

# Mental Health and Well-Being in Students and Athletes in Post- Secondary Institutions

Canadian Mental Health Association NS  
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*Mental health for all*

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## *Introduction*

The issue of the mental health and well-being of students in post-secondary institutions is a topic of widespread discussion in Canada. Providing adequate and appropriate support for students with mental health concerns is a significant challenge.

This background paper reflects information found during a brief formative evidence review assessing the initiatives and literature (empirical and gray) regarding the mental health and well-being of students in post-secondary institutions with a further lens on student amateur athletes. The focus on amateur athletes in post-secondary institutions is a response to concerns regarding the stressors that amateur athletes face, the paucity of information about how those stressors affect athletes and the recent suicide of a student amateur athlete in Atlantic Canada. As such, this review will funnel information from a broader view of mental health and well-being of post-secondary students to that of amateur athletes in post-secondary institutions.

The findings of this review will inform the Canadian Mental Health Association NS Division (CMHA) in preparation of sharing findings at the summit “Making the Connection: Improving the Mental Health of Post-Secondary Students in Atlantic Canada Through Collaborative Action” in May 2015. Members of Atlantic Canadian post-secondary institutions, the Minister of Health and Wellness for Nova Scotia and members of the CMHA NS Division endeavour to discuss future directions in order to support mental health promotion in students in post-secondary institutions and the CMHA NS Division hopes to highlight athlete needs.

Nationally, the subject of mental health and well-being in post-secondary institutions is being widely discussed. In recent years, it has become increasingly well known that the number of post-secondary students suffering with mental illness and mental health problems has increased, that more students are seeking help and that the complexity of the illnesses and problems being presented by students is greater (McKean, 2011). In addition, a greater number of students with existing mental health conditions are attending university. Due to advances in mental health treatment and sensitivities to the needs of those who suffer with mental health problems, more students have access to achieving higher education goals (Collins & Mowbray, 2008).

Mental illnesses often develop during adolescence and young adulthood (The Chief Public Health Officer's Report on the State of Public Health in Canada, 2011). According to the World Health Organization (2014),

Depression is the top cause of illness and disability among adolescents and suicide is the third cause of death. . . . Building life skills in children and adolescents and providing them with psychosocial support in schools and other community settings can help promote good mental health. (p. 25)

The Canadian Mental Health Association (CMHA) asserts that there are approximately 3.2 million Canadian youth aged 12-19 who are at risk of developing depression (Canadian Mental Health Association, 2015).

In 2013, the American College Health Association conducted a widespread survey of 34,039 students in 32 post-secondary institutions across Canada. They garnered a

wealth of self-reported information from students in some key mental health domains. The results of this important survey indicate that despite institutions' ongoing efforts to address mental health concerns, post-secondary students continue to be a high risk population for mental health issues (American College Health Association, 2013).

The majority of students in this study reported that (in the last 12 month, 30 day and 2 week intervals combined) they experienced feeling hopeless (53.8%), overwhelmed by all they had to do (89.3%), and sad (68.5%). They also found that 56.4% of students felt overwhelming anxiety and a significant amount of students expressed that they were depressed to the point of having difficulty functioning (37.5%). Further, 47.4% of the students indicated that they had not received any information regarding depression or anxiety from their university and 62.9% of the students would like said information. (American College Health Association, 2013).

With respect to suicide, in the previous 2 weeks or 30 days prior to the survey combined, 3.6% of the students had seriously *considered* suicide and an alarming 5.9% had seriously considered suicide in the last 12 months. Another 14.3% had not considered it in the last 12 months; this could indicate that they had seriously considered suicide at some point in their lives prior to the previous year (American College Health Association, 2013).

When asked if the students had *attempted* suicide, 7.2% indicated that they had not in the last 12 months; again, this suggests that they had at some point attempted suicide in the previous years. In the 2 weeks prior to the survey, 0.2% of students

divulged that they had attempted suicide. Also, in the last 30 days, self-reports indicate 0.2% had made an attempt. To put this in perspective, out of 34,039 students surveyed, 0.4% equates to 136 students who indicated that they had *attempted* suicide within the 30 days prior to the survey.

Furthermore, 0.9% had also made an attempt in the last 12 months. In total in the previous year, it appears that 1.3% of post-secondary students had attempted suicide in the previous 12 months. In other words, of the 34,039 students surveyed, 443 students had attempted to end their lives in the previous year (American College Health Association, 2013).

It is worthwhile to keep in mind that the participants of the survey are a representative sample of students attending post-secondary institutions (n = 34,039). According to Statistics Canada, for the 2012/2013 academic period, there was a total of 739,959 students attending post-secondary institutions in Canada (533,385 full-time and 206,574 part-time) (Statistics Canada, 2014).

Research shows that previous suicide attempts are strongly associated with an increased risk to repeat the attempt. (Jeglic, 2008). Unfortunately, there is a lack of reliable statistics with respect to suicide rates in Canada. The rates that are reported cannot be relied upon as there may be instances of underreporting and inaccuracies in classification (e.g., 'Accidental firearm discharge'). Roughly, according to Statistics Canada, there were approximately 3,728 suicides in total in Canada in the year 2011. Of those, suicide was the recorded cause of death of 198 individuals aged 15-19 and of

301 people aged 20-24 for a total of 499 in the age range 15-24 (Statistics Canada, 2014).

Youth have a significantly increased risk and rates of suicide in relation to the general population. This is particularly true for “youth who identify as LGBT, or youth that are First Nations, Inuit or Metis” (Canadian Association for Suicide Prevention, n.d., youth section, ¶ 1).

Sadly, in the American College Health Association survey, 74.6% of the students polled indicated that they had not received any information regarding suicide prevention from their university and only 42.9% of students are interested in receiving information (American College Health Association, 2013).

Although it is clear that there is an increase in the number of students with mental health challenges attending post-secondary institutions, it appears that the mental health services offered by universities are not being utilized by those who could benefit from them. In the American College Health Association survey, only 15.8% of the students had received psychological or mental health services from their current post-secondary institution. Encouragingly, 74% surveyed stated that they would consider seeking help from a mental health professional should they have a problem in the future. Just over 40% of the students indicated that they had not received any information about stress reduction from their institution (just over 74% of students indicated they want more information). Given that the vast majority of students shared that they had experienced more than average stress (45.5%) and tremendous stress

(12.1%) it begs the question, where enlies the gap of mental health services to student need? Students identified stress reduction as the number one topic that they want more information about from their institutions (American College Health Association, 2013).

### *Stressors*

Post-secondary students experience a number of changes at an important time in their life. Many are leaving home and are experiencing being on their own for the first time. At a time of increased stress, they have less social support from their friends and family at home (an important componenet in resiliency). When attending university, students are under near constant pressure and they face new and different stressors. Lack of sleep and less than adequate nutrition can take a toll. Many students work while attending university and they are also subject to new freedoms and less parental guidance. Students may find themselves facing peer pressure to make unhealthy lifestyle choices such as alcohol and drugs in order to cope (Ontario College Health Association, 2009). International students also face challenges with a different language and a new culture, which could impede help seeking behaviour. Students with existing mental health issues are especially susceptible to stressful changes and when students are away from the people who know them best, it is possible that those cues indicating a potential issue, such as social withdrawl or increased anxiety might be overlooked. Without adequate means or knowledge of how to ameliorate these stresses, mental health issues such as depression and anxiety can arise (Ontario College Health Association, 2009).

## *Stigma*

Regrettably, stigma still exists regarding mental health issues (Mental Health Commission, 2013). It is a real and continuing problem in society and efforts to reduce this stigmatization must go forward unabated.

Stigma comes from a Greek word referring to a mark or brand once burned into the skin of criminals or slaves so others new to shun them. In today's world, people living with mental illness are not identified with a visual marker; however, they are often labelled, stereotyped and feared as if they were (Canadian Mental Health Commission, July 2013, Background Section, ¶ 1).

Unfortunately, stigma deters individuals from seeking help, thus preventing resilience and recovery and as evidence points out, earlier interventions lead to better overall outcomes (Ontario College Health Association, 2009).

Structural stigma, “the inequities and injustices that are woven into the policies and practices of our institutional systems” (Livingston, 2013, Executive Summary section, ¶ 1) is present in post-secondary settings. Insufficient funding for mental health initiatives is a prime example of how structural stigma plays out in post-secondary institutions.

There are also gaps between the needs of students and the services they receive. According to the Ontario College Health Association (2009), the challenges that Canadian post-secondary institutions face when dealing with students' mental health problems are fragmented services, a reactive response, piecemeal funding and high resource needs. Services are fragmented on several different fronts.

*What Do We Know About Amateur Athletes in Post-Secondary Institutions?*

Research regarding mental health and well-being in amateur athletes in post-secondary institutions is scarce (Kerr, DeFreese, & Marshall, 2014). What is known is that athletes in general face a number of stressors that are unique to them. In addition to all of the stressors that their non-athlete student counterparts face (e.g., being away from home for the first time and new social pressures), one of the stressors that amateur athletes must deal with is achievement and performance pressures (Monsma, 2014). As well as concerns regarding academic performance, coaches, family members, fans, peers and the student athlete themselves all demand a level of sport performance.

Participating in sport may lead to conflicts with meeting deadlines to complete coursework and compete athletically. Armstrong and Oomen-Early (2009) found athlete students had lower overall GPAs (2.9) than non-athlete students (3.25) respectively. Similarly, Forster (n.d.) found that athlete student GPAs (2.379) were significantly lower than non-athlete student's GPAs (2.681). Forster (n.d.) noted that athlete students graduated at higher rates than non-athlete students; however, it is important to point out that student athletes are nearly always required to attend full time and the graduation rate comparison in Forster's study included all students (both full and part time). When the part time students were taken out of the calculation, the difference in graduation rates was smaller. In examining the athlete's demographics closer, Forster noted that

“Football and men’s basketball players graduate at much lower rates the general student body” (Foster, n.d. Summary of findings section, ¶ 1).

### *Athlete Mental Health*

When society thinks of athletes, generally the picture that comes to mind is that of fit, vibrant and healthy individuals who are on top of their game. Studies in the past have tended to examine the protective factors that being involved with sport can provide (Sarkar & Fletcher, 2014); however, research also indicates that eating disorders, exercise addiction, drug abuse and role identity issues are all problems that are seen in athletes (Monsma, 2014, ).

Monsma (2014) illustrates succinctly how eating disorders can develop in response to sports-related performance pressures. These eating disorder risk factors have been subdivided into four groups including sport task-related pressures, environmental pressures, pressures related to biological characteristics and pressures related to psychological characteristics.

Sport task-related pressures are seen when an athlete feels pressure to be in sync with the team for fear of failure that they will let the team down. Part of being a team player means wearing the proper attire and that often means donning revealing uniforms. Monsma uses examples such as volleyball and tennis to illustrate that some sport attire is skimpy and not all athletes are comfortable with the level of exposure and find it stressful. Some athletes feel embarrassed and self-conscious which emphasizes

sensitivities regarding body image; hence the risk for an eating disorder. Environmental pressures generally involve being judged based on appearance by people who interact with athletes. This can include teammates, peers, coaches, parents and parents of other athletes, judges, the self and the audience. Pressures related to biological characteristics are related to changing and maturing bodies; more likely to occur in younger athletes than those in university. Finally, pressures related to psychological characteristics relates to psychological characteristics such as self-perceptions and self-esteem. These important psychological characteristics continue to develop during adolescence. “It is common for athletes to experience social physique anxiety (SPA) – anxiety about presenting oneself in front of others.” (Monsma, 2014, Psychological characteristics section, ¶ 1).

Exercise addiction is the most common disorder to co-occur with an eating disorder (Freimuth, Moniz & Kim, 2011). Freimuth et al. note that “approximately 39–48% of people suffering from eating disorders also suffer from exercise addiction.” (Freimuth et al., 2011, section 2.3, ¶ 2). Hausen and Downs (2002) define exercise addiction as being consistent with the DSM-IV criteria for substance dependence:

exercise dependence was operationalized and measured as a multidimensional maladaptive pattern of exercise, leading to clinically significant impairment or distress, as manifested by three or more of the following: (1) Tolerance: either a need for increased amounts of exercise to achieve the desired effect or a diminished effect occurs with continued use of the same amount of exercise (2)

Withdrawal: manifested by either the characteristic withdrawal symptoms for exercise (e.g., anxiety, fatigue) or the same (or closely related) amount of exercise is taken to relieve or avoid withdrawal symptoms (3) Intention Effect: exercise is often taken in larger amounts or over a longer period than was intended (4) Lack of Control: a persistent desire or unsuccessful effort to cut down or control exercise (5) Time: a great deal of time is spent in activities necessary to obtain exercise (e.g., physical activity vacations) (6) Reductions in Other Activities: social, occupational, or recreational activities are given up or reduced because of exercise (7) Continuance: exercise is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the exercise (e.g., continued running despite injury) (Hausenblas & Downs, 2002, pg. 4).

Substance abuse is another significant issue in the amateur athlete population (Canadian Centre on Substance Abuse, 2013). The Canadian Centre on Substance Abuse (CCSA) recently teamed up with lead Dr. John Cairney of McMaster University to assess literature concerning the impact of non-professional sport on substance abuse prevention among youth ages 10 to 24. Findings suggested that “participation in sport might prevent illicit drug use; however, participation in sports was also found to be associated with increased alcohol use” (CCSA, 2013, pg. 1). Further, the examination found “a lack of Canadian studies, randomized control studies and research on contextual factors that could have an impact on this relationship” (CCSA, 2013, pg. 1). Unfortunately, none of the studies examined were from Canada.

The findings of this literature review were shared at a workshop hosted by the CCSA in March 2013. During an open discussion, Dean Kriellaars of the University of Manitoba shared the results of the Sport Medicine Council of Manitoba's Substance Use Survey (SUS). The SUS survey was completed from 2007-2011 with amateur athletes aged 11-24 and covering over 40 sports. The survey was inclusive of marijuana, alcohol, steroids, pain medication and energy drinks. Results revealed high rates of recreational drug use. Data showed that "14 to 42% of athletes report regular use of marijuana in the off season; 60 to 92% of athletes report consuming five or more drinks in one sitting; and smokeless tobacco use averages 14.5% across sports" (Sport Medicine Council of Manitoba's Substance Use Survey (SUS), as cited in CCSA, 2013, pg. 1).

In the Monsma (2014) article, the first piece of advice offered to athletes is for the athlete to remember that they are a unique individual before they are an athlete. Amateur athlete identity is an important consideration. Applying James Marcia's identity achievement theory, Dr. Stankovich points out that identity foreclosure is present in some adolescent athletes (Stankovich, 2011). Identity foreclosure in athletes is seen when an identity is prematurely and exclusively formed and the person only sees his/her self as an athlete while overlooking other parts of their personality and life experiences. Dr. Stankovich suggests that this is a problem for athletes as less than 2% of student athletes will go on to a professional sports career following college. With their collegiate athletic career at an end, Dr. Stankovich suggests that the athlete who has a foreclosed identity will have to "eventually completely redesign their athletic identity – something

that is far easier to talk about than to actually do.” (Stankovich, 2011, ¶ 5). There could be serious consequences for the student athlete who faces an identity crisis. Ending collegiate sport through graduation is not the only way a student’s athletic career can conclude. If we apply this same theory to student athletes with a foreclosed identity who suffer an injury, we can see the potential for even more students who may face an identity crisis. Dr. Stankovich suggests that it is important that coaches and parents monitor how much students identify or over-identify with their role as athletes.

Discussing and reinforcing parts of the student’s personality and roles outside of those that are sport related (e.g., student, volunteer or artist) will encourage a more holistic identity (Stanovich, 2011).

### *Assessing Amateur Athletes*

Baum (2005) suggests that it might be helpful to assess students during pre-participation sports physicals as this is one of the only times they might see a physician. There may be some important considerations however with respect to sports physicians. Injury is a particularly important consideration with respect to athletes and risk of mental issues.

In 2007, Mann, Grana, Indleicato, O’neill and George examined 827 sports medicine physicians to determine the extent to which practitioners encountered and discussed injury and non-injury related psychological issues with patient-athletes. As well, the physician’s perception of the availability of sports psychologists and mental health resources for referral purposes was assessed. There were significant differences in the

topics discussed with patients and significant variation between medical subspecialties (i.e., family physicians, orthopaedic surgeons, internists and psychiatrists). Also, physician referral to and perception of the availability of sports psychologists and mental health resources was found to be very low (Mann et al., 2007).

With respect to student athletes having access to mental health care, this study pointed out some disturbing gaps. Almost two thirds of the physicians indicated that they sometimes believed they were the only people who were aware of the emotional and behavioural problems an injured athlete was experiencing. Just over half of the respondents (54%) agreed completely that it is their role, place or responsibility to discuss injury related psychological problems and interestingly, of the entire set of physicians, 73% indicated that they felt it is their role to address psychological issues not related to the athlete injury. More than a quarter of respondents indicated they were not aware of any psychological referrals sources; more than half indicated they felt there was an inadequate number and only 19% of physicians indicated there were enough mental health professionals available to treat athletes with psychological needs. Regarding sports psychologists in particular, the sample stated they “rarely” (44%) or “never” (31%) referred athletes for injury related psychological issues. With respect to non-injury related psychological problems, more than two thirds rarely (36%) or never (32%) referred athletes to address issues such as depression or eating disorders.

Overall, the three top injury related topics that were discussed were associated with fears about re-injury, surgery and lack of patience with recovery/rehabilitation. The least discussed injury related issues discussed were addiction to or dependence on

painkillers, feeling isolated or alone after injury and difficulties emotionally letting go of the injury event(s); intrusive thoughts. Given the concerns surrounding students' elevated stress due to transitioning into post-secondary life and issues of substance use/abuse on campus, the least discussed topics lend to concern. With student athletes potentially already struggling with these factors and a significant portion of physicians indicating they believe they are the sole confidant, there is potentially a breakdown within the initiative to provide accessible mental health for student athletes.

With respect to non-injury related discussions, the three most commonly approached subjects for discussion were stress/pressure, anxiety and burnout; however, the frequency with which these issues were addressed is inconsistent. Stress was "often" discussed only 22.4% of the time, "sometimes" 48.9% of the time and "rarely" 22.2% of the time. Student's stress levels are known to be high in post-secondary settings. Adding an athletic injury to the mix and it could be argued that "stress" is an important factor to discuss with the student athlete as a matter of course. Mann et al. (2007) argue that sports medicine physicians should be proactive in addressing psychological issues with student athletes and that one simple solution is to have students fill out brief self-report psychological questionnaires prior to meeting.

### *Going Forward*

In 2011, an environmental scan was conducted as a “jumping-off-point” for a Canadian Association of College and University Student Services (CACUSS) pre-conference workshop: Student Mental Health: A Call to Action (MacKean, 2011). Following that scan, in 2013, CACUSS and the Canadian Mental Health Association (CMHA) produced the document *Post-Secondary Student Mental Health: Guide to a Systemic Approach*. They proposed a systems wide approach to create a campus environment that is conducive to mental health and learning. In this framework, they identified seven components for student mental health strategy development: 1. Institutional Structure: Organization, Planning and Policy 2. Supportive, Inclusive Campus Climate and Environment 3. Mental Health Awareness 4. Community Capacity to Respond to Early Indications of Student Concern 5. Self-Management Competencies and Coping Skills 6. Accessible Mental Health Services and finally, 7. Crisis Management (See Figure 1).

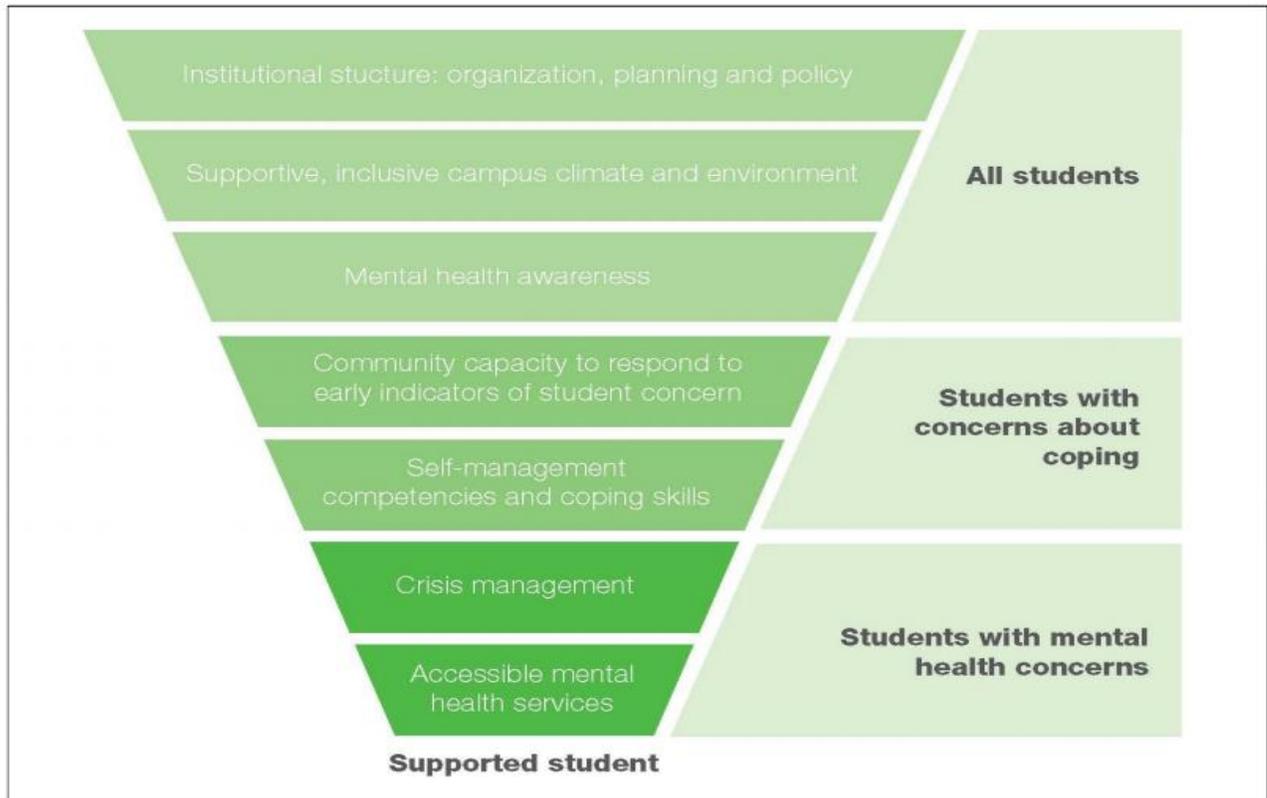


Figure 1.

In order to provide new services and supports to postsecondary students at Ontario's colleges and universities, starting in 2013, Ontario has invested \$27 million dollars to be distributed over three years. The funding is part of Ontario's comprehensive Mental Health and Addictions Strategy that goes toward several programs (See Figure 2):

Postsecondary Helpline (\$6 million over three years)
Centre for Innovation on Campus Mental Health (\$1.1 million over three years)
Provincial Mental Health First Aid Initiative: Delivering on Existing Best Practice Now (\$752,286 over three years)
Lesbian, Gay, Bisexual, Transgender, Queer Mental Health Postsecondary Campus Project (\$493,631 over two years)
A Campus-wide, Evidenced-based Approach to Addressing Postsecondary Student Mental Health (\$352,750 over three years)
Train the Trainer (\$86,700 over two years)
Bridging the Distance: A Pan-Northern Approach to Improve Access and Support for Mental Health Services (\$972,770 over three years)
Developing Documentation Standards and Guidelines for Academic Accommodations for Students with Mental Health Disabilities Attending Postsecondary Institutions (\$1 million over three years)
The Development of a Peer Mentoring Program for Postsecondary Students with Mental Health Issues (\$426,200 over three years)
Niagara Postsecondary Holistic Wellness Initiative (\$360,240 over three years)
The Rural/Northern Access Hub (\$772,190 over three years)

Figure 2.

Although this formative evidence review is not exhaustive, it does provide a brief overview with respect to the status of the mental health and well-being of post-secondary students and indicates that there are areas within the post-secondary system that need to be addressed.

In May 2015, the CMHA gathered with a significant number of members of Atlantic Canadian post-secondary institutions as well as the Minister of Health and Welfare for Nova Scotia at the Atlantic Summit “Making the Connection: Improving the Mental

Health of Post-Secondary Students in Atlantic Canada Through Collaborative Action” to discuss the mental health and well-being of students in Atlantic Canada. Some of the themes that emerged from the Atlantic Summit included participant’s recommendations that there be an annual Atlantic Mental Health Summit, accessible and affordable faculty and staff training and professional development and that there be a coordinated Atlantic Mental Health Week in order to ensure that the wellness and quality of life for Atlantic Canadian post-secondary communities is promoted. Funding was the number one required resource identified by Summit participants. Also identified was the need for a coordinated effort by senior administrators and student champions that will require active and engaged leaderships in coordination with existing organizations.

Moving forward, it is hoped that the CMHA will play a collaborative role with Summit stakeholders in highlighting the distinctive needs that amateur athletes face while continuing to emphasize the need for awareness, education and training to support mental health promotion in all students in post-secondary institutions.

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