

A photograph of three students sitting at a long white table in a library or study area. They are working on laptops. Large windows in the background show a view of green trees and a blue sky with clouds. To the right, there are empty metal shelving units. The overall atmosphere is calm and academic.

# Systemic Drivers of Students Mental Health Crisis in Swiss Higher Education

## Map The System 2025

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## 1. Introduction + Methodology

Studies show that over 50% of higher education students in Switzerland report experiencing psychological distress, with factors ranging from academic overload and financial precarity to social isolation and stigma around seeking help<sup>[5&6&11&23]</sup>.

To understand the depth of this challenge, it's important to recall that mental health, as defined by the World Health Organization, refers not just to the absence of illness, but to a person's capacity to cope, learn, and contribute. In this sense, mental health is both an individual and systemic concern and its deterioration signals deeper dysfunctions in the environments students inhabit<sup>[24&9]</sup>.

Through an iterative research process, we began by exploring the structure of complex systems, reading *Thinking in Systems* by Donella H. Meadows<sup>[44]</sup>, alongside guidance from Sascha Nick, a systems thinking instructor at EPFL. This theoretical foundation enabled us to conduct a thorough review of existing research on student mental health in Swiss universities, enriched by international comparisons. To ground our analysis, we surveyed over 100 students from HES, EPFL, and UNIL, and conducted interviews with students, staff, and professionals. This multi-perspective approach allowed us to map the systemic forces driving student distress and uncover key leverage points for meaningful intervention<sup>[31&45]</sup>.

### 1.1 Why mental health in Switzerland's academia ?

While mental health encompasses a broad spectrum, this paper focuses specifically on higher education students (University & HES) in Switzerland, students aged 19 to 25. We chose this boundary because it reflects a reality we know intimately. As university students ourselves (two of us Swiss-born) with academic experiences in Switzerland, the United States, Canada, and Norway, we have witnessed firsthand how the Swiss academic system stands out for its intensity, pressure, and structural rigidity<sup>[35&48]</sup>. This proximity gave us privileged access to peers, professors, and support services for interviews and surveys. More importantly, it provided a strong personal motivation: many of us have lived through, observed, or supported others through mental health struggles within academia<sup>[3&4&41]</sup>. Our engagement with this topic is not only analytical, it is also personal.

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## 2. Landscape of our challenge



*Figure 1: The Iceberg Model*

Our iceberg model highlights six interconnected subsystems—academia, healthcare, socioeconomic, Technology & digital, Swiss culture and norms, and social environment—that reinforce one another. This framework guided our stakeholder mapping and shaped our intervention strategies.

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2.1 Stakeholder map

## STAKEHOLDER MAP

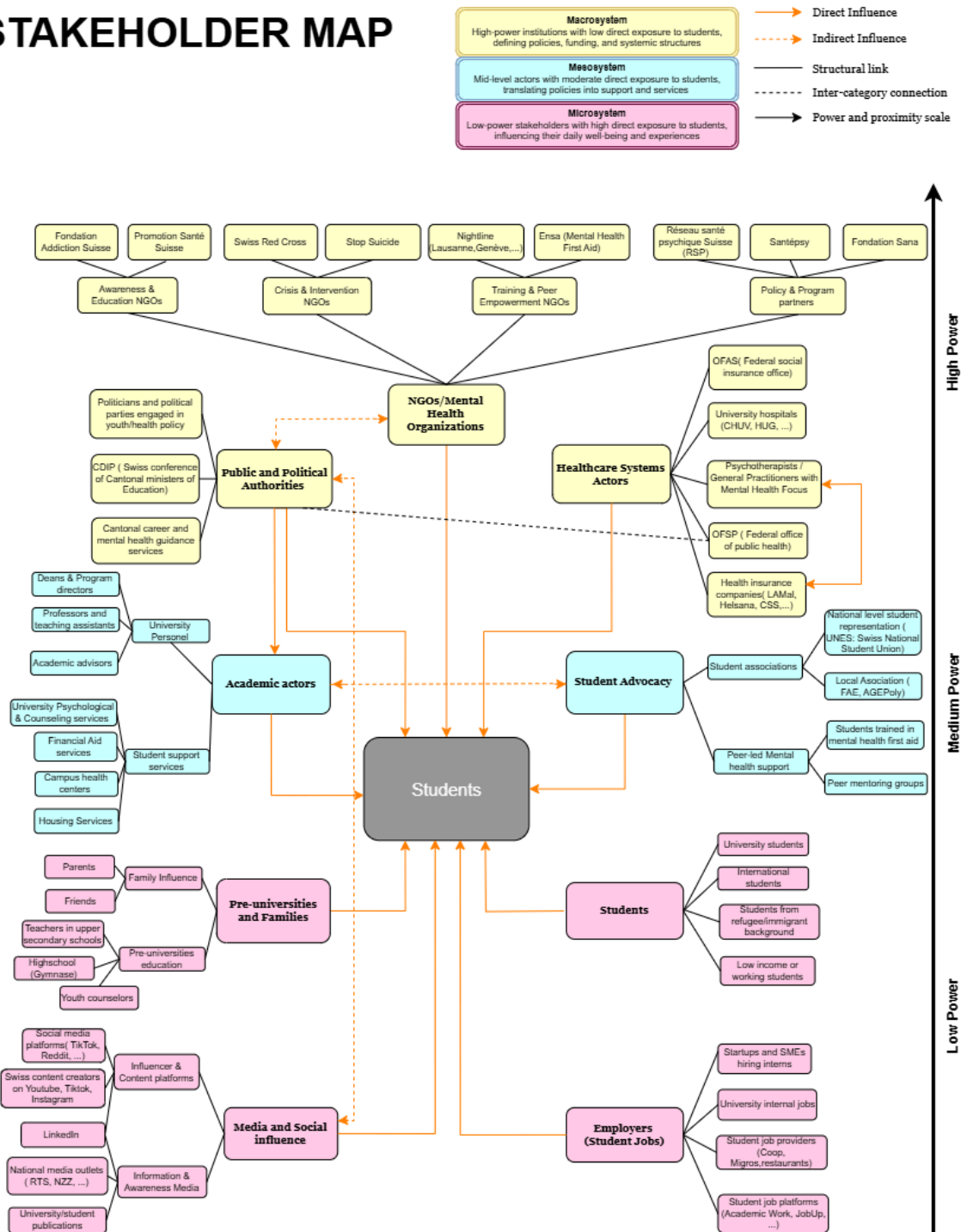


Figure 2: Stakeholders map

Our stakeholder map identifies the key actors influencing student mental health across three levels. At the macrosystem level, institutions like OFSP and OFAS shape national policy (e.g., Santépsy: a national mental health information platform that is supported by the OFSP) [33&9]. The mesosystem includes universities and student services, who implement support but often lack power [5&11&28]. The microsystem involves family, peers, and employers, whose

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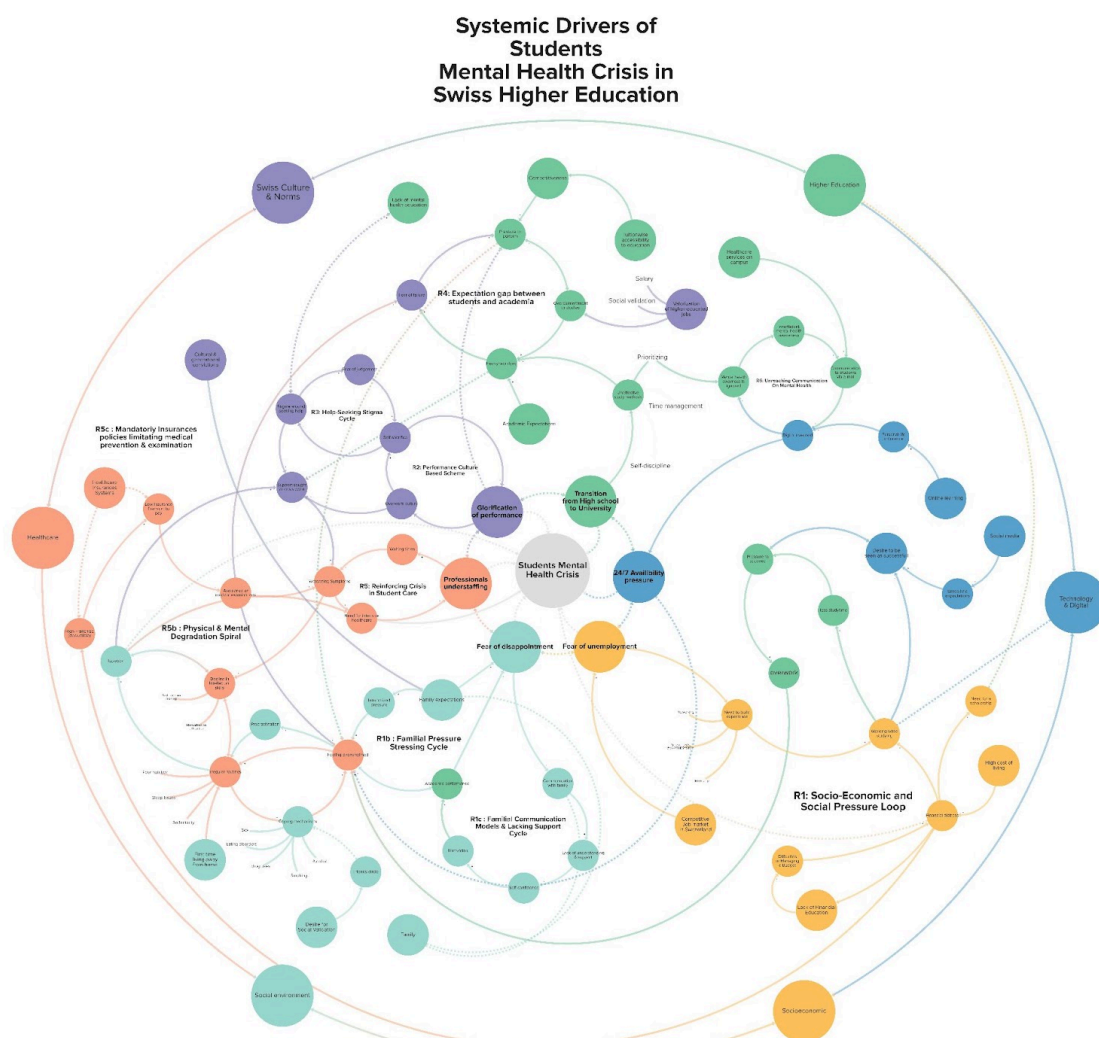
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emotional influence is strong—especially for students balancing work and study [6&23&22]. Mapping these relationships sets the foundation for our system map analysis<sup>[44&45]</sup>.

## 2.3 Systems map

Our system map provides a broad, structural view of all the elements involved in shaping student mental health - from institutions and social actors to policies and cultural norms.

Through this approach, we identified one primary causal root per sub-system: the cultural glorification of performance, the transition from high school to university, professional understaffing in healthcare, the pressure of 24/7 availability, and the fear of both disappointment and unemployment. Although we recognize that other variables may also play a role, we prioritized these based on their recurring presence in testimonials and their potential as leverage points for systemic change.



### 3. Exploration of root dynamics

#### R1: Socio-Economic and Social Pressure Loop

Through our analysis, we identified two central forces—fear of unemployment and fear of disappointment—as key underlying drivers of the student mental health crisis.

The fear of unemployment stems from a job market perceived as increasingly inaccessible <sup>[37]</sup>. In Switzerland, competition is fierce due to high qualification standards and international talent inflows <sup>[36&39]</sup>. Students report that degrees alone are no longer sufficient: they must also build standout CVs through internships, high grades, and side projects<sup>[Testimonial]</sup>. Ironically, the more they try to do, the less time remains for studying—leading to poor academic performance.

This pressure is amplified by Switzerland's high cost of living, which makes working during studies a necessity rather than a strategic choice for some students<sup>[6]</sup>. Data shows that 72% of students work alongside their studies<sup>[6]</sup>.

From a social perspective, another deeply embedded force is the fear of disappointing family expectations<sup>[Testimonials]</sup>. Many students internalize the desire to make their parents proud. Yet our interviews reveal that nearly 70% of students rarely or never speak to their parents about academic stress. Without this support, students become more vulnerable to anxiety and self-doubt, which often deteriorates their academic performance<sup>[7&22&23]</sup>. As performance drops, the fear of failure intensifies<sup>[20&21]</sup>. Over time, this reinforcing loop contributes significantly to the decline in student mental health<sup>[4&11]</sup>.

These socio-economic and social drivers are not isolated; they interact and reinforce one another. For example, financial pressure increases the need to work, which decreases time for academic success—raising the fear of failure, which is in turn amplified by family expectations<sup>[36&37&39]</sup>.

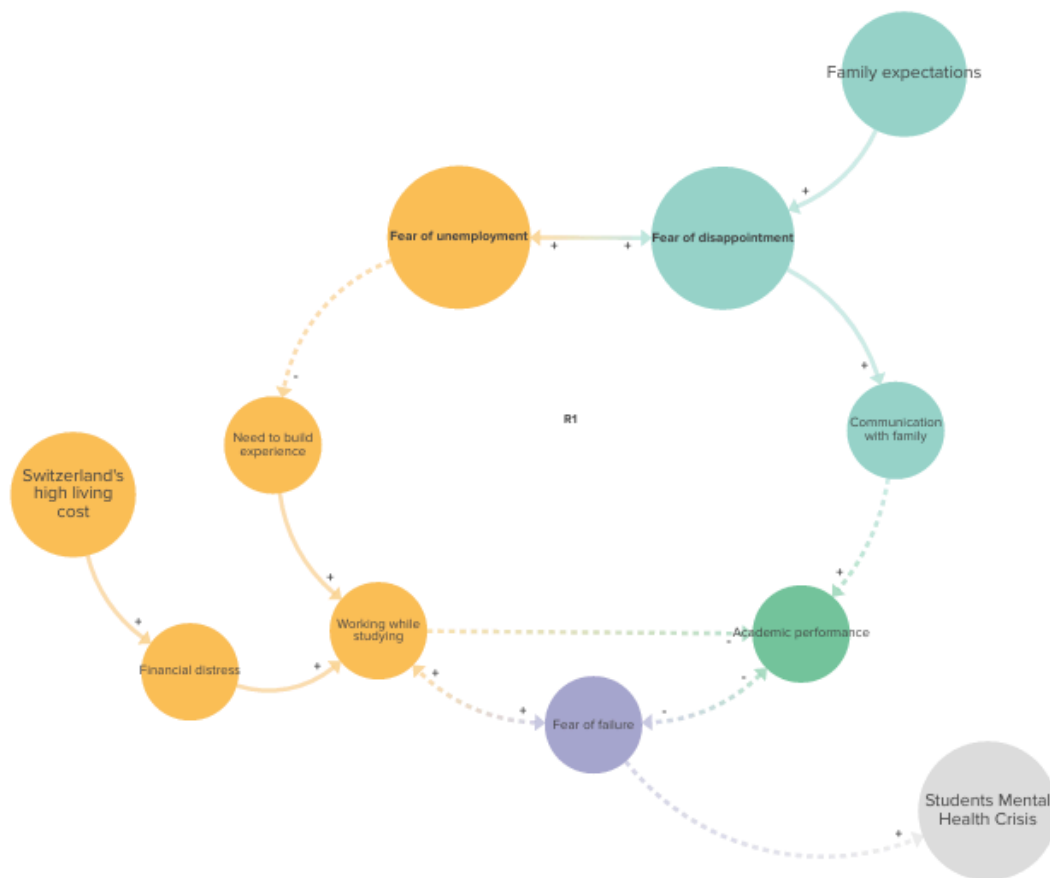


Figure 4: Root cause 1 Socio-Economic and Social Pressure Loop

## R2 & R3: Cultural Norms Around Performance and Help-Seeking

Another central driver in our system is the influence of Swiss cultural norms and values, which shape students' behavior and mental health outcomes.

The first loop (R2) stems from the cultural glorification of performance. In Swiss academic and social contexts, strong emphasis is placed on high achievement, with success often equated to constant productivity. Students start to internalize their feelings and come to believe that overworking and self-sacrifice are necessary prerequisites for success <sup>[25&41]</sup>.

The second loop (R3) involves prevailing norms around help-seeking. In Swiss culture, seeking psychological support is still stigmatized, largely due to fears of judgment and appearing weak <sup>[3&4&19&21]</sup>. As a result, students tend to suppress their emotional needs, normalize mental exhaustion, and avoid engaging with mental health services <sup>[11&22]</sup>. Furthermore, the stigma surrounding help-seeking is reinforced by a broader lack of mental health education in Switzerland—both within families and across academic institutions <sup>[9&33&42 & Testimonials]</sup>.

Collectively, these dynamics contribute to a broader systemic issue: psychological support is often only sought at the point of crisis <sup>[19]</sup>—when symptoms are more acute and long-term



outcomes are significantly worsened. This reactive approach exacerbates the overall student mental health crisis.

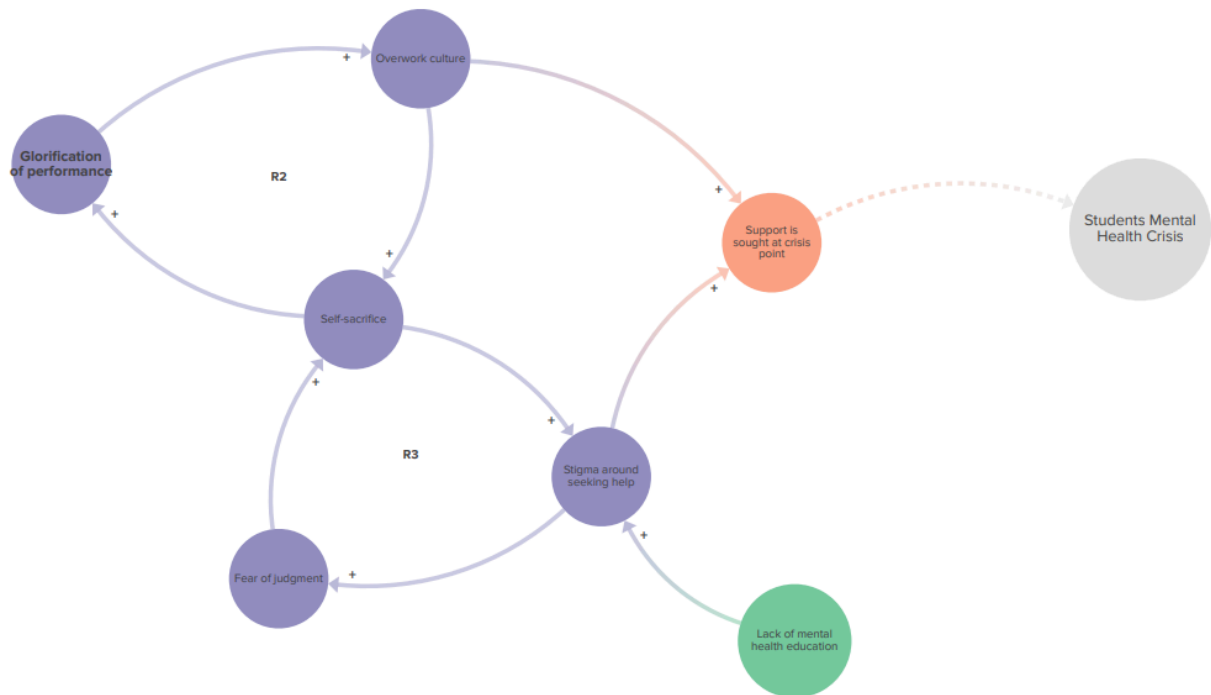


Figure 5: Root causes 2 & 3 Cultural Norms Around Performance and Help-Seeking

#### R4: Expectation gap between students and academia

Our survey revealed a powerful reinforcing loop affecting many students, rooted in the mismatch between student preparedness and the expectations of the academic system. The transition from high school to higher education demands a shift in time management, prioritization, and independent learning—yet most students enter this new phase without having developed effective study methods<sup>[Testimonials&35]</sup>.

As a result, students struggle to meet academic expectations, which are particularly high in the Swiss educational context<sup>[12&41]</sup>, leading to fear of failure and then intense pressure.

This fear increases emotional stress, causing students to feel overwhelmed and adopt irregular routines. In response, many overcommit to studying—believing that spending more time will solve the problem. But without the tools to manage stress or recognize burnout, this overcommitment gradually leads to isolation, which in turn deepens mental and emotional exhaustion<sup>[7&49]</sup>.

Switzerland's academic structure further reinforces this stress. For instance, at EPFL, only 35–45% of students pass their first year<sup>[12]</sup>. This academic intensity fosters a competitive culture where failure is common and rarely normalized, pushing students deeper into anxiety.

As mental health deteriorates, students' study methods become less effective, compounding the cycle. This transition gap—combined with inadequate mental health education—fuels a systemic loop where stress feeds itself.



Figure 6: Root cause 4 Expectation gap between students and academia

As we've shown, student mental distress stems from a complex web of cultural norms, systemic pressures, and social expectations. While awareness of the issue is growing, institutional and societal responses remain fragmented — allowing the root causes to continue reinforcing one another. This persistent gap between recognition and real change leads us to the next chapter: a closer look at the solutions currently in place.

## 4. Solutions and landscape

#### 4.1. Understanding existing solutions

#### 4.1.1 Academic-level interventions

Swiss universities like EPFL, ETH Zurich, and UNIGE have implemented a range of interventions to address student mental health. These include traditional counseling services, peer support networks, and awareness campaigns such as “#MyMindMyPriority” [28]. Additionally, initiatives like the Task Force on Mental Health and Well-Being<sup>[26]</sup> have helped inform institutional strategies, supported by mental health surveys and reports conducted

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across different universities <sup>[27]</sup>. Nationally, programs like Ensa's Mental Health First Aid <sup>[29]</sup> train non-specialists to support students in distress, expanding help beyond clinical settings.

#### 4.1.2 Digital and Student-Centered Innovations

Recognizing the growing preference among students for more flexible approaches, online solutions have also emerged. ETUCARE, a digital platform developed collaboratively with students <sup>[32]</sup>, has been particularly successful. A study published in the International Journal of Environmental Research and Public Health <sup>[30]</sup> found that students who completed the ETUCARE program reported improvements in psychological well-being, reductions in anxiety, and lower rates of hazardous alcohol consumption. During COVID-19, such digital tools proved vital, highlighting the need for mental health support that fits students' evolving lifestyles <sup>[30]</sup>.

#### 4.1.3 Systemic level

At a broader level, the Competence Centre for Mental Health in Eastern Switzerland offers a co-created solution focused on student education, professional training, and regional research advancement <sup>[31]</sup>. Nationwide, organizations like UNICEF Switzerland <sup>[33]</sup> and Promotion Santé Suisse <sup>[28]</sup> lead anti-stigma campaigns to shift public perceptions around mental health.

#### 4.2 Why solutions fall short

Despite diverse initiatives, impact remains inconsistent. Digital, student-centered solutions like ETUCARE are more effective due to their flexibility and alignment with student needs. Traditional approaches, like counseling and awareness campaigns, fail to address root causes. Many programs treat symptoms, not systems, resulting in missed opportunities for prevention and long-term change. Our power-interest map reveals a clear imbalance: those most invested in student mental health, such as students and advocacy groups, have little institutional power, while the actors with the most influence, like public authorities, remain insufficiently engaged, limiting meaningful structural change.

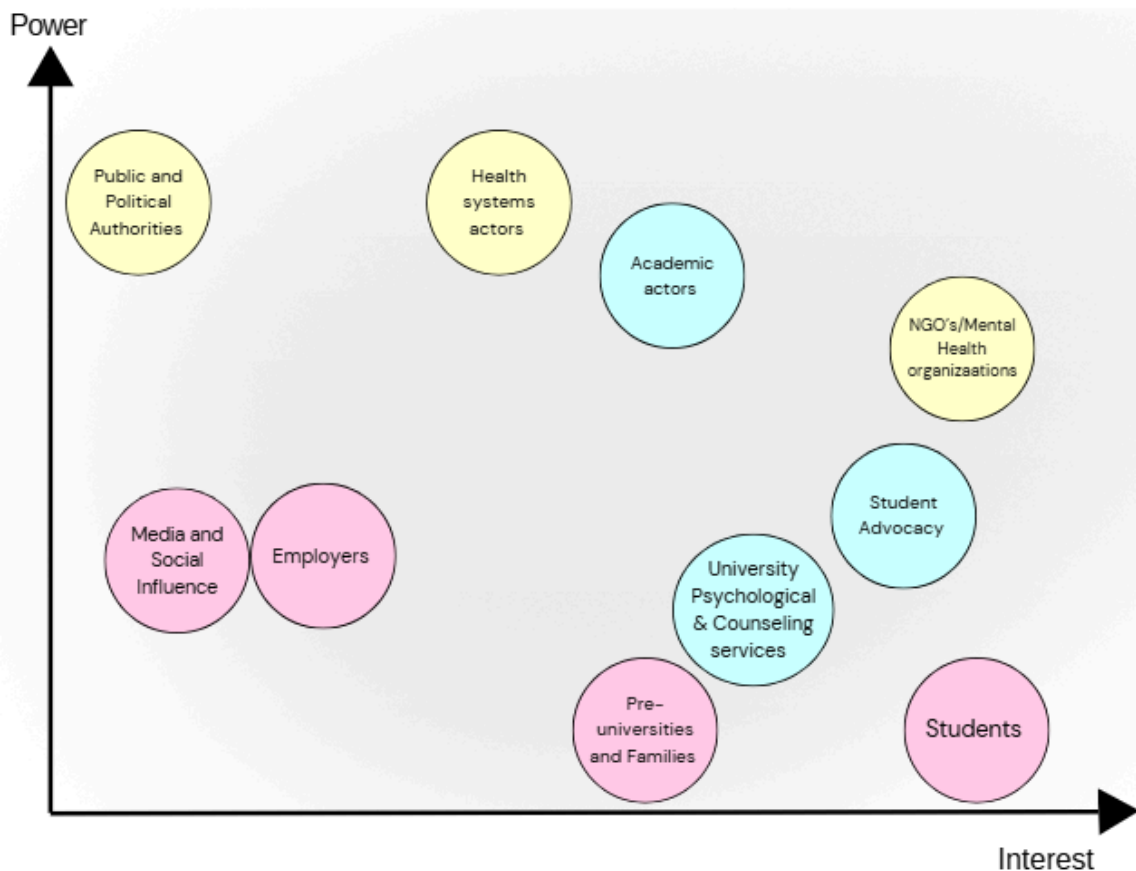


Figure 7: Power matrix between the stakeholders

## 5. Identification of levers of change

Through our analysis, we identified key dynamics at the core of the student mental health crisis—deep-rooted patterns that act as leverage points within the system. These are the critical spots where, if targeted through preventive measures or structural changes, we could shift multiple interconnected dynamics toward a more positive trajectory. Rather than relying on surface-level or market-driven solutions, addressing these core dynamics allows us to intervene at a deeper level—tackling the systemic barriers, policy shortcomings, and behavioural patterns that sustain the crisis.

### 5.1 Academia : Transition from High school to university

Within the academic subsystem, a key leverage point is the transition from high school to university. Many students begin university unprepared for the workload and self-management it demands<sup>[Testimonials]</sup>. This gap can be addressed through implementing peer mentoring programs where voluntary third-year students regularly meet with first-year students to offer guidance on navigating academic expectations, such as exam sessions and study techniques. Moreover, we identified a disconnect between existing mental health resources and student awareness<sup>[18]</sup>.



To bridge this gap, universities could implement mandatory workshops on study-life balance and proactively promote mental health services, making them not only more visible but also approachable and accessible. One effective strategy could be in-class outreach led by student support services.

## 5.2 Digital and technology: 24/7 Availability pressure

The constant presence of 24/7 availability through email, social media, and academic platforms has caused stress and burnout to students<sup>[Testimonials]</sup>. A key leverage point is to promote digital hygiene education, where universities can partner with mental health organisations and implement media literacy workshops, encouraging screen-free academic spaces and promoting disengagement from performance-driven online culture.

## 5.3 Socioeconomic: Fear of unemployment

Additionally, the fear of unemployment, especially with the current job market in Switzerland<sup>[36 & 39]</sup>, we notice an amplification of fear and anxiety among students in their vision for future jobs<sup>[Testimonials]</sup>. These issues can be alleviated through structural interventions such as integrating short-term internships (e.g., three months) directly into academic programs and building partnerships with employers to expand accessible opportunities for students to gain real-world experience.

At the policy level, offering tax incentives to companies that host interns, particularly small and medium-sized enterprises (SMEs), could significantly expand these opportunities. When tied to clear learning goals and fair labor conditions, such a measure would not only improve students' career readiness but also reduce the burden of needing to excel academically while gaining experience, ultimately bridging the gap between education and employment.

## 5.4 Healthcare: Professionals understaffing

Testimonies from academic healthcare staff revealed that open-door access to nurses was highly effective for student mental health—but discontinued due to staff shortages. The core issue lies in the cultural and financial undervaluing of the nursing profession, making recruitment difficult. A key leverage point would be increasing the social and economic recognition of nursing roles through public investment, helping restore this vital frontline support in universities.

To improve sustainability, mental health support should bridge peer-led initiatives and professional services. Peer groups offer accessible first contact but often lack proper tools. Training peer supporters with basic mental health education from professionals would expand reach, ease pressure on services, and build a more accessible, preventive care model.

## 5.5 Social environment & Swiss culture and norms

In Switzerland, cultural norms and the social environment have fostered a mental model linking individual performance to self-worth. As one of the most deeply ingrained leverage points in the system, this belief is difficult to shift through policy alone. However, two promising paths for cultural change are peer storytelling and faculty role modeling. When students share honest experiences of struggle, failure, and growth in safe spaces, it helps normalize vulnerability and challenge perfectionism. Likewise, when professors openly discuss their own setbacks and emphasize learning over flawless performance, they model a healthier relationship to achievement. These subtle cultural interventions can gradually shift mindsets, easing fear of failure and fostering a more compassionate academic culture.

## 5.7 Potential implementation

Implementing these possible interventions faces multiple resource constraints, especially in the public systems – universities can resist curriculum changes; healthcare systems are not ready for the long-term commitment, and a cultural shift will require patience. Nonetheless, if the interventions succeed, we envision a system in which mental health is part of the educational experience, where help-seeking is normalized, students are well educated about mental health, and they are equipped to navigate academic life without sacrificing their well-being. Contrary to this vision, if the system continues to stay the same, it might lead to higher dropout rates and worsening mental health among students.

## 6. Conclusion & Key Insights

Through this research, we gained a deeper understanding that the mental health crisis in academia is not just a matter of individual vulnerability but a systemic issue rooted in cultural expectations. One of the most striking realizations came from our own experience: while investigating this topic, we found ourselves falling into the very patterns we were analyzing—overworking, neglecting basic routines, and feeling the pressure to perform. This personal contradiction made the issue even more tangible and led us to ask: Are these norms so deeply embedded in our culture that we unconsciously reproduce them?

Furthermore, although we initially believed that, as final-year bachelor students, we could easily identify the main sources of distress, it was only through reading over 40+ articles, gathering testimonies, consulting experts, and engaging in system mapping that we began to uncover the deeper roots of the issue. Again and again, what first appeared as isolated problems revealed themselves to be symptoms of deeper structural dynamics. We quickly learned that how we define, frame, and visualize a problem directly shapes how we understand—and ultimately address—it. Each time we added an element to our map—choosing a color, direction, or polarity—we saw how those small decisions could radically alter the system's meaning. This forced us to ask, over and over: What are we really trying to show? What is the core dynamic we want to expose? (You can see this evolution in our appendix page 17, by comparing our first two drafts to the final system maps.)

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Despite the complexity, we also realized that meaningful change can begin with small, targeted actions. Leverage points such as strengthening peer-professional collaboration, or normalizing help-seeking behaviors have the potential to gradually shift the system toward a healthier equilibrium. If this research taught us one thing, it's that change doesn't require solving everything at once—but it does require recognizing the interconnections and starting where we can.

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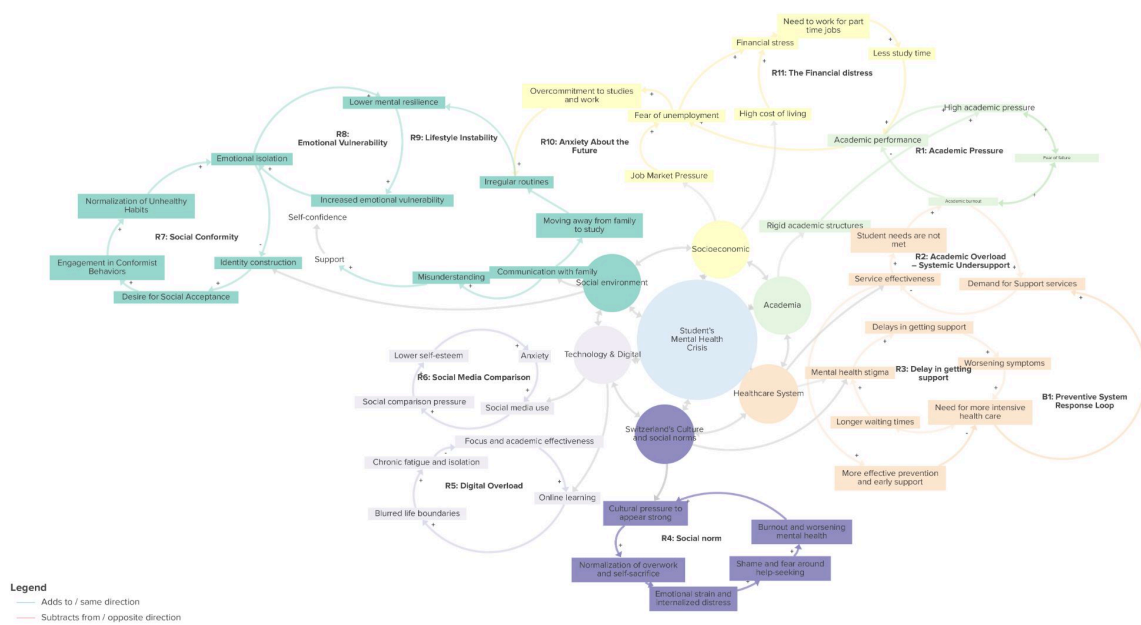
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## 8. Appendix

1. [Link to the final visual system map on kumu](#)
2. *Figure 8: Second version of the system map*



3. *Figure 9: First version of the system map*

