Mental Health of Czech University Psychology Students

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High rates of mental health problems are a growing concern in Czech higher education, negatively impacting students' performance and wellbeing. Despite the serious nature of poor mental health, students often do not seek help because of negative attitudes and shame over mental health problems.

self-compassion   Czech university students   mental health

1. Introduction

Mental health is high on the national agenda in the Czech Republic. The social and economic transformations that followed the collapse of the socialistic regime took a toll on the mental health of the people of Central and Eastern Europe that persists to this day [1][2][3]. In the Czech Republic, one in five adults are diagnosed with a mental health illness [4]. Alcohol dependence is almost twice as high as in the rest of Europe [5]. The highest prevalence rates of alcohol dependence (16.64%), as well as mood (7.96%) and anxiety disorders (5.42%), have been found in young people aged 18 to 29 years old, predominantly undergraduate university students [4]. The consequences of poor mental health in university students are higher dropout rates and lower academic achievement [6], which is partially mirrored in lower tertiary qualification attainment (i.e., college, university, and vocational courses) in the Czech Republic [7]. Furthermore, Bobak et al. [8] found a high prevalence of depression among a Czech Republic adult sample and were able to establish an inverse relationship between psychological wellbeing and acquired education: well-educated adults in the Czech Republic tended to have poor psychological wellbeing. This trend is present consistently among Eastern European university students [9]. While the government has recently started reforming mental health care, underfinancing and insufficient legislation [10] are still contributing to the substantial treatment gap in the Czech Republic where 83% of people with a mental disorder need care but have not received it [11][12].

Furthermore, mental health illness and its diagnosis in the historical Soviet discourse has mainly served as an instrument of oppression, and led to inhumane and amoral treatment. These conditions resulted in a stigmatization of psychiatry [1] that continues to foster negative attitudes towards the discipline of mental health at large [13]. As attitudes and beliefs about mental health are formed and maintained through cultural knowledge and perceptions, which are often based largely on historical narratives [14], the higher prevalence of mental health stigma in former socialist societies not only poses an additional barrier to close the treatment gap in the Czech Republic [13][15], but can potentially worsen overall mental health in the region [16].

The detrimental effects of negative mental health attitudes (i.e., believing that having a mental health problem indicates that the person is weak and inadequate) are well known. Research suggests that such attitudes impact negatively on self-esteem [17][18], self-efficacy [19], and physical health [20], and that they are a significant obstacle to treating mental health. These socio-cognitive barriers are among the leading obstacles for help-seeking behaviours, followed by mental health knowledge and awareness [21][22][23][24][25][26]. While studies have shown that mental health literacy is associated with more positive attitudes towards mental health [27], only 1% of Czech medical students are genuinely interested in pursuing careers in psychiatry [28]. The extent to which negative mental health attitudes and shame in post-Soviet societies, such as the Czech Republic, affect treatment seeking, has not yet been explored in detail.

2. Negative Mental Health Attitudes and Shame

It is well established that negative attitudes about mental health can lead to internalisation potentially manifesting in a sense of shame [29][30][31][32][33]. The emotional state of shame is complex and arises when individuals feel that they fall short of internalised socially constructed standards [32][34][35][36]. Shame involves negative self-evaluations and concerns about the judgements of others, and feelings of regret about one's identity [37][38]. As a marker of psychopathology, shame has been linked to depression [39], anxiety [40], and eating disorders [41]. "Mental health shame" ([42], p. 136)—feeling ashamed for having a mental health problem—is linked in university students to poorer mental health [43] and is especially prominent in students who prepare to enter demanding careers such as business management [44] and health care [45]. Doblytė [13] qualitatively explored feelings of shame regarding mental health problems in an adult Czech sample and observed that shame was a dominant theme for delayed treatment seeking and the adoption of destructive coping strategies to prevent stigmatisation. Though psychopathology is affecting predominately young adults in the Czech Republic [11] and the stigma surrounding mental health in the country remains pervasive [15], the relationship between negative attitudes, mental health shame, and mental health problems has not yet been quantitatively examined in Czech undergraduate students.

3. Self-Compassion

Research that focused on mental health improvement and shame reduction has consistently identified self-compassion as a protective factor [31][46][47][48][49][50]. Rooted in the tradition of Buddhism [51], self-compassion is related to practicing kindness towards oneself when facing adversity, acknowledging that struggling and suffering is a shared human condition, and becoming mindful and aware of one's painful thoughts [52]. Self-compassion has been linked to lower rates of depression, anxiety, and stress [52][53][54][55], as well as reduced social comparison [56] and self-criticism [31][47][57][58]. It has also been beneficially linked to life satisfaction, happiness, optimism, and overall wellbeing and better mental health [53][54][57]. Some have investigated the moderating role self-compassion plays in psychopathological symptoms such as rumination and stress [59], and self-criticism and depression [57]. However, the mediating role of self-compassion in the relationship between shame and mental health problems have largely only been explored in the context of eating disorders (e.g., refs. [58][60]). Self-compassion has begun to attract attention in the Czech Republic [61]. Montero-Marin et al. [62] suggested that this may be because practicing

self-compassion is influenced by cultural values. Most notably, self-compassion is suggested to be inversely related to indulgence and restraint, as outlined by Hofstede's [63] Cultural Dimensions Theory. Like many other Eastern European countries, the Czech culture scores comparably lower in the indulgence domain than other Western societies such as Germany, the United Kingdom, and the United States [64]. Restraint and control of impulses and desires is a governing cultural value in the Czech Republic [63]. Therefore, self-compassion might not be a common trait or known skill in Czech culture and thus is a meaningful area to explore to support the national mental health agenda goals of improving the quality of life of people with mental illnesses and widening access to treatment [10].

4. Mental Health and Emotion Regulation

Disorders of distress such as anxiety and depression have been widely linked to emotional dysregulation [65] and often lead to maladaptive coping behaviours such as substance [66][67] and alcohol abuse [68]. Neurophysiological research suggests that there are three main emotion regulation systems [69], namely the threat, drive, and soothing systems [70]. The threat system functions as an alarm apparatus that elicits feelings of anxiety and anger, resulting in protection-seeking behaviours [70]. The drive system is goal oriented and triggers behaviours that bring pleasure [69]. The soothing system focuses on safety, and reduces distress through nurturing and affection [70]. According to Gilbert [71], taken together these emotion regulation systems, if balanced, form the foundation of mental wellbeing, but cause distress and psychopathology if unbalanced. The societal values of restraint and impulse control in Czech culture [64] could lead to imbalances in some individuals, with greater activation of the threat system, and diminished activation of the soothing system [62]. This in turn could explain lower engagement in self-compassionate behaviours. High activation of the threat system could further explain the high prevalence in mental health illness in the Czech Republic. Accordingly, researchers theorise that Czech individuals might predominantly operate on the threat system, which could be a plausible explanation for the high prevalence of mental health problems in the country. Therefore, if shame and negative attitudes towards mental health are anchored in the threat system then self-compassion as a soothing mechanism should be able to mediate the negative effects of the overstimulated threat system on mental health.

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