# Mental health and well-being in post-secondary education settings

## A literature and environmental scan to support planning and action in Canada

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*For the June 2011 CACUSS pre-conference workshop on mental health*

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I do take full responsibility for any errors or omissions. This paper was completed under a tight timeline, and therefore with limited consultation, and is based on literature that could be readily found. I sincerely hope that it serves as a good jumping off point for you to continue to move this critically important work forward.

Gail MacKean MPA, PhD
May 2011

# Executive Summary

**Introduction and background**

This background paper was commissioned as a "jumping-off-point" for a CACUSS pre-conference workshop: Student Mental Health: A Call to Action, being held at Ryerson University on June 19, 2011. The three over-arching questions to be addressed at this workshop are:

1) Where are we now?
2) Where do we want to be?
3) How should we get there?

This paper is framed around these same three questions, with a goal of painting a broad picture of where things are at now in Canada and internationally and seeding some potentially provocative ideas about how we might move forward with further discussion and action.

> *"It is time for a renewal of thought, discussion and action about student health. Our expanding knowledge of the processes and paradigms of learning, emerging institutional commitments to student success, and a revised formulation of the elements of health itself demand that our facility-centered, service-oriented, illness-focused, and program-driven model of student health be reconsidered" (Silverman, Underhile & Keeling, 2008, p4).4*

This background paper as well as proceedings from the CACUSS pre-conference will inform the development of a comprehensive framework for promoting post-secondary student mental health.

**Literature and environmental scan process**

A literature scan (i.e., both the published, peer-reviewed and gray literature) was completed to inform the three broad questions outlined above. A small advisory/steering group of key informants worked with the consultant throughout the scan to assist in making key decisions that arose along the way re refining the scope of the review and directions to take. These individuals participated in one or more telephone conversations, sharing their understanding about the current Canadian context, their thoughts about where Canadian Colleges and Universities should be heading. They also shared literature and other resources they thought might be particularly helpful in the Canadian post-secondary institution context.

**Findings**

***Where are we now?***

Over the past decade mental health has received a lot of attention internationally, with key trends including:

- a focus on mental health and system reform rooted in the recovery model;
- a shift in moving beyond mental health system reform to also developing communities and societies that promote mental health and well-being for all;
- an increasing emphasis on child and youth mental health, and the kinds of interventions that are likely to improve mental health and prevent mental illness; and,
- recognition of schools, including post-secondary institutions, as important settings for promoting mental health and well-being.

There has also been increasing attention paid in recent years to post-secondary student mental health, with reports of more students experiencing mental health problems and mental illness, more students coming forward to seek help for these, and an increasing

complexity of the issues that students are presenting with. This attention, as reflected in the literature, is particularly strong in the U.S. but is increasingly prevalent internationally as well. Related trends include:

- a strong and growing awareness that mental health is a key dimension of college/university life and that it affects learning and academic success;
- the active engagement of some Canadian colleges and universities in developing comprehensive policies and services to address student mental health; and,
- an increasing realization that there needs to be much more attention paid to upstream efforts to promote the mental health and well-being of all students, realizing that the diversity of the student population is increasing.

There is considerable debate as to whether the prevalence of mental health problems is increasing post-secondary institutions, and if so why that is; and if the prevalence is greater in post-secondary institutions than it is in the general population. Based on the literature reviewed for this paper, there may be differences across international jurisdictions. There is clear evidence, however, that:

- many students experience problems with mental health and addictions;
- suicide is the 1st or 2nd most common cause of student death;
- more students are coming forward to seek help for mental health problems;
- more students are taking psychotropic medications;
- more students with chronic mental illnesses are attending college/university; and,
- mental health issues are identified by students as having the greatest impact on their academic success.

Student mental health, then, is a high priority for colleges and universities.

Prevalence data from six Ontario post-secondary institutions (ACHA-NCHA II student survey, 2009), is summarized below.

- approximately 4% of students have a psychiatric condition
- approximately 15% of students have been treated by a professional for one or more mental health problems
- the three more common factors identified by students as affecting their academic performance were: stress (38%); sleep difficulties (26%); and anxiety (26%)
- with respect to common mental health problems, approximately 53% of students indicated they felt overwhelmed by anxiety and 36% felt so depressed it's difficult to function

Other individual Canadian colleges and universities that have conducted the ACHA - NCHA II survey at their institutions reveal similar findings; with mental health concerns noted as having the greatest negative impact on academic performance. Between 2008 and 2011 fourteen post-secondary institutions across Canada have conducted this survey.

A Canada-wide prevalence survey conducted by CAMH, had similar findings, using different data collection instruments.

- about one-third (29.2%) of undergraduates reported four or more symptoms indicative of elevated distress as measured by the 12-item General Health Questionnaire mental health screen
- the most common symptoms of distress were: feeling constantly under strain (47%); losing sleep over worry (32%); and, feeling unhappy or depressed (31%) (Adlaf et al, 2005)

In comparison with a similar survey done in 1998, Adlaf et al (2005) concluded that no significant increase was found in the prevalence of psychological distress. So based on Canadian data it is difficult to say whether prevalence of mental health problems is increasing. There

is clear evidence, however, that student mental health issues are prevalent in post-secondary institutions. Canada also seems to be part of an international trend where more students with pre-existing mental illnesses are choosing to pursue post-secondary education.

***Where do we want to be?***

There is increasing realization in the college/university sector that taking an approach to student mental health that primarily focuses on 'treating' individuals experiencing mental health problems, is neither the most effective way to go nor is it sustainable in the long term. This resonates with international trends in mental health and addictions more broadly, where there is increasing emphasis on promoting positive mental health at a population level which includes focusing on environmental factors, and creating an inclusive society that fosters the self-esteem and coping abilities of individuals and communities.

There are four key student mental health models currently being used in Canada and/or internationally, all of which take a systemic approach which is characterized by multi-level interventions. These four models are:

- The Campus Population Health Promotion model, developed with the support of the Canadian Learning Centre and the Association of Canadian Community Colleges(Patterson & Kline, 2008)
- The Suicide Prevention Resource Centre (SPRC)/Jed Foundation Suicide Prevention model /approach (SPRC, n.d.)
- The NASPA (Student Affairs Administrators in Higher Education) Ecological approach/model (NASPA, 2010)
- The UK Healthy Universities model (UK Healthy Universities, n.d.)

An overview of each of these four models is included at the end of this report in Appendix B.

The table below provides an overview of the levels of intervention addressed in each of these four models. Although some models place a higher emphasis on an individual service delivery focus, and others more of an emphasis on a developing a mentally healthy campus environment, all these models recognize the importance of targeting multiple levels of intervention and taking a systemic approach to student mental health.

**Some key student mental health models and their levels of intervention**

| **Model** | **Level of intervention** | | | |
|---|---|---|---|---|
| | Individual | Group or interpersonal | Campus | Community & Society |
| The Campus Population Health Promotion model | √√ | √√ | √√ | √ |
| Suicide Prevention model | √√√ | √√ | √ | √ |
| NASPA Ecological model | √ | √√ | √√√ | √√ |
| UK Healthy Universities model | √ | √√ | √√√ | √√ |

*√ - a little emphasis; √√ - some emphasis; √√√ - a lot of emphasis*

The systemic approach promoted in these models, and the adoption of health promotion principles, is a good fit with both Corey Keye's concept of flourishing and the recovery model; the advancement of which is recognized internationally as a foundation for mental health system reform. Health promotion ultimately is about enabling people to take control over their own health and well-being (i.e., about 'doing with' rather than 'doing to'). Engaging students living with mental health problems and mental illness, encouraging and supporting them to lead a lot of this work, is an important component of a health promoting model.

Through this scan some potentially promising interventions at each of these levels were identified. Some examples of promising practice, and along with evidence of effectiveness from the research literature (where it exists), are highlighted in the following areas: screening

and early detection; help-seeking; supporting students with mental illness/psychosocial disabilities; student services; and academic policies.

***How might we get there?***

There are examples of promising practices across Canada, the U.S. and other jurisdictions that can be mined for ideas about what might work in any particular college/university setting. The limitations of this quick literature and environmental scan, however, is that little rich information was uncovered about how universities and colleges have been able to move promising evidence-based models into practice in their respective local contexts. One rigorous U.K. study found that the following factors contributed to success in promoting mental health and well-being, and supporting students with psychosocial disabilities: good policy development; leadership at multiple levels, including at the top; the development of a variety of in-college supports for students; staff and faculty development and support; appropriate funding and resourcing; and, the development of inclusive environments for all (Warwick et al, 2008). In addition, there have been toolkits and other kinds of resources developed to help student services professionals and others to move these conceptual models into practice. Rigorous evaluations of these initiatives will be important to generate knowledge about what works and what doesn't work in different contexts.

There is an increasingly strong evidence base supporting the recognition of the centrality of student mental health and well-being to good learning and academic success, and hence the importance of designing post-secondary institutional settings that truly promote mental well-being for all. If student mental health remains on the periphery, viewed as the responsibility solely of student services professionals, a tremendous opportunity will have been missed to integrate mental health and well-being into academic structures, policies and processes. Student services professionals are seen as being in a position to play a major leadership role in moving this vision forward.

**Making the case and questions for further discussion**

*"Health is vital to learning...and shouldn't be thought of as auxiliary or ancillary to the mission of our institutions....we have suggested that student health be reconsidered, and that the professionals who work in health-related programs and services on our campuses join their colleagues in the faculty and staff in advocating for and creating a campus-wide approach to health that enables and magnifies the potential of every student" (Silverman, Underhile, and Keeling, 2008, p11).*

This paper concludes by using the findings from this literature and environmental scan to make the case for post-secondary institutions as an important setting for promoting mental health and well-being. The case can be succinctly outlined as follows:

- Many young people attending colleges/universities are experiencing mental health problems and/or are living with a mental illness.
- More individuals living with mental illnesses are choosing to attend college/university.
- Post-secondary institutions are often high-stress environments.
- Mental health and well-being is an important factor influencing student learning and academic success.
- There are positive consequences of addressing mental health issues for individual students, their friends and families, the broader campus community (including other students, faculty and staff), and the broader community in the present and into the future.

Ultimately, students who experience good learning and success in their post-secondary education, and who have a better understanding of how to maintain mental wellbeing, manage mental health problems if/when they emerge and/or live with their psychosocial disabilities, are better able to engage as mentally healthy citizens in their communities and

society. This is a huge benefit to the future of our global community.

Through the research for and writing of this paper, a number of potential questions for further discussion emerged. Many of them arise from the tensions that are described early on in the findings section of this paper. As you read this paper you may come up with many more and/or different questions. The questions outlined here are provided as a starting point, as a mechanism for facilitating ongoing discussion, collaboration and the creation of a learning community.

**Working together to advance student mental health: Some questions for further discussion and to build on**

- *What is the vision for a high quality education?*
  - *What kind of learning experiences do post-secondary institutions want to support?*
  - *What kinds of competencies do they want students to take away with them?*
- *How is promoting the mental health and well-being of students, staff and faculty part of this vision?*
- *What kind of campus environment will support this vision becoming reality?*
- *How do we mobilize a campus community to engage the development of a systems approach to promoting student mental health?*
  - *What is the role of student services in promoting this vision?*
  - *Who needs to assume leadership roles?*
  - *What is the role of faculties in promoting this vision?*
  - *How do student services and faculties need to collaborate to promote this vision?*
  - *How do we ensure that students are involved at every step of development?*
- *What are the values and principles that underlie this work?*
- *How do we create environments that foster and support student-led initiatives, both in promoting mental health and well-being for all and in supporting students living with mental illness?*
- *With respect to supporting post-secondary students with psycho-social disabilities, how can we lead from a rights-based approach?*
- *How can we move to a better balance between a risk reduction approach to one that is more assets based?*
- *What kinds of structures and processes can we put in place that will enable us to continue to learn together and to support each other as we all work to move this vision forward?*
- *How might we utilize recommendations from established systems approaches and models to influence and inform change on in our institutions?*

## 1.0 Background and Rationale

There has been increasing attention in recent years to post-secondary student mental health, with reports of more students experiencing mental health problems and mental illness, more students coming forward to seek help, and an increasing complexity of the issues that students are presenting with. A combination of factors is often described as contributing to this trend, articulated both in the media and the research literature. These include:

- more young people with pre-existing mental health problems are choosing to pursue post-secondary education;
- 15-25 is a natural age of onset of mental disorders, an age where many young people are attending college/university;
- a developmental vulnerability to social pressures, including substance abuse;
- life stressors (e.g., moving away from home; transitioning from high school to college/university); and
- the college and university environment itself, which is often described as a competitive and stressful.

There is a strong and growing awareness that mental health is a key dimension of college/university life, and that it affects learning and academic success. Some colleges and universities across Canada are starting to get actively engaged in developing comprehensive policies and services to address mental health and addictions issues. There is also growing realization that they need to:

- actively examine current policies with a view to assessing how they may negatively impact students with mental illnesses;
- pay much more attention to upstream efforts to promote the mental health and well-being of all students, realizing that the diversity of the student population is increasing; and related to this,
- place a high priority on developing an inclusive campus community where students are socially connected and supported in their learning.

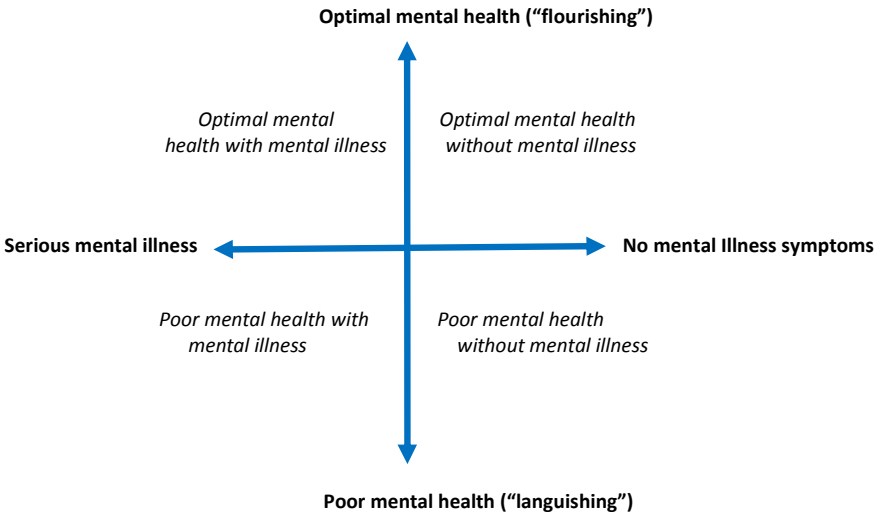
Although the focus of this background paper is student mental health, the mental health of the faculty and staff working in post-secondary institutions is no less important. The quality of the interactions students have with faculty and staff contribute directly to their mental health. The mental health and well-being of everyone working and learning in the post-secondary environment should be a central consideration of all post-secondary institutions. The development of a college/university environment that promotes mental health and well-being will benefit the entire campus community, supporting learning and success. There is a considerable amount of activity going on in Canada and internationally around mental health and well-being, which helps to create a policy window for post-secondary institutional to move this agenda forward. As one key informant stated: “There is an energy and passion around the seriousness of this issue, and an ecological focus.”

## 2.0 Working definitions

A few working definitions and terminology conventions are outlined here for the purpose of this paper. These definitions are rooted in a broad understanding of health, of which a helpful conceptualization is found in Corey Keyes concept of flourishing. The idea of flourishing equates health with human potential – which when realized results in positive physical, emotional, psychological, interpersonal and social functioning (Keyes, 2007). Silverman, Underhile, & Keeling (2008) argue that this perspective on health as a complete state in which individuals are flourishing fits well with the concepts of “self-actualization, moral development, resilience, and personal and social confidence that are familiar in school health education and higher education” (p6).

Corey Keyes outlines a dual continuum model, where health and illness are seen as being on different continuum - see **Figure 1** below. Using this model, a student with a mental illness can still experience optimal mental health in a holistic sense.

**Figure 1: Dual Continuum Model of Mental Health and Mental Illness**




Adapted from: Canadian Mental Health Association, Ontario; based on the conceptual work of Corey Keyes

***Mental health*** can be defined as: "*The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity*" (Public Health Agency of Canada, n.d.). Note that this definition of mental health is aligned with Corey Keyes description of 'flourishing'.

***Mental well-being*** can be defined as: "a *dynamic* process, in which a person's external circumstances interact with their psychological resources to satisfy – to a greater or lesser extent – their psychological needs and to give rise to positive feelings of happiness and satisfaction" (New Economics Association, n.d.). The Mental Health Commission of Canada, noting that the WHO highlights the close connection between mental health and well-being, chose to entitle it's framework for a mental health strategy for Canada: Toward Recovery and Well-being.

***Mental health promotion*** can be defined as: a process of enhancing the capacity of individuals, families, and communities to take control over their lives and improve their mental health. This process may take many forms, such as those outlined in the Ottawa Charter for Health Promotion: building healthy public policy, creating supportive environments for health, strengthening community action for health, developing personal skills, and re-orienting health services (WHO, 1986). Once again, relating back to Corey Keyes description of flourishing, mental health promotion could be succinctly described as optimizing mental health at both at an individual student and a campus community level for all. It was these ways of thinking about health that formed the foundation for the U.S. based National Association of Student Personnel Administrators comprehensive campus ecology model (Silverman, Underhile, & Keeling, 2008). The purpose of mental health promotion for people with mental illness is to ensure that individuals with mental illness have power, choice,

and control over their lives and mental health, and that their communities have the strength and capacity to support individual empowerment and recovery (Pape & Galipeault, 2002).

***Mental illness or disorder*** can be defined as: "a mental or bodily condition marked primarily by sufficient disorganization of personality, mind, and emotions to seriously impair the normal psychological functioning of the individual" (Medline Plus Medical Dictionary, n.d.). Addictions and substance abuse serious enough to interfere with a student's ability to function is incorporated under the term "mental illness" for the purpose of this paper. Increasingly addictions are being viewed as a mental health issue, with addictions services being incorporated into mental health service delivery systems.

***Psychosocial disability*** is the term used to describe students who have a mental illness that at times interferes with their ability to function, and who may require some accommodations to succeed in a post-secondary institution setting. In this paper we use the term students living with mental illness interchangeably with the term psychosocial disability. This term is being used in this paper because the World Network of Users and Survivors of Psychiatry (2008) prefers the term psychosocial disability to other more widely used terms such as mental disorder or impairment. They describe it as follows: "The word psychosocial refers to the interaction between psychological and social/cultural components of our disability. The psychological component refers to ways of thinking and processing our experiences and our perception of the world around us. The social/cultural component refers to societal and cultural limits for behaviour that interact with those psychological differences/madness as well as the stigma that the society attaches to labelling us as disabled" (p.9). Persons with psychosocial disabilities would include: "users and survivors of psychiatry who experience or have experienced experiencing madness and/or mental health problems and/or are using or surviving, or have used or survived psychiatry/mental health services, as well as those of us who are perceived by others as having a mental disability/impairment" (p9).

***Mental health problems*** is the term used to refer to 'less than optimal mental health', once again based on Corey Keyes model. For the purpose of this paper students described as experiencing mental health problems, then, are those students who are experiencing less than optimal mental health or as Keyes would say "languishing". Many young people attending post-secondary institutions are experiencing mental health problems, and this includes students with psychosocial disabilities.

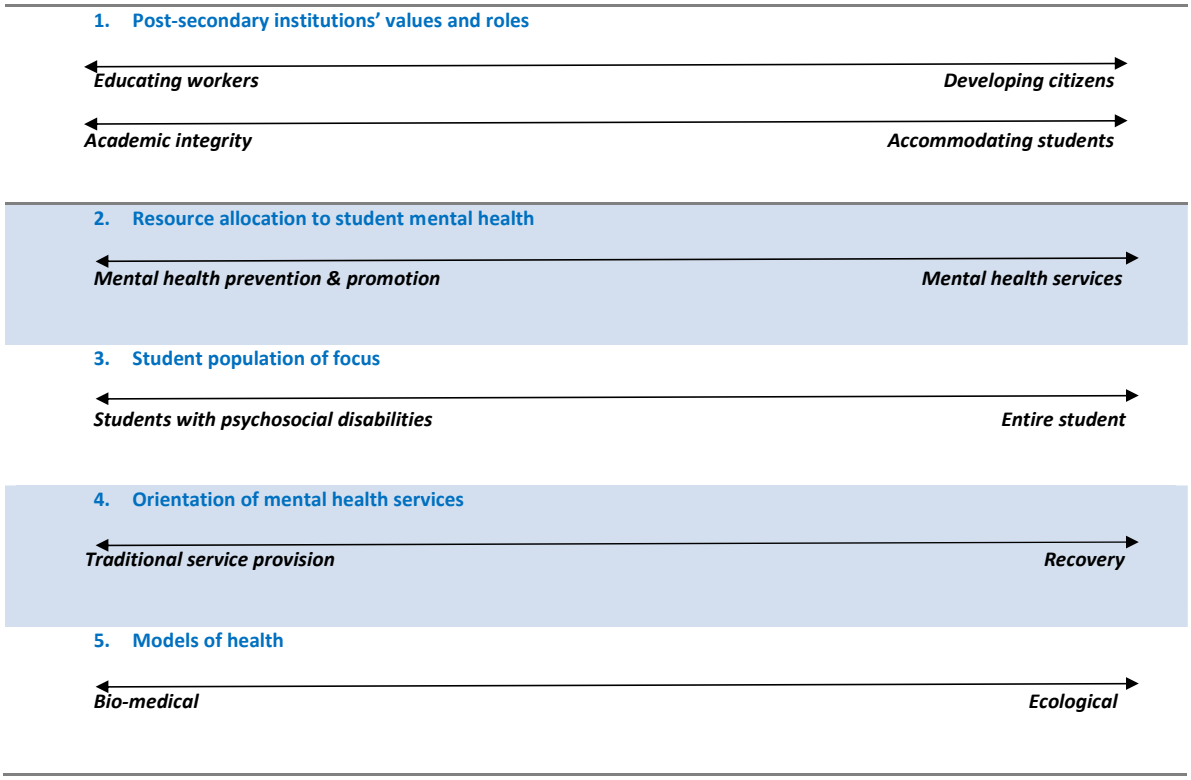
***Recovery*** is understood as the process in which people experiencing mental health problems or living with mental illness are empowered and supported to be actively engaged in this own journey toward well-being. The recovery process builds on individual, family, community and cultural strengths to enable people to enjoy a meaningful life in their community(s) while striving to reach their full potential (MHCC, 2009).

***Post-secondary institutions, colleges, universities, campuses*** are used interchangeably to refer to any post-secondary institution setting. The terms used vary between jurisdictions, so the decision was made to honour the terms used in these jurisdictions. For example, in the U.S. the term college is more widely used, and in Europe the term university is more widely used. Both are widely used in Canada and denote different types of institutions– hence the convention to use the term post-secondary institutions. The term "higher education" is widely used in the U.K. to refer to post-secondary education.

## Tensions

A number of tensions emerged during the review of the literature and other materials to inform the writing of this paper. Many of these tensions that play out in the post-secondary setting reflect tensions that play out in the area of mental health more broadly and in society at large. A few key tensions are noted here, so they can be used as a set of lenses through which to consider the scan findings outlined in the rest of the paper. Rather than framing these tensions as being one verses another, they are depicted here as being situated at either end of a continuum. See **Figure 2**.

**Figure 2: Some tensions in post-secondary student mental health**




# 3.0 Purpose and questions

## *3.1 Overarching purpose*

The primary purpose of this literature and environmental scan is to improve our understanding of the general trends in post-secondary student mental health, and how these trends fit into broader societal trends around mental health and addictions. This review will be used to anchor a CACUSS pre-conference workshop: Student Mental Health: A Call to Action, being held at Ryerson University on June 19, 2011. The three over-arching questions to be addressed at this workshop are: 1) where are we now; 2) where do we want to be; and 3) how should we get there? This review as well as proceedings from the CACUSS pre-conference will serve as the jumping off point for discussion and development of a comprehensive framework for promoting post-secondary student mental health.

## *3.2 Literature and environmental scan questions*

### Re where are we now?

- What are the international and national trends in mental health and addictions overall, and in the post-secondary institution context?
- What is the 'prevalence' of mental health and addictions problems in the post-secondary student population, Canada and other jurisdictions?

### Re where we want to be?

- What is known about evidence-informed systemic models for promoting student mental health in post-secondary institutions, models that incorporate multiple levels of intervention?
- What is known about supporting students with mental illnesses or psychosocial disabilities?
- What are some promising practices from Canada and internationally re: the above?

### Re how we might get there?

- How do we mobilize a campus community to engage the development of a systems approach to promoting student mental health?
- Who needs to assume leadership roles?
- How might we utilize recommendations from established systems approaches and models to influence and inform change on in our institutions?

# 4.0 Literature and Environmental Scan Process

## *4.1 Scan strategy*

A small advisory/steering group of key informants worked with the consultant throughout the scan to assist in making key decisions that arose along the way re refining the scope of the review and directions to take. Five Canadian key informants, knowledgeable about the local context and seen to be champions in moving this important work forward, participated in one or more telephone conversations. These individuals talked about the current Canadian context, their thoughts about where Canadian Colleges and Universities should be heading with respect to promoting positive mental health and supporting students to achieve their academic goals. They also shared literature and other resources they thought might be particularly helpful in the Canadian post-secondary institution context. This helped ensure that this quick scan would be helpful, and be completed as efficiently as possible.

A literature scan (i.e., both the published, peer-reviewed and gray literature) was completed to inform the questions outlined in Section 2.0. The search strategies used for both the published, peer-reviewed and gray literature as well as the review methods used to determine which articles to include in this paper are included in Appendix A.

## *4.2 Limitations of this scan*

This was not a systematic review of the research literature, nor a comprehensive environmental scan. Rather this scan is an initial step in gathering potentially useful knowledge to inform Canadian post-secondary institution planning and decision-making around student mental health and addictions. It is heavily reliant on the published research literature, and on gray literature that can easily be obtained through the web.

In addition, it is increasingly acknowledged that useful knowledge comes from many sources in additional to research evidence. Experiential knowledge from student services professionals working in post-secondary institution settings, and from students experiencing mental health problems and/or living with psychosocial disabilities, is often not well-captured in much traditional research. Findings ways to collect and share this knowledge will be important as post-secondary institutions in Canada work together to move forward in addressing the complexity of student mental health and addictions in college/university settings.

# 5.0 Key Findings

## *5.1 Setting the context: Where are we now?*

### International and national trends around mental health and well-being

**The international context**

There has been a considerable amount of attention paid over the past decade to mental health and addictions. Initially the primary focus was on mental health system reform, and the recovery model as a promising approach for re-orienting our mental health services and systems to better support people living with mental illness and addictions. More recently there has been a shift from focusing primarily on improving services for people living with mental health issues, to also promoting mental and well-being for all. This emphasis on mental health and well-being is a good fit with the recovery model, as the emphasis is on enabling people in the context of their communities to be able to live a good and happy life; and in supporting the development of mentally healthy communities that are socially inclusive, and that have a more equitable distribution of mental health and well-being.

Child and youth mental health and well-being is an increasing focus in many jurisdictions across the world, including the WHO, the European Union, and Australia. Powerful economic arguments can be made to support promoting mental health and well-being in children and youth in the context of their families and communities, and there is mounting evidence about the kinds of interventions that are likely to achieve the most positive outcomes. An important community for many youth are their schools, including post-secondary institutions, meaning that they are increasingly recognized as an important setting for promoting youth mental health and well-being. Workplaces are another important setting for promoting mental health and well-being, highlighting the importance of developing post-secondary institutions as mentally healthy places to both work and learn.

**The Canadian context**

Similar trends are seen in Canada, with mental health and youth mental health achieving increasing prominence. Recent activities include:

- The work of the Senate Committee on mental, chaired by Dr. Michael Kirby, that culminated in the report “Out of the Shadows Forever” (2006) and the formation in 2008 of the Mental Health Commission of Canada (MHCC)
- The work being done by the MHCC to develop a mental health strategy for Canada, building on the framework for the mental health strategy: Toward Recovery and Well-being (MHCC, 2009)
    - Eight strategic directions for transformation have been identified by the MHCC, the first five set out an agenda for transformation, while the remaining three focus on building capacity for transformation [retrieved on April 11, 2011 from http://www.mentalhealthcommission.ca/English/Pages/Strategy.aspx]

- The work being done by the MHCC's Child and Youth Advisory Committee, to develop a Framework for Child and Youth Mental Health in Canada - The Evergreen Framework (July 2010)
- Increasing talk about mental health issues in the media; with many high-profile people 'coming out of the shadows' to talk about their personal experiences living with mental illness
- The increasing emphasis on psychological safety in the work place, and the release of two discussion papers by Dr. Martin Shain: Stress at Work Mental Injury and the Law in Canada (2009) and Tracking the Perfect Legal Storm (2011)
- The number of corporations coming on board to support and promote mental health, and to help reduce the stigma surrounding mental illness (e.g., Canada Post; Bell Canada; Great West Life - workplace mental health)
- The number of provinces, recognizing the critical importance of addressing mental health, developing their own mental health and addictions strategies and plans (e.g., Ontario, B.C., Alberta)

The MHCC's document *Toward Recovery and Well-being: A framework for mental health in Canada* (2009) has become an important reference point for mental health policy and practice across the country. The framework sets out a vision containing seven broad goals for transforming mental health systems across Canada (MHCC, n.d.). An extensive national consultation was then held in the Spring of 2009 to gauge the degree of support for the proposed goals, and to determine how they could be strengthened. These consultations involved: 15 stakeholder dialogues held across Canada; as well as online consultations with approximately 1700 members of the public and over 350 stakeholder groups (Mulvale & Bartram, 2009).

These goals, then, were developed in consultation with many people across Canada – and probably most importantly people living with mental illness along with their families and friends, as well as the health professionals and other human service professionals who work with and support them. Post-secondary institutions might consider using these goals, along with the values and principles outlined in the Evergreen Framework, to guide the transformation of mental health services for students on campus. The seven goals of the framework are outlined below. Recovery is positioned in the framework as a central focus (see Goal #1), as is mental health promotion and prevention (see Goal #2).

| Seven goals for a transformed mental health system in Canada* |
|---|
| **1) People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being** |
| **2) Mental health is promoted, and mental health problems and illnesses are prevented wherever possible** |
| **3) The mental health system responds to the diverse needs of all people living in Canada** |
| **4) The role of families in promoting well-being and providing care is recognized, and their needs are supported** |
| **5) People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs** |
| **6) Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced** |
| **7) People living with mental health problems and illnesses are fully included as valued members of society** |

**From: Toward Recovery and Well-being - A framework for mental health in Canada (MHCC, November 2009)*

## International and national trends around mental health and well-being in post-secondary institution settings

As was outlined briefly in the background and rationale section of this paper, there has been increasing attention being paid to post-secondary student mental health over the past decade. Across international jurisdictions there have been reports of: more students experiencing mental health problems; more students coming forward to seek help for these problems, and an increasing complexity of the problems that students are presenting with (Hunt and Eisenberg, 2010; Storrie et al, 2010).

Paralleling the broader societal trends previously outlined, there has been increasing realization in post-secondary institution settings that there needs to be much more focus on upstream efforts to promote mental health and well-being and prevent mental illness, in conjunction with ongoing improvement in the ways that services are provided to students with mental health and addictions problems. There is recognition that there must be more focus on addressing the factors at multiple levels (i.e., individual, group, college, community, society) that promote mental health and well-being for all students, including students living with mental illness. Stressors in the post-secondary environment identified include: academic overload, pressure to succeed, competition with peers, financial burdens, and concern for the future.

The current prevailing wisdom in Canada, and in many international jurisdictions, is that we need to deal with this complex problem systemically; there won't ever be enough resources to provide all the mental health services that students might need. A theme of integration is emerging (i.e., health and learning; physical health and mental health; mental health and addictions; promotion, prevention and care/services; students and student services and faculties; etc.). This theme is well articulated by Dr. Richard Keeling and associates[1] in their writing on student health and learning in the context of the U.S. college system. They make a strong case for re-considering student health, describing the centrality of student health to learning and enabling students to be successful. They argue that achieving this centrality requires moving health-related student programs and services from the periphery to the centre of colleges' structures and policies, and recognizing that health is much broader than clinical services, as this quote illustrates:

"As though health itself were merely ancillary and unrelated to student learning, engagement and success, the health-related programs, services and systems of support that colleges and universities provide students are undervalued and marginalized in today's academy. More broadly the concept of health on campus has become uncomfortably equated with the delivery systems – health services". (Silverman, Underhile & Keeling, 2008, p4).

A recent Canadian book edited by Donna Hardy Cox and C. Carney Strange (2010) describes the work by Richard Keeling and his associates on re-thinking student services, including the health-related services, as being influential in shaping thinking here in Canada as well. The publication of this Canadian book, along with other work being done in Canada in the post-secondary sector, illustrates that Canada is poised to become a leader in generating discussion about the broader role of post-secondary institutions and the integral role that student services plays in supporting student learning and success. Once again, health and mental health is acknowledged as being central to this success.

[1]A new book by Keeling and Hersh entitled "We're Losing our Minds: Rethinking American Higher Education" is due to be published in 2011.

The Canadian Association of College and University Student Services (CACUSS) has recently formed a National Working Group on Post-Secondary Mental Health, with membership from student services, faculty and students, in order to move forward collaboratively to address this important issue. To date in Canada, student services approaches to mental health are described by professionals working in the field as less than optimal; that this is a gap that requires some broad 'out-of-the-box' thinking to move forward. A goal of this background paper is to provide a foundation or 'jumping-off-point' for this kind of thinking.

## Scope of the issue and prevalence

Mental health is described as becoming an increasing challenging issue on college/university campuses in Canada and in many international jurisdictions. Through this scan, the USA emerged as the jurisdiction where this expressed concern has received the most attention. The Center for Collegiate Mental Health Annual Report (2010) stated that: "There is general consensus amongst colleges and college counselling centers that the prevalence and severity of college student mental health is on the rise." (p16) The USA's College Counselling Association's 2010 survey of Centre Directors found that over the past five years, the following percentage of directors noted increases in the following problems: crisis issues requiring immediate response (70.6%); psychiatric medication issues (68.0%); learning disabilities (60.0%); Alcohol abuse (45.7%); illicit drug use - other than alcohol (45.1%); self-injury issues e.g. cutting to relieve anxiety (39.4%); eating disorders (24.3%); and problems related to earlier sexual abuse (23.1%) (Gallagher, 2010).

Hunt and Eisenberg, in their review article (2010) on mental health problems and help-seeking behaviour among college students, summarized much of the current literature on prevalence. Their key findings are summarized in Table 1.

**Table 1: Prevalence of mental health problems and help-seeking among college students (Hunt & Eisenberg, 2010)**

| |
|---|
| ***What is the current state of mental health among college students?*** |
| • In comparison with their non-college attending young adult peers college students have:<br>  ○ approximately the same overall 12-month prevalence of mental disorders<br>  ○ a higher prevalence of alcohol use disorders<br>  ○ a lower prevalence of drug use disorders and nicotine use. |
| ***Are mental health problems increasing among college students?*** |
| • Epidemiological data clearly indicates that mental health problems are highly prevalent among college students, but there is less clarity around whether students are experiencing more mental health problems than they have in the past.<br>• The near unanimity by which college mental health personnel report seeing increasing numbers of students serious mental health problems leaves little doubt that more of these students are coming into contact with campus health services. To a large extent, this seems to be due to "an increased willingness of students to seek help for psychiatric symptoms, instead of a true increase in prevalence among students." (p5)<br>• It is possible that the prevalence of more severe cases may have increased; this still leaves the question, however, of whether such an increase stems from broad societal factors or college-specific factors.<br>• Broad population studies involving adolescents and young adults, primarily conducted outside of the U.S., suggest that the prevalence of mental disorders has remained steady, or at the most shown a moderate increase. It is hypothesized that improved treatment of mental illness has enabled more youth with serious mental illnesses to attend college. |

***What are the risk factors among college students?***

- "Within the college population certain sub-groups have a significantly higher prevalence of mental health problems, which is consistent with studies of the general population." (p4)
- Mental health is known to vary across certain demographic and social factors, but not as much is known about how it varies with respect to college-setting factors such as academic workload and competition. "Some studies show that personality traits, such as perfectionism, are important moderators determining the amount of psychological distress that students report as a result of their college studies." (p4)
- More research is needed to increase our understanding of how pre-existing vulnerabilities for mental health problems interact with college environmental factors. This will help inform efforts to create campus environments that promote mental health and well-being.

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Australia and the United Kingdom (UK) were two other jurisdictions that emerged through the literature scan as having a strong interest in youth mental health, including college/university students. Craig (2010) stated that more students with mental health "disabilities" are participating in higher education in the UK, with participation increasing from 4.8% of the total student population in 1998/99 to 6.5% in 2007/08. This increase was even greater in psychology programs, with 2.1% of students declaring a mental health disability in 1998/99 and 8.8% in 2007/08.

A similar trend is apparent in Canada as well, as the following statement from the Council of Ontario Universities' (COU) submission to the Ontario Ministry of Health and Long Term Care indicates.

> "Our consultations have shown that mental health is increasingly becoming a challenging issue on university campuses. At many levels of administration and student services, concern has been expressed over the increase in the number of students with mental illness as well as the increase in the severity and complexity of the cases being presented. It is not fully understood why there is an increase in the number of students presenting with mental illness on university campuses. However, there is speculation that the increased effectiveness of medication, the power of early diagnosis and intervention, and the increase of mental illness in society as a whole all contribute to the growing success of people with mental illness entering universities." (COU submission to the Ontario Ministry of Health and Long Term Care; 2010, Every Door is the Right Door: Toward a 10-year Mental Health and Addictions Strategy, p3)

Also noted in the COU submission was that:

> "According to the *Canadian Counselling Centre Survey* (2004/2005), over the past 5 years, 92% of counselling centre directors reported believing the number of students presenting with severe psychological issues has increased. 89% reported that the severity of issues has increased and 97% reported an increase in number of clients taking medication." (Crozier and Willihnganz 2006, cited in COU submission 2010, p5)

## Canadian prevalence data

There is a paucity of data on the prevalence of student mental health and addictions problems in Canadian post-secondary institutions. This makes it difficult to state both what the current prevalence is in any kind of comprehensive way and any trends over time. The most recent data found for all of Canada comes from the Canadian Campus Survey (Adlaf et al, 2004) which describes the prevalence of alcohol use, other drug use, mental health and gambling problems among Canadian undergraduate students interviewed in 2004. This survey

was a Canadian Institute of Health Research funded research project, and is the most rigorous Canadian prevalence study found. Refer to **Table 2** for key findings related to the prevalence of student mental health and addictions issues.

**Table 2: Prevalence of student mental health and addictions issues from the Canadian Campus Survey** (Adlaf et al, 2004)

| |
|---|
| **Mental health issues** |
| - about one-third (29.2%) of undergraduates reported four or more symptoms indicative of elevated distress as measured by the 12-item General Health Questionnaire mental health screen<br>- elevated distress was higher among women than men (33.5% vs 23.9%), those attending university in British Columbia or Ontario (30.7% and 32.8% vs 29.2% nationally) and lowest among the recreationally-oriented students (21%) compared to others<br>- the most common symptoms of distress were more likely reported by women than men, included feeling constantly under strain (reported by 47% of all students and 53% of women and 41% of men), lost sleep over worry (32%, 38% of women and 25% of men) and feeling unhappy or depressed (31%, 36% women and 28% of men)<br>- about one in thirteen (9%) students reported both elevated distress and hazardous and harmful drinking |
| **Hazardous and harmful drinking** |
| - 32.0% of undergraduates reported hazardous or harmful patterns of drinking according to the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) screen<br>  o this rate was significantly higher among men (37.6%), those living on campus (42.7%) or living off campus without family (34.1%) and those attending university in the Atlantic provinces (46.5%)<br>- rates of hazardous or harmful drinking were significantly lower among students attending university in British Columbia (26.7%) or Quebec (26.6%)<br>- the most commonly reported harms experienced by students since the beginning of the school year were experiencing a hangover (53.4%), memory loss (25.4%), regrets (24.5%) and missing classes due to a hangover (18.8%) |
| **Alcohol and other drug use** |
| - Alcohol was used by 77.1% of students during the past 30 days<br>- by far the most commonly used illicit drug was cannabis (32.1% in the past year, 16.7% in the past 30 days)<br>- following cannabis, the most commonly used illicit drugs were hallucinogens such as magic mushrooms, mescaline and PCP (reported by 5.6% in the past year) and opiates (reported by 5.0% in the past year) |
| **Gambling** |
| - 61.5% of undergraduates have bet or spent money on at least one gambling activity since the beginning of the school year. The most commonly reported activities were lotteries (51%), slots and video lotteries (22.7%), casino gambling (19%), cards and dice games (17.7%) and sports betting (10.8%), the latter being particularly a male dominated activity (19.4% of men vs 4.0% of women)<br>- based on the Canadian Problem Gambling Index, 7.9% of all students were identified to be at-risk for developing serious gambling problems, 2.7% with moderate problems and 1.0% with severe problems |

To determine whether there were any changes in alcohol use, drug use and mental health problems being experienced by Canadian undergraduate students, the findings from this 2004 survey were compared to findings from a similar survey conducted in 1998. No significant increases were shown for any of these variables, including psychological distress. There were decreases in cigarette smoking and in the use of hallucinogens and LSD; with some variation in across the country. (Adlaf et al, 2004)

In the Spring of 2009 self-report data from Canadian post-secondary students was obtained through the American College Health Association's National College Health Assessment survey (ACHA-NCHA II), from a reference group of six Ontario institutions. Key findings related to mental health and addictions are presented in **Table 3**, along with the results from the ACHA-NCHA II survey conducted in U.S. colleges in the Spring of 2010.

**Table 3: Prevalence of self-reported mental health and addictions issues in six Ontario post-secondary institutions in comparison with U.S. colleges**

| **The proportion of students reporting:** | **Canada** - * (2009) | **U.S.A.** - ** (2009) |
|---|---|---|
| They had a psychiatric condition | 3.6% | 4.3% |
| They had been treated by a professional for one or more mental health problems | 15.4% | 19.3% |
| The following factors affecting their academic performance | | |
| *-stress* | 37.7% | 26.9% |
| *-sleep difficulties* | 26.3% | 19.4% |
| *-anxiety* | 25.8% | 18.5% |
| *-internet use/computer games* | 21.2% | 11.7% |
| *-concern for a troubled friend or family member* | 16.7% | 11.2% |
| *-depression* | 14.9% | 11.6% |
| *-relationship difficulties* | 14.7% | 11.1% |
| *-death of a friend or family member* | 8.1% | 5.7% |
| *-alcohol use* | 4.9% | 5.2% |
| *-drug use* | 2.4% | 1.9% |
| Alcohol, tobacco and other drug use in the past 30 days | | |
| *-alcohol* | 71.5% | 68.8% |
| *-marijuana* | 16.5% | 15.1% |
| *-cigarettes* | 13.8% | 16.8% |
| *-all other drugs combined* | 10.1% | 13.9% |
| Using prescription drugs that were not prescribed to them in the past 12 | 10.1% | 14.7% |
| Experiencing the following mental health problems at any time within the last 12 months | | |
| *-feeling overwhelmed by all they had to do* | 89% | 86.4% |
| *-feeling exhausted --not from physical activity* | 85.2% | 81.1% |
| *-feeling very lonely* | 61.9% | 57.7% |
| *-feeling very sad* | 67.7% | 62.0% |
| *-feeling things are hopeless* | 54% | 46.0% |
| *-feeling overwhelmed by anxiety* | 52.9% | 49.1% |
| *-feeling overwhelming anger* | 44.3% | 38.4% |
| *-feeling so depressed it is difficult to function* | 36.4% | 30.7% |
| *-seriously considering suicide* | 7.2% | 6.0% |
| *-intentionally, cut, burned, bruised or otherwise injured yourself* | 5.4% | 5.1% |
| *-attempting suicide* | 1.2% | 1.1% |

**From: ACHA-NCHA II, Spring 2009, Ontario Reference Group Executive Summary (n=5,865 in 6 institutions; response rate=20.6%)*

***From: From: ACHA-NCHA II, Spring 2009, Reference Group Executive Summary (n=87,105; response rate = 30%)*

Other individual Canadian colleges and universities that have conducted the ACHA - NCHA II survey at their institutions reveal similar findings; with mental health concerns noted as having the greatest negative impact on academic performance. Between 2008 and 2011 fourteen Canadian post-secondary institutions conducted this survey.

**Prevalence in other jurisdictions**

Student mental health was recently profiled in the University of Sydney's student's representative council publication Honi Soit (2011 edition).They describe similar trends with respect to a perceived increase in prevalence of University students' experiencing mental health problems, noting that this seems similar to trends being reported in the U.S. They state that:

> "Research released just last month shows that students are nearly four times more likely to be anxious and depressed than other people their age. The results, originally published in the Australian and New Zealand Journal of Psychiatry and reported in an article in the Sydney Morning Herald are based on a survey of 1000 students from the University of Adelaide. The study found that 48 per cent of participating students from the medicine, law, mechanical engineering and psychology faculties at the University of Adelaide showed significant levels of anxiety and depression, compared with just 11 per cent of their non-studying peers." (Honi Soit report, 2011).

A report from the Royal College of Psychiatrists in the UK also stated that students in higher education had increased symptoms of mental ill health when compared age-matched controls; and concluded that "universities and other higher education institutions often fail to meet the mental health needs of their students." (cited in Warwick et al, 2008, p1-2)

The U.S.-based suicide prevention resource centre (n.d.) noted that approximately 1,100 U.S. College students die by suicide each year.

**Summary**

The number of students reporting problems with mental health and addictions, based on the ACHA-NCHA II data, appears quite similar across Ontario and the U.S. The Ontario students, however, reported a slightly higher frequency of mental health factors affecting their mental health performance (e.g., stress, anxiety, sleep difficulties) in comparison with their American counterparts. They also reported a slightly higher frequency of experiencing a number of mental health problems (e.g., feeling overwhelmed by all they had to do; feeling very sad; feeling overwhelmed by anxiety; feeling things were hopeless; and feeling so depressed it was difficult to function). It is not possible to determine whether these differences are statistically significant, however, due to the large difference in sample size.

There is still debate as to whether the prevalence of mental health problems is increasing in post-secondary institutions, and if so why that is; and if the prevalence is greater in post-secondary institutions than it is in the general population. There may be some differences in prevalence across international jurisdictions. It is clear, however, that: many students experience problems with mental health and addictions; suicide is the 1st or 2nd most common cause of student death; more students are coming forward to seek help for mental health problems; more students are taking psychotropic medications; more students with chronic mental illnesses are attending college/university; and mental health issues are identified by students as having the greatest impact on their academic success. This means that student mental health is a high priority for colleges and universities.

## *5.3 Where do we want to be?*

### Evidence-based models for systemic approaches

There is increasing realization in the college/university sector that taking an approach to student mental health that primarily focuses on 'treating' individuals experiencing mental health problems, is neither the most effective way to go nor is it sustainable in the long term. This resonates with international trends in mental health and addictions more broadly, where there is increasing emphasis on promoting positive mental health at a population level which includes focusing on environmental factors, and creating an inclusive society that fosters the self-esteem and coping abilities of individuals and communities.

The U.S. based Resource Centre for Suicide Prevention has supported considerable research into student mental health and addiction, including the evaluation of college/university initiatives. Drawing from this body of knowledge, they promote a comprehensive, public health approach that goes beyond simply providing treatment services to expanding efforts to prevent mental health problems from arising and to promote the mental health of all students. They note that: "A key assumption in the public health approach is that a combination of activities, policies, and interventions working together, at the individual, interpersonal, and campus levels, is more likely to produce results." [Retrieved March 14, 2011 from: http://www2.sprc.org/collegesanduniversities/overview]

The feature common to systemic approaches is the focus on working at multiple levels, with levels commonly identified including: individual, group, institution, community and society (Neighbours, 2007). In Canada the Canadian Council on Learning in collaboration with the Association of Canadian Community Colleges recently conducted a study, the purpose of which was to explore the role that Student Services play in making post-secondary institutions "healthy settings" and how this role might be maximized. (Patterson & Kline, 2008) This study obtained input from both students (i.e., through focus groups with students across Canada) and from student services administrators (i.e., through telephone and email surveys).

In identification of their health concerns students listed mental health, and particularly the identification of depression as the most frequent health issue, followed by fatigue, stress, and eating/weight/nutrition issues. This study confirmed the important role played by Student Services, and in particular counselling and health services, in addressing student health. A key finding of this study, however, was that students identified a diverse range of activities and services that they believed would both help address their health challenges and enhance their learning experiences. They naturally came from an ecological, health promotion perspective in their recommended actions for improving student health and learning. Student service administrators also identified mental health issues, and particularly depression, as the health issue that students presented with most frequently. Their two most frequently cited recommendations were: 1) increasing the number of health services staff and 2) developing and promoting healthy lifestyles and initiatives to prevent problems from occurring.

Given the nature of the recommendations coming from both students and student services administrators, the authors developed a Campus Health Promotion Model to be used as a tool for re-focusing student health in post-secondary institutions. They note that there are features of this model that are also features of the National Association of Student Personnel Administrators (NASPA) ecological model (n.d.). Student services are seen as having a pivotal role to play in helping post-secondary institutions transition from a treatment of illness model to a model that focuses on the promotion of a health campus community, one that supports students' wellness and learning.

The NASPA ecological model is a well-known systemic model that a number of North American colleges/universities are using to support their work around promoting student mental health; as is the Suicide Prevention Resource Center/JED foundation's comprehensive approach mode. Another model being used extensively internationally, and particularly it seems in the UK is the World Health Organization's (WHO) Healthy Universities/Campuses model.

**Table 4** below provides an overview of the levels of intervention addressed in each of these four key student mental health models. Although some models place a higher emphasis on an individual service delivery focus, and others more of an emphasis on a developing a mentally healthy campus environment, all these models recognize the importance of targeting multiple levels of intervention and taking a systemic approach to student mental health. A more complete description of these four models is included in Appendix B.

**Table 4: Some key student mental health models and their levels of intervention**

| **Model** | **Level of intervention** | | | |
|---|---|---|---|---|
| | Individual | Group or interpersonal | Campus | Community & Society |
| CLC & ACCC Healthy Campus model(Patterson & Kline, 2008) | √√ | √√ | √√ | √ |
| JED/SPRC Suicide Prevention model | √√√ | √√ | √ | √ |
| NASPA Ecological model | √ | √√ | √√√ | √√ |
| UK Healthy Universities model | √ | √√ | √√√ | √√ |

*√ - a little emphasis; √√ - some emphasis; √√√ - a lot of emphasis*

The systemic approach promoted in these models, and the adoption of health promotion principles, is a good fit with both Corey Keyes concept of flourishing and the recovery model; the advancement of which is recognized internationally as a foundation for mental health system reform. Health promotion ultimately is about enabling people to take control over their own health and well-being (i.e., about 'doing with' rather than 'doing to'). Engaging students living with mental health problems and mental illness, encouraging and supporting them to lead a lot of this work, is an important component of a health promoting model. As Pape and Galipeault note, "The purpose of mental health promotion for people with mental illness is to ensure that individuals with mental illness have power, choice, and control over their lives and mental health, and that their communities have the strength and capacity to support individual empowerment and recovery" (2002, p.16).

## Multiple levels of intervention

Interventions that are being described in the research and gray literature as potentially promising across these levels are briefly described in this section. Table 5 provides a high level summary of some examples of potentially promising interventions at individual, group/interpersonal, campus, and community and society levels. This is not meant to be an exhaustive list, but rather are some examples of kinds of interventions described in the literature, for illustrative purposes. An important point is that action needs to be taken at multiple levels to optimize the impact on student mental health.

**Table 5: Some examples of potentially promising interventions at different levels**

| Levels of action → / Areas of intervention ↓ | Individual | Group or interpersonal | Campus | Community & Society |
|---|---|---|---|---|
| **Increase Mental Health Awareness** (to increase awareness of signs and symptoms, when to seek help, available resources, & reduce stigma) | -improve student's knowledge & attitudes about mental health & illness, help-seeking, etc. | -education programs for faculty & staff | -campus wide awareness program using a variety of vehicles (e.g., web resources, workshops, radio programming) | -outreach to admitted students regarding maintaining wellness and available resources |
| **Identify At-risk students** (refers to screening and training faculty and staff to identify, reach out and refer at risk students) | -individual consultation provided to faculty and staff upon request.<br>-on-line screening | -education programs for faculty, staff, and student leaders<br>-mental Health Promotion Screen events | -early alert systems | -outreach to admitted students who self-identify with pre-existing mental health problems or illness to establish connection to resources |
| **Life skill development** (refers to increasing student's capacity to self-manage) | -improved self-management skills & coping strategies | -workshops, classes, tutoring, coaching programs | -skills development resources embedded into faculty resources and seen as integral to success in the academic program. | -transition programs for high school students<br>-transition programs for 1st year and new students |
| **Social network creation** (refers to the development of small communities to facilitate connection and engagement with the campus community) | -information on opportunities to become involved made readily available through web | -promote a variety of peer support programs developed to support different groups of students<br>-develop a variety of social networks | -create first year undergraduate groups of students who share several classes to help students feel connected, encourage engagement in activities, etc. | |
| **Adequate, accessible, mental health services rooted in a recovery and student-centred philosophy** | -individuals have timely access to appropriate services<br>-students with psychosocial disabilities accommodated in a responsive manner | -students with psychosocial disabilities supported to engage in peer support activities | -resources provided for seamless continuum of high quality counselling, medical and accommodations services<br>-accommodation policies support a rights-based approach | -develop good linkages and communication with both community and hospital based mental health services in the surrounding community |
| **A campus environment is nurtured that supports and promotes student mental health** | | | -healthy physical settings created<br>-healthy learning & work environments created<br>- student services, including student mental health services are central to academic missions<br>-social/ cultural environment with social justice inclusion | -physical settings (e.g., accessible fitness facilities; lots of light; green spaces; access to healthy food, safety)<br>-ensure community service programs / placements are supportive of student mental health |

Of these multiple interventions, a few areas were frequently identified through the environmental scan and received more attention in the literature. These include: screening and early detection; help-seeking behaviour; and supporting students with psychosocial disabilities. These are discussed below in more depth, with evidence of effectiveness highlighted.

## Screening and early detection

Colleges in the U.S. are under a lot of pressure to implement interventions that prevent students from self-harm. Although private organizations have developed online programs for college/university use, there is apparently little published data on the effectiveness of these programs (Haas et al, 2008). To address this gap, the American Foundation for Suicide Prevention developed the College Screening Project, an interactive, web-based method to identify students with psychiatric problems that put them at risk for suicidal behaviour to support them in getting help, and determine the proportion that actually enter treatment. Results of this project were promising. Students liked the anonymity of the online screening and discussion with a counsellor. A number of students that wouldn't have normally reached out for help, met with counsellors at the two universities involved in the study face-to-face. Many students apparently expressed concerns about going to counselling services, as they did not want their MH problems to get them 'kicked out' of school (Haas et al, 2008).

Teen screen is another program developed in the United States that is being used in a variety of setting, including colleges and universities. This program has been evaluated and shown to be effective in a number of settings. It is included on both the RCSP and SAMHSA best practices lists. They state that "systematic screening in a primary care practice using a standardized screening instrument has been shown to be well received by patients, parents and providers." (retrieved March 14 from: http://www.teenscreen.org/learn/mental-health-checkups)

Although screening for mental health problems is important for early detection and consequently early intervention, before screening programs are put in place there must be services available to refer students to. The U.S. based Suicide Prevention and Resource Centre, for example, makes the following statement on their website: "Campus planners are cautioned to ensure that adequate institutional capacity exists and that linkages to community services are in place before they create programs that will significantly increase the number of students seeking services." (Retrieved April 9 from: http://www2.sprc.org/collegesanduniversities/comprehensive-approach)

## Help-seeking

Multiple studies indicate that, even with the apparent increase in help-seeking, untreated mental health problems are highly prevalent in student populations (Cranford et al, 2008; Hunt & Eisenberg, 2010; Suicide Prevention and Resource Centre, n.d.). This appears consistent with the general population, where a median delay of 11 years has been noted between illness onset and seeking treatment. The U.S. Healthy Minds Study has found that fewer than half of students screened positive for major depression or anxiety disorders have received any mental health services in the past twelve months. The American College Health Association's annual survey has consistently reported that fewer than 20% of students who die by suicide received campus-based clinical services (Haas et al, 2008).These findings, which are consistent across multiple studies, "are particularly concerning when one considers that failure to seek treatment is associated with a longer course of illness and more frequent relapses." (p6). In 2010, counselling centre directors reported 133 suicides in the previous year, of which only 13% were current or former centre clients (Gallagher, 2010).

A number of barriers to help-seeking in student populations have been identified across a number of studies; these include: a lack of time, privacy concerns, financial constraints, a lack of perceived need for help, being unaware of services or insurance coverage, and scepticism of treatment effectiveness (Hunt and Eisenberg, 2010). Issues of confidentiality and potential administrative sanctions (e.g., mandatory leave, dismissal) are a big concern for students (Haas et al, 2008). Help seeking is also influenced by ethnicity and culture; with

some research showing that international students are less likely to access counselling services (Chen et al, 2008; Hyun et al, 2007; Hyun et al, 2006). Also, once students seek help it's important that the counselling approach be responsive to the students' beliefs about mental health (Chen et al, 2008).

"There is a surprising lack of evidence of how campus-level interventions, policies and resources affect help-seeking." (p6). For example, although many campuses have adopted screening programs and stigma-reduction campaigns, there is limited published material demonstrating their effectiveness. There is mounting evidence that stigma reduction efforts are more likely to increase help-seeking behaviour among students if they reduce personally held stigmatizing attitudes, as opposed to perceptions about what others believe. This will require tailoring stigma-reduction approaches to address differing attitudes held by sub-groups of the student population (Eisenberg, 2009).

Golberstein et al (2008) note that if the policy objective is to facilitate student's use of mental health services, interventions that improve knowledge of and availability of services, which have been shown to be key barriers in university populations, may hold promise. The importance of increasing student's awareness of available services was also a key finding of the recent Canadian Council on Learning study (Patterson and Kline, 2008). This lack of awareness is particularly critical where students have most of their interactions (i.e., with other students, with the faculty and other instructional assistants) (key informant).

## Supporting students with chronic mental illnesses or psychosocial disabilities

As was described in the section on prevalence, more students with complex mental illnesses are attending post-secondary institutions. As Collins & Mowbray note: "Because of advances in psychotropic medications, psychiatric rehabilitation methods, the implementation of civil rights legislation, and empowerment movement of consumers with psychiatric disabilities, students with mental illnesses are increasingly able to access and complete higher education" (2008, p91). The United Nations Convention on the Rights of Persons with Disabilities (2006), which was recently ratified by Canada, will be a strong contributor to the continuation of this trend. This is incredibly positive, as we know that post-secondary education increases opportunities for employment, which is turn decreases the chances of social exclusion and poverty (Collins & Mowbray, 2008; Martin 2010).

A qualitative research study designed to examine barriers to higher education for individuals with psychiatric disabilities in the U.S. determined that psychiatric symptoms can negatively affect academic performance and lead to college attrition. The data also revealed, however, that many students show persistence in pursuing their academic goals, with nearly two-thirds of the study participants enrolling in college at least three times and/or intending to pursue higher education in the future. The study authors note that: "Few had disclosed their psychiatric disability to faculty or staff at their college or university. Similarly, over 90 % had not sought assistance from campus-based counseling services or the disability services office. The authors suggest that students may perceive the disability services office as reserved for people with physical disability or staff in these offices may lack knowledge or competence regarding the needs of students with psychiatric disabilities. A recent review suggested all the aforementioned barriers continue to exist and suggested that college mental health services have yet to adapt to effectively serving these students"(Megivern, Pellerito and Mowbray (2003) cited in Collins and Mowbray, 2008, p2). Martin (2010) in her study undertaken in the State of Victoria in Australia found similar barriers, with many students with mental illnesses afraid to disclose, with stigma identified as a major barrier to disclosing and accessing needed accommodations. Of those who did disclose, the support provided by the University was found to be very helpful.

Research has recognized the challenges that students with psychosocial disabilities face and the importance of student services to their success. Although some students may have enough supports from other sources, and not require disability office services; for others these services play a vital role in supporting students to succeed in their higher education. Collins and Mowbray (2008) conclude by

saying that both the climate of the school environment and the number and training of staff working in disability services offices have been identified as key contributing factors to student success.

Taking a systemic approach to promoting positive mental health and well-being, with a focus on the campus environment including but going far beyond student counselling and health services, will also benefit students with psychosocial disabilities. As is noted in the Mental Health Commission of Canada's (MHCC) framework for a mental health strategy for Canada: Toward Recovery and Well-being (November 2009): "When it comes to mental health and well-being we are all the same – there is no us and them." People can have varying degrees of mental health, whether or not they have a mental illness. This supports the dual continuum model described at the start of this paper.

Characteristic of such an environment, as described previously, would include: being socially inclusive with a culture of peer support; valuing and welcoming diversity; and, being responsiveness to students' needs with the goal of optimizing their learning. Again, international trends and the emergence of the recovery model as the foundation for mental health system reform, would suggest that if the goal is to enable people living with psychosocial disabilities to have rich and rewarding lives, and be included in their respective communities, then resources need to be allocated far beyond simply the provision of mental health services. This is not to say that student access to good recovery-oriented mental health services on campus and in the broader community is not important; but rather that the focus needs to be much broader.

A recovery approach to mental health service delivery is one that focuses on people's strengths and capabilities, and on people recovering a meaningful life in their respective communities while striving to achieve their full potential. Peer support is an important component of any recovery-oriented service delivery system. Underlying key recovery principles include: hope, choice, dignity and respect (MHCC, November 2009). In a recovery-oriented service-delivery system:

- people are able to choose among a range of treatments, services and supports with a goal of helping them to achieve their best possible health and quality of life;
- programs are oriented to helping people lead a meaningful life in their community;
- there is a genuine partnership between people living with mental health problems and illnesses, their families, and others working to support their recovery and well-being; and,
- people are actively involved in the development and evaluation of mental health service-delivery systems, with the experiential knowledge they bring to the table highly valued (MHCC, November 2009)

In post-secondary settings, disability services and accommodations are integral to students with psychosocial disabilities in order for them to achieve their academic learning goals, and to optimize the quality of their college/university experience. It is important that services and supports being provided come from a disability rights perspective in line with the UN Convention on the Rights of People with Disabilities. Article 24 guarantees the right to an inclusive education at all levels, including tertiary education and lifelong learning. The World Network of Users and Survivors of Psychiatry's Implementation Manual (February, 2008), notes that this means that opportunities and reasonable accommodations need to be provided to adults with psychosocial disabilities to complete their education and participate in lifelong learning.

Across Canada, accommodation policies are likely quite similar across colleges & universities. Any variability is likely more associated with procedures and protocols, rather than policy/function (key informant). A rights-based approach to accommodation is outlined in human rights acts across Canada. For example, the Alberta Human Rights Act "recognizes that all people are equal in dignity, rights and

responsibilities, regardless of race, religious beliefs, colour, gender, physical disability, mental disability, age, and ancestry, place of origin, marital status, and source of income, family status or sexual orientation. Accommodation means making changes to certain rules, standards, policies, workplace cultures and physical environments to ensure that they don't have a negative effect on a person because of the person's mental or physical disability, religion, gender or any other protected ground " (Alberta Human Rights Commission, p2).

Very little was found through this literature and environmental scan on the evaluation of the effectiveness of accommodation policies, so this is an area that requires further exploration. One published research article (Monroe, 2009), described an "alternative to dismissal" policy around substance abuse at the University of Memphis School of Nursing, which was developed based on the evidence that zero tolerance policies prevent students from disclosing and seeking help, which in turn puts them and potentially other students at risk. The assumption underlying their policy was that addictions are an illness, and therefore that it's the responsibility for an educational institution to assist students with recovery.

Lucy Costa in a 2008 presentation at the National Education Association of Disabled Students (NEADS) conference identified several issues faced by students with psychosocial disabilities; one being that students face a lack of consistent accommodations standards across colleges and universities. Disability service providers sometimes lump together rights advice and counselling. She argues that these should be separate offices, as students who need accommodations or are facing academic discrimination do not necessarily need or choose to participate in campus-based counselling services.{retrieved April 5, 2011 from: http://www.neads.ca/conference2008/en/speaker_issues_costa.php}

With respect to the effective organization and delivery of student services more generally, and the development of academic policies that promote mental health and well-being (i.e., beyond accommodation policies), there was very little found in the review of the published, peer-reviewed literature. Summarized below is some description of the current Canadian context and desired future direction, based primarily on information obtained through the grey literature and conversations with key informants.

## Student Services

***Current Canadian Context***

Canadian post-secondary institutions' student services have a number of services in place to respond when students seek help for a mental health problem and/or have a psychosocial disability. These services are described in the Ontario College Health Association (2009) submission to the Ontario Ministry of Health and Long-term Care Mental health and addictions strategic planning process, and are briefly summarized here.

- ***Accessibility or disability services*** assist students who require academic accommodations as a result of illness. Students with psychosocial disabilities are able to make use of academic accommodations and other accessibility services to help them succeed academically. In order to receive accommodation students must have a diagnosis or be in the process of being diagnosed; hence the importance of encouraging students to seek help for mental illness.
- ***Counselling services*** are typically composed of professional counsellors and/or licensed psychologists, providing a range of mental health services to support student academic success and retention. Services include assessment of mental health difficulties, the application of individual, group, and systemic interventions to help students address mental health concerns, and crisis intervention. Counselling services also provide outreach and consultation to the college/university community, helping faculty and staff recognize and refer distressed students early to prevent academic and personal crises. Counsellors are core members of multi-disciplinary teams that support students at risk of mental health emergencies.

- ***Health or medical services*** are often composed of a team of nurses, family physicians and psychiatrists. Their role as mental health service providers include diagnosing mental disorders, navigating the intersections of physical and mental illnesses, recommending and prescribing medications, and monitoring treatment progress. Campus-based health professionals tend to develop considerable expertise working with young people with mental health problems, including helping students navigate the academic expectations of the institutions within which they work. On-campus health services can also be beneficial to students because of their proximity and accessibility (OCHA, 2009, p10).

Although there was not a wealth of information uncovered on the most effective way of organizing student services (e.g., disability resources, counselling services, health services) to promote and support mental health and well-being, a common theme was the realization that the configuration of services was likely to be somewhat different across the diverse range of colleges and universities. A key informant noted that it is important to identify key components of a comprehensive approach to student mental health that should be considered in any institution but the 'how' things get operationalized on any given campus is necessarily going to have to be tailored for the context. Making sure that the systems are in place to achieve seamless, continuity of care is what's likely important, rather than where services are physically located or the organizational structure. In its 2010 Whitepaper ACHA explores the benefits and challenges of attempts to integrate counselling and health services and offers recommendations to institutions considering integration of these services. The paper concludes that the ultimate goal for post-secondary institutions should be: "the development of standards for providing the highest quality of care to the students we serve; regardless of the setting in which it takes place" (ACHA white paper, 2010, p12).

Currently, student services in many Canadian post-secondary institutions function within silos. These functional silos affect how student mental health issues are or are not addressed. Historically, counselling services are often not well connected to medical health services and these in turn are often not coordinated with health promotion services. Breaking down these silos and developing a seamless continuum of care across services and levels of intervention has been identified as being critically important. Student services also seem to be quite isolated from the broader post-secondary culture with its own language and culture. If Canadian post-secondary institutions are to move towards developing a culture that promotes mental health and well-being, in order to support good learning and students' success, then student services needs to be better integrated into the broader college and university environment.

There is discussion in the U.S literature on the standards of care for college and university counsellors. It is suggested, however, that standards of care are going to vary. There cannot be the same expectations for a small college counsellor as there are for a counselling centre in a large urban university (Francis & Abssi, 2010, #33). The guiding ethical principles, however, should be the same. Counselling services provide direct service to students experiencing mental health problems. Enabling and supporting student-led initiatives around peer support, and developing good linkages with peer support programs is another important role that can be played by student counselling services. As noted previously, peer support is an important component of a recovery model. Other student services (e.g., housing, student life, and support for international students) have the ability to decrease isolation and increase students' academic success. Student services such as career and financial aid affect the social determinants of mental health. Therefore other student services have a role in promoting positive student mental health at a more systemic level.

The role of faculty and staff in promoting mental health and well-being was described as important by a number of key informants, and is a thread weaving through the literature that emphasizes taking a more systemic approach. This is intricately connected to the importance of developing post-secondary institutional cultures that promote mental health and well-being for everyone who works and learns there, including staff and faculty. Faculty and staff who are not working in a mentally healthy environmental, or supported themselves, will have

difficulty supporting students with psychosocial disabilities and/or experience mental health problems. Students often develop close relationships with faculty and staff, and will turn to them for assistance. Ensuring faculty are familiar with their institution's accommodation policy is important, and with how and where to refer students' for help is important.

The development of good connections with external mental health services, where there are such services available, is necessary so that these services can form part of the continuum of services that are made available to support students who require more intensive help. As one key informant stated: "We can carve out a piece of work that we can help them with (i.e., brief, targeted model), that clearly is connected with supporting them to continue with their academic studies". Referrals to external services can be problematic, as it can be challenging to find services in the community that students can afford when a briefer, targeted model is not enough (key informant). A seamless continuum with external services is especially critical in situations of ill students who move between the emergency room, hospital and student housing.

Finally, the work by Richard Keeling and associates (2008) stands out in painting a picture of an ideal post-secondary setting that truly place the health and well-being of students at the centre of their mandate, given the strong research base linking good mental health to good learning and academic success.

## Academic policies

There was not a lot of information found on transforming academic policies in an effort to promote mental health and well-being, and to better support students with psychosocial disabilities. One exception was the Warwick et al (2008) UK study, which identified the development of local college policies as key contributing factors to improving young college students' mental health. For example: including MH policies within other college policies was identified as one way of tying the issue into the College's wider strategic objectives (e.g., promoting a culture of equality and diversity; improving student retention and raising attainment); and, emphasizing the links between good mental health and the ability to learn was considered to be important. Refer to Table 5 on page 35 for more details on the findings of this study.

Many academic policies and procedures are outdated, in that they really don't come from that philosophy of supporting excellent students to continue to do well. Rather many still come from that 'weeding out' philosophy, which also reinforces students competing against each other rather than learning together. A foundation for successful learning starts at the very beginning (e.g., with how a student experiences the applications and admissions process). Is this structured in a way so that the student feels like they are part of a community, that they are supported OR do they feel like they are embarking on a 'lone' competitive journey? (key informant)

Some key informants raised concern about developing policies that contain so much detail, that they became disabling instead of enabling re supporting students with psychosocial disabilities and students experiencing mental health problems. Ultimately it was felt that the policy needs to be general enough to avoid student profiling, and be flexible enough to respond to students' needs in an individualized way, and to support evolving best practices.

## Potentially positive practices in Canada: Some examples and resources

In a recent review of the literature on help-seeking and stigma reductions, Hunt and Eisenberg (2010) state that it is often difficult to replicate the results of a program that demonstrated good results on one campus across campuses, because of the differing populations and resources. As noted previously, a common theme in this scan was that although there is good learning that can be shared across colleges and universities, and jurisdictions, there will be no "one size that fits all". So in the spirit of knowledge exchange, some examples of potentially promising practices in post-secondary institutions in Canada and internationally are summarized here.

In **Table 6**, a few examples of things that are going on in Canada post-secondary institutions identified through this scan are summarized. This is by no means an exhaustive list. One possible goal of a Canadian post-secondary institution community of practice would be to identify innovative practices in colleges and universities across Canada that might be adapted for use in other post-secondary institution settings.

**Table 6: Some Canadian examples of potentially promising practices and links to resources**

| Location | Potentially promising practice & resources |
|---|---|
| **UBC** | - Development and implementation of an systemic approach to student mental health.<br>- Student led initiatives include:<br>o Student Mental Health Awareness Club http://ubcmhac.sites.olt.ubc.ca/<br>o Kaleidoscope - a student-led mental health group that supports students with mental health and addictions problems http://the-kaleidoscope.com/about/<br>o Healthy minds at UBC http://blog.students.ubc.ca/healthyminds/ |
| **Queen's University** | - Queens is working at increasing awareness about mental illness and where to go for help – Mental Health First Aid and the Jack Project<br>- The Jack Project is partnering with Kids Help Phone, and with the MHCC to promote mental health first aid across Canada, with a focus on school and university/college settings. Jack Windeler died from suicide at Queen's University in March 2010. http://www.thejackproject.org/ |
| **Fanshawe College** | - Fanshawe College has partnered with 'mind your mind', a not-for-profit, award winning youth mental health program, to implement a new web-based resource for college students called 'iCopeU' http://icopeu.com/fanshawe/ |
| **University of Toronto, Scarborough Campus** | - Universal design approach implemented by Accessibility Services |
| **Carleton University** | - Carleton has a student mental health framework, primarily focused on supporting students experiencing MH difficulties. This Framework was developed by a student mental health advisory committee, which was multi-jurisdictional. https://www2.carleton.ca/studentsupport/student-mental-health-framework/ |
| **Camosun College in Victoria** | - Camosun College has a program for students with mental illnesses who want to integrate back into an educational setting. Pairs students with nursing student coaches. Preliminary evaluations are promising (Hsieh, 2010) |
| **Simon Frazer University** | - SFU has an active student led peer support initiative: Student Mental Wellness http://www.sfmw.ca/SMW/Home.html |
| **Nova Scotia** | - Stan Kutcher's team and resources at http://www.teenmentalhealth.org |
| **British Columbia** | - Healthy Minds, Healthy Campuses – Community of Practice in B.C. supported by CMHA-B.C. Division http://www.cmha.bc.ca/advocacy/campus_project<br>- B.C. Mental Health and Addictions. Visions journal edition on Campuses (2008) http://www.heretohelp.bc.ca/sites/default/files/visions_campuses.pdf |
| **Ontario** | - In Ontario, some GTA schools are putting together a transition protocol working together with Mind-Your-Mind and TAMI (Talking about Mental Illness – based in Durham).<br>- Ontario CMHA resource on rights of people with mental illness to higher education http://www.ontario.cmha.ca/services_and_supports.asp?cID=23078<br>- Mad Students Society: Mad Students Society (MSS) is an organization run by and for students. MSS was created to provide peer support, advocacy and self-empowerment for students experiencing mental health issues in post-secondary institutions and other centres of education such as adult education, and privately funded education institutions http://www.madstudentsociety.com/ |
| **Across Canada** | - Canadian Council on Learning working with the post-secondary institutional sector<br>- Development of rights-based accommodation policies (e.g., Mount Royal College in Calgary; UBC in Vancouver; a number of Colleges/Universities in Ontario) http://www.ohrc.on.ca/en/resources/Guides/AccessibleEducation |

| |
|---|
| http://www.albertahumanrights.ab.ca/Bull_DutytoAccom_web.pdf |

## Potentially promising practices in other jurisdictions: Some examples

There are also potentially promising practices going on in international jurisdictions that post-secondary institutions in Canada can learn from (see **Table 5** for some examples and links to resources). Although there is a tradition to looking to the USA for such practices, there may also be a lot to learn from other jurisdictions such as the UK – which might have a more similar philosophy and approach to public health, health promotion and health services to Canada. There are likely other jurisdictions that we can learn from that are not included here, due to the limitations of this scan.

**Table 5: Some examples of potentially promising practices, and resource repositories**

| Location | Potentially promising practices & resources |
|---|---|
| **USA** | - Jed Foundation - suicide prevention http://www.jedfoundation.org/<br>- Ulifeline - an online resource for college student mental health http://www.ulifeline.org/main/Home.html<br>- Teen Screen – screening and early intervention http://www.teenscreen.org<br>- NASPA Ecological model http://www.naspa.org/membership/mem/pubs/ebooks/HealthyCampus.pdf<br>- Stanford University's Student Mental Health and Well-Being Task Force http://www.stanford.edu/group/mhwb/report.pdf<br>- Healthy Minds Study http://www.healthymindsstudy.net/additionalresources/publishedresearch.html<br>- Active Minds – student led initiative that is also active on some Canadian University/College campuses http://www.activeminds.org<br>Keeling and Associates – the centrality of student health to the learning experience http://www.keelingassociates.com/about-ka/core-ideas-that-guide-our-work/ |
| **UK** | - Mental Health in Higher Education (UK) http://www.mhhe.heacademy.ac.uk/themes/about-themes/student-mental-health-/ http://www.psychology.heacademy.ac.uk/networks/sig/mwb.asp (e-bulletin)<br>- Student mental health websites in the UK http://www.mhhe.heacademy.ac.uk/links/?cat1=2&cat2=66&cat3=71<br>- Student Mental Health Manual developed at Lancaster University http://studentmentalhealth.com/<br>- Healthy Universities UK http://www.healthyuniversities.ac.uk/publications.php?s=203&subs=52<br>- New Economics Foundation report: "University Challenge – Towards a Well-being Approach to Quality in Higher Education" http://www.neweconomics.org/publications/university-challenge |
| **Australia** | - Mental Health Foundation for Youth: Headspace - see website's knowledge centre for promising practice in treating different mental health problems http://www.headspace.org.au/knowledge-centre/<br>- University of Sydney's Student Services http://www.sydney.edu.au/stuserv/counselling |

## *5.4 How might we get there*

The limitations of this literature and environmental scan contributed to uncovering little in-depth information describing "how" universities and colleges have been able to move promising evidence-based models into practice in their local contexts. This kind of information is scarce in the published research literature –which typically focuses on the "what" should be done and not the 'how one might do it', and is also not readily available on the web. It is best obtained through conducting in-depth key informant interviews and getting access to internal documents and policies. This could be a potential next phase of this work.

One research article did describe some important lessons learned from the U.K., obtained from a high quality mixed methods research study that utilized key informant interviews, a survey of a stratified sample of colleges, and case studies of identified exemplar colleges. Warwick et al (2008) outline some common characteristics of UK colleges recognized by their peers as "doing a good job" with respect to promoting mental health and well-being and supporting younger students (aged 16-19) with mental health problems. The authors stress that the diverse and rapidly changing nature of the higher education sector in the UK means that there is no single best approach to improving student mental health. They do say that there are a number of factors that appear to contribute to success (see **Table 6)**.

**Table 6: Contributing factors to success in improving younger college students' mental health** (Warwick et al, 2008)

| |
|---|
| **Policies** |
| - including MH policies within other college policies was identified as one way of tying the issue into the College's wider strategic objectives (e.g., promoting a culture of equality and diversity; improving student retention and raising attainment)<br>- emphasizing the links between good mental health and the ability to learn |
| **Leadership** |
| Leadership at multiple levels play a crucial role in increasing mental health awareness and the development of mental health services<br>- middle-managers are often the champions in advocating for mental health issues to be addressing and spear-heading action<br>- leadership from senior managers was seen as an essential driver |
| **In-college support services for students** |
| - effective personal tutor systems and learning support programmes emerged as a central feature<br>- every case study college provided students with the opportunities to talk about emotional and psychological difficulties<br>- students said that the specific support they had been given for their MH difficulties had helped them to continue with their studies (i.e., counselling, tutorial support, drop-ins, mentors)<br>- students & staff noted that services worked most successfully when imbedded in a positive and inclusive college environment |
| **External support services** |
| Working in partnership with specialist mental health services , had the potential to be beneficial in a number of ways, including:<br>- early Psychosis Teams can work with college staff to help identify students in need<br>- primary mental health workers can extend their services to colleges<br>- provide direct referral routes to specialist care for students<br>- external mental health services can be involved in professional development opportunities for college staff |
| **Staff development & support** |
| - it is important that staff are aware of college policies around mental health<br>- general awareness raising must be balanced with building specialist expertise |
| **Funding & resourcing** |
| - all five exemplar case study colleges have funded some level of mental health services through their core budgets<br>- funding via Additional Learning Support (ALS) also allows colleges to provide services to students identified as having a psychosocial disability<br>- exemplar colleges actively seek out external resources to improve their MH service provision, but it was noted that this can have some unintended negative consequences (e.g., silo health work making it difficult to develop whole-college mental health programs ) |
| **Inclusive environments** |
| - all five exemplar colleges are committed to building an inclusive environment to promote the well-being, achievement and attainment of students |

# 5.0 Making the Case for Post-Secondary Institutions as an Important Setting for Promoting Mental Health and Well-being

The findings of this limited literature and environmental scan make a strong case for post-secondary institutions as an important setting for promoting mental health and well-being. This case is outlined succinctly below.

***Prevalence of mental health problems in young people aged 15-24***

Most people who are going to have lifelong mental health issues will be diagnosed before they turn 24. Improvements in early detection and early intervention mean that more young people are entering college/university with a diagnosed mental illness and many of these young people are on psychotropic medications. For a variety of reasons, a number of students will be diagnosed with a mental illness and/or struggle with mental health and addictions problems while they are pursuing their post-secondary education. Research indicates that student services, when accessed by students, can help them to succeed in their college/university education.

Although there is still debate in the literature about whether mental health problems and mental illness are increasing in the post-secondary student population, there may be a trend towards increased prevalence in youth generally. The best trending data appears to come from the UK, and seems to indicate a small or a moderate increase. Most of the literature reviewed for this paper concludes that overall prevalence is no greater in the post-secondary student population than it is in for youth not attending college/university.

***More individuals with mental illnesses are pursuing higher education***

Data does indicate that more students with mental illnesses or psychosocial disabilities are choosing to go to post-secondary institutions, and this trend is likely to continue for a variety of reasons, including the ongoing improvement in mental health care systems with a focus on recovery. Canada's recent ratification of the UN Convention of the Rights of Persons with Disabilities will hopefully contribute to this continuing trend.

***Post-secondary institutions are considered to be high-stress environments***

It is certainly a widely-held perception that colleges and universities can be high-stress environments. Student survey data from both the U.S. and Canada certainly indicate that many students describe experiencing stress, anxiety and sleep difficulties, and that these have a negative impact on their learning and academic performance. Some of the published research suggests that some post-secondary contexts may be more high-stress than others. For example, a number of articles have been written on the stressful medical school environment and the strategies for developing a learning environment that is more mentally healthy.

***Mental health and well-being is an important factor influencing student learning and academic success***

There is increasingly strong evidence that student mental health is a critical foundation from which students can optimize their learning, reach their potential, and achieve success in their academic endeavours (Silverman, Underhile & Keeling, 2008). Data also clearly show that students identify mental health issues as affecting their learning and academic performance. For example, in the Canadian Council on Learning study (Patterson and Kline, 2008); the following health impacts were described by students: poor academic performance, dropping out, increased anxiety, poor grades, and loss of interest in learning.

***Positive consequences of addressing MH issues***

There are positive consequences of addressing mental health issues for individual students, their friends and families, the broader campus community (including other students, faculty and staff), and the broader community in the present and into the future. There is mounting evidence that taking a systemic approach to promoting mental health and well-being is likely to have the greatest impact for all students.

Evidence shows that access to high quality student services (disability, health and counselling) can help young people improve their learning and academic performance, stay in school and complete their degree/diploma. For example, the U.S. College Counselling Association 2010 survey found that 59% of clients indicated that their counselling experience helped them remain in school and improve their academic performance. This is in spite of the fact that most students come to counseling centers for other reasons (College Counselling Assoc Survey, 2010). http://www.collegecounseling.org/pdf/2010_survey.pdf p8)

There is also increased evidence that students' with mental health problems who receive appropriate support are: successful in post-secondary education; experience decreased hospitalisation rates; and have increased levels of self-confidence, self- efficiency and empowerment (Martin, 2010).

Ultimately, students who experience good learning and success in their post-secondary education, and a better understanding of how to address their mental health problems and/or live with their psychosocial disabilities are more able to engage as mentally healthy citizens in their communities and society. This is a huge benefit to the future of our global community.

# 6.0 Some potential questions for discussion

Through the research for and writing of this paper, a number of potential questions for further discussion emerged. Many of them arise from the tensions that were described early on in the findings section of this paper (refer back to page 17). Through your reading of this paper, you may have come up with many more and/or different questions. These questions are for your consideration and are provided here as a starting point, and a mechanism for facilitating ongoing discussion, collaboration and the creation of a learning community or community of practice.

- What is the vision for a high quality education?
  - What kind of learning experiences do post-secondary institutions want to support?
  - What kinds of competencies do they want students to take away with them?

- How is promoting the mental health and well-being of students, staff and faculty part of this vision?

- What kind of campus environment will support this vision becoming reality?

- How do we mobilize a campus community to engage the development of a systems approach to promoting student mental health?
  - What is the role of student services in promoting this vision?
  - Who needs to assume leadership roles?
  - What is the role of faculties in promoting this vision?
  - How do student services and faculties need to collaborate to promote this vision?
  - *How do we ensure that students are involved at every step of development?*

- What are the values and principles that underlie this work?
- How do we create environments that foster and support student-led initiatives, both in promoting mental health and well-being for all and in supporting students living with mental illness?
- With respect to supporting post-secondary students with psycho-social disabilities, how can we lead from a rights-based approach?
- How can we move to a better balance between a risk reduction approach to one that is more assets based?
- What kinds of structures and processes can we put in place that will enable us to continue to learn together and to support each other as we all work to move this vision forward?
- How might we utilize recommendations from established systems approaches and models to influence and inform change on in our institutions?

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# 7.0 Appendices

## *Appendix A: Search Strategies*

**Peer reviewed literature**

A search of the peer reviewed literature was conducted to locate international prevalence data and evidence-based models for mental health promotion, prevention and care in post-secondary institutions. Through consultation with a Health Librarian and a preliminary review of key articles on the topic, a search strategy was developed and executed in MEDLINE then adapted as required to match the thesauri of four other databases: PubMed, EMBASE, PsycINFO and ERIC. Searches combined keywords across three themes: mental disorders and students at the post-secondary, college or university level. The search was limited to English language only literature from 2000 to 2011.

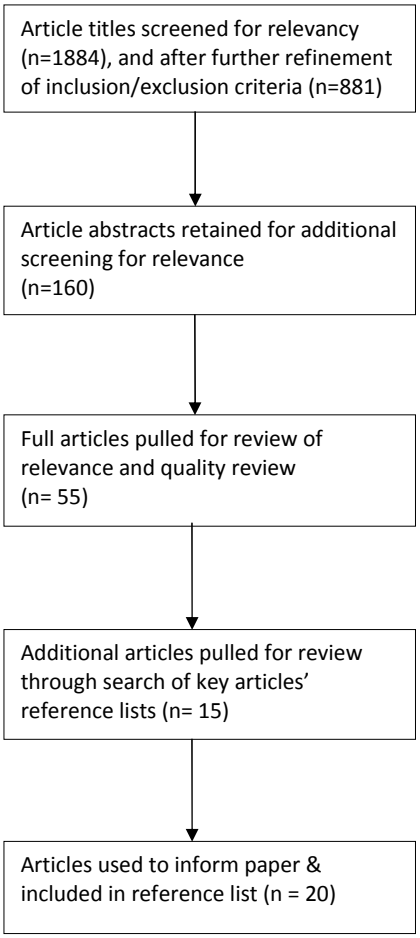
A total of 1,885 abstracts were retrieved. A preliminary review of titles and abstracts narrowed this list down to 881. After further consultation and refinement of the inclusion/exclusion parameters, a final listing was determined of 160 abstracts related to the prevalence of mental illness, mental disorders or addictions at the college or university level, and health services or initiatives in support of mental health promotion, prevention and care. The reference lists of key review articles were screened as well and additional relevant papers were located through targeted searching.

All of these abstracts were reviewed for relevancy (i.e., did they address the scan questions), and a total of 55 full text articles were retrieved and further reviewed for both relevancy and quality. Of these 43 were assessed to be of sufficient relevance and quality to be considered in the writing of this background paper. In the end, 20 were actively used and are cited as references in the paper. See **Figure 3** for a diagrammatic representation of this process.

**Gray literature and environmental scan**

A scan of the gray literature was completed to look for articles describing post-secondary institution policies, programs. Google was used as the search engine, with the following key words used: Mental health in colleges and universities, University student mental health and well-being. More than 60 sites and/or reports were found using this strategy, and an additional 25 resources were identified and shared by key informants. These were reviewed for relevance and quality, with 30 or these articles and resources actively referenced in this background paper.

**Peer Reviewed Literature Scan Process: Figure 3**



## *Appendix B: Overview of four key student mental health models*

### Canadian Learning Centre (CLC) and Association of Canadian Community Colleges (ACCC)

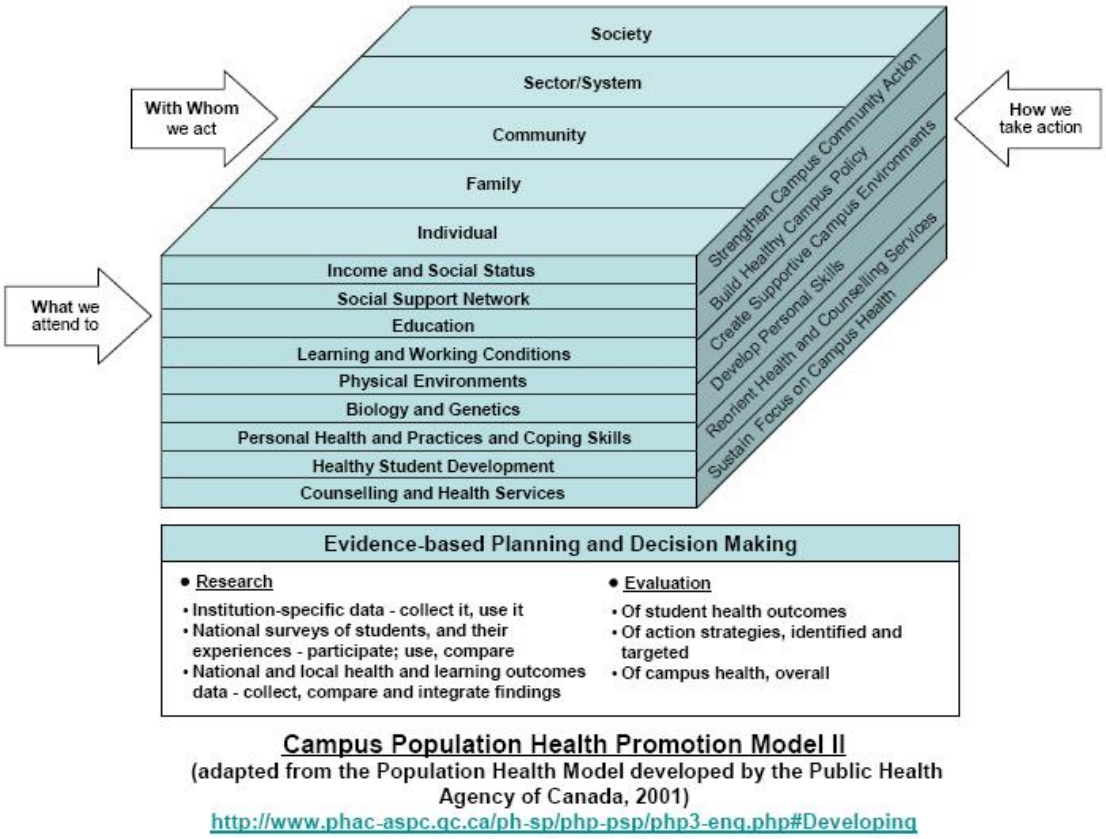
**Summary**

Based on input from college/university students and student services administrators from across Canada, the 2008 study report by Patterson and Kline concludes by asking student services administrators to work together to advocate moving beyond focusing solely on individual illness treatment to a healthy campus model that supports learning, health and wellness for all students. A key finding of this study was that: "Students' definition of health services, like their list of health concerns, while certainly including the medically-related services focused on by the Student Service Administrators, related more to the quality of their life and lifestyle as a student and was not focused on services to address illness alone." (p6) The follow-up 2009 Roundtable report The Policy Roundtable explored how healthy settings and healthy students in postsecondary institutions affect students' academic success. The Policy Roundtable had 32 participants from a wide range of institutions, departments and geographic areas.

**The Campus Population Health Promotion Model**

From this study, Patterson & Kline proposed the development of a community-based health promotion model which they describe as integrating Canada's Population Health model with NASPA's systems/community approach to campus health based on the work of Keeling (2007) Patterson & Kline (2008). They describe the primary shift articulated by this model, is that from a focus that is primarily on individual student's health to a focus on community health and well-being. This model is grounded in being able to respond to three critical questions: 1) On **what** should we take action; 2) **How** should we take action; and, 3) With **whom** should be act? Regarding the 3rd question, the model articulates that there are multiple levels of intervention that they label: individual, family, community, sector/system, and society. This model is illustrated in **Figure 4.**

**Figure 4: Campus Population Health Promotion Model**




**Campus Population Health Promotion Model II**
(adapted from the Population Health Model developed by the Public Health Agency of Canada, 2001)
http://www.phac-aspc.gc.ca/ph-sp/php-psp/php3-eng.php#Developing

CCL Health and Learning Knowledge Centre: Young Adults Working Group (YAWG) (2009).
Sustaining Student Health: Healthy Students, Healthy Campus Settings – Report on the Outcomes and Recommendations from the National Policy Roundtable
Retrieved April 2011 from: http://www.accc.ca/ftp/pubs/studies/200908HLKCSustainingStudentHealth.pdf

## Prevention Resource Centre/Jed Foundation Comprehensive Approach/Model

**Summary**

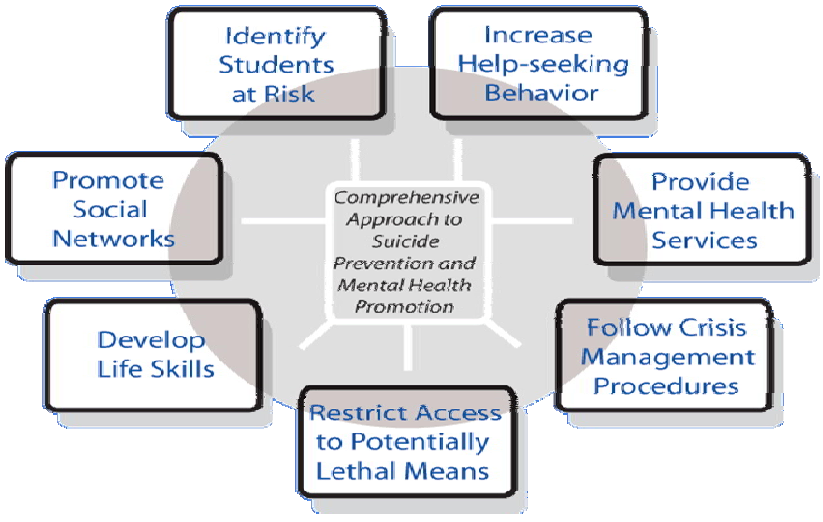
The US-based Suicide Prevention Resource Centre is a well-known U.S.-based organization that provides excellent resources for supporting suicide prevention efforts in a variety of settings. Post-secondary institutions are a major focus, and there is an area on their website, with many resources, dedicated to preventing suicide on campuses. They note that: "…mental health problems that are associated with suicide and other adverse outcomes affect a substantial proportion of college students. These problems can negatively affect students' academic performance and quality of life. To build momentum for prevention efforts, campuses should start by examining current research on campus suicide and mental health problems and the associated consequences. This information will also help colleges and universities to implement strategies that address the known risk and protective factors for suicide among those students most at risk."

**The approach/model**

"This comprehensive approach is drawn primarily from the overall strategic direction of the United States Air Force (USAF) Suicide Prevention Program, a population-based strategy to reduce risk factors and enhance protective factors for suicide (Knox et al., 2003). The TJF/SPRC approach is also based on what is known about how to decrease risk factors and increase protective factors for mental health and suicide among adolescents, college students, and the general population; an understanding of the student mental health problems that campuses face; and existing best practices. Campus planners are cautioned to ensure that adequate institutional capacity exists and that linkages to community services are in place before they create programs that will significantly increase the number of students seeking services." This 'model' is illustrated in **Figure 5.**

Retrieved May 2011 from: http://www2.sprc.org/collegesanduniversities/comprehensive-approach

**Figure 5: SPR/Jed Foundation Comprehensive Approach**



## NASPA Ecological Approach or Model

**NASPA. Leadership for a Healthy Campus: An Ecological Approach for Student Success. NASPA: Student Affairs Administrators in Higher Education (2010). Retreived March 2011 from:** http://www.naspa.org/membership/mem/pubs/ebooks/HealthyCampus.pdf

**Summary**

NASPA – working with Richard Keeling and student affairs administrators across North America - has done considerable work over the past decade, in developing an ecological approach to student health and mental health; making a strong case for the link between student health, and particularly mental health, to student learning and success. NASPA has developed a booklet, which they describe as offering the student affairs practitioner a step-by-step guide for applying the ecological framework in a health assessment or strategic planning process that integrates health across a wide institutional spectrum. They argue that making campus health a central focus for colleges requires a shift in the philosophy of campus governance, leadership, and action by campus leaders. Using an ecological approach gives student affairs leaders a multifaceted view of the health-related behaviors of students and groups. It offers a unique way to design a strategic planning process that integrates health across a wide institutional spectrum.

**The NASPA Approach/Model**

Campus health assessment or strategic planning process involves a Campus committee or group working together to:

- Identify campus values, and agree upon some common campus values
- Identify and prioritize Campus mental health concerns
- Explore the negative consequences of these concerns
- Determine the environmental factors that affect these mental health concerns or issues
    - **Figure 6** illustrates the four broad kinds of environmental factors that should be considered for each identified health concern/issue

**Figure 6: Environmental Influences Matrix**

**Mental health concern/issue: _____**

| | |
|---|---|
| **Physical setting or place** | **Organizational** |
| **Human aggregate/Characteristics of people** | **Social climate/Characteristics of the surrounding community** |

## UK Healthy Universities Model

Retrieved May 2011 from: http://www.healthyuniversities.ac.uk/

*"A Healthy University aspires to create a learning environment and organisational culture that enhances the health, well-being and sustainability of its community and enables people to achieve their full potential."*
http://www.healthyuniversities.ac.uk/uploads/fckfile/HU-Final_Report-FINAL_v2.pdf

**The Healthy University approach**

The Healthy University approach/model developed by the WHO in 1998 is the model being widely supported by Higher Education in the U.K. They describe the Healthy Universities approach as: "an important application of the settings approach, which has its roots in the Ottawa Charter and its assertion that *'health is created and lived by people within the settings of their everyday life; where they learn, work, play and love'*. The settings approach has already been used successfully in schools and further education settings to improve the health of children and young people.

A Healthy University aspires to create a learning environment and organizational culture that enhances the health, wellbeing and sustainability of its community, and enables people to achieve their full potential. Key to becoming a healthy university is an understanding of the whole system approach which recognizes the interrelationships and interconnectedness of different elements of the university system, and emphasizes the importance of the interactions between people, their behaviors and their environment."
Retrieved May 2011 from: http://www.healthyuniversities.ac.uk/toolkit/guidance-package-subsite.php?subSite=1

"Universities work within national and institutional frameworks, using a number of, procedures, reviews and audits to engage in strategic planning and policy development and implementation. If commitment to health and wellbeing is to be secured, it will be important to engage with and influence these processes. In the University Context section, details are provided of the national framework within which universities work together with examples of institutional procedures that can be utilized to:

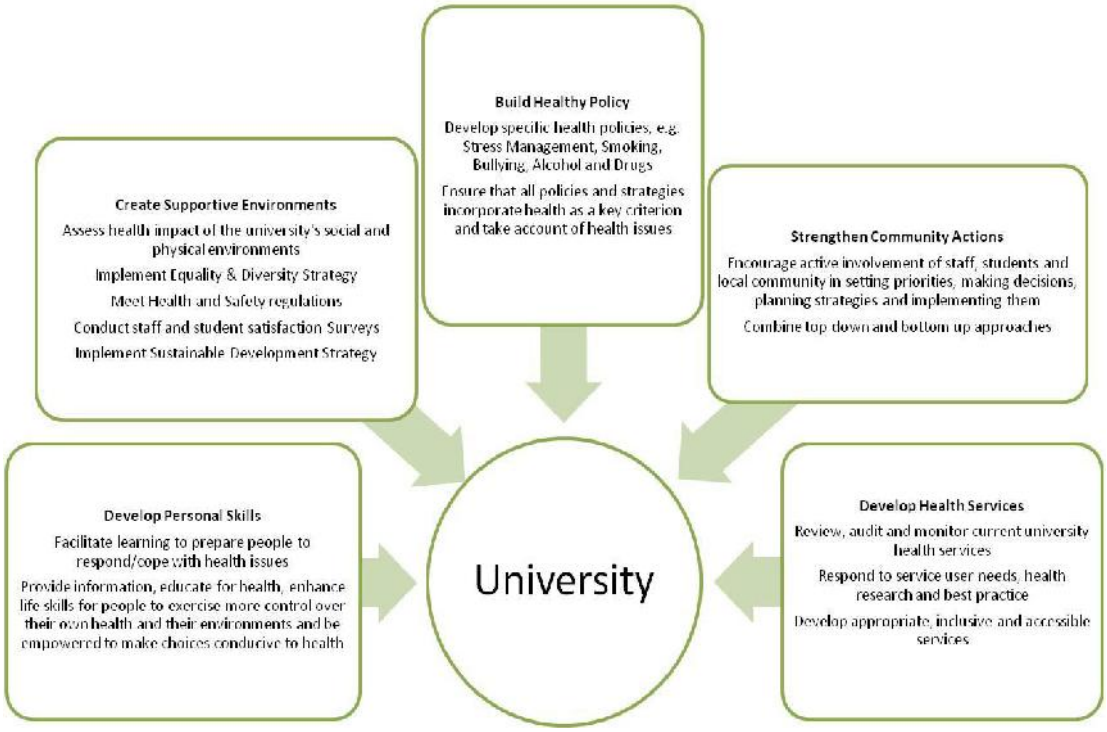
- raise the profile of health and wellbeing of students, staff and the community,
- integrate health and wellbeing within the university policies and procedures and
- support sustainable changes which will embed the university on local and global communities. "

Retrieved May 2011 from: http://www.healthyuniversities.ac.uk/toolkit/guidance-package-subsite.php?subSite=1

The UK Healthy Universities toolkit contains many valuable resources to support higher education setting in their efforts to plan and implement a healthy communities model. http://www.healthyuniversities.ac.uk/toolkit

**The Healthy Universities model is illustrated in Figure 7.**

**Figure 7: Healthy Universities Model**




Source: © Doherty, 2010

Retrieved May 2011 from: http://www.healthyuniversities.ac.uk/toolkit/guidance-package-page.php?subSite=5&ss=5&ssubs=3

## *Appendix C: Annotated Bibliography*

| Summary of some of the key articles and reports, both from the peer-reviewed and grey literature, included in this paper |
|---|
| **Adlaf, Edward M., Demers, Andrée, and Gliksman, Louis (Eds.) Canadian Campus Survey (2004). Toronto, Centre for Addiction and Mental Health, 2005.**<br>**Retrieved March 2011 from:** http://www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/CCS_2004_report.pdf<br>**Abstract/Summary**<br>Funded by the Canadian Institutes of Heath Research, the overall objective of the 2004 Canadian Campus Survey was to build understanding regarding the individual, social and environmental determinants of hazardous drinking. This preliminary report describes (1) the prevalence of alcohol use, other drug use, mental health and gambling problems among Canadian undergraduates interviewed in 2004, (2) relationships between these outcomes and student characteristics, and (3) whether such outcomes have changed since 1998. The prevalence of elevated psychological distress remained stable between 1998 and 2004 (29.8% vs 29.2%), and also remained stable among subgroups. |
| **American College Health Association – National College Health Assessments (ACHA-NCHA) II**<br>**Abstract/Summary**<br>The ACHA – NCHA II is a national research survey organized by the ACHA to assist colleges in collecting data about their students' habits, behaviours, and perceptions on the most prevalent health topics. This survey was first conducted in 2000, and the survey instrument was revised in 2008 (i.e., a number of questions were modified, and some new questions were added in a number of areas – including mental health). I n 2009 and 2010 a small number of Canadian post-secondary institutions participated in this survey. The 2009 results are reported here. For additional survey information about the survey's development, design and methodology visit www.acha-ncha.org**.** |
| **Chen, X.S. and Mak, W.S. (2008). Seeking Help: Etiology Beliefs About Mental Illness Across Cultures. Journal of Counseling Psychology, 55 (4), 442-450.**<br>**Abstract/Summary**<br>In the present study, the authors examined the contributions of cultural beliefs about the etiology of mental illness to the seeking of help from mental health professionals among college students in 4 cultural groups, European Americans, Chinese Americans, Hong Kong Chinese, and Mainland Chinese. Group differences were found in help-seeking history and likelihood, with European and Chinese Americans being more likely to seek help than Hong Kong and Mainland Chinese. Multiple-group path analysis showed that lay beliefs about causes of mental illness and prior help-seeking history significantly predicted help-seeking likelihood, which was related positively to environmental/hereditary causes but negatively to social–personal causes. Our findings demonstrate the importance of understanding help seeking patterns within specific cultural contexts and the effects of Western influences on shaping help seeking propensities. |
| **Child and Youth Advisory Committee of the Mental Health Commission of Canada (July 2010). Evergreen: A Child and Youth Mental Health Framework for Canada. Retrieved April 2011 from:**<br>http://www.mentalhealthcommission.ca/SiteCollectionDocuments/family/Evergreen_Framework_English_July2010_final.pdf<br>**Abstract/Summary**<br>The Evergreen Framework was a project undertaken by the MHCC's Child and Youth Advisory Council with a goal of developing a national child and youth mental health framework that could be used by governments, institutions and organizations to assist with the development of mental health policies, plans, programs and services. Evergreen was developed by individuals from across Canada and around the world with expertise (professional and lived experience) in child and youth health. An extensive on-line public consultation and two conference-based public consultations informed Evergreen's creation. The Evergreen Framework outlines six core values, and sets out some strategic directions grouped under four broad categories: promotion; prevention; intervention and ongoing care; and, research and evaluation. |

**Collins, M., & Mowbray, C. (2005). Higher education and psychiatric disabilities: National survey of campus disability services.** ***American Journal of Orthopsychiatry, 75*****(2), 304–315.**

**Collins, M. & Mowbray, C. (2008). Students with Psychiatric Disabilities on Campus: Examining Predictors of Enrolment With Disability Services.** ***Journal of Postsecondary Education and Disability,*** **21(2), 91-104.**

**Abstract/Summary**

Students with psychiatric disabilities are an increasing presence on college and university campuses. However, there is little published information about the services available to these students in campus disability services offices or the extent to which they use these services. Both of these articles describe the results of a survey of disability services offices at colleges and universities in 10 US states. Data from 275 schools revealed the number of students with psychiatric disabilities seeking assistance from disability services offices, characteristics of these offices, and the types of services they provide. Survey data also identified barriers to full participation of these students in academic settings. Implications of the study are discussed to inform policy and postsecondary institutional practices with the goal of better serving psychiatrically disabled students to maximize their talents and potential.

**Costa, Lucy (2008). Presentation at the National Education Association of Disabled Students (NEADS) conference. Retrieved April 2011 from:** http://www.neads.ca/conference2008/en/speaker_issues_costa.php

**Abstract/Summary**

Post-secondary students with 'mental health' experiences can find themselves alone and isolated due to a lack of resources and support within the academic environment, or because academic resources themselves are limited in scope and favour biomedical models. "Mad" students are often spoken about indirectly in colleges and universities but are rarely acknowledged as relevant agents in developing course material and critical pedagogy. This presentation by Lucy Costa, the co-founder of the Mad Students Society, discusses the importance of supporting students to mobilize and participate in shaping curriculums; how to connect younger "mad" students with experienced activists and the "psychiatric survivor movement"; and reframing classroom discussions and language to be more inclusive of "mad" students' diverse identities.

**Council of Ontario Universities (COU) submission to the Ontario Ministry of Health and Long Term Care - Every Door is the Right Door: Toward a 10-year Mental Health and Addictions Strategy (2010) (unpublished document)**

**Abstract/Summary**

This report was written as a response to the Ontario Ministry of Health and Long Term Care's discussion paper entitled: Every Door is the Right Door: Toward a 10-year Mental Health and Addictions Strategy . This submission by COU provides an overview of the services that are currently being provided on campuses for students, staff and faculty with mental illness as well as an overview of the gaps in these services. Finally, it recommends six strategic directions where further actions can be taken to improve services for students with mental illness. The focus is primarily on developing services for students experiencing mental health and addictions problems, rather on taking a more ecological approach to developing campuses that promote mental health and well-being for all. http://cou.on.ca/Issues-Resources/Student-Resources/Government-Submissions/PDFs/COU-Submission-to-MOHLTC-re-Mental-Health-FINAL.aspx

**Cox, Donna Hardy & Strange, C. Carney (Eds) (2010). Achieving Student Success: Effective Student Services in Higher Education. Montreal & Kinston: McGill-Queen's University Press.**

**Abstract/Summary**

"In today's colleges and universities, whether students succeed depends in large part on access to effective services that can support and guide them in pursuit of their educational goals. Policy and practice in the field of student services has been largely based on professional literature from US sources. Donna Hardy Cox and Carney Strange offer the first comprehensive description of professional student services in Canadian colleges and universities from the perspective of the practitioner-scholars who create and lead them. Hardy Cox and Strange begin with an overview of student services dealing with the matriculation of post-secondary students - through enrolment management, financial assistance, and orientation to the institution and accommodation - and then discuss housing and residence life, student leadership programs, systems of judicial and academic integrity, and student support and adjustment through counseling, health and wellness initiatives, career and employment advice, and a variety of services that can respond to a variety of needs. How these

services are integrated professionally on campus, including their organization and leadership as well as their design within differing institutional contexts, and delivery methods, is the focus of the closing chapters, followed by a distillation of principles that underlie effective student services." Retrieved May 2011 from: http://www.amazon.ca/Achieving-Student-Success-Effective-Education/dp/0773536221/ref=sr_1_1?ie=UTF8&qid=1306120606&sr=1-1

**Craig, Naomi (2010). Mental health issues and higher education psychology teaching. *Psychology Teaching Review*, 16 (1), 16-23.**
**Abstract/Summary**
"This paper focuses on widening participation and accessibility in relation to mental health issues and undergraduate psychology students. Sections 1 and 2 set the context and outline the scope and aims of this paper. Section 3 presents evidence of the student experience from the Improving Provisions for Disabled Psychology Students (IPDPS) project. Students in this project all had some form of disability as defined by the DDA (2005). Section 4 provides examples of ways in which learning and teaching about mental health can be designed from an inclusive and accessible perspective. These examples are drawn from work done by the Mental Health in Higher Education project in conjunction with the Psychology Network. Finally, Section 5 notes that research into other minority groups studying psychology reflects very similar findings to those reported about mental health and psychology teaching and learning, and also highlights the need for further research into these areas."

**Cranford, J.A., Eisenberg, D., & Serras, A.M. (2009). Substance use behaviours, mental health problems, and use of mental health services in a probability sample of college students. Addictive Behaviors, 34, 134-145.**
**Abstract/Summary**
"This research examined 1) the prevalence of substance use behaviors in college students, 2) gender and academic level as moderators of the associations between mental health problems and substance use, and 3) mental health service use among those with co-occurring frequent binge drinking and mental health problems. As part of the Healthy Minds Study, a probability sample of 2843 college students completed an Internet survey on mental health problems, substance use behaviors, and utilization of mental health care. Response propensity weights were used to adjust for differences between respondents and non-respondents. Major depression, panic disorder, and generalized anxiety disorder were positively associated with cigarette smoking. Frequent binge drinking was negatively associated with major depression and positively associated with generalized anxiety disorder, and these associations were significantly stronger for males than females. Among students with co-occurring frequent binge drinking and mental health problems, 67% perceived a need for mental health services but only 38% received services in the previous year. There may be substantial unmet needs for treatment of mental health problems and substance use among college students."

**Eisenberg, D., Downs, M.F., Golberstein, E. & Zivin, K. (2009). Stigma and Help-Seeking for Mental Health Among College Students. *Medical Care Research and Review,* 66 (5), 522-541.**
**Abstract/Summary**
"Mental illness stigma has been identified by national policy makers as an important barrier to help seeking for mental health. Using a random sample of 5,555 students from a diverse set of 13 universities, we conducted one of the first empirical studies of the association of help-seeking behavior with both perceived public stigma and people's own stigmatizing attitudes (personal stigma). There were three main findings: (a) Perceived public stigma was considerably higher than personal stigma; (b) personal stigma was higher among students with any of the following characteristics: male, younger, Asian, international, more religious, or from a poor family; and (c) personal stigma was significantly and negatively associated with measures of help seeking (perceived need and use of psychotropic medication, therapy, and nonclinical sources of support), whereas perceived stigma was not significantly associated with help seeking. These findings can help inform efforts to reduce the role of stigma as a barrier to help seeking."

**Francis, P.C. & Abssi, A. (2010). Ethical issues and considerations for working with community college students with severe and persistent mental disorders. *Community College Journal of Research and Practice,* 34, 423-437.**
**Abstract/Summary**
"Students with severe and persistent mental illnesses (e.g., schizophrenia or other psychotic disorders; moderate to severe mood,

anxiety, dissociative, eating, or personality disorders) are attending community colleges in increasing numbers. Their need for counseling services presents counselling centers with unique ethical issues to consider. This article presents those issues and discusses possible actions that counselors can take to protect the rights of their clients, the institution, and themselves."

**Gallagher R (2010). National Survey of Counseling Centre Directors. The International Association of Counseling Services, Inc. Monograph Series Number 85.**

**Abstract/Summary**

"The National Survey of Counseling Center Directors has been conducted since 1981 and includes data provided by the administrative heads of college and university counseling centers in the United States and Canada. The survey attempts to stay abreast of current trends in counseling centers and to provide counseling center directors with ready access to the opinions and solutions of colleagues to problems and challenges in the field. The areas addressed cover a range of concerns including budget trends, current concerns, innovative programming, and a number of other administrative, ethical and clinical issues… The 2010 survey includes data provided by directors from 320 counseling centers, representing institutions from numerous states and provinces."

**Golberstein E., Eisenberg, D., & Gollust S. (2008) Perceived Stigma and Mental Health Care Seeking. *Psychiatric Services,* 59(4), 392-399.**

**Abstract/Summary**

*"OBJECTIVE:* There is limited empirical evidence on the extent to which perceived public stigma prevents individuals from using mental health services, despite substantial recent policy interest in this issue. This study investigated associations between perceived public stigma and mental health care seeking. *METHODS:* This study used cross-sectional survey data from a representative sample of undergraduate and graduate students (N=2,782) at one university. A five-item scale was used to assess perceived public stigma toward mental health service use. Perceived need for help in the past 12 months and current presence of depressive and anxiety disorders were also assessed. *RESULTS:* Perceived stigma was higher among males, older students, Asian and Pacific Islanders, international students, students with lower socioeconomic status backgrounds, and students with current mental health problems. Perceived stigma was also higher among those without any family members or friends who had used mental health services and among those who believed that therapy or medication is not very helpful. Perceived stigma was negatively associated with the likelihood of perceiving a need for mental health services, but only among younger students. Among those with probable depressive or anxiety disorders, there was no evidence that perceived stigma was associated with service use. *CONCLUSIONS:* These results suggest that, at least in this population, perceived stigma may not be as important a barrier to mental health care as the mental health policy discourse currently assumes."

**Haas, A. , Koestner, B., Rosenberg, J., Moore, D., Garlow, S., Sedway, J., Nicholas, L., Hendin, H., Mann, J., & Nemeroff, C.B. (2008). An Interactive Web-Based Method of Outreach to College Students at Risk for Suicide. Journal of American College Health, 57 (1), 15-22**

**Abstract/Summary**

"Objective and Participants: From 2002 to 2005, the authors tested an interactive, Web-based method to encourage college students at risk for suicide to seek treatment. Methods: The authors invited students at 2 universities to complete an online questionnaire that screened for depression and other suicide risk factors. Respondents received a personalized assessment and were able to communicate anonymously with a clinical counselor online. At-risk students were urged to attend in-person evaluation and treatment. Results: A total of 1,162 students (8% of those invited) completed the screening questionnaire; 981 (84.4%) were designated as at high or moderate risk. Among this group, 190 (19.4%) attended an in person evaluation session with the counselor, and 132 (13.5%) entered treatment. Students who engaged in online dialogues with the counselor were 3 times more likely than were those who did not to come for evaluation and enter treatment. Conclusions: The method has considerable promise for encouraging previously untreated, at-risk college students to get help."

**Hsieh, Nancye L. (2010). A collaboration of student nurse coaches and students with mental illnesses in a college preparation project. *Psychiatric Rehabilitation Journal,* 33 (3), 200-206.**

**Abstract/Summary**

"…This pilot program [at Camosun College in Victoria] was designed to socialize students with a mental illness to life at college. To develop the pilot concept, college departments including nursing faculty and community mental health personnel collaborated together.

Potential students attended informational sessions where those interested, applied for entry into the pilot. Each student was paired with a coach, a third year nursing student, with whom they established and evaluated goals geared towards registering independently in a college course the following semester. Evaluation of the program was measured in terms of attendance, registration in a college course for the following semester or job readiness, and focus group evaluation sessions. By the end of the semester, 12 of the 13 students [had] completed the program. With support and guidance of their coaches, students gained confidence, developed a social support network and learned skills needed to be able to navigate the college system. This type of college preparation program [can be] effective in assisting students with mental illness to access college courses…"

**Hunt J. & Eisenberg D. (2010) Mental Health Problems and Help-Seeking Behavior Among College Students. *Journal of Adolescent Health,* 46, 3-10**

**Abstract/Summary**

"Mental disorders are as prevalent among college students as same-aged non-students, and these disorders appear to be increasing in number and severity. The purpose of this report is to review the research literature on college student mental health, while also drawing comparisons to the parallel literature on the broader adolescent and young adult populations."

**Hyun, J.K. , Quinn, B.C., Madon, T. & Lustig, S.(2006). Graduate Student Mental Health: Needs Assessment and Use of Counselling Services. Journal of College Student Development, 47 (3), 247-266.**

**Hyun, J.K. , Quinn, B.C., Madon, T. & Lustig, S.(2007). Mental Health Need, Awareness, and Use of Counseling Services Among International Graduate Students. Journal of American College Health, 56 (2), 109-118.**

**Abstract/Summary**

Both of these articles report on the results of a 2004 Web survey conducted in the US. The authors examined the prevalence of mental health needs in international graduate students, their knowledge of mental health services, and their use of on-campus and off-campus counselling services. Of the 3,121 completed surveys, 551 completed surveys were from international graduate students. Approximately 44% of international graduate students responded that they had had an emotional or stress-related problem that significantly affected their well-being or academic performance within the past year. International students who reported a more functional relationship with their advisors were less likely to report having an emotional or stress-related problem in the past year and using counselling services. International students who reported higher financial confidence were also less likely to use counseling services.

**Martin, J.M.(2010). Stigma and Student Mental Health in Higher Education. Higher Education Research and Development, 29 (3), 259-274**

**Abstract/Summary**

"Stigma is a powerful force in preventing university students with mental health difficulties from gaining access to appropriate support. This paper reports on an exploratory study of university students with mental health difficulties that found most students did not disclose their mental health problems to staff at university. This was primarily due to fear of discrimination during their studies and in professional employment. Many students went to considerable efforts to hide their mental health condition and in doing so struggled to meet university requirements. Of the minority who did disclose, most received helpful assistance with both their studies and management of their mental health condition. The university was the main source of support services including counselling, disability, student union and housing. A range of measures are required to address the impact of stigma and mental health to empower students so that they can disclose in the confidence that they will be treated fairly…This study was undertaken in the State of Victoria [Australia] with the Mental Health Reform Strategy 2009–2019 (Reform Area 5) identifying 'improved participation in education and training and in the workforce' as a key outcome"

**Mental Health Commission of Canada. (November 2009). Framework for a mental health strategy for Canada: Toward Recovery and Well-being.**

**Retrieved March 2011 from:** http://www.mentalhealthcommission.ca/SiteCollectionDocuments/boarddocs/15507_MHCC_EN_final.pdf

**Abstract/Summary**

With the release of ***Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada*** *(2009)*, the MHCC set out a

vision containing seven broad goals for transforming mental health systems across Canada. The Framework has become an important reference point for mental health policy and practice across the country. Work is now underway to develop a mental health strategy for Canada that will translate the vision and goals of the Commission's Framework into a strategic plan. To date, eight strategic directions have been identified to bring this vision to reality. Retrieved March 2011 from: http://www.mentalhealthcommission.ca/English/Pages/Strategy.aspx

**Monroe, Todd (2009). Addressing substance abuse among nursing students: Development of a prototype alternative-to-dismissal policy. *Journal of Nursing Education,* February 2009, 272-278.**
**Abstract/Summary**
"Substance abuse and dependency are health issues that require effective policies within nursing education. In 2007, the University of Memphis School of Nursing drafted a new substance abuse policy using the American Association of Colleges of Nursing's *Policy and Guidelines for Prevention and Management of Substance Abuse in the Nursing Education Community*. These guidelines include the assumption that addiction is an illness that can be treated and the philosophy that schools of nursing are committed to assisting students with recovery. The new policy at University of Memphis School of Nursing incorporated prevention, education, identification, evaluation, treatment referral, and re-entry guidelines, as well as disciplinary action for students unwilling to undergo rehabilitation. It is hoped this new substance abuse policy will serve as a prototype for other institutions."

**NASPA. Leadership for a Healthy Campus: An Ecological Approach for Student Success. NASPA: Student Affairs Administrators in Higher Education (2010). Retreived March 2011 from:** http://www.naspa.org/membership/mem/pubs/ebooks/HealthyCampus.pdf
**Abstract/Summary**
This booklet developed by NASPA, with Richard Keeling as a contributor, is described as offering the student affairs practitioner a step-by-step guide for applying the ecological framework in a health assessment or strategic planning process that integrates health across a wide institutional spectrum. A strong case for taking this kind of ecological approach to campus health is made by describing the importance of health to learning and academic success. Making campus health a central focus for colleges requires a shift in the philosophy of campus governance, leadership, and action by campus leaders. Using an ecological approach gives student affairs leaders a multifaceted view of the health-related behaviors of students and groups. It offers a unique way to identify the intersections, interactions, and feedback between students and the multiple components of their environments.

**Neighbours, C., Walters, S.T., Lee, C.M., Vader, A.M., Behige, T., Szigethy, T. & DeJong W. (2007). Event-specific prevention: Addressing college student drinking during known windows of risk. *Addictive Behaviors,* 32, 2667-2680.**
**Abstract/Summary**
"The unique drinking patterns of college students call for Event-Specific Prevention (ESP) strategies that address college student drinking associated with peak times and events. Despite limited research evaluating ESP, many college campuses are currently implementing programming for specific events. The present paper provides a review of existing literature related to ESP and offers practical guidance for research and practice. The prevention typology proposed by DeJong and Langford (2002) provides a framework for strategic planning, suggesting that programs and policies should address problems at the individual, group, institution, community, state, and society level, and that these interventions should focus on knowledge change, environmental change, health protection, and intervention and treatment services. From this typology, specific examples are provided for comprehensive program planning related to orientation/beginning of school year, homecoming, 21st birthday celebrations, spring break, and graduation. In addition, the University of Connecticut's efforts to address problems resulting from its annual Spring Weekend are described as an illustration of how advance planning by campus and community partners can produce a successful ESP effort."

**New Economics Foundation (nef) (2008)**
**Retrieved May 2011 from:** http://www.neweconomics.org/publications/measuring-well-being-in-policy
**Abstract/Summary**
This report, written by nef for the UK Foresight Project on Mental Capital and Well-being, considers approaches to measuring well-being from the perspective of their utility for policy-making. They argue that it is helpful for policy-makers to view well-being as a dynamic process, in which a person's external circumstances interact with their psychological resources to satisfy their psychological needs and

give rise to positive feelings of happiness and satisfaction. This perspective of well-being as a dynamic process supports an ecological model of promoting mental health and well-being.

**New Economics Foundation (n.d.)**
**Retrieved May 2011 from:** http://www.neweconomics.org/projects/five-ways-well-being
**Abstract/Summary**
Commissioned by the Government's Foresight project on Mental Capital and Wellbeing, this report recommends five ways towards well-being: connect; be active; take notice; keep learning; and, live. It presents the evidence and rationale behind each of the five ways, drawing on a wealth of psychological literature.

**Ontario College Health Association (2009). Towards a Comprehensive Mental Health Strategy: The Crucial Role of Colleges and Universities (unpublished document)**
**Abstract/Summary**
The OCHA, responding to the strategic planning around mental health (and mental illness) going in Ontario and at the MHCC, developed a proposal arguing that any comprehensive mental health strategy requires the inclusion of college and university students, and the recognition of campuses as important settings for mental health promotion and community mental health services. Speaking from the shared experience of front line care givers of students with mental illness, this report highlights the role that colleges and universities play in mental health promotion, and the barriers that prevent proactive and seamless mental health care on campuses.
http://www.oucha.ca/pdf/mental_health/2009_12_OUCHA_Mental_Health_Report.pdf

**Pape, B. & Galipeault, J.P. (April, 2002) Mental Health Promotion for People with Mental Illness: A Discussion Paper. Ottawa: Public Health Agency of Canada**
**Retrieved April 2011 from:** http://www.phac-aspc.gc.ca/publicat/mh-sm/mhp02-psm02/index-eng.php
**Abstract/Summary**
"With a growing emphasis, supported by the literature, on promoting health by focusing on individuals' strengths, capacities, and recovery capabilities, mental health promotion is becoming an increasingly relevant concept. This paper explores the potential of mental health promotion for people with mental illness. In the first section, it discusses related concepts and builds these into a proposed conceptual model. It then proceeds to examine mental health promotion strategies for people with mental illness: first, general strategies corresponding to identified action areas for health promotion, and then some specific examples of national or provincial programs. The paper ends with a set of recommendations for the federal government and an appendix offering specific tools and implementation methods for governments or communities to use in pursuing this issue." (p4) Although written almost 10 years ago, the ideas in this well-written paper are still current, and the definitions and models outlined at the start are a good resource. "

**Patterson, P. and Kline,T. (2008). Report on Post-Secondary Institutions as Healthy Settings. The Pivotal Role of Student Services, Health and Learning. Knowledge Centre: Victoria, B.C., Canada.**
**Retrieved March 2011 from:** http://www.ccl-cca.ca/pdfs/HLKC/WG5CCLReport_FINAL_ENG.pdf
**CCL Health and Learning Knowledge Centre: Young Adults Working Group (YAWG) (2009).**
**Sustaining Student Health: Healthy Students, Healthy Campus Settings – Report on the Outcomes and Recommendations from the National Policy Roundtable**
**Retrieved April 2011 from:** http://www.accc.ca/ftp/pubs/studies/200908HLKCSustainingStudentHealth.pdf
**Abstract/Summary**
Based on input from college/university students and student services administrators from across Canada, the 2008 study report by Patterson and Kline concludes by asking student services administrators to work together to advocate moving beyond focusing solely on individual illness treatment to a healthy campus model that supports learning, health and wellness for all students. A key finding of this study was that: "Students' definition of health services, like their list of health concerns, while certainly including the medically-related services focused on by the Student Service Administrators, related more to the quality of their life and lifestyle as a student and was not focused on services to address illness alone." (p6) The follow-up 2009 Roundtable report The Policy Roundtable explored how healthy

settings and healthy students in postsecondary institutions affect students' academic success. The Policy Roundtable had 32 participants from a wide range of institutions, departments and geographic areas.

**Silverman, D., Underhile, R., Keeling, R. (2008). Student Health Reconsidered: A Radical Proposal for Thinking Differently About Health-Related Programs and Services for Students. *Student Health Spectrum, June 2008, AETNA Student Health***
**Retrieved May 2011 from:** http://www.aetnastudenthealth.com/uploads/documents/spectrum/2008%20Summer%20-%20College%20Health,%20Health%20for%20a%20Lifetime.pdf
"Drs. Danny Silverman, Ric Underhile and Rich Keeling challenge all of higher education to "advocate a broader understanding of health informed by current concepts of flourishing and resiliency." In citing barriers to this goal, they assert, "Academic credit is awarded to minds, not bodies. Minds are what higher education is about; knowledge is the province of mental and cognitive maturation. Bodies (and all the things that go with them – the emotions, spirituality, physicality, sexuality, personal experience, aspirations, problems, and 'issues') are addressed, if at all, in the 'other' part of the academy – so that they will not negatively influence the educational (rather than the learning) experience." (p2)

**Shain, Martin (2009). Stress at Work, Mental Injury and the Law: A Discussion Paper for the Mental Health Commission of Canada. Retrieved April 2011 from:**
http://www.mentalhealthcommission.ca/SiteCollectionDocuments/workplace/Stress%20at%20Work%20Mental%20Injury%20and%20the%20Law%20FINAL%20EN.pdf
**Shain, Martin (May, 2010). The Perfect Legal Storm: Converging systems create mounting pressure to create the psychologically safe workplace. Retrieved April 2011 from:**
http://www.mentalhealthcommission.ca/SiteCollectionDocuments/workplace/Perfect%20Legal%20Storm%20FINAL%20EN%20wc.pdf
**Abstract/Summary**
"For the first time in Canadian history, employers are confronted with a legal duty to maintain not only a physically safe workplace, but also a psychologically safe work environment. Previously, only egregious management actions that caused catastrophic psychological harm created risk of legal liability. Now, common workplace practices that create foreseeable risks of mental injury can lead to legal liability under certain circumstances: chronic stress caused by work conditions; excessive demands from supervisors and management; and, Unpaid overtime that can lead to mental harm." These two recent reports prepared by Dr. Martin Shain (University of Toronto) for the Mental Health Commission of Canada (MHCC) highlight these ongoing legal developments. Shain defines a psychologically safe workplace as "one in which every practical effort is made to avoid reasonably foreseeable injury to the mental health of employees." Retrieved May 2011 from: http://www.mentalhealthcommission.ca/SiteCollectionDocuments/workplace/Shain%20Report%20One-Pager%20FINAL%20EN.pdf

**Standing Senate Committee on Social Affairs, Science and Technology (May, 2006). Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. Parliament of Canada. Retrieved April 10, 2011 from:**
http://www.parl.gc.ca/Content/SEN/Committee/391/soci/rep/rep02may06-e.htm
**Abstract/Summary**
"The proposal to create the Mental Health Commission of Canada was first made by the Standing Senate Committee on Social Affairs, Science and Technology in November 2005. Almost two years earlier, in February, 2003, the Committee, under the leadership of Senator Michael Kirby, had undertaken the first-ever national study of mental health, mental illness and addiction…The Committee heard from more than 300 witnesses, whose testimony filled more than 2,000 pages. The Committee travelled to every province and territory, and supplemented its public hearings by two separate e-consultations through the committee's website that gathered hundreds of individual stories. Based on this evidence, the Committee tabled its final report, *Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada* in May, 2006. In it, the Committee reaffirmed the need for a Mental Health Commission to provide an ongoing national focus for mental health issues." (Retrieved April 2011 from: http://www.mentalhealthcommission.ca/English/Pages/Background.aspx) The need to transform our mental health and addictions services across Canada, based on a recovery model, is a key recommendation in this report. Post-secondary institutions as settings for

mental health promotion and service delivery are not profiled, but the challenges young people with mental illness transitioning from child to adult mental health services are. This is a time where many of these young people are attending post-secondary institutions.

**Storrie, K., Ahern, K. And Tuckett A. (2010). A Systematic Review: Students with mental health problems – A growing problem. International Journal of Nursing Practice; 16, 1-6**
**Retrieved on March 21, 2011 from:** http://onlinelibrary.wiley.com/doi/10.1111/j.1440-172X.2009.01813.x/full
**Abstract/Summary**
"The number of university students with a serious mental illness has risen significantly over the past few years. A systematic review was conducted that addressed emotional and or mental health problems of university students worldwide. In total, 572 articles were identified, of which 11 met inclusion criteria. Issues identified included types of problems experienced by students, how staff dealt with these students, barriers to seeking help, and tools that facilitated help-seeking and epidemiological trends in the university student population. Recommendations include (i) providing better links between the university and external mental health providers, and (ii) increasing students' awareness of existing support services within and external to the university. As it is unrealistic to expect all academic staff to have the expertise required to deal with students with emotional problems, it is also recommended that (iii) policies and personnel with expertise in mental health are available to provide guidance for staff."

**Suicide Prevention Resource Centre**
**Retrieved on March 14th from:** http://www2.sprc.org/collegesanduniversities/campus-data
**Abstract/Summary**
The US-based Suicide Prevention Resource Centre is a well-known organization that provides excellent resources for supporting suicide prevention efforts in a variety of settings. Post-secondary institutions are a major focus, and there is an area on their website, with many resources, dedicated to preventing suicide on campuses. They note that: "…mental health problems that are associated with suicide and other adverse outcomes affect a substantial proportion of college students. These problems can negatively affect students' academic performance and quality of life. To build momentum for prevention efforts, campuses should start by examining current research on campus suicide and mental health problems and the associated consequences. This information will also help colleges and universities to implement strategies that address the known risk and protective factors for suicide among those students most at risk."

**Warwick, I., Maxwell, C., Statham, J., Aggleton, P., & Simon, A. (2008). Supporting mental health and emotional well-being among younger students in further education. *Journal of Further and Higher Education,* 32(1), 1-13.**
**Abstract/Summary**
"This exploratory study aimed to identify whether, and in what ways, FE colleges were contributing to younger students' (aged 16-19 years) mental health. Interviews with key informants, a survey of FE colleges in England and five case studies of individual FE colleges providing specialised mental health support services to students, revealed some evidence of promising and good practice, but this did not appear to be widespread. Given the current range of college settings, no single approach to improving mental health among students is likely to be the answer. Rather, respondents highlighted a number of factors that influence the provision of support services for students: awareness among professionals of the links between students' mental health and their achievement at college; having in place national and college policies and guidance that address mental health; building an inclusive college ethos; building leadership at senior and middle manager levels; having accessible in-college and/or external support services; and the provision of professional development opportunities for staff."