

# VOICES AND INSIGHTS: USING STUDENT VOICE TO UNDERSTAND AND ADDRESS MENTAL HEALTH ISSUES ON CAMPUS

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*Campuses are becoming increasingly aware of the issues with mental health and well-being among students. This paper explores the context of mental health on campuses and examines the urgent issue of how to address this growing phenomenon. Institutions need to use a holistic perspective to view wellness, and the framework of multiple, interrelated dimensions of wellness may provide a structure to examine the strengths of services and programs provided on individual campuses, as well as help in the process of identifying gaps. In designing a holistic strategy, though, it is imperative that student voice is a fundamentally important piece of planning for the necessary supports for student well-being, including academic and non-academic programs and initiatives.*

Keywords: Student voice, Mental health, holistic supports, well-being

Mental health is fundamentally important to students' academic success and sense of well-being (Canadian Association of Colleges and Universities Student Services [CACUSS] & Canadian Mental Health Association [CMHA], 2013). Universities urgently need to address student well-being. Canadians within the age group typical of the post-secondary education (PSE) demographic (15-24 years) are more likely than other age groups (24-44 and 44-65 years of age) to report higher levels of mental health issues including 11% reporting depression (7% within the previous year), and 14% reporting suicidal thoughts (Findlay, 2017). The deleterious effects of mental health issues on campus are expressed in individual academic performance levels and organizational retention rates (CACUSS & CMHA, 2013; MacKean, 2011). In response, researchers and organizations have proposed mental health and wellness frameworks (Dyjur, Lindstrom, Arguera, & Bair, 2017) and systemic approaches (CACUSS & CMHA, 2013) as mechanisms to support well-being on campuses. A notable example of a systemic framework is the Okanagan Charter emerging from the 2015 VII International Conference on Health Promoting Universities and Colleges (CHPUCN). This Charter forms a map or guidebook for campuses to promote well-being and has gained traction across 10 university campuses. This pan-Canadian framework has potential for students and universities and colleges nationally and internationally; however, its implementation and impact have yet to be studied. This paper describes the urgency for addressing student mental health on campuses by referring to secondary sources and recent research, and then proposes how a holistic framework such as the Okanagan Charter may provide a hopeful approach for campuses focused on improving student mental health.

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## CONTEXT

Recent research coming out of the United States, China, and Australia has suggested that university students' well-being is strongly associated with achieving academic goals (Bailey & Phillips, 2016; Shek, Yu, Wu, Zhu, & Chan, 2016; Weier & Lee, 2016; respectively). There are fewer research articles and publicly available statistics regarding Canadian students' mental health and well-being. Findlay (2017) examined 2012 Canadian Community Health Survey – Mental Health information and noted that Canadians within the age group of 15-24 years were more likely than other age groups (24-44 years of age and 44-65 years of age) to report higher levels of mental health issues including 11% reporting depression (7% within the last year), and 14% reporting suicidal thoughts. The PSE student population, especially in undergraduate programs, mostly fall within this age demographic. More people with pre-existing mental health issues are choosing to enroll in PSE and, in addition, the onset of some mental disorders occurs between the ages of 15-25 years, coinciding with the time these youth may be enrolling in PSE (MacKean, 2011). The latest National College Health Assessment - Canadian Consortium (American College Health Association, 2016) conducted a survey with students on 41 Canadian campuses, and the results pointed to some alarming statistics. For example, 53.9% of students reported feeling overwhelmed with all that they had to do, within the *last two weeks* of the date of the survey (American College Health Association, 2016). Although approximately 79% of students felt that their campus had a sincere interest in their well-being, about 18% disagreed with that statement. Approximately 42% of the students expressed that *stress* had negatively impacted their academics within the last 12 months (American College Health Association, 2016); 21% stated *depression* had had a negative impact on their academics within the same time frame and 33% noted the negative impact that *anxiety* had on their academics (American College Health Association, 2016). Moreover, 13% had seriously *considered suicide* within the last 12 months including 3% who have considered suicide within the last two weeks. Most alarmingly, 2.1% have *attempted suicide* in the last 12 months (American College Health Association, 2016).

The focus of a health promoting framework is improving well-being of students; however, there are also potential benefits for PSE institutions. As noted by the Conference Board of Canada (Lalonde & McKean, 2017), Canada has a high dropout rate of first-year PSE students of 14%. Lalonde and McKean (2017) identified that “to increase student retention, PSE institutions must focus on elevating academic and non-academic factors that contribute to students dropping out” (p. v); in other words, institutions need to pay attention to factors (financial, personal, academic, social) that play a role in students leaving PSE. These academic and non-academic factors contribute to student well-being. Course-level strategies, as well as institutional programs and initiatives are important in promoting student well-being, because the learning environment and learning experiences can have an impact on students' performance (Dyjur et al., 2017). Designing classroom strategies, including culturally responsive approaches, will have a positive impact on the well-being and success of an increasingly diverse student population on PSE campuses (CACUSS & CMHA, 2013). Literature on the promotion of flourishing as individuals and as communities also supports the focus on positive strategies targeting resilience and well-being (Cherkowski & Walker, 2014). While overarching strategies form the backbone of a wellness framework, other specific strategies may target the particular needs of a demographic group, such as Aboriginal students (Tomaszewski, Powell, Gallop, London, & Gyles, 2011) or all students who are parents (Squires & Disano, 2017). An ad-hoc approach can address individual or emergent concerns, but a robust and intentional approach may promote well-being and flourishing of all campus stakeholders.

There has been increasing awareness of the impact of mental health issues on campus (CACUSS & CMHA, 2013; MacKean, 2011). Researchers and organizations have proposed mental health and wellness frameworks (Dyjur et al., 2017) and systemic approaches (CACUSS & CMHA, 2013) as mechanisms to support well-being on campuses. CACUSS and CMHA (2013) noted that key processes for a robust strategy include allocation of dedicated resources (for planning, implementation, and evaluation), and evaluation, measurement, and sharing of results with stakeholders. Moreover, an institutional framework should focus on promotion and mental health awareness, but also include robust strategies for prevention, and a well-coordinated and articulated crisis management plan (CACUSS & CMHA, 2013; Squires & Spencer, 2016). The Canadian Alliance of Student Associations (CASA) (2018) endorsed these approaches and advocated for a national working group to establish best practices as well as a national body to collect PSE mental health data.

The support of the national student association is a critical piece to developing a robust and effective strategy. As Light (2001) contended, student voice is critical to developing a comprehensive understanding of how campuses can best support students in achieving their academic goals. Furthermore, student needs will most likely change through their academic journey, so gathering broad perspectives are important. Staying well is essential to maximize academic performance. Wellness or well-being is a broad term, perhaps best defined by the World Health Organization who identified health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2006, p. 1). Developing a holistic picture regarding what wellness means requires soliciting feedback across many, interconnected dimensions of wellness across physical, mental and social constructs.

While there are many possible holistic frameworks, such as the wellness model proposed by Healthy Campus 2020 (American College Health Association, n.d.), one robust model may be one captured by eight dimensions of wellness. Through this framework, students could be asked to share their insights regarding the following interconnected dimensions: intellectual, physical, emotional, social, spiritual, financial, occupational, and environmental dimensions. Wellness in one dimension has an impact on other dimensions as well as overall wellness. While some students will have more urgent needs in one dimension than other students, a broad strategy develops supports and information for all dimensions. Additionally, some students may not regard all of these dimensions as critically important to their well-being at that moment in their lives, and support personnel cannot make assumptions of what an individual may need; it is only through engaging students in authentic conversations and opportunities for input that faculty and staff can understand the academic and personal needs of individual students.

Furthermore, wellness in each dimension is aligned along a continuum. If students are *healthy*, campuses can engage them proactively in initiatives to promote health across the dimensions. Messages regarding different supports can be targeted to promote overall awareness and can also be strategically placed to guide students to the supports when they are having moments of distress or are *reacting* to the issues. More intentional actions to connect students to the correct supports are required when students are *injured* and struggling; peers, instructors, advisors and other staff may be required to be the connector or conduit between the student and the support. These messages can be promoted through social media, institutional websites, television screens, promotional materials, and posters. Lastly, when students are *ill*, they need to be able to access student affairs personnel who are knowledgeable and skilled in the appropriate services. According to the American College Health Association’s (n.d.) documents regarding

the Healthy Campus 2020 model, “Through the collaborative efforts of health, academic, student affairs, and administrative colleagues, institutions of higher education can foster healthy environments and behaviors” (American College Health Association, n.d.). Another way to frame this strategy is the development of a holistic range of supports, and services that are preventative, proactive, reactive, and crisis oriented.

Regardless of the services and supports that are designed, communication is key. One goal of the communication strategy is to raise awareness across campus; however, another purpose is to gather feedback and perspectives to ensure the services are meeting the needs of the students. While there is a growing recognition of the need to generate such feedback, campuses may use a series of surveys such as the NCHA – ACHA annual survey (American College Health Association, 2016), focus groups and interviews with students to gather valuable in-depth information regarding their experiences and needs. The methods chosen depend on the research question and focus of the inquiry; metrics such as usage of programs, and types of services accessed are necessary information points but, in addition, in-depth insights regarding student experience are critical. Because of the nature of the potentially sensitive information, campus personnel must consider the most appropriate tool and method. This data informs the development of services and programs and uncovers the urgent issues that need to be addressed.

However, it is not enough to understand the problem and develop appropriate supports. Campuses also need to develop a robust communication strategy to ensure students are aware of actions they can take to help themselves and trained personnel who can provide further interventions where necessary. For example, peer mentors can interact with students in informal and more structured ways to provide information, and strategic use of online resources can be very effective venues for disseminating information and connecting students with proactive and preventative supports.

## **CONCLUSION**

Many PSE institutions are engaged in implementing strategies that can potentially address the issues with mental health evident on campuses. However, the approach tends to be ad hoc and isolated rather than part of a broader, more holistic approach, built with student input incorporating the many elements of wellness and connecting the supports available in an overarching strategy. Policies and practices can be part of a framework that considers student success and student wellness to be linked to multiple levels of personal and academic supports. A holistic strategy would address the different levels of intervention required as well; proactive strategies facilitate wellness, and broad supports can be useful for the majority of the campus. However, intervention strategies including crisis supports are also required. Campuses need to invest resources in uncovering the gaps that may exist on campus and determining ways to address the gaps. While there are many models that exist, a holistic strategy requires intentional incorporation of student voice within that particular institutional context. Furthermore, the communication strategy that promotes awareness of the vast array of resources available can utilize students and student groups who are more connected to their peers across a number of venues. The data uncovered regarding student health supports the urgent case for immediate attention and action.

## REFERENCES

- American College Health Association. (2016). American College Health Association-National College Health Assessment II: Canadian Reference Group Data Report Spring 2016. Hanover, MD: American College Health Association.
- American College Health Association (n.d.). Healthy Campus 2020. Retrieved from: <https://www.acha.org/HealthyCampus>
- Bailey, T. H., & Phillips, L. J. (2016). The influence of motivation and adaptation on students' subjective well-being, meaning in life and academic performance. *Higher Education Research & Development, 35*(2), 201-216. doi: abs/10.1080/07294360.2015.1087474
- Canadian Alliance of Student Associations (2018). *Breaking down barriers: Mental health and Canadian post-secondary students*. Canadian Alliance of Student Associations.
- Canadian Association of College & University Student Services and Canadian Mental Health Association. (2013). *Post-Secondary student mental health: Guide to a systemic approach*. Vancouver, BC: Canadian Association of College & University Student Services.
- Cherkowski, S., & Walker, K. (2014). Flourishing communities: Re-storying educational leadership using a positive research lens. *International Journal of Leadership in Education, 17*(2), 200-216. DOI: 10. 1080/13603124.2013.827240
- Dyjur, P., Lindstrom, G., Arguera, N., & Bair, H. (2017). Using mental health and wellness as a framework for course design. *Papers on Postsecondary Learning and Teaching: Proceedings of the University of Calgary Conference on Learning and Teaching, 2*, 1-9.
- Findlay, L. (2017). *Depression and suicidal ideation among Canadians aged 15 to 24*. Statistics Canada, Catalogue no. 82-003-X. Health Reports, 28(1), 3-11. Retrieved from: <http://www.statcan.gc.ca/pub/82-003-x/2017001/article/14697-eng.htm>
- Lalonde, M., & McKean, M. (2017). *Canada's post-secondary education performance. An international comparison*. Ottawa, ON: Conference Board of Canada.
- Light, R. J. (2001). *Making the most of college: Students speak their minds*. Cambridge, MA: Harvard University Press.
- 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*. Vancouver, BC: Canadian Association of College & University Student Services and Canadian Mental Health Association.
- Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015). Okanagan Charter. Kelowna, BC: Author. Retrieved from: <http://internationalhealthycampuses2015.sites.olt.ubc.ca/files/2016/01/Okanagan-Charter-January13v2.pdf>
- Shek, D. T., Yu, L., Wu, F. K., Zhu, X., & Chan, K. H. (2016). A 4-year longitudinal study of well-being of Chinese university students in Hong Kong. *Applied Research in Quality of Life, 1*-18. doi: 10.1007/s11482-016-9493-4
- Squires, V., & Spencer, T. (2016). Proactive action and early intervention: The role of threat assessment teams in education. *Canadian Association of Principals, Fall 2016*, 30-34.
- Squires, V., & Disano, J. (2018). Painting a picture: students as parents. *Journal of Global Educational Research, 1*(1), 1-8.
- Tomaszewski, A.E., Powell, T.L., Gallop, C., London, C.L., & Gyles, S.M. (2011). The university experience of underrepresented groups: The case of aboriginal students in Canada. *International Journal of Arts and Sciences, 4*(17), 333-344.

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Weier, M., & Lee, C. (2016). Stagnant or successful, carefree or anxious? Australian university students' goals and beliefs about adulthood and their current well-being. *Australian Psychologist*, 51(6), 422-430. doi: 10.1111/ap.12091

World Health Organization. (2006). *Constitution of the World Health Organization – Basic Documents* (45<sup>th</sup>) Supplement, October 2006. Retrieved from: [http://www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf)