Annual Report

Mental Wellbeing Community (MeWell)

2021
Mental Wellbeing Community (MeWell)
Non-profit association, Zurich
mewellcommunity.ch

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Table of contents:

1. A message from our president
2. Executive Summary: 2021 at a glance
3. About us
4. Academic review
5. Our impact measurement approach
6. Social impact outcomes
   a) increased knowledge
   b) increased resilience
   c) increased treatment rates
7. Our association
8. Finances
9. Our partners
10. People behind the impact
11. Key learnings & next steps
12. References
1. A message from our president

Mental health presents a serious personal, social, and economic burden. An equivalent cost value of 4% (~22 billion CHF) of Switzerland’s GDP is spent on direct and indirect costs due to mental health (Jäger et al., 2008; OECD/EU, 2018). The student community represents a particularly at-risk age group - 75% of mental illness arise by the age of 24 (OECD, 2012). Moreover, high stigma, in addition to limited mental health literacy, often prevents people from receiving adequate treatment in a timely manner.

In response to these challenges, MeWell is dedicated towards providing high-quality awareness and social events at the Zurich academic institutions to combat stigma and educate people about mental health.

Mental health and mental wellbeing are sometimes used synonymously although they are not quite the same. Or sometimes mental wellbeing is considered the lack of mental health problems. While both are correlated since a bad mental health state can impact mental wellbeing and mental wellbeing interventions can improve mental health, they can be considered independent to some degree. People with bad mental health can have good mental wellbeing and vice versa. Therefore we promote both good mental health as well as good mental wellbeing.

We look back to another difficult year with the Corona pandemic. The pandemic and its consequences are especially hard for the mental health of our academic community and also our MeWell team. This year was also exciting as it marked the introduction of monthly mental health topics and we are proud of all that we were able to accomplish!

We established a new format for event organizing and have designed our events around a monthly calendar where we try to address a different mental health topic. In particular, we start each month with a more general introduction/community building discussion on the topic via a round table. Later in the month we then host an invited professional guest who can talk more at length on the topic and can offer some insights or conclusions. In early 2021 we also became a recognized association by the Verband der Studierenden an der ETH (VSETH), which aided our reach and advertisement capabilities. We were also invited to present MeWell to the entire ETH Zurich at one of the four ETH town halls on “Well-being in challenging times”.

Since the beginning of the Coronavirus pandemic, we began to host our events online. The bulk of our last year events remained online for the safety of our community. This also meant that the events for our Mental Health Week (Oct 4-10) also largely remained online. Despite our program moving virtual, we were able to host some 30
events with speakers from around the world which reached more than 1500 people (considering both live and on-demand).

For 2022, we are looking forward to expanding our offer to the general public at universities in Zurich and increasing the reach of our awareness campaigns and events to bring us closer to a mental health-positive culture at universities in Zurich, where all students and employees are supportive of each other’s and their own mental health and wellbeing.

Tiyam Nikray
President
2. Executive summary

**Increased knowledge**
5 talks and 1 podium discussion organized

**Increased resiliency**
11 talks and 9 roundtable discussions organized
Self-help group co-organized
Community events (game nights, evening walks/hikes, yoga)

**Increased treatment rates**
2 talks organized
300-500 website visitors per month (1300 visitors in October – mental health week)
New design of website

**People reached**
1123 people attended awareness events
48 people attended community events or self-help groups
405 people watched recordings of awareness events

**Event rating**
Surveys are done after each event
1 in 5 of event participants takes part in surveys
Very positive feedback from participants
Selected respondent quotes:

“It's really refreshing and validating to hear all of the speakers' stories of overcoming (or addressing) their struggles and the processes that they went through. I thought the messages and advice left me hopeful in a way that I haven't felt in a while.”

“Thanks for encouraging people to interact! It was also great to hear in the beginning that many people are lonely (no one needs to be ashamed) and that we are in control of it.”

“The mental fitness toolkit! Awesome!”

“Great presentation, great answers to the question, great project in general. Well done.”

“The event was overall brilliant! I really liked that it was somewhat interactive and had a direct relation to our daily lives.”

**Growth of Mental Wellbeing Community**

MeWell part of ETH Townhall on emotional fitness; listed as support for employees and students at ETH

Introduction of MeWell to new students at ETH/UZH (introduction events, ersti-bags)

1000+ instagram followers, 130 twitter followers, 203 newsletter subscribers

Physical advertisement at ETH/UZH, virtual advertisements at several universities

**Finances**

The expenses in 2021 amounted to: CHF 9’842.58

The revenues in 2021 amounted to: CHF 10’079.90

The annual profit in 2021 was: CHF 237.32
Monetary value of social impact outcomes

- Direct healthcare costs of mental health issues in CH per year (Schuler et al., 2016):
  1798 CHF (year 2015 average costs)

- Estimate of people improving by increased knowledge/resilience/treatment rates:
  \[1576 \times 5\%-20\% \times 19\%-22\% = 40.4 \text{ people (15.0 – 69.3)}\]

- Assumption that increased knowledge/resilience/treatment rates reduce healthcare needs by three months\(^4\)

Mid-point estimate of monetary value: 18’150 CHF

Range: 6’725 – 31’175 CHF

It is important to note that this cost calculation does not include the magnitude of indirect costs associated with these illnesses (i.e. to lost personal and economic income).

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\(^1\) Awareness/community/self-help group attendees

\(^2\) Prevalence of mental health disorders in general population

\(^3\) Effectiveness of positive mental health intervention (Schotanus-Dijkstra et al. 2018)

\(^4\) Longer duration of untreated illness tends to lead to poorer outcomes (Ghio et al. 2014)
3. About us

Our Vision

A mental health-positive culture at ETH and UZH,

where all students and academic workers at ETH and UZH participate in a mental-health normalized culture, supportive of each other's mental health, and know where to find mental help.

What we offer

MeWell offers a range of engaging activities focused on fighting mental health stigma in academia. Our events cover two main areas:

1. Mental health awareness
   Our mental health awareness program consists of educational activities which inform and teach our community about various aspects of mental health such as: promoting mental wellbeing, recognizing the signs and symptoms of poor mental health, and talks covering current research.

2. Community outreach social events
   Our community outreach events offer an opportunity for our community to directly interact with our team. This serves two main purposes: A) As a recruitment and team development program B) As a direct program to engage our community and potentially help redirect people to professional support organizations in the case of poor mental health.

What we do

Promote mental wellbeing at universities in Zurich
Promote healthy and welcoming community
Hub for mental health information
4. Academic review

Scientific research has changed the view of rationality. While in previous times people were considered to be fully rational beings and rationality solely the result of thinking, research of the brain and psychology revealed a different reality. People are not fully rational and to be able to make rational decisions, the recognition of bodily sensations (aka: feelings) is essential (Damasio, 1994). Furthermore many biases and noise in human thinking have been found and are getting recognized not only in psychology but also economy (Kahneman, 2011). The idealization of the mind in our culture is therefore questionable. An (at least partly artificial) distinction between mind and body exists in our culture (Descartes, 17th century), which extends into an (artificial) distinction physical and mental health (Thibaut, 2018). But newer research shows that physical and mental health cannot be separated and both affect each other (culminating in the new discipline of psychosomatics; Thibaut, 2018). In other words the importance of mental health for health in general is now generally accepted (Prince et al., 2007).

Scientific studies also revealed the high prevalence of mental health disorders. Conservative estimates for annual and lifetime prevalence of mental health disorders are 1/6 and 1/3 people in the general population (OECD/EU, 2018). In the student population several studies found even higher prevalence of psychological distress and mental health disorders (Levecque et al., 2017; Evans et al., 2018; BFS, 2021). Students are a particularly relevant group for mental health interventions since the onset of mental health disorders is quite early in life. 50 % of all disorders occur by age 14 and by age 24, 75 % of all mental health disorders have developed (OECD, 2012). There is on average a gap of 12 years between the onset of mental health disorders and the first treatment thereof (OECD, 2012). The typical age of students is therefore an age when increased knowledge/treatment of mental health disorders are highly relevant to address already existing or developing mental health problems.

Although mental health disorders are very prevalent, only a small fraction of people in need of professional treatment of mental health disorders take advantage thereof. Studies found that only 1 out of 4 people with severe mental health disorders receive adequate treatment, i.e. 3 out of 4 people did not receive adequate treatment, and for moderate mental health disorders the treatment rate is even lower (Kohn et al., 2004; OECD, 2012). A study of young Swiss adults revealed a similar treatment gap. While 1 in 4 of all surveyed Swiss adults between 17-21 years of age showed symptoms of mental health disorders, only 1/5 of these 25 % received treatment (Werlen et al., 2020). The main reason for the high rates of missing or inadequate treatment of mental health disorders is stigmatization of mental health disorders (Barbato et al., 2016). Similar statistics hold for the general population in Switzerland. About 530’000 people in Switzerland receive professional treatment of mental health disorders each year.
(Schuler et al., 2020), a number that has been increasing steadily in the last 20 years by about 8’000 people each year. But much more people would actually need adequate treatment, 1’200’000 people would be in need of professional treatment of mental health disorders each year as has been modeled by Künzi et al. (2020), i.e. 670’000 persons more than are currently in treatment.

Mental health disorders have not only a high prevalence but also a severe impact on the quality of life. Mental health is the leading cause of disability in the European region and the third leading cause of overall disease burden (World Health Organisation, WHO, Fact sheet sustainable development goals, SDGs, target 3.4). This results in high economic costs for society. The economic burden for the European region has been assessed by the OECD/EU (2018) to be around 600 billion Euro per year. For Switzerland it has been estimated as 22 billion CHF per year (about 2750 CHF per year per inhabitant of Switzerland; Jäger et al., 2008; OECD/EU, 2018).

The high rates of undertreatment, the high burdens for affected individuals and for society in general have caused action by policymakers. The WHO, European Union (EU) and other Organisation for Economic Co-operation and Development (OECD) countries have established dedicated programs in the last decades to reduce stigma around mental health (e.g. WHO, 2008). While this has led to reduced suicide rates and increased acceptance of mental health and treatment of mental health disorders, the treatment gap remains large (OECD/EU, 2018). The United Nations (UN) therefore include mental health in their 2030 goals for sustainable development (SDGs) to ensure healthy lives and promote well-being at all ages (Target 3.4: ensure a reduction of mortality from non-communicable diseases and promote mental health). Mental health is considered not just an issue for the health sector because it is also related to equality and basic individual rights and there is no health without mental health (UN, SDGs 3).

A new view of mental health not only includes increased treatment of disorders but also having adequate knowledge of what can be done to prevent mental health disorders and promote wellbeing (Stewart-Brown, 2017). The full spectrum of mental health needs to be known to everyone, since everyone has a mental health state. This leads to two dimensions of the mental health of a person: the state of mental health and how well one deals with if or if there is treatment of a possible disorder. While for many mental health disorders treatments like psychotherapy work well and people can recover, for some mental health disorders only an improvement but no full recovery is possible (Stewart-Brown, 2017). But a well-managed disorder is better than an untreated one. Since stigmatization and tabooization of mental health are prevalent, far too many mental health disorders are not treated or not treated adequately. This causes unnecessary suffering and the stigmatization itself can cause people to feel even worse. The emotional burden by stigmatization has been called a “second disease” (Finzen, 2001).
The Covid-19 pandemic has also a substantial impact on mental health. While it has put mental health into public recognition it also creates a strong mental health burden. Studies in many countries (including Switzerland) found increased prevalence of symptoms of anxiety and depression during lockdown (de Quervain et al., 2020; Xiong et al., 2020, Passavanti et al., 2021). This further increases the need for better recognition and treatment of mental health disorders.

A further aspect of mental health is that there is a general need to improve the health of people with severe mental health disorders because they die 7-10 years younger than the general population (mainly due to increased physical health problems; Walker et al., 2015; Erlangsen et al., 2017). This is particularly critical when estimates indicate that one in three individuals experiences a mental disorder during their lifetime. Reasons next to suicide are inadequate attempts of self-treatment (smoking, alcohol abuse), reduced physical activity or misdiagnosis of physical health problems as mental health problems by health professionals (Firth et al., 2019). The key to treatment, is early intervention. It is actually much easier and much more feasible to prevent conditions of ill health from arising rather than trying to reverse the conditions after they have arisen. The society needs to be more proactive. We need to be aware that people with mental health disorders are at risk of physical health problems. Mental health and physical health are intrinsically linked, so any patient presenting with frequent somatic complaints requires a mental wellbeing assessment, while any patient with mental health problems needs a thorough physical check.

The literature on the cost-effectiveness of mental health interventions is still sparse (e.g. Schotanus-Dijkstra et al. 2018), but a recent review (Le et al., 2021) of existing studies found that most interventions analyzed were either cost-neutral or even cost-saving (considering only the direct costs of mental health treatments and no indirect costs like loss of productivity or costs in other parts of the social security system).
5. Our impact measurement approach

Theory of change:

PROBLEM:
Treatment gap of mental health disorders; lack of knowledge about prevention of mental health disorders and what is good for mental health; having no one to talk about mental health

SOLUTION:
Provide information and community

INPUTS:
Staff, time, funding, expertise

ACTIVITIES:
Awareness events, community events, website and social media, self-help group, brand building

OUTPUTS (OUR DATA):
Registrations and number of participants of events; surveys after each event; Website and social media statistics

OUTCOMES:
Increases knowledge about mental health, increased resilience, increased treatment rates

GOALS:
All students at universities in Zurich receive adequate treatment of mental health disorders (closing of treatment gap), “exercises” for mental health are as typical and common as for physical health, mental health is a normal topic of conversation, no more distinction between physical and mental health

→ 3 main social impact outcomes:

1) Increases knowledge about mental health: know what mental health disorders exist, how common are they, what are typical symptoms, how can they be treated, what can be done for prevention, how can others be helped
2) Increased resilience: increasing the possibilities to deal with hardships
3) Increased treatment rates: everyone with a mental health disorders needs to seek and receive adequate treatment
6. Social impact outcomes

Overview

HOW MUCH:
We have hosted over 50 events since our inception - engaging hundreds of people across three of the main Zürich universities as and have hosted professional guests from Switzerland, Germany, France, UK, Greece, Poland, US, Canada, and India.

CONTRAIBUTION:
Participants of our events give them overall a very high rating (4.4 out of 5.0). The topics (4.5 out of 5.0) and content (4.3 out of 5.0) are relevant to them and they particularly like the speakers (4.8 out of 5.0) and find the events engaging (4.2 out of 5.0).

Event ratings 2021

Selected respondent quotes:
“Interesting topic, backed up with data. Engaging discussion and interesting questions”
“I appreciated how passionate the speaker was about the topic and the Q&A portions”
“I liked that it covered both theoretical background as well as practical aspects / advice, making it very powerful”

About 200 respondents to the surveys after each of our events rated the relevance of the following topics to them:
Our audience is mostly (PhD/master/bachelor) students:
Increased knowledge

Our output in 2021:
5 talks (loneliness, sociometry, impostor syndrome, failure culture, epigenetic basis of mental health disorders) and 1 podium discussion (Geschichten hinter der Stigmatisierung) organized

WHAT:
Mental health encompasses not only mental health disorders but a full variety of mental health states from flourishing to several mental health disorders (called the mental health spectrum). MeWell aims to spread information about the whole mental health spectrum. The field of positive psychology has grown in the last decades and it aims to improve the quality of life. A number of factors may contribute to happiness and subjective well-being. For example, social ties with a spouse, family, friends, colleagues, and wider networks; membership in clubs or social organizations; physical exercise, and the practice of meditation. Next to knowing what is good for mental health it is also important to know how a deterioration of mental health, crisis or other hardships can be dealt with. Resilience has also received considerable attention in recent years and general knowledge about resilience should be available to everyone (see also our next social impact outcome). Being able to recognize symptoms of mental health disorders in oneself and others is essential to increasing the treatment rates of them. It also needs to be known which treatments and services exist, how effective these treatments are and it can help to know how other people deal with them (see the last of our social impact outcomes).

WHO:
According to a representative survey of the adult Swiss population (Bühl, 2018) would 51 % of Swiss adults need more knowledge about mental health disorders to be able to talk more openly about mental health. 27 % would like to have campaigns that invite to talk about mental health and 21 % would find it useful to hear about the experience of others. Only 8 % do not need any further incentive to talk about mental health. Given this high demand for more information we assume that > 90 % of students and employees at universities in Zurich will profit from increased mental health knowledge. These are more than 85'000 people.
FTE=Full Time Equivalent

HOW MUCH:
We have hosted 5 talks and 1 podium discussion about general mental health topics. These attracted 364 participants and 9 people watched the recordings of these events (only 1 event could be recorded in agreement with the speaker and participants).

CONTRIBUTION:
Participants of our events of our events give them overall a very high rating (4.5 out of 5.0). The topics (4.3 out of 5.0) and content (4.3 out of 5.0) are relevant to them and they particularly like the speakers (4.9 out of 5.0) and find the events engaging (4.0 out of 5.0).

Increased knowledge event ratings 2021

Selected respondent quotes:
“Thanks for encouraging people to interact! It was also great to hear in the beginning that many people are lonely (no one needs to be ashamed) and that we are in control of it.”
“It was nice to hear different people talking about their personal experiences with failure and giving advice on how to deal with it.”

RISK:
Given the lack of knowledge, we assume a very low risk that we distribute knowledge that is already known to people. The effectiveness of other campaigns/interventions has shown that such campaigns/interventions are cost effective or outweigh their costs in general.

**MONETARY VALUE OF SOCIAL IMPACT:**
- Direct healthcare costs of mental health issues in CH per year (Schuler et al., 2016):
  1798 CHF (value for the year 2015)
- Estimate of people improving by increased knowledge:
  373 x 5-20% x 19-22% = 9.6 people (3.5 – 16.4)
- Assumption that increased knowledge reduces healthcare needs by three months

**Mid-point estimate of monetary value: 4’300 CHF**
Range: 1’600 – 7’375 CHF

It is important to note that this cost calculation does not include the magnitude of indirect costs associated with these illnesses (i.e. to lost personal and economic income).

**ASSESSMENT:**
Given to overly positive feedback to our awareness events we assess our engagement to classify as “Contribute to solutions”.

**CASE STUDY:**
*Imposter Syndrome in Academia: Whom it affects and what you can do about it:* Our team at MeWell is very proud to have organized a talk and Q&A with social anthropologist Sibyl Schädeli to present a fascinating ‘Imposter syndrome’ event for academics. This topic was chosen since the imposter syndrome is prevalent in academia and our community has expressed high interest in this topic. An audience of 200 people from undergraduate, graduate and young scientist communities participated in this activity. The audience was very positive about speaker and event:

“I liked how Sibyl started the talk by saying, Guess what I'm feeling now? - And the Q&A part”

“Sybil Schaedli presented a very helpful overview over the imposter syndrome and offered helpful guidance in dealing with it. I especially liked the brief session in breakout rooms.”

“I liked that it covered both theoretical background as well as practical aspects / advice, making it very powerful”
“The personality of the presenter and her delivery style, felt personal and not like she was just doing her job”
Increased resilience

Our output in 2021:
11 talks (mental balance, mental fitness, resilience, how to support people, grief, self acceptance, un-masking masculinities, Geschlechtsidentität, mental wellbeing and inequality, glass ceilings and invisible walls, procrastination) and 9 roundtable discussions (anxiety, chronic illness, impostor syndrome, perfectionism, resilience, supporting others, loneliness, social integration, eco-anxiety) organized
Self-help group co-organized
Community events (game nights, evening walks/hikes, yoga)

WHAT:
It is important to know how a deterioration of mental health, crisis or other hardships can be dealt with. Resilience has received considerable attention in recent years and general knowledge about resilience should be available to everyone. E.g. the benefits of growth mindset (intelligence and talents can develop over time) over a fixed mindset (they are fixed) (https://psycnet.apa.org/record/2006-08575-000), that it’s more beneficial to praise process than talents or natural abilities (https://psycnet.apa.org/record/1999-05027-021), that failure can be considered a learning experience or that mental health states change over time.

WHO:
Since mental health states change over time and hardships can occur to anyone, resilience training will be beneficial to everyone. Several studies found increased rates of symptoms of common mental health disorders in graduate students including an international survey in 26 countries finding that 41%/39% of graduate students have moderate to severe symptoms of anxiety/depression (Evans et al., 2018). Academics have been found to be among the occupational groups with the highest levels of common mental disorders (Guthrie et al., 2017). Given this high prevalence of psychological distress in the academic world, we assume that most students and employees at universities in Zurich will profit from increased resilience.

HOW MUCH:
We have hosted 11 talks and 9 roundtable discussions about topics related to increasing resilience. These attracted 708 participants and 347 people watched the recordings of these events (12 events could be recorded in agreement with the speakers and participants). Also a self-help group was established and co-organised by MeWell at the Paul Scherrer Institut (PSI) in Villigen. Community events like evening walks/hikes and game nights were also organized. Due to the Covid-19
pandemic situation, the community events took place in irregular intervals and game nights were also organized online.

CONTRIBUTION:
Participants of our events of our events give them overall a very high rating (4.5 out of 5.0). The topics (4.6 out of 5.0) and content (4.3 out of 5.0) are relevant to them and they particularly like the speakers (4.7 out of 5.0) and find the events engaging (4.2 out of 5.0).

Increased resilience event ratings 2021

Selected respondent quotes:
“It's really refreshing and validating to hear all of the speakers' stories of overcoming (or addressing) their struggles and the processes that they went through. I thought the messages and advice left me hopeful in a way that I haven't felt in a while.”

“Every outcome or circumstances can be turned into a gift and opportunity”

“Great presentation, great answers to the question, great project in general. Well done.”

“The speaker was engaging and very well versed in the topic of grief. She was thoughtful and gently spoken and non-judgmental. It is a topic that we need to be able to discuss more openly as it effects all of us at some point.”

“It was interesting to see some scientific evidence behind techniques that I tried already.”

RISK:
Given the lack of knowledge, we assume a very low risk that we distribute knowledge that is already known to people. The effectiveness of other campaigns/interventions has shown that such campaigns/interventions are cost effective or outweigh their costs in general.

MONETARY VALUE OF SOCIAL IMPACT:
- Direct healthcare costs of mental health issues in CH per year (Schuler et al., 2016):
1798 CHF (year 2015 average costs)

- Estimate of people improving by increased resilience:
  \[ 1103 \times 5-20\% \times 19-22\% = 28.3 \text{ people} \ (10.5 \ - \ 48.5) \]
- Assumption that increased resilience reduces healthcare needs by three months

**Mid-point estimate of monetary value:** 12’700 CHF

Range: 4’700 – 21’825 CHF

It is important to note that this cost calculation does not include the magnitude of indirect costs associated with these illnesses (i.e. to lost personal and economic income).

**ASSESSMENT:**
Given to overly positive feedback to our awareness and community events we assess our engagement to classify as “Contribute to solutions”.

**CASE STUDY:**
*Evening walks/hikes:* Given the COVID-19 pandemic situation, evening walks and hikes remained one of the few in-person events that could still be organized most of the time. In 2021, we have hosted 9 of these social events where our participants explore the city or other places (like a pumpkin exhibition), converse, and welcome new people. Dozens of people have attended these events.
Mental Health Week: We hosted a very exciting Mental Health Week program consisting of 9 awareness and 2 community events occurring over Oct 4-Oct 10. Below are a few selected highlights taken from our youtube recordings:

- **Unmasking masculinities**
- **Guide to procrastination**
- **Mental wellbeing & inequality**
- **Epigenetic Basis of Mental Health Disorders**
- **Glass ceilings and invisible walls**
Increased treatment rates

Our output in 2021:
2 talks (anxiety, crisis) organized
300-500 website visitors per month (1300 visitors in October – mental health week)
New design of website

WHAT:
Mental health disorders are common but many people do not receive adequate treatment for them. Many people only search for help when their mental health problems start to affect their performance (Michel et al., 2018). Being able to recognize symptoms of mental health disorders in oneself and others is essential to increasing the treatment rates of them. It also needs to be known which treatments and services exist, how effective these treatments are and knowing how other people deal with mental illness can help as well.

WHO:
The lifetime prevalence of mental health disorders is at least 1/3, i.e. at least 1 in 3 people experience mental illness in their lives. The annual prevalence is at least 1/6, i.e. at least 1 in 6 persons is suffering every year from one or more mental health disorders. The rate of people not receiving treatment is huge, 30 - 90 % depending on age and diagnosis (OECD, 2012; Kohn et al., 2005, Schuler et al., 2020). 1 in 20 people per year have one or more severe mental health disorder (OECD/EU, 2018) but only 3 out of 4 persons with severe mental health disorders receive adequate treatment (Hewlett and Moran, 2014). The OBSAN report 2020 for mental health in Switzerland (Schuler et al., 2020) reports a recent estimate of 7.8% of the population in Switzerland have an unmet need for treatment of mental health disorders. A nationwide, representative survey for Switzerland revealed that ~25 % of young adults screen positive for at least one common mental health disorder and out of those less than 1 in 5 utilize mental health services. The mental disorder prevalence in surveys may not accurately represent the actual need for treatment. Künzi et al. (2020) modeled that ~14 % of the Swiss population need professional mental health treatment each year. We estimate therefore that between 4 % (5 % x 3/4) to 10 % (14 % x (1-1/5)) of students at universities in Zurich (i.e. 3’000 to 7’600 students out of a total of more than 73’000 students) would benefit from utilizing professional mental health services but do not do so yet and similar estimates apply for employees at universities in Zurich. Applying our methodology to estimate how many students currently receive adequate treatment at ETH Zurich and University Zurich, the target group of the psychological counseling service Zurich (PBS), gives a range of 625 to 1400 students receiving professional treatment per year. PBS reports that 670 of their clients received psychotherapy or psychiatric treatment (mostly externally from PBS since the resources of PBS are limited; PBS, 2019). The good agreement between our estimate and the actual value corroborates our estimates.
HOW MUCH:
We have hosted 2 talks about topics related to mental health disorders and treatment thereof. These attracted 51 participants and 49 people watched the recordings of these events (only 1 event could be recorded in agreement with the speaker and participants). We also provide information about mental health in general, common mental health disorders and services available to students and employees at universities in Zurich on our website which has 300-500 visitors each month.

CONTRIBUTION:
Participants of our events give them overall a very high rating (4.2 out of 5.0). The topics (4.2 out of 5.0) and content (4.1 out of 5.0) are relevant to them and they particularly like the speakers (5.0 out of 5.0) and find the events engaging (4.2 out of 5.0).
Selected respondent quotes:
“I appreciated how passionate the speaker was about the topic and the Q&A portions”
“Every outcome or circumstances can be turned into a gift and opportunity”
“I like the analog with the big wave because it is very powerful and easy to understand”

RISK:
Given the large gap in treatment, we assume a low risk that we distribute knowledge to people who already are in adequate treatment.

MONETARY VALUE OF SOCIAL IMPACT
- Direct healthcare costs of mental health issues in CH per year (Schuler et al., 2016):
  1798 CHF (year 2015 average costs)
- Estimate of people improving by increased treatment rates:
  100 x 5-20% x 19-22% = 2.6 people (1.0 – 4.4)
- Assumption that increased early treatment reduces healthcare needs by one year

**Mid-point estimate of monetary value: 1’150 CHF**
Range: 425 – 1’975 CHF

It is important to note that this cost calculation does not include the magnitude of indirect costs associated with these illnesses (i.e. to lost personal and economic income). Note further that visitors of the information provided on our website about mental health information or services provides for students and university employees in Zurich are not included in this estimate.
ASSESSMENT:
Given to overly positive feedback to our awareness events we assess our engagement to classify as “Benefit people & planet”.

CASE STUDY:
What can I do if I find myself in a mental crisis? - Emilia Anna Vasella
MeWell organized this event with Emilia Anna Vasella who is a psychologist at the psychological counseling service (PBS) from ETH and UZH. She also has professional experience in inpatient psychiatric and psychotherapy settings for adults. Stress, changes, painful events and other strains can cause people to experience a mental crisis. They are common and can affect anyone, regardless of age, education, profession, origin, and social status. In this event we got to know what we can do to prevent and manage mental crises and why self-compassion is a significant personal resource in a mental crisis. Furthermore, we were encouraged to reflect on your own experiences with mental health crises and possible personal resistances that have arisen in such crisis.
The audience was very positive about speaker and the engagement during the event: “I like the analog with the big wave because it is very powerful and easy to understand.”
7. Our association

MeWell is an association located in Zurich which abides by the Swiss Civil Code and is tax exempt.

Our structure consists of a board and active volunteers. Our board is further subdivided into committees: PR, Events and Funding & Administration. The PR team is further divided into the design committee and the promotion committee. The Events team is further divided into the community committee and the events committee. Our leadership and management is directed by these committee heads and our President/VP who preside over the committees and board respectively. Our treasurer acts as an independent evaluator on budget. Operational decisions are ratified by the board and general decisions by the general assembly.
8. **Finances**

- We had expenses and revenues around 10k CHF in 2021
- Expenses were mostly for awareness events (68 %) and the new design of the website plus event advertising (31 %); administration costs are low (1 %)
- Revenues were from Prävention und Gesundheitsförderung Kanton Zürich, VSETH, SPH, private donations, PPA, AVETH, VMUSYS
- We have an accounting profit of 237.32 CHF
- Taking into account that MeWell owned -49.01 CHF at the beginning of 2021 and 282.57 CHF at the end of 2021, we had actually a profit of 331.58 CHF in 2021

### Expenses/Revenues 2021

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<thead>
<tr>
<th></th>
<th>Expenses (CHF)</th>
<th>Revenues (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website design/hosting</td>
<td>2,564.84</td>
<td>Private 675.14</td>
</tr>
<tr>
<td>Marketing/advertising</td>
<td>464.42</td>
<td>Sponsors</td>
</tr>
<tr>
<td><strong>Events</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness events</td>
<td>6,124.34</td>
<td>VSETH 3,364.00</td>
</tr>
<tr>
<td>Apéro</td>
<td>578.43</td>
<td>SPH 880.26</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank account/Notion</td>
<td>109.98</td>
<td>AVETH 500.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VMUSYS 450.00</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>9,842.58</td>
<td><strong>Total revenues</strong> 10,079.90</td>
</tr>
</tbody>
</table>

**Annual profit** 237.32
# Balance sheet per 31\textsuperscript{st} December 2021

<table>
<thead>
<tr>
<th>Assets (CHF)</th>
<th>Liabilities (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank account</td>
<td>5,949.37</td>
</tr>
<tr>
<td>Credit (private)(^1)</td>
<td>9,000.00</td>
</tr>
<tr>
<td>Receivables</td>
<td>4,039.50</td>
</tr>
<tr>
<td>Not yet reimbursed costs</td>
<td>706.30</td>
</tr>
<tr>
<td>MeWell assets(^2)</td>
<td>45.25</td>
</tr>
<tr>
<td>Annual profit 2021</td>
<td>237.32</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>9,988.87</strong></td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>9,988.87</strong></td>
</tr>
</tbody>
</table>

1) Private credit from the MeWell treasurer. Needs to be repaid in 2022
2) Including the annual profit of 2021 the MeWell assets at the end of 2021 are: 282.57 CHF
(Note that assets and liabilities must be equal at the end of the year)
Revision Report

Bericht der Rechnungsrevisoren über die Vereinsrechnung an die ordentliche Generalversammlung des Vereins MeWell, Zürich

Im Rahmen der Rechnungsrevision habe ich die Buchführung und die Vereinsrechnung, bestehend aus Bilanz und Erfolgsrechnung des Vereins MeWell, mit Sitz in Zürich, für das am 31. Dezember 2021 abgeschlossene Vereinsjahr geprüft.


Ich beantrage der Mitgliederversammlung, die Rechnung 2021 in der vorliegenden Form zu genehmigen und dem Kassier, David Neubauer und dem Vorstand décharge zu erteilen.

Für die Jahresrechnung ist der Vorstand verantwortlich, meine Aufgabe besteht darin, diese zu prüfen. Ich bestätige, dass ich die Anforderungen hinsichtlich Befähigung und Unabhängigkeit erfülle.

Bern, 04.04.2022

Für die Rechnungsrevision

Gracia Brückmann

Anlage Vereinsrechnung
9. Our partners

Currently we are supported directly by the SPH, our collaborators, and financial donations of our members. We are also supported with materials from the Kanton Zürich & “Wie Geht’s Dir?” Campaign

We are grateful for our collaborators and supporters who thus far help support us with coaching, trainings, media outreach, fee waivers, and mental health awareness campaign materials.

Our collaborators and/or partners over the past year include: VSETH, Prävention und Gesundheitsförderung des Kanton Zürich, PBS, AVETH, SPH, PPA-PSI, VMUSYS, Promente sana, PhD Balance, Diego Hangartner, Findyourway coaching, Brainability.

10. People behind the impact

Tiyam Nikray  
President

Miguel Angel Quero  
Vice-President

David Neubauer  
Treasurer
Anastasia Taranova  
Events Team Coordinator

Tiara Greber  
Public Relations Coordinator

Events Committee

Mohammad Nouraddini  
Events Committee

Yue Yu  
Events Committee

Chiara Ruggeri  
Events and Community Committee

Tülay Karakulak  
Events and Community Committee

Chris Scarpa  
Events Committee

Céline Serra  
Promotion Committee
Anja Wullschleger  
Design Committee

Arnav Mehrotra  
Promotion Committee

Stella Harper  
Committee Member

Naima Ferrante  
Active member

Jonas Passweg  
Active Member

Dániel Tihanyi  
Active Member

Ghjulia Sialelli  
Active Member

Katrin Schulz  
Active Member

Anastasia Dragan  
Active Member

Jonathan Clemens  
Active Member
11. Key learnings & next steps

We are in the process of recruiting more members for our PR, events, and funding & administration committees to spread the high workload. Following soon is a new website launch!

For 2022, we continue with our proved format for event organizing, having the events designed around a monthly calendar (see image below) where we try to address a different mental health topic. In particular, we plan to host each month an invited professional guest who can talk more at length on the topic and can offer some insights or conclusions. In addition community events and discussion will be organized, which will hopefully more often be possible in-person. We are also looking forward to the next edition of our Mental Health Week/Month in 2022!

In 2022 we also look forward towards building stronger funding relationships with some of our collaborators and to establish new partnerships with foundations in Switzerland. We are in the process of applying for formal association from VSETH (ETH student representative body) which could provide us in future with a regular stipend for events and activities. By the end of 2022 we hope to have established formal relationships with VSETH and have begun an event and financial collaboration with foundations in Switzerland.
12. References


OECD (2012), Sick on the Job?: Myths and Realities about Mental Health and Work. https://doi.org/10.1787/9789264124523-en


WHO, Fact sheets on sustainable development goals (SDGs): health targets - Mental Health (SDG target 3.4)

