

ORDER OF EXCELLENCE



MENTAL HEALTH AT WORK® RECIPIENT



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Scoping Review of Current Literature – *Summary*

Post-Secondary Student Mental Health

Brooke Linden, MA, PhD Candidate, Queen's University

Samantha Grey, MSc. Student, Queen's University

Heather Stuart, PhD, Professor and Bell Canada Mental Health and Anti-Stigma Research Chair, Queen's University

mentalhthcommission.ca



Health Canada Santé
Canada Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

Table of Contents

Background 1

The Project 2

Scoping Review of Literature - Goals 3

Scoping Review of Literature - Summary 4

Background

Acquiring a post-secondary education can be exciting, transformative and demanding. We know that students are diverse and that each one will have a different experience and different challenges. Each student brings a unique set of interests, skills and life experiences to their university/college experience. Juggling academic, financial, family and personal demands, are some of the new experiences that our students share. Some students, transitioning directly from secondary school, may be away from home, family and friends for the first time. Others may face challenges in reintegrating into student life, after having been in the workforce for years. Whatever the challenges and experiences, they provide an opportunity for students to grow and learn new coping skills. The key to not only surviving such events and experiences, but also to prosper during such change and upheaval, is resilience.

Much like the solutions discovered in the workplace environment, post-secondary institutions will benefit from a nationally established systematic framework to protect and promote the psychological health and safety of students to support student success. Such a framework will be evidence and practice informed to address student mental health at their various stages of tenure, state of well-being, and state of mental illness. This framework will also promote a collaborative approach to student mental health by clearly identifying the shared responsibilities of students, staff, and faculty. Healthy campuses and the well-being of staff, faculty and students are of the utmost priority for colleges, institutes, CEGEPs and polytechnics. Through community-partnerships and outreach with a diverse set of stakeholders, these institutions have integrated various mental health supports and holistic approaches into their services to support staff and faculty and to help address the multiple stressors faced by post-secondary students. These support-services vary greatly from academic advising and counselling, accommodations for disabilities and Indigenous and new immigrant-specific support-services, to wellness centres and crisis intervention. Trailblazer institutions such as Nova Scotia Community College, University of Guelph, University of Calgary, Red River College, University of British Columbia, University of Manitoba, Camosun College, University of Toronto, and Seneca College, etc. have been leading the charge in continually taking a systematic approach to address student mental health.

This is an opportune time to take individual best practices, steeped in evidence and identified by post-secondary institutions, and apply them more consistently across all post-secondary institutions across

Canada. Development of a pan-Canadian Standard will establish the key tenets of a practical and implementable framework, that is flexible enough for individual institutions to make it their own to suit their unique environments.

The intended impact of the Standard are as follows:

1. Increased mental health awareness and decrease stigma around mental illness;
2. Guidance to post-secondary institutions on how to approach psychological health and safety;
3. Increased access to supports available to students on and off campus;
4. Promotion of healthy and safe life skills that can be applied by students during their tenure at an institution and workplaces;
5. Creation of healthier and safer post-secondary institutional environment; and
6. Improved student success and productivity

The Project

The Mental Health Commission of Canada (MHCC) plays a key role as a third-party catalyst to the education sector. Our expertise in mental health, research, and knowledge dissemination allows us the flexibility to partner with key stakeholders in the sector and within the community. The MHCC is embarking on a two-year project (2018 – 2020) to develop a ***Pan-Canadian Standard on Psychological Health and Safety for post-secondary students***. Like the [Workplace Standard](#), it will act as a voluntary guideline to help Canada’s academic institutions protect and promote students’ psychological health and safety, and support students’ success.

The MHCC is working collaboratively with CSA Group, as the standards development organization, towards the development of the Standard. Funding is being provided from Bell Let’s Talk, The Rossy Family Foundation, RBC Foundation and Health Canada. MHCC is partnering with pan-Canadian organizations such as Universities Canada, Colleges and Institutes Canada, Canadian Alliance of Student Associations, Canadian Association of University Student Services, and Canadian Mental Health Association, etc. to inform and build on this important initiative.

The project was launched in January 2018, with the official launch of the Standard anticipated in early 2020. Several deliverables will make up the project, including a fulsome literature scan of relevant resources currently available, nationally and internationally; national consultations (September 2018 –

June 2019) from coast to coast with key stakeholders (such as students, staff, faculty, student services, service providers, Deans and Presidents of post-secondary institutions, unions, etc.) to inform the development of the Standard; establishment of a technical committee (by the CSA Group) composed of experts representing perspectives from students, post-secondary leaders, researchers, family members, faculty, administrative staff, among others to develop the contents of the Standard (September 2018 – January 2019); and public consultations/review of the draft of the Standard (September 2019 – November 2019).

Finally, MHCC will ensure free access to the Standard to post-secondary institutions over a 5-year period and help monitor various performance measures of the Standard to determine what additional investments are required to drive wide-spread adoption.

Scoping Review of Literature - Goals

The MHCC contracted Heather Stuart, PhD, Professor and Bell Canada Mental Health and Anti-Stigma Research Chair, Queen’s University and her team to carry out a scoping review of the current literature assist with the following **key goal**: sharing information on emerging and promising practices related to psychological health and safety services and programs for post-secondary students and encouraging the uptake of those practices which might be appropriate in each particular context.

This report investigated themes common to the discussion around post-secondary student mental health, both nationally, and internationally. A detailed, scoping review of the literature was undertaken, exploring both peer-reviewed, academic sources, and grey literature. The main themes of interest to this report were selected in collaboration with the Executive Advisory Committee (EAC), the Mental Health Commission of Canada, and Bell Canada.

What follows is a summary of findings of Dr. Heather Stuart and her team. In order to properly cite this report, we encourage readers to use the following: *“Linden B, Gray S, Stuart H. (2018). National Standard for the Psychological Health and Safety of Post-Secondary Students – Phase I: Scoping Literature Review. Ottawa, ON: Mental Health Commission of Canada.”* The detailed report is available in English upon request.

Scoping Review of Literature - Summary

As part of this investigation we analyzed Canadian data from the American College Health Association's National College Health Assessment II Survey, which collected responses from over 43,000 post-secondary students attending 41 institutions across Canada. Many students reported experiencing average (31.4%) to above average stress (46.2%), with nearly 15% reporting tremendous stress levels. Overall, students reported moderate levels of distress. Anxiety (18.4%) and depression (14.7%) were the most prevalent diagnosed mental illnesses among the Canadian post-secondary student population. Just over one-fifth of students (20.4%) had received a professional diagnosis of depression at some point in their lifetime. Notably, the estimated prevalence of professional diagnoses was considerably lower than the prevalence of students' self-reported symptoms of these disorders. The implications of this are discussed. Only 35% of students reported that experiencing stress had not negatively impacted their academic performance. The literature has repeatedly linked students' stress and distress to negative academic outcomes, including reduced academic achievement, challenges with alertness and reduced ability to focus, and student attrition and retention. A number of post-secondary institutions have released their institutionally specific data on line, with similar results. The majority of students report mental health and substance (mostly alcohol) use problems that affect their academic goals, but a minority seek care.

With respect to suicidality, the NCHA II survey provides self-reported prevalence estimates of past twelve-month self-injury (8.7%), serious consideration of suicide (13%), and suicide attempts (2.1%) among Canadian post-secondary students, though there is currently no national compilation of completed suicides among post-secondary students. These estimates are slightly higher than the estimates from the United States that report the prevalence of self-injury among post-secondary students ranging between 3-7%, with males and females reporting different triggers. Males more often attributed academic competition, financial strain, and workload to thoughts of suicide and self-injury, while females more often attributed heartbreak, family pressure, and pre-existing mental illness.

Not surprisingly, special subpopulations, including military service members, medical students, ethnic minorities, indigenous students, and international students, experience unique mental health needs. The literature suggests these students experience additional stress associated with cultural differences and stigmatization that make adjustment to the post-secondary setting particularly difficult. For

example, LGBTQ students are often faced with mental health services that are not tailored to their needs and professional students (such as medical students) are faced with overwhelming stigma associated with both experiencing a mental illness, and help-seeking. Finally, military service members returning to the post-secondary setting often struggle more than others with the adjustment process and previous traumas. Males and on-line students (who may never attend campuses) have also been defined as at-risk groups for which there are tremendous service gaps. Males will rarely seek out help for mental health or substance use difficulties and on-line students do not have access to services available to students on campus.

The majority of Canadian post-secondary students (58%) identified academic stressors as their most significant source of stress. A significant source of stress for many students was revealed to be perceived safety on campus, revealing subthemes such as pressure to engage in substance abuse, sexual harassment and assault, and physical and emotional abuse or assault. A brief descriptive analysis of the safety-related data in the NCHA II survey provides a clearer picture of students' perceived safety, with males more often reporting physical abuse, and females more often reporting sexual or emotional abuse. These findings were in line with the academic literature.

There has also been considerable discussion of the factors that make up student resilience, such as individual characteristics (i.e., self-efficacy, optimism, locus of control), ability to cope (i.e., the use of positive vs. negative coping mechanisms, and the importance of a social support network), and help seeking behaviours. The literature revealed associations between self-efficacy, locus of control, tenacity and optimism (facets of "intrapersonal" resilience) and students' ability to weather stressors. Positive acceptance of change was another predictor of students' resilience in the face of major adjustment periods. Negative relationships with parents or harmful early childhood experiences were linked to poorer adjustment, and poorer resiliency. Successful coping was linked to both academic and social integration in the post-secondary setting, with students reporting a strong social support network (both at home, and at school) faring better than those without. Negative coping methods, such as avoidance, withdrawal, or denial (most often marked by substance abuse among students) were linked to worse adjustment and negative mental health outcomes.

Help seeking behaviours were observed to be relatively low across student populations, despite relatively high levels of reported distress., but particularly so for males and members of marginalized

groups (described above). The literature reports several barriers to help seeking, as identified by students, including: concerns about confidentiality, lack of time, not believing the problem warranted professional help, uncertainty that professional help would be beneficial, and preferring to rely on other sources of support (i.e., friends, family, romantic partner).

Post-secondary institutions have implemented a wide range of programs and initiatives to promote student wellness and reduce mental distress ranging from innovative interventions, such as animal therapy or mindfulness, to more traditional interventions such as cognitive behavioural therapy or skills counselling. The evidence base for the efficacy and effectiveness the majority of these interventions in post-secondary environments is thin. Even traditional treatments that have demonstrated efficacy and effectiveness in adult populations with mental health difficulties have not been evaluated for their impact on healthy post-secondary students or for their novel delivery systems (such as on-line courses or in class sessions).

In the grey and institutional literature, a number of themes for improving post-secondary student mental health emerge:

- 1.** There is a need to create a mentally healthy environment for post-secondary students where they can maximize their ability to achieve their academic goals. It was clearly recognized that post-secondary institutions offer a pivotal environment in which to promote mental health and address student mental health needs, which are described as growing in both frequency and complexity.
- 2.** Post-secondary student mental health is typically considered a provincial issue, rather than national problem. There is a lack of cohesion at the Pan-Canadian level and no national standard to guide the various mental health efforts occurring at provincial and institutional levels.
- 3.** Within provinces, there is a lack of coordination between governments, institutions, student groups, and community mental health agencies with respect to mental health initiatives. Creating partnerships with community health and mental health services and supports to promote campus wellness and address student mental health needs is a priority for action.

4. An expanded definition of 'mental health' is needed; one that includes substance misuse and harm reduction approaches.
5. Post-secondary institutions need to adopt a whole-campus approach to mental health including a review and update of all health and mental health policies and institutional structures, financial assistance policies (e.g. for student loan payback) and mental health related accommodations.
6. Maintaining student centeredness in all activities was highlighted, including creating appropriate services for specialized groups (Indigenous, Immigrant, LGBTQ+, racialized, etc.) and understanding of the role of community belonging in promoting mentally healthy campuses.
7. There is a need for a comprehensive and coordinated mental health plan for post-secondary students that covers the range of services from prevention to treatment, including peer support counselling and a range of self-management options including telephone and on-line applications that can be accessed 24/7. In addition, suicide prevention and management strategies were identified as priority areas in a number of reports. This would include the provision of adequate and sustainable funding for student mental health initiatives.
8. There are a number of tools (e.g. institutional review frameworks, standardized courses, data bases, models of care etc.) that already exist; a few of which have been rigorously tested and validated but these have not been widely used. This suggests the need for a knowledge exchange plan whenever tools are developed to ensure their appropriate uptake. Most initiatives have not been rigorously evaluated.
9. Anti-stigma and mental health awareness and literacy programs are needed to promote early identification and improve help-seeking.
10. As part of an institutional response, all faculty and staff need to be trained to support early identification and appropriate referral of students with emerging or ongoing mental health problems.

11. Finally, ongoing monitoring, quality assurance assessment, and systematic evaluation activities are needed to ensure that programs and initiatives are evidence-based and effective. This included the need for Canadian data to monitor the mental health needs and help-seeking behaviours of post-secondary students.

A review of documents accessed from post-secondary institution's websites shows that a number of universities and colleges across the country have embraced the idea that promoting mental wellness among students, faculty, and staff is part of their institutional mandate. In response, most offer multi-layered frameworks to address student mental health and wellness, mostly focused on students. The impetus for these activities has often been the institutional results from the National Campus Health Survey showing that the majority of students are experiencing significant mental health related problems without receiving mental health supports or care. There is also recognition that current wellness and accommodation services are overtaxed or not meeting the needs of specialized sub-groups of students, and that mental health problems are interfering with academic success.

Strategic frameworks are remarkably similar across institutions in their key themes. Typically, they include some combination of system-level activities (such as coordinated policy and policy reviews), training and education for faculty, staff, and/or students (including awareness and anti-stigma activities), improved access to treatment services (including coordinated care, extended hours for 24/7 care, and peer supports) and implementation of a crisis management and early detection system. A number of universities have also recognized the importance of creating a campus culture that promotes social belonging and social support for all students, but particularly for vulnerable groups such as those at higher risk of mental health issues (e.g.: marginalized groups, Indigenous students, or members of the LGBTQ+ communities). Several documents described formal committee structures that had been invested with the responsibility for implementing and coordinating activities pertaining to the institutional frameworks. More often, multiple activities were undertaken across the institutions (at every level) without reference to a clear coordinating structure.

Although several institutions have identified the need for ongoing monitoring of student health and wellness, none of the documents reviewed identified a comprehensive performance monitoring system to ensure that wellness initiatives are evidence informed, are based on best practice models, or that a systematic evaluation strategy is in place. Many institutions participate in the National College Health

Assessment survey and report remarkably similar findings (high frequency of mental distress; low frequency of access to care; high levels of alcohol misuse, all of which impact academic performance). Several universities have explicitly recognized the need for monitoring and research in this area.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Mental Health Commission of Canada

Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4

Tel: 613.683.3755
Fax: 613.798.2989

info@mentalhealthcommission.ca
www.mentalhealthcommission.ca

[@MHCC_](https://twitter.com/MHCC_) [f/theMHCC](https://www.facebook.com/theMHCC) [y/1MHCC](https://www.youtube.com/channel/UC1MHCC) [@theMHCC](https://www.instagram.com/theMHCC)
[in/Mental Health Commission of Canada](https://www.linkedin.com/company/mental-health-commission-of-canada)