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Can I Lend a Hand? Investigating the Promotion of Student Resiliency in a University Setting

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Abstract

The mental health needs among postsecondary students have been observed to be increasing. Fostering resiliency in the campus environment has been identified as central to improving student mental health. The present study investigated student perceptions of how resiliency is supported in a university setting and what gets in the way of supporting student resiliency. Data was collected via campus-wide emails that explored student perceptions of mental health and resiliency at an institutional level. Through a thematic analysis, six main themes were produced that addressed common experiences of mental health support on campus: mental health awareness and education, student wellness resources, social support, difficulty accessing services, poor quality of support services, and negative student experience. The data highlights the range of campus systems that contribute to student perceptions of resiliency and the demand placed on campus services. Implications for supporting postsecondary student resiliency at an institutional level are discussed.

Keywords: postsecondary mental health, resiliency, undergraduate students, mental health services, student life

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Introduction

Positive mental health is a fundamental aspect of our lives. It can be defined as a state of wellbeing where you recognize your abilities, work productively, make contributions to the community, and are able to cope with daily stressors (World Health Organization, 2003). This state commonly involves the healthy functioning of various personal qualities, including emotions, cognitions, social functioning, and a sense of purpose (Friedli, 2009). As it encompasses different concepts and appearances across cultures, positive mental health is said to also be contingent to the features of one's environment (World Health Organization, 2001). Overall, experiencing positive mental health enables us to manage our lives successfully and is integral to the wellbeing of individuals, their community, and the larger society (Barry & Jenkins, 2007).

Unfortunately, mental health issues have been identified as a pressing global issue. The World Health Organization (2001) has indicated that approximately one in four families have at least one member affected by some form of mental disorder. In Canada particularly, it is said that nearly one in five people will experience a mental health problem in any given year, and it is estimated that 10-20% of youth in Canada are affected by mental health disorders (Canadian Mental Health Association, 2013). Despite such prevalence, many who face mental illness are not treated. Approximately one in three Canadians seek or receive treatment for mental health issues, and this number falls to as few as one in four for Canadian youth (Mental Health Commission of Canada, 2012). Considering those with mental health problems have a diminished quality of life compared to the general public and an increased risk for a range of morbidity and mortality outcomes (World Health Organization, 2003), support is greatly needed for this demographic.

Of noteworthy concern is the state of mental health among postsecondary students. The frequency of students with mental health issues has been described as being significantly higher than that of the general population in a study of Australian students (Stallman, 2010) and twice as high as their nonstudent peers in a Canadian context (Durand-Bush, McNeill, Harding, & Dobransky, 2015). In addition, the rate of observed mental health disorders among postsecondary students has been increasing in recent years (Hunt & Eisenberg, 2010). In a study that examined archival data of American university counselling centres over a thirteen-year span, a dramatic increase in the number and severity of reported mental illness among students was noted, shifting from a trend of relationship problems before the year 1994 to stress and anxiety onward (Benton, Robertson, Tseng, Newton, & Benton, 2003). This extends to a Canadian postsecondary environment, with the severity of presenting issues among Canadian postsecondary students observed to be rising and frequently concerning relationships, anxiety and stress, depression and grief, academic, and career-related issues (Cairns, Massfeller, & Deeth, 2010). It is therefore imperative to understand the unique needs of postsecondary students with mental health challenges to better support this high-risk population.

The purpose of the present study was to examine current efforts to promote the mental health of the postsecondary student population in a large Canadian university setting. Specifically, it investigated how student resiliency, shown to be related to positive mental health outcomes, is presently supported on campus. The study examined the institutional factors that influence the resiliency and overall wellbeing of students as well as the concept of mental health as it relates to this population. Themes surrounding campus life that influence the resiliency of students are explored and their implications are discussed. The literature review explores theories related to the present research, mental health literature concerning the postsecondary

population, the conceptualization and manifestation of resiliency, and the position of postsecondary institutions regarding student mental health.

Literature Review

The Mental Health Continuum

A contemporary definition of mental health has been established by the World Health Organization (2001) which outlines mental health as being more than a lack of mental illness. A combination of biological, psychological, and social factors influences both our physical and mental wellbeing, and the fitness of each factor influences our overall quality of life (World Health Organization, 2001). Using this model, Keyes (2007) developed a framework to consolidate our understanding of mental health. He posits that mental health exists on two continua and we can experience a high or low degree of mental health separately yet relatedly to a high or low degree of mental illness (Keyes, 2007). Possessing high mental health does not therefore eliminate the existence of mental illness, and the absence of mental illness does not ensure mental health. Both continua play a critical role in determining our overall wellbeing (Keyes, 2007).

The criteria for positive mental health encompass three dimensions: emotional, psychological, and social wellbeing (Keyes, 2005). Emotional wellbeing, also referred to as hedonic wellbeing, concerns qualities that reflect positive feelings about one's life such as the existence of positive affect, the lack of negative affect, and one's sense of overall satisfaction with life (Keyes, 2002). Though research in the past has emphasized emotional wellbeing as the primary indicator for mental health, the existence of eudaimonia, or positive functioning in life, has been recognized as imperative for positive mental health (Provencher & Keyes, 2011). Positive functioning is composed of two elements. Psychological wellbeing, a private evaluation

of criteria, concerns factors of self-acceptance, personal growth, environmental mastery, autonomy, and positive relations with others (Keyes, 2002). Social wellbeing involves a public evaluation of criteria and can involve social acceptance, social contribution, social coherence, and social integration (Keyes, 2002). By possessing positive feelings about oneself as well as positive functioning through personal and social criteria, positive mental health can best be cultivated (Provencher & Keyes, 2011).

When measures of emotional, psychological, and social wellbeing are high, people can be said to be flourishing in life as opposed to languishing (Keyes, 2007). When flourishing, people are exhibiting qualities that foster their current mental health and stave future mental illness and psychosocial impairment (Keyes, 2007). We are in a state of complete mental health when we are flourishing in life as well as managing our mental illness, supporting the optimization of both the mental health and mental illness continua (Keyes, 2007; Provencher & Keyes, 2011). The importance of flourishing has been noted in the literature, with those who are flourishing or experiencing moderate mental health generally expressing less symptoms of mental illness (Keyes, 2007). Individuals who are languishing and thereby exhibiting poor emotional, psychological, and social wellbeing have been seen to experience greater life impairment across various criteria than those who are flourishing who experience mental illness (Keyes, 2004). Those with mental illness who are also languishing tend to experience substantial dysfunction in their life (Keyes, 2007). This research illustrates the importance of a wider conceptualization of mental health (Keyes, 2005) and given the importance of considering mental health along a continuum, the present study will define mental health using this framework.

The Mental Health of Postsecondary Students

A factor that exceptionally affects the mental health of the postsecondary student population is that of stress (Ontario University & College Health Association, 2009). According to the Canadian Campus Survey (Adlaf, Demers, & Gliksman, 2005), administered to 6,282 students across Canada, nearly half (47.3%) reported feeling constantly under stress and nearly one-third (29.3%) reported feeling elevated distress on a mental health screener. Feeling constant strain was identified as the most common symptom of distress. The result of such stress was addressed in a study by Struthers, Perry, & Menec (2000) where they found student stress to have an adverse effect on academic performance and that students who did not cope effectively were not as motivated to perform better when lower course grades were present. The students facing stress and whom were inadequately coping were at risk of not meeting the scholarly demands and ultimately failing their program. The stressors associated with a postsecondary education are prevalent and may be inhibiting the mental health and success of students.

Other notable factors exist that contribute to mental health issues of postsecondary students. Features of the transition process to postsecondary education such as increased demands, the difficulty of school subject matter, relationship adjustments with family and friends, and financial worries, have been shown to increase perceived distress from students (Arthur & Hiebert, 2011). This aligns with research indicating that the age of students can influence the likelihood of employing coping strategies to mitigate distress (Arthur & Hiebert, 2011). The younger demographic of postsecondary students may have more difficulty managing their mental health upon entering school, a point illustrated by a 1998 campus survey of Canadian postsecondary schools which found that first-year students reported the most elevated levels of psychological distress within the student population (Adlaf, Gliksman, Demers, & Newton-Taylor, 2001). In addition, the first onset of mental illness commonly occurs during the

stage of early adulthood, putting those enrolled in a postsecondary education at greater risk for dealing with unfamiliar negative symptoms (Megivern, Pellerito, & Mowbray, 2003). There has also been a noted increase in the rate of identified mental health disorders among adolescents in general, with greater awareness and use of help-seeking options such as medication and social support allowing more students than ever before to attend postsecondary school while managing mental illness (Hunt & Eisenberg, 2010). With many students struggling to handle the novel stress of postsecondary life and the rate of pre-existing mental health concerns increasing among students transitioning, it is critical that the mental health needs of this population be understood.

Once admitted, the school environment can influence the mental health of students in a substantial way. A familiar experience for students is stigma surrounding mental illness, wherein the campus perceives someone as flawed or discredited based on their expression of certain characteristics (Kendra, Cattaneo, & Mohr, 2012; Thompson, Noel, & Campbell, 2004). This can include public stigma, involving the identification and labelling the negative opinions regarding mental illness in a population, and personal stigma which involves personally adopting the discriminatory views of others and embracing them within your identity (Eisenberg, Downs, Golberstein, & Zivin, 2009; Feeg, Prager, Moylan, Smith, & Cullinan, 2014). Those facing mental illness stigma can face considerable barriers to achieving life goals and, in a postsecondary setting, have been known to feel less engaged, have poorer student relationships, and experience less satisfaction with their overall student experience than those students who do not face mental health stigma (Wahl, 1999; Salzer, 2012). Unfortunately, stigma can be detrimental to those facing mental health issues. The perception of negative campus stigma towards mental health has been shown to impair help-seeking for those in need of support (Eisenberg, Downs, et al., 2009). As well, in an exploratory study, Martin (2010) surveyed 54

students at an Australian university and found that, in an attempt to avoid perceived discrimination on campus, the majority of those with mental health difficulties not only refrained from disclosing their mental health status to staff but actively hid this information, despite the majority of those who sought help finding university services to be supportive and helpful. Thus, mental illness stigma can not only increase the burden of those experiencing poor mental health but also interfere with existing mental health initiatives in postsecondary schools.

Another barrier for postsecondary students with mental health needs is the lack of support services on campus. This can include poor advertising and outreach of these services. A study by Hyun, Quinn, Madon, & Lustig (2007) surveyed 3,121 domestic and international graduate students at a large western university and found that only 79% of the domestic students and 61% of the international students knew of the counselling services available on campus. With orientation materials, flyers, and the website being the three leading sources of information for counselling services, they highlighted the need for more comprehensive initiatives to inform students. Similar findings are observed in a Canadian context. Measures to actively identify students in distress as well as procedures for students to indicate their mental health needs to institutions have been noted to be low among most national Canadian postsecondary schools, hindering students in need from aligning with appropriate services (Jaworska, De Somma, Fonseka, Heck, & MacQueen, 2016). Additional barriers to accessing counselling services were observed in a study by Robinson, Jubenville, Renny, & Cairns (2016) which surveyed a convenience sample of 400 students at a Canadian university. They found that postsecondary students commonly reported that they did not see themselves in distress, could not spare the time for counselling services, felt uncomfortable or stigmatized going to counselling services, did not know how to access services, did not think it could help, and felt the cost was prohibitory. This

last response was noteworthy considering the institution offered counselling free of charge. The authors concluded that greater clarity and accessibility of student support services is greatly needed.

The quality of support services is another important factor for postsecondary student mental health. Insufficient training for a student population of young adults, limited flexibility in operating hours, long wait times for appointments, and deficient attention to students in crisis have been identified as current problems within postsecondary counselling centres (Mowbray et al., 2006). A study by Jaworska et al. (2016) assessed the quality of support services within a Canadian context, surveying 274 frontline workers across 168 postsecondary institutions in Canada. They found that most respondents identified their counselling centres as having poor cultural representation for a diverse population of students and a lack of comprehensive care for students, resulting in few opportunities beyond short-term therapy. In addition, respondents indicated that most institutions lacked formal follow-up procedures for students transferring to long-term care in the community. When considering the prevalence of unsuccessful off-campus referrals from postsecondary institutions (Owen, Devdas, & Rodolfa, 2007), it is apparent that the quality and capacity of support services can be insufficient for the mental health needs of postsecondary students.

To manifest positive mental health behaviour among students, greater awareness of mental health concerns among postsecondary institutions is pivotal (Mowbray et al., 2006). In a survey of 148 postsecondary students, Fish and Nies (1996) found that students ranked mental health as the second most important factor in health promotion at their school after personal health care promotion. Despite the need for mental health recognition on campus, however, postsecondary institutions can often fail to promote awareness. It is common for students facing

mental health issues to encounter peers, faculty, and staff that lack knowledge or understanding of psychological disorders (Loewen, 1993). In addition, younger students that lack familiarity with mental health have been observed to have a higher likelihood of encouraging mental illness stigma (Feeg et al., 2014). As mental health awareness and prevention initiatives within postsecondary settings have demonstrated improved mental health measures among students, a greater understanding of mental health across campus is essential (Conley, Durlak, & Dickson, 2013).

Certain effects have been explored in the literature regarding the mental health issues of postsecondary students. This includes a high prevalence of depression and anxiety; heightened suicide rates; impaired academic performance; poorer relationships with other students; and lower rates of graduation compared to students who do not suffer from mental health issues (Eisenberg, Gollust, Golberstein, & Hefner, 2007; Keyes et al., 2012; Salzer, 2012). The mental health of students has also been observed to actively predict academic outcomes. An exploratory study by Eisenberg, Golberstein, & Hunt (2009) assessed the academic status and mental health measures of 747 postsecondary students across a two-year period and found the presence of eating disorders to predict lower GPA, and the presence of depression and anxiety to predict both lower GPA and probability of dropping out. Also noted among students with mental health concerns is increased substance abuse, with smoking and binge drinking being particularly prevalent and harmful for the postsecondary population (Cranford, Eisenberg, & Serras, 2009; Weitzman, 2004). Such combined health concerns may prevent students from receiving appropriate care. A study by Cranford et al. (2009) which surveyed 2,843 US college students found that less than half the students who both engaged in binge drinking and had mental health problems received appropriate services in the previous year. A state of poor mental health not

only limits the ability of students to complete their educational goals but can reduce their personal wellbeing and encourage harmful coping strategies.

Poor mental health has become a widespread problem for the postsecondary student population, and the consequences can be harmful both personally and professionally. The reported stress of students, both while transitioning and attending these institutions, provides insight into what may be diminishing their wellbeing, particularly when considering that students may be lacking the necessary coping skills for the inherent stress of postsecondary life (Rawson, Bloomer, & Kendall, 1994). The effects of poor mental health threaten the education, personal health, and overall success of students, and a campus environment that handles the mental health of students in an inadequate or harmful way can impair their ability to thrive. The absence of internal and external support, as established by Keyes (2007), indicates that this group may be prevented from flourishing and is at risk of future mental health problems. Finding ways to foster the mental health of students in a postsecondary environment is thus of substantial importance.

Resiliency Theory

A theory that has demonstrated great value in mitigating distress is that of resiliency, a central factor in flourishing and maintaining complete mental health (Keyes, 2007). The concept of resiliency can be defined as: “the process of coping with stressors, adversity, change, or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors” (Richardson, 2002). As there are nuances to the components of resiliency among both academics and professionals (Lightsey, 2006), the metatheory provided by Richardson (2002) will be used as a framework for this study.

Resiliency theory has encompassed three waves of inquiry in its development: the documentation of resilient behaviours, the process of resiliency, and the channels for resiliency promotion (Richardson, 2002). The first wave entails the identification of people who possess assets and skills that allow them to persevere through adversity (Richardson, 2002). It is posited that their resiliency is promoted by employing certain resilient qualities, which can be defined as internal and external protective factors documented in people who do not experience mental impairment after facing hardship (Richardson, 2000; Waite & Richardson, 2004). These qualities provide beneficial results to certain individuals at certain times and are largely situational, contextual, and individual (Johnson & Wiechelt, 2004).

Resilient qualities have been established in the literature, often among child and youth demographics, by examining the positive and negative outcomes of different individuals when facing impartial adversity such as poverty, family breakdown, and parental psychopathology (Johnson & Wiechelt, 2004; Werner & Smith, 1992). Identified internal qualities commonly include easy temperament, activity level, self-control, self-esteem, positive self-perceptions and outlook on life, faith and a sense of meaning in life, and the ability to plan ahead (Masten & Reed, 2002; Waite & Richardson, 2004; Werner & Smith, 1992). External qualities, which cover the ecology of an individual, include positive expectations from a teacher, access to an appropriate peer group, a prosocial attitude within their environment, successful graduation in school, relationships with competent and supportive adults, available health care, emergency social services, and the existence of healthy interpersonal relationships and a supportive partner (Masten & Reed, 2002; Werner & Smith, 1992; Garmezy, 1991). People who possess some manner of these resilient qualities and utilize them at optimal times generally rise above their

adversity and gain a greater understanding of how to maintain their wellbeing from their experiences (Richardson, 2000).

As there is the wealth of identified resilient qualities in the literature, a study by Earvolino-Ramirez (2007) aimed to culminate and organize previously determined qualities independent of age-related groups or populations. This was undertaken to synthesize the resiliency literature and to gain an understanding of broad protective factors across different demographics. They examined and tallied resilient qualities and protective factors that were recognized by over six prominent resiliency researchers, which included items that held very similar characteristics to resilient qualities but were not labeled as such. The following categories of resilient qualities were produced based on how often they were listed: rebounding and moving forward despite adversity, high expectancy and self-determination, positive relationships and social support, easy temperament and flexibility, sense of humour, and self-esteem. Such qualities have demonstrated the ability to be employed across various stages of life (Werner & Smith, 1992; Criss, Pettit, Bates, Dodge, & Lapp, 2002). This is exemplified in a study of elementary school children which found that those with positive peer relationships displayed less problematic externalizing behaviour even when early family adversity was present (Criss et al., 2002).

The second wave of resiliency inquiry concerns how resilient qualities are acquired (Richardson, 2002). It is posited that our biological, psychological, and spiritual homeostasis is bombarded with life stressors, adversity, and forms of change that challenge our current adaptation to life, or our “comfort zone” (Richardson, 2000). This can cause disruptions to our homeostasis and our ability to cope with these disruptions determines whether we reintegrate

maladaptively to our lives, reintegrate and face distress, return to our homeostasis, or reintegrate resiliently (Richardson, 2000).

To reintegrate resiliently means to cope in a way that results in growth, self-understanding, and a strengthening of your resilient qualities (Richardson, 2000). It is not returning to the mindset that existed prior to the disruption, but rather to access personal strategies to mitigate debilitating emotions and consequently adjust and thrive with greater ease when future disruptions occur (Richardson, 2000). Making progress in one's life is a result of consistently reintegrating resiliently, whereas stagnation results from returning to homeostasis without learning from disruptions and digression results when we integrate with a motivational loss (Richardson, 2000). Insight about our mental health and how we overcome challenges results from this persistent disruption and reintegration and, in doing so, we can begin to adopt habits beneficial to the health of our body, mind, and spirit (Richardson, 2000; Waite & Richardson, 2004).

The third wave of resiliency inquiry attempts to address where we find the motivation to reintegrate resiliently (Richardson, 2002; Richardson & Waite, 2002). Resiliency is viewed as an innate motivational force within individuals that propels them towards self-actualization and wisdom, despite the adversity they face (Richardson, 2002). Resiliency can be understood to be a "self-righting mechanism" (Werner & Smith, 1992), and the constant strive to learn from adversity is a fundamental process throughout humanity (Richardson, 2002). This presents resiliency through a postmodern lens, such that resiliency can manifest in countless environments across cultures and time, and everyone has both the potential and the internal drive to manifest resiliency (Richardson, 2002).

Resiliency among Postsecondary Students

The benefits of resiliency have relevancy to the mental health of the postsecondary population and have been demonstrated in the literature with considerable promise (Hartley, 2012). A study by Leary and Derosier (2012) sought to examine the relationship of resilient qualities with the stress of students who transitioned to postsecondary school, independent of other factors. This correlational study had 120 first-year students from an American college voluntarily complete an online questionnaire involving measures on stress and resiliency through four groupings: social connectedness, self-care, life skills, and optimistic cognitive style. The results indicated that the resilient qualities of social connectedness and an optimistic cognitive style were significant independent predictors of lower student stress as they transitioned to postsecondary school, whereas self-care and life skills were not independently related to stress. A similar study, involving 273 students transitioning to university in China, found that those who perceived themselves to be in control during the transition and adjusted their coping strategies according to their circumstance had a lower rate of burnout compared to those who did not (Gan, Shang, & Zhang, 2007). These studies highlight the contextual aspect of resilient qualities in that only certain qualities were related to reduced stress during the transition. More importantly, it demonstrates that students who recognize and employ resilient qualities, as opposed to those who do not, may be better able to support their mental health and manage the transition to postsecondary school.

The effects of resiliency extend to academic retention as well. The relationship between intrapersonal resilience, comprised of personal qualities such as emotional intelligence and optimism, and academic persistence was studied by Hartley (2013). A sample of 121 undergraduate students from an American university completed a web survey that included a resiliency scale and measures on academic persistence that involved a self-report on GPA and

completed credits. This study found that students exhibiting intrapersonal resilience were more likely to have more credits completed over time and that students with poor mental health viewed intrapersonal resiliency as more important than students without poor mental health. This not only signifies the importance of personal resilient qualities for student retention, but how students with mental illness recognize the importance for them to be more resilient but lack the ability to do so. This along with the previous study, though correlational, demonstrate that resilient qualities can mitigate the unique stressors of the postsecondary population and how resiliency is understood as a way to help students flourish and bolster their mental health.

Postsecondary institutional bodies play a large role in encouraging resilient qualities and the mental health outcomes of students. In the children and youth literature, strategies for fostering resilience can be manifested in three ways: risk-focused strategies where the exposure to hazardous experiences is minimized; asset-focused strategies where the quality, quantity, and access to competence-promoting resources is strengthened; and process-focused strategies where mastery and motivation of the individuals is targeted (Masten & Reed, 2002). Unfortunately, postsecondary students are often left with insufficient guidance from support services and are often expected to recognize their needs, determine if treatment is necessary, and pursue appropriate services by themselves (Mowbray et al., 2006). Though multifaceted approaches are available, resiliency initiatives in postsecondary schools can fail to benefit students.

In a review of the literature, Harley (2010) examined the value of school-based initiatives to enhance resiliency in a postsecondary environment. He posited that comprehensive programs for students with mental health needs are essential to a functional campus and the encouragement of certain protective factors is desirable. These factors include: (a) active coping skills through the sharing of coping strategies between students; (b) peer relationships through access to

supportive student groups; (c) counselling and psychosocial support through the encouragement of at-risk students to identify themselves to support services and for staff working with students to offer additional avenues of support; (d) academic support through the encouragement of faculty and awareness of academic resources; and (e) academic accommodations to allow for a flexible schedule. He concludes that students with mental health needs are more likely to demonstrate resiliency when these protective factors are integrated in the campus environment, and that postsecondary institutions inherently have the infrastructure to provide these protective factors.

Considering the benefit resilient qualities provides to postsecondary students, some researchers have questioned whether resiliency can be effectively learned by this population. A study by Morrison & Pidgeon (2017) was designed to examine if willpower strengthening exercises could promote resiliency in students and reduce psychological distress. This seven-day experimental study placed 46 university students into either the willpower strengthening group or a control group, the former using bracelets to remind students when to use techniques such as focusing on their breathing and acknowledging their thoughts and emotions. Their self-reported responses were measured both pre-test and post-test on scales for resilience, self-control, and depression/anxiety scale.

The findings revealed that those who exercised their willpower reported significantly higher levels of resilience and self-control as well as significantly lower psychological distress. This indicates how students can not only use previously acquired qualities but also adopt new successful strategies to be more resilient and cope with adversity. The likelihood of student adoption was highlighted by the authors, citing how the short duration of the study and convenience of the wearable technology helped students engage in the exercises despite their

busy lifestyles. The use of self-report measures, however, may limit the validity of these findings. We are left unsure if the reported resiliency merely indicates a desire to appear resilient for the willpower group. This information is central to understanding the value of resiliency programs.

Resilience has also been shown to be promoted in more conventional ways. In a study by Steinhardt & Dolbier (2008) that aimed to assess a resiliency intervention program, 57 students were randomly assigned to a control or an experimental group of which participants engaged in four two-hour weekly sessions, receiving psychoeducation on topics that included how resiliency is defined, what appropriate coping looks like, assessing if challenges are inside and outside your control, and how meaningful connections can be facilitated with others. Self-report measures of their sense of resilience, coping strategies (i.e., positive reframing, humour), protective factors (i.e., self-esteem, optimism), and symptomatology (i.e., depressive symptoms, negative affect, perceived stress) were used. They found that compared to the control group, the experimental group had significantly higher resiliency scores, more effective coping strategies, higher scores on protective factors, and lower symptomatology. Though self-report may hinder the internal validity of some measures, this study demonstrates how learning about resiliency and successful coping strategies in a classroom setting can directly improve the lives of postsecondary students. The resilient qualities available to them can be augmented and in doing so, similar to the previous study, improvements on stress and mental health can be observed soon thereafter. The findings, however, do not present the use of resilient qualities outside of the study. We are unsure if or how strategies for promoting resiliency would translate to their everyday lives, or for how long they would utilize and benefit from the learned resiliency skills. With no follow up data, we are unsure to what extent such resiliency programs teach students to be more resilient.

These last two studies demonstrate not only that students have the capacity to take on a different mindset and learn resilient qualities but that there is a flexibility in learning them. Importantly, it has been shown that students who believe that certain intellectual and social abilities can be developed in themselves, as opposed to students who believe those abilities are innately fixed, have more positive outcomes such as higher achievement during school transitions, higher school performance, and lower stress (Yeager & Dweck, 2012). This emphasizes how beneficial education and guidance can be towards acquiring and developing resilient qualities. With the reviewed programs demonstrating that teaching specific qualities can lead to positive academic and mental health results, small and large efforts from institutions could be fostering resilient qualities among its student body and thereby helping them to flourish in school. When considered along with the mental health crisis of this population, examining how resiliency is currently being promoted among postsecondary students is imperative.

The Current State of Student Resiliency

Given the relationship between resiliency and mental health, what is preventing the development of resiliency among postsecondary students? Unfortunately, students who do not demonstrate resiliency, nor encounter initiatives to foster their resiliency, may encounter stress and adversity in postsecondary life that debilitates their personal and academic success. However, as these skills have been shown to be obtainable while attending school (Morrison & Pidgeon, 2017; Steinhardt & Dolbier, 2008), the postsecondary environment plays an important role in promoting resilient qualities. This acknowledgement and support for student mental health, in combination with measures to manage student mental illness, is thus critical for promoting complete mental health on campus.

Resiliency development programs within postsecondary schools have generated positive feedback from students, including an eagerness for similar campus programs (Meyer, 2008). The opinions of students regarding current resiliency and mental health promotion on campus is lacking in the literature, however. A recent professional paper by Pech (2017) on the perspectives of students at an Australian university regarding campus engagement and resiliency was found. Open-format responses from 290 students were received via an online survey that asked students about their current approach to resiliency and wellbeing as well as what additional ways the university could support resiliency and wellbeing. These responses were coded and categorized. Regarding the current approaches of students, commonly reported categories were social support, engaging in physical exercise, and active personal care (i.e., diet, relaxation, prioritizing sleep). Regarding suggested improvements for the university, categories included improvements to existing student services and support, additional facilitation of social events and groups, and increased promotion of student resilience and mental health support.

This provides a valuable glimpse into how students can be resilient and would like to see resiliency encouraged in a postsecondary setting. Their approaches were noted to align with elements of resiliency in the literature (Pech, 2017), presenting these students as capable of utilizing appropriate resilient qualities. The suggested improvements, noted as practical and within the scope of the university to do (Pech, 2017), highlights a simplified path to improving resiliency among students and aiding their mental health. It is unclear, however, if a Canadian demographic of postsecondary students would respond in a similar way or what these students, given the mental health issues faced by the population, think is preventing their ability to flourish on campus.

The role of postsecondary institutions to understand the current mental health needs of students and make the necessary structural changes to promote student resiliency is pivotal. The adoption of a national mental health strategy can help direct such endeavours and provide a common language for what is possible and expected from postsecondary institutions that encourage mental health (Mulvale, Chodos, Bartram, MacKinnon, & Abud, 2014). Supporting resilient qualities through such frameworks have been widely encouraged in the literature. One such example comes from Stanton, Dhaliwal, Black, & Hutchinson (2015) who, working under the Simon Fraser University Healthy Campus Community Initiative, performed a literature review on mental health and resiliency as it relates to postsecondary student success. They proposed guidelines and suggestions for how postsecondary schools may encourage resiliency among students and how this may assist those facing stress and poor mental health. Strategies for postsecondary institutions were outlined and included educating students on resiliency, building the social and emotional skills of students, creating experiences for growth on and off campus, and altering school policies and programs to do so.

An important strategy recently put forth is the Okanagan Charter (2015), an international agreement to mobilize health promotion on postsecondary campuses. The charter proposes that effective health promotion requires a holistic, campus-wide approach that continually seeks out opportunities to improve health practices, and to build approaches using the inherent strengths of a postsecondary population (Okanagan Charter, 2015). Health planning for students should attempt to integrate health promotion into decisions for all campus policies, coordinate campus services for those in need, and support the personal development and resiliency of students so they may become engaged in their community and achieve their goals (Okanagan Charter, 2015).

Importantly, such approaches must be inclusive of the voice of students and encourage their participation to develop appropriate health strategies (Okanagan Charter, 2015).

Unfortunately, many postsecondary institutions in Canada remain in the preliminary stages of implementing extensive health strategies as laid out in the Okanagan Charter.

According to a recent review of postsecondary schools by De Somma, Jaworska, Heck, and MacQueen (2017), less than 25 percent claimed to have comprehensive policies in place to develop and support student mental health. This highlights the need for greater efforts towards adequate mental health strategies in Canadian postsecondary institutions, which should be enriched with the perspectives and ideas of students (Okanagan Charter, 2015). Understanding how students see a resilient campus, as well as where their campus may be preventing their resiliency, provides a fundamental opportunity to enhance the wellbeing of the student population.

Research Questions

Together, these findings suggest an important gap in the literature. A large proportion of postsecondary students are struggling with mental health issues and risk academic failure because of it. By finding strategies to enhance mental health while managing existing mental illness, the mental health continua that comprises complete mental health can be supported and enhanced in this population (Keyes, 2007). Promoting resiliency in a student population has demonstrated positive mental health outcomes by increasing their ability to cope with a range of adversity present in postsecondary life. As it stands, there is a lack of research demonstrating how resiliency is currently being supported in postsecondary schools, specifically in a Canadian context. As students play a critical role in identifying the mental health needs of a campus, their

perspective on the current promotion and prevention of mental health is a necessary step towards developing better mental health support in Canadian postsecondary institutions.

Two research questions were studied for the present research. The first research question was: How is student resiliency promoted in a university setting? The second research question was: What gets in the way of supporting student resiliency in a university setting? This study looked at perceptions of students to better understand what encourages student resiliency as well as what hinders student resiliency on campus. It was conducted via a qualitative case study analysis. The exploratory nature of the research question justifies this decision. A case study is appropriate as it meets the necessary qualities as stated by Yin (as cited in Baxter & Jack, 2008): the focus is on a “how” question, the behaviour of the participants cannot be manipulated, the contextual conditions appear to be important to the phenomenon, and the boundaries between the phenomenon and context are not clear.

Methods

The purpose of this study was to examine existing efforts in postsecondary institutions to support resiliency and mental health in the student population. To investigate this, two research questions explored how student resiliency is promoted in a university setting, as well as what gets in the way of supporting student resiliency in a university setting. This study involved a secondary analysis of data that was collected between August 2016 and February 2017. The initial project was undertaken as part of a campus-wide initiative at a large Canadian university in southwestern Ontario to inform the development of a comprehensive student mental health and wellness strategic plan. The project was undertaken by a Mental Health Strategist employed at the university with the intention of identifying current perceptions of campus mental health

from community stakeholders. Various forms of in-person and online consultation data were collected for this project.

Participants

The online consultation data from the project was used for analysis in this study. In particular, two questions from the online consultation were analyzed in this study. In total, 318 undergraduate students responded to the online questions. The sample size for the first survey question used in this study was 279 and the sample size for the second question used in this study was 298. Approximately 23,139 undergraduate students were contacted for participation in the online form, generating a response rate of approximately 1.4% (Reference suppressed). No other demographic information on participants was collected. All responses for the two questions asked during the consultation were analyzed for the purposes of this study.

Materials

A series of six scripted questions that concerned mental health and wellbeing were asked in the online consultation portion of the project. These can be found in Appendix A. All questions were open ended, provided limitless textboxes for responses, and were developed prior to the involvement of the current study. Two of these questions were relevant for the purpose of this study as they assessed the perceptions of resiliency and wellbeing in relation to the campus:

1. What does the university do well with respect to creating a culture and campus that promotes wellbeing and resiliency among students?
2. Are there any gaps in programs, services, or processes to support student mental health?

Procedures

The online consultation was conducted through a series of campus-wide emails, informing students to visit the online form and respond to questions about campus mental health.

The survey link was active for six weeks and open to all students with a valid university email address. The study was voluntary with no compensation offered to participants. If individuals chose to participate, they followed a link to Qualtrics, the university's online survey platform. Once completed, the data was transferred to a Microsoft Excel document. The principal investigator for the current study obtained secure access to this document for analysis and was provided an ethics exemption for this study from the Research Ethics Board of the university due to the anonymous nature of the online consultation data (See Appendix B).

Data Analysis

For the purposes of the current study and to enhance the rigor and trustworthiness of the analysis, a thematic analysis was conducted based on six phases outlined by Nowell, Norris, White, & Moules (2017). The first phase was to become familiar with the data. Prior to formal analysis, the data from each online consultation question was transferred into their own Microsoft Word document for use by the principal investigator. A separate Microsoft Word document was also created to record initial reactions. The responses were read multiple times to identify and document overarching patterns (Braun & Clarke, 2006) and to examine both personal feelings and future considerations from the data, helping to maintain an honest and vigilant approach to qualitative work (Starks & Trinidad, 2007).

In the second phase, after acclimating to the data, initial codes were formed. For this, the online consultation transcriptions were uploaded to Dedoose version 7.6.21, a secure cloud-based web application that specialized in mixed-method research analysis and allows for the coding of transcripts using user-defined terms. The complete second pass of the data was performed using this application, with each relevant datum coded and logged. The third phase, searching for

themes across the dataset, was then completed. Generated inductively from the existing codes, approximately nine themes were developed with subthemes existing within each.

In the fourth phase, the themes were examined to assess their validity and coherence to the overall dataset (Braun & Clarke, 2006). To ensure a thorough understanding of the data and encourage the development of all applicable themes, a third pass of the data set took place which recoded the dataset and helped create a complete codebook. The developed themes were refined into a more meaningful set, resulting in ten themes with various subthemes within. The fifth phase involved refining the names and definitions of each theme. Consultation with the Mental Health Strategist of the project took place to determine if the themes were inclusive and clear. As well, peer debriefing was conducted with a fellow researcher analyzing the same dataset to discuss the rationalization of the themes and resolve outstanding concerns. The sixth phase, to compile a report of the thematic analysis, entailed a review of notes generated through the process, a reflection on the themes chosen, and a literature review to understand how the analysis and resulting data connect with existing research. Responses that exemplified themes for this paper were chosen by the principle investigator and the term *[sic]* was included where appropriate when the passage contained grammatical errors.

Ethical Considerations

This study obtained an ethics exemption from the university's Research Ethics Board due to the anonymous nature of the online consultation data (See Appendix B). As this was a secondary analysis of the data, there was no interaction with participants for this research. Ethical procedures pertaining to this study, though limited, were followed to reduce the risk of harm to participants. This included keeping the online consultation data on a password-protected computer which remained on the university campus. Physical access to this computer was

reserved solely for researchers who were authorized by the research team. As well, the transcriptions uploaded to Dedoose for analysis could only be accessed through their password-protected software.

Trustworthiness

To maintain trustworthiness of the research, certain measures were enacted. To increase credibility, analyst triangulation was implemented by having the Mental Health Strategist and another peer reviewer assess the findings and analysis, helping to indicate responses that may be overemphasized or neglected (Patton, 1999). As well, a review of previous research findings was conducted to determine if results were consistent with past studies and if previous methods were consistent with the current study (Shenton, 2004). To encourage transferability, the context and characteristics of the study were noted in great detail, including my own biases and feelings during the process (Shenton, 2004). To increase dependability, a detailed methodology was provided to demonstrate the research approach, allowing other researchers to repeat this work (Shenton, 2004). Finally, to promote confirmability of the results, an audit trail was sustained which presented influential thoughts and feelings guiding my analysis (Shenton, 2004). This included a chronology of events as I worked with the data and any opinions that emerged about potential themes and weaknesses of the analysis.

My background as it relates to this research and the postsecondary school system is varied. I completed my undergraduate degree at a university in south-western Ontario and served as both a research assistant and manager of a research lab for many years. This experience gave me a broad understanding of the academic and social experiences among students at a south-western Ontario university, including their interactions with administrative programs and policies. I am currently completing an internship at a Psychological Services and

Career Services department within a university, both of which have provided me with opportunities to increase my knowledge of postsecondary student culture, including academic obligations and influential factors to wellbeing. As I am a member of the university being studied, there is an inherent understanding of the current services available and their general reception among students. It is acknowledged that my background presents an implicit risk of bias in my perception and analysis of the data. This was managed by maintaining explicit measures of trustworthiness throughout the analysis, reviewing the data several times comprehensively, and reflecting on varied personal features such as my gender, culture, and socioeconomic status (Creswell & Creswell, 2018).

Results

The present study sought to answer two research questions. The first research question was: How is student resiliency promoted in a university setting? The second research question was: What gets in the way of supporting student resiliency in a university setting? The purpose was to better understand how postsecondary institutions influence and support student resiliency by examining student perceptions of the support they received in their university environment. A sample size of 279 for the first research question and a sample size of 298 were reviewed from online consultation question. A total of ten themes were produced from the analysis of data. For the purposes of establishing common topics from student respondents, themes that were coded most frequently in the data set are reported in this paper. Three main themes and multiple subthemes were identified for the research question: How is student resiliency promoted in a university setting? Three main themes and multiple subthemes were identified for the research question: What gets in the way of supporting student resiliency in a university setting? Table 1 summarizes the themes, subthemes, and frequency of responses related to the research question:

How is student resiliency promoted in a university setting? Table 2 summarizes the themes, subthemes, and frequency of responses related to the research question: What gets in the way of supporting student resiliency in a university setting? The frequency of each theme and subtheme denotes the number of respondents who provided a response that aligned with the theme or subtheme.

Research Question 1: How is student resiliency promoted in a university setting?

Table 1.

Themes, Subthemes, and Frequency of Resiliency Promotion Responses

Theme	Frequency	Subtheme	Frequency
Mental health awareness and education	190	Promoting resources	70
		Awareness events	47
		Destigmatizing efforts	35
Student wellbeing resources	173	Mental health services	53
		Non-academic support	27
		Mental health events	18
Social support	98	Welcoming campus	36
		Staff and faculty	23
		Social activities	21

Theme 1: Mental health awareness and education (Frequency: 190). Respondents discussed positive efforts by the university to encourage a greater understanding of mental health and resiliency among the student population. This theme included efforts made by the university to bring campus-wide attention to student mental health through campaigns and advertising, as well as efforts to educate students on treatment options for mental health issues.

Promoting resources (Frequency: 70). Students discussed how resources that promote mental health were advertised and endorsed by the university. One respondent commented on the methods the university uses to advertise resources: “This year I’ve noticed more signs, posters, and ads that target students informing them of services on campus to help their mental wellbeing.” Similar statements detailing various promotions of mental health services were

found, including novel methods to reach students: “I liked that our bus passes last year had more mental health services listed on the face of the bus pass.” Digital campaigns using email and social media were identified by students: “I find the email alerts to be very handy. I can action on emails that are relevant to my needs.” The role of professors and student leaders to promote resources was also discussed by respondents.

The timing of when resources are promoted was identified by students as another positive effort by the university to support student resiliency. One student indicated the importance of promotion of services for students at critical time points of the semester: “...[the university] gives out handouts about services available on campus (mental health, physical health, events, etc) at the beginning of orientation week. [The university] promotes pretty well.” Ongoing, targeted promotion was discussed as well, with one respondent stating: “I follow [the university’s] social media accounts and see that they often promote various mental health initiatives. I think it is important because it is a direct way for students to access the information.”

Awareness events (Frequency: 47). Activities organized and implemented by the university that focus on increasing the understanding of mental health were identified by students. These events included wellness weeks that focused on mental health awareness and education, as well as workshops and lectures throughout the school year. The diversity of events was highlighted by respondents, with one student indicating their importance to mental health: “this year there have been a lot of different clubs, events, etc. that take the initiative to promote healthy mental wellbeing.” One student suggested that a space for open discussion at these events was beneficial: “having multiple events and lectures where people can openly discuss the importance of well-being is very helpful for students.” Students also commented on the different

groups leading mental health awareness events, such as student-led clubs. Respondents highlighted the initiative of students in providing awareness events for the campus population: “The student council is regularly organizing events and programs to support students in every way they can.” One respondent indicated the importance of student clubs to highlight mental health on campus: “...often times its student groups that organize the events so [the university] could help more with that and encourage it.”

Destigmatizing efforts (Frequency: 35). Responses mentioning how the university attempts to dispel mental health stigma and normalize mental health issues among students were commonly noted. Students mentioned how the awareness and education initiatives of the school serve to tackle stigma: “By raising awareness, [we are] removing the stigma that comes with it.” The ongoing effort of the institution to mitigate stigma was indicated by one student, in addition to the efforts of the university to encourage help-seeking: “constant reminders that if you are ever in need of help, then it is normal, and a good idea to seek help.” The importance of promoting an open dialogue about mental health and connection with the campus population was indicated by one respondent: “I believe that [the university] does a good job at advocating that we are all in this together. They treat mental health as a reality instead of a stigma which allows people to feel more comfortable.”

The importance of interventions specifically for first year students to reduce mental health stigma was common: “Mental health is talked about frequently during orientation week, becoming an appropriate topic to talk about on campus, and creating an environment where students feel safe to do so.” One student commented on the destigmatizing effects of awareness campaigns in university residences: “Posters around rez [sic] to remind people that having a mental illness is not unusual or something to be ashamed of and you can get help.”

Theme 2: Student wellbeing resources (Frequency: 173). Several respondents indicated that resiliency and mental health was promoted in their postsecondary environment by the presence and utilization of support services and campus resources that focus on student wellbeing. This theme focused on the tangible initiatives supported by the university and included personal as well as anecdotal experiences with these initiatives.

Mental health services (Frequency: 53). The quality of the existing mental health services available to students on campus was identified by respondents. Students indicated the benefit of personal counselling on campus, which included crisis services, drop-in services, and group services. The centres on campus which house these services were indicated by respondents as beneficial to their resiliency and mental health. One respondent discussed the range of available mental health services available to students: “It is great that we have many services that promote wellbeing: [the university wellness centre], peer support center, student development center, etc.”

The ease of accessing mental health services was identified among respondents. One student mentioned the benefit of student coverage for counselling: “Therapy is covered so no out of pocket expenses are needed to be paid by the student.” Accommodating operating hours of various services on campus was indicated by another student: “There are many services available for students on campus if they feel that they need help with their wellness, and most are readily available.” Another student discussed the guidance the school provided for those seeking help: “[The university wellness centre] is a fantastic initiative in my opinion because it takes the question work out of determining which resources to access; you can just go and ask.”

Non-academic support (Frequency: 27). A common response from students detailed the extracurricular student experiences on campus that influence resiliency. These responses

included the use of the school gym at no extra cost to students, free fitness activities such as intramural sports and yoga classes, and quiet spaces on the campus: “There is a relaxation room in the [campus building] as well as a fitness room that I use often.” One respondent suggested that the university centre was an important experience for student resiliency:

The [university centre] is a great place to have a small refresh within the day because there’s always something new to see as stalls, exhibitions, etc. It’s surprisingly helpful when you’ve studied to the point where you don’t feel like a person anymore.

Free health services were identified as promoting the resiliency of students, with one student stating: “providing health services too like flu shots.” The variety of the support that can bolster mental health is highlighted by these types of responses, as well as the importance of promoting physical health for mental wellbeing. A few respondents mentioned the green space of the university as it related to student mental health. One student mentioned that “having a beautiful campus” was beneficial, whereas another stated: “plants trees.”

Mental health events (Frequency: 18). Respondents talked about campus events that focused on directly supporting the mental health of students. The assortment of events was identified as important for student resiliency: “Things like therapy dogs, or games, or even free tea etc. are all great things the school does to help students de-stress.” One student mentioned the implementation of mental health events in residence: “There were also many events in residence that promoted mental health like therapy dogs and de-stressing events like hot chocolate in the lounge.” The value of therapy dogs on campus to foster mental health was a common response among students, who enjoyed the benefits that therapy dogs can bring to their school day. One student noted the importance of implementing mental health events when

student stress is high: “They promote weeks for when students are stressed out, and bring in therapy dogs or snacks to help.”

Theme 3: Social support (Frequency: 98). Respondents noted the social atmosphere on campus as favourable to resiliency promotion. This includes positive social attitudes and experiences with the student body as well as the faculty.

Welcoming campus (Frequency: 36). Students talked about a strong sense of community within the university as it related to student resiliency. The ability to connect and feel supported from both peers and staff was discussed by respondents: “[the university] has a cohesive and loving community that focuses on the needs of individuals and the collective. There is always someone in whom a person can confide, even if not on a professional basis.” One student mentioned the role of school pride: “Having a great school spirit which creates a sense of belonging.” The early effort by the university to do so was identified by another student: “[the university] creates an atmosphere of family between students (usually encouraged during orientation week).”

Supporting diversity and inclusion at the university was indicated as beneficial to wellbeing. One respondent discussed the campus population accepting students from various backgrounds: “It is a very diverse and accepting university which makes integration from home life, college transfer or foreign immigration seem that much easier to do.” The role of university policy in promoting student acceptance and inclusion was identified by another respondent: “Well I’ve never really seen bullying or racism. I guess it is because of the university policies about that.”

Staff and faculty (Frequency: 23). The positive qualities of staff and faculty at the university was identified as beneficial to student mental health. Respondents discussed positive

experiences with residence staff, hospitality staff, academic counsellors, and staff working throughout the university centre including the cafeteria. Friendly, helpful, and supportive professors were commonly identified as important aspects of their university experience. Students also mentioned the compassion and understanding of their professors when processing mental health accommodations, with one student stating: “Profs are fairly supportive of the idea that mental health is a reasonable excuse for accommodation.” Another student mentioned professors who introduce support services with sensitive material in class: “Professors informing students of services for lectures that maybe [sic] triggering.”

Social activities (Frequency: 21). A frequent response from students involved bonding opportunities for students. This included extracurricular activities such as campus clubs and intramural sports. Respondents identified the assortment of clubs and the opportunities they present for personal expression and social connection: “Many groups and clubs to join, variety of creativity and openness for people to feel welcomed and cared for.” The university encouraging social activities was highlighted by one respondent: “Promoting involvement in social and cultural events taking place on campus.” Specialized opportunities for student interaction was identified as a key factor for student wellbeing by another respondent: “Allows religious clubs to run on campus (specifically Christian clubs). It makes people of that faith feel like they have a community to belong to.”

Research Question 2: What gets in the way of supporting student resiliency in a university setting?

Table 2.

Themes, Subthemes, and Frequency of Barriers to Resiliency Responses

Theme	Frequency	Subtheme	Frequency
Difficulty accessing services	131	Limited availability of support services	80

		Services interfere with academics	16
		Uncertainty about where to access services	15
Poor quality of support services	130	Staffing concerns	26
		Limited support from services	23
		Academic accommodation	19
Negative student experience	101	Challenging school schedule	55
		Academic demands	32

Theme 1: Difficulty accessing services (Frequency: 131). Students discussed the frustration they experienced when trying to access mental health resources on campus. These responses touched on both physical and digital barriers, ranging from difficulty locating support services on campus to challenges with navigating mental health-focused school websites.

Limited availability of support services (Frequency: 80). It was common for students to discuss the lack of appointment availability for mental health services on campus, which prevented them from accessing the service when they wanted to. Respondents discussed the wait lists that exist for individual and group counselling supports, resulting in service staff turning away students in need. One student mentioned the limited availability of counsellors for those facing a mental health crisis: “Limited access to counselling support either ongoing or for a crisis (the wait times are unreasonable for someone in a crisis).” Another student mentioned the lack of support connecting students to other resources when campus services are full, as well as an uncaring attitude towards students when services are full: “No help in connecting with those other resources, just brushed away because you are not able to meet the volume of students seeking services.”

The misalignment between the resources that are promoted by the university and the actual services that are available was highlighted by students. One student discussed this gap

and the message it sends to the student population: “You can’t tell your students to seek help and then have them wait months before they do.” Stigma and wait times were identified as a barrier to accessing services on campus: “There is still a stigma that wait times are way to long for services promoting wellbeing on campus. These stigmas deter students from accessing the help that they need same day or in the near future.”

Services interfere with academics (Frequency: 16). Respondents indicated that the hours of operation for mental health services on campus interferes with their school schedule and academic obligations: “Most workshops/events conflict with student schedules.” One student discussed the difficulty of students within certain faculties to adhere to the hours of operation for services: “Most of the drop-in wellness sessions fill up quickly and are not compatible with schedules for people in certain facilities – engineering being one case.”

Class time and academic responsibilities interfering with mental health appointments were also listed as examples of this challenge by students. Several students indicated the additional duties of students to attend services and address their mental health: “Any helpful events also add to the workload of students as they must take time out of their day – otherwise used for studying – to attend these events, which can add stress.” Another respondent spoke to this issue and presented an option for services to increase accessibility: “Many of the resources overlap with students who have classes during the morning-noon hours – maybe having some more faculty-specific resources would be helpful to bridge that gap?”

Uncertainty about where to access service (Frequency: 15). Students mentioned difficulty understanding where they can go to find resources for their mental health needs. These responses included not knowing which resources are best for them and having too many resources to choose from. Respondents suggested that service advertisements lack adequate

descriptions to guide students towards appropriate resources for their mental health needs: “Resources are promoted but not with specific descriptions. No one fully understands what resource is good for what problems and how good/useful the resource is.” A lack of clarity regarding the appropriateness of resources for students, despite there being a wealth of resources, was highlighted as a factor that demotivated help-seeking among students: “There are SO MANY resources for students but it is extremely confusing and intimidating, and students have no idea what they need or who can help them so they are very hesitant to reach out.” Another respondent mentioned the overwhelming and disorganized presentation of information online for students as preventative for help-seeking: “Too much information at once, a difficult time navigating online resources (overcomplicated with overlapping sites with overlapping services).”

Theme 2: Poor quality of support services (Frequency: 130). Students highlighted the inadequate care provided to them by university support services. Respondents discussed the campus being ill-equipped to administer adequate mental health services, a perceived lack of funding for mental health services, and poor administration of mental health services overall.

Staffing concerns (Frequency: 26). Respondents mentioned negative interactions with workers at campus support services. Students noted feeling not understood by staff members when they are trying to navigate services. A perceived lack of support and knowledge from staff members regarding mental health services was suggested by one respondent:

Also, the secretaries at Psych services don't offer you any options. They just answer your direct questions without offering additional help or suggestions about where else you should go. It's possible that they are not educated in the other services on campus and that is a problem.

Students also reported on unhelpful experiences they have had with support staff. Experiences with insensitive counselling services staff when sharing mental health concerns was described by one student: “Honestly, when I went to see a [university] psychologist it was horrendous. I was told that my debilitating bouts of depression was something “every student feels”. It was disgusting.” One respondent suggested that counselling services staff can provide ineffective strategies to students and prematurely dismiss them without adequate support:

Counsellors give band aid solutions, then try and outsource your problem because they’re not equipped to handle the mental health problems students present to them. You’re given a handful of pretty much useless sessions then told to go on your way.

Stigma concerning poor quality of counselling services staff on campus was identified in the responses: “I know many friends that have found the counsellors [sic] on campus to be unfriendly, and unhelpful.”

Limited support from services (Frequency: 23). Respondents discussed how the various mental health needs of the student population were inadequately supported by campus services. Students mentioned several shortcomings of the mental health services on campus, including a lack of services available after hours for students in need, a limited number of sessions with mental health counsellors with no options of long-term care, and crisis support being largely unavailable. One respondent suggested that there is not enough counselling staff on campus to meet student mental health needs and counselling sessions are restricted: “You don’t have enough therapists to go around and you cut short students’ sessions to 5, regardless of how high risk they are.” Inadequate assessment and follow-up with students to ensure their safety was indicated by one respondent:

So I think even if someone is saying they're "ok" you should still take it more seriously and have more follow up programs imposed to make sure this student is ok. I know when I am feeling down I don't follow up with appointments and this of course makes things worse for myself. If someone were to really follow someones' case to make sure they're doing well or getting medication or counselling, whatever that person needs, it would be very beneficial.

Solutions were offered by respondents, such as a check-in program for at-risk students on campus, providing services after hours for students, and a greater focus on preventative efforts for student mental health and resiliency.

Academic accommodation (Frequency: 19). Respondents discussed their frustration with the university's academic accommodation policies. An inability to receive accommodation for exam schedules and its influence on mental health was discussed: "I had 3 midterms in less than 24 hours, and I was not able to receive accommodations, as they were "only midterms." This had a strong negative impact on my mental well-being." Students also indicated frustration when attempting to obtain academic accommodation based on mental health needs, with one student highlighting the recognition physical issues receive in comparison:

Acquiring academic accommodation is actually a pretty tedious process, not to mention, mostly catered to physical illnesses and not mental ones. Often, if a student who suffers from mental illness tries to inform a professor of their condition and therefore hinderances, professors will write them off as simply "stressed like everyone else".

Theme 3: Negative student experience (Frequency: 101). Respondents identified the difficulties they experience on campus while attempting to function as a successful student and

how this impacts their resiliency. Negative experiences included having poor food options, managing high expenses to attend school, and navigating limited study space.

Challenging school schedule (Frequency: 55). Students talked about how the academic schedule set by the university acts as a barrier to their positive mental health and resiliency. These responses included difficulty managing exam schedules that arranged exams close to one another or near holiday breaks. One student touched on the extended exam schedule at the university and its effect on student mental health: “Additionally, midterms stretch out from the beginning of October essentially all the way until finals, which leaves no lull for students to collect themselves and re-evaluate how they are doing, both academically and personally.”

Students who discussed their school schedule highlighted their perceived need for more breaks in the school year, specifically a reading week in the fall semester. The need for additional breaks to elicit self-care was highlighted by a respondent:

I know that it is said often but I truly believe that we need a reading week in order to fully promote wellbeing. It seems hypocritical to promote mental health but not have a reading week for students to relax and study and spend time with their families.

Frustration towards the insincere and uncaring approach of the university when structuring academic calendars was indicated in another response: “Not having a full fall reading week break like other universities! This completely goes against all their mental health promotions!”

Academic demands (Frequency: 32). A few students mentioned the overwhelming academic expectations placed on them to be a successful student. These responses included the perception that school was too stressful and there were high demands of students to balance professional and personal obligations:

There is little done about the stress of SCHOOL. Sure there is lots about improving mental health but not much on what university does to us. University is extremely stressful. I find it difficult to sleep, eat and do basic things some days. School work is exhausting and you always feel like you're behind with no way to catch up.

Academic demands as well as a perceived competitive mindset was indicated as preventive to positive mental health: "The competitiveness of classes and the amount of time and work required to put in is a barrier to many students hindering them from being about to promote their own wellness as much as they should." This response also suggests that the school emphasizes academic results at the expense of mental health. One student mentioned this imbalance and how mental health promotion of the university seldom recognizes academic demands on students: "...Mental Health is more important than Grades but this is often not highlighted."

Discussion

Two research questions were examined in the present study. The first research question was: how is student resiliency promoted in a university setting? The second research question was: what gets in the way of supporting student resiliency in a university setting? The purpose of the study was to explore the perceptions of university students to better understand the factors that influence student resiliency on campus. The study involved a secondary analysis of data that was originally conducted as part of a campus-wide initiative to guide the development of a student mental health and wellness strategic plan. Participation was voluntary and recruitment took place through a series of campus-wide emails that directed current students to an online form.

The study explored features of a campus environment that promoted and prevented student resiliency through the lens of the mental health continua posited by Keyes (2007). This

describes mental health as a separate yet related quality to mental illness, such that someone can be flourishing and enjoy emotional, psychological, and social wellbeing while also managing chronic mental illness (Keyes, 2007). The identified themes in this study predominantly feature systems of the postsecondary environment that influence the mental health of students but may also serve to manage mental illness. In addition, the metatheory of resiliency as posited by Richardson (2002) was utilized for this study. Using this lens, those who possess certain internal and external protective factors are better able to prevent mental impairment when facing hardship and overcome future adversity (Richardson, 2000; Waite & Richardson, 2004). The themes in this study details how students see themselves utilizing resilient qualities across the ecology of the student environment to rise above adversity that is commonly experienced among postsecondary students (Richardson, 2000; Ontario University & College Health Association, 2009). This research is noteworthy as it investigates how resiliency is perceived from the perspective of the learner, which is lacking in the literature (Holdsworth, Turner, & Scott-Young, 2018). As well, as the data was initially intended to inform institutional policy, the external qualities that influence student resiliency are predominantly featured among respondents. As such, the results of this study serve to provide a novel understanding of campus features that influence how students persevere through adversity.

Several key themes were developed from an analysis of the data. Themes concerning the first research question involved mental health awareness and education efforts on campus, resources that encourage student wellbeing, and the social support that students experience. Regarding the second research question, themes included student difficulty when accessing services, observing poor quality among campus support services, and negative student experiences.

Research Question 1: How is student resiliency promoted in a university setting?

Mental health awareness and education. The greatest number of students identified the awareness and education efforts of the institution as a way that student resiliency was promoted on campus. This is important to consider as disseminating information on mental health is a critical factor in effective utilization of mental health programs and services on campus (Mowbray et al., 2006). In a study by Fish and Nies (1996) that assessed a survey of post-secondary students both at a two-year college and four-year university, they found that mental health promotion was the second most important health promotion need identified among students after personal health care promotion. The findings of this present study align with the requests for student mental health promotion as found in the literature and demonstrate not only the high amount of desire from postsecondary students to learn about mental health as a way to support their resilient behaviour, but also the positive appraisal of students towards these efforts by the institution.

The role of promoting resources to bolster resiliency was commonly observed in this study. This is an important finding considering the assortment of mental health services that are commonly available on campus and the lack of awareness of these services that has been observed among both domestic and international students (Jaworska et al., 2016; Hyun et al., 2007). The research asserts that students, when presented with information on resources, are eager to learn about the many resources to support their mental health or manage their mental illness while in school. It is interesting to note that in a survey of postsecondary students, Yorgason, Linville, and Zitzman (2008) found that those with mental health issues were more likely to be aware of services on the university campus. The different efforts to promote resources as suggested in this study, including physical campaigns such as bus passes, signs, and

posters and digital campaigns such as e-mails and social media, could be effective methods for increasing the awareness of resources beyond simply those with mental health issues. This speaks to the ability of institutions to market resources effectively and meet the desire of students for resources to promote their resiliency.

The influence of student awareness events on mental health and resiliency has not been studied extensively in the literature, despite a call for greater outreach services (Kitzrow, 2009). A paper by Crozier & Willihnganz (2005) surveyed directors of counselling centres in Canadian postsecondary institutions and found that 31% of the directors classified 1% of the initiatives at their counselling centres as outreach. This aligns with the findings of this study, as respondents indicated the important role of students in delivering awareness events through student-led clubs and student council activities. These responses suggest that postsecondary institutions are utilizing students to perform outreach, and this is recognized as beneficial to student mental health and resiliency. This is important considering that protective factors for resiliency can be a prosocial attitude within their community and healthy interpersonal relationships (Waite & Richardson, 2004; Masten & Reed, 2002). As a highlighted aspect of these events was having an open forum to discuss mental health, students may believe that their mental health is supported among peers and that they can turn to these events to cope with the adversity of school. The use of students to provide educational campaigns may thus promote resiliency to a greater extent than if senior staff performed it themselves.

The destigmatizing efforts of the university was noted to promote resiliency among students. This was expected considering the deleterious effects of mental health stigma among postsecondary students as found in the literature (Eisenberg, Downs, et al., 2009). The efforts to encourage acceptance of mental health issues on campus can be seen as a way to reduce the

barrier to access mental health resources, which would enhance the opportunities for those with mental illness to access appropriate resources and boost their overall mental health (Keyes, 2007; Martin, 2010). It has been shown that we can demonstrate greater resiliency when we have available health care and access to emergency social support (Werner & Smith, 1992), and students were able to recognize the importance of enhancing access to this type of support for resiliency. This aligns with the literature regarding the negative effects of stigma toward student utilization of health care (Wynaden et al., 2014). The identified efforts to reduce stigma on campus may also have extended effects, such as educating younger students on mental health issues who commonly perpetuate stigma due to a lack of mental health knowledge (Feeg et al., 2014).

In this study, mental health awareness and education was noted to be important when targeting students entering university and those living on campus. This aligns with the literature as the transition process to university can entail increased demands, such as difficulty with new subjects and relationship adjustment, and influence poor mental health (Arthur & Hiebert, 2011; Adlaf et al., 2001). In addition, as the rate of incoming students to postsecondary schools with identified mental illness has increased over time (Hunt & Eisenberg, 2010), the number of students in need of additional support would increase in turn. The findings of this study indicate that there are many students entering university who recognize their mental health needs and appreciate the advertisement of support services. Having access to these services and engaging in positive mental health behaviours would allow them to establish protective factors in areas that were previously supported but have now been disrupted, such as establishing new social supports and finding strategies to achieve in academia (Waite & Richardson, 2004). The role of

early awareness and education therefore serves many important functions for student resiliency that is recognized by the student body.

Student wellbeing resources. The results of this study indicate that many students identify the mental health services available across the postsecondary campus and its influence on mental health and resiliency. This ranged from services directed at supporting student mental health, mental health events promoted by the university, and non-academic support for students that enhanced the student experience. This range of efforts aligns with the initiative of the Okanagan Charter (2015) such that a campus provides a holistic approach to mental health that spans numerous domains. Considering the role that institutions play in creating programs for student resiliency (Harley, 2010; Yeager & Dweck, 2012), the present study suggests that a widespread approach to encourage mental health and resiliency on campus is recognized by students and seen as beneficial. These are noteworthy findings considering that information on the availability and suitability of policies for mental health services among Canadian postsecondary institutions is limited (De Somma et al., 2017). As the present study was exploratory, the array of measures that were identified as promoting resiliency may be valuable to assess the importance of different resources that could be overlooked, such as environmental aesthetics.

The variety of student services was noted by most respondents within this theme, which speaks to important role of a comprehensive system for promoting mental health resources. Considering the many ways that students face distress and the different protective factors that are utilized by people when exhibiting resiliency (Cairns et al., 2010; Earvolino-Ramirez, 2007), a diversity of available services could support students as they overcome specific obstacles. A range of internal and external qualities are needed to insure someone can bounce back from

adversity and the identified services, including mental health counselling, drop-in and crisis support, peer consultation, and group services, can allow students to enhance both their internal qualities such as self-esteem and motivation as well as external qualities such as health care and interacting with a supportive peer group (Masten & Reed, 2002; Waite & Richardson, 2004). In addition, having services covered was identified as an important factor for fostering resiliency. As accessibility of mental health services has been observed to influence postsecondary student resiliency (Werner & Smith, 1992), the range of services as well as the ease of access to these services is asserted to be important for students to enhance their mental health. This study thus suggests that resiliency can be best supported through a rounded implementation of support.

An important finding of the present study is how students identified non-academic experiences such as the use of the school gym, free health services, and relaxing spaces on campus as having a positive effect on their resiliency. This is a noteworthy finding as the resiliency literature in postsecondary institutions largely addresses the coping strategies of students, such as possessing emotional intelligence, rather than the influence of common student experiences such as gym memberships (Hartley, 2013; Holdsworth et al., 2018). It may be the case that the social benefit of these experiences allows students to overcome hardship more effectively. A paper by Martinek & Hellison (1997) suggests that resiliency programs for youth that include a physical activity component serve to increase social competence, autonomy, and optimism. This has been demonstrated in a university context as well, with students observing physical activity and extracurricular events as opportunities to decrease stress, bond with peers, and develop a greater positive outlook (Holdsworth et al., 2018; Laidlaw, McLellan, & Ozakinci, 2016). As social connectedness, willpower, and optimistic cognitive style can be important to develop student resiliency (Leary and Derosier, 2012; Morrison & Pidgeon, 2017), these findings

suggest that involvement in activities outside the classroom is important for postsecondary student resiliency.

In the current study, respondents indicated that pleasant experiences and relaxation was important for mental health. This included having access to a relaxation room, visiting a university centre that had comforting features, having ample green space on campus, and having mental health events such as free tea at important points of the academic year. The role a relaxing campus experience towards postsecondary mental health was not found to be observed in the resiliency literature. As addressed by Masten & Reed (2002), the child and youth literature points to ways that resiliency is fostered, one of which involves risk-focused strategies where exposure to hazardous experiences is minimized. Promoting a more relaxing environment may offer students the opportunity to temporarily escape the stressful nature of postsecondary life and protect their mental health. Though more research would be needed to understand this to a greater extent, the role of a calming campus environment on student resiliency is a noteworthy discovery among the responses, even if the number of students indicating this was comparatively small.

The role of therapy dogs on campus was also indicated by respondents. This service can provide many duties for postsecondary student wellness, including as a stress reliever for students and as an opportunity to promote counselling services by interacting with students across campus (Daltry & Mehr, 2015). As well, postsecondary students have identified therapy dogs as beneficial for students entering university as they encourage peer relationships while interacting with the dogs and as a temporary coping mechanism during this transition (Adamle, Riley, & Carlson, 2009). Therapy dogs thus offer a multifaceted approach to resiliency, as they can temporarily support student mental health as well as foster their awareness and access to

resources. The findings of this research support the literature and present a means for students to not only experience stress reduction but also to increase their access to resilient qualities such as mental health services on campus. The lack of respondents identifying therapy dogs was surprising given the benefits, but limited implementation of the program may prevent members of the student body from experience this.

Social support. Students suggested that social support promotes resiliency on campus, though the number of respondents who identified this as fostering their resiliency was comparatively low. These findings were somewhat surprising considering the literature on resiliency and social support. As addressed by Earvolino-Ramirez (2007), forming positive relationships has been observed to be one of the most commonly cited resiliency qualities. The small number of respondents who identified this factor may be a result of postsecondary students observing social support as a protective factor that is not directly promoted by the institution but rather through their own efforts to form relationships with peers and staff.

This research identified that a welcoming campus and diverse social activities were important for student resiliency. Across responses, this included inclusivity for local as well as international students, a feeling of cohesiveness and pride, and allowing a variety of clubs on campus such as religions clubs. These responses indicated that an acceptance of others is important to consider, and a sense of belonging among postsecondary students has been shown to rely more on peer interactions than faculty interactions (Stebbleton, Soria, Huesman Jr., & Torres, 2014). The social support of peers may be especially important for the resiliency of students with minority status, as they may experience unique challenges and their mental health may benefit from strong peer relationships (Stebbleton et al., 2014). As social support has been identified as a key contributor for resiliency and overcoming adversity (Earvolino-Ramirez,

2007), the findings resonate with the literature and suggest that inclusivity of a campus environment is central to promote mental health among different demographics of students. This highlights the important role of the institution to facilitate peer relationships and implement policy against discrimination in order to promote resiliency across a student population.

Besides opportunities to interact with peers, students indicated that having supportive relationships with professors, staff, and faculty members was important for their mental health. Positive relationships between students and employees at postsecondary institutions has been demonstrated to be important for academic persistence and eventual completion of their program (Hoffman, 2014). As peer relationships have been shown to bolster resiliency in postsecondary students (Leary and Derosier, 2012), the effects of staff and faculty acceptance and support appear to be beneficial for the effects of resiliency as well. Students also reported that professors who exhibit sensitivity and accommodation to mental health concerns enhance their sense of resiliency. The implication of this is that professors act as a supportive figure who can tend to academic and health concerns of students. Having an approachable, caring professor can engender greater confidence in their academic abilities and positive feelings about the learning process (Komarraju, Musulkin, & Bhattacharya, 2010). As well, postsecondary students have identified that educators who provide a safe learning environment and promote respect and empathy with their students contribute to their sense of resiliency (Holdsworth et al., 2018). Peers, staff, and professors thus serve as an important external protective factor for student resiliency.

Research Question 2: What gets in the way of supporting student resiliency in a university setting?

Difficulty accessing services. This research identified barriers students experienced when trying to access resources on campus including long wait times and inopportune schedules for support services. An observed discrepancy among themes is important to note here. Mental health awareness and education was the most frequently identified theme concerning how resiliency is supported on campus, yet it was common for students to indicate that they faced barriers when attempting to access mental health resources. It can be suggested that a large portion of the student population are aware of campus services to promote their mental health and seek them out to foster their resiliency but are impeded in their task. This presents a student body that largely attempts to better their mental health through services from the institution but lack clear information on resource availability. It is thus asserted that increasing accessibility information about services could allow students to use services effectually and enhance their mental health.

Issues such as long wait times to see counsellors regardless of the need for crisis support was commonly reported in the findings. As posited by Mowbray et al. (2006), current problems in postsecondary counselling centres include long wait times and ineffectual processes for students in crisis, which is to the detriment of student mental health. The existence of emergency social services and general health care has been shown to be a valuable protective factor for resiliency, which can be especially important considering the high levels of distress experienced by the student population (Werner & Smith, 1992; Adlaf et al., 2005). The findings suggest that insufficient resources for counselling services and the inability of these services to prioritize at-risk students can serve to prevent student resiliency. As well, being unable to access mental health support was identified as a stigma that deters students from attempting to access services. This presents the lack of availability for services as a barrier that not only prevents attempts by

an individual to seek support services for their mental health but also influences a campus culture that does not endorse efforts towards resiliency, working against the promotion efforts of the university. It serves to reason that more institutional focus on campus counselling needs can reduce stigma about accessing services and allow a greater number of students to understand how to utilize internal and external protective factors in counselling, which can enhance their ability to act resiliently as they progress through school.

When services are available to students, they may not align with the schedule of the student. Respondents indicated that workshops and events are unavailable to students because of conflicting schedules. This appears to be a novel finding among the resiliency literature for postsecondary students and presents avenues for greater service availability on campus. The range of schedules that exist for students, considering the range of available courses and the different requirements of students outside of school, suggests that providing services that align with the availability of the campus population would be complex. Though offering services outside typical hours of operation may allow for greater access to students, this should be considered with the additional finding that academic strain felt from students can inhibit them from accessing resources. The additional work of finding time in their schedule to seek out services and promote their own mental health presents an interesting barrier, especially when considering that time management and determination of students to manage their mental health may be preventing them from making concerted efforts to tend to both academic duties and personal health. A study by Morrison & Pidgeon (2017) found that postsecondary students who were able to exercise and strengthen their willpower demonstrated higher levels of resilience and self-control as well as lower levels of psychological distress than students who did not strengthen their willpower. The findings of the present study not only assert that flexible scheduling can

provide opportunities for students to access desired mental health services on campus, but also that internal resilient qualities may determine if they will utilize these opportunities. Students appear to perceive the quality and quantity of campus support services as very important to their mental health but, as resources are inherently limited, individual efforts to foster resiliency would be needed to reduce reliance on support services. It can be suggested that a greater personal role in promoting mental health is required to meet the needs of the student population.

The findings suggest that students feel uncertainty about where to go to access services. This implies that students are aware of the resources on campus but are uncertain about where to best address their mental health needs. These findings resonate with a study by Yorgarson et al. (2008) who surveyed 266 postsecondary students and found that 37 percent of respondents indicated a lack of adequate information to enable them to reach out to mental health services on campus. The authors found that an additional 38 percent of students had merely heard of campus services and did not have detailed information about them. An inability to identify and inform students in need of support services has also been shown to be a problematic area among Canadian postsecondary institutions (Jaworska et al., 2016). The results of the present study suggest that poor communication strategies for mental health resources may inhibit students from seeking external support, which limits the ability of those with mental health needs to foster resiliency and overcome adversity.

Poor quality of support services. The approach of staff who work at services on campus was suggested by students to as getting in the way of promoting their mental health. Some of the findings of this study indicate that students can feel as though they are not welcomed when seeking support or can experience what they perceive as insensitive or unhelpful behaviour from staff members. Healthy, supportive relationships between postsecondary

students and staff is an important component to a resilient campus and a student body that feels capable and willing to reach out for support (Holdsworth et al., 2018). A reason for this has been explored in a Canadian context. In a review of student mental health in Canadian postsecondary schools, MacKean (2011) suggested that staff may not be in a mentally healthy environment themselves and their effort toward student care will diminish because of this. Ensuring staff are supported themselves presents a holistic approach to student resiliency, especially considering the importance of supportive relationships with the student body. The staff may also be inadequately informed to provide services, as many mental health services operate in silos and may present students with limited knowledge regarding resources on campus (MacKean, 2011). Students may be trying to utilize existing services but are inhibited from receiving care due to unsupportive encounters with staff or a lack of guidance towards appropriate mental health resources. This highlights the strategy put forth through the Okanagan Charter (2015) and suggests that a rounded approach that addresses mental health at the student, policy, as well as staff level need to be addressed for the sake of student resiliency.

The limited support that is offered through existing services was also addressed in this research. Limited flexibility for counselling sessions, an absence of long-term care options, and poor crisis support were indicated. This barrier is also indicated in the literature. In a review of American postsecondary institutions by Mowbray et al. (2006), short-term therapy is generally provided without any option for long-term care, and follow-up with students on campus is generally lacking. The present research indicates that some students see mental health care as being incomprehensive on campus and, because of this, do not feel that student resiliency is effectively supported. This is noteworthy considering the increasing number of students attending postsecondary school while managing mental illness (Hunt & Eisenberg, 2010). As

flourishing in life demands positive mental health support as well as managing mental illness (Keyes, 2007), limited options for support services may be inhibiting students with mental health issues from being resilient. Though more extensive care may be warranted, short-term counselling has been observed to be ideally suited for the various mental health needs of a postsecondary environment when the limitation of institutional resources is considered (Cooper & Archer, 1999). The need for additional support as stated by respondents may be based on inaccurate assumptions about what support services can realistically provide to students. It is also interesting to note that these findings contradict the statements from other respondents who suggested that many services exist on campus to meet the diverse mental health needs of students. This may be because certain students are more experienced with campus resources, especially when considering that many responses that discussed limited support from services involved personal experiences. Informing students of the limitations of services on campus could help better prepare them to acquire resilient qualities elsewhere when needed or utilize other mental health resources such as group support and peer counsellors (Cooper & Archer, 1999)

These findings also indicate that students face difficulty receiving academic accommodation for mental health needs. For some students, they expressed the view that staff disregarded mental health and academic scheduling as a legitimate need for accommodation. This aligns with the literature in that resiliency is developed when empathetic and respectful relationships are fostered between educators and students (Holdsworth et al., 2018). In a review of the literature by Harley (2010), it was posited that academic support was integral for student resiliency and that staff members should encourage individual strategies for establishing protective factors on campus, including academic support and accommodation. As

postsecondary staff may insufficiently recognize the efforts from students to reach out and cope with adversity if it involves mental health, both their access to proper accommodations in the moment and their motivation to seek support in the future may be inhibited. Though postsecondary institutions are encouraged to assist with academic needs to encourage a resilient campus (Harley, 2010), assisting students with mental health needs appears to be restricted and serving as a barrier to resiliency among students.

Negative student experience. Respondents indicated that the overwhelming demands of school inhibited their mental health and suggested that an academic schedule that allows for adequate breaks would provide an opportunity to foster positive mental health. It was asserted that students experienced distress due to the requirements of completing their degree, the constricted structure of exams, and the lack of formal breaks through the year. It was suggested that allowing for more breaks and leisure time would present them with opportunities to mitigate their distress through relaxation and spending time with their family. One respondent stated that not providing an additional reading week opposed the mental health promotion of the university. As the role of the academic schedule has not been thoroughly researched in the resiliency literature, these suggestions provide a unique look at resiliency from the perspective of students.

The benefit of breaks from work to foster mental health is contentious in the literature. In a study by Leary and Derosier (2012), 120 first-year students in an American college completed an online questionnaire that included measures for resiliency and student stress as well as their perceived social connectedness, self-care, life skills, and optimistic cognitive style. They found that while social connectedness and optimistic cognitive style significantly predicted lower student stress, self-care and life skills were not independently related to student stress. The authors suggested that having an optimistic cognitive style may predict whether students choose

to engage in self-care behaviours such as healthy eating, exercise, and adequate sleep. This offers insight into the role of a more lenient academic schedule. Providing more opportunities for breaks may be insufficient to promote resiliency as some students would not necessarily possess a positive future orientation or a supportive social group during a break period. As well, as opportunities to face and overcome adversity may not emerge when students are removed from the academic environment, taking a break could serve to reduce the ability to learn and utilize protective factors, thus hindering resiliency instead of fostering it.

Though leisure coping strategies such as spending time with friends and taking breaks from work is suggested to be related to postsecondary student coping with immediate stress (Iwasaki, 2001), the effects can be short lived. The positive health and wellbeing effects of taking a vacation has been shown to fade once work resumes (De Bloom et al., 2008), indicating that the adversity of school would impair their mental health once classes resume. This speaks to the holistic efforts of schools to promote resiliency in students that involves breaks as well as opportunities to develop strategies that bolster their resiliency. Efforts to develop internal and external protective factors emerges when hardship is faced rather than avoided (Richardson, 2002), and students may be unaware of the challenges that are needed to develop resiliency. It stands to reason that finding opportunities to adjust academic schedules may be required to provide opportunities for students to participate in social support and campus resources, and students have demonstrated in this study that they are eager to be more resilient and use campus services. Fostering this engagement through academic breaks, however, may be inadequate for the development of student resiliency.

Implications

The present research points to several important considerations regarding the influence of resiliency for postsecondary students in a Canadian context. Firstly, the findings indicate a necessity for gathering a comprehensive understanding from postsecondary students regarding resiliency. A range of perspectives were uncovered through the five hundred responses used in this study, and efforts such as campus mental health services were described broadly by respondents as both adequate as well as insufficient. This difference suggests that experiences and perspectives regarding resiliency behaviours varies between students and the efforts of the institution to promote resiliency, though well intentioned, are not widely beneficial. Mental health policy at institutions can thus find areas of improvement when viewed through a nuanced lens. Understanding how the entire student body defines resiliency and utilize campus resources can identify and mitigate overlooked barriers to available services. In addition, using this information can help to fulfill the guidelines for student inclusion outlined in the Okanagan Charter (2015) and serve to benefit the greatest number of students.

From the research, we can understand that students recognize initiatives of the institution to bolster their mental health. This includes how institutions directly influence resiliency through services such as mental health counselling as well as indirectly through supporting their health and helping them build social networks through campus activities. The number of respondents who touched on campus services as a facilitator or barrier to their mental health speaks to the importance of focused initiatives for mental health, which is clear given that many students enter postsecondary without the necessary strategies in place to cope with this environment (Rawson, Bloomer, & Kendall, 1994). Students appear to expect institutions to present themselves as resiliency-focused and provide a guiding role in teaching students how to

learn from adversity. Embracing the reliance students display towards institutions for mental health support provides opportunities to work with students and encourage resiliency qualities.

It is important for institutions to also work towards developing resiliency in students that utilizes more personal ways of coping rather than a dependence on school resources.

Considering the number of students who listed wait times for mental health services as a barrier and found the flexibility of services to be limited to meet their needs, the demand and strain on services may be mitigated by directing students to other protective factors. Offering strategies to allow students to cope on their own or through community services, reducing their dependence on campus services, may help overcome the service-related barriers that prevented student resiliency in this study and allow for greater success when coping with academic demands. As mental health events were identified as a means to promote resiliency among students and largely focused on short-term efforts such as therapy dogs and free tea, offering long-term strategies in a similar manner, potentially through psychoeducation, may prove useful. This could allow students to take on more internal resilient qualities, and students who believe that their personal features are not fixed and can be developed have been shown to have increased student success (Yeager & Dweck, 2012). As the demand for counselling centres appears to be increasing (Benton et al., 2003), decreasing the dependence on these resources for student resiliency will be necessary to increase the wellbeing of the entire student population.

Limitations

The recruitment method of the study presents certain limitations. For the data collection of the initial project, students were asked through a series of campus-wide emails to voluntarily participate. The convenience sampling present in this data, which was used for the present study, limits confidence in the data being representative of the student population. Those who

participated chose to do so, and the perspectives of students who opted out were not considered for analysis. The reason why students chose to participate while others did not may speak to the level of student distress on campus, as high-risk students who present increased mental health needs may feel too overwhelmed to take the time to volunteer. As well, students with particularly positive or negative views towards the institution regarding their mental health efforts may have been motivated to participate to a greater degree, promoting a bias among the responses. As only 1.4% of the student population participated in the initial data collection, the ability to suggest that the sample is representative of a postsecondary student body is somewhat diminished. These factors serve to reduce the generalizability of the results. It is advisable to obtain a greater number of student participants and to hear from different demographics on campus, including those with various mental health needs, if future research takes place.

Another limitation of this study involved the format available to respondents for data collection. It was common for students to provide short and un-descriptive responses when describing how the campus promoted and prevented mental health and resiliency. Stating that the campus wellness centre promotes resiliency, for example, does not express what aspect of the wellness centre is of importance. As themes were dependent on the descriptions provided, the richness of the results was limited due to the prevalence of broad suggestions. Asking students to provide a sufficiently detailed response could have provided a greater understanding of how resiliency is perceived by postsecondary students. In addition, as this study reported on the most frequently cited responses, uncommon results were not analyzed. Such responses could provide a comprehensive review of student perceptions on resiliency. As it stands, the current research provides a starting point for further inquiry into this field.

Another important limitation involves the type of data used for this study. The respondents were asked to self-report on their impressions of resiliency on campus. Self-report information is prevalent in the resiliency literature (Steinhardt & Dolbier, 2008) and can provide a rich opportunity for understanding how participants conceptualize resiliency and mental health. Though this method of obtaining data aligned with the exploratory nature of this study, it invites a lack of confidence in the findings. An accurate understanding of how a campus influences resiliency can prove difficult without objective measures on resiliency qualities and mental health outcomes, especially if institutional change is desired.

It is important to recognize that the study of resiliency in a university setting is complex. Many factors influence one's ability to face hardship, learn to utilize appropriate resilient qualities for that experience, and be able to cope more effectively moving forward (Richardson, 2002). The literature has examined resilient qualities that span from internal factors to external factors across the ecology of an individual, such as their family, peers, and community (Masten & Reed, 2002). The scope of this study, as it was a secondary analysis of data, could not examine the different levels of ecology regarding protective factors and focused on external factors related to the university environment. The principle investigator of this study was thus unable to investigate questions addressed in the resiliency literature and examine a holistic perspective of student resiliency. A more thorough investigation would provide an opportunity to explore how internal factors such as self-esteem and determination influence the resiliency of students, as well as how external factors outside of campus such as family and community can serve as protective factors while students attend school.

This study detailed resiliency among students and the influence of resiliency on their mental health. Mental health was conceptualized using the work of Keyes (2007) and presented

mental health and mental illness as being on two separate but related continua. The concept of flourishing, wherein one exhibits qualities that foster and support their mental health, was used to define mental health as it relates to resiliency. Complete mental health is said to exist when we are flourishing in life as well as managing our mental illness, and this more extensive view of mental health was not examined in this research. The presence of mental illness was not explored among respondents and this may have moderated perceptions regarding campus efforts towards resiliency. For instance, prevalent mental illness among respondents may have directed the data to suggest that resiliency is primarily supported through mental health services on campus, as they can provide direct support for managing mental illness. Exploring resiliency through the lens of students who do as well as do not exhibit mental illness could uncover a disparity in perceptions of resiliency on campus and present opportunities for institutions to understand the diversity of student mental health needs.

Future Directions

Future research can further explore important aspects of this study. Observing how student resiliency is supported or impeded when complete mental health is assessed can help to elucidate different perceptions of resiliency among the student population and clarify what campus resiliency factors are important to students who are attempting to enhance their mental health, manage their mental illness, or both. Understanding internal protective factors for resiliency in relation to resiliency efforts that exist in a postsecondary setting could provide opportunities to understand a holistic view of student resiliency as well as how institutional efforts to support resiliency compares to and could bolster these personal qualities. In addition, as institutional support services were identified as a central factor for student resiliency, assessing student preconceptions regarding the availability of support services and how well

students understand its limitations can help to uncover why this identified barrier to resiliency was found to be so prevalent in the study.

Conclusion

The present study examined postsecondary student resiliency and aimed to understand how resiliency is supported in a university setting as well as what gets in the way of resiliency being supported in a university setting. Regarding how resiliency is supported, key themes were identified which included mental health awareness and education, student wellbeing resources, and social support. Regarding barriers to resiliency, themes involving difficulty accessing services, a poor quality of support services, and having a negative student experience were identified. The nuanced perspectives of students highlighted unique factors for the support of resiliency within postsecondary institutions and is related to the growing advocacy for institutions to positively influence student mental health. Future work in this area can continue to explore student perceptions of resiliency and how protective factors are utilized while attending and completing postsecondary school.

References

- Adamle, K. N., Riley, T. A., & Carlson, T. (2009). Evaluating college student interest in pet therapy. *Journal of American College Health, 57*(5), 545-548.
- Adlaf, E. M., Demers, A., & Gliksman, L. (2005). *Canadian campus survey 2004*. Toronto, Ontario: Centre for Addiction and Mental Health.
- Adlaf, E. M., Gliksman, L., Demers, A., & Newton-Taylor, B. (2001). The prevalence of elevated psychological distress among Canadian undergraduates: Findings from the 1998 Canadian Campus Survey. *Journal of American College Health, 50*(2), 67-72.
- Arthur, N., & Hiebert, B. (2011). Coping with transition to post-secondary education. *Canadian Journal of Counselling and Psychotherapy/Revue canadienne de counseling et de psychothérapie, 30*(2).
- Barry, M. M., & Jenkins, R. (2007). *Implementing mental health promotion*. Oxford: Elsevier.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544.
- Benton, S. A., Robertson, J. M., Tseng, W.-C., Newton, F. B., & Benton, S. L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology: Research and Practice, 34*(1), 66–72. <https://doi.org/10.1037/0735-7028.34.1.66>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.
- Cairns, S. L., Massfeller, H. F., & Deeth, S. C. (2010). Why Do Post-Secondary Students Seek Counselling?. *Canadian Journal of Counselling, 44*(1), 34-50.
- Canadian Mental Health Association. (2013). *Fast facts about mental illness*. Retrieved from: <https://cmha.ca/media/fast-facts-about-mental-illness/>

- Conley, C. S., Durlak, J. A., & Dickson, D. A. (2013). An evaluative review of outcome research on universal mental health promotion and prevention programs for higher education students. *Journal of American College Health, 61*(5), 286-301.
- Cooper, S., & Archer, J. (1999). Brief therapy in college counseling and mental health. *Journal of American College Health, 48*(1), 21-28.
- Cranford, J. A., Eisenberg, D., & Serras, A. M. (2009). Substance use behaviors, mental health problems, and use of mental health services in a probability sample of college students. *Addictive behaviors, 34*(2), 134-145.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (Fifth ed.). Thousand Oaks, California: SAGE Publications, Inc.
- Criss, M. M., Pettit, G. S., Bates, J. E., Dodge, K. A., & Lapp, A. L. (2002). Family adversity, positive peer relationships, and children's externalizing behavior: A longitudinal perspective on risk and resilience. *Child development, 73*(4), 1220-1237.
- Crozier, S., & Willihnganz, N. (2005). Canadian counselling centre survey. Retrieved from: <http://docplayer.net/3230999-Canadian-counselling-centre-survey.html>
- Daltry, R. M., & Mehr, K. E. (2015). Therapy dogs on campus: Recommendations for counseling center outreach. *Journal of College Student Psychotherapy, 29*(1), 72-78.
- De Bloom, J., Kompier, M., Geurts, S., de Weerth, C., Taris, T., & Sonnentag, S. (2008). Do we recover from vacation? Meta-analysis of vacation effects on health and well-being. *Journal of Occupational Health, 0812090045-0812090045*.
- De Somma, E., Jaworska, N., Heck, E., & MacQueen, G. M. (2017). Campus mental health policies across Canadian regions: Need for a national comprehensive strategy. *Canadian Psychology/psychologie canadienne, 58*(2), 161.

- 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.
- Earvolino-Ramirez, M. (2007). Resilience: A concept analysis. *Nursing Forum*, 42(2), 73-82.
doi:10.1111/j.1744-6198.2007.00070.x
- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 66(5), 522-541.
- Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The BE Journal of Economic Analysis & Policy*, 9(1).
- 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.
- Feeg, V. D., Prager, L. S., Moylan, L. B., Smith, K. M., & Cullinan, M. (2014). Predictors of mental illness stigma and attitudes among college students: using vignettes from a campus common reading program. *Issues in mental health nursing*, 35(9), 694-703.
- Fish, C., & Nies, M. A. (1996). Health promotion needs of students in a college environment. *Public Health Nursing*, 13(2), 104-111.
- Friedli L (2009). *Mental health, resilience and inequalities*. Copenhagen, Denmark: WHO Regional Office for Europe.

- Gan, Y., Shang, J., & Zhang, Y. (2007). Coping flexibility and locus of control as predictors of burnout among Chinese college students. *Social Behavior and Personality: an international journal*, 35(8), 1087-1098.
- Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American behavioral scientist*, 34(4), 416-430.
- Hartley, M. T. (2012). Assessing and promoting resilience: An additional tool to address the increasing number of college students with psychological problems. *Journal of College Counseling*, 15(1), 37-51.
- Hartley, M. T. (2013). Investigating the Relationship of Resilience to Academic Persistence in College Students With Mental Health Issues. *Rehabilitation Counseling Bulletin*, 56(4), 240–250. <https://doi.org/10.1177/0034355213480527>
- Hoffman, E. M. (2014). Faculty and student relationships: Context matters. *College Teaching*, 62(1), 13-19.
- Holdsworth, S., Turner, M., & Scott-Young, C. M. (2018). ... Not drowning, waving. Resilience and university: a student perspective. *Studies in higher education*, 43(11), 1837-1853.
- Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46(1), 3-10.
- Hyun, J., Quinn, B., Madon, T., & Lustig, S. (2007). Mental health need, awareness, and use of counseling services among international graduate students. *Journal of American College Health*, 56(2), 109-118.
- Iwasaki, Y. (2001). Contributions of leisure to coping with daily hassles in university students' lives. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, 33(2), 128.

- Jaworska, N., De Somma, E., Fonseka, B., Heck, E., & MacQueen, G. M. (2016). Mental health services for students at postsecondary institutions: A national survey. *The Canadian Journal of Psychiatry, 61*(12), 766-775.
- Johnson, J. L., & Wiechelt, S. A. (2004). Introduction to the special issue on resilience. *Substance use & Misuse, 39*(5), 657-670. doi:10.1081/JA-120034010
- Kendra, M. S., Cattaneo, L. B., & Mohr, J. J. (2012). Teaching abnormal psychology to improve attitudes toward mental illness and help-seeking. *Teaching of Psychology, 39*(1), 57-61.
- Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of health and social behavior, 207-222*.
- Keyes, C. L. (2004). The nexus of cardiovascular disease and depression revisited: The complete mental health perspective and the moderating role of age and gender. *Aging & Mental Health, 8*(3), 266-274.
- Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of consulting and clinical psychology, 73*(3), 539.
- Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American psychologist, 62*(2), 95.
- Keyes, C. L. M., Eisenberg, D., Perry, G. S., Dube, S. R., Kroenke, K., & Dhingra, S. S. (2012). The relationship of level of positive mental health with current mental disorders in predicting suicidal behavior and academic impairment in college students. *Journal of American College Health, 60*(2), 126-133. doi:10.1080/07448481.2011.608393
- Kitzrow, M. A. (2009). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal, 46*(4), 646-660.

- Komaraju, M., Musulkin, S., & Bhattacharya, G. (2010). Role of student–faculty interactions in developing college students' academic self-concept, motivation, and achievement. *Journal of College Student Development, 51*(3), 332-342.
- Laidlaw, A., McLellan, J., & Ozakinci, G. (2016). Understanding undergraduate student perceptions of mental health, mental well-being and help-seeking behaviour. *Studies in Higher Education, 41*(12), 2156-2168.
- Leary, K. a, & Derosier, M. E. (2012). Factors Promoting Positive Adaptation and Resilience during the Transition to College. *Scientific Research Publishing, 3*(12), 1215–1222.
<https://doi.org/10.4236/psych.2012.312A180>
- Lightsey Jr, O. R. (2006). Resilience, meaning, and well-being. *The Counseling Psychologist, 34*(1), 96-107.
- Loewen, G. (1993). Improving access to post-secondary education. *Psychosocial Rehabilitation Journal, 17*(1), 151.
- Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development, 29*(3), 259-274.
- Martinek, T. J., & Hellison, D. R. (1997). Fostering resiliency in underserved youth through physical activity. *Quest, 49*(1), 34-49.
- Masten, A. S., & Reed, M. G. J. (2002). Resilience in development. *Handbook of positive psychology, 74-88*.
- MacKean, G. (2011). Mental health and well-being in post-secondary education settings.
In *CACUSS preconference workshop on mental health*.
- Megivern, D., Pellerito, S., & Mowbray, C. (2003). Barriers to higher education for individuals with psychiatric disabilities. *Psychiatric Rehabilitation Journal, 26*(3), 217.

- Mental Health Commission of Canada (2012). *The facts*. Retrieved from:
<http://strategy.mentalhealthcommission.ca/the-facts/>
- Meyer, K. M. (2008). Becoming more resilient: Perceptions of resiliency development education in post-secondary students.
- Morrison, R., & Pidgeon, A. M. (2017). Cultivating resilience and self-control among university students: An experimental study. *Universal Journal of Psychology*, 5(1), 1.
<https://doi.org/10.13189/ujp.2017.050101>
- Mowbray, C. T., Megivern, D., Mandiberg, J. M., Strauss, S., Stein, C. H., Collins, K., ... & Lett, R. (2006). Campus mental health services: recommendations for change. *American Journal of Orthopsychiatry*, 76(2), 226.
- Mulvale, G., Chodos, H., Bartram, M., MacKinnon, M. P., & Abud, M. (2014). Engaging civil society through deliberative dialogue to create the first Mental Health Strategy for Canada: Changing Directions, Changing Lives. *Social Science & Medicine*, 123, 262-268.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1609406917733847.
- Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015). Retrieved from:
<https://open.library.ubc.ca/cIRcle/collections/53926/items/1.0132754>
- Ontario University & College Health Association. (2009). Towards a comprehensive mental health strategy: The crucial role of colleges and universities as partners. Retrieved from:
http://www.oucha.ca/pdf/mental_health/2009_12_OUCHA_Mental_Health_Report.pdf
- Owen, J., Devdas, L., & Rodolfa, E. (2007). University counseling center off-campus referrals:

- An exploratory investigation. *Journal of College Student Psychotherapy*, 22(2), 13-29.
- Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, 34(5 Pt 2), 1189–208.
- Pech, M. (2017). Keys to resilience at ANU: An exploration into student resilience approaches and needs. *Journal of the Australian & New Zealand Student Services Association*, (49).
- Provencher, H. L., & Keyes, C. L. (2011). Complete mental health recovery: Bridging mental illness with positive mental health. *Journal of Public Mental Health*, 10(1), 57-69.
- Rawson, H. E., Bloomer, K., & Kendall, A. (1994). Stress, anxiety, depression, and physical illness in college students. *The Journal of Genetic Psychology*, 155(3), 321-330.
doi:10.1080/00221325.1994.9914782
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307-321. doi:10.1002/jclp.10020
- Richardson, G. E., & Waite, P. J. (2002). Mental health promotion through resilience and resiliency education. *International Journal of Emergency Mental Health*, 4(1), 65-76.
- Robinson, A. M., Jubenville, T. M., Renny, K., & Cairns, S. L. (2016). Academic and mental health needs of students on a Canadian campus. *Canadian Journal of Counselling and Psychotherapy/Revue canadienne de counseling et de psychothérapie*, 50(2).
- Salzer, M. S. (2012). A comparative study of campus experiences of college students with mental illnesses versus a general college sample. *Journal of American College Health*, 60(1), 1-7.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75. doi:10.3233/EFI-2004-22201

- Stebleton, M. J., Soria, K. M., Huesman Jr, R. L., & Torres, V. (2014). Recent immigrant students at research universities: The relationship between campus climate and sense of belonging. *Journal of College Student Development, 55*(2), 196-202.
- Stallman, H. M. (2010). Psychological distress in university students: A comparison with general population data. *Australian Psychologist, 45*(4), 249-257.
doi:10.1080/00050067.2010.482109
- Stanton, A., Dhaliwal, R., Black, T., & Hutchinson, C. (2015). *Rationale for embedding conditions for wellbeing in academic settings*. Simon Fraser University: Canada.
- Starks, H., & Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research, 17*(10), 1372-1380.
- Steinhardt, M., & Dolbier, C. (2008). Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *Journal of American College Health, 56*(4), 445-453. doi:10.3200/JACH.56.44.445-454
- Struthers, C. W., Perry, R. P., & Menec, V. H. (2000). An Examination of the Relationship Among Academic Stress , Coping , Motivation , and Performance in College. *Psychology, 41*(5), 581–592. <https://doi.org/10.1023/A:1007094931292>
- Thompson, V. L. S., Noel, J. G., & Campbell, J. (2004). Stigmatization, discrimination, and mental health: The impact of multiple identity status. *American Journal of Orthopsychiatry, 74*(4), 529-544.
- Wahl, O. F. (1999). Mental health consumers' experience of stigma. *Schizophrenia bulletin, 25*(3), 467-478.
- Waite, P. J., & Richardson, G. E. (2004). Determining the efficacy of resiliency training in the work site. *Journal of Allied Health, 33*(3), 178-183.

- Weitzman, E. R. (2004). Poor mental health, depression, and associations with alcohol consumption, harm, and abuse in a national sample of young adults in college. *The Journal of nervous and mental disease*, 192(4), 269-277.
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Cornell University Press.
- World Health Organization. (2001). *The World Health Report 2001: Mental health: New understanding, new hope*. World Health Organization.
- World Health Organization. (2003). *Investing in mental health*. Geneva: WHO. Retrieved from http://www.who.int/mental_health/en/investing_in_mnh_final.pdf
- Wynaden, D., McAllister, M., Tohotoa, J., Al Omari, O., Heslop, K., Duggan, R., ... & Byrne, L. (2014). The silence of mental health issues within university environments: a quantitative study. *Archives of psychiatric nursing*, 28(5), 339-344.
- Yeager, D. S., & Dweck, C. S. (2012). Mindsets that promote resilience: When students believe that personal characteristics can be developed. *Educational Psychologist*, 47(4), 302-314. doi:10.1080/00461520.2012.722805
- Yorgason, J. B., Linville, D., & Zitzman, B. (2008). Mental health among college students: do those who need services know about and use them?. *Journal of American College Health*, 57(2), 173-182.

*References suppressed as to keep the university under study anonymous.

Appendix A

Online Consultation Questions

1. What are the key issues facing students related to mental health and wellbeing?
2. What does Western do well with respect to creating a culture and campus that promotes wellbeing and resiliency among students?
3. Where can Western improve in promoting and supporting wellbeing on campus?
4. Are there any gaps in programs, services, or processes to support student mental health?
5. What services and supports are students looking for?
6. Any other comments?

Appendix B
Ethics Exemption



Research Ethics

November 9, 2017

Dr. Deborah Chiodo, PhD
Centre for School Based Mental Health



Dear Dr. Chiodo,

Re: Can I lend a hand? Investigating the promotion of student resiliency in a university setting

The NMREB Chair has reviewed the above-referenced project for your student, Kevin Kilarski, and it does not require review or approval of a Research Ethics Board. This project will be analyzing anonymous data previously collected to inform the development of a mental health strategic plan. In accordance with the Tri-Council Policy Statement 2: Ethical Conduct of Research Involving Humans, Article 2.4. "REB review is not required for research that relies exclusively on secondary use of anonymous information, or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information."

In our opinion, the above-referenced research project falls within that description.

We wish you the best of luck with your work.

Most sincerely,



Katelyn Harris
Ethics Officer, Office of Human Research Ethics
Western University



Cc: Dr. Randal Graham, NMREB Chair
Kevin Kilarski, Student



Curriculum Vitae

Name: Kevin Kilarski

Postsecondary Education and Degrees: University of Guelph
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2010-2015, B.A. with Honours: Psychology

Western University
London, Ontario, Canada
2017-2019 (expected), M.A.: Counselling Psychology

Honours and Awards: Dean's Honour List
University of Guelph
2010-2015

Related Work Experience: Psychotherapy Intern
Psychological Services, Western University
2018-Present

Career Counselling Intern
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2019-Present

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2018-Present

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