

Mental Health and Well-being among Canadian University Students: Review and Recommendations

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Mental health and well-being among Canadian university students has been declining over the past few decades (Durand-Bush, McNeill, Harding, & Dobransky 2015; Mahmoud, Staten, Hall, & Lennie, 2012; Markoulakis & Kirsh, 2013; Nunes et al., 2014). A number of studies demonstrate a positive association between academic success and optimal mental health (Durand-Bush et al., 2015; Markoulakis & Kirsh, 2013; Nunes et al., 2014). Research shows there is a greater prevalence of psychological distress in university students compared to young adults in the general population (Durand-Bush et al., 2015). This literature review examines a few explanations for this decline in mental health and some potential stressors that may have contributed to this problem. The literature reveals the following factors as the most prevalent in the decline of Canadian students' mental health: academic pressure, financial stress, and increased competition in higher education. Finally, the paper suggests recommendations for future research and strategies to be employed by higher educational institutions to increase psychological well-being. This paper is modeled using Keyes's dual factor model of mental health.

Keywords: Canadian undergraduate students, mental health, well-being, academic

There is a growing concern regarding the overall mental health and well-being of young adults in Canada (Markoulakis & Kirsh, 2013). Mental health and well-being are essential components to an individual's overall health (Keyes, 2005; Markoulakis & Kirsh, 2013; Statistics Canada, 2010). According to the World Health Organization (2014), the well-being of an individual includes their ability to manage common life stressors and work effectively while being able to contribute to their community. In general, increased psychological well-being is correlated with success across various life domains such as work, relationships, and overall health (Keyes & Grzywacz, 2005; Lyubomirsky, King, & Diener, 2005). Research within positive psychology, as

applied to educational settings, suggests a similar relationship between well-being and academic achievement (Durand-Bush, McNeill, Harding, & Dobransky, 2015; El Ansari & Stock, 2010). Many young adults will experience various significant life changes in conjunction to completing their education (Nunes et al., 2014). These changes may include forming relationships, gaining financial responsibilities, balancing education and employment commitments and so forth. It is not a shock that mental health concerns arise during early adulthood given these important changes (Nunes et al., 2014). Over the past decade, there has been a growing awareness in the rise of mental health concerns among university students (Durand-Bush et al.,

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2015). The purpose of this paper is to review the decrease in mental health among the young adult population across Canadian universities, address the potential reasons for this declining trend, and provide strategies and recommendations for future research in order to increase psychological well-being and academic success.

Model of Mental Health

Mental health is not simply the absence of mental illness (Keyes, 2005). Keyes, a psychologist who has done significant work within positive psychology, developed a model for mental health that is widely used across Canada (Keyes, 2005; Peters, Roberts, & Dengate, 2011; Windhorst & Williams, 2015). Keyes's (2005) dual factor model recognizes that mental health and mental illness exists as two separate but co-occurring continuums, which provides a complete representation of an individual's mental state. This paradigm defines mental health as a state of subjective well-being in which an individual is able to positively function in their life; in contrast, mental illness refers to an individual who meets the criteria for a certain mental condition (Keyes, 2005; Peter et al., 2011). The model illustrates that individuals without a mental illness are not necessarily mentally healthy (Peter et al., 2011). Consequently, it is possible for someone to have a mental illness but be mentally healthy and vice versa. Therefore, an individual can have a mental illness but because they are able to optimally function within their life, they show positive mental health (Keyes, 2005). Similarly, an individual may have lower levels of mental health as shown by symptoms of distress, but not have a mental illness (Keyes, 2005). For instance, a Canadian study using the dual continua model found that students with low levels of well-being displayed symptoms

of depression, but some others with a mental illness showed high levels of well-being (Peter et al., 2011). This study operationally defines levels of well-being using six dimensions of positive psychological functioning, which include self-acceptance, interpersonal relationships, autonomy, personal growth, managing one's environment, and a purpose in life (Peter et al., 2011). Therefore, the dual factor model allows for the conceptualization of mental health as emotional, psychological, and social well-being (Keyes, 2005). The application of this model to the mental health of the student population is necessary in order to understand the mental health difficulties of young adults in the context of post-secondary education.

Decline in Psychological Well-being

In recent years, the demographic of the current generation of university students has changed tremendously, as have their mental health needs. The university student population is considerably diverse with a large number of international students and a broad age range of students with many over the age of 25 (Burns, Lee, & Brown, 2011; Kitzrow, 2009; Mahmoud, Staten, Hall, & Lennie, 2012; Soet & Sevig, 2006; Statistics Canada, 2010). The age of onset for many mental illnesses is between 18 to 24 years old (Kessler et al., 2005). This is often the age of the typical university student (Eisenberg, Gollust, Golberstein, & Hefner, 2007; Kessler et al., 2005). During the last few decades, reports show mental health problems are increasing among young adults within university (Eisenberg et al., 2007; Kitzrow, 2009). A greater proportion of students are experiencing severe levels of psychological distress, compared to traditional issues of adjustment to university seen in students during the 1980's (Eisenberg et al., 2007; Kitzrow, 2009). The most

common mental health problems found in young adults include anxiety, mood, and substance use disorders (Nunes et al., 2014). Correspondingly, there is an increase in the number of university students dealing with depression and anxiety (Nunes et al., 2014). According to the American College Health Association, a great number of students felt overwhelmed (87%), excessive anxiety (55%), and depressed with decreased functioning (33%) at some point within the past year (Durand-Bush et al., 2015). This survey data, collected from approximately 16,000 Ontario university students, indicated a significant proportion of students were severely distressed (Durand-Bush et al., 2015). These findings are consistent with results from a health survey conducted by the Centre for Addiction and Mental Health, which report 30 percent of Canadian undergraduates are highly distressed, as measured by the twelve item General Health Questionnaire (Durand-Bush et al., 2015; Nunes et al., 2014). This questionnaire is a well established measure used to test mental health functioning, which has been used in many studies involving university students (Durand-Bush et al., 2015). Studies show constant, unresolved stress can lead to psychological distress, which may result in severe mental health concerns (Durand-Bush et al., 2015; Nunes et al., 2014). The levels of distress among students are twice as high compared to their age-matched peers not in university (Durand-Bush et al., 2015). Furthermore, elevated levels of distress are associated with decreases in physical and mental health and poorer academic success (Park, Edmondson, & Lee, 2012). This data illustrates the serious mental health difficulties among undergraduate students within Canada over the last decade.

Health survey data from students across Canadian post-secondary institutions reveal that emotional distress is

associated with academic performance (Durand-Bush et al., 2015; Nunes et al., 2014; Park et al., 2012). Research shows a positive relationship between poor mental health and academic attrition because students who display higher levels of distress are more likely to perform worse academically or withdraw from university (Durand-Bush et al., 2015; Nunes et al., 2014). A survey of over 6,000 university students across Canada showed symptoms of distress, such as feeling over-worked, worried, unhappy, depressed, and exhausted, in approximately 30 percent of the sample (Nunes et al., 2014). In addition, students with mental health problems experience physical, psychological, and social difficulties as well as poorer academic outcomes (Markoulakis & Kirsh, 2013). These associations highlight the extensive mental health difficulties experienced by students, which can impact their success within the university community and beyond.

Stressors Impacting Mental Health

The previously mentioned research shows many students are under great psychological distress, but this research fails to address the potential stressors impacting mental health. The pressures faced by students during their post-secondary education are complex and may include, but are not limited to, academic demands, increased competition in higher education, and financial burdens (Eisenberg et al., 2007; Kruisselbrink, 2013; Markoulakis & Kirsh, 2013). Studies indicate students encounter these various life stressors, but often do not perceive them as related to their mental health difficulties (Durand-Bush et al., 2015; Markoulakis & Kirsh, 2013). Many of these identified stressors are also seen in the general student population, but the severity of the concerns experienced by students with mental

health problems is greater (Markoulakis & Kirsh, 2013).

Students who show signs of depression and anxiety often state that academic stress is one of the main factors contributing to their mental health problems (Nunes et al., 2014; Markoulakis & Kirsh, 2013). Students with untreated mental health concerns earn significantly lower grades, compared to their peers (Markoulakis & Kirsh, 2013). Some researchers suggest mental distress may be contributing to students' difficulties with concentration, memory, stress, and organizational ability (Markoulakis & Kirsh, 2013). It is important to note that concentration, memory, stress, and organization are essential components for academic success. If these components are impaired in students due to mental health troubles, it can have detrimental effects on their academic success (Markoulakis & Kirsh, 2013).

Students feel a great pressure to achieve high grades within university. High grade expectations may be due to the competitive nature within post-secondary institutions (Markoulakis & Kirsh, 2013; Nunes et al., 2014). In today's job market, there is a greater requirement for higher education compared to thirty years ago (Kitzrow, 2009; Markoulakis & Kirsh, 2013; Nunes et al., 2014). Students feel they must contend with other students in order to ensure academic success (Kitzrow, 2009). Research shows 75 percent of young Canadians participate in higher education within at least four years after graduating high school (Kitzrow, 2009). Thus, greater accessibility to post-secondary education has allowed for a more diverse student population (Kitzrow, 2009). Currently, very little research has been conducted on the mental health needs of this diverse student population. The effort to meet such high expectations within university and inability to cope with stress, are likely contributing to the decline

in mental health in the undergraduate student population (Markoulakis & Kirsh, 2013; Peter et al., 2011).

Another common stressor for students is financial stress. In Canada, tuition fees have been steadily rising with students experiencing greater student loans and debt after graduation (Merani et al., 2010). A study conducted by Merani and colleagues (2010) show a positive correlation between the amount of tuition fees paid and the reported stress. Research shows students with large amounts of financial burden tend to have reduced academic performance and are more likely to experience mental distress compared to their peers (Eisenberg et al., 2007; Merani et al., 2010; Ross, Cleland, & Macleod, 2006). Another study shows students from lower socioeconomic backgrounds are more likely to experience symptoms of anxiety and depression (Eisenberg et al., 2007). This finding is similar to the socioeconomic differences in mental health within the general population (Eisenberg et al., 2007). However, further research examining socioeconomic status and mental health among university students is needed (Markoulakis & Kirsh, 2013). This may imply some students are performing poorly and experiencing poorer mental health because of debt and financial burdens (Eisenberg et al., 2007). The most common instances of financial stress include paying for tuition and living expenses while balancing work and academic commitments (Markoulakis & Kirsh, 2013). Additionally, students experiencing mental health problems often take longer to finish their degrees compared to the average university student (Markoulakis & Kirsh, 2013). It is possible that a combination of academic stress and financial burdens may prolong degree completion rates. The stress caused from high tuition costs and academic pressures both appear to be common factors impacting mental

health in students.

University students come in contact with many academic, social and financial stressors that may negatively impact their mental health (Mahmoud et al., 2012). Additional research examining the potential factors involved in student distress is required. Very few studies have examined the demands associated within university life from the viewpoint of students experiencing mental distress (Markoulakis & Kirsh, 2013). This perspective is essential to determine the best support services for students. The complex interaction of factors that create negative outcomes for students under mental distress need to be more clearly recognized in order to provide solutions for students to overcome these barriers.

Recommendations & Challenges

At the institutional level there is a critical need to address this rise in mental health problems by implementing strategies to increase the well-being of students. In general, it appears that students' experiences of stress are hindering their academic performance (Durand-Bush et al., 2015). Since consistent stress can translate into severe mental health concerns, students would benefit from strategies that alleviate these difficulties. Some studies suggest students do not have sufficient coping skills to deal with university life (Durand-Bush et al., 2015; Hofer, Busch, & Kartner, 2011; Mahmoud et al., 2012). Researchers suggest the use of self-regulating skills in planning, controlling, and evaluating thoughts to achieve success in a dynamic university environment can lead to higher levels of well-being (Hofer et al., 2011). Research indicates that utilizing these self-regulating skills significantly predicts the students' levels of stress, well-being, and mental health (Park et al., 2012). Compared to previous

decades, studies show more students are seeking out counselling services (Burns et al., 2011; Kitzrow, 2009; Markoulakis & Kirsh, 2013). However, other reports indicate students are less likely to obtain help (Martin, 2010; Peter et al., 2011). It appears many students avoid seeking help on campus for their mental health conditions because they are worried about stigmatization (Martin, 2010). Students worry about how others may perceive them if they utilize mental health services (Markoulakis & Kirsh, 2013). Reports show students fear being rejected within university, their community, and from future employment opportunities, if they disclose their mental health problems (Markoulakis & Kirsh, 2013; Martin, 2010). Moreover, researchers notice students who decide to seek help have already experienced academic impairment (Martin, 2010). A potential solution to this timing issue is to increase awareness about mental health to reduce the stigma around seeking help. University programs aimed at spreading acceptance of mental health is one possible way to increase awareness and reduce stigmatization (Martin, 2010). Such a prevention strategy may help students understand the concept of mental wellness, so should they experience distress they will seek help prior to academic impairment.

Traditionally, therapeutic approaches such as counselling services have been widely used to treat mental illnesses. Many challenges have occurred with the increase in serious mental health problems among students, including the increased need for more counselling services provided by institutions (Martin, 2010). However, these conventional practices neglect factors that promote well-being with the focus being on mental illness. In line with Keyes's (2005) model, it is important to recognize that mental health is on a continuum in which an individual may not be at

optimal mental health. Therefore, new strategies must be developed and implemented in addition to providing student support services to ensure optimal mental health among the student population. Future research examining programs that will provide students with essential coping skills and strategies to relieve stress may act as alternatives to counselling (Martin, 2010). For instance, offering free and easily accessible educational courses on stress management, basic health, and finances during the first year of university life may be beneficial for students. Another alternative to counselling may include meditation based programs to reduce symptoms of distress (Burns et al., 2011). Studies show meditation significantly alleviates symptoms of anxiety, depression, and stress (Burns et al., 2011; Kitzrow, 2009). Meditation programs can be a cost-effective approach to reduce mental distress among university students. Meditation can occur in a group setting or alone, which allows the university to reach a broader student population and ensure positive mental health and well-being among all students (Burns et al., 2011). It is important for institutions to be open to such alternative resources in order to ensure academic success and mental wellness of their students.

The physical environment of an institution can significantly impact mental well-being of the student population. Many environmental factors can influence student mental health such as natural environments, access to campus support services, and social inclusivity (Windhorst & Williams, 2015; Van den Berg et al., 2007). One study illustrated that natural environments can help promote positive mental health (Windhorst & Williams, 2015). The findings of this study suggest students prefer areas that are familiar, had aspects of nature such as trees, and are separated from various stressors such as auditory

and visual stimulation created by busy environments (Windhorst & Williams, 2015). The study reveals natural environments promote relaxation and reflection among students (Windhorst & Williams, 2015). These findings are consistent with research conducted by environmental psychologists who found that cross culturally, people prefer natural environments because they promote relaxation and provide social interaction (Van den Berg et al., 2007; Windhorst & Williams, 2015; Plane and Klodawsky, 2013). Since natural settings impact overall well-being, learning environments may benefit from incorporating such elements into their institutions. Since very few studies have investigated the relationship between natural environments in an academic institution and student mental health, further research is required.

The next step for higher educational institutions is to provide services and education that is geared towards creating successful and resilient citizens in the classroom and beyond. Future research could explore cost-effective alternatives to therapy such as changing the learning atmosphere (Windhorst & Williams, 2015). Offering alternative resources that educate students on mental health early in their university career may help impact student well-being by giving them the appropriate coping skills and information (Durand-Bush et al., 2015). Further research examining student mental health and well-being should focus on methods to reduce such stressors and promote resilience to produce functional young adults within society.

Conclusion

It is clear that mental health can dramatically impact the well-being of students within university. Post-secondary institutions across Canada are dealing with significant challenges regarding the changing mental health

needs of the current generation of university students. Mental health is a vital component of university life that can greatly impact learning and academic success. As previously discussed, mental health struggles are strongly associated with poorer academic outcomes (Markoulakis & Kirsh, 2013). It is difficult to determine all the stressors that influence mental health because of the complex interactions between each factor. Moreover, studies fail to address the differences in the current demographic of university students such as culture, which may differentially impact the mental health needs of students (Mahmoud et al., 2012). However, current research suggests some of the key contributors to the strain on mental health may include academic and financial pressures. Research examining the factors impacting student mental health, needs to be further investigated to provide effective solutions for students to overcome these obstacles. Although there has been increased awareness of mental health problems arising among university students, more must be done across all levels of the higher education system. Research shows it is equally as important to promote mental health to increase subjective well-being as it is to provide mental illness prevention strategies because promotion of positive mental health should be directed to all individuals (Peter et al., 2011). Active engagement in Canadian post-secondary institutions is required to develop policies and services to address student mental health. Thus, strategies to improve mental health must be treated as an institutional priority within higher education to ensure optimal well-being among all students.

References

- Burns, J. L., Lee, R. M., & Brown, L. J. (2011). The effect of meditation on self-reported measures of stress, anxiety, depression, and perfectionism in a college population. *Journal of College Student Psychotherapy*, 25(2), 132-144. doi:10.1080/87568225.2011.556947
- Dale, M. (2010) Trends in the Age Composition of College and University Students and Graduates. Statistics Canada. Retrieved on March 1st 2016, from <http://www.statcan.gc.ca/pub/81-004-x/2010005/article/11386-eng.htm>
- Durand-Bush, N., McNeill, K., Harding, M., & Dobransky, J. (2015). Investigating stress, psychological well-being, mental health functioning, and self-regulation capacity among university undergraduate students: Is this population optimally functioning. *Canadian Journal of Counselling and Psychotherapy*, 49(3), 253-274. Retrieved from <http://search.proquest.com/>
- Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, 77(4), 534-542. doi:10.1037/0002-9432.77.4.534
- El Ansari, W., & Stock, C. (2010). Is the health and wellbeing of university students associated with their academic performance? *International Journal of Environmental Research and Public Health*, 7(2), 509-527. doi:10.3390/ijerph7020509
- Hofer, J., Busch, H., & Kärtner, J. (2011). Self-regulation and well-being: The influence of identity and motives. *European Journal of Personality*, 25(3), 211-224. doi:10.1002/per.789
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorder on the national co-morbidity survey replications. *Archives of General Psychiatry*, 62, 593-602. doi:10.1001/archpsyc.62.6.593
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73, 539-548. doi:10.1037/0022-006X.73.3.539
- Keyes, C. L. M., & Grzywacz, J. G. (2005). Health as a complete state: The added value in work performance and healthcare costs. *Journal of Occupational and Environ-*

- mental Medicine, 47, 523-532. Retrieved from <http://www.ovid.com/site/catalog/journals/index.jsp>
- Kitzrow, M. A. (2009). The mental health needs of today's college students: Challenges and recommendations. *Journal of Student Affairs Research and Practice*, 46(4): 646-660. doi:10.2202/1949-6605.5037
- Kruisselbrink, A.F. (2013). A suffering generation: Six factors contributing to the mental health crisis in North American higher education. *College Quarterly*, 16(1), 1-17. Retrieved from <http://collegequarterly.ca/index.html>
- Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131(6), 803-855. doi:10.1037/0033-2909.131.6.803
- Mahmoud, J. S. R., Staten, R. T., Hall, L. A., & Lennie, T. A. (2012). The relationship among young adult college students' depression, anxiety, stress, demographics, life satisfaction, and coping styles. *Issues in Mental Health Nursing*, 33(3), 149-156. doi:10.3109/01612840.2011.632708
- Markoulakis, R., & Kirsh, B. (2013). Difficulties for university students with mental health problems: A critical interpretive synthesis. *Journal of the Association for the Study of Higher Education*, 37(1), 77-100. doi:10.1353/rhe.2013.0073
- Martin, J. (2010). Stigma and student mental health in higher education. *Higher Education Research and Development*, 29, 259-274. doi:10.1080/07294360903470969
- Merani, S., Abdulla, S., Kwong, J. C., Rosella, L., Streiner, D. L., Johnson, I. L., & Dhalla, I. A. (2010). Increasing tuition fees in a country with two different models of medical education. *Medical Education*, 44(6), 577-586. doi:10.1111/j.1365-2923.2010.03630.x
- Nunes, M., Walker, J. R., Syed, T., De Jong, M., Stewart, D. W., Provencher, M. D., & Furer, P. (2014). A national survey of student extended health insurance programs in post-secondary institutions in Canada: Limited support for students with mental health problems. *Canadian Psychology*, 55(2), 101-109. doi:10.1037/a0036476
- Park, C. L., Edmondson, D., & Lee, J. (2012). Development of self-regulation abilities as predictors of psychological adjustment across the first year of college. *Journal of Adult Development*, 19(1), 40-49. doi:10.1007/s10804-011-9133-z
- Peter, T., Roberts, L. W., & Dengate, J. (2011). Flourishing in life: An empirical test of the dual continua model of mental health and mental illness among Canadian university students. *International Journal of Mental Health Promotion*, 13(1), 13-22. doi:10.1080/14623730.2011.9715646
- Plane, J., & Klodawsky, F. (2013). Neighbourhood amenities and health: Examining the significance of a local park. *Social Science and Medicine*, 99, 1-8. doi:10.1016/j.socscimed.2013.10.008
- Ross, S., Cleland, J., & Macleod, M. J. (2006). Stress, debt and undergraduate medical student performance. *Medical Education*, 40(6), 584-589. doi:10.1111/j.1365-2929.2006.02448.x
- Soet, J., & Sevig, T. (2006). Mental health issues facing a diverse sample of college students: Results from the College Student Mental Health Survey. *National Association of Student Personnel Administrators Education Journal*, 43(3), 410-431. doi:10.2202/1949-6605.1676
- Windhorst, E., & Williams, A. (2015). It's like a different world: Natural places, post-secondary students, and mental health. *Health and Place*, 34, 241-250. doi:10.1016/j.healthplace.2015.06.002
- World Health Organization. (2014). Mental health evidence and research. Retrieved on March 5th, 2016, from http://www.who.int/mental_health/evidence/en/
- Van den Berg, A. E., Hartig, T., & Staats, H. (2007). Preference for nature in urbanized societies: Stress, restoration, and the pursuit of sustainability. *Journal of Social Issues*, 63(1), 79-96. doi:10.1111/j.1540-4560.2007.00497.x