ImpACT: Online ACT Training in Higher Education: A Mixed Methods Study of Factors Associated with Dropout

Jennifer Reijnders, Ineke Bodok, Willemieke Kroeze, Tim Batink, Nele Jacobs
Department of Lifespan Psychology, Open Universiteit, the Netherlands

INTRO

Mental health problems among higher education students are a growing public health concern, characterized by high levels of stress, performance pressure, and loneliness. Accessible and preventive interventions are urgently needed. Acceptance and Commitment Therapy (ACT) may offer a cost-effective digital solution; however, student engagement in eHealth interventions remains challenging.

Research question:

Which factors are associated with students' engagement in an eHealth ACT intervention, including reasons for dropout at different stages of participation?

METHODS

- This study is part of a randomized controlled trial evaluating the effectiveness of an eHealth ACT intervention in higher education. For this study, only participants of the experimental group were included.
- Population: students aged 16-25 years from two institutions of higher education in the Netherlands
- Quantitative data: comparison of baseline characteristics between three different groups (non-starters, drop-outs and completers).
- Questionnaires used:
  - Multidimensional Psychological Flexibility Inventory (MPFI)
  - Mental Health Continuum – Short Form (MHC-SF)
  - Depression Anxiety Stress Scales–21 (DASS-21)
- Qualitative data (preliminary): semi-structured in-depth interviews with non-starter, drop-out and completer
- Exclusion criteria for intervention: current under psychological treatment (n=65)

RESULTS

A total of 267 students (81% female, mean age: 19.7, SD: 2.1) completed the baseline questionnaire. 48% of the target group started the training, of whom 20% completed it.

Figure 1. Drop-out during the eHealth intervention

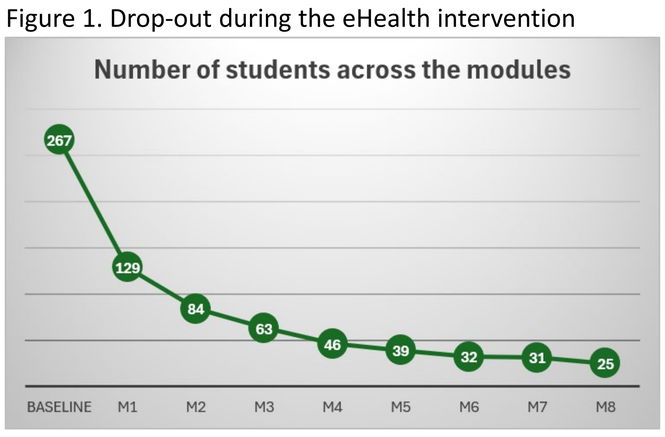

Table 1. Comparison of baseline characteristics between three groups

	Non-starters (n=138)	Drop-outs (n=104)	Completers (n=25)	p-value
Gender (% female)	103 (75%)	89 (86%)	24 (96%)	.150
Age (SD)	19 (2.3)	19 (1.8)	20 (1.9)	.417
Year of study (% first year)	**59 (43%)**	24 (23%)	5 (20%)	.002*
Living situation (% with parents)	106 (77%)	81 (78%)	21 (84%)	.728
Psychological flexibility (MPFI) (SD)	42.6 (9.9)	42.3 (9.8)	44.0 (11.5)	.766
Psychological inflexibility (MPFI)	**33.5 (9.1)**	**36.7 (10.4)**	34.2 (6.9)	.034*
Well-being (MHC-SF)	2.9 (.9)	3.0 (.8)	3.1 (.8)	.496
Mental health (DASS)	**12.7 (8.6)**	**16.2 (10.6)**	14.4 (9.8)	.022*

PERSONAL FACTORS:

+/- Time
+/- Perceived need
+ Motivation/priority
- Personal traits
- (e.g.procrastination)

CONTEXTUAL FACTORS:

+ Good fit with students' need
+/- Baseline questionnaire (reflective, lengthy)
- Relevance for study
- Use of email

FACTORS RELATED TO THE INTERVENTION:

+/- Online format and support
+/- Individual fit
+ Reminders
+ Structured sessions

ILLUSTRATIVE EXAMPLES:

Non-starter:
"The benefits were unclear to me"

Drop-out:
"My motivation dropped during participation"

Completer:
"If I start something I will finish it"

DISCUSSION

The results showed that non-starters were more likely to be first-year students than students in later years. Besides this, students who dropped out showed higher baseline levels of psychological inflexibility and mental health complaints compared with non-starters and completers. This may suggest that students with greater initial distress engage initially but experience more difficulty sustaining participation.

Preliminary themes from the qualitative findings suggest that engagement may depend on personal factors (motivation, perceived need), contextual factors (fit with student life), and intervention factors (format, reminders and structure).

Together, these findings contribute to understanding factors associated with engagement and dropout in eHealth ACT-interventions for higher education students. Future research could examine whether integration into educational programs and peer-supported engagement strategies improve adherence.

Lifespan Psychology
Jennifer Reijnders | jennifer.reijnders@ou.nl