Mental Health and Wellness at Trent University

Includes:
Final Report

By
Adam Grearson

Completed for: Trent University Student Wellness Centre

Supervising Professor: Kristy Buccieri

Trent Community Research Centre (trentcentre.ca)

Department: Sociology
Course Code: 4570Y
Course Name: Community-Based Research Project
Term: Fall/Winter
Date of Submission: April 2015

Project ID: 4530

Call Number:

Mental Health and Wellness at Trent University

Final Report

Adam Grearson

Department of Sociology

Trent University

Table of Contents

Table of Figures

Acknowledgements

This research project has been a roller coaster of exciting events and research which I know will assist Trent University and its students. I have thoroughly enjoyed this process and all of the research skills which I know will be a powerful asset in my final year at Trent, in graduate school, and as a professor and researcher.

I would first like to thank my project supervisor: Dr. Kristy Buccieri. Her support throughout this entire project has been paramount. It has been essential in every step of this project, including my successfully attaining ethics approval, completing the literature review / environmental scan, administering the survey, analyzing the results, and completing and submitting this report for the public to read. Without Dr. Buccieri, I would neither have produced these works to the caliber I have achieved, nor would I have even been able to be approved for this project.

I would next like to thank my host supervisor: Stewart Engelberg, Director of Trent University's Student Wellness Centre. Stewart has been incredibly supportive in reviewing my survey questions prior to the survey launch, determining what I should look for in my analysis, and in providing me with access to both past Trent-specific and provincial research on mental health and wellness. Thank you, Stewart, for stepping in as my host supervisor and for ensuring that the Student Wellness Centre was behind me in conducting and producing this research.

Thank you to Dr. John Marris, Projects Coordinator at the Trent Community Research Centre, formerly the Trent Centre for Community-Based Education. John has done a remarkable job in supporting not only me, but also many other students who wish to gain the experience of completing community research. John provided a fresh pair of eyes for my survey questions, and the format of my survey throughout the planning stages. He also helped to promote my survey.

I would like to extend my thanks to Trent University's Sociology Department, but particularly a few faculty and staff members. Thank you to Professor Deborah White for ensuring that there is a Trent Community Research Centre course for students like me who wish to gain experience conducting original research. Thank you to Linda Sweeting and Beth Needham for all of their tireless efforts in promoting my research, something which helped ensure that I was able to have 208 Trent students complete the entire survey.

Thank you to the staff at Qualtrics. Without your assistance in answering my simple and complex questions about your survey software's abilities, I would not have been able to use Qualtrics optimally in formatting, administering, or providing a comprehensive analysis of the results for my mental health and wellness survey. You were always incredibly accommodating, available, supportive, helpful, and enthusiastic about my research and my Qualtrics-related questions. I am more than grateful to have had the opportunity to work with your survey software, and I look forward to working with it again in the future for even larger research projects.

Finally, I would like to offer my utmost thanks to the Trent University students who took my survey. Without your responses, I would not have been able to complete this project. You have helped me to make practical recommendations that will benefit not only you, but many future students at this institution.

Sincerely,

Adam Grearson
Undergraduate Student
Department of Sociology
Trent University

Abstract and Key Search Terms

Abstract: The study "Mental Health and Wellness at Trent University" was developed in response to the need for growing attention to student mental health across North American universities. This study aimed to determine undergraduate student knowledge or lack thereof concerning on-campus mental health and wellness services at Trent University, while also determining how well these services meet undergraduate students' needs and how to improve service provision. A total of 208 undergraduate students completed the online survey, which asked questions under themes such as transitioning, stigma and help-seeking, emotional states, and mental health and wellness services. Some key findings for this study include the following: stigma was a clear issue for nearly half of the respondents; over half of the respondents needed help but did not access it; Trent students are experiencing worse emotional states than in the past; and Trent students are experiencing worse emotional states than other Ontario university students. The evaluation of the Student Wellness Centre (SWC) was overwhelmingly positive, though wait times for appointments with The Counselling Centre and Health Services were problematic for students. Immediate recommendations for the SWC based on this research involve the following: raising awareness of SWC services through increased marketing; launching an anti-stigma campaign; hiring more staff in Counselling and Health Services to reduce appointment wait time; determining the mandate of the SWC (immediate vs. long-term care); and creating a buddy system to match upper-year students with disabilities with incoming students registered with Student Accessibility Services.

Key search terms: Emotional states; help-seeking; mental health; transitioning; Trent University; stigma; student services; Student Wellness Centre; undergraduate; wellness

Introduction

Mental health and wellness issues are a growing concern faced by many post-secondary students around the world. Consider the growing number of stressors that university students face throughout the academic year: high academic expectations from professors; many students live away from home for the first time; balancing work and school in order to pay for tuition and other post-secondary fees; lacking sufficient financial means to eat properly; and perhaps most importantly, anxiety from trying to balance *everything* in life in general while attending college or university.

All of these stressors can contribute to the emergence of mental health issues. The stage of young adulthood in which many university students find themselves often makes matters worse. Eisenberg, Golberstein, and Gollust (2007) note that "most mental disorders first emerge between the ages of 15 and 24" (p. 594). This age of onset, coupled with the young age of students who are attending university, suggests that many mental health issues will emerge while these students are in university.

Given the fact that mental health issues can emerge at this time in a university student's life, it is increasingly important that policy makers and student support services – specifically mental health and wellness services – understand whether or not the mental health and wellness needs of these students are being met. This was the motivation for completing this research project: to ensure that the appropriate authorities who are responsible for mental health and wellness services determine how effective these on-campus services are for university students. The focus of this research is on the mental health and wellness needs of undergraduate students attending Trent University in Peterborough.

Objectives and Outcomes of the Project

The objective of this project was to determine the following: (i) what the research participants know about mental health and wellness services available on campus; (ii) what the research participants do not know about mental health and wellness services available on campus; (iii) whether or not the mental health and wellness needs of the research participants are being met; and (iv) if the mental health and wellness needs of the research participants are not

being met, determine recommendations for how to better meet the mental health and wellness needs of these students on campus.

The potential outcomes to this research include the following: (i) improved understanding of students who access the Student Wellness Centre (SWC) at Trent University; (ii) improved understanding of students who do not use the SWC at Trent University, and why they do not make use of these services; and (iii) recommendations for how to improve services offered by the SWC. This study was designed to determine how well Trent students' mental health and wellness needs are being met by the SWC. This study was administered in online format through Qualtrics. It was made available to Trent University undergraduate students for two weeks from January 20, 2015 through to end of day February 2, 2015. A total of 253 students started the survey. An attrition of 45 respondents reduced the number of completed surveys to 208.

The end goal of this research is to present the findings to Trent University's SWC. The SWC has three departments: (i) Student Accessibility Services, formerly the Disability Services Office; (ii) The Counselling Centre; and (iii) Health Services. This research will help the staff in the SWC learn how effective SWC services are for students, and the recommendations made later in this report will help facilitate changes that students feel are necessary for service provision.

Literature Review / Environmental Scan

This section highlights the findings of the literature review and environmental scan conducted prior to the administration of the survey. The literature review aspect of this section refers to academic sources such as journal articles, as well as "grey literature" such as public reports. The environmental scan refers to the Canadian university websites accessed to assess university mental health and wellness service provision for comparison to those of Trent University. Much of the literature discussed is based in the United States, even though effort was made to reference Canadian material. Four headings appear throughout the following and subsequent sections of this report: transitioning; stigma and help seeking; emotional states; and mental health and wellness services. These were the themes that emerged from the literature review / environmental scan, and which the researcher used to organize the survey instrument and this resulting report.

Transitioning

The term "transitioning" was used in this study to refer to the way in which students moved between educational institutions, including moving from high school to university, college to university, or one university to another university. Whether it involved beginning one's studies at university, or leaving the university to enter into the workforce, transitioning has been flagged as an important time when students need additional support (Queen's University, 2012; Western University, 2015). Queen's University (2012) emphasized the importance of helping incoming students manage the high-school-to-university transition in the following ways: (i) championing its summer orientation program; (ii) providing academic preparation programs; (iii) finding ways to make Orientation Week more successful; and (iv) ensuring there are adequate extra-curricular programs for students. There was no substantial mention of transitioning between years within the same university in the Queen's report.

Western University (2015) provides an Indigenous Services (IS) Student Development Centre to provide support for its Aboriginal students throughout the university experience. Western University's (2015) IS program seems to balance its supports for Aboriginal students insofar as there is assistance for incoming students, but also continued resources for students as they move into their upper years of study at the university. IS begins its supports by helping students transition into the university in the following ways: providing admissions support and college tours, as well as pairing incoming Aboriginal students with senior Aboriginal students through an Indigenous Peer Mentoring Program (Western University, 2015). Further supports that can be used by Aboriginal students from *every* year of study include the following: drop-in and appointment-based counselling; and specialized 24-hour academic, cultural, and social needs-meeting services for registered students, including career/employment opportunities, training/workshops, a study space, quiet areas, gathering space, computer lab with printing services, and kitchen facilities (Western University, 2015).

Transitioning is clearly an important time for incoming university students, though perhaps something that may not always be the focus for *all* students as they move on to higher years of study within the university. Queen's University and Western University stand as two examples of institutions which provide effective assistance to ease students' experiences as they transition into these schools.

Stigma and Help-Seeking

Eisenberg, Downs, Golberstein, and Zivin (2009) recognize that mental illness stigma is often used in a broad sense. Regardless of where these negative beliefs and attitudes originate – for example, within a person's individual beliefs surrounding mental health issues, or within a person's perceptions of public stereotypes and prejudices around mental health and wellness – stigma negatively impacts an individual's self-perception of need for help and help-seeking behaviour (Eisenberg et al., 2009). Some examples of the types of thoughts which accompany stigma include perceiving the help-seeking person as: weak, crazy, unable to handle his or her own problems, lazy, and different from normal people in a negative way (Vidourek, King, Nabors, & Merianos, 2014).

An individual with mental health issues may not seek help due to his perception of public stigma surrounding mental illness; fear of discrimination and criticism from other individuals often discourages help-seeking behaviour (Eisenberg et al., 2009). Alternatively, an individual with mental health issues may not want to admit that she has a problem because doing so could result in her taking on negative attitudes and beliefs concerning what it means to have such issues (Eisenberg et al., 2009). While an individual's own sense of personal stigma is more powerful in preventing him from seeking help than his perception of negative public attitudes around mental health issues, the latter should not be ignored (Eisenberg et al., 2009; O'Conghaile, Quigley, Bainbridge, & McDonald, 2013). While both male and female students have comparable stress levels, males are less likely to seek help than females (Wahto & Swift, 2014). A possible reason for this is that help-seeking behaviour transgresses traditional masculinity norms, largely due to the emotional expression that accompanies it (Möller-Leimküller, 2002, cited in Wahto & Swift, 2014).

The Jed Foundation and Suicide Prevention Resource Center (2011) notes that the stigma associated with seeking care for mental health issues is one of the suicide risk factors relevant to college and university students. Given the power of an individual's own stigma surrounding mental health issues, coupled with her perception of the public's attitudes toward these issues, it is clear that stigma is a major issue for help-seeking. When the necessary help-seeking does not occur, it becomes clear that the individual is at a greater risk for suicide than the average person (The Jed Foundation and Suicide Prevention Resource Center, 2011).

Since many students do not disclose their mental health issues to the appropriate resources – for any of the above reasons and more – many students leave the university before completing their degrees (Sancrant, 2014). Many students who do disclose their issues do not go beyond the classroom; they often choose to disclose to professors who are not trained to adequately respond to mental health issues (Sancrant, 2014). Sancrant (2014) concluded that university faculty and staff must show awareness for abnormal student behaviour, and be able to accurately refer students to available on-campus mental health supports.

Other reasons for not seeking mental health support when it is needed include a lack of time for seeking services, and lack of knowledge about the services offered (Yargason, Linville, & Zitzman, 2008). Yargason et al. (2008) make the following recommendations to improve on-campus mental health supports for university students: (i) improve online advertising of service provision by using social marketing approaches which are tailored to individual campus needs or circumstances; (ii) consider offering brief therapy services for students who lack time for traditional counselling; and (iii) provide walk-in services.

Given the power and risk associated with stigma, possible ways to reduce/resolve stigma include: using stigma reduction campaigns to decrease personal stigma and promote more positive attitudes towards mental health so people who need mental health services will be more likely to access them (Eisenberg et al., 2009); and using a similar social norms campaign focusing on stigma and reducing faculty-to-student stigma (O'Conghaile et al., 2013). There is evidence to suggest that stigma concerning help-seeking behaviour can be reduced with an individual's exposure to those who have accessed supports (Golberstein, Eisenberg, & Downs, 2014). Golberstein et al. (2014) observed that when a student's hallmate sought out help, the original student's attitude toward help-seeking behaviour was positive. However, the Golberstein et al. (2014) study did not reach the same conclusion between students and their roommates, something which may be attributed to the reality that not all roommates are close friends.

Above are many examples of barriers to accessing supports. Top benefits to accessing supports include: improved mental health, reduced stress, and resolving one's issues (Vidourek et al., 2014). There are two important online resources students can access for support: Healthy Minds / Healthy Campuses and FeelingBetterNow. Healthy Minds / Healthy Campuses stands as an example of an online resource which helps normalize mental health by suggesting that it is not simply the absence of mental illness, but rather a positive aspect and a state of thriving

throughout the life course (Stretch, 2012). This website provides important information for students concerning mental health and addictions issues, as well as important information for faculty and staff concerning how to respond to student distress and refer them to appropriate resources (Stretch, 2012).

FeelingBetterNow is another example of an online resource supporting mental health and wellness. This website provides users with quick preliminary mental health assessments, as well as a variety of "maps" that support detecting, treating, and following up with emotional and mental health problems (Mesante Corporation, 2012). FeelingBetterNow also provides accessible information on psychotherapies and counselling, and a wide range of information concerning various mental health issues (Mesante Corporation, 2012). The University of Guelph has its own institution-specific FeelingBetterNow online resource, one which also directs users to on-campus mental health services (The Student Health Advisory Committee, n.d.).

Emotional States

The American College Health Association-National College Health Association II (ACHA-NCHA II) is a national research survey designed to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' "habits, behaviors [sic] and perceptions on the most prevalent health topics" (ACHA-NCHA, 2013, p. 2).[1] ACHA-NCHA conducts both institutional-level (i.e. Trent University in this example) and provincial-level studies concerning university students' habits, behaviours, and perceptions surrounding health. These two ACHA-NCHA II surveys studied both undergraduate and graduate students. Because the vast majority of the ACHA-NCHA respondents were undergraduate students, this report will compare those studies to the present study, which focused exclusively on undergraduates. A large percentage of Trent students in ACHA-NCHA's (2013) institutional-level study reported feeling strong negative emotions. Consider the sex differences at the institutional level where many respondents experienced these emotions in the last 12 months: 39.9% of males and 54.0% of females "felt things were hopeless"; 75.0% of males and 89.9% of females "felt exhausted (not from physical activity)"; 82.6% if males and 94.1% of females "felt overwhelmed by all they had to do"; and 52.2% of males and 66.5% of

---

[1] The American College Health Association-National College Health Association (ACHA-NCHA) is the organization which created the survey titled ACHA-NCHA II.

females "felt very lonely" (ACHA-NCHA, 2013, pp. 13-16). There was a clear sex divide for Trent students: there were consistently higher percentages of female Trent students than male Trent students who reported feeling these emotions.

What proves to be troubling is that the reporting of the same negative emotions listed above was common for large percentages of university students across the province of Ontario (ACHA-NCHA, 2013a). The same gender divide exists at the provincial level, with consistently higher percentages of female Ontario university students than male Ontario university students reporting feeling these emotions. Trent's numbers for female reporting of these emotions were very comparable to the provincial female average. Trent's numbers for male reporting of these emotions were typically slightly lower than the provincial male average.

Mental Health and Wellness Services

The Ontario Undergraduate Student Alliance (OUSA) (2012) notes how the current fee-for-service program for healthcare services leads to uneven demand from students, high turnover rates for physicians, and less-than optimal service provision for students. One common problem for students is long wait times for appointments, with an average one-week wait time before receiving service (OUSA, 2012). A possible solution cited by OUSA (2012) is to provide specific additional funding to allow for "frontline mental health supports": direct mental health practitioners; anti-stigma campaigns; and mental health training for professors, faculty, and staff.

Effective mental health and wellness services are streamlined and accessible (CACUSS & CMHA, 2013). When support is needed, students should be able to access the following services in a timely fashion: individual and group counselling; medical services with staff knowledgeable in mental health issues; and psychiatric services (CACUSS & CMHA, 2013). Considering how Kitzrow (2003) notes that many university counselling centres are understaffed, it is not surprising that many students do not receive timely counselling support. Other effective methods for service provision involve using a triage model which helps identify and prioritize those students who need urgent service, but also expanding less-urgent services to create after-hours support and walk-in counselling (Queen's University, 2012).

Contrasting the support for triage care, Kitzrow (2003) warns that supporting a clinical/crisis-oriented model may help those students in crisis while leaving out the rest of the student population. Such a model would not allow the frequent counselling and follow-ups that

many students require (Kitzrow, 2003). MacKean (2011) claims that promoting *all* students' mental health rather than simply treating mental health issues, stands as a way to prevent mental health problems from arising. MacKean (2011) suggests that by incorporating mental health policies with other institutional policies, universities can use a multi-dimension intervention approach: these institutions can intervene at the individual, interpersonal, campus, and community/society levels.

Analyzing a student health centre, St. John (2014) found that students with mental health issues who sought out treatment or managed their medication effectively experienced a significant increase in their likelihood of graduation. The results of St. John's (2014) study indicated that best practices for health services include informing patients that consistent medication management will increase their potential of graduating within six years.

An analysis of small Ontario universities indicated various mental health supports were in place. Both the University of Guelph (2014) and Nipissing University's (2015) Student Accessibility Services departments provided similar supports for students with mental disabilities: testing accommodations such as extended time and the support of using adaptive technology where necessary were common responses. Nipissing University (2015) also provided a Student Handbook to help students with disabilities understand how the accommodation process works and their role within it. Algoma University's (2014) Disability Services office focuses on providing accommodations, similar to those above, for a variety of disabilities.

Lakehead University's (n.d.) Student Health and Counselling Centre offers short- and long-term counselling, medical services and referrals to specialists, and health promotion / outreach such as Sexual Health Jeopardy. Finally, Brock University's (2010) Positive Space was researched based on the OUSA (2012) recommendation for greater support for LGBTQ and Aboriginal minorities. The Positive Space refers to an environment where LGBTQ students are "free to express their individuality and succeed in a safe social environment" (Brock University, 2010).

As discussed above, four key themes emerged from the literature review / environmental scan: transitioning; stigma and help seeking; emotional states; and mental health and wellness services. These themes helped the researcher to draw conclusions from the literature to determine the current state of affairs with mental health in Canadian and American universities. These

themes were also useful in informing how the researcher conducted the methodology for this study.

Methodology

This section outlines the researcher's methodology used to structure the administration of the survey instrument. There are three key sub-sections within this methodology section: an ethics and literature review; a survey instrument, which involves the survey design; and limitations concerning the methodology. This section outlines the progression of tasks the researcher attended to before writing this report to communicate the findings of the study.

Ethics and Literature Review

Because this study involved research with human participants, ethics clearance was needed to approve the survey before it could be administered. The online ethics application was completed and submitted at the institutional level to Trent's Research Ethics Board (REB). Upon reviewing the application, the REB provided conditional approval pending minor revisions. These minor revisions were made and re-submitted to the REB, which ensured that complete ethics approval was granted at the institutional level.

Once the ethics application was submitted, the researcher started a literature review / environmental scan to determine the current state of mental health and wellness concerns and needs for university students in Canada and the United States. The literature review included locating and reading peer-reviewed academic journal articles, as well as "gray literature" such as community reports. The environmental scan focused on university websites and websites targeting university students concerning student mental health and wellness concerns.

Survey Instrument

The next step after completing the ethics application and the literature review / environmental scan involved designing the survey. Using the information gained in the literature review / environmental scan as a starting point, an online survey was designed using Qualtrics survey software. This survey was based on the four key themes from the literature review: transitioning; stigma and help-seeking; emotional states; and mental health and wellness

services. Given how the American College Health Association-National College Health Association (ACHA-NCHA) surveys also discussed physical health, and given how it is acknowledged that mental health and physical health are often interconnected, questions concerning physical health and wellness were also added to the survey.

The survey contained 60 questions, organized into eight blocks: introduction and informed consent; raffle information for three honoraria gift cards; demographic and basic information; transitioning; stigma and help-seeking; emotional states; mental health and wellness services; and physical health and wellness. The survey was estimated to take approximately ten minutes to complete. The survey consisted of a range of different questions, including the following: multiple choice questions; open-ended (essay style) questions; and matrix questions where respondents used a five-point Likert scale to rank something such as their satisfaction with the various departments within the Student Wellness Centre. It is important to note that not all response percentages total 100% because there were multiple questions where participants could select more than one response.

Once the online survey was made public to Trent students, various methods were used to promote it. Promotional methods included: (i) sending out a brief promotional message with survey link to the secretaries of all Trent disciplines for distribution to their students; (ii) putting up posters around Trent's Symons campus; (iii) advertising via social media websites; and (iv) advertising through Trent's weekly college newsletters.

The survey was administered using Qualtrics survey software. An online link was provided on electronic and hard copy promotional materials for this research, a link which when accessed would take participants directly to the Qualtrics survey. There was no limit or maximum number of students permitted to complete the survey. A total of 253 Trent University undergraduate students started the survey; an attrition of 45 students (18%) resulted in a total of 208 respondents who completed the survey. Honoraria were offered to students as a "thank you for participating": three $25 Tim Hortons gift cards were awarded through a random drawing of students who had agreed to participate in the draw. The survey was administered from January 20, 2015 to February 2, 2015 at 11:59 pm.

Limitations

While the attrition of 45 students (18%) was a limitation to this study, this was not concerning given the richness of the data provided by the length of the survey and the types of questions asked within it. It is unfortunate that 18% of the respondents did not complete the survey, though the researcher notes that this was a necessary sacrifice for the data collected.

While this survey was mainly formatted using multiple choice and matrix/grid-style questions – something that simply involved the participant clicking on a bullet to indicate his or her response –this may have limited the ability for participants to fully communicate their knowledge of and satisfaction with the mental health and wellness service provision at Trent University. In future research, it is worth considering using more open-box responses whereby participants are not limited by closed responses such as the multiple choice and matrix-style questions which dominated this survey. Making more use of qualitative data may prove to be beneficial in future studies.

<div align="center">Results</div>

This section is organized by four key themes as informed by the literature review. These themes include transitioning, stigma and help-seeking, emotional states, and mental health and wellness services. The Results section outlines the researcher's data as provided by the survey respondents. It is important to note that not all percentages from each question will add to 100% because some questions allowed a student to select multiple responses. Given the extensive amount of information the researcher has analyzed, it is important to note as well that not every detail, statistic, comparison, and so forth could be included in this report. Key findings were noted as much as possible throughout each of the major themes.

Demographics

This section of the survey focused on several characteristics of the responding students. Students were asked to provide their age and year of study. They were asked to indicate their sex, race/ethnicity, and sexual orientation. Students were asked to provide their major(s) or discipline(s) of study, with the option to include two if they were completing a joint major. Respondents were surveyed for their living arrangement (i.e. living on-campus versus off-

campus, and indication of whether they lived with family, a partner, roommates, or alone), as well as their relationship status. Students were asked if they had a disability, and if so, to indicate the general category to which it belongs, and note how it was diagnosed. Participants were also asked to rate their mental health and wellness.

Most respondents' age was clustered around the late teens and early twenties age range. Only 7.76% of participants were age 25 or older. Almost half of the students surveyed (49.02%) were between the ages of 18 to 20, while 42.01% were aged 21 to 24. The respondents' year of study was very evenly distributed: 20.09% of students were in year one; 24.66% were in year two; 24.20% were in year three; and 25.57% were in year four. Only a small percentage of students (5.02%) were in year five or higher.

Sex, race/ethnicity, and sexual orientation were all very unevenly distributed. For sex, 79.91% of respondents were female versus only 17.81% who were male. For race/ethnicity, 85.39% of students were Caucasian versus 2.74% who were Asian, 2.28% who were Aboriginal, and 1.37% who were African American or Hispanic. For sexual orientation, 78.80% of participants were heterosexual versus 10.14% who were bisexual, and 3.23% who were homosexual.

Students' majors or disciplines of study were very unevenly represented. While students had the option of mentioning both majors if they were completing a joint major program, the following numbers focus on students' first major mentioned on the survey. A total of 43.00% of students were studying the natural sciences (primarily biology, followed by psychology, and then much smaller percentages for other natural sciences). A total of 29.47% of respondents were studying the social sciences (primarily sociology, with much smaller percentages for other social sciences). A total of 18.35% of students were studying the humanities (primarily history, followed by English, and then much smaller percentages for other humanities).

A majority of students (83.80%) lived off-campus versus 16.20% who lived on-campus. Most students lived with roommates (54.17%), followed by living alone (20.37%), living with parent(s) (13.89%), or living with a partner (7.41%). A total of 52.05% of students reported being single versus 34.25% who reported being in a relationship but not living together, and 11.87% who reported living with their partner.

An overwhelming majority of respondents (79.17%) reported not having a disability versus 18.06% who did have a disability. Of those who reported having a disability, 64.10%

indicated having a mental health disability, 25.54% reported a learning disability, and 23.08% indicated having a physical disability. Nearly all (97.44%) of students with a disability who were surveyed had their disability diagnosed by a health professional.

Finally, students were asked to rate their mental health and wellness. For this survey, the researcher provided the following definition of mental health and wellness to respondents: mental health and wellness is defined as "students' self-assessed state of well-being in a range of dimensions, including but not limited to, social, physical, and environmental aspects." A total of 49.32% of students rated their mental health and wellness as good or very good, 39.27% of respondents rated their mental health and wellness as fair, and 11.42% of participants rated their mental health and wellness as poor or very poor.

Transitioning

This part of the study focused on how successful students were able to transition from their past educational institution into Trent, as well as how successful students were able to transition from one year to the next within Trent. Figure 1 summarizes the responses students provided to indicate how successful their transition was from their last educational institute to Trent University. Four possible prior educational institutions were considered within Figure 1: high school, college, university, and an "other" category. Because there was only one respondent who selected "other" for his or her last educational institute, this person was not represented in Figure 1. Note that all three possible prior institutions provide the same general pattern of more positive transitions than negative transitions into Trent.

Figure 2 summarizes the responses students provided regarding how successful their transition was from one year to the next at Trent. Note that the same pattern displayed in Figure 1 was observed here in Figure 2: students more commonly reported positive transitions from one year to the next. It is also worth noting that students who previously attended college or university were more likely to report a "very successful" transition into Trent than students who transitioned straight from high school into Trent.
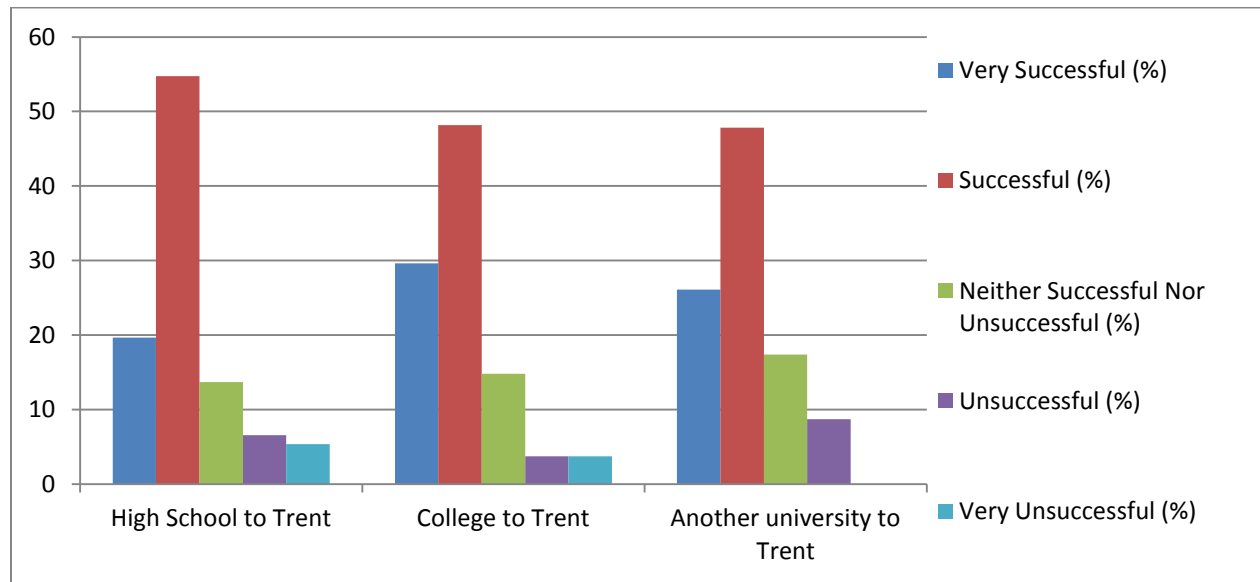
Figure 1: Transitioning into Trent

Figure 2: Transitioning from year to year within Trent
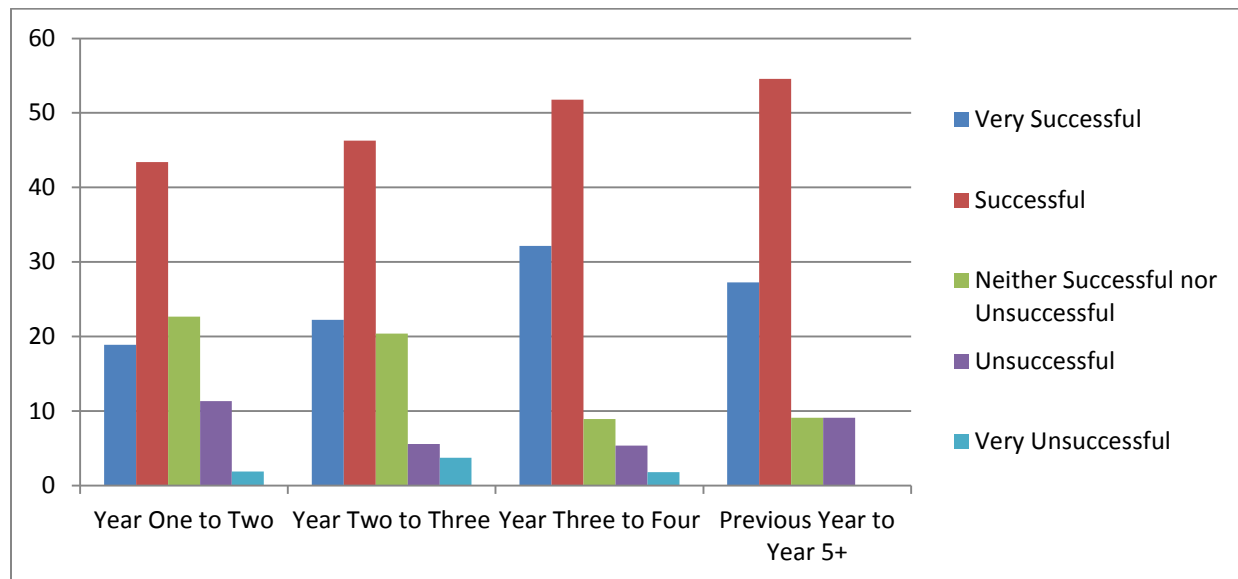
There were small differences between male and female respondents, as well as students with disabilities versus those without, concerning the overall success of their transition from high school to Trent University. Slightly more males (78.13%) reported a successful or very successful transition into Trent than their female peers (74.43%). However, the opposite response, an unsuccessful transition into Trent, was also more frequently reported by males:

15.63% of males indicated this response, compared to 11.28% of females. A total of 74.81% of students without a disability noted their transition was successful or very successful, versus 67.74% of those students with a disability. Students without a disability (11.45%) also reported lower frequencies of unsuccessful or very unsuccessful transitions into Trent than those with disabilities (16.13%).

The following information for this theme focuses on the overall success students experienced while transitioning to upper years within Trent University, compared with sexual orientation. Heterosexuals reported greater success in transitioning from year one to year two than did students who identified as homosexual or bisexual. When asked to rate the overall success of their transition from year one to year two at Trent, 27 out of 40 heterosexuals responded with successful or very successful, compared with 0 out of 1 students who identified as homosexual, and 3 out of 6 students who identified as bisexual. Only 3 out of 40 heterosexuals suggested that their transition was unsuccessful or very unsuccessful, compared with 0 out of 1 homosexual students, and 1 out of 6 bisexual students. It is important to note that these numbers concerning sexual orientation and transitioning are too small to make any definitive claims.

Stigma and Help-Seeking

Because the reviewed literature did not provide a satisfactory definition of stigma, the researcher defined stigma as negative stereotypes and prejudices about mental health and illness. Respondents were fairly evenly divided: 47.25% had experienced stigma, while 51.38% had not experienced stigma. There was a clear divide between males and females, with 57.47% of female participants reporting experiencing stigma, as opposed to 46.15% of male respondents. The top sources of stigma named were friends (68.63%), the general public (62.75%), family members (60.78%), and the media (60.78%).

When asked who they would call during a mental health crisis, the most common responses were a family member (69.12%), a friend (54.84%), and a significant other (37.79%). Less common responses included, in declining order:

56.22% of respondents have needed help at some point but not accessed it.

support services at Trent, support services outside of Trent, and another significant person. A

striking and concerning finding was that 56.22% of respondents have needed help at some point but not accessed it. There was a slight difference between the sexes in terms of not seeking help when it was needed: 57.47 % of female respondents versus 46.15% of male respondents decided against seeking help, even though they needed support. A more detailed discussion of available mental health services will be provided below. The most common reasons for not seeking support when it was needed included an almost-even representation among four explanations: not perceiving a need for help at the time, but later realizing help was needed (51.64%); not having enough time to seek help (47.54%); believing that the problems would fix themselves (47.53%); and believing the stress was normal at the time (45.90%).

When asked whether they had ever discussed a mental health issue with a professor or an administrative staff member, the majority of respondents (70.23%) claimed they have never had that type of discussion. Of the respondents who did discuss a mental health issue with one of these people, there was an almost-even distribution between speaking with a professor and speaking with an administrative staff member: 17.21% spoke about this issue with a professor, while 19.07% discussed it with an administrative staff member.

The most common responses these students received from professors and administrative staff varied. Professors most commonly listened to the students' mental health issue, followed equally by talking the student through the issue and referring the student to on-campus or community mental health support services. Administrative staff equally listened to the student and referred the student to on-campus or community mental health support services, followed by talking the student through the issue.

Emotional States

Figure 3 compares province-specific data on emotional states gathered by the American College Health Association-National College Health Association (ACHA-NCHA) in 2013 to the current researcher's Trent-specific results. Because the vast majority of the ACHA-NCHA respondents were undergraduate students, the researcher is comparing those studies to this study which focused exclusively on undergraduates. Students were asked to select when they had experienced an emotion from a list provided. The questions used concerning emotional states were the same between both studies represented in Figure 3. The main difference is that the

researcher's current study had slightly fewer response categories of the time period when a respondent may have experienced one of more of the emotional states.

Figure 3: Comparing ACHA-NCHA (2013) provincial survey with current survey results

When did you last feel this emotional state?	ACHA-NCHA Study Results (province-specific)		Current Study Results	
	Hopelessness (%)		Hopelessness (%)	
	Male	Female	Male	Female
Last 30 days	9	12	36	32
Last 12 months	22	24	28	32
	Feeling overwhelmed by all that you had to do (%)		Feeling overwhelmed by all that you had to do (%)	
	Male	Female	Male	Female
Last 30 days	16	18	47	73
Last 12 months	25	18	42	26
	Exhausted (not by physical activity) (%)		Exhausted (not by physical activity) (%)	
	Male	Female	Male	Female
Last 30 days	16	17	56	66
Last 12 months	21	17	36	24
	So depressed it was difficult to function (%)		So depressed it was difficult to function (%)	
	Male	Female	Male	Female
Last 30 days	7	8	31	22
Last 12 months	16	19	28	23
	Overwhelming anxiety (%)		Overwhelming anxiety (%)	
	Male	Female	Male	Female
Last 30 days	10	14	38	42
Last 12 months	19	22	31	28

It is important to note that across all emotional states and the two time periods (i.e. in the last 30 days *and* the last 12 months), the percentage of male Trent students experiencing these emotional states is substantially higher than the Ontario male students in the ACHA-NCHA provincial study. The same pattern holds true for females: the percentage of female Trent students experiencing these emotional states is substantially higher than the Ontario female students in the ACHA-NCHA provincial study. These numbers suggest that, when speaking in percentages of the sample size, Trent students experienced the above negative emotional states

more in the last 30 days and in the last 12 months than other university students across the province of Ontario.

Figure 4 compares Trent-specific results from two different surveys: the ACHA-NCHA 2013 study and the researcher's current study. Again, there were slightly fewer response categories in the researcher's current study than in the ACHA-NCHA 2013 study. Because the 2013 ACHA-NCHA survey focused primarily on undergraduate students, this survey was compared to the researcher's current study which focused exclusively on undergraduates.

Figure 4: Comparing ACHA-NCHA (2013) institutional survey with current survey results

	ACHA-NCHA Study Results (Trent-specific)		Current Study Results	
When did you last feel this emotional state?	Hopelessness (%)		Hopelessness (%)	
	Male	Female	Male	Female
Last 30 days	9	13	36	32
Last 12 months	15	22	28	32
	Feeling overwhelmed by all that you had to do (%)		Feeling overwhelmed by all that you had to do (%)	
	Male	Female	Male	Female
Last 30 days	18	18	47	73
Last 12 months	15	16	42	26
	Exhausted (not by physical activity) (%)		Exhausted (not by physical activity) (%)	
	Male	Female	Male	Female
Last 30 days	14	16	56	66
Last 12 months	13	17	36	24
	So depressed it was difficult to function (%)		So depressed it was difficult to function (%)	
	Male	Female	Male	Female
Last 30 days	4	8	31	22
Last 12 months	13	18	28	23
	Overwhelming anxiety (%)		Overwhelming anxiety (%)	
	Male	Female	Male	Female
Last 30 days	9	14	41	42
Last 12 months	16	22	31	28

Figure 4 demonstrates how both male and female Trent students have experienced a substantial increase in the above emotional states from the 2013 ACHA-NCHA survey to the researcher's current survey. This evidence holds true across both of the time periods noted in

Figure 4: within the last 30 days, and within the last 12 months. There was also a fairly clear sex difference between Trent students during the last 12 months within the current study. The emotional state which was experienced by a greater percentage of female than male Trent students during the last 12 months was hopelessness. A greater percentage of male students than female students experienced the following emotional states in the last 12 months: feeling overwhelmed by all that you had to do; feeling exhausted (not from physical activity); feeling so depressed it was difficult to function; and feeling overwhelming anxiety.

It is important to note that comparing the current study with the ACHA-NCHA surveys is most relevant when examining the "last 12 months" time period. The researcher for the current study notes that his survey was conducted from mid-January to the beginning of February. This timeframe means that when respondents assessed their emotional states in the last 30 days, that time period referred to mid-to-late December. For many of these participants, mid-to-late December would be the fall exam period and the Christmas season, both of which are predicted to be very stressful time periods for *all* students in *all* universities. In order to better compare the respondents in the current study to the participants in both the provincial and Trent-specific ACHA-NCHA studies, it is more useful to consider the last 12 months period because such a time period will involve times when not all students are naturally stressed by exams and the Christmas season. When taking both figures 3 and 4 into consideration, the following reality becomes clear: Trent students' mental health is worse than that of students across the province of Ontario, and Trent students' mental health is declining.

> *Trent students' mental health is worse than that of students across the province of Ontario, and Trent students' mental health is declining.*

Mental Health and Wellness Services

This section focuses on student use of on-campus and off-campus mental health services, student evaluation of the Student Wellness Centre (SWC), and student recommendations for improvements to the SWC service provision. It is important to note that most survey respondents did not access any mental health services, whether on-campus or off-campus. A total of 66.04% of respondents had not accessed the SWC, compared with 33.02% who had accessed it.

A total of 20 out of 185 respondents were unaware of any of the services offered by Trent's SWC. Other participants had a vague idea that there were services offered at Trent – some suggesting that these services are located somewhere in Blackburn Hall – but could not give a proper title to the department of the SWC. Responses such as "counsellors" and "therapists" were more common in describing what supports are available on campus. Some participants listed other supports such as Dons and Academic Advisors, even though these services are not directly involved in mental health service provision. A total of 78.85% of students did not access off-campus mental health services, versus only 19.71% who did access these supports. The most commonly accessed community services, ranked by number of users, included local counselling, the local Canadian Mental Health Association, and the hospital. For those students who have accessed the SWC, the top four ways in which these respondents learned about the on-campus services were through faculty or staff member (41.18%), Internet (41.18%), friend (32.35%), and posters (23.53%).

Evaluation of the SWC by students who had used it was overwhelmingly positive. Most respondents agreed or strongly agreed that the SWC was able to meet their needs. When asked if the SWC met their needs, the following numbers of students responded agree or strongly agree to the following SWC services: 33 out of 55 for The Counselling Centre; 25 out of 33 for Student Accessibility Services (SAS); and 40 out of 50 for Health Services. Respondents commonly agreed that accessing the SWC was easy. When asked how easy it was to access the SWC, the response of agree or strongly agree was provided for each of the following services within the SWC by the following numbers of students: 47 out of 56 for The Counselling Centre; 14 out of 15 for Student Accessibility Services; and 26 out of 34 for Health Services.

Students were also asked about how much the SWC's services helped these respondents stay at Trent to continue toward completing a degree rather than withdrawing from the university. When asked if a lack of SWC services would have prevented them from staying at Trent, the following numbers of students answered agree or strongly agree: 21 out of 56 for Counselling; 11 out of 15 for SAS; and 16 out of 56 for Health Services.

The main negative response provided by survey participants suggested that the wait times for appointments in The Counselling Centre and Health Services were too long. A total of 39 out of 54 students agreed or strongly agreed that appointments for The Counselling Centre were scheduled within a reasonable time, compared with 8 out of 56 who disagreed or strongly

disagreed with this statement. A total of 18 out of 34 students agreed or strongly agreed that appointments for Health Services were scheduled within a reasonable time, compared with 10 out of 34 who disagreed or strongly disagreed with this statement. One respondent made the following statement: "When I was in need of someone to talk to I was told I had to wait weeks to meet with someone".

The issue of short-term versus long-term counselling was raised in the current study. Trent does not currently offer weekly, long-term counselling. One respondent voiced his or her frustration with this reality in the following statement:

> … they informed me that I would be unable to see someone on a weekly basis and would only be able to have appointments approximately once a month. This did not provide me with the resources that I needed to get better and feel better … It was discouraging that I could not get what I needed from my University.

Feeling disappointed by the lack of long-term counselling at Trent, this respondent reached out to another facility to acquire the needed weekly support. Figure 5 and Figure 6 offer the full breakdown of responses concerning wait times at The Counselling Centre and Health Services.

Figure 5: Counselling wait times[2]

---
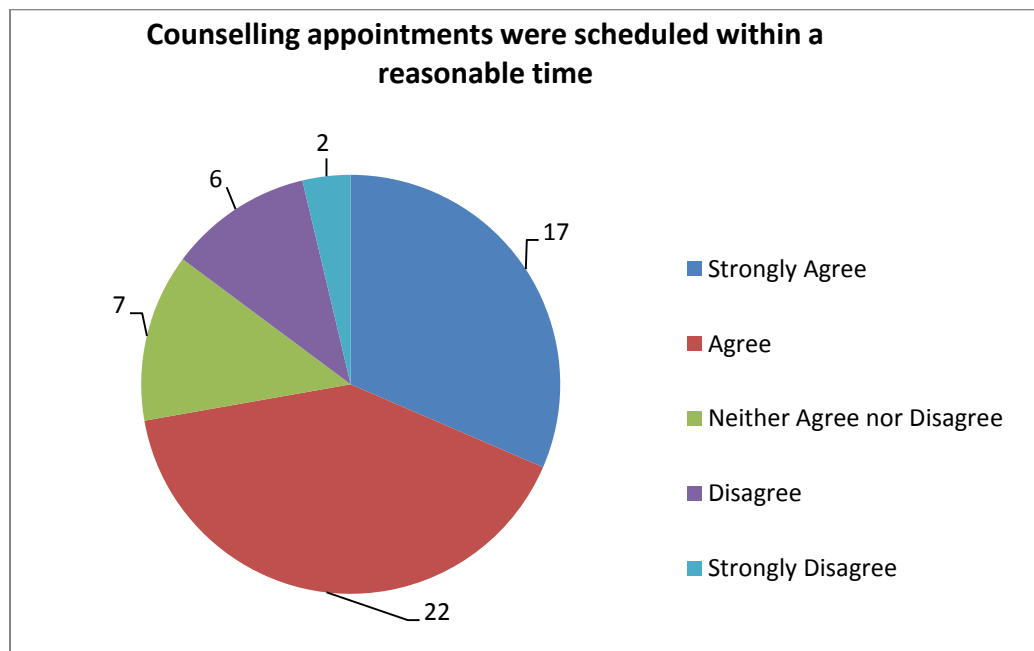
[2] Note: The numbers in each portion of the pie charts indicate how many participants out of a total of 56 students (Counselling) and 34 students (Health Services) chose the response indicated in the legend.

Figure 6: Health Services wait times
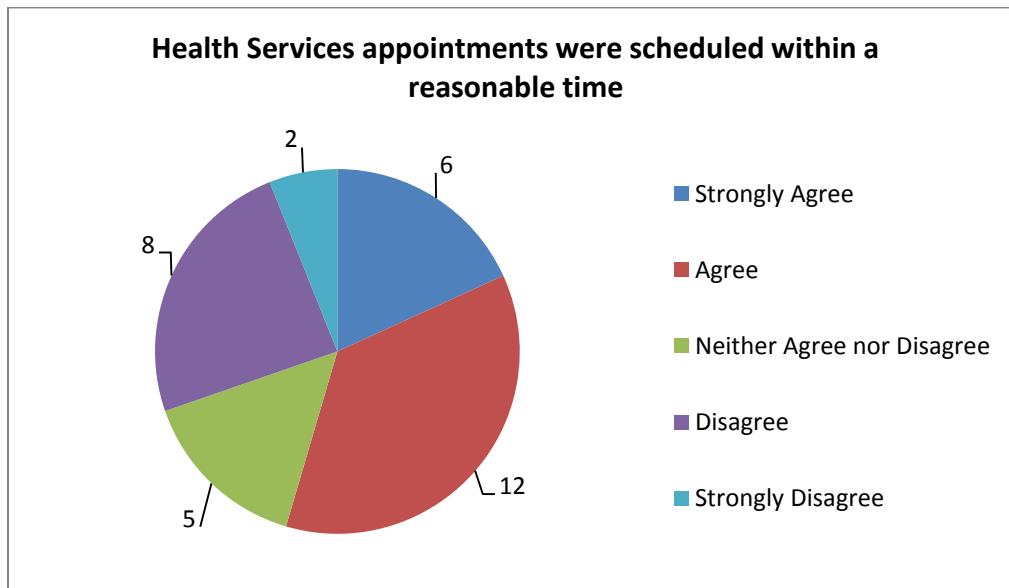
Finally, this section concludes with student views on how to improve service provision for the SWC. This part of the survey was formatted as a fill-in-the-box or text entry question. Because there were so many responses, and because many of these responses used slightly different words, statistics will not be provided for this question. However, most student responses to this question can be grouped into four different categories for suggested improvement for service provision: (i) raise awareness of available services using a variety of marketing strategies; (ii) hold group workshops on mental health topics such as anxiety; (iii) create a student/peer support system; and (iv) provide social events or activities for students which the students attending do not need to organize.

Discussion

The Discussion section highlights the key findings, while also discussing the results of the study in relation to the findings in the literature review / environmental scan. Following this section, recommendations are made.

Transitioning

Much of the information concerning transitioning in the literature review / environmental scan focused on transitioning *between* educational institutions (e.g. from high school to university, from college to university, etc.). This study also focused on transitioning *within* an educational institution. Transitioning within an institution involves moving from one year of study to the next. In the literature review / environmental scan, orientation programs were found to be a key way in which students were able to transition into their current university. Queen's University (2012) released a detailed report with recommendations for how to help support the well-being of students throughout their university experience.

One of the key recommendations focused on helping incoming students manage the high school-to-university transition; Queen's University noted the importance of highlighting resources for incoming students, championing the Summer Orientation to Academics and Resources program, and providing academic preparatory programs, among other recommendations (Queen's, 2012). While there was a substantial focus on helping students transition *into* the university, Queen's focused much less on providing special programs or resources for students transitioning *between* years at the university. Granted, the resources that Queen's focused on promoting to incoming students could be used in upper years as well. However, it seems like a missed opportunity to not have *specific* programs for students as they move on to higher years within the university.

Western University's (2015) Indigenous Services (IS) Student Development Centre is an on-campus resource that helps students with both transitioning into the university and with transitioning between years at Western. Some services the IS Centre offers to all Aboriginal students include the following: drop-in and appointment-based counselling; and specialized 24-hour academic, cultural, and social needs-meeting services for registered students, including career/employment opportunities, training/workshops, a study space, quiet areas, gathering space, computer lab with printing services, and kitchen facilities (Western University, 2015). Several students in the current study noted a need for a greater number of counselling appointments, and appointments which are more long-term. Western's IS Centre seems to offer this longer-term counselling to its Aboriginal students in the form of appointment-based counselling. Its drop-in counselling appears to be more for emergencies, while the appointment-based counselling seems to be designed to serve as more regular counselling sessions for those

Aboriginal students who need it. IS Centre's counselling sessions are specifically designed for Aboriginal students.

While relatively few of the respondents in the current study identified as Aboriginal, there is no reason to disregard these findings when considering non-Aboriginal students at Trent. Both Aboriginal students at Western and non-Aboriginal students at Trent who seek counselling are often marginalized (IS Centre students being marginalized by race/ethnicity, while Trent students being marginalized by mental health status). There are important lessons to be learned from Western's IS Centre which can be applied to the needs of all Trent students. These lessons will be fully developed in the upcoming Recommendations section.

Stigma and Help-Seeking

Nearly half of respondents in this study reported personally experiencing stigma. It is important to keep in mind that because the literature did not provide a general definition of stigma the researcher included his own for the participants. The following definition was provided to help respondents understand if they had ever personally experienced stigma: stigma was defined as negative stereotypes and prejudices about mental health and illness. The importance of stigma was clear by the fact that stigma was a dominant recurring theme throughout the peer-reviewed journal articles.

Eisenberg, Downs, Golberstein, and Zivin (2009) focused on individuals' perception of the negative stereotypes and prejudices held by the public collectively (perceived public stigma) as well as each individual's grouped negative stereotypes and prejudices about mental illness (personal stigma). While they did not focus on students' individual personal experience of stigma, Eisenberg et al. (2009) found that perceived public stigma may prevent individuals in need of help from seeking it due to fears of discrimination and criticism. This fear of experiencing stigma was one of the reasons why many respondents in the current survey who needed help did not access it. Similarly, it was found that personal stigma may prevent individuals in need of help from accessing it because help-seeking often involves admitting that there is a problem (Eisenberg et al., 2009). By a student admitting that there is a problem, she may take on negative attitudes and beliefs concerning mental health issues (Eisenberg et al., 2009).

Over half of the respondents in the study chose not to access help even though they needed it. Many individuals indicated that the reason they avoided seeking necessary help was because they feared their help-seeking behaviour would become known to, and judged by, other people. In other words, these individuals who needed help did not seek it because they feared being stigmatized for their help-seeking behaviour. When considering both of the above findings, it is clear that stigma poses a considerable threat to necessary help-seeking behaviour for students. Students were not asked detailed questions about the stigma they experienced. Instead, the broad definition of stigma offered above was used to encompass all negative attitudes and prejudices concerning mental health, regardless of the source of the stigma.

It is interesting to note that while stigma was experienced by many students at Trent, it was not the most common reason for not seeking necessary help. Reasons such as not perceiving a need for help at the time, believing the problem would fix itself, not having enough time to seek help, and perceiving the stress as normal in university were all more common justifications for not seeking support. The fact that stigma was lower on the list of reasons may suggest that both the SWC and the student group Trent Active Minds (which seeks to change the conversation around mental health and promote mental health as a whole) are having some success in reducing stigma and creating a more inclusive atmosphere on campus for students with mental health issues. However, this success should not be viewed as something which cannot be improved. A large number of students indicated that they experienced stigma and a considerable percentage of these students who have experienced stigma indicated that the fear of stigma is at least one reason why they did not seek help.

Considerable numbers of Trent students disclosed a mental health issue to a faculty (i.e. professor) or administrative staff member within the institution. While many of these faculty listened to the students' disclosure of mental health issues, the next most common professor responses were referring a student to mental health services and talking the student through the issue. These responses were much less common than the response of simply listening to the student. While the respondents to the current survey have professors who are actively trying to help the students during trying times, these professors are not necessarily properly trained in how to deal with students who present mental health problems. The Ontario Undergraduate Student Alliance's (2012) suggestion for training professors in how to respond to students who present mental health problems to them is one possible solution to these student experiences.

Emotional States

As discussed in Results section, there were striking findings when comparing the results of this study to the two studies conducted by the American College Health Association-National College Health Association (ACHA-NCHA) in 2013. When comparing the undergraduate students in the current study to the undergraduate and graduate students surveyed in ACHA-NCHA's 2013 Ontario-level, provincial study, the emotional states of current Trent students is considerably worse than those of students in other Ontario universities. When comparing Trent undergraduates in the current study to Trent undergraduates in the ACHA-NCHA 2013 institutional level, Trent-specific study, it is clear that the emotional state of Trent students has deteriorated. When dividing responses in the current study based on sex, the current study reveals that higher percentages of male Trent students are experiencing most of the negative emotional states than female Trent students.

Mental Health and Wellness Services

As noted in the Results section, the slightly negative review of the SWC involved wait times at The Counselling Centre and Health Services. Several respondents who used Counselling and/or Health Services disagreed or strongly disagreed that their appointments were scheduled within a reasonable time. This suggests that a considerable number of students who have accessed Counselling and Health Services have had to wait too long for appointments. Not all universities offer long-term counselling to their students. However, Lakehead University (n.d.) is one Ontario University which offers both short-term and long-term counselling to its students, based on the need and circumstances of the students.

Wait times have also proven to be an issue faced by the students in the current survey *and* across the province of Ontario. In the current study, as noted previously one student was forced to wait weeks before s/he could talk to a mental health professional. The Ontario Undergraduate Student Alliance (2012) notes that the average wait time to receive counselling at an Ontario university is one week, and it explains that students need to be supported sooner. Given how some mental health issues can be very severe, making students wait one week could be extremely detrimental to their mental health and wellness. Perhaps one of the major reasons why student wait times are unrealistically long is because of the staffing resources available to

university counselling centres. Kitzrow (2003) states that university counselling centres have a very difficult task to meet the changing health needs of a student population which presents more severe psychological problems, particularly when considering the problematic reality that many of these counselling centres are under-staffed, and their staff members are over-worked.

Kitzrow (2003) raises the importance of increasing the amount of funding university mental health services receive so counselling centres can hire more staff, conduct screening, encourage counselling-seeking, support people from diverse backgrounds, and maintain traditional and preventative and developmental activities. The Ontario Undergraduate Student Alliance (2012) suggests further possible ways to allocate the necessary additional funding: universities should provide a greater number and diversity of direct mental health practitioners, anti-stigma campaigns, mental health workshops for students, and mental health training for professors, faculty, and staff.

Recommendations

This section provides recommendations about what action the Student Wellness Centre (SWC) should take based on all of the preceding information in this report. In other words, this section seeks to answer the "now what?" question. How can the SWC better support the mental health and wellness needs of Trent undergraduate students? The format of this Recommendations section is as follows: the recommendation itself is the italicized text at the beginning of each paragraph in this section, while the non-italicized text below it refers to specific ways in which the recommendation can be implemented. This section is organized by three different subsections: immediate recommendations; near future recommendations; and longer-term recommendations. Immediate recommendations are those which take first priority and should be implemented as soon as possible. Near future recommendations are those which are also important, but not so important that they need immediate attention. Longer-term recommendations are those which are important to work toward, though the least time-sensitive of the three categories of recommendations.

Immediate Recommendations

Recommendation (1): Raising Awareness of the SWC

The SWC should use a variety of methods to raise awareness of and better market its services to Trent students and therefore increase necessary help-seeking behaviour. One possible method to achieve this is for the SWC to partner with Lady Eaton, Champlain, Otonabee, and Gzowski Colleges to ensure that incoming Trent students have more information about the services offered by the SWC. In partnering with Trent's colleges, the SWC could work to ensure that incoming Trent students make a mandatory stop at The Counselling Centre, Student Accessibility Services, and Health Services during the first-year students' Orientation Week. Other methods for better promoting services include partnering with Trent Active Minds (TAM) to have TAM focus more on referring students who disclose mental health issues to the SWC. Other methods for raising awareness of the SWC can include updating the SWC website on a more regular basis to include SWC workshops and events, and providing links to this website through various social media websites. The SWC should consider sending some of its staff members to give mini-presentations in first-year courses promoting the services offered by the SWC. Finally, the SWC should consider offering outreach support to high school students coming in to Trent. This outreach support can include sending some SWC staff to the local high schools to promote the services offered by the SWC.

Recommendation (2): Anti-Stigma Campaign

The SWC should partner with Trent Active Minds (TAM) to create an on-campus anti-stigma campaign for students that will help to normalize the mental health experiences of all Trent students. This anti-stigma campaign could be a week-long event set up to correspond with the week in January when Bell Canada's annual "Let's Talk" day occurs, or in May to correspond with Canada's Mental Health Month. If these time periods are deemed to fall too late during the academic school year, the SWC and TAM can work together to hold the anti-stigma campaign around the fall term peak time of student intake for the SWC. Choosing this time is useful in working to create a more inclusive and more positive atmosphere for those students who are seeking or considering seeking mental health services at Trent. This week-long campaign should have multiple events scheduled throughout the week including, but not limited to, the following: a barbecue or lunch on the first day to introduce the campaign; an information session that

defines stigma and discusses the effects stigma can have on those who experience it; various ways in which students passing by the station where the campaign occurs can share their thoughts on their mental health or engage in anti-stigma discussions; and social events/activities that attending students do not need to organize. The funding for this anti-stigma campaign can be shared between the budgets of the SWC and the funding TAM receives as a student group. Part of this anti-stigma campaign should include discussions about how male students at Trent should be involved in the discussion surrounding mental health. Their experiences are equally valuable as female students at Trent, and their greater proportional representation of negative emotional states at Trent can be partially addressed through this campaign.

Recommendation (3): Hiring More Staff

The SWC should apply for increased funding from Trent University to help hire more staff in The Counselling Centre and Health Services. This funding request would help ensure that Trent's Counselling and Health Services departments are not overworked and understaffed. By ensuring there are more staff members in both of these departments, it will be much easier for the SWC to decrease wait times for students who book Counselling and/or Health Services appointments.

Recommendation (4): Determining the SWC's Mandate

The SWC should clearly outline in its mandate whether it wants to support emergency (clinical-based) services or long-term care for students. If the SWC chooses to be an emergency service (without long-term appointments for the students who use SWC services), it will need to have emergency or round-the-clock hours. If the SWC chooses to be an ongoing care service, The Counselling Centre will need to be able to schedule long-term appointments, and the SWC will need to make itself a greater presence for ongoing care. In other words, the SWC will need to adopt an attitude which presents a "come see us whenever you need to talk" image for students.

Recommendation (5): Buddy System

The SWC should create a student support / "buddy" system where upper-year students with disabilities offer social support to students with disabilities who are registered with Student Accessibility Services (SAS). This system could take the Aboriginal support offered by Western University's Indigenous Peer Mentoring Program and apply it for students with disabilities. By

mirroring Western's Indigenous Peer Mentoring Program, the SWC could offer social support to incoming students with disabilities. This could include providing admissions support and university tours, as well as pairing incoming students with disabilities with senior students with disabilities through an SAS Peer Mentoring Program. While SAS has previously used a program referred to as Peer Coach Mentoring or Student Coaching Experience, this program has focused on the idea of coaching. The researcher recommends that the SAS Peer Mentoring Program be broader and focus on providing social support in the form of a "buddy" system rather than attempting to provide coaching to the incoming students.

Near-Future Recommendations

Recommendation (6): Faculty and Staff Training

Professors and administrative staff should have a mental health unit, taught or administered by staff from the SWC, included as part of their mandatory training to teach them how to properly respond to students who disclose mental health issues to them. This mental health unit could be included in a variety of methods. For instance, professors and staff could be involved in in-person training where they sit in a lecture hall at Trent and take in a presentation offered by a qualified mental health professional. Professors and staff could alternatively complete a series of readings or view a series of videos with attached quizzes. Whichever method is used, professors and administrative staff need to be trained in how to appropriately respond to students to discuss mental health issues with them.

Recommendation (7): Conduct more research concerning student transitioning

The SWC or Trent University as a whole should do more research around student transitioning into and between years within the university. The SWC or Trent University needs to learn more about how students are transitioning, and the variables that influence these transitions. This research could focus particularly on minority groups such as the following students: sexual minorities, racialized minorities, students with disabilities, and so forth. This research can be completed in the form of an online Qualtrics survey. This survey should be more in-depth and detailed than the transitioning section of the current survey.

Longer-Term Recommendations

Recommendation (8): Lounge Space

The SWC should create an inclusive lounge space for students with disabilities to chat and relax. Ideally, there should be one such lounge space located in each of the four colleges at Trent. If funding will not permit multiple lounge spaces, one lounge space should be offered in a centralized zone on-campus (i.e. somewhere around Bata Library or within one of the four colleges, and not within Blackburn Hall due to its seclusion from the rest of the university). The purpose of this lounge space is to create an inclusive space for students with disabilities where they can feel safe and supported. This lounge space can be used for multiple purposes, including but not limited to the following: for students involved in the SAS Peer Mentoring Program to relax and talk to each other; for workshops around mental health topics; and as a study space for students with disabilities.

Recommendation (9): Mental Health Workshops

The SWC should hold more group workshops on mental health topics in a more central area of the university (i.e. not Blackburn Hall). The SWC currently offers a small number of workshops during the academic year around topics such as managing moods and dealing with stress. However, there should be a greater focus on providing more specific workshops on mental health topics such as depression, anxiety, loneliness, and so forth. The Counselling Centre currently offers pamphlets on a wide variety of mental health-related topics. The topics of many of these pamphlets could be turned into individual or ongoing workshops for students to attend. These workshops could also be used as a way to promote the services offered by the SWC, and to reduce stigma toward mental health issues.

Concluding Remarks

This project set out to answer the following questions: what do undergraduates know and not know about on-campus mental health and wellness services at Trent's Peterborough campus? How well are student needs being met by the Student Wellness Centre (SWC)? How can the

SWC improve its service provision for Trent students? While a considerable number of respondents had vague to no knowledge of the SWC, those students who knew and accessed SWC services provided an overwhelmingly positive review for most aspects of this service provision; however, the SWC needs to reach more students given the high percentage of students who experience negative emotional states and/or choose not to seek necessary help due largely to stigma. More research is needed concerning the mental health and wellness of university students in Canada. This study is important because it sheds light on Trent students' mental health on campus. Hopefully this report will continue the conversation about mental health on campus. Such action is needed to gain greater understanding of the issues young people face, and to ensure they thrive.

References

Algoma University. (2014). Disability services. Retrieved from
http://algomau.ca/student_life/student_services/the_learning_centre/disability_services/

American College Health Association – National College Health Association (ACHA-NCHA).
(2013). *Trent University Executive Summary*. American College Health Association.

American College Health Association – National College Health Association (ACHA-NCHA).
(2013a). *Ontario Province Reference Group Executive Summary*. American College Health
Association.

Canadian Association of College and University Student Services (CACUSS) & Canadian
Mental Health Association (CMHA). (2013). *Post-secondary student mental health: Guide
to systemic approach*. Vancouver, BD: Canadian Association of College and University
Student Services.

Eisenberg, D., Downs, M.F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for
mental health among college students. *Medical Care Research and Review, 66*, 522-541.
doi: 10.1007/s10447-011-9129-1

Eisenberg, D., Golberstein, E., & Gollust, S.E. (2007). Help-seeking and access to mental health
care. *Medical Care, 45*, 594-601. doi: 10.2307/40221479

Golberstein, E., Eisenberg, D., & Downs, M.F. (2014). Spillover effects in health service use:
Evidence from mental health care using first-year college housing assignments. *Health
Economics*, 1-16. doi: 10.1002/hec.3120

Jed Foundation and Suicide Prevention Resource Center. (2011). *A guide to campus mental
health action planning*. Jed Foundation and Suicide Prevention Resource Center

Kitzrow, M.A. (2003). The mental health needs of today's college students: Challenges and
Recommendations. *NASPA Journal, 41*(1), 167-181. Retrieved from
http://journals2.scholarsportal.info.cat1.lib.trentu.ca:8080/pdf/19496605/v46i0004/5037_t
mhnotcscar.xml

Lakehead University. (n.d.). Student health and counselling. Retrieved from
https://www.lakeheadu.ca/current-students/student-services/tb/health-and-counselling

Lally, J., O'Conghaile, A., Quigley, S., Bainbridge, E., & McDonald, C. (2013). Stigma of mental illness and help-seeking intention in university students. *The Psychiatrist Online, 37*, 253-260. doi: 10.1192/pb.bp.112.0411483

MacKean, G. (2011). *Mental health and well-being in post-secondary education settings: A literature and environmental scan to support planning and action in Canada*. Toronto: Ryerson University.

Mesante Coporation. (2012). Feeling better now. Retrieved from www.feelingbetternow.com/en

Nipissing University. (2015). Welcome to Student Accessibility Services. Retrieved from http://www.nipissingu.ca/departments/student-development-and-services/accessibility-services/Pages/default.aspx

Ontario Undergraduate Student Alliance. (2012). *Student health: Bringing healthy change to Ontario's Universities*. Toronto: Ontario Undergraduate Student Alliance.

Queen's University. (2012). *Student mental health and wellness: Framework and recommendations for a comprehensive strategy*. Report of the Principal's Commission on Mental Health. Available at: www.queensu.ca/cmh/index/CMHFinalReport.pdf

Queen's University. (2012). *Student mental health and wellness: Framework and recommendations for a comprehensive strategy*. Report of the Principal's Commission on Mental Health. Available at: www.queensu.ca/cmh/index/CMHFinalReport.pdf

Sancrant, L.M. (2014). *Help is on the way! Enlisting faculty and staff support for students with mental illness* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (3644293)

St. John, D.J. (2014). *College health and mental health outcomes on student success* (Doctoral Dissertation). Retrieved from *ProQuest Dissertations & Theses*. (3581594)

Stretch, S. (2012). *Healthy campuses*. Retrieved from healthycampuses.ca

The Student Health Advisory Committee. (n.d.) Feeling better now. Retrieved from www.feelingbetternow.com/uoguelph

University of Guelph. (2014). *Student Accessibility Services* (formerly Centre for Students with Disabilities). Retrieved from http://www.uoguelph.ca/csd/

Vidourek, R.A., King, K.A. Nabors, L.A., & Merianos, A.L. (2014). Students' benefits and barriers to mental health help-seeking. *Health Psychology and Behavioral Medicine: An Open Access Journal, 2*, 1009-1022. doi: 10.10801/21642850.2014.963586

Wahto, R., & Swift, J.K. (2014). Labels, gender-role conflict, stigma, and attitudes toward seeking psychological help in men. *American Journal of Men's Health,* 1-11. doi: 10.1177/1557988314561491

Western University. (2015). Indigenous Services Student Development Centre. Retrieved from http://indigenous.uwo.ca/

Yargason, J.B., Linville, D., & Zitzman, B. (2008). Mental health among college students: Do those who need services know about and use them? *Journal of American College Health, 57*, 173-182. doi: 10.3200/JACH.57.2.173-182