

**Canadian Post-Secondary Student Mental Health and Wellbeing:**

**A Descriptive Analysis**

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## **ABSTRACT**

**Background:** Post-secondary students are considered to be at risk of chronic stress and languishing mental health, but there has been little analysis of the available population-level data. The purpose of this study was to examine the overall and sex-specific prevalence of self-reported stress, distress, mental illness, and help seeking behaviours among Canadian post-secondary students.

**Methods:** Using the 2016 National College Health Assessment II dataset, we analyzed frequencies for each item of interest, stratified by sex. Chi-square analyses were conducted to test for statistical significance between groups.

**Results:** A large proportion of students self-reported high stress levels as well as diagnoses of depression and anxiety. More female students reported higher levels of stress and distress than did male students. Similarly, more female students reported having sought help for mental health related difficulties compared to male students. While all students demonstrated a willingness to seek help in the future, this was true for significantly more females than males.

**Conclusions:** Findings point to the need for increased upstream approaches, including mental health promotion and mental illness prevention to minimize stress and distress among post-secondary students.

**Keywords:** mental health, postsecondary, stress, mental illness, help seeking

## **BACKGROUND**

Increasingly, post-secondary students are being acknowledged as an at-risk group for poor mental health and the development of mental illnesses. Research has demonstrated that students experience both high rates of stress (1,2) and mental illness (3–5). The 2012 cycle of the Canadian Community Health Survey revealed that young Canadians aged 15-24 years (largely capturing the majority of post-secondary students) were the most likely to report symptoms of a mental illness or an unmet need for mental health care (6,7). Data from the 2016 Global Burden of Disease Study suggests that mental illness was one of the top four leading causes of loss of disability-adjusted life-years (DALYs) in Canada (8).

Post-secondary students face a wide array of stressors, spanning the academic, financial, and social spheres, placing them at risk for languishing mental health, particularly if they lack effective coping strategies. Chronic stress is highly correlated with negative mental health outcomes (9,10) and has been shown to have a substantial impact on students' academic performance (11). Post-secondary students not only represent a large portion of the population, with post-secondary enrolment across Canada surpassing two million in 2016 (12), but are also the next generation of income earners in Canada. Ensuring that this substantial portion of the population is mentally healthy is imperative to alleviating the financial burden associated with mental illness and bolstering the economy moving forward.

Currently, there is no nationally coordinated effort to monitor mental health related data for post-secondary students, though one is currently in development at the University of British Columbia (13). This is an important gap to be filled, given that the design and implementation of interventions to alleviate stress and promote mentally healthy campuses should be informed by

the prevalence and correlates of languishing mental health. In the absence of a Canadian-made surveillance system, the National College Health Assessment Survey II (NCHA II), delivered by the American College Health Association, constitutes the most complete source of data on American and Canadian post-secondary student stress and mental health outcomes currently available. To our knowledge, there is currently no published paper detailing a descriptive analysis of the most recent prevalence estimates of Canadian post-secondary student stress and distress based on these findings. Therefore, the primary purpose of this study was to examine the overall and sex-specific prevalence of self-reported stress, distress, and mental illness, and help seeking behaviours among Canadian post-secondary students.

## **METHODS**

We conducted a secondary analysis of the Canadian portion of the 2016 NCHA II data. Data were collected cross-sectionally from 41 Canadian postsecondary institutions that participated in the 2016 component (n=43,780). The overall response rate was 19.2% (11). The survey consists of over 300 questions relating to the overall health of post-secondary students. While the NCHA II is primarily concerned with physical health indicators, a number of questions pertain to students' emotional and mental health.

The NCHA II is administered confidentially through Qualtrics by the ACHA. Each participating institution provides the ACHA with a letter of information and informed consent, a subject line for the invitation, a copy of the institution's IRB approval, and a list of students' e-mail addresses. The sample size used is at the discretion of participating institutions. After the initial distribution of the survey, non-responders are sent up to three reminder e-mails.

## **Measures**

### ***Demographics***

Demographic data was collected from participants, including: age, sex, sexual orientation, year in school, enrollment status, ethnicity, living arrangement, and grade point average (GPA). All demographic variables were categorical in nature, and recoded for ease of presentation (e.g., age).

### ***Stress and Distress***

Participants were asked to rate their general stress level (*“Within the last 12 months, how would you rate the overall level of stress experienced?”*) on a 5-point Likert scale ranging from 1) *no stress* to 5) *tremendous stress*. Participants were also asked to indicate the frequency with which they had felt several symptoms of distress (*“Have you ever felt...?”*). Response categories were as yes or no within the past 12 months.

### ***Mental Illness***

Participants were asked *“Within the last 12 months, have you been diagnosed or treated by a professional for ...?”* several mental illnesses. We focused our analysis on responses pertaining to diagnosed anxiety and depression as these are typically the most prevalent problems reported by post-secondary students. Responses were categorized as: 1) *not diagnosed*, 2) *diagnosed, but not treated*, and 3) *diagnosed, and treated*. An additional question assessed lifetime prevalence of depression, asking participants whether they had *“ever been diagnosed with depression.”* Responses were dichotomized as yes or no.

### ***Help Seeking***

To assess previous help seeking, participants were asked whether they had “*ever received psychological or mental health services from...?*” Response categories included: *1) counselor, therapist, or psychologist, 2) psychiatrist, 3) other medical provider (e.g., physician, nurse practitioner, etc.), and 4) minister, priest, rabbi, or other clergy.* Responses were categorized dichotomously as yes or no. Participants were also asked whether they had “*ever received mental health services from your current college/university’s Counseling or Health Service?*” Responses were categorized dichotomously as yes or no. To assess future intentions to seek help, participants were asked, “*In the future if you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?*” Responses were categorized dichotomously as yes or no.

To meet the objectives of this paper, we conducted a descriptive analysis of the frequencies of these variables, stratifying by sex. Prevalences were calculated using the entire sample as the denominator (e.g., including missing responses). Chi-square analyses were conducted to test for statistical significance between groups. Ethics clearance was provided by the Queen’s Health Sciences and Affiliated Teaching Hospitals Research Ethics Board.

### **RESULTS**

Table 1 describes the demographic characteristics of the participants. The majority of participants were full-time students (93%), single (83%), female (70%), and reported a GPA in the B range (46%). The majority of students were between 18 and 24 years of age (18-20 years 40.3%, 21-24 years 37.4%), with the sample slightly more heavily weighted towards students in

earlier years of study (i.e., 23% first years versus 15% fourth years). The largest proportion of students reported their race/ethnicity to be “white” (44.1%). Approximately 9% of participants were international students.

[INSERT TABLE 1 HERE]

### Stress

Table 2 shows participants’ past 12-month level of stress, stratified by sex. A greater proportion of females than males reported “more than average” (49.2% vs. 38.9%) to “tremendous” (15.8% vs. 11.1%) stress, with more males reporting have experienced “no stress” to “average stress”.

This difference in self-reported stress levels by sex was statistically significant.

**Table 2. Past 12-month Level of Stress, by Sex**

	<b>Female</b> (n= 30 313)	<b>Male</b> (n= 12 985)
No stress	0.8%	3.3%
Less than average stress	4.3%	11.4%
Average stress	29.7%	34.9%
More than average stress	49.2%	38.9%
Tremendous stress	15.8%	11.1%

**Note.**  $X^2_{(4)} = 1497.39, p < 0.001$ .

### Distress

Table 3 shows the differences in self-reported distress, stratifying responses by sex.

The relationship between reported distress and sex was statistically significant for all items, with the exception of the final item (“*Have you ever attempted suicide?*”). Across all categories, a

greater proportion of females than males reported that they had experienced distress within the past twelve months.

For the first five symptoms of distress (*“Felt things were hopeless,” “Felt overwhelmed by all you had to do,” “Felt exhausted,” Felt very lonely,” “Felt very sad”*), as well as item 7 (*“Felt overwhelming anxiety”*), more participants (male and female) reported having experienced these feelings than not. For item 6 (*“Have you ever felt so depressed that it was difficult to function?”*) the opposite pattern was observed, with more participants (male and female) reporting not experiencing this in the past twelve months. For item 8 (*“Have you ever felt overwhelming anger?”*), results varied by sex. An approximately equal proportion of females reported having experienced this or not, while more males reported not having experienced this in the past 12 months. The lowest frequencies for both sexes were observed in the final three items, which are symptomatic of the most extreme manifestations of distress (including intentional self-harm, suicidal ideation, and previous suicide attempts).

1 **Table 3. Prevalence of Past 12-month Distress, by Sex**

<b>Have you ever...</b>	<b>Female</b>	<b>Male</b>	<b>X<sup>2</sup></b>
1. Felt things were hopeless	62.7%	51.4%	X <sup>2</sup> <sub>(1)</sub> = 484.20, p<0.001
2. Felt overwhelmed by all you had to do	92.9%	80.0%	X <sup>2</sup> <sub>(1)</sub> = 1580.18, p<0.001
3. Felt exhausted (not from physical activity)	91.1%	79.9%	X <sup>2</sup> <sub>(1)</sub> = 1096.88, p<0.001
4. Felt very lonely	69.3%	58.8%	X <sup>2</sup> <sub>(1)</sub> = 439.57, p<0.001
5. Felt very sad	78.0%	62.3%	X <sup>2</sup> <sub>(1)</sub> = 1153.03, p<0.001
6. Felt so depressed that it was difficult to function	46.7%	38.1%	X <sup>2</sup> <sub>(1)</sub> = 273.48, p<0.001
7. Felt overwhelming anxiety	69.5%	51.4%	X <sup>2</sup> <sub>(1)</sub> = 1292.12, p<0.001
8. Felt overwhelming anger	49.5%	40.9%	X <sup>2</sup> <sub>(1)</sub> = 267.56, p<0.001
9. Intentionally self-harmed	9.8%	5.8%	X <sup>2</sup> <sub>(1)</sub> = 183.17, p<0.001
10. Seriously considered suicide	13.4%	11.9%	X <sup>2</sup> <sub>(1)</sub> = 17.80, p<0.001
11. Attempted suicide	2.1%	1.9%	X <sup>2</sup> <sub>(1)</sub> = 1.68, =0.195

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3 **Mental Illness**

4 Table 4 describes self-reported diagnoses (and treatment) of anxiety and depression, stratified by  
 5 sex. Differences in past 12-month diagnosis and treatment of both anxiety and depression were  
 6 statistically significant by sex. A greater proportion of females than males reported being  
 7 diagnosed (treated and untreated) for both anxiety and depression. While more females reported  
 8 a diagnosis for anxiety than for depression, prevalence estimates for both mental illnesses were  
 9 fairly equal for male participants (particularly among those who were diagnosed and receiving  
 10 treatment). The proportion of participants who reported being diagnosed, but untreated, for either  
 11 depression or anxiety across sexes was noticeably smaller than the proportion that reported being  
 12 both diagnosed and treated. The difference in proportions for self-reported lifetime diagnosis of  
 13 depression was also statistically significant by sex. Again, more female participants reported a  
 14 lifetime diagnosis of depression (22.8%) compared to males (14.2%). It is worth noting that 20%  
 15 of students who provided a response to this question (n= 43 305) reported receiving a diagnosis  
 16 of depression at some point in their lives.

17 **Table 4. Prevalence of Diagnosis or Treatment for Mental Illness, by Sex**

	Depression		Anxiety	
	Female	Male	Female	Male
<b>Past 12 months</b>				
Not Diagnosed	82.8%	89.0%	77.9%	88.4%
Diagnosed, not treated	3.9%	2.7%	6.3%	3.3%
Diagnosed and treated	12.6%	7.3%	15.2%	7.4%
<b>Lifetime</b>				
Not Diagnosed	76.6%	84.9%	--	--
Diagnosed	22.8%	14.2%	--	--

18 **Note.** Anxiety (past 12 months)  $X^2_{(2)} = 701.22, p < 0.001$   
 19 Depression (past 12 months)  $X^2_{(2)} = 313.83, < 0.001$   
 20 Depression (lifetime)  $X^2_{(1)} = 410.78, p < 0.001$

21 **Help Seeking**

22 Table 5 shows help seeking behaviour among this sample of students by sex. Participants were  
 23 asked about their previous help seeking experiences, as well as their intentions to seek help in the  
 24 future. In nearly all cases, a greater proportion of females than males sought professional help for  
 25 mental health-related problems. One exception appeared, where a  
 26 roughly equal proportion of males and females reported seeking help from a “*minister, priest,*  
 27 *rabbi, or other clergy.*” The difference in help seeking by sex was statistically significant for all  
 28 care providers except clergy. Additionally, a greater proportion of females (80.1%) than males  
 29 (71.3%) reported that they would seek help from a professional in the future if they had a mental  
 30 health related problem. This difference was statistically significant.

31 **Table 5. Prevalence of Help Seeking, by Sex**

<b>Previous Help Seeking</b>	<b>Female</b>	<b>Male</b>	<b>X<sup>2</sup></b>
1. Counselor, therapist, or psychologist	41.0%	26.8%	X <sup>2</sup> <sub>(1)</sub> = 778.44, p<0.001
2. Psychiatrist	12.6%	9.9%	X <sup>2</sup> <sub>(1)</sub> = 63.68, p<0.001
3. Other medical provider (i.e., physician, nurse)	23.1%	13.5%	X <sup>2</sup> <sub>(1)</sub> = 508.63, p<0.001
4. Minister, priest, rabbi, or other clergy	4.5%	4.9%	X <sup>2</sup> <sub>(1)</sub> = 3.50, p=0.061
5. University health/counselling centre	21.0%	14.3%	X <sup>2</sup> <sub>(1)</sub> = 265.92, p<0.001
<b>Future Help Seeking</b>	<b>Female</b>	<b>Male</b>	<b>X<sup>2</sup></b>
Intend to seek help in future	79.8%	70.8%	X <sup>2</sup> <sub>(1)</sub> = 400.17, p<0.001

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33

34 **DISCUSSION**

35 In this secondary analysis, we explored the self-reported prevalence estimates for stress,  
36 symptoms of distress, diagnosed and/or treated mental illness, and help seeking in Canadian  
37 post-secondary students. We also observed sex-specific effects.

38 As expected, a significantly larger proportion of female students reported high stress  
39 levels over the course of the previous academic term as compared to male students. Few students  
40 reported “no stress” or “less than average stress.” Similarly, significantly more female students  
41 reported experiencing symptoms of distress across almost all symptoms, with the exception of  
42 self-reporting a previous suicide attempt. These observed differences by sex are consistent with  
43 the literature, which has shown females to report symptoms of stress and distress at a higher  
44 level than males (14). Importantly, nearly 50% of female respondents reported feeling “so  
45 depressed it was difficult to function” with 70% reporting feeling “overwhelming anxiety.”  
46 These proportions were approximately 10-20% lower among male students. As depression and  
47 anxiety are some of the most frequent mental illnesses known to affect post-secondary student  
48 populations (15), these findings are not necessarily surprising. However, these prevalence  
49 estimates are high, and certainly cause for concern. Even more concerning, about 10% of female  
50 respondents and 6% of male respondents reported engaging in intentional self-harm.  
51 Furthermore, approximately 13% of female respondents and 12% of male respondents reported  
52 having “seriously considered suicide,” with about 2% of males and females reporting a previous  
53 suicide attempt. This is cause for great concern, particularly given that suicide is a leading cause  
54 of death among young Canadians (16).

55 With respect to formal mental illnesses, more female than male students reported being  
56 diagnosed (in both the treated and untreated groups) with depression and anxiety in the past 12-

57 month period, with anxiety diagnoses slightly more prevalent than depression diagnoses. This is  
58 consistent with existing sex-based knowledge of the diagnoses for these illnesses (6). In total,  
59 13% of students (both male and female) reported being both diagnosed and treated for anxiety  
60 within the past 12 months, while 5.5% reported being diagnosed only (not treated). For  
61 depression, 11% of students reported being diagnosed and treated in the past 12 months, while  
62 nearly 4% reported being diagnosed only (not treated). Depression was also assessed for lifetime  
63 occurrence. Significantly more female participants reported a lifetime diagnosis of depression  
64 compared to male students. In total, approximately 20% of students who provided a response to  
65 this question reported receiving a diagnosis of depression at some point in their lives,  
66 constituting over 8,500 individual students. This is consistent with the most recent data from  
67 Statistics Canada, indicating that the prevalence of depression is highest among youth aged 15 to  
68 24, an age bracket that captures the majority of post-secondary students (6).

69         While it is clear that the prevalence of mental illnesses and poor mental health among  
70 post-secondary students is high, another important component to consider is help seeking. We  
71 evaluated current help seeking behaviour for mental health related problems, in addition to  
72 students' intentions to seek help in the future. Again, we observed significant differences by sex.  
73 Consistent with the literature, a greater proportion of females reported seeking help from nearly  
74 every resource (6,17). For both female and male students, the most frequently reported resource  
75 used was a counselor, therapist, or psychologist. Use of the university health or counselling  
76 services was reported by about 20% of female students and 14% of male students. One  
77 component not evaluated in this dataset was students' use of informal supports, such as reaching  
78 out to friends or family. This may be an important gap, as an estimated one-fifth of young  
79 Canadians have reported reaching out to friends and family for mental health difficulties (17).

80           A greater proportion of females than males reported that they would seek help from a  
81 professional in the future if they had a mental health related problem. In total, more than three  
82 quarters of students indicated that they intended to seek help, were it needed in the future. This  
83 may suggest that post-secondary institutions are making progress in reducing the stigma  
84 surrounding mental illnesses and making students feel more comfortable with reaching out for  
85 help. However, it should be noted that while expressing the intention to seek help if needed is a  
86 positive sentiment, it is by no means a guarantee of future help seeking behaviour. Post-  
87 secondary institutions should continue to work towards normalizing discussions around mental  
88 health and self-care within their student communities to foster caring campuses and mentally  
89 healthy environments.

90           There are some limitations to this study. These findings are based on self-reported data  
91 which is subject to social desirability bias, particularly given the sensitivity of the topic. It is  
92 possible that some participants may have distorted their responses in order to abide by social  
93 convention or failed to report a mental illness diagnoses due to perceived stigma. Several of the  
94 questions asked participants to recall how they felt over the past 12-month period. The length of  
95 this timeframe may have resulted in some degree of recall bias, resulting in misclassification.  
96 Additionally, many of the mental health measures within the NCHA II are less than optimal.  
97 While a well-established survey instrument, there is limited information available regarding the  
98 validity of the measures used on the NCHA II, and in particular, those related to mental health  
99 (18). The ACHA reports that the survey has been systematically evaluated for both reliability  
100 and validity (*www.acha.org*). However, validation analyses have not been conducted since the  
101 late 1990s. Furthermore, there is no mention of comparison to established mental health  
102 measures. While it is useful to capture students' overall feelings of stress through the use of a

103 global stress measure, the survey does not currently include a validated method of assessing  
104 specific sources of student stress. As stress as a key predictor of the development of mental  
105 health difficulties, and understanding the sources of student stress is key to adequately targeting  
106 mental health promotion efforts, this is an important gap to highlight. Finally, no sample weights  
107 were applied to the NCHA II dataset, so it is difficult to evaluate the representativeness of the  
108 data to the broader Canadian post-secondary population. However, the age and sex breakdown of  
109 the sample is similar to that of the wider Canadian post-secondary population, according to  
110 Statistics Canada's Post-Secondary Information System for the 2016 academic year (19).

111         It is important to note that while students in this study expressed a willingness to seek  
112 help should the need arise, institutions increasingly report resource limitations when it comes to  
113 meeting the demand for mental health counselling. In response to these resource limitations, we  
114 suggest that the focus should be placed on the development and improvement of upstream  
115 services, such as health promotion and mental illness prevention, in order to give students the  
116 tools they need to mediate excess stress and distress before developing serious mental health  
117 problems. Conley, Durlak and Dickson have provided a comprehensive review promotion and  
118 prevention efforts in higher education, identifying cognitive behavioural techniques (34%),  
119 psychoeducational programs (21%), relaxation strategies (16%), meditation techniques (10%),  
120 and mindfulness training (8%) as the most common methods of intervention (20). It is unclear, at  
121 this time, how many post-secondary institutions in Canada provide comprehensive programs  
122 including these elements. Thus, while these discrete interventions are generally well-received by  
123 students, there remains a need for a nationally coordinated, holistic effort to address post-  
124 secondary mental health and wellbeing. In 2017, De Somma, Jaworska, Heck and MacQueen  
125 reviewed mental health policies across 274 publicly funded post-secondary institutions in

126 Canada, noting a scarcity of comprehensive mental health strategies inclusive of both upstream  
127 and downstream approaches to student mental health (21). Since this review, work has begun  
128 across Canada to develop comprehensive frameworks to support students' mental and emotional  
129 wellbeing, including the development of holistic campus wellness strategies (e.g., 22-23), the  
130 signing of the Okanagan Charter (24), and the preliminary development of the Canadian National  
131 Standard for the Psychological Health and Safety of Post-Secondary Students (25). Each of these  
132 represent important steps towards understanding and improving upon the mental health of post-  
133 secondary students across Canada.

134

## 135 **CONCLUSION**

136 This secondary analysis provides a high-level overview of the available population-level  
137 data on the prevalence of stress and distress among Canadian post-secondary students. The  
138 substantial prevalence of mental health related challenges among students revealed in these  
139 findings point to the need for holistic frameworks for the support of post-secondary students'  
140 mental health and wellness, with emphasis on the development and improvement of upstream  
141 services, such as health promotion and mental illness prevention, in order to alleviate the demand  
142 for downstream services (e.g., counselling).

143

## 144 **LIST OF ABBREVIATIONS**

145 ACHA American College Health Association

146 NCHA II National College Health Assessment II

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149 **DECLARATIONS**

150

151 **Ethics approval and consent to participate**

152 The authors received approval from the American College Health Association to conduct  
153 analyses with the Spring 2016 NCHA II Canadian data, and ethics approval from the Queen's  
154 University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB).

155

156 **Consent for publication**

157 Not applicable.

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159 **Availability of data and material**

160 The data that support the findings of this study are available from The American College Health  
161 Association, but restrictions apply to the availability of these data, which were used under license  
162 for the current study, and so are not publicly available. The data can be requested from the  
163 American College Health Association ([www.acha.org](http://www.acha.org)).

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165 **Competing interests**

166 The authors declare that they have no competing interests.

167

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172 **Authors' contributions**

173 BL submitted the request for data to the ACHA, analyzed and interpreted the data, and was a  
174 major contributor in writing the manuscript. HS contributed toward the conceptualization of the  
175 research, and was a contributor in writing the manuscript. All authors read and approved the final  
176 manuscript.

177

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182 BL is a PhD Candidate in the Department of Public Health Sciences at Queen's University. HS is  
183 a Professor in the Department of Public Health Sciences at Queen's University, and the Bell  
184 Canada Mental Health and Anti-Stigma Research Chair and BL's thesis supervisor.

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275 **Table 1. Demographic Characteristics of Participants**

<b>Variable</b>	<b>Count (n)</b>	<b>Percent (%)</b>
<b>Age</b>		
18-20 years	17 418	40.3%
21-24 years	16 186	37.4%
25-29 years	5 397	12.5%
30 years and older	4 241	9.8%
<b>Sex</b>		
Female	30 373	70.0%
Male	13 035	30.0%
<b>Marital Status</b>		
Single	35 966	83.0%
Married/Partnered	5 498	12.7%
Other <sup>a</sup>	1 874	4.3%
<b>Race or Ethnicity</b>		
White	15 155	44.1%
Black	1 677	4.9%
Aboriginal	1 908	5.6%
Chinese	3 937	11.5%
South Asian	3 472	10.1%
Southeast Asian	895	2.6%
Other Asian (Japanese, Korean)	785	2.3%
Filipino	1 122	3.3%
Latin American	1 069	3.1%
Arab or West Asian	1 442	4.2%
Multiracial	1 597	4.7%
Other	1 283	3.7%
<b>Year of Study</b>		
1 <sup>st</sup> year undergraduate	9 949	23.0%
2 <sup>nd</sup> year undergraduate	8 843	20.4%
3 <sup>rd</sup> year undergraduate	8 040	18.6%
4 <sup>th</sup> year undergraduate	6 331	14.6%
5 <sup>th</sup> year or more undergraduate	2 858	6.6%
Graduate or professional	6 026	13.9%
Other <sup>b</sup>	1 228	2.8%
<b>Enrollment Status</b>		
Full-time	40 528	93.3%
Part-time	2 454	5.6%
Other	478	1.1%

**International Student**

Yes	4 094	9.4%
No	39 284	90.6%

**Grade Point Average**

A	15 799	37.1%
B	19 562	45.9%
C	6 619	15.5%
D/F	626	1.5%

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276 **Notes:**

277 Valid percent reported.

278 <sup>a</sup> Includes combined responses of “Other”, “Separated”, and “Divorced”

279 <sup>b</sup> Includes combined responses of “Other” and “Not seeking a degree”

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