

FINAL REPORT

The Evaluation of the Mental Health and Well-being for Credit Course for University of Guelph Students with an Identified Mental Health Challenge

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REPORT: Mental Health and Well-Being Course: PSYC*1400

The transition to university is a major life event that challenges youth to adjust to increased independence and autonomy while experiencing many opportunities for personal growth and maturity (Dyson & Renk, 2006; Berzonsky & Kuk, 2000). Understandably, for youth experiencing mental health difficulties, the ability to successfully manage various tasks and challenges associated with university life can be impaired (Young & Calloway, 2015). For these youth, challenges associated with adjusting to university may jeopardize academic achievement and fuel further psychological distress (Young & Calloway, 2015; National Alliance on Mental Illness [NAMI], 2012). Thus, it is important for University campuses to find ways to promote mental health, well-being and positive adaptation for these vulnerable students. The University of Guelph received ministry funding for a for-credit course to promote wellbeing for students registered for accommodation and support for a mental illness. Thus, the Psychology 1400 Mental Health and Well-Being course was developed in partnership with Student Accessibility Services (Bruno Mancini, MSW), Student Life (Dr. Brenda Whiteside) and Department of Psychology (Dr. Margaret Lumley). This seminar-style course (maximum 30 students) was offered in Fall 2014 and Winter 2015 with registration coordinated by mental health advisors working with the University's Student Accessibility Services department. Following extensive consultation with a variety of relevant stakeholders, including foremost, University of Guelph students with identified mental health challenges, mental health workers, faculty and Student Life personnel, the course was developed and presented to the relevant committees for approval within the University. This report provides a brief overview of the course¹ along with the results of the program evaluation conducted to examine its impacts for student participants. Challenges and future directions are also discussed.

Course Overview

Three central aims of the course were developed; including increased mental health/illness knowledge and understanding, increased academic self-efficacy in the context of mental health challenges, and awareness/practice at skills for improving well-being. These central aims are more specifically captured in the following goals for students enrolled in the course:

1. Normalized developmental experiences surrounding experiences at University
2. Decreased self-stigma and knowledge of mental illness stigma research
3. Increased mental health literacy
4. Increased understanding of prominent mental health services and research supporting their efficacy and effectiveness (e.g., pharmacology, CBT)

¹ A full course syllabus and other supportive materials can be secured from Dr. Margaret Lumley mlumley@uoguelph.ca

5. Increased practical knowledge of mental health supports on campus, in community and online
6. Awareness of own personal strengths, competencies and resources
7. Improved academic self-advocacy and general self-efficacy in the context of mental health challenges and personal strengths
8. Improved coping skills relevant to academic and personal success and wellbeing (e.g., relaxation strategies, tolerance of negative affect, self-care)

Enrollment in each of the Fall 2014 and Winter 2015 semesters was limited to 30 students and required the regular amount of time associated with a 0.5 credit course (10 -12 hours per week for the average student). An alternate grading scheme of pass/fail was selected to minimize competition between students and maximize focus on the process of the learning. There were four major components of the course including:

1. Mock Exam Questions: in response to readings assigned, students were asked to create and post to the online course site two questions that could be used for a hypothetical exam in this course. Questions were taken up in class and used for discussion purposes.
2. Assignments: A variety of small assignments were due throughout the class to complement lectures, readings and course materials and included, for example, writing a compassionate letter to self, identifying and responding to one's personal strengths and values, critiquing a mental illness/health website, writing a hypothetical advocacy email and constructing positive dialogues with peers about aspects of mental illness.
3. Individual Learning and Wellbeing Plan: This assignment was structured in two parts and was a major summative personal component of the course. It provided an opportunity for students to consider their key challenges/stressors impacting learning and wellbeing at University. Students were also able to highlight how to better use their key personal strengths as well identifying coping strategies they believed might serve them well as they pursued their studies.
4. Mental Health Presentation/Display: for this project students were asked to deliver a 10-minute presentation addressing some aspect of mental illness or health important to them or create a visual display on a similar topic. Many students faced considerable social anxiety, yet challenged themselves by opting for the oral presentation option in both semester offerings of the course.

The overarching framework for the course was one of positive mental health, very much focused on the assets, strengths and coping resources students naturally possess or might cultivate in service of their academic self-efficacy and general wellbeing. Corey Keyes' (2002) Dual Continuum Model of mental health/illness was employed as an explanatory model for the course and was explicitly integrated repeatedly as a concrete way to emphasize for students the

importance of a focus not only on their mental illness, but also their concurrent possibility of mental health. This model operationalizes mental health as a circumplex of positive and negative feelings and functioning. The continuum consists of both complete and incomplete health, with complete mental health considered to be flourishing (high level of well-being and positive emotion) and incomplete mental health as languishing (low well-being and high negative emotions and functioning). Students were receptive to the positive psychology framework emphasized in the class. Martin Seligman's PERMA model, highlighting several pathways to well-being, including positive emotions, engagement, positive relationships, meaning and accomplishment was a second guiding framework (Seligman, 2011). As others have done, we also considered vitality or physical well-being including sleep, eating and exercise as an additional well-being component. Providing students with research and resources to contemplate and practice skills in well-being and positive mental health was considered a key aspect of the course.

In the planning stages there was concern about how this course might differ from a variety of targeted group and individual therapy opportunities already afforded students on campus. Like group interventions, the class was meant to cultivate a sense of belongingness, de-stigmatization and mutual positive encouragement and support. However, unlike group interventions, there were major differences in the amount and quality of self-disclosures encouraged, and the instructor and teaching assistants consistently modeled these. Also distinguishing, was the evaluative nature of the course. Students were consistently provided with written and oral constructive feedback on their work and knew that work must be completed for a credit to be achieved. Lastly, there was a much greater emphasis on psycho-education and evaluation of scholarly and research material than is typically found in intervention.

Research Goals

Specific intended social-emotional goals and outcomes, as measured in the evaluation include decreased self-stigma, increased positive coping strategies, positive self-concept and resilience, as well as better awareness of personal strengths, improved positive self-schemas and increased connectedness within the social relationships. The course was also intended to increase students' academic and personal self-efficacy.

Method

Target Population Demographics

PSYC*1400 was aimed at students with an identified mental health concern registered with Student Accessibility Services. A total of 52 students completed the pilot version of this course. In the Fall 2014 semester, 22 students were enrolled in the course, which was delivered as a seminar style with first year students in one section and upper year students in another. During the

Winter 2015 semester, first and upper year students were collated making a total of 30 students enrolled in 1.5 hour long seminars delivered twice a week. A total of 45 students agreed to participate in the program evaluation with ages ranging from 17-25 (as well as two mature students). 29 students identified as female, 11 identified as male, and the remaining 5 students did not specify their gender. Of the students in the program evaluation, 46% were in first year, 96% reported having a DSM diagnosis with 90% having taken psychoactive medication and 35% being hospitalized for their mental health concern.

Measures

Participants who agreed to participate in the research evaluation of the course completed the measures during the first and second last class of the course. A PhD clinical psychology graduate student not involved in the course coordinated the program evaluation. At each data collection point, participants completed a series of quantitative self-report measures to examine various aspects of their mental health, wellbeing, coping and strengths. This information was collected using a Mental Health Screen (Lumley, 2013), The Mental Health Inventory-38 (Veit & Ware, 1983), Positive Schema Questionnaire (PSQ; Keyfitz, Lumley, Hennig, & Dozois, 2013), Brief COPE (Carver, 1997), Sense of Belonging (Hagerty & Patusky, 1995), The Resilience Scale (RS; Wagnild & Young, 1993), Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Seligson et al., 2003), Beck Depression Inventory Strengths (BDI-II; Beck, Steer & Brown, 1996), Academic Self-Efficacy, Internalized Stigma of Mental Illness Scale (ISMI; Ritsher et al., 2003), and the VIA Inventory of Strengths (VIA-72; Peterson & Seligman, 2004). Participants were also asked open-ended questions meant to elicit information relevant to their actual experiences with the course.

Improvement in Student Well-being (e.g. positive self-concept, resilience)

Overall well-being of students was assessed by exploring the levels of resilience, life satisfaction, depression, and positive schemas before and after completion of the course. The level of resilience demonstrated on the Resilience scale by students after taking the course was significantly higher than the first day of class. Overall, students displayed a significant decrease in depressive symptomatology according to the BDI. Findings revealed slight improvements in life satisfaction. Overall, there were significant improvements in positive schemas of student self-efficacy, worthiness and optimism.

Changes in Overall Wellbeing



Figure 1. Means of resilience, life satisfaction, and depressive symptoms before and after the course. *delineates a significant difference at $p < .05$.

Changes in Positive Self-Schemas

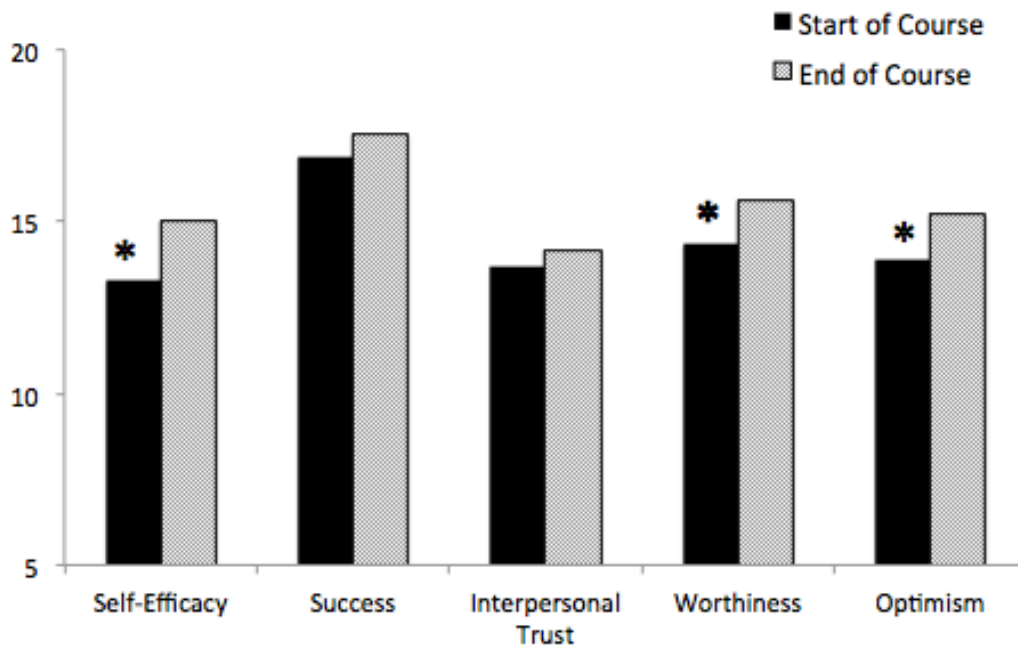


Figure 2. Means of positive self-schemas before and after the course. *delineates a significant difference at $p < .05$.

Improvements in self-knowledge, resources and coping strategies

Coping strategies were measured using Brief COPE which includes 28 items describing coping behaviours and is measured by a 4 item Likert-Scale ranging from 1 = *I haven't been doing this at all* to 4 = *I've been doing this a lot*. Students reported using significantly more instrumental support, positive reframing, and humor as a means to cope. Perhaps by learning and practicing various strategies in class, students were able to generalize these to coping with daily stressors related to their mental health and their learning context.

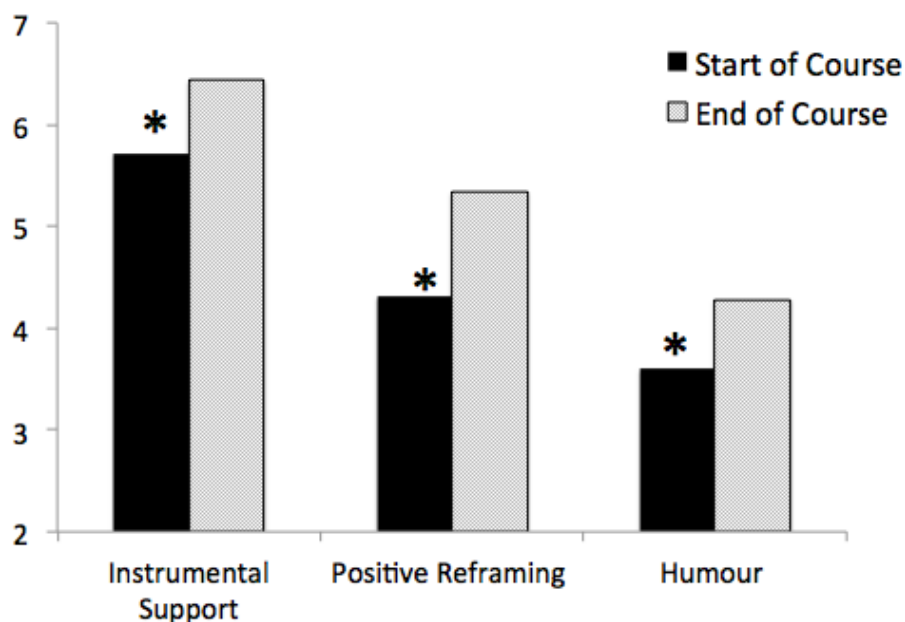


Figure 3. Means of instrumental support, use of positive reframing, and use of humour before and after the course. *delineates a significant difference at $p < .05$.

Reductions in self-stigma

Students reported experiencing a significant decrease in overall stigma from the start to the completion of the course. Stigma was measured using the ISMI and has been shown to display high internal consistency and test-retest reliability (Ritsher et al., 2003). The measure includes 29 items using a 4-point Likert-Scale ranging from 1 = *Strongly Disagree* to 4 = *Strongly Agree* to assess 4 sub-scores of stigma: alienation, discrimination, social withdrawal and internalized stigma. All of the sub-scores showed a significant decrease in internalized stigma. Improvement in these scores reflects the possibility that learning about mental health and well-being, particularly in the context of others' stories and experiences may have contributed to a decrease in self-stigma. The

discussion-oriented nature of the course in which adaptive self-disclosure was consistently modeled may have validated student experience of mental illness and also enhanced their sense of belonging.

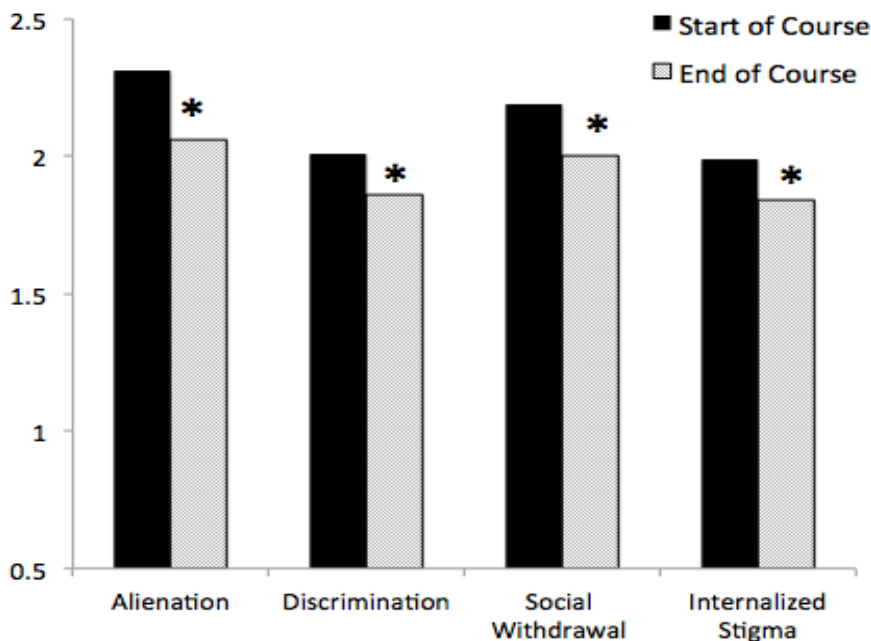


Figure 4. Means of internalized stigma before and after the course. *delineates a significant difference at $p < .05$.

Table 1

Means, standard deviations, and effect size of changes in student's characteristics from PSYC*1400

| Variable | <i>M</i> | <i>SD</i> | <i>t</i> | <i>d</i> |
|----------------------|----------|-----------|----------|----------|
| Well-being | | | | |
| Resilience | 9.79 | 13.29 | 3.68* | .74 |
| Life Satisfaction | 1.29 | 3.63 | 1.74* | .36 |
| Depression | 3.72 | 9.35 | 1.99* | .40 |
| Positive Schemas | | | | |
| Self-efficacy | 1.74 | 4.05 | 2.15* | .43 |
| Success | .63 | 3.65 | .87 | .17 |
| Interpersonal Trust | .46 | 3.03 | .76 | .15 |
| Worthiness | 1.27 | 2.47 | 2.52* | .51 |
| Optimism | 1.27 | 2.05 | 3.04* | .62 |
| Coping Strategies | | | | |
| Instrumental Support | .72 | 1.74 | 2.06* | .41 |
| Positive Reframing | 1.02 | 1.52 | 3.36* | .67 |

(continued)

Table 1 (continued)

| Variable | <i>M</i> | <i>SD</i> | <i>t</i> | <i>d</i> |
|---------------------|----------|-----------|----------|----------|
| Humour | .68 | 1.77 | 1.92 | .38 |
| Stigma | | | | |
| Alienation | .25 | .64 | 1.92 | .39 |
| Discrimination | .14 | .34 | 2.06* | .42 |
| Social Withdrawal | .20 | .50 | 1.98 | .40 |
| Internalized Stigma | .17 | .37 | 2.25* | .46 |

Note. * indicates significant t-test at a significance level $p < .05$. Effect size was measured using Cohen's *d* (Cohen, 1988). An effect size of $d=.20-.49.9$; $d=.50-79.9$; $> d=.80$ represents a small, medium, and large effect size respectively.

Qualitative Outcomes: Students' Voices

The questionnaires did provide a basis for standardized comparison of the group from the start to the end of the course. We also sought to understand more about individual students' actual experiences of the course through their responses to open-ended questions related to general impressions, achievement of course goals, course structure and course content.

General Impressions:

"Please keep offering it, especially to first year students – I wish I had taken it then."

"Would take this course again in a heartbeat!"

"I found the course to be both informative and practical"

"This course was phenomenal"

Overall, students reported this course to be a positive, and beneficial experience.

Achievement of Course Goals:

"This course made me feel more comfortable and it made my university experience more enjoyable. Especially since this is my first year, it made the transition more manageable."

"Personally, I feel this course has influenced me in the most positive and helpful way. It has allowed me to put more focus on my own personal mental health; which has not generally been the most positive"

“It has helped me dig deeper and challenge my learned helplessness and find ways of coping and facing rather than avoiding. It has helped me become more self-compassionate.”

“Provided me with new ways to manage my mental illness, maintain positive mental health, and helped me see a different way to view my mental illness. It has helped me learn to handle the difficulties I have been experiencing in university, academically and socially. I also feel it has impacted my self-reflection of this semester, and what I can do to improve aspects of my life.”

Several students commented on specific course goals, including supporting the transition to university, improving coping skills, greater self-awareness and better knowledge of available supports on campus.

Course Structure:

“I appreciated the smaller size of the class and seminar as it was less intimidating, particularly given my personal experiences with mental health.”

“The fact that it isn’t graded relieves a lot of stress and anxiety and allows me to take in the content more effectively.”

“This took a lot of pressure off me. I was much more relaxed, I was able to absorb more info and what was relevant to me. I learned much more because I didn’t have to worry about irrelevant stuff I would be tested on what I learned and retained was relevant to me.”

“Fabulous class interaction. Learned a lot from classmates – in class and through online questions.”

“I was nervous about the “no mark” pass/fail option. However, this approach taught me more about how I learn (strengths/weaknesses) than any other university class.”

Students generally felt that the structure of the course was effective in promoting learning. In particular, the pass/fail structure was noted to allow students to focus on deeper personal learning, rather than the achievement of a grade.

Course Content:

“The content discussed was very helpful and easily relatable to everyday life.”

“Some of the projects really helped me understand myself, my needs and create more realistic goals. Projects also helped me recognize my strengths and taught me some cool, effective coping strategies.”

“Especially benefited from first hand experiences shared by class members which very much accentuated course material covered in lecture”

“Enjoyed focus on positive mental health”

Students reported the content of the course to be valuable, helpful and relevant to their needs and experiences.

In general, exploring the answers to open-ended questions revealed several themes reflecting the success of the program’s overarching goals. Salient themes included sense of belonging, stigma reduction, academic self-efficacy, personal development, and improved coping strategies.

Challenges

One of the initial challenges was soliciting enough interest from first year students. Many first year students were reluctant to sign up for a course that was different from a typical first year course in many respects. Timing likely played a significant role in this. Many of these students were first learning of the course in mid-late summer, when they may have already selected their courses and were already set on a particular course of study. Also, some of the academic programs at Guelph (particularly sciences and engineering) have less flexibility for electives. Offering the course in the Fall semester meant that first year students needed to sign up for a course that by virtue of attending would be self-disclosing. Prior to even attending campus, this was a difficult decision for many. Likely one solution to this would be more time to explain the course to high school support staff and possibly students with more engaging and informative outreach materials. In future, this could include testimonies from students who have completed the course.

Given the nature of their mental health challenge, attendance was a challenge for quite a few students. For several students, once they missed a class or two or got behind on assignments, it seemed quite insurmountable to them to return to class or get caught up. The instructor consulted extensively with the mental health advisors and decided to take a more aggressive stance on this than most University professors would. For the purpose of this course, she actively pursued these students through email, encouraging them and working to connect them with their advisors, assisting them with plans to get back on track. Several students were able to re-engage in the course as a result. There was only 1 student who did not successfully reengage after an extended absence and

in that case, the time of the course completely conflicted with her typical sleep-wake cycle.

Conclusions

Despite having a relatively small sample size, the effect sizes of the differences in several key indicators revealed meaningful and substantive positive changes in a whole host of factors related to mental illness, mental health, coping and self-concept from the start to the completion of the course. Further research to investigate this type of initiative would benefit tremendously from further longitudinal evaluation to see whether these effects extend over time and from similar data collected from a matched control group. Nonetheless, experiences of instructors of the course, informal and formal feedback from students, their counsellors and mental health advisors were fairly uniform in the success and benefit of the course. Students demonstrated improvements in well-being; specifically, resilience, positive self-concept, and reduced depressive symptoms. Students also reported improved effective coping strategies, which include humor, positive reframing, and using instrumental support. Reductions in self-stigma were evidenced by the end of the course and students expressed improvements in academic self-efficacy as well. Since the Fall 14 and Winter 15 offerings of the course on which this article is based, the CIYMH fund contributed further funding for a third offering in Winter 2016. Going forward, the University of Guelph has made a commitment to maintain the offering on a permanent basis with money allocated within the budget to do so.

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