

## Student Transitions, Resilience, and Mental Health: Executive Summary<sup>1</sup>

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### Executive Summary

Waning mental health and resilience in the post-secondary student population is a growing concern across Canadian institutions. A broad range of challenges above and beyond academic adjustment accompany the post-secondary experience, prompting students to either mobilize existing coping mechanisms and resources, or to seek out new resources (Eells, 2017). Successful adaptation to these challenges is equally influenced by factors at the institutional level, including the provision and efficacy of health-related services and programming on campus (Chen, 2012; Jaworska et al., 2016).

Post-secondary institutions are comprised of racially, culturally, and ideologically diverse students who do not necessarily share the same needs. Consequently, post-secondary institutions are challenged to provide evidence-based, health-related services to students that are both racially and culturally appropriate. This challenge is often further compounded by issues with funding, barriers in student-help seeking, inadequate methods to identify at-risk students, and inconsistent (or nonexistent) methodology to evaluate the efficacy of existing health-related services on campus (Chen, 2012; Hall, 2016; Malla et al., 2018; Webber et al., 2013).

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## Current Study

The objectives of the present study were to explore trends in health-related behaviours, attitudes, and perceptions of students enrolled at Red Deer College, as well as to compare these trends between RDC and other post-secondary institutions across Alberta and Canada. Data was collected from RDC students through the National College Health Assessment II survey (NCHA II) and analyzed using quantitative methodology. Results rendered are intended to inform health service providers, health educators, counselors, and administrators on best practice for delivery of mental health-related programs and services at RDC.

## Materials & Methods

The current study utilized a retrospective data set (NCHA II) provided by the American College Health Association (ACHA). The NCHA is an internationally recognized survey that is administered provincially and nationally every Fall and Spring academic term. The NCHA II survey was administered to RDC students by a different group of researchers from the RDC counselling centre in the Fall of 2018. The ACHA provided RDC with the RDC raw data set, as well as amalgamated provincial and national reference data in the form of executive summaries.

The NCHA II includes seven broad areas of investigation pertaining to student health, including: (1) health, health education, and safety; (2) alcohol, tobacco, and drug use; (3) sexual behaviour, perception, and contraception; (4) weight, nutrition, and exercise; (5) mental and physical health; (6) impediments to academic performance; and (7) demographic information (American College Health Association [ACHA], 2013). Trends in student health-related behaviours, attitudes, and perceptions were explored among various student demographics using independent samples t-tests, and associations between variables of interest were analyzed using chi-square tests of independence. Additionally, comparisons of interest that are relevant to student mental health were highlighted using the provincial and national executive summaries provided by the ACHA.

Approximately 980 out of 6,124 RDC students completed the Fall 2018 NCHA II survey, resulting in a response rate of 16.4%. Of the 974 participants who indicated sex, 80.4% were female, 17.2% were male, and 2.5% identified as non-binary. With regard to sexual orientation, the majority students identified as heterosexual ( $n = 826$ , 84.7%). A large proportion of participants surveyed were Caucasian ( $n = 827$ , 84.4%). In addition, participants were predominantly first year students ( $n = 390$ , 40.2%) and second year students ( $n = 292$ , 30.1%).

## Measures Used

- Mental Health Continuum - Short Form (MHC-SF) ( $\alpha = .81$ )
  - The MHC-SF is a validated scale consisting of 14 items representing different facets of well-being, including emotional, psychological, and social well-being (Keyes, 2009). The final diagnoses consist of three different mental health constructs: (1) *flourishing*; (2) *moderate*; and (3) *languishing*.
- Psychological Distress ( $\alpha = .95$ )
  - Seven measures of psychological distress were grouped together to form a score reflecting participants' overall degree of psychological distress: (1) hopeless; (2) overwhelmed by all you had to do; (3) exhausted (not from physical activity); (4) lonely; (5) so depressed that it was difficult to function; (6) overwhelming anxiety; and (7) overwhelming anger.
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## Key Findings

### *Mental Health*

- Most common mental health disorders
  - Anxiety (29%)
  - Depression (23%)
  - Panic Attacks (16%)

- Most common impediments to academic performance
  - Stress (44%)
  - Anxiety (37%)
  - Depression (21.5%)
- At-risk populations for mental health disorders, psychological distress, and poor general health
  - LGBTQ
  - Gender non-binary
  - Indigenous
  - Racial minority

Although not all RDC students were formally diagnosed with a mental health condition, many were experiencing signs and symptoms of compromised mental health, nonetheless. For instance, nearly half of the student respondents (49%,  $n = 476$ ) reported feeling ‘so depressed that it was difficult to function’ at some point over the last 12 months. This is a respective increase of 18% from the 2013 NCHA II survey and an increase of 20% from the 2011 survey (ACHA, 2013). These findings are suggestive of an upward trend in mental health symptoms among college and university students.

Participants indicated the overall stress they experienced within the last 12 months from the time they completed the survey. Half (50%,  $n = 486$ ) of students in the sample had experienced ‘tremendous stress’ in the last 12 months. RDC was found to be slightly higher on this measure; in Alberta, 46.2% of students experienced more than average stress, and approximately 45.6% in Canada. Notably, 93.7% of RDC students reported feeling ‘overwhelmed by all they had to do’ at some point in the last 12 months. Comparatively, RDC was slightly higher, as 90% of students across Alberta and 88% of students across Canada reported feeling this way. The majority of students at RDC (85%,  $n = 828$ ) indicated their desire to receive more information about stress reduction.

### *Self-Harm, Suicidal Ideation, and Suicide Attempts*

- Risk-factors
  - Diagnosis of anxiety
  - Diagnosis of depression
- At-risk populations
  - Males
  - LGBTQ
  - Gender non-binary
  - Indigenous

### *Physical Health*

Frequency calculations revealed that 93% of students at RDC reported eating less than five servings per day, an increase of 4% from the NCHA II survey in 2013. Furthermore, physical ailments such as a cold, flu, and sore throat were found to affect students' academic performance at a high rate (20.7%). Physical exercise seems to temper a variety of mental health and physical health related symptoms; thus, additional programming to encourage exercise may simultaneously target a variety of health concerns.

### *Personal Safety*

A relatively low proportion of RDC students felt very safe on their campus and in their surrounding community in comparison to the provincial and national data. A total of 32% of RDC students felt *very safe* on campus at night, which was 6.5% lower than Alberta and 4% lower than Canada. Similar disparities were found when looking at perceptions of safety in the

surrounding community. Overall, less females felt safe both on campus and in the surrounding community when compared to males.

### *Violence*

One of the most substantial differences between RDC and the reference data was concerning rates of violence in the male population. RDC males engaged in a level of violence that was 10% higher than Alberta and Canada.

- Predictors of violence
  - Gender (male)
  - Year of study (first year, second year)
  - Alcohol

### *Institutional Characteristics*

Students indicated receiving a variety of health-related information from RDC, and a higher proportion of them indicated their desire to receive even more health-related information. These results not only substantiate the provision of health-related information that already circulates throughout RDC, but also signals a demand for increased provision of health-related information.

Campus climate played a fundamental role in a variety of student health behaviours. The majority (85.6%,  $n = 839$ ) of RDC students either ‘agreed’ or ‘strongly agreed’ that their campus environment was one that supported their mental health. Notably, campus climate was predictive of students’ utilization of the RDC counselling centre; students who rated their campus climate as conducive to their mental health were more likely to utilize the counselling centre. Furthermore, higher awareness of how to access mental health services and resources on campus also translated into higher utilization of the counselling centre.

### *Student Help-Seeking*

- Student populations more likely to seek help
  - Females
  - LGBTQ
  - Gender non-binary
- Student populations less likely to seek help
  - Males
- Predictors of student help-seeking
  - High awareness of how to access mental health resources on campus
  - Prior access of mental health services/resources off campus
  - High rating of campus climate

Out of the 156 students who utilized the college counselling centre, 86% either ‘agreed’ or ‘strongly agreed’ that their campus environment was one that supports their mental health. Students who provided a positive rating of their campus environment were significantly more likely to utilize the college counselling centre. In addition, students who were highly aware of how to access services on campus were also more likely to consider seeking help from a mental health professional in the future. These results underscore the importance of campus climate in student help seeking behaviours. The RDC Campus Connections program actively facilitates events on campus that are designed to improve campus climate. Our findings suggest that these efforts have been effective in improving campus climate, which seems to translate not only into enhanced service and resources awareness, but also higher utilization of mental health services both on and off campus.

Table 1. *Forms of mental health support utilized by services*

Ever received mental health services from:	<i>n</i>	%
Counselor/ Therapist/ Psychologist	511	52.7
Psychiatrist	161	16.6
Other Medical Provider (e.g., physician, nurse practitioner)	268	26.9
Minister/ Priest/ Rabbi/ Other clergy	65	6.7
University Counselling	156	16.0

## Future Directions

The present study has drawn attention to a variety of institutional factors and student factors that intersect to form unique student experiences in post-secondary. Results of this study consistently indicated that minority student populations at RDC are at increased risk for mental illness and psychological distress, which seems to cascade into a variety of other health problems, as these groups were also found to have lower overall general health. Interventions that have been developed more generally to meet the needs of all students may not adequately meet the needs of minority students. Thus, research should follow suit and focus more attention to unique challenges that these groups of students experience while progressing through post-secondary. Targeted interventions may need to be tailored to these groups of students, as they may experience a different set of challenges in comparison to other students.

Diagnoses of anxiety disorders at RDC were higher than Alberta and Canada, which may point to a need for enhanced efforts focused on reducing anxiety in this population. A high rate of anxiety and depression-related symptoms were also observed in students who were not formally diagnosed with a mental health disorder. Furthermore, depression and anxiety were



found to be some of the most prominent impediments to students' academic performance. Therefore, a pointed focus on these disorders in terms of on-campus resources and programming may be required.

Institutional characteristics were found to be fundamental to a variety of student health behaviours, attitudes, and perceptions. Most notably, campus climate appears to play an influential role in the extent to which students access mental health support both on and off campus. Students who felt that their campus environment was one that supported their mental health had the highest rates of service access on campus. Importantly, the extent to which students were aware of how to access health support on campus was also found to be a predictor of mental health utilization. Institutions should focus on initiatives intended to improve campus climate and service utilization amongst their students, as these efforts seem to translate into a higher rate of students seeking mental health resources.

## Conclusion

College and university administrators and mental health professionals are consistently challenged to provide an environment that is conducive to good mental health without compromising academic objectives. Surveys such as the NCHA II are a useful way for post-secondary institutions to gain student data that is specific to their student population. Institutions may benefit from systematically delivering such surveys to students in order to examine the strengths and areas of concern within their student population, develop targeted initiatives, as well as to evaluate progress and trends over time.

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