mental Health Problems among University Students.

TARGET POPULATION

Students between the ages of 18 and 25.

PUBLIC HEALTH CONCERN

Anxiety, Depression, Loneliness, and Academic Stress.

SCALE OF THE PROBLEM

The problem of mental health issues in students is on the rise and a major public health issue.

Approximately every 42 percent of students complain about severe mental health issues

Mental health conditions are currently impacting about 1 in 5 students

The stress associated with academics is felt by up to 94% of students

(Public Health England),
(Mental Health UK, 2020).

KEY RISK FACTORS

Stressful schoolwork, such as exams and coursework deadlines.

Money challenges, including tuition and living costs.

High levels of loneliness and social isolation (around 75%) (Oxford CBT, 2024)

Continued stigma, 69% of students were reluctant to get help (Save My Exams, 2026).

WHY THIS TARGET GROUP?

Adolescents (18-25 years old) are more likely to develop mental health issues.

Mental health problems affect 1 in 4 youths in the UK.

The shift to independent living may contribute to the growth of emotional and psychological stress.

Other difficulties faced by international students are: Cultural adjustment difficulties Language barriers Lack of access to support networks.

(NHS England, 2023)

(UK Council for International Student Affairs, 2022)

CONSEQUENCES IF NOT ADDRESSED

Individually

- Decreased academic performance
- Greater risk of dropping out or withdrawal
- Increased risk of substance abuse

On a social level

- Increased strain on mental health services in NHS
- Less labor force productivity
- Widening health inequalities

(Office for Students, 2022)
(NHS England, 2023)

LIMITATIONS OF CURRENT SERVICES

- Delays in NHS mental health services
- Inadequate provision of university counselling services
- Continued stigma towards seeking help
- Lack of continuous, round-the-clock support

(Mental Health Foundation, 2022)

JUSTIFICATION FOR DIGITAL INTERVENTION

- Provides continuous (24/7) access to support
- Offers anonymity, helping to reduce stigma
- Can be scaled to reach large student populations
- More cost-effective compared to traditional services
- In line with the high usage of digital technology by students

(Ofcom, 2023)

WHY AI + PEER SUPPORT?

AI chatbot functions:

Gives direct emotional assistance.

Provides evidence-based interventions including CBT.

Facilitates mood tracking, self-monitoring.

Peer support features:

Reduces feelings of isolation

Promotes personal experiences.

Develops a sense of community and belongingness.

(World Health Organization, 2021)

SUPPORTING EVIDENCE

- Digital mental health interventions have been shown to reduce symptoms of anxiety and depression
- AI chatbots improve accessibility and immediacy of support
- Peer support networks enhance emotional wellbeing and social connectedness

(NICE, 2022)

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LCHS7009 Population Health and Digital Health Promotion Component 3 Group Project Presentation



*MindConnect: An AI-Powered Digital
Mental Health Intervention for
University Students*



Background

Mental Health Problems

At the university, students are highly stressed, anxious, and depressed because of studies, the social life, and uncertainty about the future (Wang and Nyakhar, 2025).

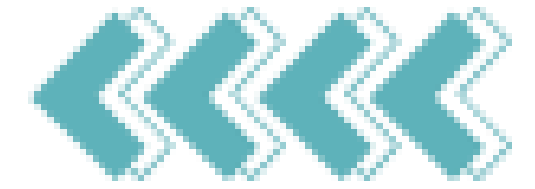


Obstacles to Getting Help

Students do not get help due to stigma, access, and time, and many of them remain untreated (Cho et al., 2025).



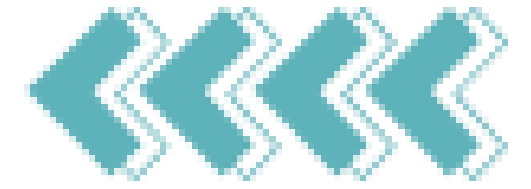
Rationale for Digital Intervention



- MindConnect AI-powered digital mSmartphones can be used to access digital mental health on a large scale (Chak et al., 2025).
- This is guaranteed through AI chatbots, which are 24/7 available, private, and anonymous, minimizing stigma.
- Digital interventions are cost-effective, and they target a large number of users (Basha et al., 2025).)
- The AI solutions are effective in reducing the symptoms of student anxiety.



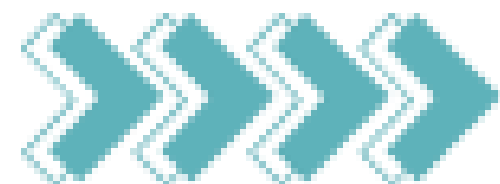
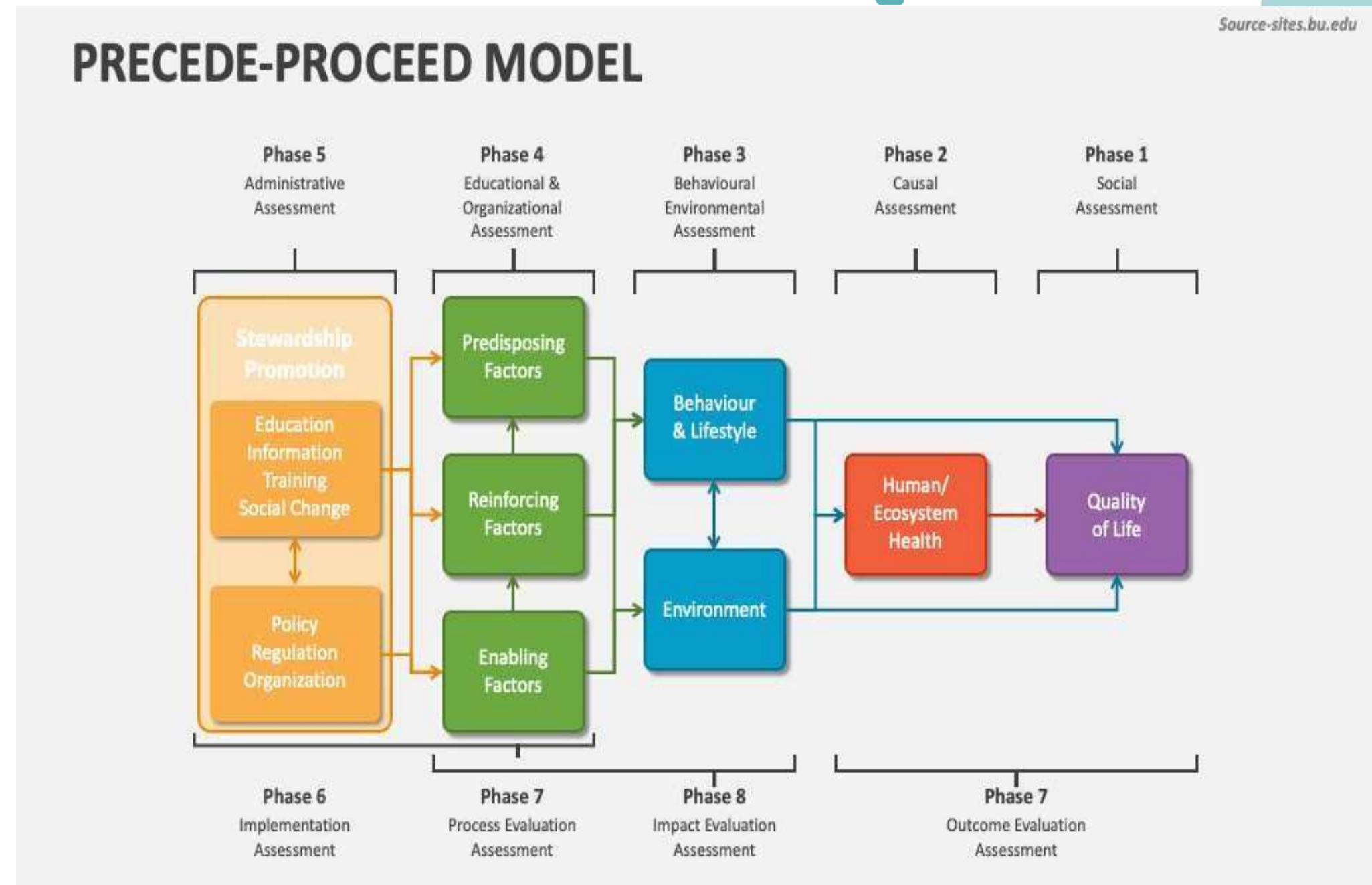
Introduction to MindConnect



MindConnect is a digital mental health support platform, founded on AI and aimed at students of universities.

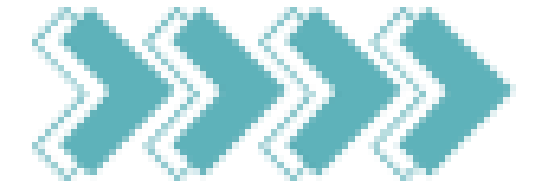
- ☐ Emotional assistance via chatbots.
- ☐ Mindfulness and stress management tools.
- ☐ Emotional monitoring and self-evaluation.
- ☐ Encourages early intervention and self-help.

- PRECEDE-PROCEED model is effective in developing interventions.
- Assesses the social, behavioral, and environmental factors.
- Promotes sustainable, Evidence-based and targeted intervention (Khademi and Kaveh, 2025).
- Embraces user health requirements with technology characteristics.
- Improves the successes of digital mental health.

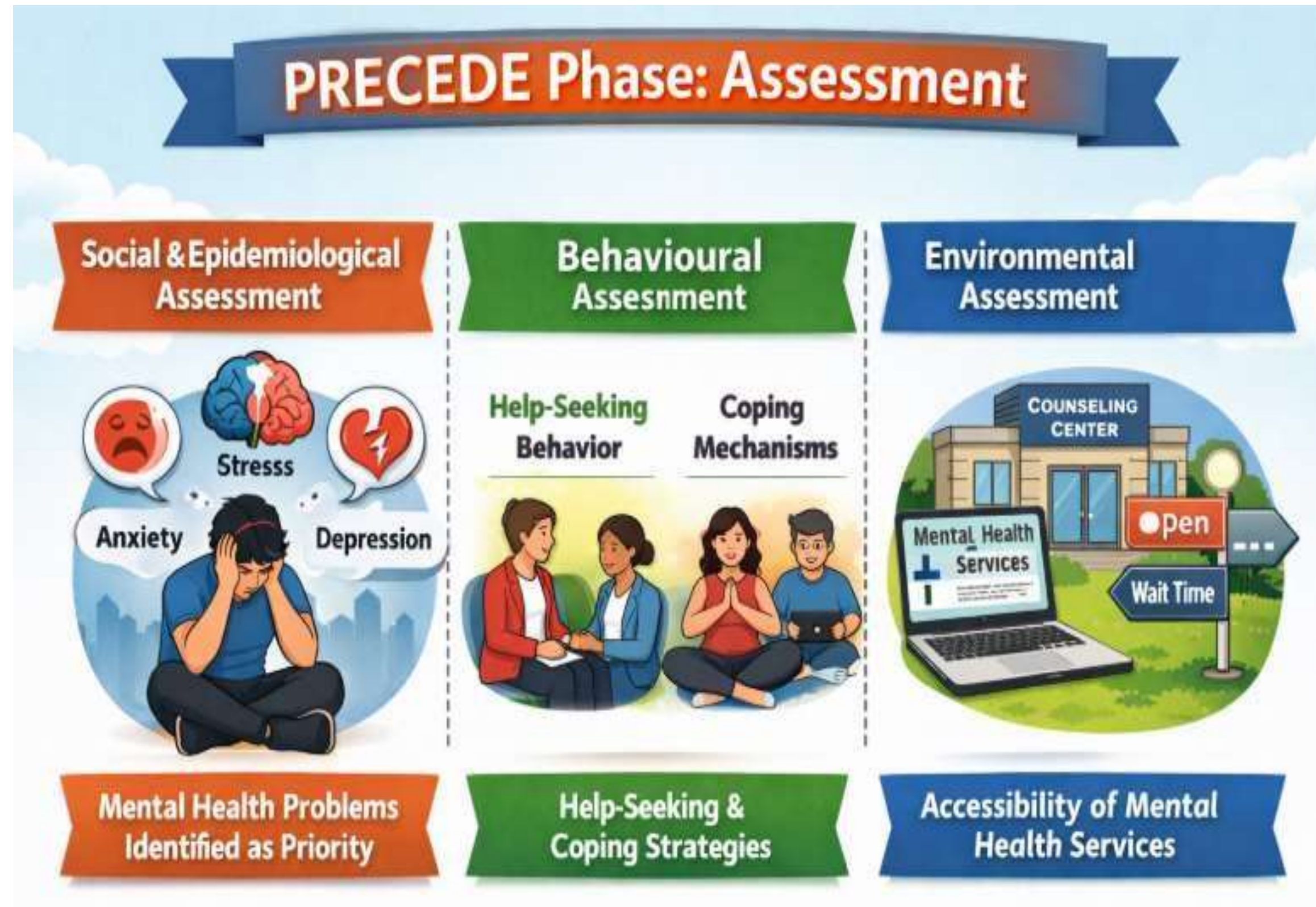


Planning Model

PRECEDE Phase (Assessment)



- ❑ The PRECEDE step entails an extensive evaluation of factors affecting mental health in students of universities (Belin et al., 2024).
- ❑ The basis of such evaluations is on which an effective intervention is planned.





Collaborate with universities

- Promote app usage
- Integrate into student services



Integrate features

- Chatbot support
- Mindfulness exercises



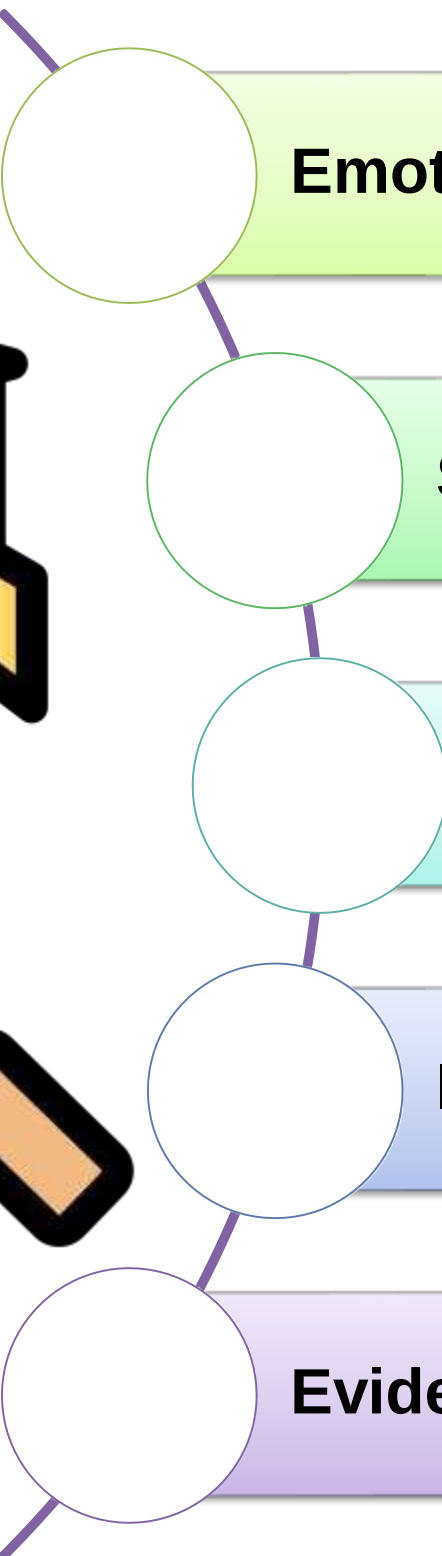
Develop AI-based digital intervention



PROCEED Phase (Implementation)



Key Intervention Features



Emotional-support AI chatbot.

Stress reduction activities of mindfulness (Hull et al., 2025).

Personalized recommendations

Interactive and user-friendly interface

Evidence Chatbot tool in enhancing mental health is supported (Li et al., 2024).

Evaluation Plan

Process Evaluation

- User engagement
- App usage rates



User Satisfaction

- Feedback and experience



Outcome Evaluation

- Reduction in anxiety and depression symptoms
- Improved coping skills

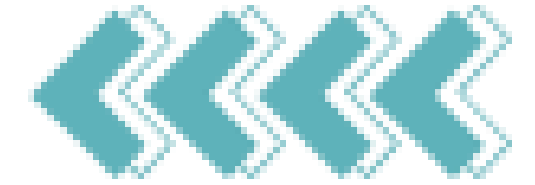


Conclusion

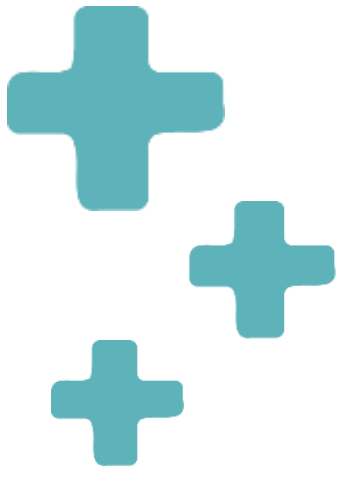
- The MindConnect project is going to satisfy the unmet mental health needs of university students, integrating AI technology with evidenced-based planning of the public health.
- The use of PRECEDE- PROCEED model offers a scientific and systematic design, implementation and evaluation of intervention.



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**THANK YOU FOR YOUR
ATTENTION**

Stakeholders for Implementation and Delivery of a Digital Mental Health App Intervention for University Students

▶ **University Administration and Institutional Leadership**

- ▶ Provide funding, governance, and policy support
- ▶ Enable integration into campus systems (e.g., student wellbeing services, learning platforms)
- ▶ Institutional backing is critical for adoption, scalability, and long-term sustainability (Lattie et al., 2019)

▶ **Mental Health Professionals (Psychologists, Counsellors)**

- ▶ Ensure clinical accuracy, safety, and ethical standards of the intervention
- ▶ Provide supervision and referral pathways for high-risk students
- ▶ Clinical involvement improves effectiveness and trust in digital mental health tools (Lattie et al., 2019)
- ▶ International/ First- generation Students (18---25 years
- ▶ International students are the major users of the App
- ▶ They provide feedbacks on the app's usability and critical for testing and improving the app
- ▶ **Student service and Wellbeing teams:** Counselling services, mental health advisors, and the disability support services.

Stakeholders for Implementation and Delivery of a Digital Mental Health App Intervention for University Students

► **Students (End Users)**

- Central to design, engagement, and ongoing use of the intervention
- Provide feedback to improve usability and relevance
- User engagement is essential for the success of digital mental health interventions (Negussie et al., 2021)
- International or First- generation Students (18---25 years) are the target group
- International students are the primary major users of the App

► **FUNDING AND COMMISSIONING STAKEHOLDERS**

- University funding bodies
- Government agencies
- **Charities and NGOs, such as the Mind and student Minds.** They ensure that student trust, funding, real- world implementation and clinical expertise interconnected.

Key Barriers to Implementation and Delivery

▶ **Mental Health Stigma and Low Engagement**

- ▶ Persistent stigma surrounding mental health discourages students from seeking help or using digital interventions
- ▶ Fear of judgment and lack of perceived need reduce app uptake and sustained engagement
- ▶ Stigma remains a major barrier to help-seeking among university students (Kathleen M. Griffiths et al., 2019)

▶ **Privacy and Data Security Concerns**

- ▶ Students may be reluctant to share sensitive mental health information due to fears of data breaches or misuse
- ▶ Lack of trust in how personal data is collected, stored, and used can limit adoption
- ▶ Privacy concerns significantly influence acceptance of digital mental health tools (Torous & Keshavan, 2020)

▶ **Technical challenges**

- ▶ Competing priorities within the institution
- ▶ Budget limitations
- ▶ App integration and security
- ▶ Cost effective of the development and updates of the app

Key Barriers to Implementation and Delivery

▶ **Limited Engagement and Adherence to Digital Intervention**

- ▶ High dropout rates and low sustained use are common in mental health apps
- ▶ Poor user experience, lack of personalization, and reduced motivation contribute to disengagement
- ▶ Engagement is a critical challenge in digital mental health implementation (Lattie et al., 2019)

Legal and Ethical Issues

▶ **Data Privacy and Confidentiality**

- ▶ Digital mental health apps collect sensitive personal and psychological data, requiring strict protection
- ▶ Risks include data breaches, unauthorised access, and misuse of information
- ▶ Compliance with regulations such as the General Data Protection Regulation (GDPR) is essential to ensure user confidentiality
- ▶ Privacy concerns significantly affect user trust and adoption (Torous & Keshavan, 2020)

▶ **Safety, Accuracy, and Duty of Care**

- ▶ AI chatbots may provide incorrect, inappropriate, or insufficient responses to users in distress
- ▶ There is an ethical obligation to ensure accuracy, include crisis-response protocols, and provide referral pathways to professional care
- ▶ Digital tools should complement—not replace—qualified mental health services
- ▶ Clinical oversight is necessary to ensure safe delivery (Lattie et al., 2019)

Legal and Ethical Issues

▶ **Informed Consent and Transparency**

- ▶ Users must be clearly informed about: How their data is collected, stored, and used
- ▶ The limitations of AI-based support
- ▶ Ethical practice requires transparency so that users are interacting with an AI system
- ▶ Informed consent is fundamental in digital health interventions (World Health Organization, 2021)

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AI-Powered Mental Health Support for University Students

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Module name: population health and digital health
promotion

Module code: LCHS7009

Introduction: Setting the Scene

Depression among university students is not a new condition, and foreign students are particularly vulnerable.



Benefit 1: 24/7 Immediate Support

- ▶ It takes an average of 18 months to get an NHS appointment.
- ▶ Students need to take exams on time.
- ▶ AI mental health apps can help them whenever they need it.



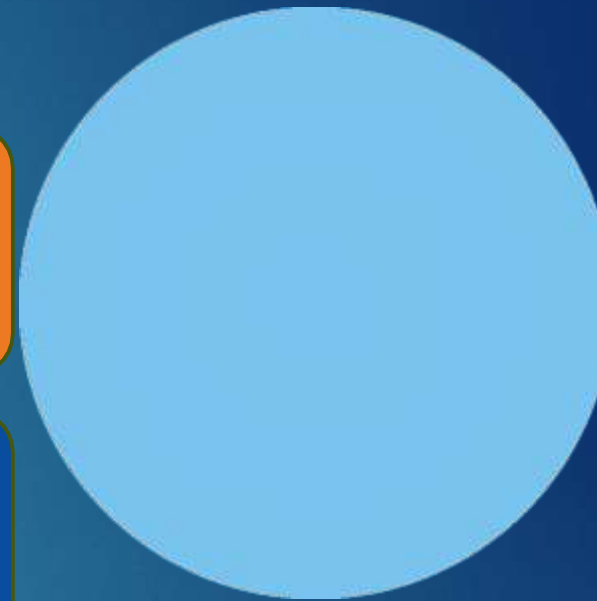
Benefit 2: Anonymous Help-Seeking

This app will be a silent companion for students who are uncomfortable openly addressing their problems, allowing them to communicate their concerns while keeping their names and identities private.

Collectivist Culture:
Fear of Family
Shame

Acculturation
Stress: Isolation in a
New Country

Anonymous
Support from AI
App: Safe Space to
Open Up



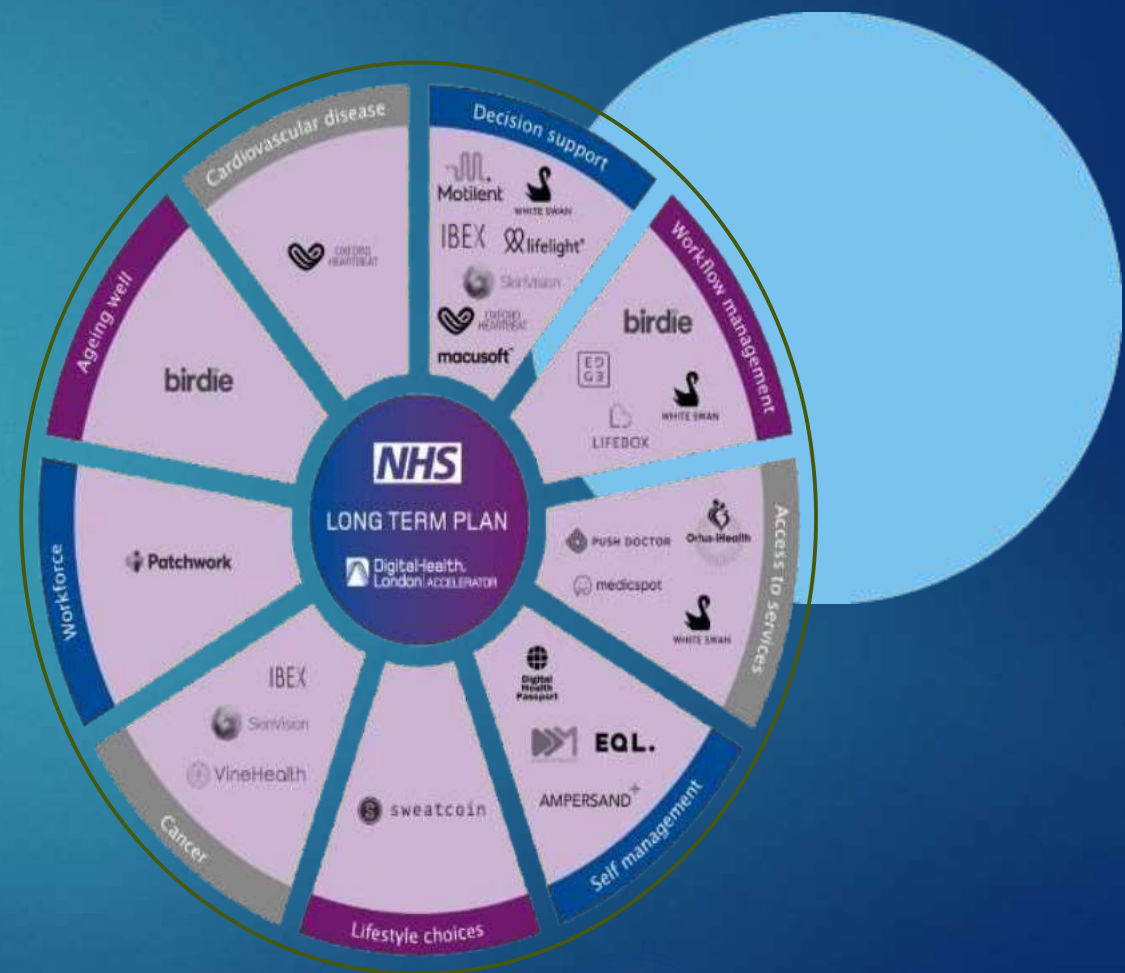
Benefit 3: Maximum Reach, Minimum Cost

	Traditional Therapist	AI Mental Health App
Patients per day	8 maximum	Unlimited
Availability	Office hours only	24/7
Cost	High	Low

There is a limit to how many patients a counsellor can see in a day. An AI mental health app can serve nearly all university students at a minimal cost at one time. Digital CBT is highly helpful for mild to moderate depression and anxiety.

Policy Implication: Aligned with National Strategy

In 2023, the NHS launched a long-term plan that set a target of supporting 2 million more people with mental health issues over the next 10 years. Our mental health app is fully aligned with this policy.



Research Implication: Filling the Evidence Gap

Current Gap

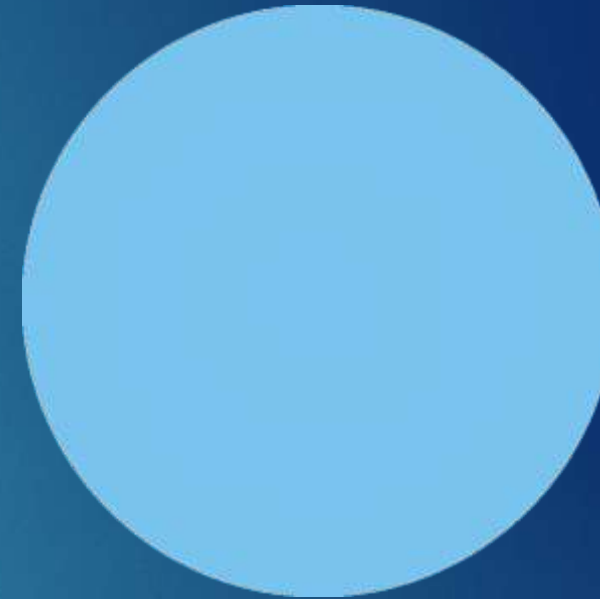
- No long-term RCT data on AI mental health apps
- No university-specific trials exist

Our Opportunity

- Rolling out this app enables robust RCT research
- 18-25 age group finally studied separately

•National Impact

- Data informs future policy decisions
- Evidence base strengthened for digital mental health



There is still a lack of extensive research on AI-based mental health apps. Our app can fill that research gap by applying the RCT method.

Education Implication: Smarter Universities



Conclusion: More Than an App

It provides
immediate
support

It reduces
stigma
greatly

*Students deserve
support — when
they need it, not
months later.*

It enable
universities to
conduict
research
seamlessly

It aligned with
NHS policy

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