

# Strategies for Resilience: An environmental scan of promising mental health initiatives offered on university campuses



Kathleen McDonald BSc, Therapeutic Recreation (Hon): Dalhousie University – School of Health & Human Performance

## Introduction

**Student MH:** Mental health (MH) is the capacity to feel, think & act in ways that enhance our ability to enjoy life & cope with the challenges it presents .

- American College Health Association (2013) report on Canadian university students show:
  - 56.0%** of students experienced overwhelming anxiety.
  - 37.5%** felt so depressed it was difficult to function.
  - 9.5%** of students had seriously considered suicide
- Depression is the top cause of illness among adolescents & suicide is the first or second most common cause of university student deaths (MacKean, 2011).

**Current Trends in Services:** The standard counselling center was designed to support a proportionally small number of students. There has been a wide-spread realization that a ‘treatment’ approach is not effective, nor sustainable.

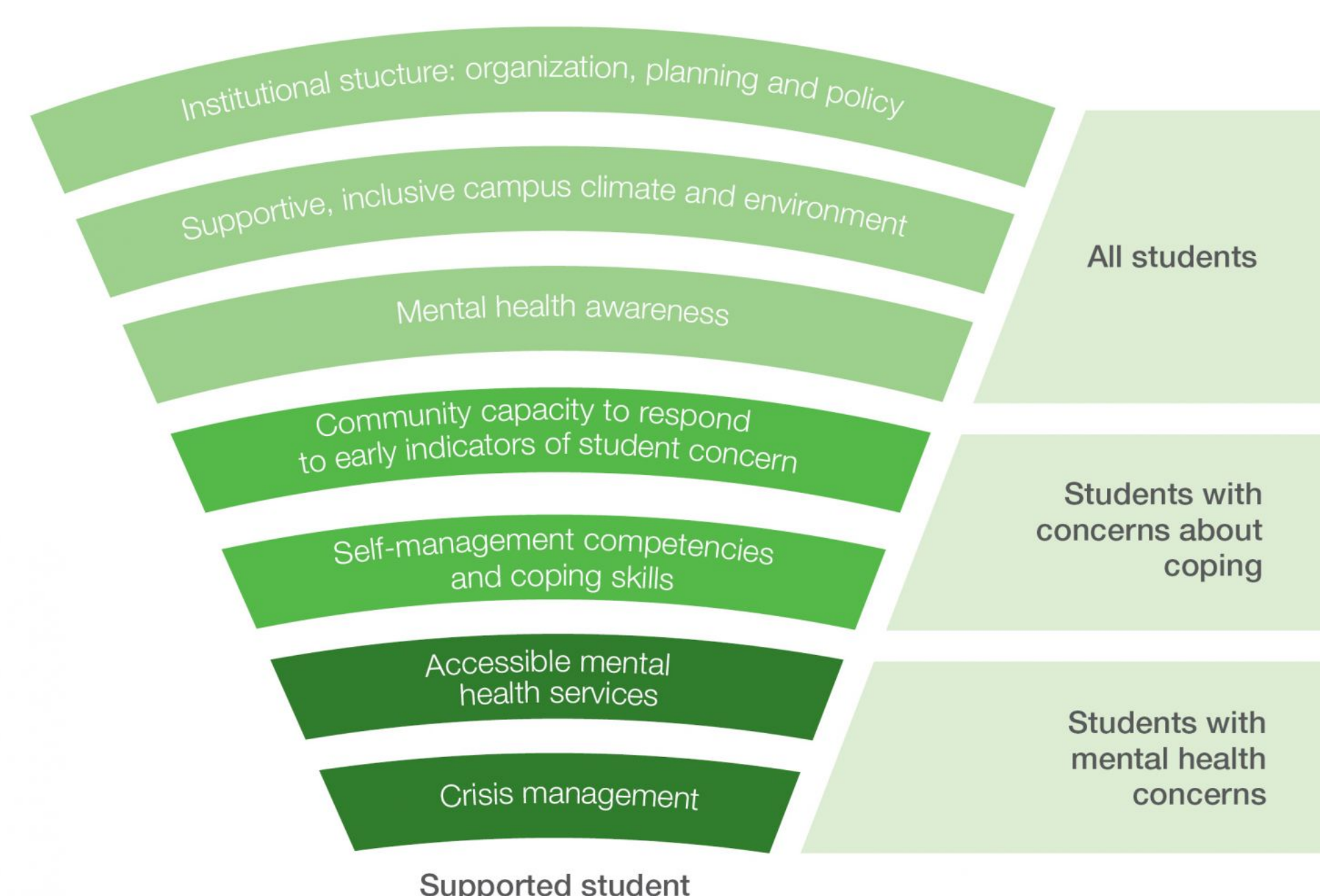
**Resilience:** The ability to adjust to stress and persevere in the face of adversity (DeRosier et al., 2013). It is also an accumulation of multiple protective factors that allow students to be successful in spite of the stressors they face.

**Research Aims:** The purpose of this project was to find and compile mental health initiatives (MHIs) offered on university campuses using a stepped-care framework model. It is expected that most initiatives will target all students and few will target students who have concerns about coping.

## Research Questions

- What MHIs have been developed across Canada for university students on campus? Are there recreation components? Do they address any gaps in the stepped-care framework? (see below).
- Which of these initiatives would be best able to inform a ‘Strategies for Resilience’ orientation work-shop?

Figure 2: Framework for Post-Secondary Student Mental Health



(Washburn et al., 2013)

## Methods

- The methodology for this project was cross-sectional & mixed-methods. The two sections of this study were A) An environmental scan of promising MHIs offered on Canadian university campuses and B) Follow-up interviews conducted with coordinators of six selected MHIs.
- Environmental Scan:** MHIs were found by gathering information from previous environmental scans, using online databases of campus MHIs, & Google-searching Canadian universities by using each university name combined with keywords. Once MHIs were identified, they were categorized based on a stepped-care model. Additionally, MH challenges addressed, the target student population, and medium used are reported.
- Selective Interviewing:** Coordinators of those projects most relevant to a ‘Strategies for Resilience’ MH education plan were contacted by telephone & asked some follow-up questions about the MHI. Each interview was semi-structured & lasted no longer than one hour. Data gathered from the interviews were coded & analyzed using NVivo software to be grouped & regrouped until categories & themes emerged.

## Results & Findings

**Quantitative Data:** As predicted, the majority of MHIs discovered in this environmental scan were targeted towards the general student body with a ‘treatment’ approach. Proportionately fewer MHIs were directly targeted at students who have concerns about coping with a ‘prevention’ approach. **88** MHIs were analyzed in this scan, many of which fell under more than one framework level for a total count of 120. Out of those initiatives:

- 56.7%** = Framework levels 1 to 3
- 22.5%** = Framework levels 4 & 5
- 20.5%** = Framework level 5 & 6

From this scan, we wanted to hone in on those MHIs which fell within levels **4 & 5** & identified key terms such as **Peer support, Self-management, Social determinants of MH, Anxiety & Depression and Substance Abuse Prevention.**

Of these MHIs, **41** fit the criteria to be included in the final Master Table. Of those 41 MHIs, the 6 identified in *Fig. 1* were chosen for follow up interviews with their developers/coordinators.

Initiative	Description	Level(s)
<b>PROsocial</b>	A campaign to promote a PROsocial campus environment to improve student MH and reduce the harms caused by substance use.	4
<b>Live Well to Learn Well</b>	A online MH resource database for students promoting health and wellness.	4, 5 & 6
<b>Transitions</b>	A guide for first years which includes MH self-help information & recommendations where students can go to get help on their campus.	5
<b>Welltrack ©</b>	An online self-help program providing Computerized Cognitive Behavioral Therapy (CCBT) for the treatment of stress, anxiety and depression.	5
<b>More Feet on the Ground</b>	A MH program increasing campus awareness of mental illness and MH resources for students.	2, 3 & 4
<b>Psych 1400</b>	A for-credit course for first year students who identify as having a MH condition.	5 & 6

Figure 1: The top 6 MHIs chosen for follow-up interviews & the framework level they fall within.

**Qualitative Data:** The data collected from these interviews were categorized by their application to the A.P.I.E. process for most effective program planning (see Fig. 3).

- Assessment:** Identifies the needs of both institutions & students. The idea that certain gaps exist within services was agreed upon by all participants. Furthermore, some MHI coordinators had been personally affected by the damage wrought by mental illness.
- Planning:** Involves creating different strategies for development: Some MHIs have used a similar framework model as the one used in this study. MH as a campus-wide priority was an important theme for planning most effectively.
- Implementation:** When delivering the MHIs, challenges were discussed, as well as whether or not recreation & leisure had any strategic role within the MHI.
- Evaluation:** This step looks closely at the impact MHIs had on students & as such, each MHI had its’ own challenges at this level as well. In spite of this, proper evaluation was identified as being the most valuable step by the majority of participants for future implications in MH research. Particularly to ensure that we waste no time on something that either does not work, or could do further damage to an already vulnerable population.

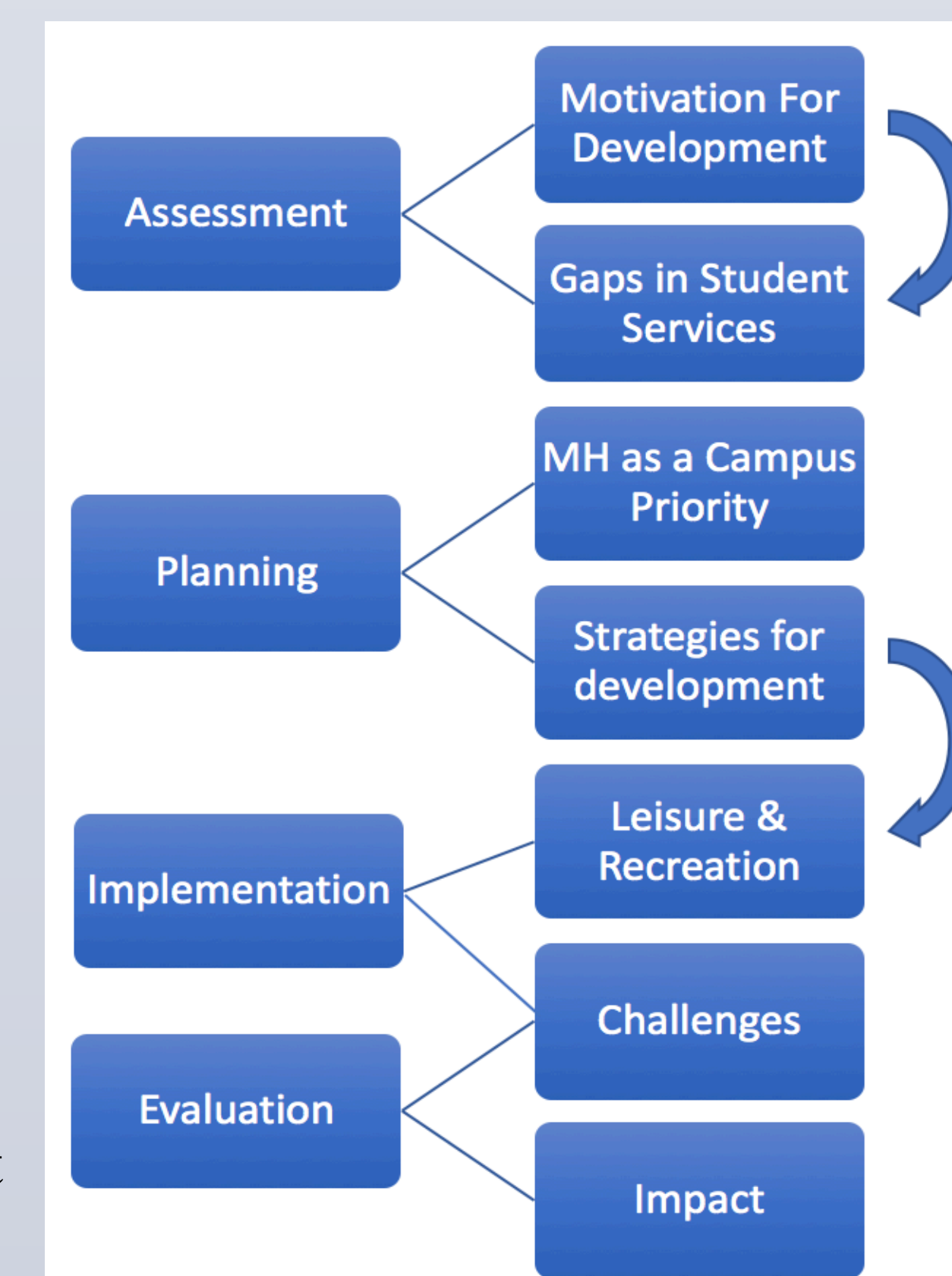


Figure 3: Emergent Categories & Themes

## Discussion

According to the data obtained from participants, most institutional services function within separate ‘silos’. These divisions affect how student MH issues are or fail to be addressed. The importance of informed planning & critical evaluation were also heavily emphasized. It is important that when developing MHIs we do not repeat that which has already been done & shown to be ineffective. There was surprisingly little mention of recreation & leisure as a recommended coping strategy. Staying physically active was recommended, more in the vein of holistic-wellness as opposed to the more intrinsic therapeutic benefits. However, Welltrack© is a MHI deeply invested in the preferred leisure/recreation activities participants self-report as being particularly rewarding & encourages students to engage in them.

**Limitations:** The MHIs chosen for follow-up interviews were very different in their background & implementation methods. This made it difficult to find specific recurring themes. However, a variety disparate MHIs to take lessons from may be more beneficial than taking information from fewer, connate MHIs.

## Conclusion

This study suggests that it would be most beneficial to increase the number and, especially the quality of MHIs that target students who are experiencing stress and have concerns about coping. MHIs which focus on self-management, peer support, social determinants of MH, substance abuse prevention & leisure/recreation may reduce the number of students seeking out counselling services & reduce the strain on an overburdened system. This project has found educational tools, resources, & workshops and has laid groundwork for developing a network of interested practitioners and researchers .

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## References

- American College Health Association. (2013). *Canadian Reference Group Executive Summary, Spring 2013*. Retrieved from [http://www.cacuss.ca/health\\_data.htm](http://www.cacuss.ca/health_data.htm)
- DeRosier, M. E., Frank, E., Schwartz, V., & Leary, K. A. (2013). The potential role of resilience education for preventing mental health problems for college students. *Psychiatric Annals, 43*(12), 538–544. <http://doi.org/10.3928/00485713-20131206-05>
- Kirsch, D. J., Pinder-Amaker, S. L., Morse, C., Ellison, M. L., Doerfler, L. A., & Riba, M. B. (2014). Population-Based Initiatives in College Mental Health: Students Helping Students to Overcome Obstacles. *Current Psychiatry Reports, 16*(12), 1–8. <http://doi.org/10.1007/s11920-014-0525-1>
- MacKean, G. (2011). *Mental health and well-being in post-secondary education settings*. Retrieved from: [http://www.cacuss.ca/\\_Library/documents/Post\\_Sec\\_Final\\_Report\\_June6.pdf](http://www.cacuss.ca/_Library/documents/Post_Sec_Final_Report_June6.pdf)
- Washburn, C., Teo, S.-T., Knodel, R., & Morris, J. (2013). *Post-Secondary Student Mental Health: Guide to a Systemic Approach*