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# Digital Health, Mental Well-Being and Responsible Data Practices in Hybrid Higher Education

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LECTURE 7

# WHAT THIS LECTURE COVERS

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**01**

Digital health

**02**

Mental well-being

**03**

Hybrid risks

**04**

Privacy and data governance

**05**

Short interventions

# MENTAL HEALTH IS NOW A MAJOR EU POLICY PRIORITY — NOT A MARGINAL STUDENT ISSUE

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- **Mental health** has been elevated to a major, cross-cutting EU policy priority, reflecting a broader societal shift.
- Student well-being directly and measurably affects **participation, retention, and overall study success**.
- Institutions must integrate well-being into their core operational and educational strategies.

## CORE PARADIGM SHIFT

**We must stress that mental health is no longer a marginal student-support issue; it is a central pillar of institutional resilience and academic quality.**

# DIGITAL HEALTH ENCOMPASSES TOOLS, SERVICES AND DATA INFRASTRUCTURES ACROSS THE EU

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- Digital health includes **digital tools, services, and data infrastructures** designed for prevention, care, and governance.
- It is fundamentally linked to **access, empowerment, research, and innovation** across all sectors.
- Universities encounter digital–health issues in their daily operations, even outside of formal medical education.

## DIGITAL HEALTH COMPONENTS

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- + Digital Tools & Services
- + Data Infrastructures
- + Prevention & Care
- + Governance & Ethics

# UNIVERSITIES NEED BASIC DIGITAL HEALTH LITERACY IN THEIR SUPPORT ENVIRONMENT

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- Students and staff increasingly engage with **health information and support** in digital form.
- Universities need at least **basic digital health literacy** embedded within their support environment.
- This ensures that institutional guidance is accurate, safe, and easily navigable for all users.

## A CORE COMPETENCE

**Digital health literacy must be viewed as a critical competence for navigating support systems critically and safely, not just a technical skill.**



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# EU POLICY TREATS MENTAL HEALTH ON A PAR WITH PHYSICAL HEALTH

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- The EU has fundamentally shifted its approach, now treating **mental health on a par with physical health**.
- This comprehensive approach requires institutions to connect the wider **public-health agenda** directly to higher-education practice.
- Universities must move beyond reactive measures to establish proactive, systemic support structures.

## CORE POLICY EMPHASIS

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- **Prevention & Early Intervention**
- **Universal Access to Support**
- **Reintegration & Continuity**



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# ACCESSIBLE SUPPORT SYSTEMS ARE PROVEN TO REDUCE DROPOUT RISK



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- Tertiary education evidence clearly demonstrates that **visible, easily navigable support systems** matter significantly for student persistence.
- Proactive interventions can directly and measurably **reduce dropout risks** before students reach a crisis point.
- Institutional action is justified not just by duty of care, but by academic and retention outcomes.

## KEY INTERVENTIONS

### + Accessible Counselling

Low-barrier entry to professional mental health support.

### + Stress-Management Workshops

Proactive skill-building for academic and personal resilience.

### + Peer-Support Groups

Structured communities fostering connection and shared coping strategies.

# HYBRID LEARNING INCREASES OVERLOAD, ISOLATION AND ALWAYS-ON PRESSURE

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- Hybrid and digitally intensive settings can significantly increase **cognitive overload, social isolation, and always-on pressure**.
- These psychosocial risks affect **both staff and students**, blurring the boundaries between work, study, and personal life.
- Technology alone cannot solve these issues; they require structural interventions.

## DIGITAL CULTURE

**Institutions must explicitly link well-being to workload design and digital culture, establishing clear boundaries and expectations for digital engagement.**



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# POLAND'S DIGITAL-TRANSFORMATION POLICY EXPLICITLY INCLUDES DIGITAL WELL-BEING

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- Poland's national digital-transformation policy explicitly integrates **digital well-being, cybersecurity, and AI.**
- This demonstrates that mental health in digital environments is recognized as a critical issue at **both EU and national levels.**
- Institutions must align their internal policies with these broader national frameworks to ensure compliance and funding eligibility.

## THE IMPLEMENTATION CONTEXT

**Using Poland as an implementation context shows that digital well-being is not just an abstract EU concept, but a concrete national policy requirement.**



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# DIGITAL SUPPORT SYSTEMS CREATE NEW RESPONSIBILITIES FOR CONFIDENTIALITY AND TRUST

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- Moving support services online creates complex new responsibilities for **confidentiality, access control, and institutional trust**.
- Data protection must be viewed not merely as a legal compliance hurdle, but as a fundamental part of **good service design**.
- Students will only engage with digital health tools if they feel their sensitive information is secure.

## THE TRUST IMPERATIVE

**Support fails when trust fails. If users doubt the privacy of a digital well-being platform, the entire intervention becomes ineffective.**



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# GDPR REQUIRES INSTITUTIONS TO MINIMISE, DEFINE, RESTRICT AND PROTECT HEALTH DATA



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Health-related data are especially sensitive. Institutions must adhere to strict legal and ethical standards.

01

## MINIMISE COLLECTION

Collect only the data that is strictly necessary for the specific support service being provided. Avoid gathering extraneous personal details.

02

## DEFINE PURPOSE CLEARLY

Ensure that the purpose for collecting health data is explicitly stated, legally justified, and communicated transparently to the user.

03

## RESTRICT ACCESS

Implement strict access controls. Only authorised personnel directly involved in providing support should

04

## PROTECT CONFIDENTIALITY

Use robust encryption and secure data storage practices to prevent unauthorized disclosure and

# SHORT WELL-BEING INTERVENTIONS ARE EASIER TO PILOT, EVALUATE AND SCALE



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01

## STRESS-MANAGEMENT CYCLES

Short, focused workshops teaching practical coping mechanisms for academic and personal stress.

02

## DIGITAL-WELL-BEING MINI-MODULES

Bite-sized online content integrated into existing courses to promote healthy digital habits.

03

## PEER-SUPPORT FORMATS

Structured, low-barrier group sessions where students can share experiences and strategies.

04

## SIGNPOSTING SESSIONS

Brief informational sessions designed to clearly map out available institutional support routes.

# LIGHT-TOUCH EVALUATION FOCUSES ON TAKE-UP, AWARENESS AND PERCEIVED USEFULNESS

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- Systematically track **take-up, completion rates, and general awareness** of available support routes.
- Monitor the volume of **appropriate referrals** and the perceived usefulness of interventions among participants.
- Use continuous, light-touch feedback to iteratively **improve clarity and service navigation**.

## PRACTICAL EVALUATION

**Implement a practical, agile evaluation model rather than a heavy, bureaucratic framework. The goal is actionable insight, not exhaustive data collection.**



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## SELECTED REFERENCES

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- **European Commission.** *Communication on enabling the digital transformation of health and care.* COM(2018) 233 final. Brussels, 2018.
- **European Parliament and Council.** *European Health Data Space (EHDS) Regulation.* Brussels, 2024.
- **European Union.** *General Data Protection Regulation (GDPR).* Regulation (EU) 2016/679. Brussels, 2016.
- **European Commission.** *Education and Training Monitor 2025.* Publications Office of the European Union, 2025.

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**Note: This lecture combines public-health frameworks, education policy, and data-governance sources to provide a holistic view of digital well-being in higher education.**



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# Questions & Discussion

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- ? Should institutions start with **well-being interventions, workflow redesign, or privacy protocols?**

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