



Student living conditions – Presentation of some preliminary findings for the Hénallux Social Council

La Paglia Vincent – 02 04 2026 - Hénallux

Methodology

- Quantitative study commissioned by the General Secretariat for Catholic Education (Segec), building on Lodewick Paul's work on the living conditions of students at the University College Helha
- Establishment of a consortium of researchers from several University colleges in french-speaking Belgium (Léonard de Vinci, Ephec, ICHEC-ECAM-ISFSC, Galilée, Helmo, Hénallux & Helha)
- Each researcher, affiliated with their respective higher education institution, acts as a point of contact for that institution's administration
- A 15-minute self-administered questionnaire via an online link, covering the following topics: family situation, housing conditions, educational background, mobility, time management, student work, health, financial situation and access to student psychosocial services,

Methodology

- 1) A total of 7,409 students surveyed
- 2) Univariate and bivariate analyses (Amyotte, 2011) conducted for the consortium report (to be published by the end of May) commissioned by Segec (2026)
- 3) In parallel, in-depth analyses of all variables 'for' the Haute Ecole Namur-Liège-Luxembourg (Hénallux)
- 4) For Hénallux: over 1,200 questionnaires returned, but 871 complete (Age: Median 20 years, Mean 22.3 years)
- 5) Only complete questionnaires were processed, and the sample was weighted by gender as over 70% of respondents were women, whereas Hénallux figures show 55% women and 45% men out of nearly 6,000 students



Results

Severe chronic disease	Status	Frequencies	% of Total
No	Man	351.6	40.2%
	Woman	405.9	46.4%
Yes	Man	44.9	5.1%
	Woman	71.5	8.2%

Mental health disorder	Status	Frequencies	% of Total
No	Man	353.4	40.4%
	Woman	421.9	48.3%
Yes	Man	43.0	4.9%
	Woman	55.5	6.3%

Disorders/Impairments/Diseases (1)

Sensory impairment	Status	Frequencies	% of Total
No	Man	374.0	42.8%
	Woman	453.3	51.9%
Yes	Man	22.4	2.6%
	Woman	24.1	2.8%

Motor impairment	Status	Frequencies	% of Total
No	Man	394.57	45.2%
	Woman	473.04	54.1%
Yes	Man	1.87	0.2%
	Woman	4.38	0.5%

Disorders/Impairments/Diseases (2)

Diagnosed with multiple "Dys" disorders	Status	Frequencies	% of Total
No	Man	336.6	38.5%
	Woman	405.9	46.4%
Yes	Man	59.8	6.8%
	Woman	71.5	8.2%

Attention Deficit Disorder (with or without hyperactivity)	Status	Frequencies	% of Total
No	Man	340.3	38.9%
	Woman	403.7	46.2%
Yes	Man	56.1	6.4%
	Woman	73.7	8.4%

Disorders/Impairments/Diseases (3)

Affected by Autism Spectrum Disorder	Status	Frequencies	% of Total
No	Man	375.9	43.0%
	Woman	467.2	53.5%
Yes	Man	20.6	2.4%
	Woman	10.2	1.2%

Person with long-term health condition	Status	Frequencies	% of Total
No	Man	359.0	41.1%
	Woman	396.4	45.4%
Yes	Man	37.4	4.3%
	Woman	81.0	9.3%

Disorders/Impairments/Diseases (4)

- A self-administered questionnaire that assesses each of the nine criteria for depression: the psychometric scale developed by Kroenke et al. (2001) for assessing depressive disorder, which is regularly updated and remains widely validated (Molebatsi et al. 2020; Kendrick et al., 2024)
- Items: (Feeling depressed or sad; Little interest or pleasure in doing things; Difficulty concentrating on things; Negative self-perception, etc.). Rating scale: from '0' (never), '1' (several days), '2' (more than half the time), to '3' (almost every day).
- The score therefore ranges from 0 to 27. A score of 10 or above is considered indicative of a depressive disorder (distinguishing between: 10–14 = moderate depression, 15–19 = moderately severe depression, and 20–27 = severe depression).

Score range	Severity category	n	%
< 10	No or minimal depressive symptoms	538	61.6%
10–14	Moderate depression	194	22.2%
15–19	Moderately severe depression	100	11.4%
20–27	Severe depression	41	4.7%

In summary, just over **38%** of students in the Hénallux region experience depressive symptoms ranging from moderate to severe.

Depressive symptoms

- The most commonly used psychometric scale for the screening, diagnosis and assessment of the severity of anxiety disorders (Spitzer et al., 2006).
- It is based on seven items scored from 0 (never), 1 (several days), 2 (more than half the time), to 3 (almost every day), with a total score ranging from 0 to 21.
- A total score of 10 represents a moderate level of anxiety. Anxiety disorder (moderate to severe) is defined here as a score greater than 10 (Spitzer et al., 2006).

Score range	Severity category	n	%
< 10	Low or non-existent chronic anxiety	603	69%
10+	Moderate to high anxiety	271	31%

Among the 874 respondents, 271 students scored above 10 on anxiety (GAD-7), representing **31%** of the HENaLLux sample.

Anxiety symptoms

Awareness of the psycho-social support unite from Henallux	Frequencies	% of Total
No	571	65.3%
Yes	303	34.7%

Already make an appointment with a psychologist	Frequencies	% of Total
No	430	49.2%
Yes	444	50.8%

Need for help to overcome a difficult situation	Frequencies	% of Total
No	512	58.6%
Yes	362	41.4%

Already make an appointment with the psychologist of the psycho-social support Unite from Henallux	Fréquences	% of Total
No	261.4	86.2%
Yes	41.9	13.8%

Knowledge of an in-house or external psychological service

Have you got a help from the CPAS ? (= Public Centre for Social Welfare)	Frequencies	% of Total
No	829.9	95.0%
Yes	43.9	5.0%

Reasons of the non obtention of the aid from the CPAS	Frequencies	% of Total
I didn't apply because I don't need it	531.86	64.1%
My application is still being processed	6.66	0.8%
I didn't apply because I didn't meet the conditions	128.69	15.5%
I don't know about this aid or lack information	122.12	14.7%
My application was refused	18.84	2.3%
Discouraged by application complexity	19.89	2.4%

Various reasons cited for non-take-up : lack of awareness, failure to apply, failure to receive, and failure to be offered (Warin, 2018)

Non-take-up (1)

Receipt of social/financial aid from the institution (Hénallux)	Frequencies	% of Total
No	764	87.5%
Yes	110	12.5%

Reasons for not obtaining social aids from the institution (Hénallux)	Frequencies	% of Total
I didn't apply because I don't need it	510.78	66.8%
I didn't apply because I didn't meet the conditions	85.99	11.3%
My application is still being processed	15.10	2.0%
I don't know about this aid or lack information	118.79	15.5%
My application was refused	7.71	1.0%
Discouraged by application complexity	24.04	3.1%

Various reasons cited for non-take-up : lack of awareness, failure to apply, failure to receive, and failure to be offered (Warin, 2018)

Non-take-up (2).

Ability to visit family or friends at month's end	Frequencies	% of Total
Yes	725.6	83.0%
No, for other reasons	72.8	8.3%
No, I can't afford it	75.5	8.6%

Financial ability to participate in leisure activities	Frequencies	% of Total
Yes	634.0	72.6%
No, for other reasons	90.9	10.4%
No, I can't afford it	148.9	17.0%

Skipped a meal for financial reasons	Frequencies	% of Total
No	814.9	93.3%
Yes	58.9	6.7%

Material and social deprivation (Eusilc, 2025 ; Statbel, 2026) (1)

Ability to spend a small amount of money on oneself	Frequencies	% of Total
Yes	729.9	83.5%
No, for other reasons	41.7	4.8%
No, I can't afford it	102.2	11.7%

Ability to take a 1-week vacation away from home	Frequencies	% of Total
Yes	531	60.7%
No, for other reasons	106	12.1%
No, I can't afford it	237	27.1%

Ability to purchase study materials	Frequencies	% of Total
Yes	777.6	89.0%
No, for other reasons	26.6	3.0%
No, I can't afford it	69.7	8.0%

Personal computer ownership	Frequencies	% of Total
Yes	849.5	97.2%
No	24.4	2.8%

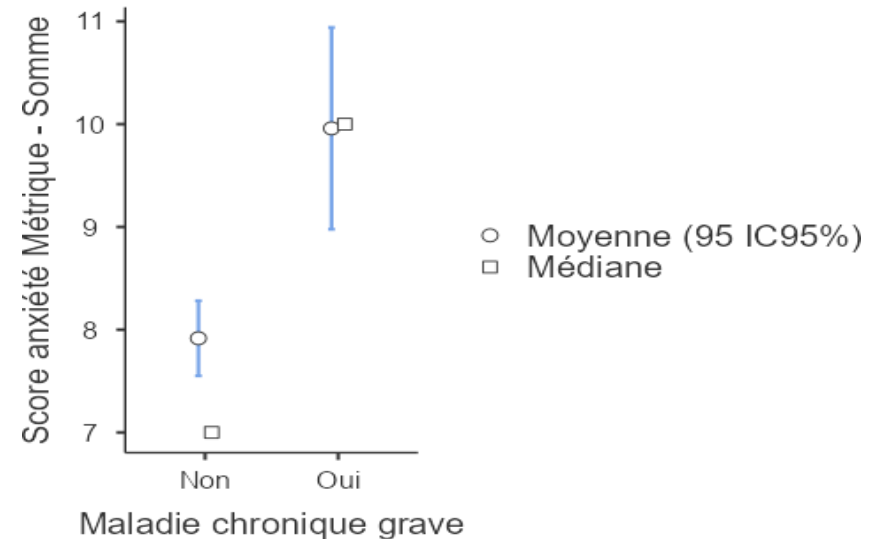
**Material and social deprivation (Eusilc, 2025 ; Statbel, 2026)
(2)**

Some correlations & tests of the mean (1)

Correlation		
		Score of depressive symptoms
Motivation for studying	r de Pearson	-0.327***
	valeur p	<.001
	Rho de Spearman	-0.307***
	valeur p	<.001
Note. * p < .05, ** p < .01, *** p < .001		

- Negative correlation: the higher is the score for depressive symptoms, the lower is the motivation to engage with their studies among students

Test	Stat.	p	Δ Mean	Effect
Mann-Whitney	54559	< .001	-2.00	r = 0.20



- Significant difference (p-value = <0.001): students with a serious chronic illness tend to have significantly higher anxiety scores, placing them more in the moderate to high anxiety range

Some correlations & tests of the mean (2)

Need for help to overcome difficult situation	No appointment with a psychologist	Yes, appointment with psychologist	Total
No need			
Observed	341	171	512
Expected	252	260	512
Row %	66.6%	33.4%	100.0%
Yes need			
Observed	89	273	362
Expected	178	184	362
Row %	24.5%	75.5%	100.0%
Column Total	430 (49.2%)	444 (50.8%)	874

P-value	V de Cramer	V de Cramer	Odd Ratio
<0,001	0,451	< .001	6,14

- The greater the students' need for help, the more likely they are to have made an appointment with a counsellor (75% vs 24.5%)
- The likelihood of having consulted a psychologist is six times higher among those in need of help.
- However, this table also shows that: of the 362 students in need of help to overcome a difficult situation, 89 have never made an appointment with a psychologist, representing a quarter of them. They account for 10% of the total population,

Perspectives



- Finalize the report relating to the consortium commissioned by Segec
- Ongoing work on recommendations to be integrated into the consortium report, based on all statistical analyses
- Finalize the analysis of all variables in univariate and bivariate forms for the specific Hénallux population
- Communicate at various events, conferences, seminars, and symposia (Social Council, Board of Directors, Domain Council, Namur Academic Pole, Mental Health Week, CLPS of Namur, etc.)
- Write reports and articles with a popularization perspective (CSC-Enseignement, Revue Démocratie, Éducation Santé, Santé Mentale Québec, Yapaka, etc.) in order to use the data to raise awareness, inform, and update practices
- Broader communication: go through Hénallux's communication service, Bouké Média, and social media via FoRS
- Integration of results into teaching activities
- Build on the results to develop new projects on student mental health in collaboration with the support unit (King Baudouin Foundation, Daniel de Koning Fund, Interreg micro-project, etc.), further investigating personal experience with a view to devising solutions targeting the determinants of mental health



Let's get the discussion started !

Some references

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