

## Recognizing the University's Role in Mental Health Promotion

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**Abstract:** Introduction: Mental health is a state of wellbeing that enables individuals to cope and function with daily stressors; hence promoting mental health is an integral part of global public health that aims to maximize individual and societies to attain sustainable development goals. Aim of study: The current study aims to determine the level of universities' actual roles in promoting mental health and the modalities that universities undertake to promote mental health in Saudi Arabia. Materials and methods: This cross-sectional study conducted among eleven Saudi governmental universities, the sample stratified into three categories: employees, faculty members, and students. The study developed and validated a 30 items scale the University Mental Health Promotion Scale is the first scale of its kind in the Arab world designed to measure the level of universities' actual roles in promoting mental health. Results: The University Mental Health Promotion Scale's showed good validity and reliability with an internal consistency ranged between 0.543 and 0.761 and alpha Cronbach of 0.88. The findings indicate the level of universities' roles in promoting mental health is *medium* with a mean score (53.05) of (90) degrees. The five mental health promotion subscales showed that creating a supportive environment ranked as the highest (56%) factor promoted by universities, followed by developing personal skills with a relative weight of (51%). Conclusion: Universities are currently promoting mental health through mainly environmental changes; nevertheless, mental health policies, capacity building, and community coordination are yet to be attained. The findings from our study offer important insight to university educators and administrators about the role they can play in better supporting student wellbeing and preventing high rates of psychological distress. We argue that the process of promoting mental health will create a conducive environment and act on students' sense of inclusion and empowerment, and this is critical given that the goal of improving student mental well-being can only be achieved through effectively promoting mental health in universities.

**Keywords:** Mental health promotion, University Education, Ottawa Charter, Scale.

## دور الجامعات في تعزيز الصحة النفسية

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**المستخلص:** الصحة النفسية هي حالة من الرفاهية تمكن الأفراد من التأقلم والعمل مع الضغوطات اليومية، وبالتالي فإن تعزيز الصحة النفسية جزء لا يتجزأ من الصحة العامة العالمية التي تهدف إلى تعظيم قدرة الأفراد والمجتمعات لتحقيق أهداف التنمية المستدامة. أهداف الدراسة: تهدف الدراسة الحالية إلى تحديد مستوى الأدوار الفعلية للجامعات في تعزيز الصحة النفسية والطرق التي تتبعها الجامعات لتعزيز الصحة النفسية في المملكة العربية السعودية. المنهجية: أجريت هذه الدراسة على إحدى عشرة جامعة حكومية سعودية، وقسمت العينة إلى ثلاث فئات: الموظفون وأعضاء هيئة التدريس والطلاب. طورت الدراسة مقياس تعزيز الصحة النفسية بالجامعة يتكون من 30 عبارة ويعد أول مقياس عربي مصمم لقياس مستوى الأدوار الفعلية للجامعات في تعزيز الصحة النفسية. النتائج: أشارت النتائج إلى صدق وثبات المقياس، إذ تراوح الاتساق الداخلي لمقياس تعزيز الصحة النفسية للجامعات بين 0.543

و0.761 وألفا كرونباخ 0.88. كما أشارت النتائج إلى أن مستوى دور الجامعات في تعزيز الصحة النفسية متوسط بمتوسط درجات (48.05) من (90) درجة. أظهرت المقاييس الفرعية الخمسة لتعزيز الصحة النفسية أن تطوير بيئة داعمة للصحة النفسية احتل المرتبة الأعلى (56%)، يليه تطوير المهارات الشخصية بوزن نسبي (51%). الخلاصة: تعمل الجامعات حاليًا بشكل أساسي على تعزيز الصحة النفسية من خلال التغييرات البيئية للجامعات؛ ومع ذلك، فإن سياسات الصحة النفسية وبناء القدرات والتنسيق المجتمعي لم يتم تحقيقه بعد. تقدم النتائج التي توصلت إليها دراستنا لإدارة الجامعات حول الدور الذي يمكن أن تلعبه الجامعة في دعم رفاهية الطلاب بشكل أفضل ومنع المعدلات المرتفعة من الاضطرابات النفسية. إن عملية تعزيز الصحة النفسية ستوجد بيئة مؤاتية لدعم الطلاب نفسيًا وتعزيز قدرات التمكين والأداء.

الكلمات المفتاحية: تعزيز الصحة النفسية، التعليم الجامعي، ميثاق أوتاوا.

## Introduction.

Mental health is an essential and integral part of public health, enabling individuals to devote their abilities, adapt to various stressors, and gain a better understanding of their lives. Nevertheless, mental health disorders constitute a serious burden on societies. The World Health Organization indicated that about 400 million people worldwide of all ages suffer from depression, which may lead in the most severe cases to suicide (WHO, 2018).

Current treatments and the dominant model of mental health care do not adequately address the complex challenges of mental illness, which accounts for roughly one-third of adult disabilities globally (Zechmeister, 2008). Between 76-85% of people with mental disorders do not receive any treatment for their conditions in low- and - middle-income countries, such as those in the Middle East (WHO, 2018). Furthermore, mental health-seeking behavior is hindered by the social stigma that obscures the recognition of mental illness and confidence in the benefits of psychotherapy (Eltayeb, 2021). Mental health has not had the same public profile as physical health; this has contributed to the stigma associated with mental illness and its treatments. A large diversity in the stigmatizing beliefs, actions, and attitudes toward the treatment of mental illness within the Arab population was identified (Griffiths, 2014).

## Research Problem:

Mental health promotion has become a major requirement for the prevention of mental disorders and a guarantor that contributes to enhancing human capabilities (Barry, et.al., 2015 Lahtinen, 2005). Studies in the field of mental health have begun to suggest that strengthening mental health and primary prevention interventions can reduce the risk of mental disorders and enhance the protective factors needed for good mental and physical health, leading to long-term positive effects on a wide range of social and economic outcomes (Barry, 2015). In order to achieve a global improvement in mental health status, the World Health Organization has developed an action plan focusing on promoting mental health from 2013-2020 and prompted many ministries of health at the global level including the Arab world to promote mental health. The mental health promotion plan included four main goals (1) to enhance the effectiveness of leadership and management of affairs in the field of mental health; (2) to provide mental

health services and comprehensive integrated social care services in societal environments; (3) to implement mental health promotion and prevention of mental disorders, and (4) to strengthen information systems, collect evidence, and conduct research (WHO, 2018).

Furthermore, academic life is characterized by intense pressure and competitiveness in addition to a wide range of risk behaviors among students (Almutairi, 2018). Conversely, universities are key players in reshaping awareness and changing behavior through student activities and other extra-curricular activities (Marullo, 2000). Thus, one can indicate that universities have three roles academic, research, and community service, which can be essential factors in the process of promoting mental health in terms of correcting concepts, forming awareness, changing behavior, spreading awareness, educating the local community, and enriching knowledge accumulation in mental health promotion. As such university dentsstu are a vibrant and essential tool in society that can, through their energies and unlimited possibilities give back and build their communities when equipped with the knowledge and the skills that help them mature and perform within a university institution that provides a nurturing environment where mental health is part and parcel of its role in society.

The current study aims to:

1. Determine the level of Saudi universities' actual roles in promoting mental health,
2. Identify the Ottawa Charter for Health Promotion indicators adopted by universities

## **Theoretical framework.**

### **The role of universities in promoting mental health**

Universities aspire to play important roles, not only at the academic and research levels but also as they influence society. Hence, the importance of higher education lies in its outputs; the number of degree holders, the quality of scientific research, and the competency of human capital, which serves to improve the quality of life and community development. According to the three previously mentioned university roles and the five Ottawa Charter indicators, the role of universities in promoting mental health can be determined as follows.

#### **1. Building health promotion policy:**

The role of universities in building mental health promotion policy requires a combination of different integrated approaches including enacting laws, allocating budgets, and creating organizational and financial changes that contribute to services and ensure the quality of health services within the university (Eisenberg, 2007). This process identifies obstacles that can otherwise hinder the adoption of mental health promotion policies, find strategic modalities to remove challenges, invite non-health sectors to contribute to the mental health promotion policy, and make the healthier choice the easier choice for

policymakers to adopt. These combined coordinated steps may lead a university to build a policy that promotes mental health.

## **2. Creating supportive environments:**

The principle of promoting public mental health depends primarily on recognizing the relationship between people and their societies. Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitute the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment (Jané-Llopis & Barry, 2005). The role of universities in creating supportive environments effort must include raising awareness that supports mental health, by encouraging interest (research, programs, community service, training, and conferences) in preserving natural resources, preserving the environment, developing social responsibility, helping others, investing in work and leisure time, while promoting mental health.

## **3. Strengthening community action:**

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies, and implementing them to achieve better health. At the heart of this process, the empowerment of communities, their ownership, and control of their endeavors and destinies (Jorm, 2012). The role of universities in strengthening community action and development draws on existing human and material resources in the university community to enhance self-help, social support, and to develop flexible systems for strengthening university students, staff, faculty participation and direction of mental health matters. This requires full and continuous access to information, learning opportunities for mental health, as well as funding support.

## **4. Developing personal skills:**

The role of universities in developing personal skills means activating research, academic programs, community service, training, and specialized conferences that aim to develop mental health education, improve life skills, and make available university resources that contribute to the development of mental health (Lahtinen, 2005). This role of universities is aimed at not only promoting the mental health of the university community, but also meeting the primary goal of promoting mental health, which is the continuous improvement of conditions related to mental health for all residents, with special emphasis on the needs of the most marginalized or excluded members of society.

## 5. Reorienting mental health services:

The role of universities in reorienting mental health promotion and services is to build a health services corporation that contributes to the principle that people's health is not just the result of addressing specific mental health needs, curative and medical services, and student counseling, nor providing primary health insurance, but also the result of presenting broader social determinants, such as adopt a cultural orientation that supports extra-curricular activities, and student societies. This reorienting principle requires stronger attention to health research, refocusing on professional education and training, changes of attitude, and reorganizing of health services, taking the totality of individual needs into perspective.

This study endeavors to add to the body of knowledge by highlighting the importance of promoting mental health within academic institutions and considering the contributory role that universities play in raising awareness of mental health promotion, the availability of resources obtained to promote mental health within universities, to determine the level of universities' actual modalities undertake to promote mental health, and to address the gap regarding the adoption of the Ottawa Charter for Health Promotion indicators in eleven Saudi governmental universities

## Methodology.

**Design and population:** This cross-sectional quantitative study conducted in 2019. The study targeted a total of 29 governmental universities in the Kingdom of Saudi Arabia, eleven universities were selected randomly as a representative sample. The study population consisted of 641 participants stratified into three categories: employees, faculty members, and students.

**Material:** The University Mental Health Promotion Scale is the first Arabic scale designed to measure the level of universities' actual roles in promoting mental health and the modalities that universities undertake to promote mental health. This scale considered internationally accredited practical indicators for mental-health promotion strategies (WHO, 2005) that may determine universities' indicators in promoting mental health. Further, the 30-item scale was designed based on the operationalization of the five Ottawa Charter indicators for health promotion (Charter, 1986). The responses were recorded on a 4-point Likert scale; Agree completely (3), Agree (2), To some extent (1), and Disagree (0). The scoring was based on:

- The high score between 90-68: The university plays its role in promoting mental health in the five sub-scales; Moderate score between 67-45: The University plays its role in promoting mental health, yet there is a failure in at least two of the five sub-scales; Low score below 44: The University plays its role in promoting mental health, yet there is a failure in at least three of the five sub-scales.

Statements	Sub-scales
Building health public policy	1-6

Statements	Sub-scales
Developing supportive environments	7-12
Strengthening community action	13-18
Developing personal skills	19-24
Reorienting mental health services	25-30

Procedure: Universities were invited to participate in the study and an electronic link to the scale was distributed to the targeted participants.

### Statistical Methods:

Firstly, descriptive analyses of the participants was reported with frequency, percentage, means and standard deviation. Secondly, to evaluate the validity and identify the internal consistency of the scale, a Pearson correlation coefficient was used. And to ensure the reliability of the scales an Alpha Cronbach was used. Thirdly, to identify the level of mental health promotion indicators (based on the five Ottawa Charter indicators) a one-sample T-test was used.

### Results.

#### Psychometric Properties of the scale:

The internal consistency of the scale indicated by the correlation coefficient  $r$  between the items shows that the overall degree is statistically significant at the level of (0.01) and that the correlation coefficients ranged between 0.543 and 0.761. The reliability of the scale has been verified in two ways. Alpha-Cronbach and the half-split method using the Spearman-Brown test the values of Alpha-Cronbach ranged between (0.690-0.888), whereas the values of its half-partition stability factor ranged between (0.628- 0.775).

In terms of demographics, women represented 65.6% of the sample, while men were 34.4%, as shown in table (1). University students were the majority of the current sample size (62.4%), followed by academic faculty (21.7%), while the lowest representation was university staff representing (15.8%).

**Table (1) The demographic characteristic of the study sample**

		N	%
Gender	Male	220	34.4
	Female	419	65.6
Position in the university	Faculty member	139	21.7
	Staff	101	15.8
	Students	399	62.4
Total		639	100

Regarding the study aims to identify the level of Saudi universities' actual roles in promoting mental health, the results in table 2 showed that the overall level of universities role in promoting mental health is medium (n=339) 53%. This signifies that there is a failure in at least two of the five sub-scales as per the Ottawa Charter indicators for health promotion (Charter, 1986).

More specifically, the mental health promotion five subscales indicates that the subscale of creating a supportive environment ranked at the top with a relative weight of (56.17%), followed by the personal skills development sub-scale, with a relative weight of (51.78%), then strengthening community work ranked third (50.50%). This was followed by building healthy public policy which ranked fourth (46.39%), and finally reorienting mental health services ranked fifth with a relative weight of (39.83%) (Table 3).

**Table (2) the Level of Mental Health Promotion Efforts by Universities**

Level	N	%
High	89	%13.93
Medium	339	53.05%
Low	211	33.02%
Total	639	%100

**Table (3) Mental Health Promotion Indicators Ranking**

	Rank	%	standard deviation	Mean
Create supportive environments	1	%56.17	4.73	10.11
Personal skills development	2	%51.78	4.66	9.32
Strengthening community work	3	%50.50	4.79	9.09
Mental health public policies	4	%46.39	4.81	8.35
Redirect mental health services	5	%39.83	4.89	7.17

To determine the level of mental health promotion as measured by the five indicators by which the universities' roles are identified. A one-sample t-test was applied to identify the difference between the actual mean and the hypothetical.

The results (Table 4) indicated there was a significant difference in the role of building healthy public policy (M= 0.64, SD 4.81)  $t(3.386)$ ,  $p=0.001$ . The difference was in favor of the hypothetical mean, which indicates a low level of universities in applying policies that promote mental health.

A t-test result (M= 1.11, SD 4.73)  $t(9.442)$ ,  $p=0.000$  indicated that the role of that universities does play a role in developing supportive environments in promoting mental health (Table 4).

No significant differences were identified in strengthening community action to promote mental health when a one-sample t-test was used to determine the differences in the role played by universities in strengthening community action ( $M= 0.09$ ,  $SD 4.79$ )  $t (.442)$ ,  $p=0.620$  (Table 4).

In terms of the role of universities in reorienting mental health promotion and services, a one-sample test shows no significant difference ( $M= 1.72$ ,  $SD 3.18$ )  $t (1.724)$ ,  $p=0.085$  (Table 4).

The results indicated a significant difference ( $M= 1.83$ ,  $SD 4.89$ )  $t (9.442)$ ,  $p=0.00$  in the level of developing personal skills that universities undertake in promoting mental health. The difference was in favor of the hypothetical mean score as the actual mean score which indicates that the level of personal skills redevelopment is less than the hypothetical mean score which indicates the low level of personal skills development carried out by universities in promoting mental health (Table 4).

**Table (4) One-Sample T-Test difference in implementation in promoting mental health**

The Five Mental Health Promotion Indicators	M	SD	t	p
Building healthy public policy	0.645	4.81	3.386	0.001
Developing supportive environments	1.11	4.73	5.938	0.000
strengthening community action	0.094	4.79	0.496	0.620
reorientation of health services	1.724	0.318	1.724	0.085
Personal skills development	1.83	4.89	9.442	0.000

## Discussion.

The current study conducted in Saudi Arabia in eleven governmental universities with 641 faculty members, staff, and students to measure the role of their universities in promoting mental health.

Saudi universities have given much emphasis on promoting the physical environment of their campuses with the state of the art architecture of their buildings, university cities, and the availability of health services that support interaction among the university staff. This indicated by the results that show that most efforts exerted have focused on the indicator of supporting the availing a counseling office and developing personal skills. However, there were shortcomings in the other three main indicators, namely developing a university-based mental health policy, strengthening community work, and reorientation of mental health services.

Nevertheless, this moderate level of the role played by universities in promoting mental health on its own did not contribute to promoting mental health; this is due mainly to weakness in the policies that guide the usability of services and avail resources for mental health promotion. Health promotion researchers and practitioners have emphasized that changing policies, as well as the environments where people live, work, and play, are essential for improving population health and reducing health disparities. The main aim of mental health policies is to be an effective means of improving access to health care in



addition to promoting and protecting the rights of patients with mental disorders on university campuses. When health-related policies and environments are created or improved, university educators can apply their training in community organization and health communication to ensure that policy and university environmental resources are publicized to understood by policymakers and the public. Students can collect and disseminate information about mental health promotion in their communities, for instance, the procedures of admitting and accepting students with a mental disorder. Public health researchers can also assess the extent to which policies are enforced and environmental changes are maintained, and evaluate the effect of both on health outcomes (Chaloupka, Straif, & Leon, 2011).

It is important to realize that a mental health policy does not guarantee full and spontaneous support for promoting mental health in universities, but the policy is similar to laws that raise awareness gradually.

The policy has a positive impact on promoting mental health by fostering the goals and practices of promoting mental health. Moreover, the Mental Health Act or other legal mechanisms assist in imposing a wide range of obligations to improve the necessary means of having mental health care and treatment these acts can expand the legal protection articles for university staff with a mental disorder (Jorm, 2012). It can therefore be argued that the previous results indicated the importance of adopting a policy for promoting mental health in universities through various integrated directions including enacting effective regulations to promote health, allocating budgets, and making organizational changes that related directly to case identification, treatment services and referral services. As a result, all of these combined and integrated steps may lead to a university policy that promotes mental health.

The term supportive environment is used by universities to ensure that the process of allocating and implementing the policy ought to focus on all of the determinants of health and not only focus on those of the health sector. From this perspective, preparing, and keeping the appropriate environment must meet the needs of students and those with disabilities, and the most vulnerable groups within a university. One of the most crucial steps toward creating a supportive judicious mental health service that will navigate issues of stigma, to all who need them, in an equitable way, in a mode that promotes human rights and health outcomes, thus, it is vital that mental health services within universities abide by strict ethical guidelines and are accessible for all (Mannan and Eltayeb, 2013).

Developing personal skills indicators related to the training process and developing abilities of university personnel to deal with mental health problems, anxiety and enhance psychological resilience. Supporting personal skills also includes coping skills and problem-solving skills (Bilgin, 2015). Since the structure of most Saudi universities contains agencies for training and ongoing education. Furthermore, the Saudi Arabia ministry of education has strict quality guidelines and programmatic accreditation bodies that in cooperating with personal development indicators as part of quality assurances. Mainstreaming mental health promotion with universities adds a new dimension to the issue of monitoring education

quality and student satisfaction with higher education. This issue echoes the relationship between such components as cognitive motivation, personal development, and student satisfaction with higher education. Besides, it is essential to focus on defining the quality of education with the emphasis on mental health promotion as a key priority of the development of an educational institution as the system that meets customers' needs (Razinkina, 2018).

The process of enhancing community service through the contribution of the university staff (academic staff, employees, and students) and raising their awareness by taking practical steps to participate in activating mental health promotion including social support, increasing community participation, and developing flexible systems to serve and promote mental health. Universities can support the process of establishing and supporting such community-based societies through university-based community- mental health programs.

The process of sharing responsibility for promoting mental health services among individuals, community groups, health professionals, health services institutions, and governments must be participatory so that they work together to have health care policy that contributes to promoting public health in general and mental health in particular (Baik, 2019).

Reorienting health services as indicated by the results above revealed that the role of universities is low. The health sector must work hard to promote mental health through activating the role of universities as key players in service provision as well as ensuring an open referral pathway between universities and health sectors. Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person (Eriksson, 2008). The growing prevalence and severity of mental health difficulties across university student populations is a critical issue for universities and their wider communities. Yet, little is done about student perspectives on mental health promotion in university environments and the steps that universities could take to better support student mental wellbeing.

## **Conclusions and Recommendations.**

Mental health has been posited as one of the most neglected yet critical development issues in the realization of the millennium development goals. The movement for global mental health has recently emerged in response to the call for action for the scaling up of coverage of services for mental disorders globally. The movement aims to improve the availability, accessibility, and quality of services for people with mental disorders worldwide, but particularly in low- and middle-income countries where effective services are frequently scarce, through the scaling up of services based on scientific evidence and human rights (Manan et. al., 2013).

The findings from our study offer important insight to university educators and administrators about the role they can play in better supporting student wellbeing and preventing high rates of psychological distress. We argue that the process of promoting mental will create a conducive environment and act on students' sense of inclusion and empowerment, and this is critical given that the goal of improving student mental well-being can only be achieved through effectively promoting mental health in universities. Regulations to ensure zero tolerance for behavior that endangers mental health such as bullying, sexual harassment, drugs, etc.

As well as allocating specific budgets and making regular changes related to promoting mental and activating smart partnerships between civil society institutions

The current study has focused on educational institutions as major contributors to forming an awareness and changing behavior, especially at the higher education university levels, due to the large size of the youth segment, the diversity of its characteristics, and the diversity of educational and non-educational functions.

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