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# Influence of the Mentis Plus+ Program on the Mental Health of University Students from A Public University in Puno, Peru

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**Abstract**

*The purpose of the study is to determine the influence of the Mentis Plus+ program on the mental health of Anthropology university students at the National University of Altiplano, Puno in Peru. The research was carried out using a quantitative approach with an experimental design, employing a pretest and a posttest. The Positive Mental Health Program for adults was implemented, based on the Lluch Multifactorial Model of Positive Mental Health. The participants were 60 students, divided into an experimental group and a control group, each with 30 participants. The group sessions were implemented systematically and developed over 8 weeks. In the results, before the intervention, both groups, Experimental (E) and Control (C), were in equivalent conditions corroborated with the Mann Whitney U test. After the application of the program, group E showed significant improvements in all dimensions, reaching "Medium" and "High" levels (p = 0.000). In contrast, group C did not show improvements and experienced deteriorations in some dimensions, such as prosocial attitude and self-control. In conclusion, the intervention significantly improved the mental health of the experimental group, while the control group maintained a high prevalence at low levels. These differences underline the positive impact of the Mentis Plus+ program on the mental health of university students.*

**Keywords:** *Mentis Plus+, Mental Health, University Students, Social Assessment.*

## Introduction

After Covid-19, one of the unthinkable events for current generations and events, until then, only present in the science fiction imagination. Regarding health, apart from the physical consequences, one of the aspects that was severely damaged was people's mental health, generating emotional suffering and symptoms of depression, in some cases this being irreversible (Estrada-Araoz et al., 2023) .

The purpose of the research is to analyze the mental health of university students, who had to carry out studies in the middle of the pandemic, parallel to academic activities, they assumed responsibilities at home, in some cases, being responsible for the family finances, which had a double impact on university students is that the stressful situation harmed their intellectual capacity and the achievement of skills (Esteves et al., 2022).

Most universities were not prepared to sustain quality virtual education (Gallegos Elias et al., 2021). Carrying out academic activities in conditions of lack of equipment, lack of economic resources and poor connectivity, mainly in the first stage of the pandemic. Virtual education used to be seen as a very distant alternative, however, it became the only alternative for the continuity of university studies (Incacutipa et al., 2023), amidst the anxiety and stress that meant responding to the demands of university education.

It is relevant to address the issue of the consequences on mental health after the pandemic, since it has not yet been addressed in its true dimension. The analysis must contribute to the concept of health and as a component of integrality and direct impact on people's daily lives (Agüero de Trenqualye & Correa Moreira, 2018).

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Preventing the consequences also means mental hygiene that aims to restore harmony and balance (Miranda, 2018), given the accumulations of a negative burden on the mentality of young people. Many times, actions are taken when health is already deteriorated, families and institutions do not have a preventive plan on the negative effects on mental health, which can lead to critical illness, affecting the family environment and vulnerable groups (Hernández Rodríguez, 2020). The importance from the academic perspective is that young university students go through high academic stress, accompanied by problems in the family environment. In the case of anthropology students at the National University of Altiplano Puno, the majority come from rural communities, with logistical and economic difficulties that do not allow optimal academic performance.

Our study addresses mental health, based on the application of the Mentis Plus+ program, whose instruments have already been applied in similar studies. The research aims to compare the results of the application of the program in previous studies with the results obtained in the research, which were extremely important in proposing a preventive health action plan aimed at university students, as well as at groups in which the results of the research can be validated.

Favorable conditions for the implementation of workshops were the willingness of the students, which greatly facilitated the implementation of the program. Statistics of the results show favorable results.

Some difficulties encountered were the schedule of academic activities that coincided with some workshops that limited the active participation of students. To remedy this, different times and opportunities were sought; in some cases, students had to postpone tasks due to the use of additional time.

## Methodology

Quantitative research of experimental design with pre and post-test, the Positive Mental Health Promotion Program for adults (Mentis Plus+) was applied, based on the Multifactorial Model of Positive Mental Health by Teresa Lluch, which consists of six dimensions or factors. The objective is to promote positive mental health based on the implementation of the program, which is organized into modules, each corresponding to a specific factor and each module consists of three sessions. The sample consisted of 30 students for the experimental group and 30 for the control group, both groups being students from the 2023-I semester.

*Population*

The study involved students from the IX semester of the professional career of Anthropology at UNA Puno, who met the inclusion criteria of being over 18 years of age, of both sexes, agreeing to participate and signing the informed consent form, with an experimental group of students from the ninth semester group "A" and the control group section "B" of the same semester.

*Instrument*

The Positive Mental Health Questionnaire (PMHC) consists of 39 items, with a minimum score of 39 and a maximum of 156. The higher the score, the higher the level of positive mental health. Responses to each item are given on a Likert scale from 1 to 4, where each person selects the option that best describes their frequency: "Always or almost always", "Most of the time", "Sometimes" and "Rarely or never". The final rating is organized into three levels: low (39-78), medium (79-117) and high (118-156) (Teixeira et al., 2021).

*Application of the MENTIS PLUS program*

- The program lasted 8 weeks (1 session per week, 1 hour long).

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- The objective of the initial session of the program was to establish the first contact with the participants according to their professional environment and/or context.

- The study population was informed about the basic concepts of mental health through a session presenting the Positive Mental Health Program.

- Subsequently, and in keeping with the program's objectives, mental health was assessed using the respective questionnaires and participants were invited to participate in the program, proposing the programming, the 1st session, the initial session, the participant was asked to voluntarily sign the informed consent before starting any procedure and to complete the sociodemographic data questionnaire.

- Subsequently, in the 1st session, participants are individually informed of the results obtained in the Positive Mental Health Questionnaire, then, the 2nd session is scheduled to work on successive points of the items, and so on until the last session of the program.

- Finally, in the follow-up session, the aforementioned questionnaires were administered again to the control group and an experimental group. The control group did not receive any intervention, and was subsequently subject to the program. That is, the control group participated in the initial session that functions as a health education session and subsequently in the follow-up session, where positive mental health was assessed again using the Positive Mental Health Questionnaire.

- The effectiveness of the applied program was evaluated in the final session and in the follow-up session one month after the program ended) by applying the Positive Mental Health Questionnaire.

*Data Analysis*

In the data analysis, an Excel document was generated using the Google form, which was subjected to verification and debugging of incorrect and missing data; then the Statistical program was used. Package for Social Science , SPSS® (version 26) licensed from Universidad de La Sabana. The database was stored in Mendeley Data1713. Normality was verified with the Shapiro-Wilk test. The result indicated that the measurements in the groups do not correspond to a normal distribution.

*Ethical considerations*

The research was conducted in strict compliance with the principles set out in the World Medical Association's Declaration of Helsinki. It was ensured that there was no potential harm to the participants. The application of the Mentis Plus+ program was carried out ensuring that all participants gave their informed consent. In addition, the anonymity of the participants was preserved at all times, thus protecting their privacy and confidentiality.

## Results

A Positive Mental Health Program was implemented for adults, based on the Lluch Multifactorial Model of Positive Mental Health (1999) . This program addressed six factors of the model: (1) Personal Satisfaction, (2) Prosocial Attitude, (3) Self-control, (4) Autonomy, (5) Problem Solving and Self-Actualization, and (6) Interpersonal Relationship Skills.

The results of the experimental group in each of the dimensions of Lluch's Multifactorial Model of Positive Mental Health (1999) were as follows:

**Table 1 Comparison of Baseline (Pretest) Mental Health Measurements Between Study Groups**

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| Dimensions Mentis | Cluster | Pretest | | | | | | p-value* |
|---|---|---|---|---|---|---|---|---|
| | | Low | | Half | | High | | |
| | | F | % | F | % | F | % | |
| Personal satisfaction | AND | 30 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0.115 |
| | C | 1 | 3.3 | 26 | 86.7 | 3 | 10.0 | |
| Prosocial attitude | AND | 30 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0.275 |
| | C | 6 | 20.0 | 24 | 80.0 | 0 | 0.0 | |
| Self-control | AND | 22 | 73.3 | 8 | 26.7 | 0 | 0.0 | 0.362 |
| | C | 2 | 6.7 | 28 | 93.3 | 0 | 0.0 | |
| Autonomy | AND | 28 | 93.3 | 2 | 6.7 | 0 | 0.0 | 0.317 |
| | C | 6 | 20.0 | 21 | 70.0 | 3 | 10.0 | |
| Problem resolution | AND | 24 | 80.0 | 6 | 20.0 | 0 | 0.0 | 0.185 |
| | C | 6 | 20.0 | 23 | 76.7 | 1 | 3.3 | |
| Relationship Skills | AND | 28 | 93.3 | 2 | 6.7 | 0 | 0.0 | 0.094 |
| | C | 0 | 0.0 | 30 | 100.0 | 0 | 0.0 | |

E: Experimental Group C: Control Group

* Mann-Whitney U

The table shows the baseline (pretest) measurement of mental health between the experimental (E) and control (C) groups, which indicate that group E has high percentages at the low level for all dimensions (100% in personal satisfaction and prosocial attitude, 73.3% in self-control, 93.3% in autonomy, 80% in problem solving, and 93.3% in relationship skills), while group C has high percentages at the medium level (86.7% in personal satisfaction, 80% in prosocial attitude, 93.3% in self-control, 70% in autonomy, 76.7% in problem solving, and 100% in relationship skills). Likewise, no statistically significant differences were found between the groups in any of the dimensions evaluated, since the p value in the Mann Whitney U test is greater than 0.05. Likewise, this indicates that both groups start in the same conditions before the intervention of the Mentis Plus+ program.

**Table 2 Mental Health Behavior in The Experimental Group**

| Dimensions Mentis | Extent | Experimental Group | | | | | | p-value* |
|---|---|---|---|---|---|---|---|---|
| | | Low | | Half | | High | | |
| | | F | % | F | % | F | % | |
| Personal satisfaction | TO | 30 | 100.0 | 0 | 0.0 | 0 | 0.0 | **0.000** |
| | D | 0 | 0.0 | 16 | 53.3 | 14 | 46.7 | |
| Prosocial attitude | TO | 30 | 100.0 | 0 | 0.0 | 0 | 0.0 | **0.000** |
| | D | 0 | 0.0 | 18 | 60.0 | 12 | 40.0 | |
| Self-control | TO | 22 | 73.3 | 8 | 26.7 | 0 | 0.0 | **0.000** |
| | D | 0 | 0.0 | 16 | 53.3 | 14 | 46.7 | |
| Autonomy | TO | 28 | 93.3 | 2 | 6.7 | 0 | 0.0 | **0.000** |
| | D | 0 | 0.0 | 14 | 46.7 | 16 | 53.3 | |
| Problem resolution | TO | 24 | 80.0 | 6 | 20.0 | 0 | 0.0 | **0.000** |
| | D | 0 | 0.0 | 12 | 40.0 | 18 | 60.0 | |
| Relationship Skills | TO | 28 | 93.3 | 2 | 6.7 | 0 | 0.0 | **0.000** |
| | D | 0 | 0.0 | 14 | 46.7 | 16 | 53.3 | |

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A: Pretest D: Posttest

* Wilcoxon

The results indicate that there were positive changes in all dimensions of mental health evaluated in the experimental group. Initially, 100% of the students were in the "Low" category in each dimension, however, after the application of the program, a notable improvement was observed. Regarding personal satisfaction, 53.3% of the students went to "Medium" and 46.7% to "High"; in prosocial attitude, 60.0% reached "Medium" and 40.0% "High". In self-control, 53.3% went to "Medium" and 46.7% to "High"; in autonomy, 46.7% went to "Medium" and 53.3% to "High"; in problem solving, 40.0% went to "Medium" and 60.0% to "High"; In relational skills, 46.7% moved to "Medium" and 53.3% to "High"; and in positive mental health, 40.0% moved to "Medium" and 60.0% to "High". These changes reflect real improvements in all dimensions assessed, all being statistically significant with p values of 0.000.

**Table 3 Mental Health Behavior in The Control Group**

| Mentis | Extent | Control Group | | | | | | p-value* |
|---|---|---|---|---|---|---|---|---|
| | | Low | | Half | | High | | |
| | | F | % | F | % | F | % | |
| Personal satisfaction | TO | 1 | 3.3 | 26 | 86.7 | 3 | 10.0 | 0.088 |
| | D | 11 | 36.7 | 19 | 63.3 | 0 | 0.0 | |
| Prosocial attitude | TO | 6 | 20.0 | 24 | 80.0 | 0 | 0.0 | **0.007** |
| | D | 16 | 53.3 | 14 | 46.7 | 0 | 0.0 | |
| Self-control | TO | 2 | 6.7 | 28 | 93.3 | 0 | 0.0 | **0.009** |
| | D | 13 | 43.3 | 17 | 56.7 | 0 | 0.0 | |
| Autonomy | TO | 6 | 20.0 | 21 | 70.0 | 3 | 10.0 | 0.104 |
| | D | 15 | 50.0 | 15 | 50.0 | 0 | 0.0 | |
| Problem resolution | TO | 6 | 20.0 | 23 | 76.7 | 1 | 3.3 | 0.825 |
| | D | 8 | 26.7 | 21 | 70.0 | 1 | 3.3 | |
| Relationship Skills | TO | 0 | 0.0 | 30 | 100.0 | 0 | 0.0 | 0.713 |
| | D | 3 | 10.0 | 27 | 90.0 | 0 | 0.0 | |

A: Pretest D: Posttest

* Wilcoxon

In the control group, no significant improvements were observed in most of the dimensions evaluated. In fact, negative changes occurred in prosocial attitude and self-control, where the proportions of students in the "Low" category increased significantly, going from 20.0% to 53.3% in prosocial attitude and from 6.7% to 43.3% in self-control. This contrasts with the experimental group, where there were significant and consistent improvements in all the dimensions evaluated.

**Table 4Comparison Of the Final Measurement (Posttest) Of Mental Health Between the Study Groups**

| Mentis | Cluster | Posttest | p-value* |
|---|---|---|---|

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| | | Low | | Half | | High | | |
|---|---|---|---|---|---|---|---|---|
| | | F | % | F | % | F | % | |
| Personal satisfaction | AND | 0 | 0.0 | 16 | 53.3 | 14 | 46.7 | **0.000** |
| | C | 11 | 36.7 | 19 | 63.3 | 0 | 0.0 | |
| Prosocial attitude | AND | 0 | 0.0 | 18 | 60.0 | 12 | 40.0 | **0.000** |
| | C | 16 | 53.3 | 14 | 46.7 | 0 | 0.0 | |
| Self-control | AND | 0 | 0.0 | 16 | 53.3 | 14 | 46.7 | **0.000** |
| | C | 13 | 43.3 | 17 | 56.7 | 0 | 0.0 | |
| Autonomy | AND | 0 | 0.0 | 14 | 46.7 | 16 | 53.3 | **0.000** |
| | C | 15 | 50.0 | 15 | 50.0 | 0 | 0.0 | |
| Problem resolution | AND | 0 | 0.0 | 12 | 40.0 | 18 | 60.0 | **0.000** |
| | C | 8 | 26.7 | 21 | 70.0 | 1 | 3.3 | |
| Relationship Skills | AND | 0 | 0.0 | 14 | 46.7 | 16 | 53.3 | **0.000** |
| | C | 3 | 10.0 | 27 | 90.0 | 0 | 0.0 | |

E: Experimental Group C: Control Group

* Mann-Whitney U

In the posttest analysis , it is observed that the experimental group demonstrated substantial improvements in all the evaluated dimensions of mental health. The results show that in personal satisfaction, prosocial attitude, self-control, autonomy, problem-solving, and relationship skills, the majority of students reached medium or high levels, with specific percentages of 53.3% and 46.7% for personal satisfaction, 60.0% and 40.0% for prosocial attitude, 53.3% and 46.7% for self-control, 46.7% and 53.3% for autonomy, 40.0% and 60.0% for problem-solving, and 46.7% and 53.3% for relationship skills, respectively. In contrast, the control group showed a significant prevalence of students in the "Low" category in all these dimensions, with percentages ranging from 26.7% to 90.0%. These differences highlight the positive effectiveness of the intervention applied in the experimental group to improve mental health compared to the control group.

## Discussion

In relation to the baseline measurement (pretest) of mental health between the experimental (E) and control (C) groups, according to the dimensions of personal satisfaction, prosocial attitude, self-control, autonomy, problem solving and relationship skills; they indicate that group E has high percentages at the low level for all dimensions, while group C has high percentages at the medium level. These results differ from those reported by Rosales Pucheta et al. (2023) and Medina et al. (2012). The first author found high levels of personal satisfaction, prosocial attitude and autonomy in Nursing students in Veracruz, while the second reported strong skills in these and other areas in Psychology students. These discrepancies could be due to differences in the characteristics of the populations studied or in the educational and social contexts that influence the mental health of students.

The results (post-test) clearly show that the intervention was effective in improving mental health in the experimental group compared to the control group. In all dimensions assessed (personal satisfaction, prosocial attitude, self-control, autonomy, problem-solving, relationship skills), the experimental group showed significant and consistent improvements, with high percentages of students in the "Medium" and "High" categories. In contrast, in the control group, there was a considerable prevalence of students in the "Low" category, indicating a lack of improvement or even a deterioration in these areas. The p values indicate statistically significant differences ($p < 0.05$) between the groups, underlining the positive effectiveness of the intervention in promoting mental health.

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The results of this study indicate that positive mental health plays a crucial role in the academic success of university students. Mendo Zelada et al. (2018) point out that studying mental health from a positive perspective helps to identify individual skills and promote resources for continued adaptation and balance. Also, positive mental health (PMH) goes beyond the simple treatment of symptoms and focuses on promoting well-being and personal development (Ureta et al., 2023; Zapata-Ospina et al., 2021).

Regarding Personal Satisfaction (F1), participants in the experimental group showed a significant increase in their level of personal satisfaction, reflecting greater satisfaction with their lives and personal achievements. This progress translated into an increase in scores in this dimension, classified in the medium and high categories. According to Lluch (1999), personal satisfaction is a crucial component of positive mental health, as it is directly related to subjective well-being.

As for the Prosocial Attitude (F2), a notable improvement was observed in the prosocial attitude of the participants in the experimental group. Behaviors and attitudes that benefit others and contribute to social well-being increased significantly, which was reflected in the scores obtained in this dimension. The prosocial attitude is fundamental for social cohesion and mutual support, aspects highlighted by authors such as Seligman (2002) in his theory of well-being.

Regarding Self-control (F3), participants in the experimental group demonstrated a greater ability to regulate their emotions, thoughts and behaviors in different situations. This improvement in self-control was evidenced by the highest scores in this dimension, classified in the medium and high categories. Bandura (1997) also underlines the importance of self-control as a key factor in self-efficacy and stress management.

As for Autonomy (F4), there was a significant increase in the autonomy of the participants in the experimental group. The ability to make independent decisions and act on them improved considerably, which was reflected in the scores obtained in this dimension. Autonomy is essential for personal development and self-actualization. (Stover et al., 2017) , as pointed out by Deci and Ryan (2008) in his theory of self-determination.

In Problem Solving and Self-Actualization (F5), participants in the experimental group showed significant improvement in their ability to effectively cope with and solve problems, as well as in their continued effort to improve and develop themselves personally. Scores on this dimension also fell into the medium and high categories. Problem solving and self-actualization are critical components of personal growth and resilience, according to Lazarus and Folkman (1984).

In Interpersonal Relationship Skills (F6), a notable improvement was observed in the interpersonal relationship skills of the participants in the experimental group. The ability to establish and maintain positive and healthy relationships with other people increased significantly, as reflected in the scores obtained in this dimension. Interpersonal relationship skills are vital for social support and emotional well-being, as highlighted by authors such as Baumeister and Leary (1995).

Therefore, it is suggested that universities implement a comprehensive program for student mental health that includes promotion, prevention, psychoeducation , symptom care, and peer support. To this end, health spending should be a priority for university students (Quispe Mamani et al., 2023).

No studies have been found that address positive mental health using the Mentis Plus+ instrument. Therefore, future research using Mentis Plus+ is needed to validate its effectiveness and compare it with other established instruments.

*Financing*

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PLUS Program for the promotion of positive mental health in university students of the Professional School of Anthropology of UNA-Puno, 2023", implemented over two years.

*Conflict Of Interest*

The authors declare that there is no conflict of interest.

## Conclusions

The intervention proved to be effective in significantly improving the mental health of the experimental group, clearly differentiating itself from the control group, which showed no improvements. This confirms the effectiveness of the implemented and statistically validated program.

The implementation of positive mental health promotion and prevention programs in educational environments is crucial to support the well-being of university students, who are exposed to high levels of stress and academic pressure.

The approach used in this study proved effective in gaining a comprehensive understanding of the program's effectiveness by combining quantitative data with qualitative student perspectives and supporting the positive mental health of college students through wellness workshops or stress management resources.

The results further suggest that promoting social connection, emotional support, and coping strategies are important components for improving mental health in anthropology students, because it allowed them to engage in anthropological practices of social interaction that influence the mental health of college students.

By applying this program to university students, it allowed us to gain a deeper understanding of the specific challenges and needs of students in terms of positive mental health, as well as challenges to academic institutions that have competence in the subject of study.

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