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Student Research Report

# Evaluating Undergraduate Student Awareness and Usage of Mental Health Services at UBC

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**Evaluating Undergraduate Student Awareness and Usage of Mental Health Services at  
the University of British Columbia**

Group 17, Project I

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University of British Columbia

Final Report

KIN 464: Health Promotion and Physical Activity

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## Executive Summary

In recent years, the mental health of Canadian post-secondary students has been a popular subject matter of discussion due to concerns about trends of increasing student mental health issues (Porter, 2018). According to the UBC Wellbeing Annual report for 2020/2021, only 34% of undergraduate students reported being aware of online or in-person resources (UBC Wellbeing, 2021). That being said, the purpose of the study was to assess undergraduate students' awareness of UBC mental health services and any barriers and facilitators to access.

This study used an online 22-question qualtrics survey to collect data from the target population, UBC undergraduate students. Participants were recruited via convenience sampling through social media, and virtual messaging of contacts. Both open and closed-ended questions were used in the survey and were analyzed using descriptive qualitative analysis and descriptive statistical analysis. The survey obtained 41 responses but accounting for the inclusion criteria, only 39 responses were analyzed. This sample included 19 females and 20 males with an age range of 19-28 years old, and an average age of 21 years old. The sample was predominantly third and fourth-year students.

In regard to results, only 18% of students declared having used UBC mental health services before. Overall, student awareness of the various mental health services at UBC was low, as 63% had never heard of the services before and 22% had only heard of the names. The most well-known service was UBC Counseling.

Awareness levels were then analyzed based on several stratifications including gender, ethnicity, year of study level, and proximity to campus. There was no statistically significant difference between the awareness levels of different genders. Based on the year of study, first-year students surveyed had the lowest awareness of the services offered, whereas third and fourth years had the greatest awareness. Based on ethnicity, Chinese students had the greatest awareness, followed by Southeast Asians, then White. Lastly, individuals living on-campus had a greater awareness of mental health services compared to individuals who lived off-campus. Students mainly heard about services through social media, flyers, word of mouth, professors, and websites. The main chosen facilitators for access to services were an increase in knowledge, lower wait times, and lower cost. The most identified barriers to access were not knowing how or where to start, long wait times, limited free time, and cost.

Based on the study's findings, there are several recommendations for UBC Equity & Inclusion and the mental health services. Firstly, working on promoting information about services, their locations on campus, the AMS/GSS student health benefits, and steps to utilizing services through social media, websites, flyers and professors. This is due to a general lack of knowledge as well as the cost being a major barrier reported by respondents. Secondly, we would recommend increasing the number of counselors, specifically those of different cultural backgrounds and ethnicities to reduce wait times and address diversity needs. Thirdly, emphasizing the quiz on the website that is used to direct users to appropriate resources by moving it higher up on the webpage and labeling it as a quiz. Lastly, we would recommend continued research done campus-wide on student awareness, perception, and access to mental health services.

## **Introduction and Literature Review**

Mental health, as defined by the World Health Organization, is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Galderisi et al., 2015, p. 231). Depression and anxiety are one of the most common mental health disorders, and they affect one-fifth of the population in high-income countries worldwide (Gulliver et al., 2010). The prevalence of mental health disorders is greatest amongst the younger population between 16 and 24 years old (Gulliver et al., 2010). Nonetheless, studies have found that only 18-34% of young people with high levels of depression or anxiety will seek professional help (Gulliver et al., 2010). The reluctance to seek professional help may be due to negative attitudes such as concerns about cost, confidentiality, embarrassment, and preference for self-reliance (Gulliver et al., 2010). On the other hand, facilitators such as prior treatment, higher education, and the influence of intimate partners and general practitioners can facilitate people to seek help (Gulliver et al., 2010).

In recent years, the mental health of Canadian post-secondary students has been a popular subject matter of discussion due to concerns about trends of increasing student mental health issues (Porter, 2018). Especially given the COVID-19 pandemic, mental health issues are further exacerbated; results of an online survey administered to 2,031 university students found that the majority (71.26%) of students reported their anxiety levels increased during the pandemic (Wang et al., 2020). Even though young adults, specifically university students, experienced lower COVID-19 hospitalizations and mortality rates, they had the highest rates of anxiety and depression since the onset of the pandemic (Dixon et al., 2021). Long-term consequences of mental illnesses have been demonstrated to negatively impact student performance, retention,

and graduation rates; as well as increased risk of suicide, self-harm, and substance abuse, and foster interpersonal complications (King et al., 2020; Kitzrow, 2003; Mojtabai et al., 2015).

Moreover, students experience changes in diet, sleep, and peer relations when changing over from high school to post-secondary institutions coupled with a reduction in parent participation (Cunningham & Duffy, 2019; Boughton et al., 2021). Accessible emotional support and counseling become more important than ever at this age to prevent the deterioration of mental health.

As a result, the mental health of the University of British Columbia (UBC) student population is a growing issue on campus and needs to be addressed. In the UBC Wellbeing Annual Report of 2020-2021, only 34% of undergraduate students at the UBC Vancouver campus reported that they were aware of online or in-person resources (UBC Wellbeing, 2021). This is a marked 2% decline from the previous year's report where 36% of surveyed students were aware (UBC Wellbeing, 2019). However, it should be noted that this report is based on data collected from the Undergraduate Experience Survey with only a 13.6% response rate, and thus may not be generalizable to the entire student population because of the small sample size (UBC Wellbeing, 2021). Regardless, this still may suggest that UBC student awareness of mental health resources on campus is low. Therefore, increasing student awareness is a potential target for further investigation and intervention as education and awareness are suggested to be key facilitators in seeking mental health services (Gulliver et al., 2010).

### **Gaps and Limitations in Existing Research**

A research study led by Dixon and colleagues (2021) investigated the psychological impact of the pandemic on 263 American university students, particularly looking at symptoms of depression and stress. The study lacked ethnic diversity as almost 76% of participants were

Caucasian (Dixon et al., 2021). Hence, a significant limitation of Dixon's (2021) research was that it focussed on the experiences of one dominant ethnic group, failing to account for the diversity and breadth of experiences from other cultural groups that are more representative of UBC's student community. In addition, Dixon's (2021) research neglected to account for differing experiences based on the year of study, instead of focusing on the freshmen population (Dixon et al., 2021). It also did not account for the influence of campus support resources in mitigating depressive symptoms, and how awareness of these resources shaped the mental health of the students. Thus, current research has a gap in knowledge when it comes to the experiences of upper-year undergraduate students, differing ethnic groups, and how awareness of campus resources plays a role in accessing aid.

Another study by Yorgason et al. (2001) administered a web-based questionnaire to 266 undergraduate students on a university campus in the United States examining connections between student mental health and their awareness and use of mental health services on campus. The authors found students experiencing mental distress were more likely to be aware of campus resources. However, some still were not aware or did not use them. Individuals who lived off-campus and identified as male with fewer years of college experience were linked to having less awareness of resources. In contrast, female identification, and greater numbers of years at university predicted higher service awareness and use (Yorgason et al., 2001). In this study, no difference in awareness was found based on student ethnicity, which is a finding that contradicts Dixon's (2021) study. Further research is needed regarding the relationship between ethnicity and awareness of mental health services in post-secondary students, specifically at UBC.

Further, a study by Haavik (2019) suggested Norwegian female students were not only more likely than Norwegian male students to be aware of mental health services, but as result

were also more likely to utilize available resources when faced with mental illness symptoms. Therefore, both awareness and access appear to be higher in females compared to males.

Moreover, the stigma surrounding mental health is seen to be a reason why students tend to seek fewer support resources (Ahorsu, 2021). However, the reason for the prevalence of this stigma, and possible ways to resolve this issue are still unclear, requiring further research. A study conducted by Sontag-Padilla and colleagues (2018) on California undergraduate students found that a decrease in stigma over time increased the awareness of mental health issues and support aids. Allowing students to become more aware of resources and having organizations that are run by fellow students reduces the shame behind mental illness for students (Sontag-Padilla et al., 2018). Although this was able to resolve some of the underlying causes of students seeking fewer mental health resources in this study, the question remains of what other solutions may be implemented to increase awareness and curb stigma at UBC.

In addition, the few resources that do have student awareness such as UBC counselling services, have long wait times, failing to help students when they are in need (Nia, 2021). However, UBC continues to make an effort to prioritize mental health by implementing more breaks and allowing students more time to study for midterms (Gomez, 2021). Furthermore, students are beginning to take initiative with AMS, a student-run organization, putting two million dollars into mental health services (Nia, 2021). Although these resources are being put in place, there is still a stigma, lack of awareness, and lack of use for the resources that are available.

Given the reported literature, it is important to assess UBC students' awareness and access to mental health resources on campus to address the increasing prevalence of mental health issues in the student population. Therefore, examining current awareness levels,

demographic differences, and other barriers to access will allow for appropriate recommendations to facilitate and improve mental health services for the UBC undergraduate student population.

### **Purpose Statement**

The purpose of the project is to assess undergraduate students' awareness of UBC mental health services, and any barriers and facilitators experienced in accessing these services. Ultimately, recommendations will be provided for improving awareness and access to UBC mental health services.

### **Research Questions**

Are there demographic or stratified differences in UBC undergraduate students' awareness of campus mental health services and how could awareness be improved? What are the barriers and facilitators UBC students have faced in accessing these services?

### **Methods**

#### Participants

The target population for this study was current UBC undergraduate students. Many studies examining mental health in the undergraduate student population tend to lack ethnic diversity and focus heavily on the freshmen population. For example, a research study led by Dixon and colleagues (2021) investigated the psychological impact of the pandemic on 263 American university students, but an astounding seventy-six percent of participants were Caucasian. Furthermore, most of these students were freshmen and the study neglected to separate the results based on the year of study (Dixon et al., 2021). Hence, this study wants to focus on reaching more than just the Caucasian demographic and first-year students, as they have already received substantial research. Accordingly, the inclusion criteria encouraged UBC

undergraduate students of all cultural groups, faculties, gender identities, ages, etc. to participate by keeping the inclusion criteria broad. Therefore, by targeting a larger variety of people, we aspire to gauge a more accurate representation of the current awareness of mental health resources among undergraduate students at UBC which will improve the external validity of the results.

### Research Design

The research study employed the use of an online Qualtrics survey to conduct data regarding mental health services perception and awareness on campus among UBC undergraduate students of all faculties of study, ages, races, and genders. A widely renowned surveying instrument endorsed by UBC, Qualtrics was used to retrieve data because of its various strengths, which include the ability to customize questions, conduct advanced analytics, and maintain compliance with the privacy laws and legislation outlined by the British Columbian government (UBC Information Technology, 2022). In addition, the study utilized an online survey tool given its cost-effectiveness and the increasing use of social media by younger demographics and post-secondary students to seek information (Frazier, 2007; Purewal et al., 2021). Lastly, the study employed an online medium to carry out the survey because of the ongoing COVID-19 pandemic and the corresponding need for physical distancing and limited in-person contact to reduce the transmission (Dalton et al., 2020).

Students were recruited through convenience sampling via social media and virtual contact initiated by the undergraduate student researchers (Gibbons et al., 2019; Appendix D). No names or identifying information were collected or shared to ensure student anonymity, as outlined in the informed consent (Appendix A). It was especially crucial to make the survey anonymous in nature as previous studies have shown that participants are more likely to reveal

potentially stigmatizing and sensitive information, such as mental health prevalence and barriers, if the survey considers the privacy of the participants (Fear et al., 2012; Murdoch et al., 2014; Warner et al., 2011). Participants that completed the survey had the opportunity to be entered in a prize draw for a 1-year HOPR membership and a FitBit watch. By having these prizes available for the participants, there was extrinsic motivation, and more undergraduates may have been inclined to participate in the study. This is because extrinsic motivation has been shown to have a positive effect on motivation when completing and performing a task (Derfler-Rozin & Pitesa, 2020). Therefore, hopefully undergraduate students were not only more motivated to complete the study, but also to do so at a higher quality, yielding more accurate results for the study. Data collection ceased 2-weeks after the launch of the Qualtrics survey, after reaching the minimum target of 40 participants. Due to the constraints of the course “KIN 464” and expectations of the campus partner “UBC Equity and Inclusion Office”, the survey was available from March 12th to the 26th (2 weeks).

### Data Collection & Analysis

The web based Qualtrics questionnaire was administered to a sample of UBC undergraduate students. Survey topics included participant demographic information, current awareness levels of mental health services, barriers, and facilitators of access to services, and finally recommendations for increasing awareness and access.

The first page of the survey ensured informed consent is collected from students indicating they read and understand the conditions of the survey before answering (Appendix A). After which, demographic data were collected, including the year of study, gender, sexual orientation, ethnic background, proximity to campus and campus commute time, and any disabilities (Appendix B)

To assess students' awareness and knowledge of mental health services offered on campus, they reported how they would describe their knowledge of specific UBC mental health services including Counselling Services, UBC Student Assistance Program, Here2Talk, Nurse on Campus, Wellness Together Canada, AMS Peer Support and IBPOC Wellness Mentors (Appendix B). Subsequently, students were asked the way they learned or heard about these services (Appendix B). Students were then asked about their history of access to mental health services including why they have not accessed them in the past or what may limit future access to determine past and future barriers (Appendix B). To assess facilitators of access, students were asked what would encourage or aid in mental health service use and finally provide recommendations for resources and services based on their own needs (Appendix B).

Both open- and closed-ended questions were used in this instrument. This was to procure the benefits of both options and gather as much information as possible in an online survey format. For example, respondents had the opportunity to answer freely and without constraint with open-ended questions; however, these types of questions may result in missing data or less specific answers as individuals may choose to skip questions or provide vague answers (Reja et al., 2003; Emde, 2014). In order to mitigate this, open-ended questions were easily understandable, and an appropriately large answer box was provided, which has been found to increase the rate of respondents and length of answers (Emde, 2014).

This report utilizes descriptive statistical analysis to analyze the closed-ended questions, such as the demographics. Thus, data will be organized and summarized using numbers, such as the measures of central tendency, measures of variability, and graphs. For open-ended questions, descriptive qualitative analysis was used. Thus, responses from all participants were coded/labelled based on relevant pieces of data. Relevant data was defined as being repeated in

several places, surprising, or deemed important by the researchers. After trends were found in the data, the data were summarized and described in the results section of the report. Summaries made the data more manageable without minimizing the diversity of the responses.

## **Results**

### Demographics

The survey obtained 41 responses. Accounting for the inclusion criteria of being a UBC undergraduate student, only 39 responses were analyzed. This included an almost even split of self-identified women (48.7%, n=19) and men (51.3%, n=20) with an age range of 19-28 (M= 21.38, SD = 1.69) with 2 individuals failing to disclose their age (Appendix C, Table 1). The majority of the sample identified as European/White (36.8%, n =14), followed by Southeast Asian (26.3%, n =10), Chinese (15.8%, n = 6), Mixed Descent (10.5%, n = 4) and Other (10.5%, n = 4) (Appendix C, Table 2). The sample was predominantly third and fourth-year students (76.9%), born in Canada (74.4%) and speaking English as the first language (71.8%) (Appendix C, Figure 2). Most students lived off-campus (69.2%), with a commute of under 60 minutes (88.9%) (Appendix C, Figure 2). None of the surveyed participants had any trans experience and only 4 individuals said they identified as LGBTQ+.

### Quantitative Analysis

Only 17.9% of participants declared having used UBC mental health services before with 2 participants accessing services once (5.1%), 2 three or more times (5.1%), and 3 twice (7.7%) (Appendix C, Figure 3). Overall, previous awareness/knowledge of different UBC mental health services and programs was low with participants more often responding that they have “never heard of the service” (62.6%) before or only had “heard of the name” (22.0%) (Appendix C, Figure 4). The most well-known service was UBC Counselling Services with 2 people reporting

they “can easily explain this service to others” (5.1%), and 12 saying they “somewhat know the service” (30.8%) (Appendix C, Figure 4). The rest of the respondents had only “heard of the name” (38.5%) or never heard of it at all (23.1%) (Appendix C, Figure 4). AMS Peer Support was the second most known service with 2 people reporting they “can easily explain this service to others” (5.1%), and 7 saying they “somewhat know the service” (17.9%) (Appendix C, Figure 4). Yet 38.5% had only heard of the name and 35.9% had never heard of it (Appendix, Figure 4). The majority of respondents had never heard of the other services listed: 87.2% IBPOC Wellness Mentors, 84.6% Wellness Together Canada, 76.9% UBC Student Assistance Program, 74.4% Here2Talk, 56.4% Nurse on Campus.

Awareness levels based on different stratification levels were analyzed. Averages are calculated and considered based on the 0 to 3 scale used to evaluate the awareness of UBC mental health services with 3 as having full awareness and 0 as having no awareness. There was no statistically significant difference between women ( $M = 0.49$ ) and men ( $M = 0.56$ ) and awareness of the various mental health services ( $p > 0.05$ ). Based on the year of study, first-year students ( $n=2$ ,  $M = 0$ ) surveyed had the lowest awareness of any of the services offered, whereas third ( $n = 15$ ,  $M = 0.59$ ) and fourth years ( $n= 14$ ,  $0.6$ ) had the greatest awareness. This was followed by second-year students ( $M = 0.43$ ) and fifth plus year students ( $M = 0.29$ ). Based on ethnicity, Chinese students had the greatest awareness ( $M = 0.73$ ), followed by Southeast Asian ( $M = 0.64$ ), then European/White ( $M = 0.45$ ). Lastly, individuals living on-campus ( $M = 1.1$ ) had a greater awareness of mental health services compared to individuals who lived off-campus ( $M = 0.50$ ). Interestingly, students living 30-60 ( $M = 0.53$ ) and 60+ minutes ( $M = 0.53$ ) from campus had a slightly greater awareness of services compared to students living within 0-30 minutes from campus ( $M = 0.44$ ).

Lastly, respondents were asked to select ways they could be encouraged or helped in accessing UBC mental health services (Appendix C, Figure 5). The three most chosen methods were to increase their knowledge in the variety of services offered (63.4%), lower wait times (61%) and lower cost (56.1%). After which, responses included making services easy to locate on campus (43.9%), adding more services (29.3%), addressing cultural differences in the services (24.4%), providing counsellors of different ethnicities/cultural backgrounds (24.4%), and providing options for services in different languages (7.3%). Additionally, one respondent chose other and wrote “better support” as another way they could be encouraged to access UBC health services.

### Qualitative Analysis

The instrument included 6 open-ended questions to assess facilitators and barriers to access to UBC mental health services, how individuals heard about services and provide recommendations. Based on 33 responses, students have heard about services through a variety of means, but mainly through social media (n=8), flyers around campus (n=7), word of mouth (n=6), UBC professors (n=6) and websites (n=5). Social media was the most mentioned tool for learning about mental health services. Also mentioned in fewer numbers were emails (n=2), in-class announcements (n=2) and orientation events (n=1). Notably, zero responders shared which services they had accessed before if they had accessed services. Although, again, only 7 students had declared having accessed services in the past.

Feedback was provided regarding past and future barriers by 23 and 29 respondents respectively. Themes for past barriers included mainly not knowing how or where to start (n=9), and lacking knowledge about the specific services offered and how to access them (n=5). Students also mentioned poor reviews, including “long wait times” (n=3) and accessing services

taking too much time (n=2) as other barriers. Some similar themes were found in potential future barriers including having no time (n=7) and having heard about poor reviews, long wait times, or lack of counsellors (n=5) with some new themes appearing as well. Additionally, respondents mentioned cost (n=6), and difficulty in accessing services (n=4) as potential barriers. One respondent expressed “discomfort with taking the first step” and that they “wish there were more gradual steps to get into counselling”. This was echoed by another who said they may be limited by the “steps to take to actually get to a counsellor”. Also, there was mention of stigma and outside judgment (n=3) as a limiting factor to accessing services: one respondent said they would be prevented from accessing services by “having other people judge me for going” supported by another’s recognition of the “ongoing stigma surrounding mental health”. Lastly, convenience (n= 1), such as hours and location, and confidentiality (n=1), were mentioned individually as further barriers.

Finally, students were asked to provide options for mental health resources they would like to see in the future, and 18 responses were recorded. Suggestions included “self-lead” and/or virtual resources that could be accessed remotely as “many students are extremely busy already” and could include “self-care activities/encouragement”. Also, suggestions were made for more “diversity”, more “cultural services” and “resources that identify professionals that serve marginalized groups”. Further, respondents expressed interest in “better financial resources” and free services. A call for “better information” and “more awareness” of current resources was also mentioned. Lastly, one respondent suggested a “quiz or website of [some] sort where students can pick multiple choice questions and will be directed [to] resources”.

## **Discussion**

The objective of this study was to analyze UBC students' awareness, access, barriers and facilitators to mental health services based on several stratifications. Overall, the study highlighted that student awareness of mental health services on UBC campus was critically low. Conforming to the declining trend in recent years, it was found in the survey that awareness levels in undergraduates decreased by approximately 50% when compared to awareness levels recorded in the previous year's UBC Wellbeing Annual Report of 2020-2021 (UBC Wellbeing, 2019). The findings reiterate the understanding that undergraduate student awareness pertaining to available services is declining as the years go by, which has previously been suggested to be a barrier to help-seeking behaviour when suffering from mental illnesses such as depression (Gulliver et al., 2010).

In contrast to Yorgason's (2001) study that concluded females have greater awareness, analysis of the survey found no statistically significant difference between UBC male and female undergraduate awareness of mental health services. In fact, males actually had a slightly higher awareness of UBC services compared to females. This finding is also contradictory to Haavik's (2019) study in which females also accessed UBC services at a greater rate. Thus, the findings of this study suggest there is a weakened influence of gender norms on awareness, and corresponding use of on-campus mental health services among the UBC undergraduate population.

In addition, the study found that awareness levels of mental health services among UBC students differed based on the ethnicity of participants, which contradicts Yorgason's (2001) study that concluded ethnicity played a negligent role in predicting undergraduate awareness of mental health services. Specifically, it was found that European/White students showed the lowest level of awareness by a relatively large margin of approximately 17% when compared to

the next lowest aware ethnic group. However, this is contrasting information to the previous findings that evidenced that European/White individuals had greater awareness and utilization of available mental health services when compared to other minority races, who were illustrated to face barriers in the form of cultural differences, mistrust, discrimination, and differences in communication tools (Thurston & Phares, 2008).

Moreover, the study also found that higher awareness levels were correlated with living on UBC campus, which supported findings from Yorgason's (2001) study. Given that community-based institutions, such as UBC, are critical for providing awareness regarding mental health resources and information regarding interventions (Castillo et al., 2019), it is imperative that all students feel included and participate actively in the university community. However, students living off-campus may not feel included nor participate in community events and are marginalized as a result. This potentially results in an increased preference for self-reliance in UBC undergraduate students living off-campus as they not only lack a day-to-day social support system on-campus but spend less time on-campus, which results in a lower amount of exposure to promotional material presented by UBC mental health services aimed to raise awareness (Gulliver et al., 2010; Rickwood et al., 2015). Increased exposure to services on campus may lead to increased awareness levels and help-seeking behaviour.

Research in the past has shown that UBC counselling services have long wait times, which fails to help students when they are in need (Nia, 2021). Evidently, having lower wait times is one of the most chosen methods that encourages or helps students in accessing mental health services. Moreover, difficulty in accessing services and having long wait times are identified as potential barriers to accessing mental health services. Therefore, mental health services should be made more accessible by increasing the number of counsellors, which can

help improve service usage rates. Furthermore, past studies have suggested that student awareness of mental health resources on campus is low (UBC Wellbeing, 2021), and results show that the most common method to improve awareness is by increasing knowledge of the variety of services offered. Additionally, social media is the most mentioned tool for learning about mental health services. Thus, an increase in social media promotion can potentially help increase awareness of services, because it is the most mentioned tool for learning about mental health services.

In addition, the stigma surrounding mental health may be a reason why students tend to seek fewer support resources (Ahorsu, 2021). In line with the previous finding, results from the survey conducted illustrated that fear of being judged by others and ongoing stigma surrounding mental health are still potential barriers. Therefore, it is particularly crucial for the survey to be answered in an anonymous nature, as previous studies have shown that participants are more likely to reveal potentially stigmatizing and sensitive information (Fear et al., 2012; Murdoch et al., 2014; Warner et al., 2011). However, out of all the responders who have accessed mental health services, none of them felt comfortable with sharing the services that they have accessed. This may suggest that there is still strong negative stigmatism surrounding mental health because participants are still unwilling to share certain sensitive information, especially when the anonymity of the survey is considered. There may also be other determinants that relate to why participants don't respond. Therefore, further research is required regarding how stigmatization can be addressed, and an exploration of the potential barriers that prevent participants from sharing sensitive information. Furthermore, there are additional barriers to mental health services that have been identified by the participants, such as having insufficient time. Existing research shows that UBC has implemented more breaks to allow students to have more time to study for

midterms (Gomez, 2021). However, the results from this study may suggest that students still feel that they don't have enough free time to care for their mental health.

A strength of the study was that it was somewhat successful in recruiting undergraduates of varying ethnicities, which was a weakness in a previous study conducted by Dixon and colleagues (2021), which had a disproportionately large proportion (76%) of European/White participants. However, many ethnicities were still unrepresented, and due to the small sample size further research is recommended to allow for a greater sample size that is more representative of the UBC population. One limitation of the study was that respondents of the survey did not answer all the open-ended questions. Hence, the results of the survey could potentially be lacking useful information that would benefit the study's research objectives. Additionally, due to the study's self-reporting nature, there may be an increase in response bias by the participants of the survey. An implication of this is that participating individuals may tend to give more socially acceptable responses rather than their true experiences and beliefs regarding mental health services on UBC campus as an undergraduate student. Consequently, this may skew results and produce flawed findings pertaining to the general population.

## **Recommendations**

Based on the findings of our study, we have compiled several short and long-term recommendations for our project partner. Firstly, working on promoting information about services, their locations on campus, the AMS/GSS student health benefits, and steps to utilizing services through social media, websites, flyers and professors. This recommendation is justified by the reported barrier of not knowing how to start as well as insufficient knowledge. Thus, providing means to spread knowledge to the student community is necessary. Furthermore,

students who did have awareness about the services were made aware mainly through social media, flyers, professors, and websites. Therefore, using these tools of health promotion could potentially reach a larger number of students. Students also reported cost as a barrier and lowering cost as a main facilitator. Hence, promotion strategies regarding health benefits coverage available to students may help encourage access for undergraduates.

Secondly, we recommend increasing the number of counsellors, specifically those of different cultural backgrounds and ethnicities to reduce wait times and address diversity needs. This is based on the reported facilitators including adding more services, addressing cultural differences, having counsellors of different ethnicities, and services in different languages (Appendix C, Figure 5). Additionally, lower wait times were mentioned as a main barrier, so the increase of counsellors may help mitigate wait times.

Thirdly, emphasizing the quiz on the UBC Counseling Services website that is used to direct users to appropriate resources by moving it higher up on the webpage and labeling it as a quiz. One respondent suggested creating this kind of quiz specifically, unaware that it already exists. Currently, it is hard to locate and difficult to identify as a quiz on the website. This change may help provide more instant information about services and help students figure out where to start when seeking mental health services.

Lastly, we would recommend continued research done campus-wide on student awareness, perception, and access to mental health services. Considering the limitations of our study, increasing the sample size will be beneficial in gathering more information representative of the student body. This may be done by sharing the survey more widely such as through more social media outlets and emails to students. Additionally, exploring more differences based on ethnicity and ways to accommodate marginalized groups is a useful route for future research.



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## Appendix A - Informed Consent



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### CLASS PROJECT: Health Promotion and Physical Activity (KIN 464)

#### Participant Consent Form

#### Evaluating Undergraduate Student Awareness and Usage of Mental Health Services at the University of British Columbia Group 17

**Principal Investigator:**

Dr. Andrea Bundon (Assistant Professor, School of Kinesiology, Faculty of Education)

**Sessional Instructor:**

Dr. Negin Riazi (School of Kinesiology, Faculty of Education)

**The purpose of the class project:**

To gather knowledge and expertise from community members on the awareness and usage of mental health services at the University of British Columbia.

**Study Procedures:**

With your permission, we are asking you to participate in a survey and you may only complete the survey once.

With the information gathered, students will critically examine how different individuals understand or engage in health promoting activities or health promotion initiatives.

**Project outcomes:**

The information gathered will be part of a written report for the class project. The written report will be shared with campus partners involved with the project. Summaries of findings will also be posted on the following websites. *No personal information/information that could identify participants will be included in these reports or shared with campus partners.*

UBC SEEDS Program Library:

<https://sustain.ubc.ca/courses-degrees/alternative-credit-options/seeds-sustainability-program/seeds-sustainability-library>

**Potential benefits of class project:**

There are no explicit benefits to you by taking part in this class project. However, the survey will provide you with the opportunity to voice your opinion on your experiences

## Appendix B - Survey Questions

**Q1**

- Next (I agree to participate in this study)**

**Q2 Are you an undergraduate student at UBC?**

- Yes**
- No**

**Q3 What year of study are you currently in?**

- First**
- Second**
- Third**
- Fourth**
- Fifth +**

**Q4 What is your age?**

---

**Q5 Do you identify as a woman, man or non-binary person?**

- Woman**
- Man**
- Non-binary**
- Prefer not to answer**

**Q6 Do you identify as someone with trans experience?**

**For the purposes of this survey, trans experience means that your gender identity does not align with your sex assigned at birth**

- Yes**
- No**
- Prefer not to answer**

**Q7 Do you identify as someone who is lesbian, gay, bisexual, queer, Two-Spirit, or an analogous term, etc.?**

- Yes**
- No**
- Prefer not to answer**

**Q8 What ethnic background(s) do you identify with**

- African, Black, Caribbean**
- Chinese**
- European/White**
- Filipino**
- Hispanic**
- Indigenous, Metis, Inuit**
- Japanese**
- Korean**
- Middle Eastern**
- South East Asian**
- Other**

**Q9 Were you born in Canada?**

- Yes**
- No**
- Prefer not to answer**

**Q10 Is English your first language?**

- Yes**
- No**
- Prefer not to answer**

**Q11 Where do you currently live?**

- UBC residence**
- Other on-campus housing**
- Off-campus**
- I do not have stable housing**
- Prefer not to answer**

**Q12 If you live off-campus, how long is your commute to campus?**

- 0-30 min**
- 31-60 min**
- Over 60 min**
- Prefer not to answer**
- N/A**

**Q13 Are you a person with disabilities or have ongoing medical conditions that have affected your everyday functioning? (If so, select all that apply)**

- I don't have a disability or ongoing medical condition**
- Physical disability**
- Visual impairment**
- Impaired hearing**
- Mental health condition**
- Sensory Disability**
- Intellectual disability**
- Prefer not to answer**

**Q14 How would you describe your knowledge of UBC mental health services?**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Counselling services</b>	0	0	0	0
<b>UBC Student Assistance Program (UBC SAP)</b>	0	0	0	0
<b>Here2Talk</b>	0	0	0	0
<b>Nurse on Campus</b>	0	0	0	0
<b>Wellness Together Canada</b>	0	0	0	0
<b>AMS Peer Support</b>	0	0	0	0
<b>IBPOC Wellness mentors program</b>	0	0	0	0

**Q15 If you have answered 1-3 for any of the services above, how did you hear or learn about it? (If not, put N/A)**

---

**Q16 How often have you accessed UBC mental health services?**

- Never**
- Once**
- Twice**
- Three or more times**
- Ongoing**

**Q17 If you have accessed mental health services at UBC before, which services have you accessed?**

---

**Q18 What are the barriers you have faced in accessing UBC mental health services?**

---

**Q19 What would prevent you from accessing mental health services in the future?**

---

**Q20 Which of the following could encourage/help you to access UBC mental health services? (select all that apply)**

- Increase in knowledge in the variety of services**
- Lower wait times**
- More services**
- Lower cost**
- Easy to locate on campus**
- Provide options for services in different languages**
- Address cultural differences in mental health**
- Providing counselors of different ethnicities/cultural background**
- Other**

**Q21 If you selected other (or would like to expand on your answer), what would help encourage you to access mental health resources?**

---

**Q22 What kind of mental health resources would you like to see be implemented in the future?**

---

## **Appendix C - Results**

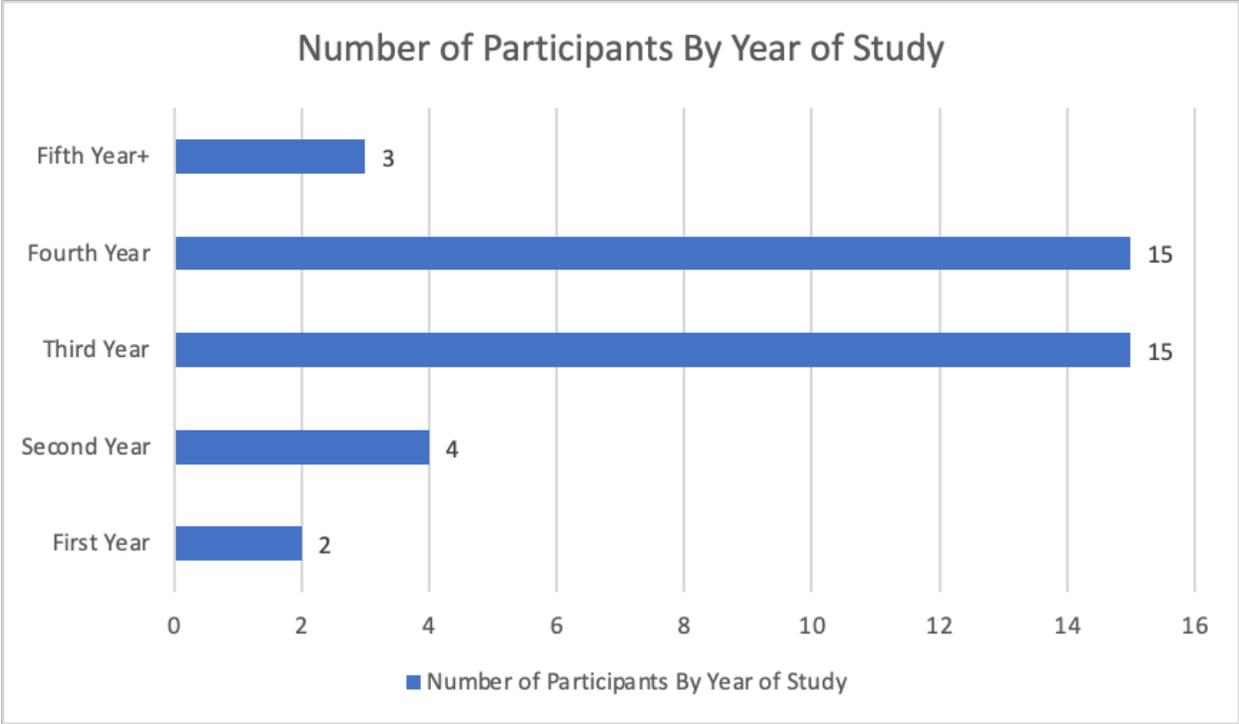
### **Table 1 - Participant Gender**

<i>Gender</i>	<i>Number of Participants</i>	<i>Percentage</i>
Male	20	51.3%
Female	19	48.7%

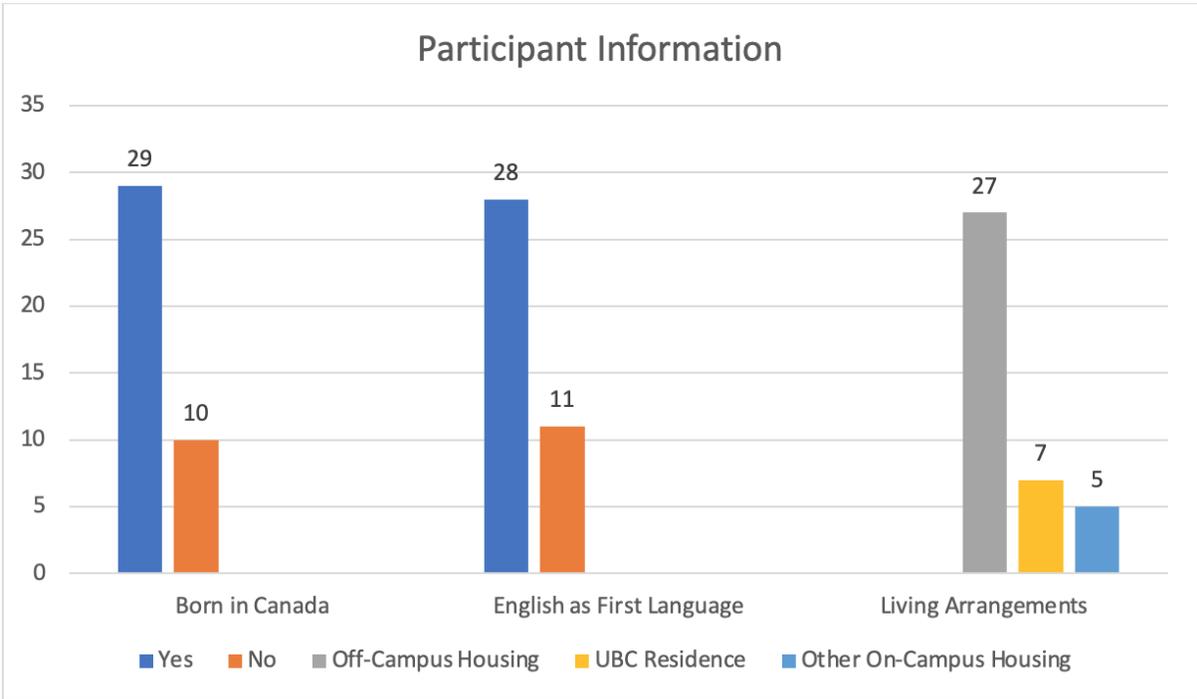
**Table 2 - Participant Ethnicity**

<i>Ethnicity</i>	<i>Number of Participants</i>	<i>Percentage</i>
Chinese	6	15.8%
European/White	14	36.8%
Southeast Asian	10	26.3%
Mixed Descent	4	10.5%
Other	4	10.5%

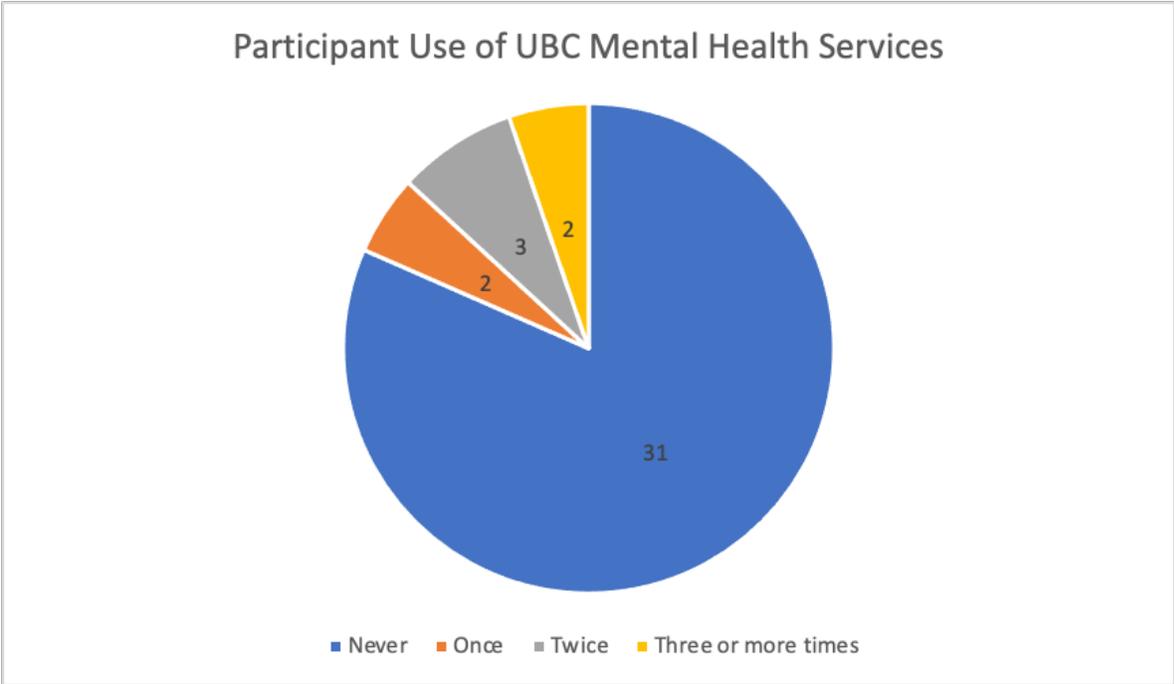
**Figure 1**



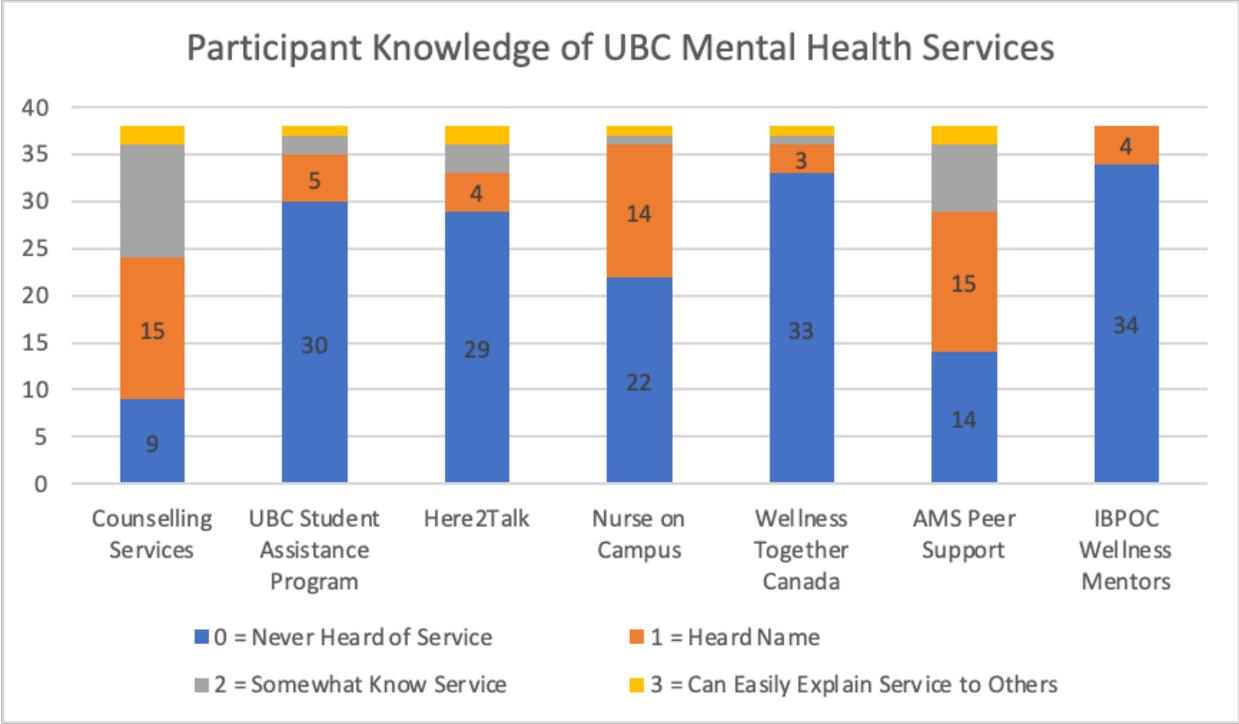
**Figure 2**



**Figure 3**

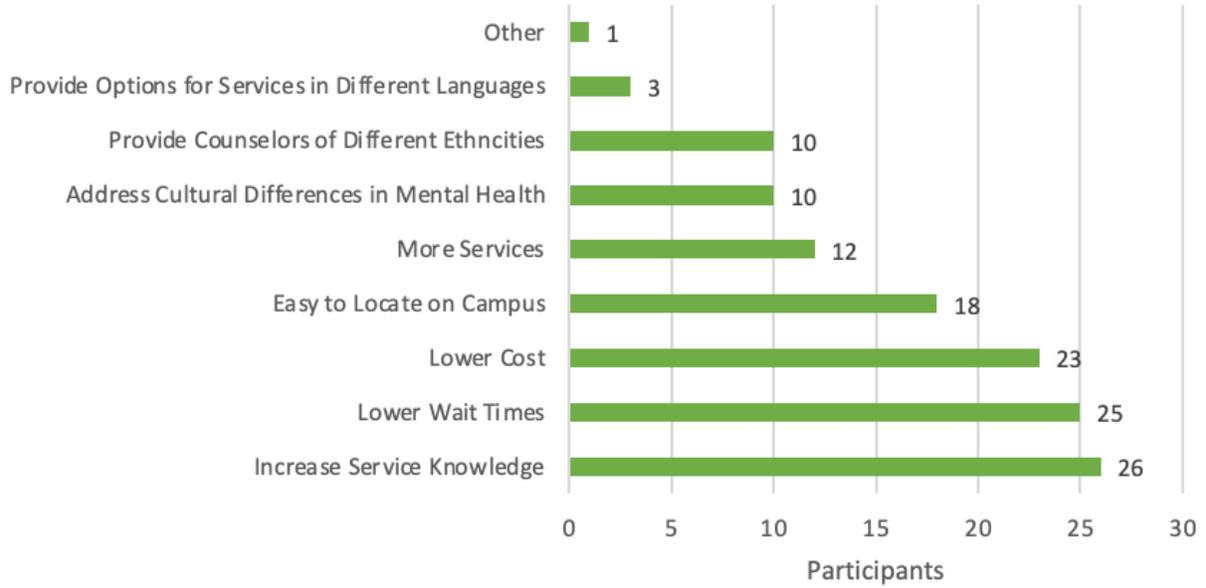


**Figure 4**



**Figure 5**

## How UBC Mental Health Services Can Encourage Access



**KIN 464: HEALTH PROMOTION & PHYSICAL  
ACTIVITY CLASS-BASED PROJECT**

**If you are an  
undergraduate student at  
the University of British  
Columbia we would love to  
speak with you!**

As part of a course-based research project (KIN 464), we are conducting a study on evaluating undergraduate student awareness and usage of mental health services at the University of British Columbia.

If you are currently an undergraduate student at UBC we would love to hear from you/for you to complete a survey. More information  
[https://ubc.ca1.qualtrics.com/jfe/form/SV\\_0B4ITCVna3oIUQS](https://ubc.ca1.qualtrics.com/jfe/form/SV_0B4ITCVna3oIUQS) or email  
[chelseazmetana@gmail.com](mailto:chelseazmetana@gmail.com).

**PLEASE NOTE THAT THIS POST IS PUBLIC AND ANYONE WHO  
LIKES, COMMENTS OR SHARES THE LINK WILL, BY DOING SO,  
BE ASSOCIATED WITH THE STUDY. THE PRINCIPAL  
INVESTIGATOR ON THIS PROJECT IS DR. ANDREA BUNDON  
(ANDREA.BUNDON@UBC.CA) AND DR. NEGIN RIAZI  
(NEGIN.RIAZI@UBC.CA) IS THE SESSIONAL INSTRUCTOR FOR  
THE COURSE.**