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Research Partnership Program

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Research-to-Practice Spotlight: Mental Health Services for Students at Postsecondary Institutions: A National Survey

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Background
Psychiatric disorders are common in adolescents/young adults (Cash & Bridge, 2009; Navaneelan, 2012; Osborn, Levy, Nazareth, & King, 2008; Wasserman, Cheng & Jiang, 2005; World Health Organization [WHO], 2015) and negatively influence their academic, occupational, and social development (Delaney & Smith, 2012). Concern for the mental health of postsecondary students (PSSs), in particular, has garnered increased attention. A report by the Ontario College Health Association found PSSs to be more than twice as likely to report mental illness symptoms and elevated distress than non-university youth (Ontario College Health Association, 2009). Regardless, while it is recognized that mental health issues are prevalent among PSSs (Hussain, Guppy, Robertson, & Temple, 2013), less is known about the nature and effectiveness of available campus mental health services (MHSs).

Our primary aim was to acquire a comprehensive, nationwide understanding of MHSs that Canadian postsecondary institutions are providing (i.e., assess the current state of MHSs on campuses). An assessment of the national scene is a necessary precursor for comparing regional patterns in campus MHSs/initiatives. As a secondary aim, we were interested in the extent to which services varied as a function of institutional size. These data should allow institutions to compare their services with similar-sized schools as a starting point for analyzing local service gaps and developing comprehensive mental health policies.

Methods
A 54-question online survey was sent to potential respondents (mainly front-line workers dealing directly with students [e.g., psychologists/counsellors, medical professionals]) at Canada's publicly funded postsecondary institutions. Data were analyzed overall and according to institutional size (small [<2000 students], medium [2000–10 000 students], large [>10000 students]). Most items on the survey pertained to institutional mental health promotion, outreach, identification, and intervention services/initiatives. Additional items assessed social supports and campus climate, including questions on stress reduction and self-care initiatives. Finally, questions regarding campus medical, counselling, and accessibility services as well as mental health policies were incorporated.

One hundred eighty publicly funded Canadian postsecondary institutions were identified by searching the Association of Universities and Colleges of Canada and Colleges and Institutes Canada websites. Survey invitations were emailed to 286 potential respondents (purposive sampling [Burns et al., 2008]). Participants were selected based on their perceived knowledge/involvement with campus MHSs (i.e., individuals with job titles/descriptions that identified them as front-line workers dealing with students, such as counsellors/psychologists and resident advisors). Individuals who appeared to be most informed regarding available campus services were solicited. When possible, two or more responders per institution were contacted.

Surveys from multiple respondents at one institution were combined to develop a representative profile (Heck et al., 2014). For additive questions, multiple responses were summed. If the response option was categorical and multiple responses from the same institution differed, the institutional profile reflected the majority or was coded as "unsure." For Likert scale questions, responses were analyzed for all respondents (not combined).

Results
- Of the 286 individuals contacted, 96% completed the survey. 168 out of the 180 institutions were represented.
- 73% of institutions reported that they had campus mental health promotion programs. The counselling centre/student counsellor was most commonly identified as responsible for mental health promotion. At small institutions, the student affairs office, students' association, and residence staff/ resident advisors also had a big role. At medium and large institutions, promotion was carried out by the accessibility/disability office and campus medical services.
- Across institutions, promotion programs aimed to inform students about available campus MHSs, reduce stigma, and educate students about mental illness, in that order.
- 86% of institutions reported engaging in mental health outreach. At small institutions, the student affairs office also plays a large role, while at medium and large ones, the accessibility/disability office is active in outreach.
- Groups most frequently targeted by outreach initiatives in small institutions are Aboriginal, international, and LGBT students. At medium/large institutions, international students are the most frequent targets of outreach initiatives, followed by Aboriginal students at medium ones and LGBT groups at large ones.
- First-year students are common targets for outreach, with 75% of all respondents indicating that information about available campus MHSs is provided as part of the first year of orientation.
- 74% of all respondents agreed that students are informed about mental health and available services.
- 84% agreed that their institutions could benefit from expanding mental health promotion and outreach programs.
- Not as many respondents were confident that current promotion programs were an effective and good use of campus resources/budgets; 41 % of respondents from small institutions (21% unsure), 49% from medium institutions (8% unsure), and 35% from large institutions (8% unsure) institutions agreed with this. Only 43% endorsed current outreach programs as an effective use of resources.
- 74% of institutions have a student residence. Resident advisors /residence staff are typically trained in crisis intervention at small and medium residences; at large ones they are most commonly trained to know about available campus resources.
- One in 3 of all institutions have programs to train students to be "leaders" for mental health awareness on campus.
- Only 8% of all institutions require incoming students to fill out

a medical/mental history questionnaire.

- Among small institutions, the most common means of identification is through self-referral; at medium and large ones, it is via the counselling centre website (electronic self-referral). A minority of schools have an "early alert program."
- 91% of schools offer some form of on-campus counselling services. Most provide this through a designated counselling office/centre or wellness centre.
- A greater number of respondents from large institutions (64%) rated their staff to be diverse on aspects such as gender, race, or nationality compared to small (35%) and medium (31%) institutions.

Conclusions

An up-to-date understanding of MHSs across Canadian campuses is lacking; such information is a critical first step for regional investigations/ comparisons. This survey addressed the need to define the responsibilities that universities/colleges have with respect to student mental health, as "duty to care" encompasses this domain (Washburn & Mandrusik, 2010). The first step in exercising duty to care lies in the provision of campus mental health promotion/outreach programs. Such programs are critical, as students may not seek help because of stigma, limited knowledge about available campus MHSs, or both (Eisenberg, Downs, Golberstein, & Zivin, 2009; Golberstein, Eisenberg, & Gollust, 2008; mtvU, 2009). Enhancing promotion/outreach programs targeting specific disorders (e.g., addictions, eating disorders) was identified as a need across Canadian postsecondary institutions. Interestingly, most respondents did not think that current promotion or outreach programs were a good use of, presumably, scarce resources. This may reflect the view that existing programs need improvement, as most respondents indicated that they should be expanded.

Most institutions offer some form of social support to vulnerable groups, as well as programs that facilitate campus community involvement, and contribute to a healthy campus climate. Student-to-student or peer health educator programs have been shown to extend the reach of health (including mental health/well-being) services (Kirsh et al., 2014). Such programs involve training students on how to identify those in distress and what services exist for such individuals. Only a minority of institutions offer peer health educator training, despite evidence that students who come into contact with peer educators are likely to consume less alcohol and have fewer alcohol-related negative consequences and unhealthy behaviours (White, Park, Israel, & Cordero, 2009).

Most institutions do not employ methods for actively identifying students in distress, and few smaller institutions have gatekeeper training initiatives. This raises the possibility that these schools may have less comprehensive or effective programs for training students/staff. While the identification of those in distress is important, ensuring that such students are able to access appropriate services is paramount.

A recent study found that increased identification (by residence advisors gatekeepers) does not necessarily lead to increased MHS utilization on campus (Lipson, Speer, Brunwasser, Hahn,

& Eisenberg, 2014). Thus, further initiatives aimed at facilitating the use of campus MHSs may be needed.

A key recommendation from a Canadian student alliance was that institutions must develop mechanisms to allow incoming students opportunities to self-identify as needing additional support (Popovic, 2012).. Given that a large proportion of institutions do not have or do not know if they have procedures on how incoming students can alert schools regarding mental health issues, adopting and clarifying such procedures may be worthwhile. Early alert programs aimed at identifying underperforming first-year students, contacting them, and directing them to appropriate support programs (Tampke, 2013) may also be useful in minimizing distress and psychiatric issues (Campbell & Nutt, 2010).

Some research suggests that culturally adapted mental health interventions (e.g., in clients' native language) are more effective than non-adapted ones (Grinder & Smith, 2006). However, few respondents indicated that counselling services staff is composed of individuals from diverse backgrounds. As such, a policy regarding staff diversity may be beneficial.

While integral MHSs are offered at most Canadian postsecondary institutions, the range and depth of available services are variable. These data can guide policy makers and stakeholders in developing comprehensive campus mental health strategies.

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Other Stories of Interest: The 2015 Ontario Student Drug Use and Health Survey Summary

The Centre for Addiction and Mental Health's Ontario Student Drug Use and Health Survey (OSDUHS) is the longest ongoing school survey of adolescents in Canada, and one of the longest in the world. The study has been conducted every two years since 1977, consisting of 20 survey cycles to date. A total of 10,426 students (59% of selected students in participating classes) in grades 7 through 12 from 43 school boards, 220 schools, and 750 classes participated in the 2015 OSDUHS, which was administered by the Institute for Social Research, York University. This report describes mental health, physical health, and risk behaviours among Ontario students in 2015 and changes since 1991, where available. All data are based on self-reports derived from anonymous questionnaires administered in classrooms between November 2014 and June 2015. Below is a summary of their findings.

Healthcare Utilization
Mental Health Care Visit
- Approximately one-in-five (21%) students visited a mental health care professional (such as a doctor, nurse or counsellor) for a mental health matter at least once during the past year.
- The percentage of students reporting visiting a mental health professional is significantly higher today (21%) than in 1999 (12%), the first year of monitoring.

Use of Drugs for Medical Reasons
- Approximately one-in-five (21%) students report using a prescribed opioid pain reliever (e.g., Tylenol #3) in the past year. About 3% of students used a prescribed drug for ADHD (e.g., Ritalin) in the past year. About 3% of secondary school students used a prescribed tranquilizer/sedative (e.g., Valium) in the past year.
- Six percent of secondary school students report that they were prescribed medication for anxiety, depression, or both conditions, during the past year.
- The percentage of secondary school students who report being prescribed medication for anxiety, depression, or both conditions is higher today (6%) than in 2001 (3%), the first year of monitoring.

Seeking Support for a Mental Health Problem
- Three percent of students report seeking help either by calling a telephone counselling helpline or over the Internet at least once in the past year.
- Over one-quarter (28%) of students report that, in the past year, there was a time they wanted to talk to someone about a mental health problem, but did not know where to turn.

Internalizing Indicators
Self-Rated Mental Health
- One-in-six (17%) students rate their mental health as fair or poor.
- The percentage of students who rate their mental health as fair or poor today is significantly higher than in 2007 (11%), the first year of monitoring.

Psychological Distress
- One-third (34%) of students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). One-in-seven (14%) students indicate a serious level of psychological distress.
- Both measures of psychological distress are significantly higher in 2015 compared with the previous survey in 2013, the first year of monitoring.

Suicidal Ideation and Suicide Attempt
- One-in-eight (12%) students had serious thoughts about suicide in the past year, and 3% report a suicide attempt in the past year.

Externalizing Indicators
Antisocial Behaviour
- Five percent of students engaged in antisocial behaviour during the past year.

Violent Behaviour
- About 5% of students report that they assaulted someone at least once during the past year, and a similar percentage (5%) report carrying a weapon.

School Violence
- One-in-ten (10%) students report physically fighting on school property at least once during the past year.
- Six percent of students were threatened or injured with a weapon on school property at least once during the past year.

Bullying at School
- One-quarter (24%) of students report being bullied at school since the beginning of the school year. By far, the most prevalent form of bullying victimization at school is verbal (21%), while 1% report that they are primarily bullied physically, and 2% of students are victims of theft/vandalism.
- One-in-eight (13%) students report bullying others at school. The most prevalent form of bullying others at school is through verbal attacks (12%), followed by physical attacks (1%), and theft/vandalism (less than 1%).

Victim of Cyberbullying

- One-in-five (20%) students report being bullied over the Internet in the past year.

Gambling and Video Gaming
Gambling Activities

- Of the 10 gambling activities surveyed in 2015, the most prevalent among all students is betting in sports pools (10%), and betting at card games (10%). A further 11% gambled money at "other activities" not measured in the survey. The least prevalent activity is casino gambling (less than 1%).
- Gambling over the Internet on any game is reported by 4% of students.
- One-third (32%) of students report gambling at one or more activities in the past year.
- Two percent of students gambled at five or more activities in the past year.

Gambling Problem

- About 4% of secondary school students indicate symptoms of a low-to-moderately severe gambling problem.
- About 1% indicate a high-severity gambling problem.

Video Gaming Problem

- One-quarter (26%) of students play video games daily or almost daily, with males being almost four times more likely than females to do so (40% vs. 11%, respectively). One-in-ten (10%) students play video games for five hours or more per day.
- One-in-eight (13%) students report symptoms of a video gaming problem (preoccupation, tolerance, loss of control, withdrawal, escape, disregard for consequences, disruption to family/school).

Coexisting Problems

- About half (49%) of secondary school students report none of the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, or a drug use problem. About 33% of secondary school students report one of these problems, about 10% report two of these problems, 6% report three, and 2% report all four problems.

Sex Differences
There are many differences between males and females regarding mental health and well-being. Males are significantly more likely than females to:

- gamble money and have a gambling problem
- play video games daily and to have a video gaming problem

Females are significantly more likely than males to:

- use prescription opioid pain relievers medically
- seek mental health counselling
- have an unmet need for mental health support
- use prescription tranquillizers medically
- be prescribed medication for anxiety/depression or both
- rate their mental health as fair/poor
- have low self-esteem
- feel stressed
- feel psychological distress
- contemplate and attempt suicide
- have symptoms of ADHD
- be bullied at school
- be cyberbullied
- have coexisting problems.

Grade Differences
Grade is also significantly related to mental health and well-being. Generally, internalizing problems, antisocial behaviour, gambling, and coexisting problems significantly increase with grade. Physical fighting at school is more prevalent in the younger grades and declines in later adolescence.

The OSDUHS focuses on a wide range of indicators that affect young people's health and well-being. The overarching goal of the study is to stimulate programs and policies that enable youth to experience optimal well-being. They hope the findings provided in this report – whether showing new concerns or enduring trends – help to raise awareness and to identify priority issues facing adolescents today.

The full report can be viewed here.

Other Stories of Interest: Substance Use and Suicide Among Youth: Prevention and Intervention Strategies

The Canadian Centre on Substance Abuse released a topic summary titled, "Substance Use and Suicide Among Youth: Prevention and Intervention Strategies". The key messages from the report are as follows:

- Substance use and suicidality frequently co-occur among youth and share many of the same risk and protective factors.
- Substance use is a significant risk factor for suicidal ideation, attempted suicide and completed suicide.
- Suicide prevention resources have been developed for healthcare practitioners and others who come into contact with individuals who have substance use issues.
- Further evaluations are needed to determine the impact of these prevention resources and whether they are effective in youth with substance use problems.
- Although the available evidence is limited, there are some promising emerging treatment strategies for youth with co-occurring substance use and suicidality.

The full topic summary can be found here.

Did You Know…?

- Among youth aged 15–19 years old, suicide ranks in the top five causes of death worldwide.[1] In Canada in 2011, suicide was the second leading cause of death among Canadian youth (15–19 years).[2]
- Youth (16-25 years) make up about 20% of the homelessness population in Canada.[3] Approximately 80% of homeless youth reported smoking daily, and 40% reported recent alcohol intoxication.[4]
- Death by suicide in Canada is five to six times higher among First Nations youth and 11 times higher among Inuit youth compared to the national average.[5]
- A meta-analysis assessing substance use among lesbian, gay and bisexual (LGB) youth indicated that, on average, the likelihood of substance use was 190% higher among LGB than heterosexual youth, and even higher among certain subpopulations (e.g., bisexual youth, 340%).[6]

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Research Partnership Program Progress Update

Alberta Centennial Addiction and Mental Health Research Chairs Program
Dr. Katherine Aitchison has completed her annual report. You can read it here.

Knowledge Translation

The Relationship Between Cannabis and Cancer in Men
In Canada, men report nearly double the use of cannabis compared to women. This document summarizes the relationship between cannabis and various forms of cancer in men.
Read about it here.

Constant Observation in Psychiatric Inpatient Settings
This document provides an overview of the use of constant observation in psychiatric inpatient settings. It includes information about what constant observation is and why it might be used, as well as key therapeutic considerations and alternative strategies.
You can learn more about the use of constant observation in psychiatric inpatient settings here.

Upcoming Events

CMHA Mental Health for All Conference, Together by design
September 28- 30, 2016
Toronto, ON

Seventh Annual Brain Development Conference
September 28 - October 1, 2016
Calgary, AB.

5th Biennial Eating Disorder of Canada Conference, At the heart of it all
September 29- 30, 2016
Winnipeg, MB.

International Nurses Society on Addictions, 40th Annual Educational Conference, Addressing the opioid epidemic: Prevention, intervention, treatment and recovery
October 5- 8, 2016
Las Vegas, NV.

Canadian Association for Suicide Prevention Conference, Hope, Help, and Healing
October 26 – 29, 2016
Iqaluit, NU

Schizophrenia Society of Canada, National Conference, Psychosis: New perspective, bright horizons
October 27- 28, 2016

Halifax, NS.

11th Harm Reduction Conference
November 3 – 6, 2016
San Diego, CA.

Funding and Job Opportunities

Available on the Opportunities section of the website.

Contribute to Knowledge Notes

Knowledge Notes are concise summaries of current research in a specific area. Each note is a maximum of three pages to allow readers to become familiar with a given topic without getting lost in the complexity of a typical academic paper.

If you are interested in writing and submitting a Knowledge Note for publication please read our guidelines. You can also view what others have contributed so far by visiting the Knowledge Notes section of the website.

If you have an idea for a Knowledge Note and are not certain whether it fits with our guidelines please contact us at researchpartnership@ahs.ca.

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