

A STUDY OF UNIVERSITY STUDENTS' MENTAL HEALTH AND THEIR ACCESS TO MENTAL HEALTH SERVICES

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1. PREREQUISITE OF THE STUDY

In 2021 UNICEF established a new partnership with seven state universities by facilitating capacity development sessions on child rights and inclusive education with university professors. This partnership resulted in incorporating educational resources into the syllabi of various subject areas of teacher pre-education programmes (BA, MA level, as well as a 60-credit teacher training programme) to better inform and equip future teachers to implement child-focused programming and to address issues concerning the rights and inclusion of children. Child Rights Centres (CRCs) were established in seven state universities (Akaki Tsereteli State University, Shota Rustaveli Batumi State University, Iakob Gogebashvili Telavi State University, Samtskhe-Javakheti State University (Akhaltsikhe and Akhalkalaki branches), Shota Meskhia State Teaching University of Zugdidi, Sukhumi State University, Gori State Teaching University) thus contributing to moving the child rights agenda forward in academia and empowering communities. The centres serve as the resource hubs and raise awareness on child rights among different specialists, schools, civil society organizations, academia, parents, and children.

In 2022 UNICEF continued partnership with seven state universities and the CRCs to support them in diversifying centralized teacher training system by introducing a new role of universities in training, supervising, and coaching existing preschool and general education teachers in their respective municipalities. So far, 25 university professors/lecturers have been trained who in turn, delivered the same training/coaching sessions to 315 teachers of 105 public schools. After the training, teachers started putting the knowledge gained from training into practice by providing peer-to-peer education for their colleagues and implementing various activities for students/parents.

Moreover, UNICEF, in partnership with Kutaisi, Batumi and Samtskhe-Javakheti State Universities, hosted three international conferences on incorporating child rights into university education programmes and curricula. In 2022, the three-day conference in Samtskhe-Javakheti State University brought together professors, students, Government officials, international child rights experts, diplomats, as well as international and civil society organizations to discuss child rights.

UNICEF, in partnership with seven state universities and the CRCs, initiated the research on mental health among university students to gain in-depth understanding of students' mental health needs and their access to the respective services as one of the fundamental child rights. In total 2995 students participated in the research using global quantitative instrument and 21 in-depth interviews were conducted. In addition, the students increased their capacity in conducting the qualitative research, including selection of sample size, data entry, etc. The collected data has been analyzed through human rights lens. The research findings and recommendations will be presented in Georgia parliaments in partnership with Parliament Committee on Sport and Youth Affairs in early 2023.

2. RESEARCH METHODOLOGY

2.1. THE AIM OF RESEARCH

The aim of research was to study the level of awareness of 18-24-year-old young people on mental health, their mental health needs and access to mental health services, based on 7 universities in Georgia.

2.2. RESEARCH METHODOLOGY

The research was conducted using qualitative and quantitative research methods.

Within the frames of the qualitative research, the following respondents were interviewed using the technique of in-depth interviews: people involved in the development of mental health legislative policy, health care representatives of the local government of 7 municipalities of the regions, and specialists of the clinics providing the service (Table #1).

Quantitative research was conducted using a face-to-face interview technique, via a self-administered structured interview. The target population of the quantitative research was 18-24-year-old students from 7 universities, the population size was 18 490 students.

Table 1. Participants of in-depth interviews

1	National Center for Disease Control and Public Health, Head of the Department of Non-Communicable Diseases
2	Chairman of the Board of the Mental Health Association of Georgia
3	Deputy General Director of the Center for Mental Health and Prevention of Addiction, in the direction of narcology
4	Health care Department of Batumi City Hall
5	Chairman of the Health and Social Affairs Commission of the Batumi Municipality Assembly
6	Synergy Batumi, psychologist-consultant
7	Head of the Department of Public Health and Social Affairs of Kutaisi City Hall
8	Chairman of the Health and Social Affairs Commission of the Kutaisi Municipality Assembly
9	Kutaisi psychiatric clinic, psychologist
10	Head of the Department of Public Health and Social Affairs of Zugdidi Municipality
11	Head of the health care Department of Zugdidi Municipality
12	Head of Public Health and Social Affairs Department of Akhaltsikhe Municipality
13	The Camillians Rehabilitation Center for Children and Adolescents of Akhaltsikhe, psychologist
14	Psychiatrist of Samtskhe-Javakheti Mental Health Community Center
15	“Together for Real Change”, psychologist

16	Local administration of Gori, psychologist-consultant
17	Mental health mobile group of Shida Kartli, social worker
18	Gori Mental Health Center, psychiatrist
19	Head of healthcare department of Telavi Municipality
20	Telavi State Care Agency, Head of Domestic Violence and Trafficking Department
21	LLC “Telavi Psycho-neurological Dispensary”

2.3. SAMPLING DESIGN FOR QUANTITATIVE RESEARCH

The target population for quantitative research were 18-24 year-old students from 7 universities of Georgia

Table 2. Total number of students, research population, sample size, by universities, number of filled-out questionnaires

		Total number of students	18 – 24-year-old students	Sample size	Number of filled-out questionnaires		
					Total	Female	Male
1	Telavi State University	1680	1169	200	200	94	106
2	Kutaisi Akaki Tsereteli State University	7331	6087	800	784	482	302
3	Sokhumi State University	3200	2500	400	419	299	120
4	Batumi Shota Rustaveli State University	6471	5609	800	825	572	253
5	Shota Meskhia State Teaching University in Zugdidi	970	649	200	199	128	71
6	Gori State University	2000	1156	300	272	170	101
7	Samtskhe-Javakheti State University	1327	1320	300	296	146	150
	Total number of students	22979	18490	3000	2995	1891	1103

In order to select the participants of the study, stratified sampling was used directly in the universities with a proportional distribution of the stratum size, in order for the data collected within the frames of the study to be generalizable to the study population. The strata were education level (Bachelor's degree, Master's degree), course, age and sex.

To determine the proportions of each stratum, the information provided by the universities involved in the study was used (study level, study faculty and/or program, sex, date of birth of each student). Non-resident students of Georgia did not participate in the research.

2.4. RESEARCH INSTRUMENT

Within the frames of the research were used qualitative and quantitative research instruments developed by "ANOVA", in agreement with the client.

In-depth interview guidelines were used in the qualitative study, which covered the following topics: mental health needs and challenges of the young people aged 18 to 24 years; mental health policy and legislative framework; Availability and accessibility of mental health services.

In quantitative research a structured self-administered questionnaire was used, which consisted of the following sections: I. Students' knowledge about mental health issues, II. Information sources on mental health issues, III. Existing knowledge about mental health services and barriers to receiving services, IV. Mental health stereotypes and stigmas, V. Mental health of young people, VI. Functional limitations of young people, VII. Mental health and connectedness of young people, VIII. Suicidal thoughts and behaviors.

To assess the level of knowledge/awareness of young people regarding mental health, an international instrument was used - Mental Health Knowledge Questionnaire (MHKQ). To measure the mental health of young people, a global, adapted tool "Measuring Mental Health among Adolescents and Young people at the Population Level" (MMAP) developed by UNICEF was used, through which standardized data were collected on functional limitations, suicidal ideation and attempt caused by anxiety and depression, the state of mental health among youth and psychosocial assistance. It is noteworthy that the study does not allow for a clinical diagnosis of depression or anxiety and only shows the trends. Each instrument was processed based on specific instructions (see Data Processing subchapter).

2.5. FIELD WORK AND THE PROCEDURE OF COLLECTING DATA

Field work for quantitative research was carried out in the universities participating in the study. The fieldwork was conducted from 17.11.2022 to 12.12.2022.

To manage the fieldwork, each university allocated a research assistant (or a group of assistants) who was responsible for both data collection procedures and data entry. The university provided detailed instructions about data collection and entry procedures to the individuals involved in the study. The persons responsible for data collection were also explained the principles of questionnaire administration - the importance of giving instruction for the questions, skip logic, open and closed answers, etc. This information was also provided to the students before filling out the questionnaire. During fieldwork, students completed a pre-printed self-administered questionnaire. For students, participation in the study was voluntary and confidentiality was guaranteed. Students filled out the questionnaire in a private space, without the presence of other people. Before administering the questionnaire, the aim of the study, the topic, and information about the parties involved in the study were explained to the students.

2.6. DATA ENTRY AND QUALITY CONTROL

The data were entered into an MS Excel file prepared in advance by ANOVA. Data entry was carried out by research assistants at each university who were trained by ANOVA in data entry. At the training, methods of entering different types of questions into the data entry file, instructions for administering questionnaires with unanswered or incorrect answers, etc. were discussed.

2.6. DATA PROCESSING AND ANALYSIS

The data were processed by the research company “ANOVA”, using the statistical program SPSS and MS Excel.

In the first stage of data processing, questionnaires were transferred to SPSS and labels were placed on them, the Outliers were checked, as well as the correctness of skip logic, coding of open answers, etc. In the next stage of data processing, the data was weighted. The purpose of the weighting was to bring the collected data as close as possible to the current indicators of the university (among students aged 18 to 24 years) and, in total, for the representativeness of the unified results for 7 universities. 2 types of weights were used at the weighting stage: 1) specific university weights were used to analyze information at the university level and 2) in total, weights compiled from the total number of students aged 18 to 24 years, by 7 universities.

Post-stratification was used in the weighting process. In total, weighting based on all universities was carried out according to 3 parameters - university, age, sex, and the share of 18-24-year-old students of each university was included in the total number of 18-24-year-old students. For each university, only age and sex were used for weights.

Processing of PHQ-9 and GAD-7 instruments - as a result of appropriate calculations¹, the levels of depression in the surveyed population were identified based on the PHQ-9 questionnaire, and the anxiety levels in the research population were determined according to the GAD-7. Based on international practice, it is considered that 10 or more so-called cut point scores for both of these metrics indicate possible significant clinical changes, therefore, within the frames of the study, students who scored 10 points or higher on the PHQ-9 and GAD-7 questions are considered as having moderate to severe anxiety or depression, while students with scores of 0-9 have low rates of anxiety or depression or no symptoms at all.

The Mental Health Knowledge Questionnaire² (MHKQ) was developed by the Ministry of Health of China in 2009 to measure and evaluate the level of public knowledge and awareness of mental health. The question block contains 20 self-administered questions that the respondent must rate using True/False answers. During data processing, statements 1, 3, 5, 7, 8, 11, 12, 15 and 16, with answer "true" must be assigned a value of "1", "false" must be assigned a value of "0", and conversely, the statements 2, 4, 6, 9, 10, 13, and 14, with answer "false" must be assigned the value "1" and "true" must be assigned the value "0". Statements 17–20 refer to the days of raising mental health awareness, a “yes” answer to these questions must be assigned a value of 1. The total score must be - 0 – 20, the higher the total score, the higher the level of awareness about mental health issues.

During data processing the following types of analysis were used: descriptive analysis (frequency analysis, cross-tabulations) and comparative analysis according to different parameters - according to university/region and sex.

¹ Detailed Instructions for data processing and interpretation are provided on the following web page: <https://www.phqscreeners.com/select-screener>
² <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1949-7>

3. MAIN FINDINGS

3.1. MENTAL HEALTH OF YOUNG PEOPLE IN GEORGIA

- According to the main informants of the study, similar to the rest of the world, young people aged 18 to 24 years in Georgia are one of the most vulnerable groups in terms of mental health.
- The majority of students themselves believe that mental health among their peers in Georgia is an important problem (89%), among them 68% thinks that it is a very important problem. Two-thirds of students report that they know at least one peer who they believe needs the help of a mental health professional (62%).
- According to mental health specialists, young people reach out to mental health specialists most often with complaints about depression, anxiety disorders or panic attacks. Addiction to psychotropic substances and mental problems caused by them - paranoia, hallucinations, sleep disorders, etc. - are important problems among young people.
- According to the study, in total, 15% of surveyed university students aged 18 to 24 years, experience symptoms of moderate anxiety, and 9% experience severe anxiety symptoms (moderate anxiety symptoms: females 17%, males 11%; severe anxiety symptoms: females 11% and males 5%). 18% of 18–24-year-old students report symptoms of moderate depression, and 15% report symptoms of moderately severe or severe depression. In addition, women experience symptoms of depression more intensely than men (symptoms of moderate depression: females 20%, males 15%; symptoms of moderately severe or severe depression: females 18% and males 10%).
- In total, 33% of 18-24-year-old students have thought about suicide at least once in their life and/or wished that their life would be over or to go to sleep and never wake up (females 37%, males 28%);
- According to the majority of students, the mentioned problems interfered with their daily activities and/or relationships during the past 2 weeks (72%), among them, for 1 in 5 students these problems often or always interfered with their daily activities (23%). For two thirds of students these problems interfered with their university and/or work activities as well (66%), among them, for 24%, the mentioned problems were often or always an interfering factor.
- It is noteworthy that 44% of students aged 18 to 24 years have never talked to anyone about their feelings and experiences related to mental health.

3.2. THE STUDENTS' AWARENESS ON MENTAL HEALTH AND SOURCES OF INFORMATION

- Most of the surveyed students have heard the term “mental health” (97%), however, a third of them say that they have very little information about mental health (34%), or have not heard anything about it (3%). Additionally, the majority of students believe that it is important for young people to have information about mental health (97%), among them, 88% think that having information is very important.
- In total, among the university students involved in the research, the average index of knowledge about mental health is 13.1 out of a maximum of 20 (females - 13.3, males - 12.7). The average rates range from 12.9 to 13.7, according to the universities, the exception is Telavi Iakob Gogebashvili State University, where the students' knowledge about mental health issues is low compared to other universities: 9.5 out of 20.
- The majority of students do not have information about mental health services, only 4% report that they remember the name of any public service or program where mental health services can be received, and only 3% know of specific private services. The majority of students have no information at all about state (58%) or private (59%) services and programs, and 38% do not remember the name of a specific service, program or clinic.
- 41% of surveyed university students say that they have never been given information about mental health. Most often, they have received information about mental health from a teacher/lecturer (25%), parents (23%) and/or friends/acquaintances (21%). 18% of students have received information about mental health from a psychologist or psychiatrist, and 13% have talked to a doctor about this issue.
- If necessary, the majority of students plan to find information on the Internet - web pages, YouTube channels, personal pages of influencers (67%), search engines (e.g.: Google.com) (65%), social networks (Facebook, Instagram, Tik-Tok etc.) (32%).
- According to the students, they will try to find information about mental health services also on the internet (50%). In addition to the Internet, they will ask their peers (37%) and/or parents (30%) for information about services.
- It should be noted here that according to the mental health specialists participating in the study, the information received on the Internet may not be reliable, because it is less likely that young people receive information from medical sources.
- According to the students, state structures (54%) and the Ministry of Health (47%), organizations working in this direction (53%) and specialists (47%), as well as educational institutions (53%) should take care to raise awareness about mental health among young people.

3.3. ATTITUDES TOWARD AND BARRIERS TO USING MENTAL HEALTH SERVICES

- The majority of students believe that, if necessary, they would advise a peer to visit a mental health specialist (89%), however, as we mentioned, most of them do not have information about specific services and programs.
- According to the students, young people should periodically check their mental health condition with the relevant specialist (92%), among them the majority completely agrees with this opinion (77%). However, part of the students also noted that if they realize that they need the help of a mental health specialist, they will not turn to anyone for help and will try to solve the problem themselves (44%) or will do nothing (2%).
- 17% of surveyed students state that they will not consult a mental health specialist in case of auditory and/or visual hallucinations, and 18% will also not consider consulting a specialist in case of suicidal and/or self-harming thoughts and/or behaviors.
- Half of the students have wanted at least once, or still want to address a mental health specialist (48%), however, half of them have not visited a mental health specialist - only 22% of students have used the services of a mental health specialist, most of them only once (15%). It should be noted that the majority of students who have had suicidal thoughts or have tried to end their lives have not consulted a mental health specialist (71%).
- The majority of surveyed university students think that lack of information on mental health is a barrier to receiving services (79%), as well as lack of information about organizations and specialists working in this field (43%).
- Other barriers to receiving mental health services for young people are the following: high fees for visits to the specialists (41%) and expensive medicines (33%), distrust in the knowledge and qualification of specialists (43%) and fear that while receiving the services the confidentiality will not be guaranteed (34%).
- According to mental health specialists, often young people avoid receiving mental health services due to the stigma in society, this especially concerns the psychiatric services.
- The students' opinions on the stigmas related to mental health are the following: the majority of surveyed university students agree with the opinion that, in the opinion of the public, mental health specialists are the doctors for "the crazy" (73%), the majority of young people will not become friends with a person with mental problems, in the same way as with others (71%), they also agree with the statements that the majority of young people believe that a person with mental problems cannot function effectively (65%), is unreliable (70%) and untrustworthy (65%), is dangerous (61%) and cannot be trusted with money (60%).

3.4. ASSESSMENT OF MENTAL HEALTH SERVICES AND RECOMMENDATIONS BY SPECIALISTS AND EXPERTS IN THE FIELD

- According to the assessment of experts in the field and mental health professionals, the available mental health services mainly involve the treatment of severe mental disorders,

and virtually no supportive, preventive or rehabilitative services are available for young people.

- In their opinion it is important to develop the following programs and services: program for early identification of mental health problems; rehabilitation programs, including programs supporting the reintegration of young people into the environment after treatment for mental disorders or addiction; Suicide Prevention Program; access to psychologist's and psychiatrist's services; Additional development of social worker services and mobile groups.

- According to the recommendations of the key informants of the research, it is important to:
1) develop state services that will be free and stable for the beneficiaries; 2) take into account the age characteristics of young people when planning mental health services and programs, so that the services are interesting and attractive for them; 3) Increase awareness on mental health issues in society, including young people.

4. MENTAL HEALTH IN THE WORLD

The World Health Organization (WHO) defines health as “a state of physical, mental and social well-being and not merely the absence of disease”. Mental health is an integral part of general health and well-being³.

According to WHO data, about 25% of the population, or ¼ of the population, develop various mental illnesses during their lifetime. The most common mental diagnoses are depressive (10.4%) and anxiety (7.9%) disorders⁴. Rates of anxiety and depression among the population have increased after the COVID-19 pandemic, which is especially manifested among young people. According to a study supported from the US Department of Health and Human Services (HHS) and the Health Resources and Services Administration (HRSA), 48% of the US young people aged 18 to 24 years report symptoms of anxiety and/or depression that require examination or treatment⁵.

When discussing mental health, it is important to mention the issue of drug addiction. In 2021, the United Nations Office on Drugs and Crime published the World drug report, which collects information about the drug policy and current situation of the UN member states. The report notes that in 2019, the use of psychoactive substances ended in death for almost half a million people, and 18 million users developed various disorders (especially opioid users), which significantly damages people’s lives⁶ in the long run. In the UN report on Drugs and Age (2018), it is noted that the “peak” of taking psychoactive substances is at the age of 18-25⁷.

Regarding mental health in Georgia, according to the statistical yearbook published annually by the National Center for Disease Control and Public Health (NCDC), as of 2021, mental and behavioral disorders are included in the 10 classes of diseases characterized by a high number of hospitalizations. During 2021, a total of 13,305 people were hospitalized with the diagnosis of mental and behavioral disorders. In terms of diagnosing the new cases registered in 2021, several types of mental and behavioral disorders are leading, these are: organic disorders - with 674 new cases; Neurotic, stress-related and somatoform disorders - 799 new cases; Schizophrenia, schizotypal and delusional disorders - 895 new cases; And the highest number - disorders of intellectual development - 928 new cases.⁸

3 Constitution of the World Health (22 July 1946)

4 2022-2030 Mental Health strategy of Georgia, Ordinance N23 of the government of Georgia (January 18, 2023)

5 Sally H. Adams, Jason P. Schaub, Jason M. Nagata et al., ‘Young Adult Anxiety or Depressive Symptoms and Mental Health Service Utilization During the COVID-19 Pandemic’ (2022) 70 Journal of Adolescent Health

6 United Nations, World Drug reports 2021

7 United Nations Office on Drugs and Crime, Drugs and Age- Drugs and associated issues among young people and older people, 2018

8 National Center for disease control and public health, statistical yearbook 2021

5. GEORGIAN LEGISLATION AND POLICY

DOCUMENTS ABOUT MENTAL HEALTH AND IN GEORGIA

5.1. LEGISLATIVE FRAMEWORK

Since mental health is related to an individual's psychological, social, and physical well-being, by the very nature of the construct - mental health care, responding to mental health needs, effective prevention and management of mental health problems – requires the development of coordinated policies in a variety of areas, both inside and outside the health system. In the mental health strategy document of Georgia for 2022-2030, it is written that the legislative framework for the promotion of mental health and the prevention and management of mental disorders includes the following important documents⁹: the Constitution of Georgia, the Law of Georgia “On Health Care”, the Law of Georgia “On Mental Health”, Law of Georgia “On Patient’s Rights”, Law of Georgia “On Medical Practice”.

The Constitution of Georgia recognizes the fundamental human right - the right to the protection of health¹⁰, which means the citizen's right to accessible and quality health care services and the state's control of the quality of medical services.

“The Law of Georgia on Health Care” defines that the main political principles in the field of health care are the protection of human rights and freedoms; acknowledgement of the honor, dignity, and autonomy of the patient, as well as universal and equal accessibility of health care for the population¹¹. The law stipulates that public health care is a system of state obligations, aimed to protect, maintain, and restore a person's physical and mental health through the disease prevention, disease prevalence study and disease control, promotion of healthy lifestyle practices and environmental health¹². In the same law, we find an entry that the state supports medical and social assistance for people with mental problems¹³.

“The Law on Mental Health of Georgia” regulates the protection of the rights and interests of persons with mental problems, the protection of society from their socially dangerous actions, the rights and duties of psychiatric service workers and persons in direct contact with persons with mental problems. According to the law, the patient has the right to benefit from humane treatment, from proper treatment according to the necessary medical indications, with minimal restrictions of conditions and the methods approved by the Ministry of IDPs from the occupied territories of Georgia, Labor, Health, and Social Protection, as close as possible to their place of residence¹⁴. The law also regulates the provision of psychiatric assistance to the accused and convicts and the mechanisms for the use of forced psychiatric treatment¹⁵.

9 2022-2030 Mental Health strategy of Georgia, Ordinance N23 of the government of Georgia (January 18 2023)

10 Constitution of Georgia (date of adoption – August 24, 1995), article 28

11 Law of Georgia on Health care (date of issuing December 10, 1997), article 4

12 Law of Georgia on Health care, article 3

13 Law of Georgia on Health care, article 68

14 Law of Georgia on psychiatric care (date of issuing July 14, 2006), article 5

15 Law of Georgia on psychiatric care, article 22 and 22'

As for the “Law of Georgia on the rights of patients”, the purpose of this document is to protect the rights of citizens in the field of health care, as well as to ensure the inviolability of their honor and dignity¹⁶. The mentioned law also explains that the rights and welfare of citizens in the healthcare sphere, shall take preference over the interests of medicine and medical science¹⁷.

5.1. NATIONAL ACTION PLAN AND STRATEGIES

In terms of mental health care, the “Mental Health Strategy for 2022-2030 “ is noteworthy, defining the main tasks and expected results, the implementation of which is important to promote mental health in Georgia:

- I. Ensuring mental health care and support of children and adolescents and the well-being of their families,
- II. Protecting the rights of people with mental health problems and reducing stigma,
- III. Providing quality mental health services (within the community) as close as possible to the residential place and introducing a tele-psychiatry system,
- IV. Providing treatment for people with drug problems in the mental health system,
- V. Developing human resources in the mental health system,
- VI. Regulating, managing, controlling, and providing financial resources to the mental health system¹⁸.

Another important document is the National Strategy for Prevention and Control of Non-Communicable Diseases in Georgia - 2021-2025¹⁹, and one of the priorities is the promotion of mental health, which includes the following interventions: 1) raising awareness of the population about mental health issues in order to promote the mental health of the population and prevent suicidal behavior; Increasing effectiveness in assessing suicidal behavior and planning interventions through the improvement of research and data collection; 2) Improving the mental health of the population through timely detection of mental problems, increasing access to medical services and overcoming barriers related to stigma²⁰. It is noteworthy that the scope of the previous version of the strategy included only 4 non-communicable diseases - cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases and four main risk factors - tobacco, excessive use of alcohol, low physical activity, unhealthy diet. The action plan for 2021-25 has added the direction of reducing air pollution and promoting mental health and well-being, which can be considered a progressive step from the point of view of mental health protection²¹.

The health and well-being of young people is listed as one of the strategic priorities in the “Youth Policy Concept of Georgia for 2020-2030²²” approved by the Parliament of Georgia. After the implementation of specific actions by the state, the document considers the improvement of the mental health of young people as one of the results. It is emphasized in the concept that

16 Law of Georgia on patient rights (date of issuing May 5, 2000), article 1

17 Law of Georgia on patient rights (date of issuing May 5, 2000), article 1

18 2022-2030 Mental Health strategy of Georgia, Ordinance N23 of the government of Georgia (January 18, 2023)

19 The presentation of the National Strategy for the Prevention and Control of Non-Communicable Diseases 2021-2025 was held in the Parliament on June 15, 2021, but the electronic version of the document is still unavailable.

20 The National Strategy for the Prevention and Control of Non-Communicable Diseases 2021-2025

21 Parliament of Georgia, the presentation of a new national strategy for the prevention and control of non-communicable diseases was held on June 15, 2021

22 Parliament of Georgia, „2020-2030 youth policy concept of Georgia“ (July 17, 2020)

“measures aimed at promoting the mental health of adults and young people are, in fact, not being implemented”²³, and according to the document, the way to solve the issue is to provide more information about mental health to the population and reduce stigma, as well as to create and improve accessible mental health services tailored to the needs of young people. The document also calls on the government to develop a national standard of preventive programs, to provide appropriate services for the treatment and rehabilitation of young people, and to popularize a healthy lifestyle²⁴. However, which specific measures should be taken, are not written out in the concept.

The expected result of one of the sub-chapters of the “Youth Policy Concept of Georgia for 2020-2030 “ -”Youth Health and Well-Being”, is the following: the rates of youth substance addiction and behavioral addiction (the use of psychoactive substances, gambling addiction and technology dependence) have decreased. The document calls on the government to develop a national standard of preventive programs, to provide appropriate services for the treatment and rehabilitation of young people, and to popularize a healthy lifestyle²⁵.

23 2020-2030 youth policy concept of Georgia, 2020

24 2020-2030 youth policy concept of Georgia, 2020

25 2020-2030 youth policy concept of Georgia, 2020

6. MENTAL HEALTH SERVICES AND PROGRAMS

6.1. OVERVIEW OF CURRENT MENTAL HEALTH SERVICES

According to the document “On the approval of the state health care programs of 2023”, there are several mental health services within the state programs - community outpatient psychiatric services, psychosocial rehabilitation, and psychiatric inpatient services for adults with mental disorders²⁶. State programs do not cover services such as therapy sessions with a psychologist. The costs of consultation with a psychiatrist or psychologist, therapy or psychotropic drugs are not included in the universal insurance created by the state. Such costs are covered only in exceptional or rare cases by several private insurances, however, ultimately, the services of psychologists and psychiatrists are not financially accessible for young people.

It is possible to receive outpatient psychiatric services in state-funded facilities. Such institutions in Tbilisi are “LLC Tbilisi City Mental Health Center” and “Center for Mental Health and Prevention of Addiction”. This center can also be found in Samegrelo-Zemo Svaneti and Imereti regions. There is “Psycho-neurological dispensary of Abkhazia” for internally displaced persons. In the Kvemo Kartli region, “Rustavi Mental Health Center” receives funding from the budget, in Shida Kartli - Gormedi LLC, in Samtskhe-Javakheti there is “Evex Medical Corporation” facility, in Mtskheta-Mtianeti - Mtskheta Primary Health Care Center “Healthy Generation”, in Kakheti - LLC “Telavi Psycho-neurological Dispensary” and LLC “Archimedes Clinic”, there is “Kutaisi Mental Health Center” in Imereti, “Senaki International Psychoneurological Dispensary” in Samegrelo-Zemo Svaneti, “Medalfa” and Lanchkhuti Psycho-neurological Dispensary LLC “Nevroni” in Guria, LLC Batumi Medical Center” in the Autonomous Republic of Adjara.²⁷

Most of the institutions listed above include some part of mental health services. For example, the mental health center, whose clinics can be found in Tbilisi, Telavi, Ozurgeti, Kutaisi, Zugdidi, Batumi, Kobuleti, Gori and Zestaponi, offers psychiatric consultation and medical treatment to patients suffering from organic disorders, schizophrenia, psychotic spectrum disorders, affective disorders, acute stress reaction and adjustment disorders, disorders of intellectual development. However, this institution does not offer psychosocial rehabilitation, at least it cannot be found in psychiatric services. Similar services are available in other institutions mentioned above.

In addition to state services, some non-governmental organizations offer free mental health services, whose projects are usually for specific target groups and have a limited number of beneficiaries: Association “Atinati” (Zugdidi) offers free psychological counseling to victims of violence; also, union “Sapari” (Tbilisi) helps women victims of violence; “Equality Movement” (Tbilisi) provides free psychological services to LGBT people; “Samtskhe-Javakheti Democratic Women’s Organization” (Akhaltsikhe), whose target group are women victims of violence, also offers free psychological counseling. However, there are no such programs specifically for young people.

²⁶ Ordinance N609 of the government of Georgia on December 30, 2022 “on the approval of state health care programs for 2023”

²⁷ Ordinance N609 of the government of Georgia on December 30, 2022 “on the approval of state health care programs for 2023”

Today, young people have more access to drug addiction treatment and rehabilitation programs which are funded by the state budget of Georgia and/or from the income of the LELP under the Ministry of IDPs from the occupied territories of Georgia, Labor, Health, and Social Affairs, allowed by the law of Georgia²⁸. A person suffering from drug addiction is treated in an institution providing drug addiction services. In 2019, patients addicted to psychoactive substances were treated in 13 clinics, among them were 1 state and 12 private medical institutions.²⁹

For young people under the age of 25, there is a state program “Treatment of patients suffering from drug addiction”, which includes inpatient detoxification and primary rehabilitation and is fully funded by the state. Implementation of replacement therapy and delivery of replacement drugs is also done without co-payment. One of the inclusion criteria in buprenorphine-naloxone substitution therapy is that the patient must be under 25 years of age.³⁰

As for psychosocial rehabilitation programs, only short-term psychosocial rehabilitation programs operate under the state funding program, and residential type psychosocial rehabilitation programs are not funded. There are a total of 6 service providers, 5 of which are private. These are: Psychosocial Rehabilitation Center of LLC “Center for Mental Health and Prevention of Addiction”; Information Medical-Psychological Center “Tanatdgoma” (Tbilisi); Club Synergy (Tbilisi, Batumi); N(N)LE “Kamara” (Tbilisi); “Dendroni” - house of psycho-consultation and psychotherapy (Tbilisi); “House of Gestalt Therapy” (Tbilisi, Rustavi).

6.2. ASSESSMENT OF MENTAL HEALTH SERVICES BY THE EXPERTS PARTICIPATING IN THE STUDY

According to the experts in the field and mental health specialists participating in the study, today, the available mental health services mainly involve the treatment of severe mental disorders and, except rare cases, virtually no funding is available for neurotic and personality disorders. It should be noted that even in the case of severe mental disorders, some services are not financed, for example, the funding of such types of analyzes that are important after long-term medical treatment (for example, funding of prolactin analysis). In addition, according to a representative of the Department of Non-Communicable Diseases of the National Center for Disease Control and Public Health, the free services available today are less focused on patient health and fail to provide quality, services tailored to the young people.

According to the specialists and experts in the field participating in the study, there are practically no supportive, preventive, or rehabilitative services available for young people in terms of mental health. The research participants particularly singled out the following services and programs:

- In the case of young people, **programs for early detection of mental health problems are especially important**. However, according to the experts involved in the study, such programs are less available today, and especially there are no services specifically for

28 Law of Georgia on narcotic drugs, psychotropic substances, and precursors and narcological assistance (June 8, 2012)

29 Annual drug situation report, National Drug Observatory, 2021

30 Treatment of patients suffering from drug addiction, 2020

the 18-24-year-old target group. For example, drug or alcohol addiction programs deal with already severe conditions and involve inpatient treatment. However, in addition to inpatient treatment, it is important to have services or programs that aim to intervene at an early stage to prevent addiction and not just treat the aggravated condition.

- **Today there is a lack of rehabilitation programs** that help young people to reintegrate and adapt to the environment after the end of mental disorder or addiction treatment. According to mental health professionals, young people with various types of mental health problems (especially severe mental disorders such as psychosis) have problems adjusting to the environment once they have completed treatment. On the one hand, the circle of friends, which remembers the inappropriate behavior of the person, does not trust them, and does not take them seriously. On the other hand, the family members also do not perceive them as healthy and fully functioning individuals. Therefore, even though their mental problem has been solved, they are still not able to live as full-fledged members of society.
- When discussing mental health services, experts in the field participating in the study talked about the need to **develop suicide prevention programs** for young people, which currently are also unavailable.

“For example, the state funds alcohol addiction, but it funds when the condition is extremely severe, and there are such conditions in this clinic, that I don’t know how it is possible to put a person there at all.” [National Center for Disease Control and Public Health, Department of Non-Communicable Diseases]

“It’s more accessible to get directly involved in replacement therapy, but along with that replacement therapy, a person needs to improve their mental health and see a psychologist. Unfortunately, this still remains a problem, in general, we do not have rehabilitation in the country, and especially psychological rehabilitation”. [National Center for Disease Control and Public Health, Department of Non-Communicable Diseases]

“There must be a suicide prevention program because this is the age when, especially among men, suicide is very high. The suicide prevention program should be specially tailored to them, there should be more educational programs” [Mental Health Association of Georgia]

- The participants of the in-depth interviews emphasized the need to increase access to **psychologist’s and psychiatrist’s** services. According to the respondents, today the services of these specialists are less accessible to young people, on the one hand because of the high price, on the other hand, the lack of qualification of specialists or the shortage of specialists in some regions is a problematic issue. The shortage of specialists who have experience of working specifically with young people and the relevant knowledge and qualifications is particularly noteworthy. In the case of regions, the lack of specialists concerns not only psychologists and/or psychiatrists, but also other specialists working in mental health care, such as narcologists, etc.
- According to experts, it is also important to concentrate more on the development of **social worker services and mobile groups**. Although today both services are more or less available on a regional scale, experts do not consider either of them to be sufficiently developed.

For example, mobile groups today are available only for such severe patients who require inpatient treatment, however, for certain reasons, they cannot be transferred to a hospital, and in this case, mobile groups provide in-home services to patients. The experts believe the involvement of social workers to be particularly important during the rehabilitation period.

“In Tbilisi too, the number of psychiatrists and psychologists working with this age group is definitely limited, but even more so in the regions, there may be only a handful of people who provide this service” [Center for Mental Health and Prevention of Addiction]

“The number of psychologists who work well, are qualified, consult with colleagues, work in a psychotherapeutic direction is very limited, especially the number of those who work with children and young people.” [Center for Mental Health and Prevention of Addiction]

“Well, of course there is a lack of professionals here. A narcologist is coming to us from Surami, because our narcologist died during the Covid period, and in fact, our region does not have its own narcologist. There are two of us psychiatrists here. One of our colleagues also comes from Surami and works in both specialties.” [Samtskhe-Javakheti Mental Health Community Center, doctor-psychiatrist]

“Another group, which is very developed abroad and a great workload goes to them, especially during the rehabilitation period, is social workers, and as you know, this is a new specialty here, currently developing and in the beginning stage only.” [Center for Mental Health and Prevention of Addiction]

“The mobile group is a very good service, and this service can be expanded not only for patients with chronic diseases, but also for those who have an acute condition, but do not require hospitalization. It is often the case that the patient is sick, but they do not go to the doctor until the condition becomes severe and they require hospitalization.” [Service provider, Kutaisi, psychologist].

7. MENTAL HEALTH OF YOUNG PEOPLE AGED 18 TO 24 YEARS

7.1. ASSESSMENT OF CURRENT MENTAL HEALTH SITUATION OF YOUNG PEOPLE IN GEORGIA

According to mental health specialists and experts in the field participating in the study, 18-24-year-old young people are one of the vulnerable groups in terms of mental health worldwide. Based on the problems and social situation in Georgia in recent years and decades, which has a negative impact on public mental health, they think that the issue of mental health of young people in Georgia is even more pressing. However, according to the head of the Department of Non-Communicable Diseases of the National Center for Disease Control and Public Health, today this issue is not sufficiently studied, the data available to them do not reflect reality, and the situation in Georgia in terms of mental health of young people is much more serious than it is reflected in the data of the Center for Disease Control. This is caused on the one hand by the lack of services and lack of access for young people to these services for various reasons and on the other hand by stereotypes and stigmas related to mental health.

“The general background is very difficult in the country and the world in general in terms of this age group, but this is absolutely not reflected in the data of Center for Disease Control, there are much less data than the actual problem, this is one of those areas, where we actually have much more problems than it appears from specific assessments and studies”. [National Center for Disease Control and Public Health, Department of Non-Communicable Diseases]

According to service provider representatives participating in the study, most often 18-24-year-old young people address them due to anxiety disorders, depression and panic attacks. Bipolar disorder is also common in young people. However, it may not be expressed and diagnosed, but may be in subclinical forms - a mild depressive or manic phase. According to specialists, usually in young people the symptoms may be mildly expressed and they are fully manifested and diagnosed at a later age.

According to the information of mental health specialists and field experts participating in the research, young people often do not reach out to specialists and try to deal with the mentioned symptoms by themselves, often taking psychotropic or narcotic substances. Therefore, in their opinion, it is important for young people to have information about the risks of substance abuse.

According to representatives of all regions, substance addiction and following mental problems - paranoia, hallucinations, sleep disorders, etc. - are a significant problem among young people. According to the representative of the Center for Mental Health and Prevention of Addiction, the high rate of substance addiction among 18-24-year-olds is, on the one hand, due to age characteristics – often in the process of personal development and searching of themselves, young people look for new experiences and among them, they often become interested in substances, casinos, etc. On the other hand, young people are also vulnerable in terms of influencing each other. In addition, at this age they do not have firmly established principles and may try to do certain things that adults

are more resistant to. According to the specialists, young people start using various substances and/or alcohol also for self-establishment and socialization. However, according to experts, the use of substances at a young age (e.g., marijuana) has more negative effects on the human brain than at a later age.

According to a representative of the Center for Mental Health and Prevention of Addiction, addressing youth mental health becomes more important due to the fact that often, drug and alcohol use or other addictions (e.g. gambling or computer addiction) are caused by other mental health problems such as anxiety, depression, conflicts with society etc.

“There’s evidence about marijuana that’s based on very reliable studies, if you start using at the age of 18, or some studies even show the data up to 21 years, because the study was done on that age group, some studies go up to 24 years, so in this case, excessive use of marijuana, damages the brain much more, and initiates behavioral pathology, and not only behavioral pathology, but also causes a decrease in IQ, which means it affects the nervous system.” [Center for Mental Health and Prevention of Addiction]

“The biggest challenge among young people is mental disorders, addiction to gambling, drugs and alcohol.” [Head of Social Affairs of the Kutaisi Municipality City Hall]

“Young people between the ages of 18 and 24, in the last 10 years, even in the last 20 years, if someone has been registered as mentally ill, I can say that 90% of them are because of drugs.” [Samtskhe-Javakheti Mental Health Community Center, doctor-psychiatrist]

7.2. ASSESSING THE MENTAL HEALTH OF 18–24-YEAR-OLD STUDENTS

This subchapter discusses the mental health condition of students. Clearly, the research does not allow for a clinical diagnosis of depression or anxiety and only shows trends. Therefore, when interpreting the data, it should be taken into account that the section discusses how acutely symptoms of anxiety or depression are experienced by students aged 18 to 24 years, and the described data do not represent a clinical diagnosis.

According to the study, more than one-third of surveyed university students felt tired and lacked energy more than half the days or almost every day in the last two weeks (36%).

About a fifth of students felt little interest in doing things more than half of the days or nearly every day during the past two weeks (26%), felt down, depressed or hopeless (24%), had trouble falling asleep, sleeping calmly, or slept too much (26%), felt tired and lacked energy (26%), had difficulty concentrating on activities such as curricular tasks or watching TV (24%), were too worried about various things (28%), had trouble relaxing / slowing down(22%) , were irritable or easily annoyed (26%) or afraid that something very bad might happen (22%).

In the past two weeks, for more than half of the days or almost every day, on average, 1 in 5 students felt bad about themselves, that they were a failure, that they let themselves or their family down (20%), felt so restless that it was difficult to sit still (18%), was nervous, anxious and had a feeling of being on edge (16%), or was in such a state that they could not stop or control their anxiety/worrying (17%).

13% of students reported that in the last two weeks, for more than half the days they either moved or spoke so slowly that others noticed or were so agitated and restless that they moved around more than usual.

One in 10 students had thoughts that they would be better off dead, or thoughts of harming themselves in some way (10%) more than half of the days or nearly every day in the past two weeks.

Table 3. Mental health of students

During the past two weeks		Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
how often have you had... Little interest or little pleasure in doing things?	Not at all - 0	34%	35%	25%	34%	26%	39%	63%	44%
	Several days - 1	41%	40%	42%	49%	47%	35%	34%	36%
	More than half the days - 2	13%	13%	14%	9%	15%	19%	2%	11%
	Nearly every day-3	13%	12%	18%	9%	12%	8%	1%	9%
	N=	2887	777	784	295	418	154	199	260
how often have you experienced feeling down, depressed or hopeless?	Not at all - 0	39%	44%	30%	38%	34%	40%	57%	52%
	Several days - 1	37%	34%	38%	41%	41%	29%	40%	31%
	More than half the days - 2	12%	11%	15%	15%	12%	24%	2%	10%
	Nearly every day-3	12%	11%	17%	7%	13%	8%	1%	7%
	N=	2888	777	786	294	419	153	199	260
how often have you had trouble falling asleep, or staying asleep, or sleeping too much?	Not at all - 0	41%	43%	36%	40%	37%	33%	62%	40%
	Several days - 1	33%	31%	33%	36%	32%	39%	35%	37%
	More than half the days - 2	13%	12%	15%	14%	18%	16%	2%	11%
	Nearly every day-3	13%	14%	17%	10%	13%	13%	1%	12%
	N=	2879	779	780	295	419	151	199	256
how often have you experienced feeling tired or having little energy?	Not at all - 0	25%	28%	19%	27%	18%	28%	52%	19%
	Several days - 1	39%	38%	35%	42%	39%	41%	43%	55%
	More than half the days - 2	16%	14%	21%	19%	19%	17%	2%	12%
	Nearly every day-3	20%	20%	25%	11%	25%	14%	3%	14%
	N=	2881	780	782	295	418	148	199	259

how often have you experienced poor appetite, or overeating?	Not at all - 0	49%	54%	43%	53%	46%	59%	56%	34%
	Several days - 1	30%	26%	26%	35%	30%	26%	42%	46%
	More than half the days - 2	11%	9%	15%	8%	12%	7%	2%	10%
	Nearly every day-3	11%	11%	15%	5%	12%	8%	0%	9%
	N=	2877	779	778	295	419	148	199	259
how often have you felt bad about yourself — or that you are a failure or have let yourself or your family down?	Not at all - 0	49%	51%	42%	56%	46%	48%	62%	54%
	Several days - 1	31%	29%	31%	31%	33%	30%	35%	30%
	More than half the days - 2	10%	10%	12%	8%	11%	12%	2%	6%
	Nearly every day-3	10%	10%	14%	6%	10%	10%	1%	10%
	N=	2878	779	780	295	418	149	199	258
how often have you had trouble concentrating on things like school work or watching TV?	Not at all - 0	42%	42%	35%	46%	35%	47%	65%	60%
	Several days - 1	34%	34%	34%	38%	39%	37%	31%	22%
	More than half the days - 2	13%	13%	17%	9%	13%	8%	3%	9%
	Nearly every day-3	11%	11%	14%	7%	13%	8%	2%	10%
	N=	2880	780	780	295	417	150	199	259
how often have you experienced moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?	Not at all - 0	64%	66%	60%	69%	61%	61%	68%	67%
	Several days - 1	23%	21%	25%	26%	24%	26%	32%	20%
	More than half the days - 2	7%	9%	8%	4%	9%	7%	0%	7%
	Nearly every day-3	5%	5%	8%	2%	6%	7%	0%	6%
	N=	2878	779	778	295	419	149	199	259
how often have you had thoughts that you would be better off dead or of hurting yourself in some way?	Not at all - 0	73%	73%	70%	78%	77%	67%	72%	77%
	Several days - 1	17%	19%	14%	16%	13%	18%	27%	15%
	More than half the days - 2	5%	4%	7%	4%	5%	10%	1%	4%
	Nearly every day-3	5%	4%	8%	3%	5%	5%	0%	4%
	N=	2878	778	780	295	419	148	199	259

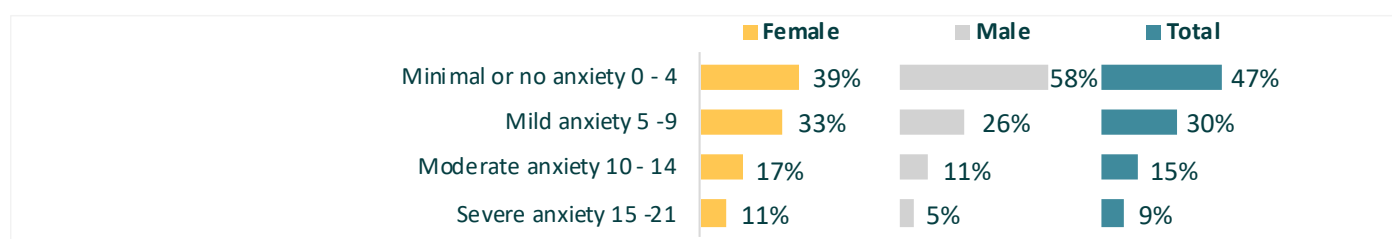
how often have you felt nervous, anxious or on edge?	Not at all - 0	57%	60%	52%	57%	53%	59%	64%	65%
	Several days - 1	27%	26%	25%	30%	30%	27%	34%	23%
	More than half the days - 2	8%	6%	10%	8%	9%	6%	1%	7%
	Nearly every day-3	8%	7%	12%	6%	8%	9%	1%	5%
	N=	2873	776	777	295	419	148	199	259
how often have you experienced not being able to stop or control worrying?	Not at all - 0	52%	56%	45%	51%	47%	51%	73%	58%
	Several days - 1	31%	29%	31%	35%	35%	31%	25%	32%
	More than half the days - 2	10%	8%	13%	9%	12%	9%	1%	6%
	Nearly every day-3	7%	6%	11%	4%	6%	8%	2%	4%
	N=	2869	778	775	294	419	146	199	258
how often have you been worrying too much about different things?	Not at all - 0	33%	36%	26%	35%	26%	36%	55%	41%
	Several days - 1	39%	40%	38%	36%	42%	34%	39%	38%
	More than half the days - 2	14%	11%	15%	19%	19%	20%	3%	11%
	Nearly every day-3	14%	13%	21%	10%	14%	10%	3%	9%
	N=	2875	779	776	295	419	149	199	258
how often have you had trouble relaxing?	Not at all - 0	44%	45%	37%	54%	40%	47%	60%	54%
	Several days - 1	34%	32%	36%	32%	35%	26%	35%	29%
	More than half the days - 2	13%	14%	14%	10%	16%	13%	4%	9%
	Nearly every day-3	9%	9%	13%	5%	9%	14%	1%	8%
	N=	2871	779	775	295	419	147	199	257
how often have you experienced being so restless that it is hard to sit still?	Not at all - 0	53%	59%	48%	49%	43%	51%	66%	56%
	Several days - 1	29%	22%	31%	40%	36%	27%	30%	27%
	More than half the days - 2	9%	9%	11%	5%	12%	15%	3%	10%
	Nearly every day-3	9%	10%	10%	6%	10%	7%	1%	8%
	N=								

how often have you experienced becoming easily annoyed or irritable?	Not at all - 0	37%	39%	30%	37%	27%	38%	68%	43%
	Several days - 1	37%	36%	36%	48%	44%	39%	28%	34%
	More than half the days - 2	13%	12%	16%	9%	15%	16%	1%	13%
	Nearly every day-3	13%	13%	18%	7%	14%	7%	2%	10%
	N=	2874	779	776	295	419	148	199	258
how often have you felt afraid as if something awful might happen?	Not at all - 0	50%	51%	44%	51%	44%	46%	67%	60%
	Several days - 1	29%	28%	29%	31%	30%	32%	30%	25%
	More than half the days - 2	10%	10%	12%	10%	12%	7%	1%	5%
	Nearly every day-3	12%	12%	15%	7%	13%	15%	2%	10%
	N=	2875	779	778	295	419	148	199	257

The analysis of the mentioned symptoms³¹ shows a tendency that in total, 15% of the 18-24-year-old students of the universities participating in the study have symptoms of moderate anxiety, and 9% - of severe anxiety. Anxiety rates differ by sex, being higher among female students than male students (moderate anxiety symptoms: females: 17%, males 11%; severe anxiety symptoms: females 11% and males 5%).

In total, 18% of surveyed university students aged 18 to 24 years report symptoms of moderate depression, and 15% report symptoms of moderately severe or severe depression. In addition, women experience symptoms of depression more strongly than men (symptoms of moderate depression: women: 20%, men 15%; symptoms of moderately severe or severe depression: women 18% and men 10%).

Graph 1. Anxiety rates by sex and in total according to 7 scales of GAD, Sig: ≤ 0.005, unweighted N female=1794, male=1030



31 This block of the questionnaire consists of two parts PHQ-9 and GAD-7. As a result of the relevant calculations, based on the PHQ-9 questionnaire, the levels of depression in the surveyed population were identified, and the anxiety levels in the research population were determined through the GAD-7. Based on international practice, it is considered that 10 or more so-called cut point scores for both of these metrics indicates possible significant clinical changes, so within the frames of the study, students who had a score of 10 or higher on the PHQ-9 and GAD-7 questions are considered as having moderate to severe anxiety or depression, while students with a score of 0 to 9 have low rates of anxiety or depression or no symptoms at all.

Graph 2. Depression rates by sex and in total according to PHQ-9 scale, Sig: ≤ 0.005 unweighted
N female =1799, male=1033

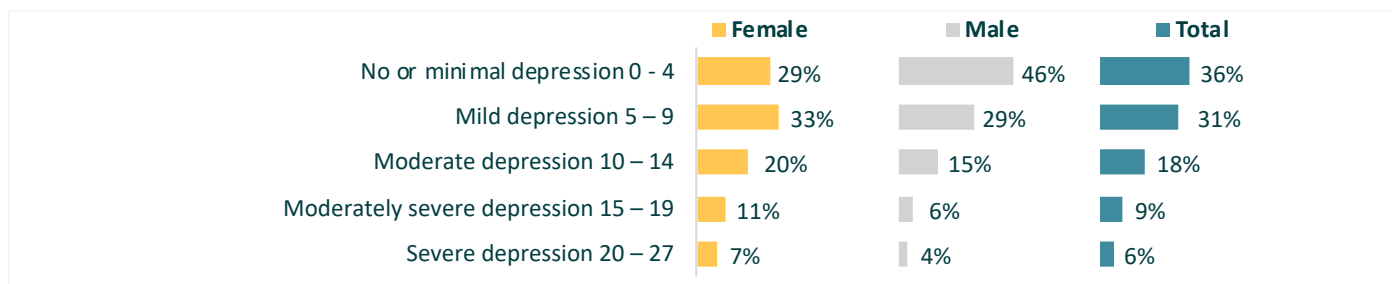


Table 4: Anxiety rates by universities and in total according to GAD 7 scale, Sig: ≤ 0.005

	Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
No or minimal anxiety 0 - 4	47%	49%	41%	48%	39%	48%	71%	55%
Mild anxiety 5 -9	30%	29%	29%	35%	34%	29%	25%	24%
Moderate anxiety 10 - 14	15%	13%	17%	14%	19%	14%	2%	16%
Severe anxiety 15 -21	9%	8%	13%	4%	8%	9%	2%	4%
	N=2827	N=768	N=760	N=294	N=419	N=134	N=199	N=253

Table 4: Anxiety rates by universities and in total according to GAD 7 scale, Sig: ≤ 0.005

	Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
No or minimal depression 0 - 4	38%	27%	36%	27%	39%	64%	47%	36%
Mild depression 5 – 9	31%	30%	40%	32%	25%	31%	26%	31%
Moderate depression 10 – 14	17%	20%	15%	26%	21%	4%	16%	18%
Moderately severe depression 15 – 19	8%	14%	7%	10%	12%	1%	5%	9%
Severe depression 20 – 27	6%	9%	2%	5%	4%	0%	5%	6%
	N=2835	N=772	N=762	N=294	N=415	N=138	N=199	N=255

7.3. FUNCTIONAL LIMITATIONS

Only 1 out of every 10 university students surveyed reports that they have never had the above mentioned symptoms or conditions.

For only 28% of students, these problems did not interfere with their daily activities or relationships, and only a third (34%) reported that they did not interfere with their university activities and/or work. For 72% of the students, during the last 2 weeks, the mentioned problems interfered with their daily activities and/or relationships, among them, for 23%, they often or always interfered with their daily activities (females - 28%, males - 16%). For two-thirds of students the problems interfered with their university and/or work activities (66%), among them, for 24%, the mentioned problems were often or always an interfering factor (females - 27%, males - 19%).

Table 6. Functional limitations of students

		Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
If you have marked answers 1,2 or 3 on any of the questions – mark “yes” in the next box and continue, otherwise go to the next section, Sig: ≤ 0.005	Yes	89%	90%	93%	81%	95%	91%	61%	94%
	No	11%	10%	7%	19%	5%	9%	39%	6%
In the past 2 weeks, how often did these problems interfere with your daily activities or relationships at home? Sig: ≤ 0.005	Never	28%	34%	23%	27%	23%	28%	0%	38%
	Sometimes	48%	44%	47%	59%	56%	51%	58%	41%
	Often	18%	17%	22%	12%	16%	18%	42%	14%
	Always	5%	5%	7%	2%	5%	4%	0%	6%
In the past month, how often did these problems interfere with your activities at the university/ work? Sig: ≤ 0.005	Never	34%	40%	26%	41%	28%	34%	29%	47%
	Sometimes	42%	39%	43%	41%	49%	49%	64%	38%
	Often	17%	15%	22%	14%	17%	16%	7%	10%
	Always	7%	6%	9%	3%	7%	1%	0%	5%
In the past month, how often did these problems cause any issues for you with your peers? Sig: ≤ 0.005	Never	48%	52%	42%	48%	45%	45%	48%	60%
	Sometimes	37%	36%	37%	37%	43%	37%	31%	25%
	Often	11%	8%	16%	13%	11%	18%	7%	8%
	Always	4%	3%	5%	2%	2%	0%	14%	6%

Table 6_1. Functional limitations of students by sex

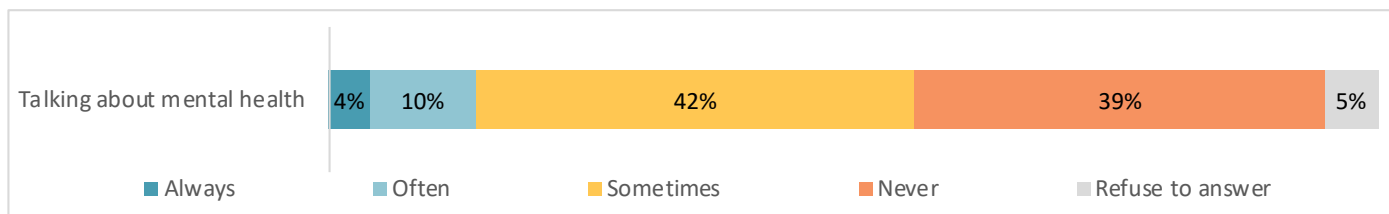
		Female	Male
If you have marked answers 1,2 or 3 on any of the questions – mark “yes” in the next box and continue, otherwise go to the next section, Sig: ≤ 0.005	Yes	93%	84%
	No	7%	16%
In the past 2 weeks, how often did these problems interfere with your daily activities or relationships at home? Sig: ≤ 0.005	Never	23%	38%
	Sometimes	50%	46%
	Often	21%	13%
	Always	7%	3%
In the past month, how often did these problems interfere with your activities at the university/ work? Sig: ≤ 0.005	Never	29%	41%
	Sometimes	44%	40%
	Often	19%	14%
	Always	8%	5%
In the past month, how often did these problems cause any issues for you with your peers? Sig: ≤ 0.005	Never	44%	53%
	Sometimes	39%	35%
	Often	13%	9%
	Always	4%	2%

7.4. MENTAL HEALTH AND CONNECTEDNESS

In total, 39% of 18-24-year-old university students surveyed have never talked to anyone about their feelings and experiences related to mental health. The mentioned indicator is especially high in Telavi I. Gogebashvili State University (91%) and Gori State Teaching University (48%). Among universities in total, only 14% of students talk about these feelings and experiences with someone often (10%) or always (4%), while 42% talk about them sometimes.

56% of students have talked to someone about their feelings and experiences related to mental health (Table 7), and most of these students (75%) have also talked to someone about these kinds of problems or worries in the last month (Table 7).

Graph 3. how often do you talk to someone else about these sorts of feelings and experiences, (i.e. a family member, friend, teacher, mental health specialist or healthcare professional?)



The students mostly talk about mental health problems with their friends (67% of university students in total). More than one third of students have talked with their parents as well (37%). Only 15% of students have talked about mental health problems or concerns with a specialist, and 6% with a doctor or other health care professional (Graph 4).

Graph 4. Who have you talked about these kinds of problems or worries?

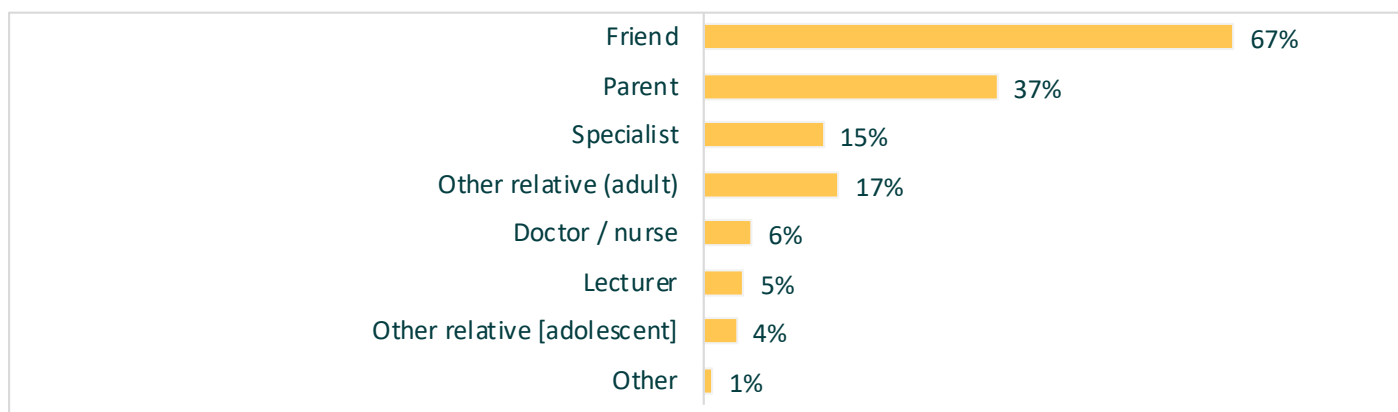


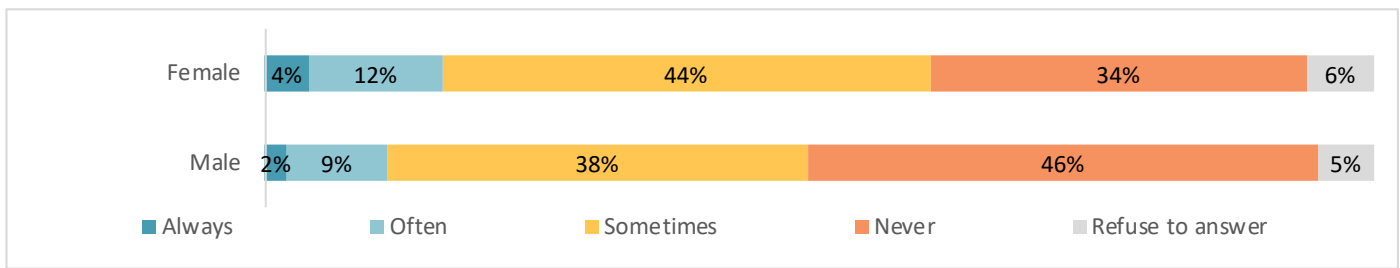
Table 7. Student's mental health and connectedness by universities

		In total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
how often do you talk to someone else about these sorts of feelings and experiences, (i.e. a family member, friend, teacher, mental health specialist or healthcare professional?)	Never	39%	34%	35%	43%	30%	29%	91%	48%
	Sometimes	42%	47%	42%	41%	47%	47%	6%	38%
	Often	10%	8%	16%	8%	14%	9%	1%	6%
	Always	4%	4%	2%	4%	6%	4%	1%	2%
	Refuse to answer	5%	7%	5%	4%	4%	11%	1%	5%
	N=	2698	774	676	286	417	108	196	241
During the past month, who have you talked to about these kinds of problems or worries?	Yes	75%	77%	81%	74%	66%	71%	64%	69%
	No	25%	23%	19%	26%	34%	29%	36%	31%
	N=	1603	496	444	162	282	78	20	121
Who have you talked to?	Specialist	15%	21%	7%	12%	10%	25%	9%	25%
	Doctor/nurse/ medical assistance	6%	8%	3%	7%	6%	1%	0%	6%
	Parent	37%	32%	36%	43%	48%	44%	62%	41%
	Other relative (adult)	17%	13%	18%	24%	18%	24%	50%	12%
	Other relative (younger than 18 years)	4%	3%	5%	2%	4%	5%	5%	12%
	Lecturer	5%	4%	4%	5%	8%	9%	0%	4%
	Friend	67%	59%	75%	72%	74%	53%	38%	59%
	Other	1%	0%	3%	1%	2%	2%	0%	1%
	N=	1140 ³²	366	330	117	189	51	11	76

The research shows that compared to male students, female students are more likely to talk to someone about their feelings and experiences related to mental health - 16% of girls and 11% of boys often or always talk about these feelings and experiences. Among them, female students who have talked about their feelings and experiences related to mental health, have more often talked to someone in the last month as well (female 78%, male 71%).

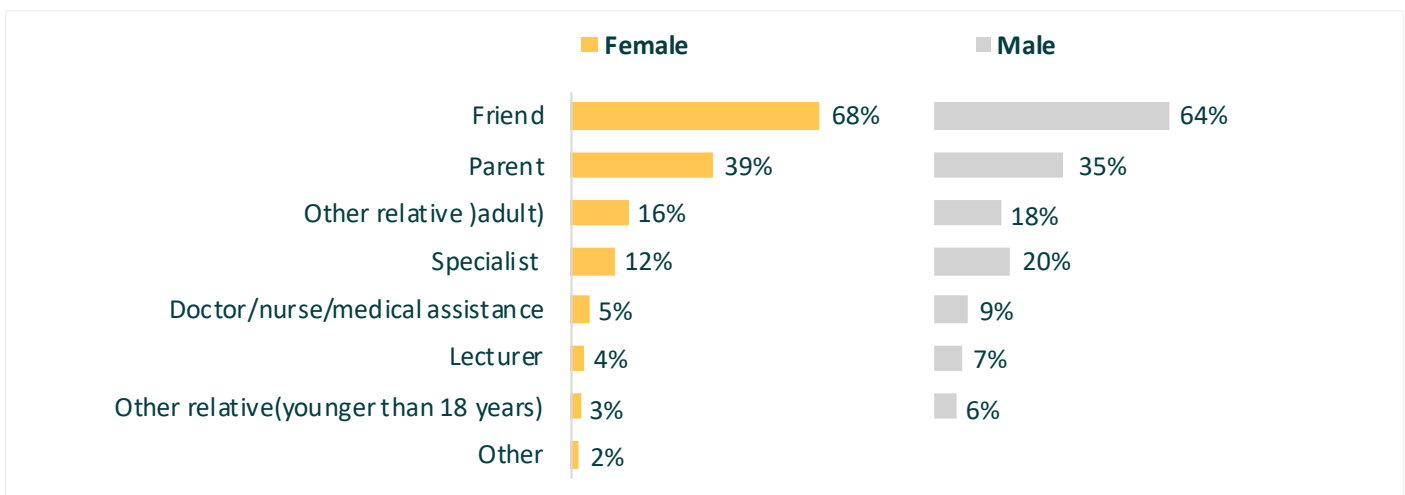
32 1199 is the number of students who have generally talked about these issues, however, only 1140 students answered the question "who have they talked to"

Graph 5. Talking about mental health, by sex, female n=1711, male n=976



However, it is interesting that boys talk more often to specialists (females - 12%, males - 20%) and medical personnel (females - 5%, males - 9%), and girls talk more often to parents (females - 39%, males - 35%) and friends (females - 68%, males - 64%).

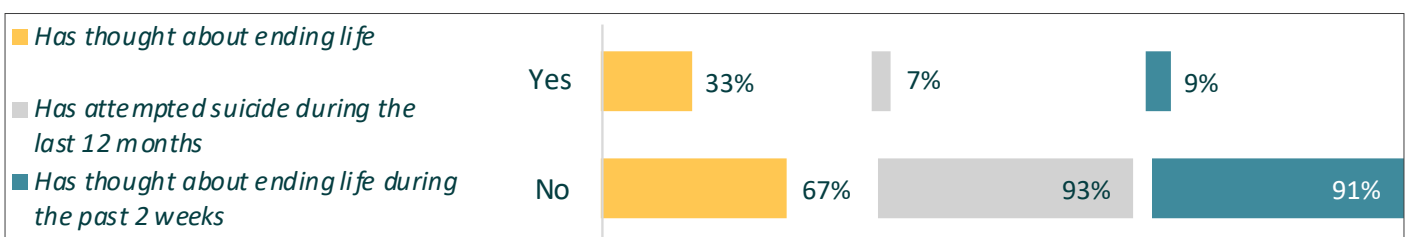
Graph 6. Talking about mental health to others by sex, female n=812, male n=328



7.5. SUICIDAL THOUGHTS AND BEHAVIOR

In total, 33% of 18-24-year-old students have thought about ending their lives at least once in their lives and/or wanted their life to end or go to sleep and never wake up. This indicator is the highest among students of Shota Meskhia Zugdidi State University (46%), and the lowest among the students of Telavi I. Gogebashvili State University (6%) and Samtskhe-Javakheti State University (24%). 21% of students have thought about ending their own life in the last 12 months as well (among them 5% of young people have often thought about ending their own life in the last 12 months, and 1% always think about it). 7% of students report that they have tried to end their life in the last 12 months. 9% of students surveyed have thought about ending their life in the last 2 weeks.

Graph 7. Suicidal thoughts and behavior



Graph 8. The frequency of thinking about suicide during the last 12 months

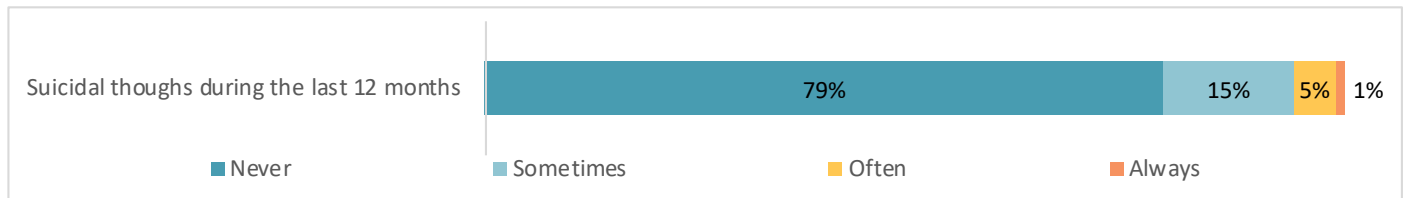


Table 8. Students' suicidal thoughts and behaviors, by university

		Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
Have you ever thought about ending your life (suicide) and/or have you ever wished that your life would be over or that you would go to sleep and never wake up? Sig: ≤ 0.005	Yes	33%	34%	39%	24%	35%	46%	6%	34%
	No	67%	66%	61%	76%	65%	54%	94%	66%
	N=	2811	770	761	289	408	140	197	246
In the past 12 months, how often did you think about ending your life? Sig: ≤ 0.005	Never	79%	78%	74%	86%	80%	69%	94%	83%
	Sometimes	15%	16%	18%	12%	16%	24%	5%	13%
	Often	5%	5%	6%	2%	4%	6%	1%	3%
	Always	1%	2%	2%	0%	1%	0%	0%	2%
	N=	2800	768	757	289	408	136	197	245
In the past 12 months did you try to end your life? Sig: ≤ 0.005	Yes	7%	7%	8%	4%	7%	15%	0%	13%
	No	93%	93%	92%	96%	93%	85%	100%	87%
	N=	2753	752	739	287	403	133	196	243
In the past 2 weeks, have you thought about ending your life? Sig: ≤ 0.005	Yes	9%	10%	11%	3%	8%	11%	2%	19%
	No	91%	90%	89%	97%	92%	89%	98%	81%
	N=	2749	748	741	287	404	129	197	243

In total, according to surveyed university students, almost a third of students (37% female, 28% male) have ever thought about ending their life and/or wanted to end their life. 24% of 18-24-year-old female students, have thought about ending their lives and/or wanted to end their lives with different frequency, in the last 12 months as well (men – 17%). The results for both sexes are similar for attempts to end life in the last 12 months and thoughts about ending life in the last 2 weeks.

Table 9. Students' suicidal thoughts and behavior, by sex

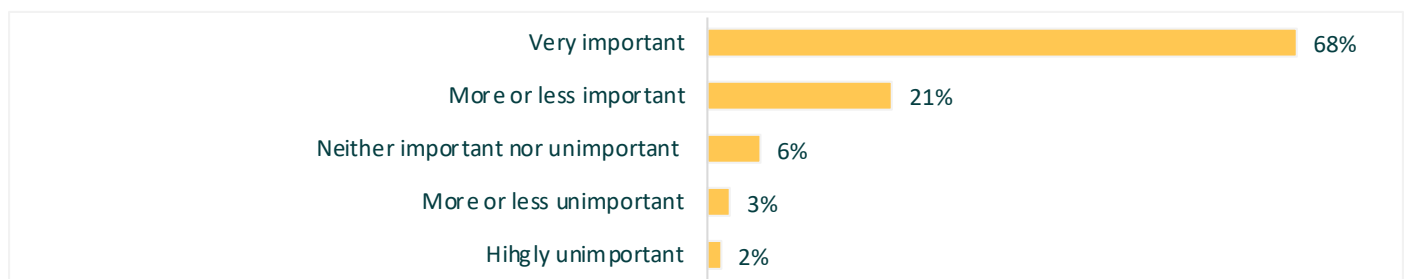
		Female	Male
Have you ever thought about ending your life (suicide) and/or have you ever wished that your life would be over or that you would go to sleep and never wake up? Sig: ≤ 0.005	Yes	37%	28%
	No	63%	72%
	N=	1783	1028
In the past 12 months, how often did you think about ending your life? Sig: ≤ 0.005	Never	76%	83%
	Sometimes	18%	12%
	Often	5%	4%
	Always	1%	1%
	N=	1778	1022
In the past 12 months did you try to end your life? Sig: ≤ 0.005	Yes	8%	7%
	No	92%	93%
	N=	1611	1001
In the past 2 weeks, have you thought about ending your life? Sig: ≤ 0.005	Yes	9%	10%
	No	91%	90%
	N=	2749	748

8. KNOWLEDGE AND ATTITUDES TOWARD MENTAL HEALTH

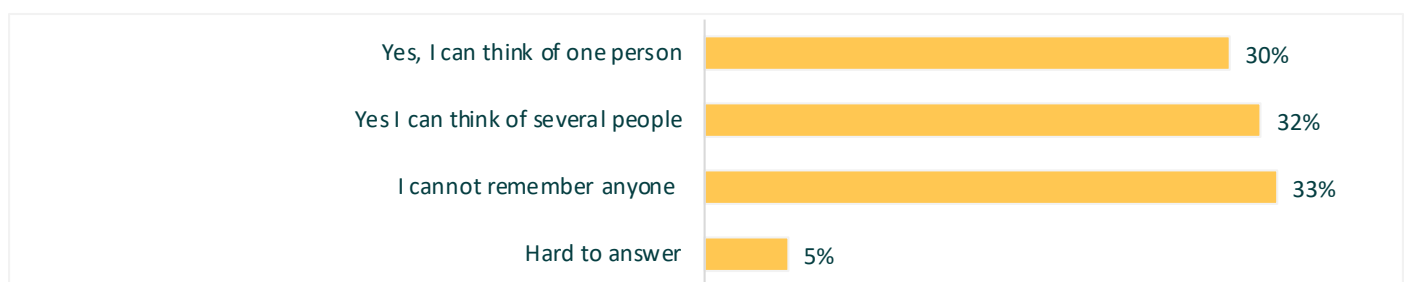
8.1. THE LEVEL OF AWARENESS ON MENTAL HEALTH AMONG 18-24 YEAR-OLD STUDENTS

The majority of surveyed university students believe that mental health is an important problem among their peers in Georgia (89%), additionally, two-thirds of students believe that mental health is a very important problem among their peers (68%). 6 out of 10 students know at least one peer who they believe needs the help of a mental health professional (62%), 3 out of 10 students report that they remember having 2 or more peers around them who need the help of a mental health professional help (32%).

Graph 9. Please think and evaluate, how important is the problem of mental health among your peers in Georgia?

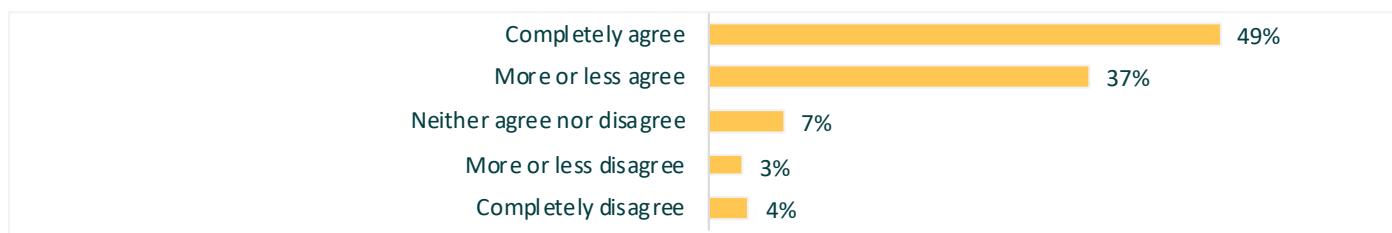


Graph 10. Please think and remember, do you have a peer, who you think needs assistance of a mental health professional? (i.e.: psychologist, psychiatrist, therapist, neurologist etc.)

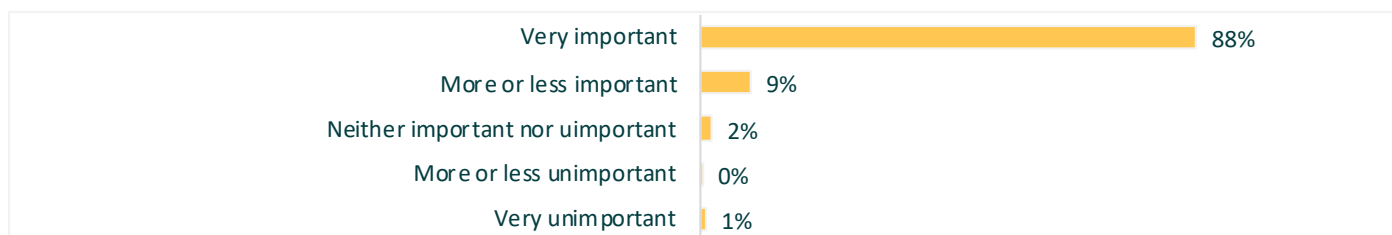


The majority of surveyed university students believe that young people have little information about mental health (86%), half of them fully agree with this opinion (49%). Additionally, the vast majority of students believe that it is important for young people to have information about mental health (97%), including 88% who think that having information is very important.

Graph 11. Please evaluate how much you agree with the statement that young people have little information about mental health?

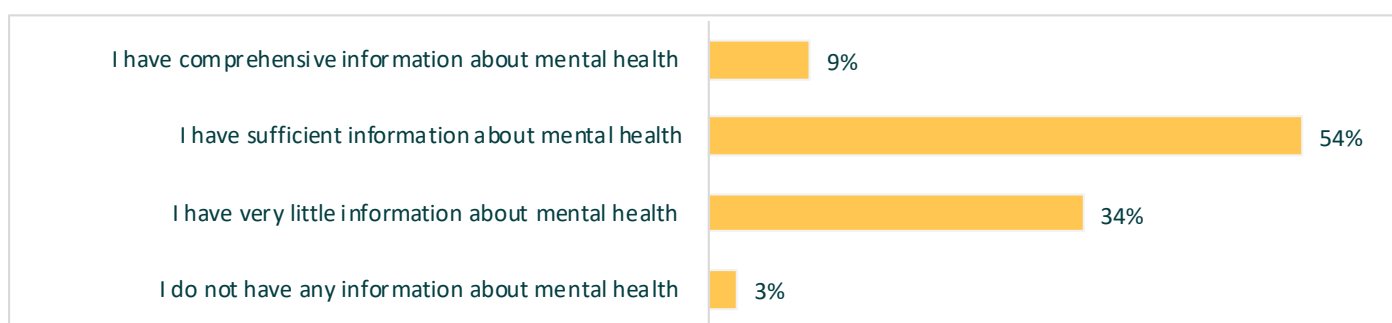


Graph 12. Please circle, in your opinion how important it is for the young people to have information about mental health?



According to the study, the vast majority of surveyed university students have heard the term “mental health” (97%), however, only 9% of students report that they have comprehensive information about mental health. More than one-third of students have very little information about mental health (34%), or have never heard of it (3%). More than half of the students of the universities participating in the study, think that they have sufficient information about mental health (54%).

Graph 13. Of the statements listed below, which one corresponds the most to your knowledge about mental health?



Research shows that having information about mental health varies across universities. Most often, Telavi I. Gogebashvili State University students noted that they had very little or no information about mental health (62%), students of Samtskhe-Javakheti State University agree with this opinion the least (21%). Roughly equal number of students surveyed in all other universities believe that they have very little or no information about mental health (35%-39%).

Table 10. Information about mental health according to surveyed universities

	Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
M1. Have you heard of the term mental health								
Yes, I have	97%	97%	97%	98%	98%	99%	98%	92%
No, I have not	3%	3%	3%	2%	2%	1%	2%	8%
M2. Of the statements listed, which one corresponds most to your knowledge about mental health?								
I have comprehensive information about mental health	9%	9%	8%	3%	7%	9%	20%	16%
I have sufficient information about mental health	54%	56%	57%	75%	53%	56%	18%	46%
I have very little information about mental health	34%	33%	33%	20%	37%	35%	59%	27%
I do not have any information about mental health	3%	3%	2%	1%	2%	0%	3%	11%

The knowledge and attitudes of the 18-24-year-old students of the surveyed universities towards mental health were assessed with the "Mental Health Knowledge Assessment" questionnaire. The results show that the average rate of mental health knowledge among the students of the universities involved in the study is 13.1³³ out of a maximum of 20.

According to the universities, the average indicators range from 12.9 to 13.7, the exception is Telavi Iakob Gogebashvili State University, where the students' knowledge about mental health issues is low compared to other universities - 9.5 out of 20. According to the study, the rate of awareness about mental health is higher among female students - 13.3, than among males - 12.7.

Table 11. students' knowledge about mental health issues by universities

	Average rate Sig: ≤0.05	N
Total	Sig: ≤0.05	N
Kutaisi Akaki Tsereteli State University	13.1	765
Batumi Shota Rustaveli State University	13.7	750
Samtskhe-Javakheti State University	13.1	283
Sokhumi State University	13.5	416
Shota Meskhia State Teaching University in Zugdidi	13.1	151
Iakob Gogebashvili Telavi State University	9.5	197
Gori State Teaching University	12.9	223

33 The Mental Health Knowledge Questionnaire (MHKQ) was developed by the Ministry of Health of China in 2009 to measure and evaluate the level of public knowledge and awareness of mental health. The question block contains 20 self-administered questions that the respondent must rate using True/False answers. During data processing, statements 1, 3, 5, 7, 8, 11, 12, 15 and 16, with answer "true" must be assigned a value of "1", "false" must be assigned a value of "0", and conversely, the statements 2, 4, 6, 9, 10, 13, and 14, with answer "false" must be assigned the value "1" and "true" must be assigned the value "0". Statements 17–20 refer to the days of raising mental health awareness, a "yes" answer to these questions must be assigned a value of 1. The total score must be - 0 – 20, the higher the total score, the higher the level of awareness about mental health issues.

Table 12. students' knowledge about mental health issues by sex

	Average rate	N
Sig: ≤0.05	N	1766
Female	13.3	1766
Male	12.7	1019

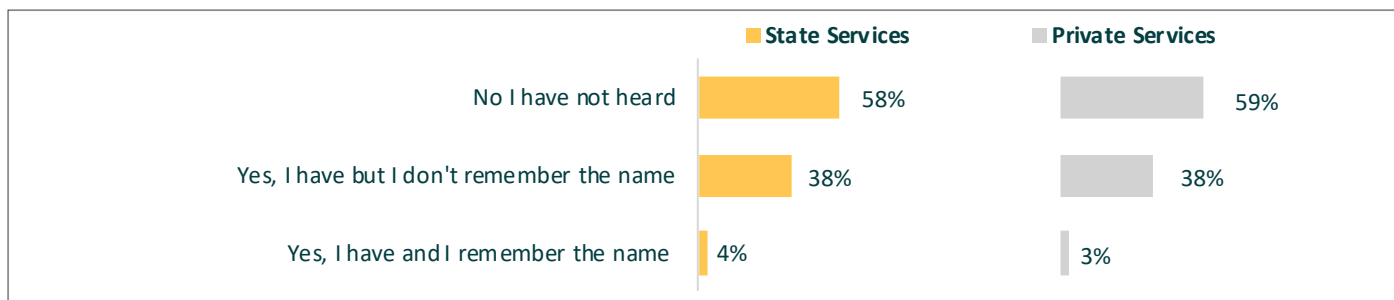
Table 13. Please, evaluate the truth / falseness of the statements listed below

	True	False
Generally, mental health is a component of health	94%	6%
Mental disorders are created from irrational / incorrect thoughts	74%	26%
Many people have mental problems, but they do not realize that	91%	9%
All mental disorders come from environmental stressors	55%	45%
The components of mental health are: normal intellect, stable mood, positive attitudes, high-quality relationships and adaptation skills	75%	25%
It is impossible to cure from most of the mental disorders	38%	62%
Psychological or psychiatric services should be sought if someone has a doubt that they have psychological problems or mental disorders	91%	9%
Mental disorders may arise at any age in life	92%	8%
It is impossible to avoid mental disorders or psychological problems	30%	70%
There is no need to take medication for a long time. Even in the case of severe mental disorder (schizophrenia) medication should only be taken for a certain period of time.	66%	34%
Positive attitudes, good relationships and healthy lifestyle help a person to maintain mental health.	92%	8%
People who have a mental health history in the family represent a risk group in terms of psychological problems and mental disorders	81%	19%
Psychological problems during adolescence do not impact the academic performance	28%	72%
Middle aged of elderly people are less likely to develop psychological problems or mental disorders	32%	68%
People who have problematic character are more likely to develop mental problems	78%	22%
Mental problems and disorders may develop, when a person is under psychological stress, for example is dealing with life events such as death of a family member etc.	88%	12%
	Yes	No
Have you heard of World Mental Health Day?	30%	70%
Have you heard of drug addiction and illegal selling of drugs?	40%	60%
Have you heard of a World Suicide Prevention Day?	39%	61%
Have you heard of a World Sleep Day?	37%	63%

It is clear from the research that the majority of students do not have information about specific public or private institutions where it is possible to receive mental health services. Only 4% of students report that they remember the name of any public service or program where mental health services can be received, and only 3% know of specific private services. The majority of students have no information at all about public (58%) or private (59%) services and programs, and 38% do not remember the name of a specific service, program or clinic.

Graph 14. Please remember and mark if you have heard of specific state services (services, programs or clinics) that help young people with mental health problems?

Please remember and mark if you have heard of specific private (services, programs or clinics) that help young people with mental health problems?



In general, the level of information about mental health services varies among universities. Telavi I. Gogebashvili State University students have the least information about specific private or state services related to mental health, (87% of students have not heard about state services, and 80% - about private services). Compared to other universities, the level of information about services is low among the students of Samtskhe-Javakheti State University (67% of students have not heard of state services, and 65% of private services) and the students of Gori State Teaching University (62% of students have not heard of state services, 65% - of private services).

Table 14. Information about mental health according to the surveyed universities

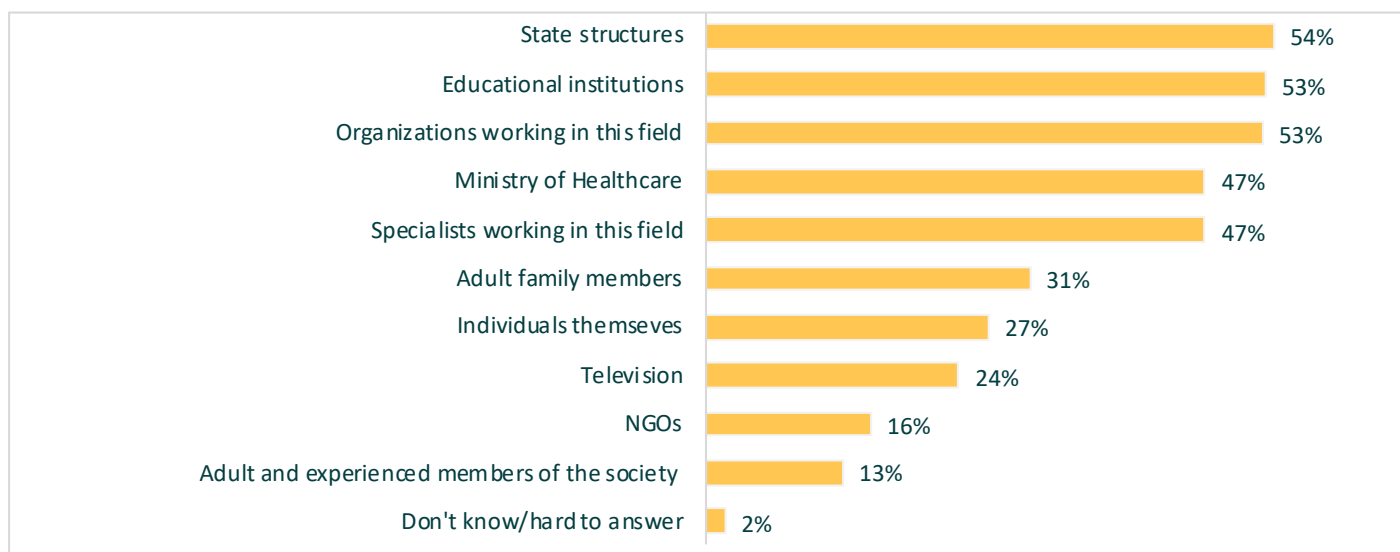
	Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
Please remember and mark if you have heard of specific state services (services, programs or clinics) that help young people with mental health problems?								
No I have not heard	58%	55%	55%	67%	51%	51%	87%	62%
Yes, I have but I don't remember the name	38%	42%	41%	31%	45%	47%	11%	26%
Yes, I have and remember the name	4%	3%	4%	2%	4%	3%	2%	12%
Please remember and mark if you have heard of specific private (services, programs or clinics) that help young people with mental health problems?								
No I have not heard	59%	56%	58%	65%	53%	48%	80%	65%
Yes, I have but I don't remember the name	38%	41%	39%	32%	44%	49%	16%	29%
Yes, I have and remember the name	3%	3%	4%	3%	3%	3%	5%	6%

It should also be noted that the index of knowledge about mental health services was not significantly different among students who had thoughts of suicide or self-harm and had symptoms of depression and/or anxiety.

More than half of the students think that the state structures (54%) and the Ministry of Health (47%), organizations working in this direction (53%) and specialists (47%), as well as educational institutions (53%) should take care to raise awareness about mental health among young people.

According to a third of students, it is the responsibility of adult family members (mother, father, grandmother, etc.) to raise awareness on mental health among young people (31%), and 27% think that young people should take care of it themselves.

Graph 15. Please mark, in your opinion, who should take care to raise awareness on mental health among the young people?



8.2. SOURCES OF RECEIVING INFORMATION ABOUT MENTAL HEALTH

The study shows that 41% of students have never been given information about mental health.

Most often, 18-24-year-old students of the surveyed universities have received information from their teacher/lecturer (25%), parents (23%) and friends/acquaintances (21%). Only 18% of students say that they have received information about mental health from a psychologist or a psychiatrist, and 13% have talked about this issue with a doctor from another field.

Most often students of Batumi Shota Rustaveli State University and Sukhumi State University mentioned that they had received information about mental health from someone. However, about a third of the students of these universities stated that they had not received information from anyone (31% and 32%, respectively). The mentioned indicator is the highest in Telavi I. Gogebashvili State University (has not talked to anyone - 88%).

Graph 16. Please remember, who has given you the information about mental health:

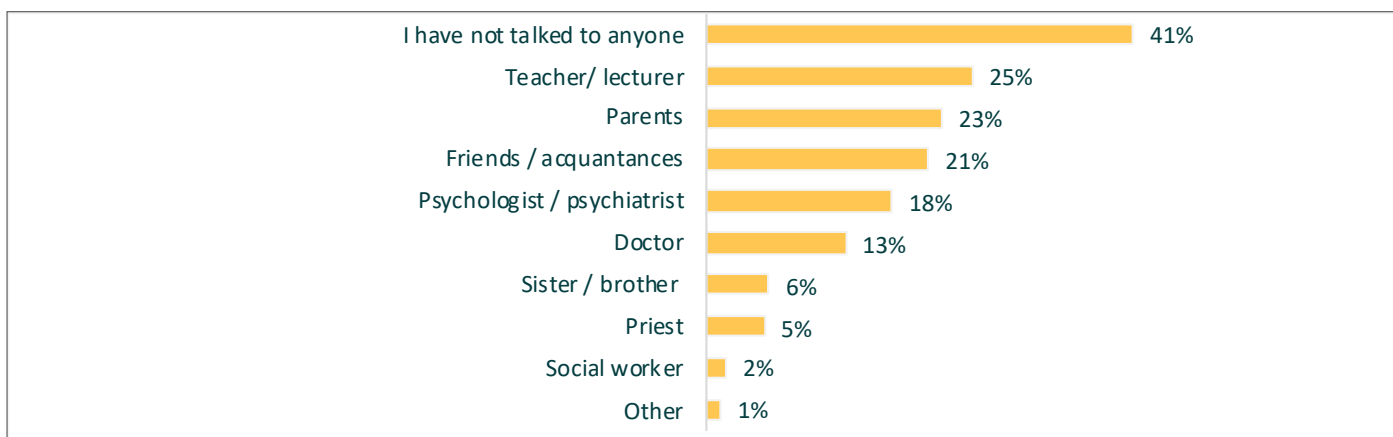


Table 16. Receiving information about mental health, according to the universities

	Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
Please remember, who has given you the information about mental health:								
I have not talked to anyone	41%	42%	31%	47%	32%	37%	88%	44%
Doctor	13%	16%	13%	10%	15%	16%	5%	7%
Psychologist / psychiatrist	18%	15%	24%	14%	20%	16%	3%	16%
Parents	23%	26%	25%	18%	24%	24%	2%	17%
Friends / acquaintances	21%	22%	23%	16%	29%	23%	4%	17%
Sister / brother	6%	5%	6%	4%	9%	5%	0%	9%
Priest	5%	7%	5%	4%	7%	6%	0%	5%
Social worker	2%	1%	1%	5%	3%	6%	1%	1%
Teacher/ lecturer	25%	21%	37%	24%	27%	19%	3%	22%
Other	1%	0%	3%	1%	2%	1%	0%	0%

Some of the surveyed university students think that they know where to find information about mental health. Their majority indicated that they know where to find information about mental disorders (73%). 13% of students do not know exactly or do not know at all where to find information about mental disorders.

11% of students are not sure they know how to use a computer and/or phone to find information about mental health, 8% said they don't know how to find this information via computer/phone.

Table 17. Please rate how much you agree with the statements listed below:

	Completely agree	More or less agree	Neither agree nor disagree	More or less disagree	Completely disagree
I know exactly where to look for information on mental health disorders	25%	48%	13%	9%	5%
I know exactly how to use computer and/or phone to find information on mental health	42%	39%	11%	5%	3%
I know exactly that I can attend face to face meetings to get information about mental health	38%	31%	17%	9%	5%
I know exactly that I have access to resources (e.g. internet; friends; mental health specialist) to find sufficient information about mental health.	47%	31%	10%	7%	5%

Most of the 18-24-year-old students think that they will get information about mental health online if needed: two-thirds of students report that they will find information on the Internet – web pages, Youtube channels, personal pages of influencers (67%) and search engine (Google.com) (65%), and one third thinks of getting information from social networks (Facebook, Instagram, Tik-tok etc.) (32%) .

Half of the students report that they will also look for information on available mental health services on the Internet (50%). More than a third of students will ask their peers for information (37%), and 30% say they will ask their parents. More than half of the students will not consult health care specialists if necessary - 46% of students will consult a personal doctor for information on mental health services, and only 30% will consult a personal psychologist.

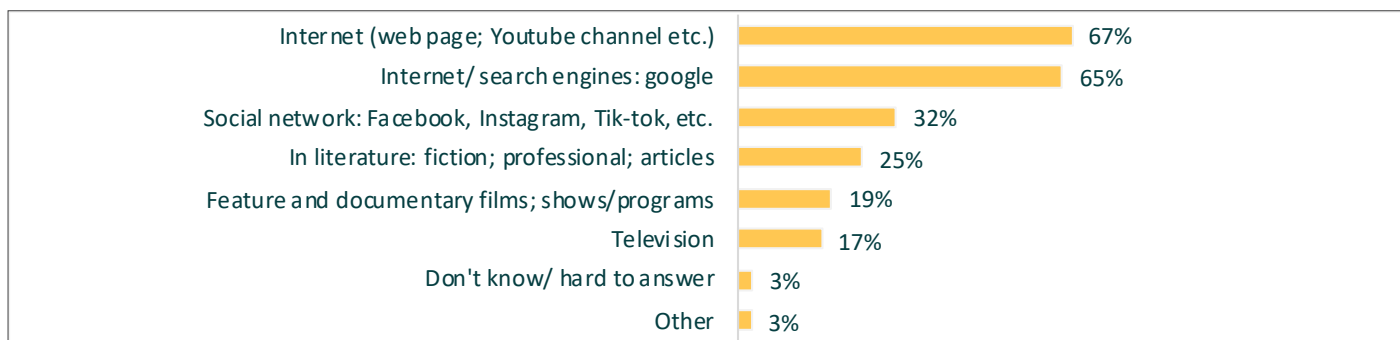
More than half of the students indicated that they had tried to find information through the Internet before (53%), of those 41% believe that they have found the necessary information on the Internet. However, it is noteworthy that according to mental health specialists, the information received on the Internet is not reliable, because it is unlikely that young people are getting information from reliable, medical sources, and it is difficult to say if they are getting correct information from articles and posts on the Internet.

“If, for example, they have OCD, obsessive compulsive disorder, they google something on the Internet, they search for information, but on the Internet it is not so professional, it is not controlled. A young person will not go and search on the website of the International Association of Psychiatrists, or seek the recommendation from psychiatrists, it may be something more unprofessional.” [Service provider, Kutaisi, psychologist]

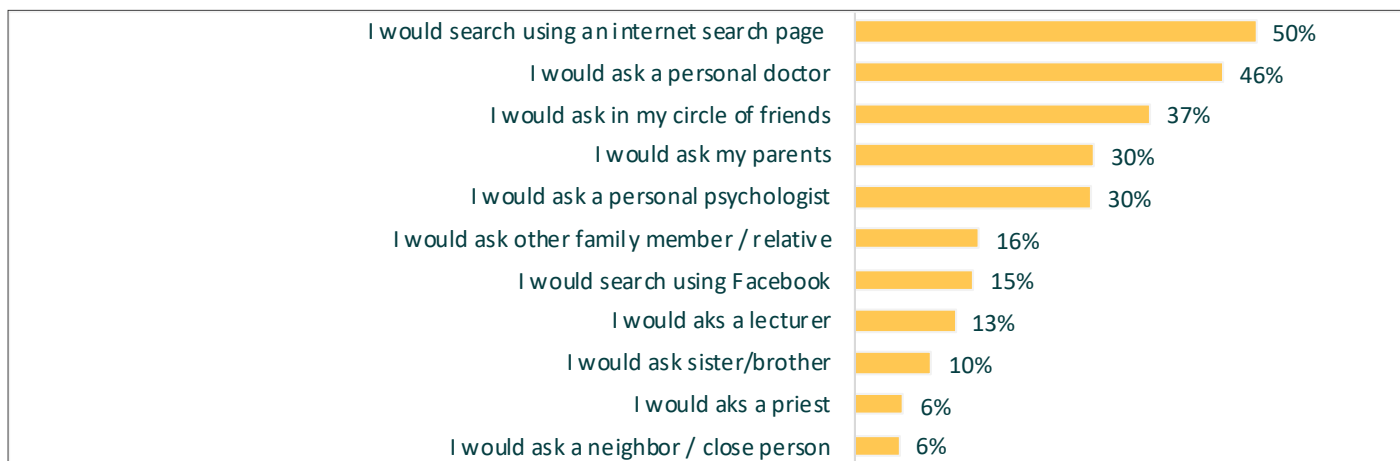
“They know very thoroughly and are very much aware of the information about their condition that is on the Internet, and the problem is that when a doctor tells them they have anxiety disorder, they are looking for some information, they get lost in extensive information and do not understand their condition, and this aggravates their state.” [Service provider, Akhaltsikhe]

One third of students has tried to find information with their peers (36%), however, only 21% of them were able to receive the necessary information.

Graph 17. Please mark, if needed where would you look for information about mental health?

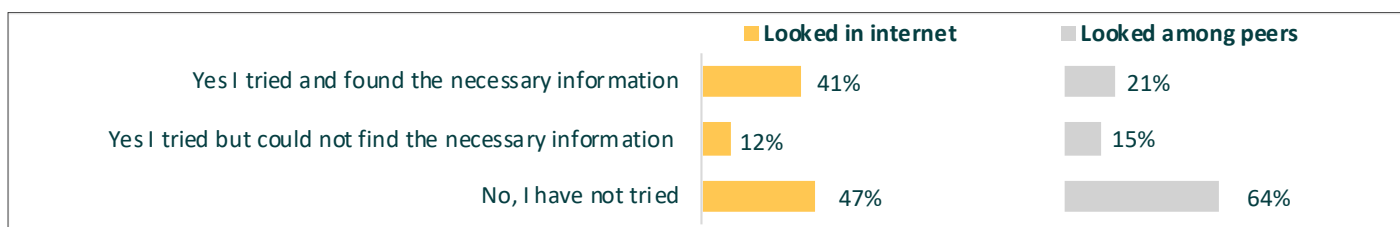


Graph 18. Please imagine that you or your friend needs the help of a mental health professional (e.g. psychologist; psychiatrist; therapist; neurologist, etc.). Where would you find information about services, programs or clinics working in this direction?



Graph 19. Please remember, have you tried looking for information on mental health through the internet?

Please evaluate, have you tried looking for information about mental health among peers?



It is noteworthy that information seeking behavior differs by sex. Of the surveyed students, almost half of the male students (48%) and one third of the female students (36%) have not received information about mental health from anyone. Compared to male students, female students have more often received information from a psychologist/psychiatrist (females - 21%, males - 13%), parents (females - 25%, males - 19%) and/or teacher/lecturer (females - 30%, males - 19%). Compared to female students, male students were less likely to report that they had tried to find information on the Internet (60% females, 43% males) or among friends (39% females, 31% males).

Table 18. Finding information about mental health according to sex

	Female	Male
Please remember, who has given you the information about mental health		
I have not talked to anyone	36%	48%
Doctor	14%	13%
Psychologist / psychiatrist	21%	13%
Parents	25%	19%
Friends / acquaintances	22%	20%
Sister / brother	5%	8%
Priest	5%	6%
Social worker	2%	2%
Teacher/ lecturer	30%	19%
Other	1%	1%
Please remember, have you tried to find information about mental health through the internet?		
Yes, I tried and found the necessary information	46%	35%
Yes, I tried but could not find the necessary information	14%	8%
No, I have not tried	40%	57%
Please evaluate, have you tried to search for information on mental health among your peers?		
Yes, I tried and found the necessary information	23%	18%
Yes, I tried but could not find the necessary information	16%	12%
No, I have not tried	61%	69%

9. ACCESS TO MENTAL HEALTH SERVICES AMONG 18-24-YEAR-OLD STUDENTS

9.1. THE ATTITUDES TOWARD AND THE EXPERIENCE OF USING MENTAL HEALTH SERVICES AMONG 18-24-YEAR-OLD STUDENTS

The majority of students think that if necessary, they would recommend a peer to see a mental health specialist (89%), and 61% are sure that they would definitely recommend a peer to see a mental health specialist.

Students also agree with the opinion that young people should periodically check their mental health condition with a relevant specialist (92%), and the majority of them completely agree with this idea (77%).

Most often, students consider consulting a specialist (e.g., psychologist, psychiatrist, therapist, neurologist, etc.) in case of visual and/or auditory hallucinations and suicidal and/or self-harming thoughts and behaviors. However, 17% of surveyed university students state that they will not consult a mental health specialist even in case of auditory and/or visual hallucinations, and 18% will also not consider consulting a specialist in case of suicidal and/or self-harming thoughts and/or behaviors.

Graph 20. Please think and evaluate how likely are you to recommend your peer to visit a mental health professional (e.g. psychologist; psychiatrist; therapist; neurologist, etc.)?



Graph 21. Please circle how much you agree with the opinion that young people should periodically check their mental health condition with an appropriate specialist (e.g.: psychologist; psychiatrist; therapist; neurologist, etc.)?

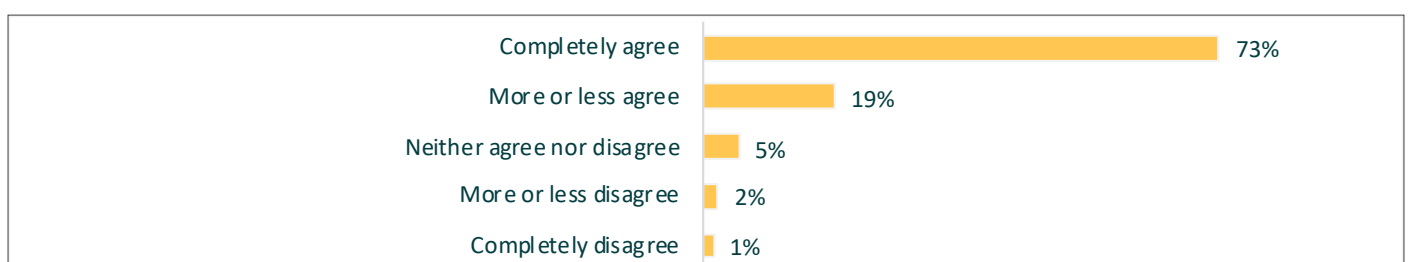


Table 18. Please read the listed statements and mark in case of which symptom or a group of symptoms would you address the mental health specialist (e.g. psychologist, psychiatrist; therapist; Neurologist etc.) for help

	Would address	Would not address
Excessive worry or anxiety when being in public	64%	36%
Excessive worry that may also be expressed in physical symptoms, e.g. muscle tension, increased heartbeat; breathing difficulties; digestive system difficulties; sweating etc.	76%	24%
Low mood during two weeks or more, loss of pleasure and interest in the events around you	48%	52%
Interchanging periods of being in extremely low mood and then in an extremely good mood	29%	71%
Alcohol or drug addiction	79%	21%
Disturbance of normal sleep, no sleep or too much sleep	58%	42%
Loss of interest in important issues and activities in life, lack of feeling pleasure	60%	40%
Feeling hopeless depressed and down during two weeks or longer	64%	36%
Feeling tired or having little energy during two weeks or longer	47%	53%
Poor appetite or/and overeating	43%	57%
Attention concentration problems; trouble relaxing; easy irritability	59%	41%
Suicidal and/or self-harming thoughts and/or behaviors	82%	18%
Relationship problems with close people, friends, parents, romantic partner etc.	51%	49%
Presence of audio and/or visual hallucinations	83%	17%
Problems of anger management, losing temper easily	57%	43%
Wanting to be alone and isolated during more than two weeks	39%	61%
Constantly feeling guilt and/or constantly blaming others for own problems	55%	45%
Having experienced physical, psychological, sexual violence	78%	22%
Stressful experience, e.g. death of a close person; an accident; war etc.	52%	48%

Almost half of the students state that if they realize that they need help of a mental health specialist, they will not turn to anyone for help and will try to solve the problem themselves (44%) or do nothing (2%). This attitude is more characteristic of male students than female students (will try to solve it themselves: females - 41%, males - 48%). Almost a third of students, if necessary, will ask their parents for help (32%), and 17% will turn to their peers/friends.

In case of need for mental health assistance, students most often consider a psychologist (48%) and/or an organization working in this direction (25%).

Graph 22. If necessary, how would you personally act if you realized that you needed the help of a mental health professional (e.g. psychologist; psychiatrist; therapist; neurologist, etc.)?



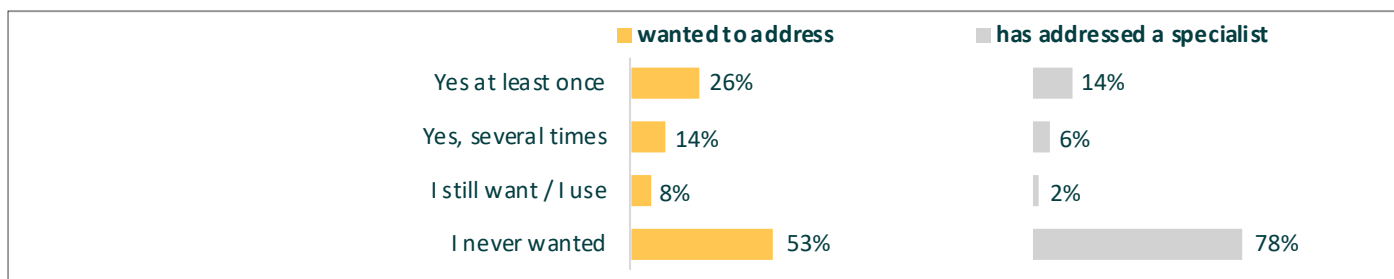
Half of the students (48%) have wanted to see a specialist at least once, or still want to, however, half of them has not visited a mental health specialist - only 22% of students have used the services of a mental health specialist, most of them - only once (15%).

Students who consulted a mental health specialist at least once, received the services of a psychologist (11%), a neurologist (9%) and a psychiatrist (7%).

Students who have ever thought about ending their life or have wanted for their life to be over, have wanted to consult a mental health professional more often - two-thirds of such students have wanted to consult a mental health professional at least once (66%), including 24% who have wanted to address them several times and 12% wanted to do so during the study. However, the majority of students who thought about ending their life did not consult a specialist (71%).

Graph 23. Please mark if you have wanted to visit a mental health professional (e.g. psychologist; psychiatrist; therapist; neurologist, etc.)?

Have you addressed a mental health professional (e.g. psychologist; psychiatrist; etc.)?



Graph 24. Please mark which specialist's service have you used?

	Has thought about ending life	Has never thought about ending life
Please mark if you have wanted to address a mental health specialist (e.g. psychologist, psychiatrist, therapist, neurologist etc.)?		
Yes, at least once	30%	23%
Yes, several times	24%	9%
I still want to	12%	6%
I never wanted to	34%	62%
Please mark if you have addressed a mental health specialist (e.g. psychologist, psychiatrist, therapist, neurologist)?		
Yes, at least once	18%	13%
Yes, several times	10%	4%
Yes, I use this service even now	2%	2%
Never	70%	81%

9.2. BARRIERS TO USING MENTAL HEALTH SERVICES

According to the results of a survey conducted with 7 university students, the main barrier to receiving mental health services among young people aged 18 to 24 years is the lack of information about mental health itself, as well as about specialists and organizations working in this direction. The majority of surveyed university students believe that young people in Georgia have little information about mental health (92%) and lack of information on mental health is a barrier to receiving services (79%), as well as lack of information on organizations and specialists working in this direction (43%). According to the students, the barriers to receiving mental health services for young people are the high cost of visiting a specialist (41%) and expensive medication (33%). In general, the majority of students believe that a visit to a mental health specialist in Georgia is associated with a large financial cost (76%).

According to the students, a factor hindering young people from receiving mental health services is lack of trust in specialists or services - on the one hand, they do not trust the knowledge and qualifications of specialists (43%), on the other hand, they are afraid that confidentiality will not be guaranteed when receiving the services (34%). A large number of students agree with the opinions that when receiving mental health services in Georgia, there is no guarantee that information about the client will remain confidential (61%), mental health specialists in Georgia prescribe too many or unnecessary medicaments (58%), and mental health specialists in Georgia have a bad reputation (48%)

Graph 20. In your opinion, what are the factors hindering Georgian youth from receiving mental health services today?

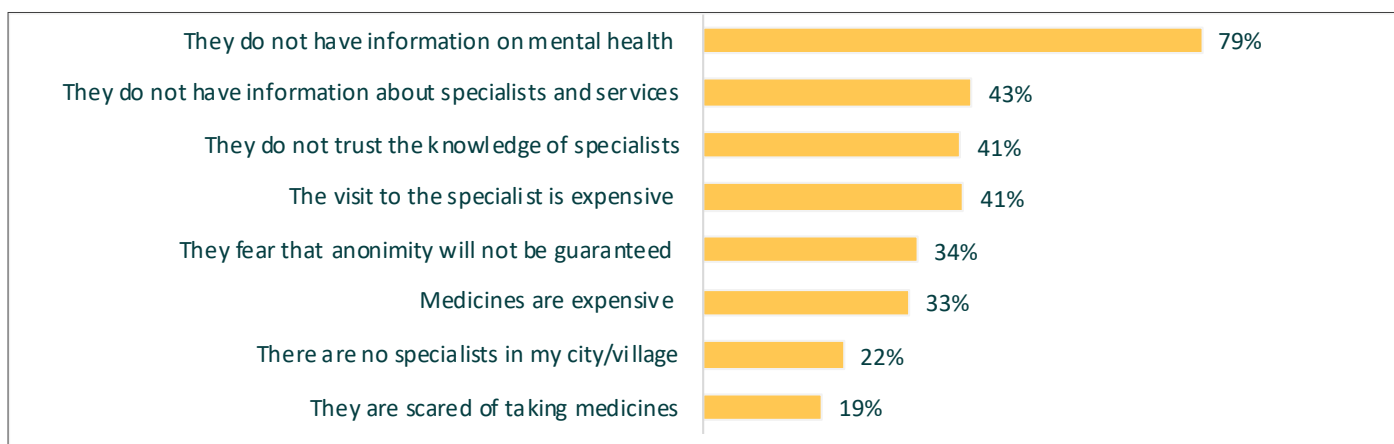


Table 21. There are statements listed below, please evaluate how much you agree or disagree with their content

	Agree	Disagree
In Georgia young people have little information about mental health	92%	8%
In Georgia mental health specialists have a bad reputation	48%	52%
In Georgia there is a lack of mental health specialists	72%	28%
In Georgia there are long waiting lines to visit mental health specialists	36%	64%
In Georgia a visit to a mental health specialist is associated with high financial cost	76%	24%
In Georgia mental health specialists prescribe too many / unnecessary medicines (they “stuff” you with pills)	58%	42%
There are no mental health services in many cities and villages of Georgia	87%	13%
In Georgia, when receiving mental health services, you have no guarantee that the information about you will remain confidential.	61%	39%
There is a widespread opinion in the public that psychologists and/or psychiatrists are the doctors for “crazy people”	73%	27%

Based on research results, it is clear that there are stigmas and stereotypes related to mental health, the majority of students agree with the opinion that, according to the public, mental health specialists are the doctors for "the crazy" (73%).

The surveyed university students believe that the majority of young people will not become friends with a person with mental problems in the same way as with others (71%) and also agree with the statements that a person with mental problems cannot function effectively (65%), is unreliable (70%), dangerous (61%) and untrustworthy (65%), for example, they cannot be trusted with money (60%).

Table 21. Stigma and stereotypes related to mental health

There are statements listed below, please evaluate how much you agree or disagree with their content

	Universities in total	Kutaisi Akaki Tsereteli State University	Batumi Shota Rustaveli State University	Samtskhe-Javakheti State University	Sokhumi State University	Shota Meskhia State Teaching University in Zugdidi	Iakob Gogebashvili Telavi State University	Gori State Teaching University
The majority of young people would not be friends with a person with mental problems in the same way as with others	71%	76%	73%	81%	68%	76%	37%	59%
The majority of young people think that a person with mental problems has low intellect	55%	62%	56%	53%	51%	63%	32%	47%
The majority of young people think that a person with mental problems is unreliable	70%	80%	72%	72%	68%	76%	31%	58%
The majority of young people think that a person with mental problems cannot be trusted	65%	74%	66%	69%	64%	73%	31%	52%
The majority of young people think that a person with mental problems cannot function effectively	64%	74%	63%	76%	61%	71%	29%	49%
The majority of young people think that a person with mental problems cannot be your friend / partner / colleague in the same way as others	49%	54%	47%	62%	49%	52%	27%	42%
The majority of young people think that you cannot trust a person with mental problems with money	60%	68%	60%	69%	56%	64%	29%	48%
The majority of young people think that a person with mental problems does not have the same rights as other people	45%	49%	45%	43%	46%	54%	29%	32%
The majority of young people think that a person with mental problems should be isolated from others	41%	49%	39%	43%	38%	44%	27%	34%
The majority of young people think that a person with mental problems is dangerous	61%	71%	57%	69%	60%	61%	30%	46%

As discussed in the chapter on the evaluation of mental health services, there are no specialized mental health services for adolescents and young people, or such programs are scarce and are not funded by the state health care program. According to the key informants of the study, for 18-24-year-old youth, **paid services are the barriers to receiving the services because they do not have their own income or their income is low and unstable.**

"This is an age group that, as a rule, has no or very little independent income, therefore, if we are not dealing with the use of a state program or an extreme case, in this case even if they undergo a simple consultation, for example with a psychiatrist or psychologist, it is not a cheap pleasure. According to my information, the cost of such consultations in Tbilisi is somewhere between 50 and 100 GEL, and it is certainly very difficult. Of course, overcoming this financial barrier is difficult for this group. A young person must turn to the parent or some other adults who may or may not have income. This is a very important barrier." [Center for Mental Health and Prevention of Addiction]

Apart from financial **accessibility, low level of awareness about mental health in society, stigma and stereotypes about mental health** are important problems for young people:

- **According to the key informants of the study, the level of awareness about mental health is low, both among young people specifically and in society as a whole.** It was mentioned that often young people are brought to the specialist by their family members, however, due to lack of information about the symptoms of various mental disorders, they visit the specialist belatedly. For example, they feel there is a need to consult a specialist in case of a suicide attempt or severe depression, although milder symptoms are considered a characteristic trait of the person ("they have become lazy", "they sleep a lot", etc.);
- **Stigma related to mental health** - According to key informants of the study, stigma related to mental health is still a significant barrier to receiving services, even though some work has been ongoing in this direction in recent years. According to specialists, stigma is related especially to psychiatry, and as a rule, young people more easily consult a psychologist or neurologist, however, they avoid consulting a psychiatrist. For example, according to a psychologist of the Kutaisi Psychiatric Clinic, young people refrain from visiting them at the psychiatric clinic, but they meet them more easily at the Open House, which is a center for psychological services. However, if the involvement of a psychiatrist is necessary, patients try to consult a neurologist instead.

"It's not only about young people, it's about society in general in Georgia, that the society in general needs to raise awareness about mental health." [Center for Mental Health and Prevention of Addiction]

"There is still stigma at this age, even though they see the problem very clearly, they name it as well, because of the stigma, they still have a barrier to go to a specialist." [Service provider, Kutaisi, psychologist]

"Going to a psychiatric hospital is still very stigmatizing for them. When they call me, I receive them in Open House. Open House is a center for psychological service and you go to a therapist, young people think that visiting a psychologist is normal. But if I see some risks that are beyond the competence of a psychotherapist, for example there is

a risk of suicide, psychotic symptoms, in this case I refer them to a psychiatrist. I deliver this information step by step, flexibly - you have this symptom that bothers you, how it bothers you, what other symptoms are there, and I explain how important it is to involve a psychiatrist in this case. As soon as you mention the word psychiatrist, they immediately say, "Isn't it better to go to a neurologist?" [Service provider, Kutaisi, psychologist]

"When they go to a psychiatrist, they say that they had visited a psychologist. So, psychologists and neurologists are more pleasant professions for them, and they believe that psychiatrists are more for difficult cases and they feel insulted and scared, why would I go to a psychiatrist." [Samtskhe-Javakheti Mental Health Community Center, doctor-psychiatrist]

- Fear of facing different types of problems in the future - according to key informants in the study, young people or their family members often refrain from receiving services because of fear of having to register, because they think that a history of mental illness may hinder them in the future. In this regard, they single out the state legislation as an important problem, according to which, if a person has a history of a specific mental disorder, they do not have the right to obtain a mental health certificate, which can become an obstacle when starting work, obtaining a driver's license, etc. According to specialists, because young people do not want to have a record of their illness in the medical history, they often self-medicate or go to private specialists.
- Fear of breaching anonymity and confidentiality - according to experts, young people do not trust that their visit will be anonymous, or may refuse to receive services for fear of seeing acquaintances near the psychiatric clinic. In addition, it was noted that in the case of state services, the existing infrastructure in the organization / clinics also creates less sense of privacy for patients.

"When they get registered, everything is protected, but they still don't have the sense of privacy. There is no infrastructure, no state services arranged so that you can go in and receive the patient and the patient feels that it is a confidential visit. [Service provider, Kutaisi, psychologist]

"Everybody knows everybody, and they may have that thought that because someone knows me, they may not have the sense of anonymity and confidentiality, they can't make themselves to come." [Service provider, Akhaltsikhe]

"If we actually go deeper and investigate, as it is with the implementation of social service work with a specific beneficiary, we see that there is a kind of fear that it will spread badly, a person is young and this will cause problems for them somewhere, this is the approach." [Service provider, Akhaltsikhe]

"The so-called "Psycho" cannot be given to any person with a mental disorder, even in full remission. Imagine when a person has financial resources, for example, I can offer them cognitive behavioral therapy, I will diagnose them with an anxiety disorder and I simply treat them with medication, after that they already belong to the category, which is not allowed to obtain a psycho, this can hinder them from starting a job somewhere". [18]

10. RECOMMENDATIONS BY MENTAL HEALTH SPECIALISTS AND EXPERTS IN THE FIELD

According to mental health specialists and experts in the field, **the state has the main responsibility to develop mental health services and programs for the young people. In addition to the state services being free for the beneficiaries, their another advantage is that they are stable**, unlike certain services that are funded by international grants and therefore are temporary and short-term. Additionally, they are accessible only to a limited number of beneficiaries. However, part of them also thought that involvement of private sector, NGOs and donor organizations is also important in improving the services and accessibility.

Specific activities offered by key informants:

- Create a working group that will work on the problems of youth mental health, will conduct relevant research, and give recommendations;
- Along with strategic documents, elaborate specific action plans which will accurately describe the activities and the allocated state budget
- Increase access to support services (among them especially a psychologist's service), for example, create psychological support centers in educational institutions / universities, where it will be possible to receive both therapeutic service and obtain reliable information related to mental health issues.

Raising awareness of mental health issues in society, including among young people, was also highlighted as a **key issue**. On the one hand, it is important to provide young people with information about mental health, symptoms of various disorders and relevant services, on the other hand, it is necessary to fight against stigmas and stereotypes.

Specific activities offered by key informants

- Distribute information booklets in gathering places of young people (e.g. clubs, cafes), as well as hold active TV campaigns;
- One of the ways to overcome stigma is to talk openly about mental health issues, among them, it is important for public figures and well-known people to talk about these issues, to share with the public their personal experience of fighting and coping with various diseases (e.g. anxiety, depression).
- Educational trainings for both young people and their supporters. When planning the trainings, it is desirable to include both Georgian and foreign experts in order to take into account the successful experience and expertise of other countries and, at the same time, take into consideration the Georgian reality.

Experts participating in the research noted that when planning mental health services and programs, the age characteristics of young people should be taken into account so that the services are interesting and attractive to them.

Specific activities offered by the key informants

- Create youth spaces where they can socialize and spend their free time, for example sports or wellness spaces can be more effective if young people are involved only with other people of the same age in the program;
- Plan the infrastructure of the service provider in such a way that it is reliable and attractive for young people, offering them different activities;
- it is important to cooperate with spaces where young people gather nowadays, for example clubs.

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