

# Preventative Interventions: Investing in Healthcare and the Future Health of Students

How do we improve the quality and availability of health care as much as possible while keeping it affordable?

## Introduction

- ~50% of **students** report **mental health issues**
- **Mental health** is **decreasing** and **less than 20%** of individuals with a psychological disorder make **use** of specialised **mental healthcare**
- Yet healthcare spending keeps rising, suggesting a **structural problem**, not a funding one
- Dutch insurance (**Zvw, Bzv, Rzv**) was built for **curative**, not **preventative** care
- Conditional inclusion mechanisms exist, but are **rarely used** for prevention

### Research Question:

*How can preventative interventions for students be integrated into the Dutch basic insurance package, and under what regulatory and economic conditions?*

## Interventions

Wellbeing screening

Physical health discounts

Psycho-education



## Results

**Sample:** 122 students, mostly WO; 48 Dutch, 66 international valid responses

### Perceived barriers (1 to 5):

- Structural (HABS): **M = 2.68**
- Stigma (BACE): **M = 2.54**

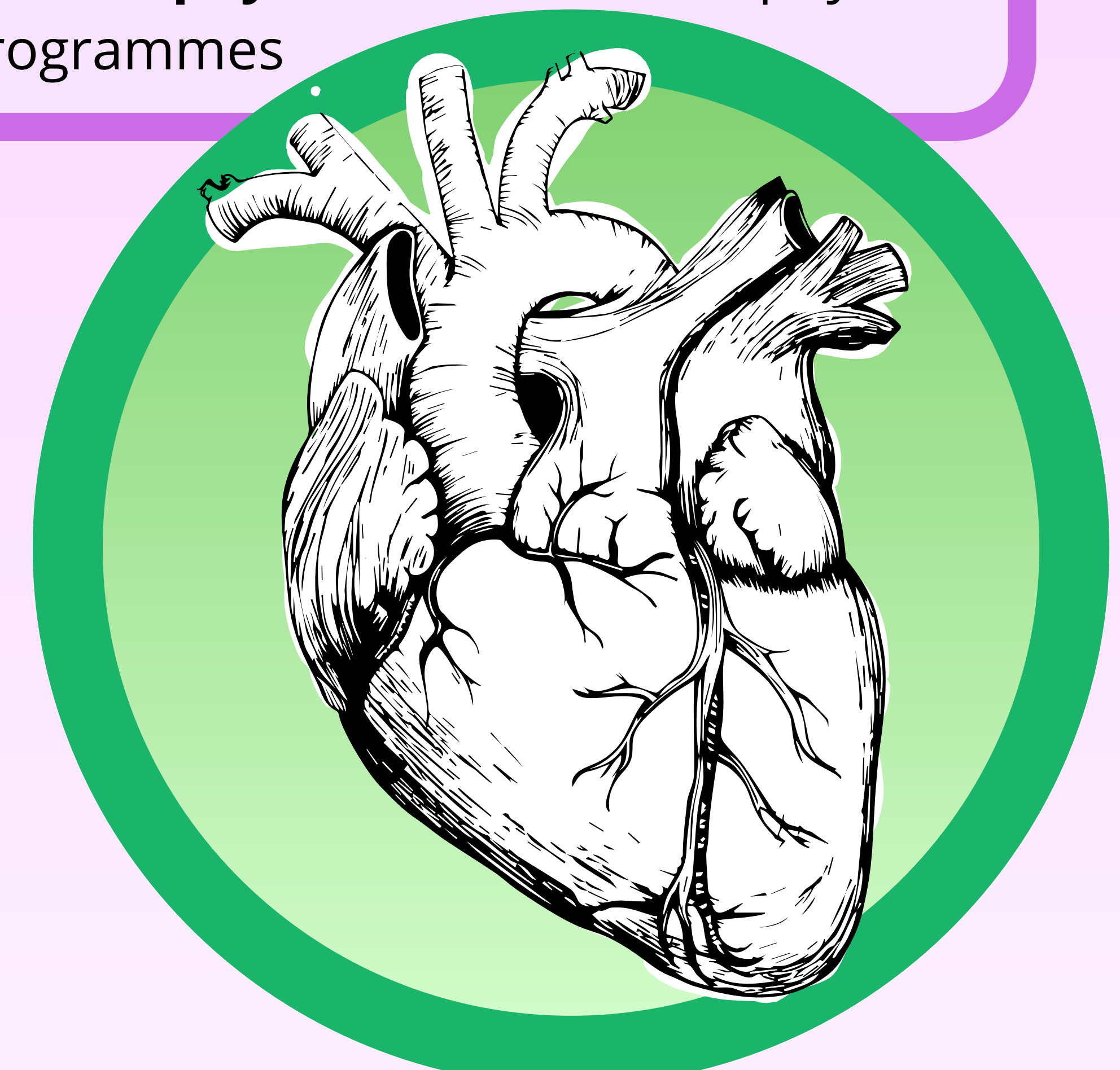
### Intervention support (1 to 5):

- Wellbeing screening: **3.48**
- Psychoeducation: **3.47**
- Physical health discounts: **4.49**

### Key group differences:

- **Other EU insurance** users rated **Psychoeducation** as **less effective** than Basic Dutch Insurance users ( $p = 0.014$ )
- **No** Dutch vs international difference
- **Supplementary insurance** users **face lower structural barriers** than basic insurance only users.

**Willingness to pay:** ~€28/month for physical health programmes



## Methodology

### Mixed methods design:

#### 4 expert interviews

(GP, youth crisis worker, @ease, UM psychologist)  
→ informed survey design

#### Student survey

(n = 122) via Qualtrics, EN/NL, distributed across MBO, HBO, WO in Limburg

#### Legal analysis

READ framework on Zvw, Bzv, Rzv, MDR, GDPR + ZIN criteria

#### Economic analysis

ICER vs ZIN's €20,000–€80,000/QALY thresholds

**Validated instruments:** HABS (structural barriers), BACE (stigma), TFA (intervention acceptability)

## Conclusion

### Preventative interventions:

- Economically justified
- Legally feasible
- Supported by students & experts

Suggest **moving away** from current **reactive model of care** and **towards** a more **proactive system** that **tackles** the worsening health **situation**