



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Mental Health Needs Assessment

Final Report

Principal Investigator
Michael Lee

Prepared by
Kathleen Lane & Mineko Wada

September 2015

This project was funded by the University of British Columbia Teaching and Learning Enhancement Fund.

“Student mental health and well-being is instrumental in students’ academic engagement and success, and recognizing its importance is fundamental to student life at UBC.”

~UBC Office of the Vice President, Students¹

Executive Summary

The Mental Health Needs Assessment (MHNA) was launched in 2012 in response to research findings indicating that a significant portion of UBC students experienced mental health concerns, and that these concerns had a negative effect on students’ academic performance. The MHNA was conducted as five discrete studies. In 2012/13, the research team used a participatory action approach to explore the student experience of stress. The 2013/14 study employed participatory action research to better understand the student experience of mental health stigma. In 2014/15, three projects were conducted: one exploring the international student perspective of mental health needs, one exploring faculty and staff perspectives of student mental health and soliciting their suggestions to improve it, and one a campus-wide student survey to identify student priorities for improving student mental health on campus. Findings from these studies indicate that recommendations to increase awareness of mental health on campus, promote and advance mental health services, create a healthier community, and improve teaching practices are warranted.

Summary of the Mental Health Needs Assessment Projects

Year	2012–2013	2013–2014	2014–2015		
			Faculty and Staff	Undergraduate Students	International Students
Aim	To learn about student perceptions of stress and its impact on mental health while attending academic programs	To describe how UBC students perceive and experience mental health stigma on campus	To gather faculty and staff perceptions of student mental health and the suggestions proposed by students	To examine undergraduate students' priorities for the changes on campus to support their mental health	To learn about the mental health needs and concerns of first-year international students at UBC
Design	Participatory Action Research; qualitative inquiry	Participatory Action Research; qualitative inquiry	Qualitative inquiry	Cross-sectional; quantitative method	Participatory Action Research; qualitative inquiry
Participants	18 students	24 students	40 faculty and staff members	185 undergraduate students	12 first-year international students
Findings	<ol style="list-style-type: none"> 1. Sense of community 2. Academic pressure: 3. Services 4. Personal context 	<ol style="list-style-type: none"> 1. Understanding mental health stigma on campus 2. Consequences of mental health stigma 3. Breaking down mental health stigma 	<ol style="list-style-type: none"> 1. Aspects of university life that affect student mental health 2. Limited mental health literacy among faculty, staff, and students 3. Under-utilization of some resources 	<ol style="list-style-type: none"> 1. Distributing information about mental health resources 2. Changes to the learning environment 3. Changes to the campus environment 4. Enabling faculty and staff to support student mental health 	<ol style="list-style-type: none"> 1. Challenges in transitioning to UBC 2. Student approaches to challenges 3. Student perceptions of mental health 4. Student perceptions of current campus resources
Suggestions	<ol style="list-style-type: none"> 1. Develop a survey that examines university students' stress 2. Investigate international students' mental health concerns and needs 	<ol style="list-style-type: none"> 1. Promote UBC mental health services 2. Orient, educate, and train faculty and staff about mental health 3. Advance mental health services on campus 4. Normalize mental health on campus 5. Explore faculty and staff's perceptions of student mental health 	<ol style="list-style-type: none"> 1. Develop a survey that examines UBC undergraduate students' priorities for changes on campus to support their mental health 	<ol style="list-style-type: none"> 1. Promote mental health resource and services 2. Provide healthy and affordable food 3. Expand lounge and study space 4. Standardize course syllabi 5. Create opportunities for faculty and staff to know students 6. Provide support and training to faculty and staff 7. Explore how teaching practices influence student mental health and well-being 	<ol style="list-style-type: none"> 1. Increase an awareness among faculty and staff of the acculturation process and how it creates stress for international students 2. Improve support for both the students' mental health and their academic pursuits 3. Explore how teaching practices influence international students mental health and well-being
Actions Taken or Underway	<ol style="list-style-type: none"> 1. University Stress Sources Scale (U-StreSS) was developed (2013–present). 2. International students' mental health concerns and needs were explored (2014–2015). 	<ol style="list-style-type: none"> 1. Faculty and staff perceptions of student mental health were investigated (2014–2015). 	<ol style="list-style-type: none"> 1. A survey was developed and conducted to investigate students' priorities for changes to promote student mental health (2014–2015). 	<ol style="list-style-type: none"> 1. A new project has launched to explore how teaching practices influence university student mental health and well-being (2015–present). 	

Table of Contents

Executive Summary	1
Summary of the Mental Health Needs Assessment Projects	2
1 Introduction	4
2 The Projects	5
2.1 2012–13: Student Experiences of Stress	5
2.1.1 Methods	5
2.1.2 Findings.....	5
2.1.3 Conclusions.....	7
2.2 2013–14: Student Perceptions and Experiences of Mental Health Stigma	7
2.2.1 Methods	7
2.2.2 Findings.....	7
2.2.3 Conclusions.....	9
2.3 2014–15: International Students’ Mental Health Needs and Concerns	9
2.3.1 Methods	9
2.3.2 Findings.....	9
2.3.3 Conclusions.....	10
2.4 2014–15: Faculty and Staff Perceptions of Student Mental Health	11
2.4.1 Methods	11
2.4.2 Findings.....	11
2.4.3 Conclusions.....	12
2.5 2014–15: Priorities for changes to the learning environment to foster student mental health and well-being: Campus-wide survey of undergraduate students.....	13
2.5.1 Methods	13
2.5.2 Findings.....	13
2.5.3 Conclusions.....	14
3 Recommendations	15
3.1 Increase awareness of mental health among students, faculty, and staff	15
3.2 Advance on-campus mental health services and resources	15
3.3 Promote mental health resources and services.....	15
3.4 Create a healthier campus community.....	16
3.5 Improve teaching practices.....	16
References	17

1 Introduction

In 2010, UBC made student mental health a priority in response to findings from the 2009 National Colleges Health Assessment (NCHA) indicating that a significant percentage of students were experiencing mental health challenges and that this was negatively affecting their academic performance.² Comparisons of the findings from the 2009 and 2013 NCHAs show that there has been little change in the student experience of mental health. Table 1 shows concerns experienced by students in the 12-month period before each survey.

Table 1: Student Experience of Mental Health Concerns

Mental state	2009³	2013⁴
Felt so depressed it was difficult to function	36%	36%
Felt overwhelming anxiety	54%	55%
Felt exhausted but not from physical activity	88%	88%
Felt overwhelmed by all you had to do	Not reported	89%

In 2013, 56% of students reported that their academic commitments were proving to be traumatic or very difficult to handle, and 58% indicated that they had experienced above-average or “tremendous” stress levels in the previous 12 months.⁵ Students reported that stress had a greater impact on academic performance than any other factor (Table 2).

Table 2: Factors Affecting Student Academic Performance

Factor	2009⁶	2013⁷
Stress	28%	35%
Sleep difficulties	20%	28%
Anxiety	19%	25%
Work	14%	16%
Depression	11%	17%
Concern for a troubled friend or family member	Not reported	16%
Relationship difficulties	Not reported	15%

Other sources of undergraduate student stress identified in the literature include competing with other top students, parental pressures, job prospects, tuition fees, poor coping abilities, and having no time alone with their thoughts (away from social media, smartphones).⁸ Although the NCHA findings clearly show that the vast majority of students experience some form of mental health concern, many of them do not seek help. Common barriers to accessing mental health services identified in the literature include lack of time, lack of awareness about what help is available, stigma associated with accessing mental health services, and concerns about confidentiality.⁹ It is important to note that in many cases, the experience of stigma is often more devastating than that of the mental health condition itself.¹⁰

There is a general acknowledgement in the literature that the student population is becoming more diverse, with more international, part-time, and mature students attending university,^{11,12} and this changing student population is bringing with it new mental health challenges. A growing number of students are self-identifying with mental health concerns,¹³ although it is unclear if this is due to more students *experiencing* mental health concerns, *identifying* themselves as such, or *reporting* that they have concerns. Data from the 2009 and 2013 NCHAs indicate that while the experience of mental health concerns is similar (Table 1), more students cited it as having a negative impact on their academic performance (Table 2).

2 The Projects

The Mental Health Needs Assessment (MHNA) was conceived to increase understanding of students' experience of mental health and to identify priorities for improving student mental health at UBC. It consisted of five discrete projects conducted over a three-year period from 2012 until 2015. Qualitative studies examined (1) student experiences of stress (2012–13), (2) student experiences of stigma associated with mental health issues (2013–14), (3) international students' mental health needs and concerns (2014–15), and (4) faculty and staff perspectives on student mental health (2014–15). The fifth and final MHNA project (2014–2015) was a campus-wide survey asking students to identify priorities for improving the university environment to support student mental health and well-being.

2.1 2012–13: Student Experiences of Stress

Previous research shows that undergraduate students experience a considerable amount of stress and that the stress negatively affects their academic performance.^{14,15,16} However, little was known about what stress students experience. Therefore, the first MHNA project was conducted to learn about students' perception of stress and its impact on mental health while attending academic programs.

2.1.1 Methods

Informed by a Participatory Action Research (PAR) approach, we recruited 18 student co-researchers. These co-researchers were predominantly full-time, domestic, upper-year students. All co-researchers participated in an orientation session before the data collection began. Data were collected through three focus groups, eight semi-structured individual interviews, and two art group activities. Dialogue during the focus groups, interviews, and art activities was audio-recorded and transcribed verbatim. Thematic analysis was applied to the transcribed data. The student co-researchers were engaged in the data analysis and action planning.

2.1.2 Findings

The student co-researchers identified four main themes: sense of community, academic pressure, services, and personal context.

Sense of Community

The campus community was identified as a major influence on the co-researchers' overall university experience. The co-researchers identified interactions with peers, faculty, and staff as crucial for forming a sense of community and for maximizing the chances of academic success. Barriers to forming a sense of community included: UBC's perceived status as a business, the large size of the UBC campus, perceived status differences between faculties, the transition to university and classroom dynamics, mental health stigma, cultural insensitivity, social cliques, and campus safety concerns. Supportive factors included: campus-wide events, transition and orientation programs, student government, resources dedicated to mental health and support, Alma Mater Society (AMS) clubs, and residence advisors.

Academic Pressure

The majority of the co-researchers experienced pressure to achieve high grades. This pressure came from the university, family, society, and themselves. They identified the academic workload, exam schedules, number of assessments, grade scaling, and competition among students as contributing factors. Academic pressure manifested in students as stress, imbalanced lifestyles, and loss of self-esteem.

Campus Services

The co-researchers acknowledged that many of the services available on campus offer support to students, but there were some suggestions for improving certain resources. UBC Rec and Career services were generally recognized as helpful in managing stress and AMS clubs were identified as a way to develop social connections. However, commuter students identified limited transportation services as a barrier to participation in the latter. Mental health-related services such as Counselling, Kaleidoscope, and Speak Easy were recognized as potentially helpful, although co-researchers identified several barriers to accessing them, including the hours of operation, stigma, awareness of the service, financial concerns (for off-campus referrals), and a personal lack of motivation.

Personal Context

The co-researchers indicated that a wide variety of personal factors were a source of stress. These included: making the transition from university to high school, maintaining a balanced life, a shifting sense of identity, a desire for meaningful learning, post-graduation concerns, family relationships, and financial concerns. Co-researchers shared their personal coping strategies, which included time management, goal-setting, social support, and engaging in leisure activities. There was a significant variation in the personal influencing factors identified by international versus domestic students. International students identified financial concerns and transitioning to university as primary stressors, whereas the stress for domestic students was mainly rooted in maintaining a balanced lifestyle and in concerns about the future.

2.1.3 Conclusions

Although the small sample size means the findings cannot be transferred and may not fully capture the experiences of part-time and/or first-year students, the qualitative exploration in this study revealed students' views of stress. The inclusion of students as co-researchers in the research process helped generate the findings and suggestions for changes that reflect their perspectives and needs. In addition, the findings led to the development of the University Stress Sources Scale (U-StreSS) which will measure university students' stress.

2.2 2013–14: Student Perceptions and Experiences of Mental Health Stigma

The findings from the 2012–13 project illustrated that there is stigma attached to mental health issues on campus. Stigma is defined as attributes that discredit individuals and reduce them from being “whole” and “usual” to “tainted” and “discounted.”¹⁷ Students view this stigma as a source of stress because it prevents them from accessing services that help them improve and sustain their mental health and limits opportunities to develop a sense of community on campus. The 2013–14 MHNA investigated how UBC students perceive and experience mental health stigma on campus in order to advance and advocate for anti-stigma learning environments at UBC.

2.2.1 Methods

Drawing on PAR, the research team invited students to engage in the process as co-researchers to empower them and enable them to take actions to counteract mental health stigma. Twenty-four co-researchers were recruited in the fall of 2013 through online and social media postings, posters, and classroom announcements. Co-researchers were predominantly female domestic students. Data were collected in October and November 2013 through 13 semi-structured interviews, three focus groups, and three Photovoice sessions. Dialogue from the interviews, focus groups, and Photovoice sessions was audio-taped and transcribed verbatim. Thematic analysis was applied to the transcribed data as well as to the captions that the co-researchers developed for the photographs they had taken. In March 2014, the preliminary findings were presented to seven co-researchers for verification and action plans were discussed.

2.2.2 Findings

The findings highlighted: (1) the personal and environmental factors that contribute to and perpetuate stigma of mental illness; (2) the stigma's adverse effects on students' academic performance and social engagement as well as their feeling of connectedness to the community; and (3) the need to develop awareness of mental health and illness among students, faculty, and staff, and to improve mental health services and resources on campus.

Expectations, Reactions, and Uncertainty: Understanding Mental Health Stigma on Campus

The co-researchers identified three main factors that contribute to the stigma of mental illness on campus: high academic expectations, negative reactions to mental health issues, and uncertainty about mental health and illness. Co-researchers indicated that UBC is a competitive environment where students feel pressured to excel academically. Students seem to feel pressured to withhold mental health concerns to avoid appearing “weak” or “inadequate,” and therefore do not seek help. This tendency to keep their concerns to themselves is reinforced by negative reactions (e.g., fear, avoidance, blame, stereotyping) to any disclosure of mental health concerns. The co-researchers indicated that much of the stigma about mental health stems from a lack of education and awareness.

A Triple Threat: Consequences of Mental Health Stigma to Being, Doing, and Belonging

The consequences of mental health stigma had a significant effect on students, compromising their sense of self, academic performance, and social lives. The pressure to keep mental health concerns private appears to create a situation where students feel alone in the face of their situation and inadequately prepared to cope with it. The co-researchers described mental health stigma as leading to feelings of isolation, alienation, and feeling like an outsider—i.e., not belonging. This creates a barrier to forming meaningful friendships or becoming engaged with the broader UBC community. Furthermore, the reluctance to admit a need for help interferes with a student’s ability to perform academically.

Breaking Down Mental Health Stigma through Awareness and Enhanced Service Delivery

The co-researchers offered a variety of suggestions for reducing mental health stigma on campus. The most frequently identified suggestions included promoting conversation, raising awareness about mental health in general as well as the services available on campus, and improving the delivery of services. It was suggested that educating students about the prevalence of mental health concerns would reduce stigma and ameliorate students’ feelings of being alone in their experience. One co-researcher emphasized the importance of using inclusive language when promoting existing services. Specific suggestions arising from the action planning session are listed in Table 3.

Table 3: Actions Suggested by Co-Researchers

Most Feasible Actions	Most Important Actions
<ul style="list-style-type: none">• Create mental health resources package• Provide training for faculty and staff• Legitimize mental health days• Hire more counselors and offer online services• Orient and educate faculty and staff about mental health	<ul style="list-style-type: none">• Normalize mental health on campus• Promote UBC mental health services• Provide training for faculty and staff• Centralize UBC mental health services• Promote a campus culture of self-care

2.2.3 Conclusions

Due to the small sample size, the findings are not transferable to all students at UBC. It should be noted that because female, domestic students accounted for the majority of the sample, the findings may not capture male and international students' perspectives and experiences of mental health stigma. Including students as co-researchers in the research process helped us to develop recommendations that reflect their perspectives and needs.

2.3 2014–15: International Students' Mental Health Needs and Concerns

As almost 20% of the UBC Vancouver student body comprises international students, understanding their mental health needs is critical to developing on-campus resources and services for promoting their mental health. In the 2014–2015 MHNA, we explored the mental health needs and concerns of the first-year international students at UBC.

2.3.1 Methods

Informed by a PAR approach, we conducted this study in collaboration with 12 UBC Vantage College (VC) students who took the Psychology 208 course. Through recruitment notices circulated by email and posted on the UBC campus and website, we recruited 12 first-year international students (aged 18–20), the majority of whom identified themselves as female and Chinese. Seven participants were VC students who were not part of the Psychology course and three were UBC students outside of VC. Two declined to identify their programs. The VC students conducted semi-structured individual interviews with the participants and transcribed them verbatim. The textual data were then analyzed thematically to generate themes.

2.3.2 Findings

Four themes were identified in terms of first-year international students' mental health concerns and needs: challenges in transitioning to UBC, student approaches to challenges related to making the transition to life at UBC, student perceptions of mental health, and student perceptions of current campus resources.

Challenges in Transitioning to UBC

Participants identified homesickness, language barriers, academic challenges, and social challenges as the primary difficulties that they and other first-year international students faced. Academic challenges in particular were discussed frequently, including adapting to UBC's academic culture, understanding lectures, communicating with instructors and classmates, and managing the substantial demands of course work. The academic culture at UBC encourages students to generate new ideas and discuss them in class, which felt "strange" to students who were accustomed to *memorizing* knowledge as their primary learning strategy. Students acknowledged that their lack of fluency in English both created and aggravated their academic challenges. The main social challenge they experienced was developing friendships with

domestic students due to challenges in finding time and opportunities to meet with domestic students as well as difficulty communicating in English.

Student Approaches to Challenges: Alleviating their Low Mood

Participants indicated that many of the challenges contributed to their low mood. Many of them recounted feelings of being depressed as they faced the above-mentioned challenges and identified coping strategies for addressing their depressive mood. These strategies included taking personal responsibility for their moods and attempting to address challenges on their own; seeking help from their friends, family, and faculty; engaging in enjoyable activities (e.g., shopping and eating) to distract from stressors and engage in social networking; and accessing formal resources. Most participants admitted they would not use professional mental health resources personally, or would possibly use them as a last resort only when desperate for a solution, because they were either uncomfortable about disclosing personal concerns to “strangers” or unaware of the existence of formal services.

Student Perceptions of Mental Health: Feeling, Thinking, and Behaving

Students in the study identified feeling (e.g., “nervous”), thinking (e.g., ability to “understand” surroundings), and behaving (e.g., communicating with others) as the primary areas that would be affected by mental health challenges. According to the students, managing stress was key to mental health and well-being and the strategies they used included controlling a situation, perceiving it positively, and alleviating frustration by engaging in extracurricular activities. They emphasized that it is important for all students to be aware of and look after their mental health because it is fundamental to their academic performance and sense of happiness.

Student Perceptions of Current Campus Resources

The participating students emphasized the importance of developing services that address international students’ mental health exclusively, such as offering services in their mother tongue or with counsellors from the same culture. Students also identified a list of recommendations that influenced their mental health: increasing awareness and understanding of mental health and corresponding services (beyond posters and flyers); reducing tuition costs for international students; reducing grade requirements for international students; creating mandatory social events to help with creating a social support network; and providing more language support.

2.3.3 Conclusions

This needs assessment uncovered the challenges that UBC first-year international students experience in transitioning from their home countries to UBC and the coping strategies that they use. It is important to underline that students seem unaware of the mental health resources and services available on campus and that they are unlikely to disclose their issues and concerns to service providers if they have not built rapport with the service providers. These findings are not transferable to all first-year international students at UBC because the

majority of the participants were female, Chinese, and from VC. However, the findings call for an increased awareness among UBC faculty and staff about the acculturation process that causes stress in international students, particularly those who speak English as a second language, and for improved support for the sake of both the students' mental health and their academic pursuits.

2.4 2014–15: Faculty and Staff Perceptions of Student Mental Health

Previous MHNAs indicated that students perceived a need to increase awareness among faculty and staff about students' mental health; promote mental health services to students, faculty, and staff; and advance mental health services (e.g., online services, more counselors). As many of these suggestions require the participation of faculty and staff, the MHNA research team thought it important to gather both faculty and staff perspectives on student mental health and also the suggestions proposed by students.

2.4.1 Methods

Forty faculty and staff members participated in seven focus groups and seven semi-structured interviews. Focus groups and interviews were audio-recorded and transcribed verbatim. Content analysis was then applied to the transcribed data.

Participants included nine faculty members from five faculties, four teaching assistants, 19 clinical staff members from student health services and counselling services, and eight student support staff (i.e., access and diversity, academic advising, student services). Gender, age, and ethnicity were generally representative of the population of faculty and staff working at the UBC Vancouver campus. The majority of participants indicated that they had a personal experience of a mental health condition (60%) or that they had a close friend or family member with a mental health condition (83%).

2.4.2 Findings

In general, faculty and staff perspectives echoed those of students. Three main topics emerged from the discussion: aspects of university life that affect student mental health; limited mental health literacy among faculty, staff, and students; and an unequal utilization of on-campus resources.

Aspects of University Life Affecting Student Mental Health

Faculty and staff participants identified multiple factors that affect student mental health. Participants recognized that there is a competitive academic culture at UBC, as students strive to achieve high grades while juggling multiple responsibilities. Most students seem to have either part- or full-time jobs, and many students dedicate significant time to commuting, family responsibilities, and volunteer roles. The participants recognized not only that these time demands could make it difficult for students to sleep, eat well, or exercise, but also that there is

a connection between physical and mental health, whereby poor physical health can create stress and anxiety, or vice versa.

In addition to the multiple time commitments, the participants suggested that the transition to university may challenge student mental health, as students adapt to a new culture, develop independent living and study skills, navigate new relationships, and redefine their identities. The size of UBC was identified as a potential barrier to students finding a sense of community. The participants acknowledged that technology could be used effectively to share information and find connections, but cautioned that the same technology also exposes students to information that could negatively affect their mental health.

Limited Mental Health Literacy among Faculty, Staff, and Students

The participants indicated that poor mental health literacy made it difficult for faculty and staff to identify students who are struggling. In many cases, lack of attendance or poor grades are the only signal that a student may be experiencing a mental health issue. Moreover, the participants indicated that sometimes the student does not recognize or want to admit that they have a mental health concern.

Unequal Utilization of On-Campus Resources

Faculty and staff suggested that some resources are overused (i.e. counseling) while others are underutilized (i.e. peer programs) and that two factors contribute to this unequal utilization: a general lack of awareness and the non-prioritization of wellness among students. The participants indicated that there is no central resource and little training to help them refer a student with mental health concerns to the most appropriate service; as a result, most referrals were made to counselling services. Participants also suggested that the non-prioritization of wellness among students might lead to an escalation of the situation. Although not explicitly stated, one can reasonably conclude that if a student delays help-seeking behavior until they reach crisis point, this will further exacerbate demand on clinical services such as counselling.

2.4.3 Conclusions

This study suggests that faculty and staff's perceptions of the factors affecting student mental health are similar to students' perceptions. The small sample size and high incidence of mental health concerns among the participants limits the transferability of these findings, but the participants' insights suggest opportunities for improving campus mental health literacy and increasing awareness of the support services available.

2.5 2014–15: Priorities for changes to the learning environment to foster student mental health and well-being: Campus-wide survey of undergraduate students

The findings from the previous needs assessments identified a number of possible changes to the university campus to improve student mental health. A campus-wide survey was conducted among UBC undergraduate students to examine student priorities for the changes.

2.5.1 Methods

The MHNA survey was developed based on the findings from the needs assessment “2014/15: Faculty and Staff Perceptions of Student Mental Health.” Suggestions identified by faculty and staff for improving the campus climate and awareness of mental health resources were grouped into rank order questions that asked students to prioritize which changes were most important for their mental health and well-being. The finalized survey consisted of nine demographic questions and four rank order questions and was implemented using Fluid Survey for three weeks. Students were recruited through the Alma Mater Society’s Academic Experience Survey conducted in April and May 2015. Descriptive statistical analyses were used for all rank order questions to indicate frequency and central tendency. Chi-squared tests were performed to examine a bivariate relationship between demographic variables and prioritization of the top three ranked items.

2.5.2 Findings

A total of 185 undergraduate students completed the MHNA survey. Respondents were primarily female and about 25% self-identified as having a mental health issue. The majority of respondents were enrolled as full-time students, with most in their first and second year of study. Part-time students, fourth-year students, and male students were underrepresented in our sample.

The data were not normally distributed, therefore the mode (Mo) was used to determine which items were ranked as the top three for each question, and the cumulative percentage was determined for these top three items.

Distributing Information about Mental Health Resources

The students indicated that email, university websites, and social media were their three preferred means of receiving information about UBC resources for improving mental health and well-being. Email was the most preferred method (Mo=1), with 32% of students ranking it first, and 62% of students placing email in their top three priorities. Forty-five (45) percent of students placed university websites in their top three (Mo=2), and 38% placed social media in their top three (Mo=2).

Changes to the Learning Environment

The students indicated that smaller class sizes (28.4%, Mo=1) and the use of online quizzes paced throughout the term with the purpose of keeping students up to date on material (34.6%, Mo=1) were the most important changes to the learning environment for improving mental health and well-being. Following this, they indicated that their mental health and well-being would benefit from access to a student-centred, standardized course syllabus (27.6%, Mo=2) and access to course information prior to registration (56.4%, Mo=2). Chi-square analysis shows that a greater percentage of first- and second-year students than third- and fourth-year students included the addition of a standardized course syllabus in their top two priorities.

Changes to the Campus Environment

The students indicated that increased healthy food options are important for improving student mental health and well-being. Twenty-six percent chose the addition of more *affordable* healthy food choices on campus as most important, with 61% ranking it in their top three options (Mo=1). The addition of more healthy food choices in general was included in the top three priorities by 37% of the students (Mo=2). Following the need for healthier food options, the students prioritized the need for more lounge space and casual study space (36%, Mo=4).

Enabling Faculty and Staff to Support Student Mental Health

The students indicated that their top priority for enabling faculty and staff to support student well-being was to have more opportunities for faculty and staff to get to know students (Mo=1), with 33% ranking this as their top priority and 59% placing it in their top three. Chi-square analysis showed that full-time and upper-year students found this to be more important than part-time or first-year students did.

Secondary priorities in this area are ensuring that faculty and staff understand how having a mental health issue can affect learning and studying (Mo=2) and ensuring that they have the ability to recognize the signs/symptoms of a mental health issue in students (Mo=2).

2.5.3 Conclusions

One limitation of the survey is the low response rate of 6.5%. The sample size of 185 students provides a confidence level of 90% and margin of error of 6%, limiting the reliability of the data. In addition, it is likely that the students who responded to the survey differed in certain ways from the general population of UBC, limiting the generalizability of the findings. However, to the best of our knowledge, this is the first study to investigate UBC students' priorities for changes that need to be made on campus in order to better promote student mental health and well-being. Thus, these findings not only increase the UBC community's awareness of students' needs but also guide UBC in identifying actions to be taken for creating a healthier learning community.

3 Recommendations

Findings from the five MHNAs identify several strategies for providing better support for the mental health and well-being of students.

3.1 Increase awareness of mental health among students, faculty, and staff

UBC might initiate a program **to provide students, faculty, and staff with more opportunities to have dialogues about mental health** to normalize mental illness and concerns and decrease stigma associated with mental illness. It is also important to promote recognition among everyone in the campus community that we all need to look after our mental health and well-being in the same way as we look after our physical health. Legitimizing mental health days is another method for increasing awareness of mental health and normalizing mental health issues and concerns.

UBC needs to **provide support and training to faculty and staff**. It is particularly important for faculty and staff to become more adept at recognizing the signs and symptoms of mental illness and its negative impact on student learning. In addition, faculty and staff should become **more aware of the acculturation process that creates stress for international students**, and **gain knowledge about how to best support** them in their acculturation process as well as learning to promote their mental health and well-being.

While training sessions are important, faculty and staff also need resources that are readily available when dealing with a student in need.

3.2 Advance on-campus mental health services and resources

The MHNAs revealed students' needs for improved on-campus mental health services and resources. **Centralizing information about mental health services** is warranted to enable students to be informed about all the available services and access to the services that best meet their needs. **More counsellors** will also increase accessibility for students who need the services. Further, **online mental health services** will allow students who hesitate to disclose their concerns and access mental health services in person to share their concerns and obtain advice anonymously.

3.3 Promote mental health resources and services

The MHNAs from the last three years consistently suggest actively promoting the mental health resources and services available to students. The student survey results indicated that **email** appears to be the students' preferred method of receiving information about the available supports and services. Faculty members suggested that an email sent to students from their instructor would provide a personal touch and therefore increase the likelihood of students

opening the email. **Social media** and **university websites** are other important sources of information for students.

3.4 Create a healthier campus community

Increasing the number of healthy, affordable food options on campus is warranted. The students, faculty, and staff all recognized that nutrition affects mental health and that healthy food options on campus are generally difficult to find or expensive. Therefore, working with UBC food services to improve menus could have a positive impact on students' mental health.

UBC needs to **create more lounge and study spaces** for students. Casual spaces are important for students to study, relax, and socialize between classes. Faculty and staff spoke highly of the Ponderosa Collegium for its success in helping students get to know one another, as well as similar systems at other universities.

3.5 Improve teaching practices

Instructors might **provide standardized course syllabi for students** to help them decide on their course selection. Selecting courses and managing workloads are two major stressors for students; providing a standardized course syllabus at the time of registration is one way to help students manage these stressors. Faculty and staff suggested that the course syllabi can also be used to provide students with information about academic and mental health support services available on campus.

Faculty and staff need to **create opportunities to get to know students**. Social connections are important for developing a sense of belonging. When faculty and staff know their students on a more personal level, they are better positioned to recognize a need for help. Further, students report that when an instructor gets to know them they are more motivated to succeed in the class and are more comfortable about reaching out for academic help when necessary.

References

- ¹ The University of British Columbia. (2012). *Mental health & well-being strategy*. Retrieved from <http://vpstudents.ubc.ca/2012/05/04/mental-health-well-being-strategy/>
- ² The University of British Columbia. (2010). *UBC makes mental health a priority*. Retrieved from <http://news.ubc.ca/2010/12/03/ubc-makes-mental-health-a-priority/>
- ³ The University of British Columbia. (2010). *UBC makes mental health a priority*. Retrieved from <http://news.ubc.ca/2010/12/03/ubc-makes-mental-health-a-priority/>
- ⁴ American College Health Association National College Health Assessment II (2013). *University of British Columbia—Okanagan Executive Summary*. Retrieved from http://opair.ok.ubc.ca/__shared/assets/National_College_Health_Assessment_201349476.pdf
- ⁵ American College Health Association National College Health Assessment II (2013). *University of British Columbia—Okanagan Executive Summary*. Retrieved from http://opair.ok.ubc.ca/__shared/assets/National_College_Health_Assessment_201349476.pdf
- ⁶ The University of British Columbia Board of Governors. (2012). *UBC Vancouver mental health and wellbeing discussion paper*. Retrieved from http://bog2.sites.olt.ubc.ca/files/2012/11/2.1_2012.12_Mental-Health-Attachments-1-2.pdf
- ⁷ American College Health Association National College Health Assessment II (2013). *University of British Columbia—Okanagan Executive Summary*. Retrieved from http://opair.ok.ubc.ca/__shared/assets/National_College_Health_Assessment_201349476.pdf
- ⁸ <http://www.macleans.ca/education/uniandcollege/the-mental-health-crisis-on-campus/>
- ⁹ Lunau, K. (2012). The mental health crisis on campus: Canadian students feel hopeless, depressed, even suicidal. Retrieved from *Maclean's* website http://journals.lww.com/academicmedicine/Abstract/2002/09000/Depressed_Medical_Students__Use_of_Mental_Health.24.aspx
- ¹⁰ Mental Health Commission of Canada. (2013). *Opening minds interim report*. Retrieved from <http://www.mentalhealthcommission.ca/English/issues/stigma>
- ¹¹ Association of Universities and Colleges of Canada. (2011). *Trends in higher education (vol. 1 – Enrolment)*. Retrieved from <http://www.aucc.ca/wp-content/uploads/2011/05/trends-2011-vol1-enrolment-e.pdf>
- ¹² Hussar, W. J., & Bailey, T. M. (2013). *Project of education statistics to 2021* (4th ed.). Retrieved from the US National Center for Education Statistics website <http://nces.ed.gov/pubs2013/2013008.pdf>
- ¹³ Mowbray, C. T., Mandiberg, J. M., Stein, C. H., Kopels, S., Curlin, C., Megivern, D., Strauss, S., Collins, K. and Lett, R. (2006), Campus Mental Health Services: Recommendations for Change. *American Journal of Orthopsychiatry*, 76: 226–237. doi: 10.1037/0002-9432.76.2.226 <http://onlinelibrary.wiley.com/doi/10.1037/0002-9432.76.2.226/abstract>
- ¹⁴ American College Health Association. (2013). *Canadian reference group executive summary, spring 2013*. Retrieved from <http://www.acha-ncha.org>
- ¹⁵ Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *Journal of Nervous & Mental Disease*, 201(1), 60-67. doi:10.1097/NMD.0b013e31827ab077
- ¹⁶ Kerr, D. L., Santurri, L., & Peters, P. (2013). A comparison of lesbian, bisexual, and heterosexual college undergraduate women on selected mental health issues. *Journal of American College Health*, 61(4), 185-194.
- ¹⁷ Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.