

A Survey of Mental Health Services at Post-Secondary Institutions in Alberta

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Objectives: The relatively high prevalence of mental health problems among students at post-secondary institutions in Canada is well documented; in contrast, less is known about the adequacy of mental health services available to Canadian post-secondary students on campuses. Our study sought to examine the current state of campus mental health initiatives and services in Alberta as well as the extent to which resources identified in mental health literature as being key in mental health problem prevention and promotion appear to be available.

Methods: A 60-question, online survey was sent to staff (primarily front-line workers; $n = 45$) at Alberta's 26 publicly funded post-secondary institutions. Responses were organized according to small (less than 2000 students), medium (2000 to 10 000 students), and large (10 000 or more students) institutions.

Results: All of Alberta's post-secondary institutions were represented in the responses. Mental health initiatives and services are available, to varying extent, at all of Alberta's post-secondary institutions. However, many institutions do not have initiatives and (or) services aimed at identifying students with mental health problems or policies for monitoring their mental health services. Additionally, smaller institutions are less likely to offer certain services (for example, gatekeeper training and campus medical services), compared with larger ones. Finally, a systematic review or an evaluation of services appears to be infrequently conducted.

Conclusions: These findings highlight the need for post-secondary institutions in Alberta, and by extension in Canada, to develop and institute a comprehensive strategy to evaluate and optimize the delivery of mental health initiatives and services.



Un sondage des services de santé mentale dans les institutions post-secondaires d'Alberta

Objectifs : La prévalence relativement élevée de problèmes de santé mentale dans des institutions post-secondaire du Canada est bien documentée. Par contre, nous en savons moins sur le caractère adéquat des services de santé mentale offerts aux étudiants post-secondaire canadiens sur les campus. Notre étude cherchait à examiner l'état actuel des initiatives et des services de santé mentale sur les campus d'Alberta, ainsi que la mesure dans laquelle les ressources identifiées dans la littérature sur la santé mentale comme étant essentiels à la prévention et la promotion des problèmes de santé mentale semblent disponibles.

Méthodes : Un sondage en ligne de 60 questions a été envoyé au personnel (surtout des travailleurs de première ligne; $n = 45$) de 26 institutions post-secondaires publiques d'Alberta. Les réponses ont été réparties selon la taille des institutions : petites (moins de 2000 étudiants), moyennes (2000 à 10 000 étudiants) et grandes (10 000 étudiants ou plus).

Résultats : Toutes les institutions post-secondaires d'Alberta étaient représentées dans les réponses. Les initiatives et services de santé mentale sont disponibles, dans une mesure variable, dans toutes les institutions post-secondaire d'Alberta. Toutefois, beaucoup d'institutions n'ont pas d'initiative et (ou) de service visant à identifier les étudiants ayant des problèmes de santé mentale, ni de politique pour surveiller leurs services de santé mentale. En outre, les petites institutions sont moins susceptibles d'offrir certains services (par exemple, la formation de référents et les services médicaux sur le campus), comparativement aux plus grandes. Enfin, une revue systématique ou une évaluation des services ne semble pas être menée souvent.

Conclusions : Ces résultats font ressortir le besoin, pour les institutions post-secondaires d'Alberta et par extension, du Canada, d'élaborer et d'instituer une stratégie détaillée pour évaluer et optimiser la prestation d'initiatives et de services de santé mentale.

The importance of promoting mental health and well-being in Canadian post-secondary institutions has been identified by various mental and (or) campus health agencies. In 2009, the Ontario College Health Association released a report indicating that university students were more likely to report mental illness symptoms than nonuniversity youth (42%, compared with 17%).¹ A nationwide Canadian campus survey in 2004 found that about one-third of undergraduate students reported 4 or more symptoms indicative of elevated distress. The most common symptoms included feeling constantly under strain, loss of sleep over worry, and feeling unhappy and (or) depressed.² These findings emphasize the importance of addressing mental health problems among post-secondary students in Canada.

Despite data suggesting that the prevalence of mental health problems is high among post-secondary students, much less work has focused on the optimal role of the institutions in promoting mental health among students. Extant research suggests that the primary problems Canadian post-secondary institutions face when dealing with students' mental health problems are fragmented services, a reactive response, piecemeal funding, and high resource needs.¹ These challenges may arise, in part, from increases in the severity of presenting issues and increased counselling service use.³⁻⁵ This increase in use of services could be attributable to factors such as the growing numbers of nontraditional groups (for example, ethnic minorities) on campus who may be more likely to have suffered trauma,⁶ advances in psychotropics that can enhance function and allow students with mental health concerns to attend post-secondary institutions,⁷ and (or) an increased willingness by students to seek treatment.⁸ These growing mental

Clinical Implications

- Most post-secondary institutions in Alberta offer some form of mental health promotion, identification, and treatment initiatives and (or) services.
- Owing to the variability in services offered, students may need to be provided with clear information on available mental health programs when applying to post-secondary institutions to ensure that their mental health needs are met.
- Consensus on the key components of a campus mental health strategy for Canadian campuses is still lacking; routine review and evaluation of services is needed to transfer knowledge from one institution to another, regarding optimal service delivery strategies.

Limitations

- The survey we used has not been previously verified.
- Our study was limited by the current knowledge of each respondent.

health needs are exerting increasing pressure on available services and stretching limited resources at post-secondary institutions.

Initiatives at all levels of prevention—primary, secondary, and tertiary—are important components of a comprehensive campus mental health strategy. However, knowledge gaps exist in our understanding of what mental health services and initiatives are generally available on Canadian campuses and the feasibility of providing comprehensive mental health programs by the institutions. Our study had 2 aims: to assess the depth and breadth of services available in the full range of post-secondary institutions of 1 Canadian

province to gain an understanding of the variation in implementation of mental health services across a relatively defined region that has one provincial health service; and to examine whether there appear to be common gaps in elements of a comprehensive mental health strategy.

Methods

Instrument

We compiled a list of mental health services offered by each institution by viewing their websites. This served as the background for the survey questions that were developed. A grey literature search was carried out, as was a PubMed search, using the following (not exhaustive) key words: “recommendations mental health services,” “campus mental health services,” “campus mental health models,” “campus counseling centres,” and “mental health best practices.” The literature search focused mainly on North American institutions, with an emphasis on a Canadian post-secondary context. Subsequently, we constructed an initial draft of the survey, which we then refined for clarity and readability. We uploaded the survey onto SurveyMonkey and further revised it for user-friendliness. We obtained ethical approval for this project from the University of Calgary’s Conjoint Health Research Ethics Board.

The 60-item survey was disseminated using SurveyMonkey⁹ and took about 15 minutes to complete. Apart from demographic and information-gathering questions, most items pertained to the institution’s mental health promotion, outreach, identification, and intervention services and (or) initiatives. Additional items assessed social supports and (or) campus climate (for example, social clubs), medical, campus counselling, and accessibility services. The institution’s mental health policies were also explored. Some questions were also opinion-based (that is, extent of agreement or disagreement with a statement). Respondents could provide comments throughout the survey.

Data Collection and Synthesis

Invitations to complete the survey were sent via email (the survey link was embedded within the email) to select respondents at 26 publicly funded post-secondary institutions in Alberta. Respondents were identified based on their perceived knowledge and involvement with mental health services on campus (that is, front-line workers dealing directly with students). Among the post-secondary institutions identified, 35% ($n = 9$) were considered small (less than 2000 students), 35% ($n = 9$) medium (2000 to 10 000 students), and 30% ($n = 8$) large (10 000 or more students) institutions.

The first sample of potential respondents ($n = 34$) was invited to complete the survey on April 28, 2013. A second ($n = 20$) and third ($n = 25$) sample of potential respondents were contacted after several weeks. The last sample ($n = 6$) was contacted at institutions that had not yet been represented in the data. If a person did not complete the survey, they were sent a reminder email after 1 week; a maximum of

2 reminders were sent to each potential respondent. The purpose of this sampling strategy was to maximize the response rate and the number of post-secondary institutions represented in the survey. The survey was intentionally sent to more than one representative of an institution if more than one relevant contact could be identified. The survey was closed on July 15, 2013.

Surveys from multiple respondents at the same institution were combined to develop one representative profile. If questions were additive (for example, “Mental health promotion goals? Select all that apply”), responses were summed (that is, participant 1 selects A, participant 2 selects B; institutional profile included A and B). If the response option was categorical (that is, yes or no) and responses for the same institution differed (that is, participant 1 selects “yes,” participant 2 selects “no”) then the institutional profile reflected either the majority response or was coded as “unsure” (that is, 2 respondents disagreeing). Although combining data in such a manner may sacrifice its nuances, it should represent the mental health initiatives and (or) services on a campus more accurately, especially if people from an institution occupy different positions and may not be familiar with all aspects of relevant services.

The institutional profiles were aggregated using SurveyMonkey’s analyze results function, which allowed for the calculation of the relative per cent that each response was selected. These results were compared according to institutional size (that is, small, medium, or large).

Results

Respondent Characteristics

Among the 85 people contacted, 45 completed the survey (53% response rate). All of Alberta’s post-secondary institutions were represented ($n = 26$), with at least 1 respondent per institution (23% had 3, 27% had 2, 50% had 1 respondent). Responders included the following: 18 administrators, 16 counsellors and (or) counselling staff, 4 medical professionals, 3 disability services staff member, 2 campus ministry member, 1 student, and 1 dean.

Section 1: Mental Health Promotion and Outreach

Mental health promotion referred to programs and (or) initiatives with the goal of increasing mental health awareness. Overall, 44% of small, 89% of medium, and 88% of large institutions indicated that they had campus mental health promotion programs in place. Each institution had multiple groups involved in mental health promotion (for example, counselling centre, students’ affairs office, disability office, and students’ association).

Professors were able to request presentations on mental health at most institutions (56% at small, 78% at medium, 88% at large), although such presentations were typically “rarely” requested in small and medium institutions (67%) and “sometimes” (50%) requested at large ones. The reported goals of mental health promotion programs and

Table 1 Goals and targeted mental health problems of mental health promotion programs by post-secondary institutions in Alberta

Variable, %	Small (<2000) n = 9	Medium (2000–10 000) n = 9	Large (>10 000) n = 8	Average n = 26
Mental health promotion program goals				
Educate students about mental health disorders	50.0	88.9	87.5	78.3
Reduce mental illness stigma on campus	66.7	100.0	87.5	87.0
Educate students on recognizing mental illness and how to help those in need	66.7	88.9	87.5	82.6
Inform students of campus mental health services and where to go if help is needed	100.0	100.0	87.5	95.7
Unsure	0.0	0.0	12.5	4.3
Targeted promotion programs				
Alcohol abuse	22.2	50.0	71.4	45.8
Drug abuse	22.2	37.5	42.9	33.3
Eating disorders	11.1	37.5	28.6	25.0
Depression	33.3	50.0	71.4	50.0
Bipolar disorder and (or) schizophrenia	0.0	37.5	14.3	16.7
Suicide	33.3	75.0	71.4	58.3
Stress and (or) anxiety	55.6	75.0	100.0	75.0
Institution focuses only on promoting mental health as a whole	33.3	12.5	14.3	20.8

the mental health problems targeted by these programs are presented in Table 1.

Mental health outreach was defined as initiatives designed to encourage students with known and (or) potential mental health problems to seek help. Most institutions indicated that they had mental health outreach programs on campus, with more than one group responsible for these programs (for example, counselling centre, disability office, residence staff, and medical services). Across all institutions, 70% agreed when asked whether they thought that students were informed about mental health issues and available mental health services on campus.

Focused outreach initiatives—targeted at specific groups—were present in 50% of small and 75% of medium and large institutions. Groups most frequently targeted in small institutions were international and lesbian, gay, bisexual, and transgender (LGBT) students; in medium and large institutions, Aboriginal and international students were the most frequently targeted groups. First-year students were also common targets for outreach initiatives. Mental health curriculum integration programs, an initiative whereby professors can integrate mental health concepts into their course material, were absent in small institutions and present in only 13% of medium and large institutions.

Overall, 86% of all respondents indicated that their institution could benefit from expanding campus mental

health promotion and outreach programs. Only 17% of the small institutions' respondents responded positively when queried on whether current campus promotion programs were effective and a good use of campus resources; similarly, 25% of small institutions' respondents responded positively to a similar question regarding campus outreach programs. In contrast, 67% and 73% of respondents from medium and 67% and 60% of respondents from large institutions responded positively regarding whether current campus promotion and outreach programs, respectively, were effective and a good use of campus resources.

Section 2: Campus Social Support and Mental Health Climate

Questions on social supports (for example, clubs and mentors) and other elements that reduce stress and encourage self-care to contribute to a healthy campus climate reflect the premise that mental health is closely tied to overall health and (or) well-being. For small institutions, a peer support centre (67%) and international students' centre (33%) were the most frequently cited available social supports. For medium and large institutions, Aboriginal centres (67% and 100%), peer support centres (33% and 86%), and LGBT clubs (33% and 57%) were the most frequently identified campus social supports; medium institutions also identified international students' centres (33%). Most small institutions (72%) indicated having no

Table 2 First-year student support services, staff training, and other services offered to students

Variable, %	Small (<2000) n = 9	Medium (2000–10 000) n = 9	Large (>10 000) n = 8	Average n = 26
Support services for first-year students				
Orientation	100.0	100.0	100.0	100.0
Peer tutors	87.5	55.6	85.7	75.0
Transition program	50.0	0.0	42.9	29.2
Mentors	37.5	33.3	28.6	33.3
Advisers	75.0	66.7	85.7	75.0
Workshops	62.5	33.3	100.0	62.5
None of the above	12.5	0.0	0.0	4.2
Residence advisers and (or) staff training				
Mental health first aid	60.0	0.0	100.0	57.1
Peer counselling	40.0	50.0	80.0	57.1
Conflict mediation	60.0	50.0	80.0	64.3
Community development	20.0	0.0	80.0	35.7
Leadership	40.0	25.0	80.0	50.0
Campus resources	40.0	50.0	100.0	64.3
Crisis intervention	80.0	75.0	100.0	85.7
Other services offered to students				
Recreation centre and (or) gym access	100.0	100.0	100.0	100.0
Opportunity to participate in wellness program	22.2	66.7	71.4	52.0
Meditation centre access	44.4	44.4	57.1	48.0
On-campus preventive health care programs	22.2	88.9	71.4	60.0
Programs facilitating community involvement	66.7	44.4	85.7	64.0
Programs facilitating campus involvement	77.8	88.9	100.0	88.0

specific support services for Aboriginal students, whereas 78% of medium and all large institutions offered them. An Aboriginal club was the most common support identified by medium institutions, whereas in large institutions elder counselling and Aboriginal advisers were the most common social supports identified. All medium and 86% of large institutions offered support services for international students. Specific supports for first-year students, a high-risk group for mental health problems, are outlined in Table 2.

The majority (84%) of institutions indicated that they had a student residence. The domains in which residence advisers and (or) staff are trained in are presented in Table 2. Only 8% of all institutions reported having programs that train students to be campus leaders for mental health (for example, peer health educators). Other services offered to students that contribute to creating a healthy campus climate are presented in Table 2.

Section 3: Identification

The survey assessed initiatives designed to identify students with and (or) at risk for developing mental health problems. For example, gatekeeper training programs were

present at 44% of small, 11% of medium, and 86% of large institutions. Among small institutions, 83% agreed that faculty and (or) staff were informed about mental health and available campus services. This is compared with 67% of respondents at medium and 88% at large institutions.

Across all institutions, 63% reported that students are able to alert the institution of preexisting mental health problems. Only at 8% of institutions (1 small, 1 medium) were incoming students required to fill out a medical history questionnaire. Other measures implemented by institutions to identify students in distress are presented in Table 3.

Section 4: Campus Medical, Counselling Services, and Accessibility Services

On-campus medical services were offered at 44% of small, 88% of medium, and all large institutions. Among these, no small, 29% of medium, and 57% of large institutions indicated that campus medical services included access to a psychiatrist.

Disability or accessibility services refer to services that assist students who require academic accommodations as a result of mental or physical illness. When queried on whether

Table 3 Means by which distressed students or those with known or potential mental health problems are identified at institutions in Alberta

Variable, %	Small (<2000) n = 9	Medium (2000–10 000) n = 9	Large (>10 000) n = 8	Average n = 26
Depression screening	0.0	50.0	100.0	45.8
Problem drinking screening	0.0	37.5	71.4	33.3
Problem video gaming or online gambling screens	0.0	37.5	28.6	20.8
Substance abuse screening	11.1	37.5	71.4	37.5
Problematic eating patterns screening	0.0	37.5	71.4	33.3
Student at-risk committees	11.1	50.0	85.7	45.8
Information on counselling website	22.2	50.0	100.0	54.2
Telephone hotline for students in distress	22.2	37.5	42.9	33.3
Confidential email service	33.3	37.5	28.6	33.3
Onus on students (self-referral)	77.8	87.5	42.9	70.8

Table 4 Options offered to students seeking help at disability and (or) accessibility and counselling services

Variable, %	Small (<2000) n = 9	Medium (2000–10 000) n = 9	Large (>10 000) n = 8	Average n = 26
Disability services				
Needs assessment based on documentation of disability	87.5	100.0	100.0	95.7
Academic or faculty advisers	50.0	75.0	57.1	60.9
Development of an Individual Services Plan	75.0	87.5	100.0	87.0
Information on and referrals to relevant campus or community services	87.5	75.0	100.0	87.0
Facilitating classroom accommodations	87.5	100.0	100.0	95.7
Identification of effective learning and customized study strategies	62.5	87.5	100.0	82.6
Disabilities counsellor or disability-related coaching	37.5	75.0	100.0	69.6
Counselling services				
Student assistance programs	33.3	71.4	85.7	60.9
Peer counsellors	11.1	28.6	14.3	17.4
Mental health information available online	55.6	28.6	85.7	56.5
Opportunity for students to talk with a counsellor over the phone	66.7	57.1	100.0	73.9
Self-help programs	22.2	0.0	42.9	21.7
Group help programs	11.1	14.3	57.1	26.1
Referrals to psychiatrists and (or) physicians	77.8	42.9	85.7	69.6
Not applicable	11.1	14.3	0.0	8.7

Table 5 Policies in place regarding specific mental health issues at Alberta's post-secondary institutions

Variable, %	Small (<2000) <i>n</i> = 9	Medium (2000–10 000) <i>n</i> = 9	Large (>10 000) <i>n</i> = 8	Average <i>n</i> = 26
People at-risk	44.4	37.5	71.4	50.0
Crisis management	55.6	50.0	85.7	62.5
Sharing and collection of mental health data across campus	0.0	25.0	71.4	29.2
Students who have attempted and (or) are threatening to attempt suicide	22.2	37.5	57.1	37.5
The institution does not have formal policies on any of the above	22.2	25.0	14.3	20.8
Unsure	22.2	12.5	0.0	12.5

their institution was accepting of, and accommodating to, students with mental health problems, 85% of respondents from small institutions agreed; 69% of respondents from medium and 94% from large institutions agreed. Most (89%) small and all medium and large institutions offer disability and (or) accessibility services. Staff involved in providing these services included someone with training in mental health at 13% of small, 50% of medium, and 43% of large institutions. Table 4 indicates the various options offered to student seeking assistance by disability and (or) accessibility services.

In total, 96% of institutions indicated that they had on-campus counselling services and (or) a centre. The campus counselling centre employed psychologists at 67% of small, 86% of medium, and at all large institutions. The most common means by which students access counselling services was by self-referral or through faculty and (or) other student referrals. At large institutions, students were equally likely to be referred through disability services and the campus health centre. The most popular option for students needing immediate help at all institutions was designated counselling centre walk-in times. Counselling centres collaborated with other campus entities (for example, disability office) at about 70% of institutions. Table 4 presents the services and (or) options available to students seeking help through counselling services.

Forty-four per cent of small and 71% of medium and large institutions indicated that counselling centre staff had undergone cross-cultural training. Most staff at all institutions had training in dealing with suicide. Staff was considered diverse (for example, in terms of sex, race, and nationality) at 11% of small and 57% of medium and large institutions. Close to one-half of the institutions did not employ bilingual staff (not specifically English and French) in their counselling centres.

Only 17% of institutions indicated that they provide a complete diagnostic, psychosocial, and functional assessment during the initial client visit. Twenty-two per cent of all institutions indicated that they provide long-term

therapy for students, and 86% indicated referring people needing further care to appropriate off-campus services. Only 36% of all institutions employed a follow-up system to ensure that referrals were completed. At most institutions, counselling services limited the length and (or) number of sessions. Procedures for notifying responsible parties following a student's psychiatric crisis were present in less than one-half of all institutions. About one-half of all institutions indicated that they had specific policies in place for missed appointments. Twenty-two per cent of small, 43% of medium, and 57% of large institutions indicated that they plan and coordinate mental health resources with community-based mental health services.

Section 5: Policy

Few institutions reported conducting recent research (that is, within 5 years or less) on student mental health. Among small institutions, 44% had recently implemented initiatives to improve mental health on campus but none had evaluated them. Similarly, 13% of medium and 57% of large institutions had implemented such initiatives; 25% of medium and 50% of large institutions had evaluated these mental health initiatives and (or) programs. The institutional policies relating to mental health are presented in Table 5.

Discussion

Our study assessed the current state of mental health services provided by post-secondary institutions in Alberta. There were notable differences in resources based on the size of the institutions across the domains of promotion, identification, and intervention. Most institutions have some form of promotion and (or) outreach programs in place. Additionally, most provide social supports, have means to identify students in distress, and offer campus medical, counselling, and accessibility services. This is important as promotion and outreach programs, as well as accessibility, counselling, and medical services, are identified in the literature as vital mental health services for post-secondary institutions.¹ However, when examined by institution size, differences in campus mental health services emerged, with

small institutions being less likely to have mental health promotion programs in place, less likely to offer gatekeeper training, and less likely to have campus medical services. This may be due to limited and (or) insufficient staff and to budgetary concerns—while such problems are not unique to small institutions, they appear to affect them more profoundly.¹⁰

Mental Health Promotion and Outreach Programs

The goals of mental health promotion programs reflected a desire both to reduce mental illness stigma and to inform students about available mental health services. This is encouraging as students may not seek help for mental health issues because of associated stigma and a lack of knowledge about campus mental health services.^{11–13} Nevertheless, most respondents indicated that their institutions could benefit from expanding mental health promotion and outreach programs. Of note was the finding that few institutions reported promotion and (or) outreach programs targeting drug and (or) alcohol abuse, eating disorders, and bipolar disorder and (or) schizophrenia. Outreach initiatives toward LGBT, international, and Aboriginal students were limited at small institutions. Most respondents from small institutions did not think that their current promotion and (or) outreach services were a good use of campus resources. Given that most respondents from small institutions also indicated that their institution could benefit from expanding promotion and (or) outreach programs, it is likely that while respondents view existing programs as necessary, they may need to be improved to be more effective.

Social Support and Mental Health Climate on Campus

Most institutions offered specific social supports to vulnerable populations and had other programs in place for improving overall health (for example, recreation centres). Previous work has found that mental health is closely tied to overall health; as such, successful mental health problem prevention initiatives should be community-based and focused on reducing stress, providing social supports, and encouraging and sustaining self-care.^{14,15} As expected, large institutions generally had a greater diversity of services available to all students as well as to specific student populations.

Identification

Across all universities, initiatives and (or) services aimed at identifying students with, or suspected, mental health problems were limited. Over one-half of small and medium institutions did not have gatekeeper training initiatives. This raises the possibility that university campuses in Alberta have few or no comprehensive or effective programs in place to educate and train staff in recognizing and appropriately responding to mental health problems. Further, almost one-half of the institutions did not have procedures in place that would allow incoming students to alert the institution of existing mental health problems. One of the

central recommendations of a policy paper by the College Student Alliance of Ontario indicated that institutions (in conjunction with others) “must develop a mechanism that allows students the option to identify themselves as needing additional support for mental health and addiction problems in the early application stage of their college career.”^{16, p 17} Interestingly, small institutions were more likely than large ones to have notification procedures in place.

Campus Counselling Services

A counselling centre was present at almost all of Alberta’s institutions. Counselling centres at institutions of all sizes generally did not offer long-term therapy but referred those needing further care to appropriate off-campus services. This is consistent with previous reports that campus mental health services are focused on short-term therapy and do not provide long-term services.¹⁷ Small institutions appeared to be slightly more likely to offer long-term therapy and less likely to refer students to outside resources than large institutions, consistent with a previous US report.¹⁷ Small and medium institutions rarely reported having peer counsellors or incorporating self-initiated and (or) group therapy into their counselling programs. Such approaches could reduce stress on counselling resources, although further research regarding their effectiveness is warranted.

Policy

It is necessary to evaluate whether objectives in campus mental health promotion and (or) provision are successfully realized in implemented programs and (or) initiatives, and whether expected outcomes are achieved.¹⁸ However, less than one-half of all institutions reported evaluating their mental health programs and (or) initiatives. This could be due to limited resources or a lack of knowledge on how to successfully evaluate such programs. Most small and medium institutions do not have procedures in place for collecting and sharing mental health data across campus entities; large institutions fared better. Finally, many institutions do not have policies regarding at-risk people, crisis management, and people who have threatened and (or) attempted suicide. This suggests a need for developing and (or) more effectively implementing such policies at post-secondary institutions.

Limitations and Future Directions

Our study’s primary limitations are that the quality of the data relied on the quality of the reporting. To minimize this weakness, we sought input from multiple informants within institutions. Another limitation is that while the survey was piloted among undergraduate students for ease of use, clarity, and readability, it is possible that certain questions were unclear or that respondents believed that the questions referred to issues other than intended. Cognitive interviewing with a representative group of potential respondents may have further optimized the survey.

Our research provides important information to small, medium, and large Canadian post-secondary institutions

attempting to develop comprehensive strategies regarding optimal provision of mental health initiatives and services. While there is significant growth in awareness of the importance of campus mental health, and some commensurate investment in services for students, consensus regarding the key or fundamental components of a campus mental health strategy for Canadian campuses is still lacking. As a starting point for understanding what services should be expected of Canadian institutions, it is informative to know what currently exists and where the gaps appear to be, despite literature supporting the clinical utility of certain approaches.

Conclusion

Our results indicate that a range of practices identified within the literature as being important in promoting mental health and in preventing mental health problems, as well as integral mental health services, are being offered at most institutions in Alberta. Although small institutions are less likely to offer some of these services, this may not mean that they are less committed to campus mental health programs. However, it may suggest that students with known mental health service needs cannot assume that all institutions, even within the same province, will be able to provide comparable services. Knowledge of what is—and is not—available on various campuses may assist students in making decisions about the best way to have their mental health needs met while they attend a post-secondary institution. To date, there is no central compendium of available services and no efficient way for potential students and their families to compare services across institutions of interest to them. As further investments in campus mental health strategies are planned and implemented, programs should incorporate known best practice approaches and should also include formal evaluation frameworks that are currently absent from many campus programs. Systematic program evaluation will assess whether investments are translating into optimal outcome for students and will allow other institutions to learn about the successes and failures of various strategies aimed at optimizing the mental health of Canadian post-secondary students.

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