

Mental Wellbeing in Higher Education: a Bibliography

Mental Wellbeing in Higher Education: a Select Bibliography

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Introduction

This bibliography of publications relevant to student mental wellbeing has been compiled over a number of years as part of a wider bibliographic project to research the literature relevant to the development of student service provision in UK higher education. The first author's keyword searchable bibliography currently stands at over 4,500 references, amongst which over 600 have specific relevance to student mental health. The publications included in this bibliography have been chosen as having particular relevance for those developing policy and practice in support of HE students experiencing mental health difficulties. As it was only possible to undertake the work of searching for resources in the very rare and narrow interstices in the working life of the first author, who was at the time Dean of Students at the University of East Anglia, the research cannot claim to be either comprehensive or particularly systematic, although for some journals, subscriptions to their notification emails made it possible to keep reasonably abreast with new publications.

One of the criteria for selection is that there must be an abstract. Some of these were written as part of the research process, but most abstracts of journal articles included are those that are provided as an open source on line by the publisher. The inclusion of an abstract with the reference details was seen to be vital in order to help those consulting the bibliography to decide whether or not they wish to obtain the full resources; in many cases too the abstract itself provides valuable information. Articles in journals that do not provide open access lists of volume contents with brief abstracts have therefore generally not been included¹. At the time of writing, all resources listed can be found online through a Google search on the title.

Readers may notice something of a bias in respect of the amount of American literature included. The reasons for this are threefold. Firstly, far more has been, and is being, written by those working in student services in the US than in the UK. Secondly, there is also a very strong focus on providing a robust evidential base for student service provision in the US, something that is becoming increasingly important in the UK in order to justify bids for resources. Thirdly, the US literature is perhaps relatively unknown to many working in the UK but offers much of interest. However, it should be remembered that there are many significant differences between the US and the UK in HE context and cultures, the student population and the law (for example in most US states it is illegal to purchase alcohol until the age of 21) and its interpretation in respect of institutional duty of care².

In order to make the resource more useful and manageable, the references have been grouped by key topic into seven sections that address:

1. policy development and practice at institutional level
2. student service practice and development
3. help seeking
4. influencing factors and impact on academic learning
5. student diversity, including gender, gender identity, social class, ethnicity and age

¹ This includes the AUCC Journal which is not accessible to those who are not members, and that includes the present writer.

² Much of the US literature is available to those who are members of the US student service organisation NASPA. Those working in UK HEIs are eligible for membership.

Mental Wellbeing in Higher Education: a Bibliography

6. international students
7. self harm, suicide and eating disorders
8. alcohol and substance abuse.

Publications addressing more than one of these topics have been included in all relevant sections of the bibliography: duplication of resources was deemed a safer strategy than potential omission. The only exception is the removal from Section 2: Service Provision and Development of most of those which very specifically address self harm, suicide and eating disorder as these can all be found in Section 7: Suicide and Self Harm. Within each section, the references are given in alphabetical order to facilitate any cross-referencing.

Inclusion in the bibliography does not imply agreement with the author(s) views, and non-inclusion does not imply that a resource was not seen to be of value– almost certainly useful publications have not been included because the authors were unaware of them or an abstract was not easily available. Inevitably, there are very many gaps but it is hoped that this will become a live resource that will be updated and expanded. Those willing to contribute additional relevant references should contact the Chair of the Mental Wellbeing in Higher Education Working Group (MWBHE); contact details can be found at: mwbhe.com .

At the time of writing the 8 Mental Wellbeing in Higher Education Bibliographies linked from this page are:

Mental Health Bibliography Section 1: Policy and Practice

Mental Health Bibliography Section 2: Service Provision and Development

Mental Health Bibliography Section 3: Help-seeking

Mental Health Bibliography Section 4: Influencing Factors and Impact on Learning

Mental Health Bibliography Section 5: Student Diversity

Mental Health Bibliography Section 6: International Students

Mental Health Bibliography Section 7: Suicide and Self Harm

Mental Health Bibliography Section 8: Alcohol and Substance Abuse

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Mental Wellbeing in Higher Education: a Bibliography

Mental Health Bibliography Section 1: Policy and Practice

The resources included in this section of the Mental Health Bibliography have been selected as having particular relevance for those responsible for developing and implementing policy and practice at institutional level. Those chosen either had specific guidance on policy development or provided background information that could be highly informative for those at senior levels with responsibility for, or influence over, institutional policy development and strategic decision making.

The bibliography includes papers that provide a historical context to the development of HE mental health provision (eg Arnstein 1995 and Kraft 2011, MWBHE 2015) and reports of research undertaken to measure the incidence of mental health difficulties and suicide in student populations (eg Andrews *et al.* 2006, Collins and Paykel 2000, Cook *et al.* 2006, Schwartz 2006, Waller *et al.* 2005).

Some papers have relevance for the development of mental health policies and practice at an overall institutional level (eg Belch and Marchak 2006, Byrd *et al.* 2012, Grant, 2002, Kadison and DiGeronimo 2004, MWBHE 2015, Neves and Hilman 2016, RCP 2011, Williams *et al.* 2015). Training for academics, general awareness raising, challenging stigma and health promotion are addressed in several papers (Aggarwal 2011, Baker *et al.* 2006, Harring *et al.* 2010, Martin 2010, Neville 2007, Salzer 2012 Stanley and Manthorpe 2001)

Other publications address specific aspects of institutional provision including the impact of student debt (Christie *et al.* 2008, Fitch *et al.* 2006), student help-seeking behaviours (eg Eisenberg *et al.* 2007, Hyun *et al.* 2007) teaching practices (Marshall and Morris 2011), crisis responses (Meilman and Hall 2006, Penven and Janosik 2012) and the impact of cyberbullying (Selkie 2016) and sexual assault (Zinzow *et al.* 2011).

There are several papers that have particular relevance for those responsible for the development of policies addressing suicide and self-harm prevention (including Baker 2005, Baker 2006, Douglas 2007, Stanley *et al.* 2007), and also alcohol and substance abuse (CASA 2007, Cornah 2006). The *Suicide and Self Harm*, and *Alcohol and Substance Abuse* sections also include these with a range of other relevant resources.

The strategic importance of addressing the needs of specific student groups in policy development is highlighted in some of the papers included here, including GMC 2015, and Grant *et al.* 2013 (medical students), Mori 2000, and Rosenthal *et al.* 2008 (international students), Pedreli *et al.* 2016 (gender differences) and Turner *et al.* (non-traditional students). The *Student Diversity* and *International Students* sections provide further resources for those interested in developing provision for specific student groups.

The legal framework in both the UK and the US is addressed in several papers included in this bibliography (AMOSSHE 2001, Baker 2005, Hemmingway 2015, MWBHE 2015, Pavela 2006) and is also referred to in papers referenced in some of the other sections of the bibliography.

Aggarwal, N. R. (2011). Attitudes of students towards people with mental ill health and impact on learning and well-being. *Journal of Research in Special Needs Education* **12**(1): 37-44.

This study, which was conducted within a college of further education in London, explored students' attitudes towards people with mental ill health, and examined whether these impact on the learning and well-being of students with mental illness. The study was carried out in response to complaints about negativity about mental illness within the college. A combination of quantitative and qualitative methods were employed, which consisted of

Mental Wellbeing in Higher Education: a Bibliography

semantic differential surveys and semi-structured interviews. Analysis of the results of the latter revealed the presence of stereotypes and prejudice, which had the potential to impact negatively upon learners with mental disorders. The article makes a number of recommendations for future teaching practice, which includes a need to raise awareness of mental health issues, and challenge stereotypes and negative attitudes relating to mental illness, within the classroom.

AMOSSHE (2001). *Responding to Student Mental Health Issues: 'Duty of Care' Responsibilities for Student Services in Higher Education.* Winchester, Association of Managers of Student Services in Higher Education.

This document aimed to offer guidance to HEIs in planning and developing policies that are mindful of the duty of care owed to students, and in particular to those experiencing mental health difficulties. The guidance includes a working definition of mental illness, the current (in 2001) legal framework, and define the principals and precepts of good practice. While the 2015 MWBHE guidance has updated the legal context, this document still has relevance for those particularly interested in HE duty of care matters.

Andrews, B., J. Hejdenberg and J.M Wilding (2006). Student anxiety and depression: comparison of questionnaire and interview assessments. *Journal of Affective Disorders* **95**(1 - 3): 29-34.

Recent reports note a reliance on self-report measures and a lack of information about diagnosable mental disorder in university students. Professional concern about perceived increases in student mental health problems raises questions about whether questionnaire assessments can provide valid approximations of such disorders in this group. The aim of this study was to validate the Hospital Anxiety and Depression Scale (HADS) against DSM-IV diagnoses in university students. The study conclusions were that the HADS depression scale is likely to be a reasonably accurate indicator of depressive conditions in university students at the recommended cut-off but the HADS anxiety scale overestimates the extent of clinical anxiety. Students' self-reported higher symptom levels in comparison to general population norms cannot be assumed to indicate higher levels of more serious mental health conditions. However, this is not to deny the genuine distress and severe problems that some students experience. Further research is needed to investigate whether the current findings hold for student populations with higher social diversity.

Andrews, B. and J. M. Wilding (2004). The relation of depression and anxiety to life- stress and achievement in students. *British Journal of Psychology* **95**: 509 - 521.

An apparent increase in seriously disturbed students consulting student health services in the UK has led to concern that increasing financial difficulties and other outside pressures may affect student mental health and academic performance. The current research investigated whether student anxiety and depression increases after college entry, the extent to which adverse life experiences contribute to any increases, and the impact of adversity, anxiety and depression on exam performance. This the first study to confirm empirically that financial and other difficulties can increase British students' levels of anxiety and depression and that financial difficulties and depression can affect academic performance. However, university life may also have a beneficial effect for some students with pre-existing conditions. With widening participation in higher education, the results have important implications for educational and health policies.

Arnstein, R. L. (1995). Mental health on the campus revisited. *Journal of American College Health* **43**: 248-251.

This article, while now over 20 years old, is of historical interest in that it compares the state of mental health on campuses in the USA in the mid-1990s compared to that when *Mental Health on the Campus: A Field Study*, was published (1973). The areas considered include the increased diversity of the student body, the stable incidence of psychotic

Mental Wellbeing in Higher Education: a Bibliography

disorders, the increased prevalence of gender-related diagnoses such as sexual abuse and eating disorders, and the continuing financial pressures on campus mental health programs. The author concludes that at the the traditional goals of a campus mental health program, as articulated 75 years ago when the American College Health Association was founded, remain valid, even if they are difficult to attain.

Baker, S., B.J. Brown and J. Fazey (2006). Mental health and higher education: mapping field, consciousness and legitimation. *Mental Health and Higher Education* **26**(1): 31 - 56.

Some UK academics have declared that they do not want Higher Education (HE) to become part of the social welfare system. In this article we review aspects of policy and practice which suggests that this has already happened. Explicit encouragement of people with mental health problems to undertake courses has proceeded alongside a number of initiatives to make Higher Education Institution's (HEI's) better able to support students in difficulty, and new responsibilities are being unfolded for the staff. There is growing evidence that students' mental health problems are increasing. To make sense of the transformations in the topography of policy and in the consciousness it encourages, we make use of theoretical frameworks such as Bourdieu's notion of field and the generative work of Foucault and Rose, to examine the implications this has for the conceptualisation of politics under New Labour and the implications this has for a newly recapitalised notion of responsible individuals.

Baker, T. R. (2005). *Notifying parents following a college student suicide attempt: a review of case law and FERPA, and recommendations for practice.* *NASPA Journal*, **42**(4), 513-533.

Decisions by university officials not to notify a student's parents following a suicide attempt on campus have been severely criticized by some observers. Although courts have not imposed a parental notice requirement, the practice is advantageous to students in many situations. The author recommends a system of notification that relies primarily upon nonmedical student affairs officers to collect reports and communicate with parents following a campus suicide attempt. In determining what information to communicate to parents, student affairs officers are advised to keep in mind the legal implications of the disclosure, including the possibility of a subsequent episode of self-destructive behaviour.

Baker, T. R. (2006). Parents of suicidal college students: what deans, judges and legislators should know about campus research findings. *NASPA Journal* **43**(4): 164-180.

When suicidal behavior is reported, student affairs officers on many campuses notify parents as one component of a multifaceted campus suicide prevention plan. In response to proposals to mandate parental notification, the author argues that practical considerations warrant against expanding state laws to require notification following campus suicide attempts. The recent experience with parental notice at one university confirms the work of earlier researchers who concluded that parents rarely withdraw suicidal students from enrollment. Although a policy of sending the letters may deter further episodes of self-destructive behaviour, parents once alerted to the situation are not likely to intervene in a manner that will reduce significantly the risk of suicide.

Belch, H. A. and I. Marshak (2006). Critical incidents involving students with psychiatric disabilities: the gap between state of the art and campus practice. *NASPA Journal* **43**(3): 464 - 482.

The proliferation of students with psychiatric disabilities and the severity of the issues they present pose significant challenges to campus personnel and specifically to student affairs staff. This study identified the specific types of critical incidents related to students with psychiatric disorders that senior student affairs officers found particularly problematic. In addition, the study examined the implications of these incidents on policy, resources, training, and communication. Our findings suggest that specific institutional issues and the

Mental Wellbeing in Higher Education: a Bibliography

complexity of these incidents are exacerbated, in part, by the limitations of current policies, a lack of appropriate campus and community resources, privacy issues, and relationships with and expectations of parents. We explore the implications of these findings on practice and policy development.

Bewick, B., G. Koutsopoulou, G., J. Miles, E. Slaa and M. Barkham (2010). Changes in undergraduate students' psychological well-being as they progress through university. *Studies in Higher Education* **35** (6): 633-645.

This article investigates the psychological well-being of students from all faculties across their undergraduate degree from pre-registration to semester two of year three at one UK university. Psychological well-being was assessed on seven occasions between 2000 and 2002, using the General Population Clinical Outcomes in Routine Evaluation (GP-CORE). Results show that students were under greater strain once they started university than beforehand, with levels of strain generally highest during semester one. A significant reduction in levels of distress from semester one to semester two was observed in both year one and year three, but at no time did levels of distress fall to pre-registration levels. These results show university to be a time of heightened distress, and that therefore there is a need to ensure that students receive the support necessary throughout their studies to enable them to successfully complete their degree course, enabling them to negotiate the transition to university and then ultimately into the workforce.

Bradley, G. (2000). Responding effectively to the mental health needs of international students. *Higher Education* **39**: 417-433.

Drawing on the data from HEFCE (Higher Education Funding Council) sponsored project *Responding Effectively to the Mental Health Needs of Students*, this article describes the difficulties academic staff experience when responding to students with mental health problems. The views of academic staff are also recorded concerning what was helpful to them when considering these needs. This data is linked to research on working cross culturally with international students and set within a national framework. Research data is also accessed from focus groups which centred on the mental health needs of international and home students. Identical questions were posed to both groups students and similarities and differences recorded. International students voiced experience of a range of economic, social and academic pressures which appear to be different in degree and often in kind from those experienced by 'home' students. These factors in extreme cases may trigger and/or exacerbate mental health problems. Whilst these findings are mainly qualitative, they have a resonance with and help illustrate existing research. Finally, this paper considers the potential of academic staff, student groups and the policies of the institution of higher education to contribute to improvements of the welfare of international students.

Byrd, D. R. and K. J. McKinney (2012). Individual, interpersonal, and institutional level factors associated with the mental health of college students. *Journal of American College Health* **60** (3): 185-193.

This study investigates the individual, interpersonal, and institutional level factors that are associated with overall mental health among 2003 US college students enrolled at a large public university. The mental health of participants was measured using functioning and well-being measures. Stepwise regression was used to determine if self-reported measures of individual (ie, coping abilities), interpersonal (ie, intergroup awareness), and institutional (ie, campus climate/tension) level factors were associated with overall mental health, after controlling for demographic characteristics. The combined effects of both individual and institutional level measures were shown to be associated with student mental health. In particular, limited coping abilities and a perceived racially tense campus climate contributed to the psychological distress of college students. Simultaneously addressing the individual and institutional level influences on mental health offers the most promising help for students.

Mental Wellbeing in Higher Education: a Bibliography

CASA (2007). *Wasting the Best and the Brightest: Substance Abuse at America's Colleges and Universities*. New York, USA, The National Centre on Addiction and Substance Abuse at Columbia University.

This report, reveals what it describes as an alarming public health crisis on college campuses across this nation. Since CASA's *Commission on Substance Abuse at Colleges and Universities* first examined substance use and abuse among college students in 1993 and 1994, the situation on America's campuses has deteriorated. Accepting as inevitable this college culture of alcohol and other drug abuse threatens not only the present well being of millions of college students, but also the future capacity of the nation to maintain its leadership in the fiercely competitive global economy. The report discusses the consequences, including their findings that that students diagnosed with depression are likelier than those who have not been diagnosed to have abused prescription drugs (17.9 percent vs. 12.5 percent), ever used marijuana (42.3 percent vs. 33.3 percent) or other illicit drugs (9.2 percent vs. 6.3 percent); and to be current smokers (26.2 percent vs. 18.9 percent) or frequent smokers (19.5 percent vs. 8.6 percent).

Christie, H., Munro, M. and Rettig, H. (2008). Making ends meet: student incomes and debt. *Studies in Higher Education* **33** (5): 567-581.

This article draws on qualitative research with a group of non-traditional students entering an elite university in the UK to illustrate how being and becoming a university student is an intrinsically emotional process. It argues that feelings of loss and dislocation are inherent to the students' experiences of entering university, and that 'coming to know' a new community of practice is an emotional process that can incorporate feelings of alienation and exclusion, as well as of excitement and exhilaration. A broader understanding of how students learn then depends not just upon the individual's emotional commitment to developing a new learning identity, but on the emotional interaction between the student and the learning environment of the university.

Collins, I. P. and E. S. Paykel (2000). Suicide amongst Cambridge University students 1970- 1996. *Social Psychiatry* **35**(3): 128 - 132.

Anecdote, media coverage and earlier research suggest that the rate of suicide amongst students at Cambridge and Oxford Universities is unduly high. There is also a popular belief that student suicide is common at examination times. Student deaths at the University of Cambridge were identified using the University database. The cause of death was determined by reference to death certificates and coroners' inquest records. We identified 157 student deaths during academic years 1970–1996, of which 36 appeared to be suicides. The overall suicide rate was 11.3/100,000 person years at risk. Suicide rates were similar to those seen amongst 15- to 24-year-olds in the general population. There were non-significant trends for male postgraduates to be over-represented and first-year undergraduates under-represented. Examination times were not associated with excess suicide. The study concluded that suicide rates in University of Cambridge students do not appear to be unduly high.

Cooke, R., B. Bewick, M. Barkham, M. Bradley and K. Audin (2006). Measuring, monitoring and managing the psychological well-being of first year university students. *British Journal of Guidance and Counselling* **34**(4): 505-517.

This paper profiles the psychological well-being of students in their initial year of university. There were three aims: to measure the impact of arrival at university on the psychological well-being of first year students, to monitor (i.e. profile) the shape of psychological well-being across the first year, and to investigate how students manage their well-being in relation to the use of university counselling services. Data were collected on four occasions, with 84% of all first year students at a UK university (4,699 students) completing the questionnaire on at least one occasion. Psychological well-being was

Mental Wellbeing in Higher Education: a Bibliography

assessed using the GP-CORE, a general population form of the COREOM. Results show that greater strain is placed on well-being once students start university compared to levels preceding entry. This strain rises and falls across the year but does not return to pre-university levels. Items tapping depression and anxiety suggest that the first year of university is a time of heightened anxiety but not a particularly depressive time. The findings are discussed in relation to students' experience of higher education and how to match student needs with university counselling service provision.

Cornah, D. (2006). *Cheers? Understanding the Relationship Between Alcohol and Mental Health*. London, The Mental Health Foundation.

This report examines the evidence for links between alcohol and mental health problems. Research outlined in the report shows that many people in the UK drink alcohol to cope with emotions or situations that they would otherwise find difficult to manage. The report concludes that despite increased consumption of alcohol in most age groups and an increasing burden of mental health problems across the board, the association between the two tends to get overlooked in policy, practice and research. The possibility that people drink alcohol to cope with the stresses and strains of everyday life or to self-medicate feelings of anxiety or depression points to the need for integrated and alternative approaches to promoting wellbeing. The well established association between alcohol misuse and more severe or enduring mental health problems also points to the need for holistic approaches to care and treatment packages.

Crowley, P., J. Kilroe and S. Burke, Eds (2004). *Youth Suicide Prevention*, Health Development Agency, National Health Service.

This evidence briefing is a review of reviews of the evidence of effectiveness for the prevention of youth suicide. The aims of this briefing are to: identify all relevant systematic reviews, syntheses and meta-analyses; analyse and synthesise the evidence and highlight what works to prevent youth suicide; highlight conflicting evidence and gaps in the evidence, and provide a steer for future research commissioning.

Denmark, A. D., E. Hess and M. S. Becker, (2012). College Students' Reasons for Concealing Suicidal Ideation. *Journal of College Student Psychotherapy* **26**: 83-98.

Self-reported reasons for concealing suicidal ideation were explored using data from a national survey of undergraduate and graduate students: 558 students indicated that they seriously considered attempting suicide during the previous year and did not tell anyone about their suicidal thoughts. Content analysis of students' qualitative responses to the question "Why did you choose not to tell anyone about these thoughts?" generated nine reasons: (a) perceived low risk, (b) concern for others, (c) dispositional privacy, (d) pointlessness of help-seeking, (e) others' negative reactions, (f) personal negative reactions, (g) repercussions, (h) interference, and (i) perceived isolation. Implications for campus suicide prevention are discussed.

Department of Health (2012). *Preventing suicide in England: A cross-government outcomes strategy to save lives*. Department of Health, HM Government. London.

This strategy is intended to reduce the suicide rate and improve support for those affected by suicide. The strategy sets out key areas for action; states what government departments will do to contribute; and brings together knowledge about groups at higher risk, effective interventions and resources to support local action.

Douglas, L. (2007). College suicide and wrongful death: an analysis of institutional self-preservation policies that ignore student interests. *College Suicide Wrongful Death* **56**: 35 - 41.

This paper reviews suicide and counseling trends on college campuses. Institutions possess a legal duty to prevent student suicides, and suicide protocols have been designed

Mental Wellbeing in Higher Education: a Bibliography

to address these institutional liability issues. An analysis of policy determines that many institutions favor self-preservation at the expense of student rights and needs. The Jed Foundation's *Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student* (JED 2006) [see below] is discussed, and recommendations to consider student interests are presented.

Downs, M. F. and D. Eisenberg (2012). Help Seeking and Treatment Use Among Suicidal College Students. *Journal of American College Health* **60**(2): 104-114.

Many suicidal college students do not receive mental health treatment, and the reasons for this are not fully understood. This study examines how attitudes, beliefs, and social network factors relate to help seeking among suicidal students. A random sample of 8,487 undergraduate and graduate students from 15 US universities participated. A Web-based survey administered in spring 2009 examined correlates of mental health service utilization among students reporting serious thoughts of suicide in the previous year (n = 543). Correlates of treatment use included perceived need, beliefs that treatment is effective, contact with service users, lower personal stigma, higher perceived stigma, fewer positive relationships, and sexual minority or Caucasian identity. Conclusions: Help seeking among suicidal students is associated with a range of personal and social network factors. Campus strategies to enhance help seeking should be tailored to address identified facilitators and barriers to treatment use among target populations.

Drum, D. J., C. Brownson, A. Denmark and S. Smith (2009). New data on the nature of suicidal crises in college students: shifting the paradigm. *American Psychological Association* **40**(3): 213 - 222.

This article presents new data on the nature of suicidal crises in college students. Data were collected from over 26,000 undergraduate and graduate students at 70 colleges and universities. An anonymous Web-based survey was designed to provide insight into the full spectrum of suicidal thought, intent, and action among college students. The authors discuss implications of these data and outline a new, problem-focused paradigm for conceptualizing the problem of college student suicidality and for guiding institutional policies and interventions at multiple points along the continuum of suicidal thoughts and behaviors. The proposed paradigm encompasses and expands on the current model of treating individuals in crisis in order to act preventively to reduce both prevalence and incidence of all forms of suicidality among college students.

Duffy, D. and T. Ryan (2004). *New Approaches to Preventing Suicide; A Manual for Practitioners*. London, Jessica Kingsley Publishers.

Written by front line professionals in the fields of nursing, mental health, prison services and the law, this text is an essential companion to the government's new suicide prevention strategy. The contributors offer a wealth of practical guidance on issues such as risk assessment and management in a range of settings, policy and the legal framework around suicide. Exploring the links between self-harm and suicide, the authors present international approaches to training in suicide prevention for professionals and preventative initiatives targeting wider communities. They debate the legality and morality of assisted self-harm and analyse the rate and causes of suicide among specific groups, including Black and minority ethnic groups, people in custody and people with mental illnesses. This manual provides health, social care and criminal justice professionals with all the most up-to-date information needed to make a positive contribution to suicide prevention in institutional and community settings.

Mental Wellbeing in Higher Education: a Bibliography

Dunlop, S. M., E. More and D. Romer (2011). Where do youth learn about suicides on the Internet, and what influence does this have on suicidal ideation? *Journal of Child Psychology and Psychiatry* **52**(10): 1073-1080.

Young people are susceptible to suicidal behavior as a result of learning about the suicidal behavior of others. This study was designed to determine whether Internet sites, such as online news and social networking websites, expose young people to suicide stories that might increase suicide ideation. We re-interviewed 719 young people ages 14 to 24 who had participated in a prior nationally representative survey. Respondents reported knowledge of persons they knew who had committed or attempted suicide as well as personal experiences of hopelessness and suicidal ideation on both occasions. On the second occasion one year later, they also reported use of various Internet platforms and how often they had been exposed to suicide stories on those sites, as well as from personal sources. Changes in ideation as a function of exposure to different sources of suicide stories were analyzed holding constant prior hopelessness and ideation. Results: While traditional sources of information about suicide were most often cited (79% were from friends and family or newspapers), online sources were also quite common (59%). Social networking sites were frequently cited as sources, but these reports were not linked to increases in ideation. However, online discussion forums were both cited as sources and associated with increases in ideation. Conclusions: The Internet and especially social networking sites are important sources of suicide stories. However, discussion forums appear to be particularly associated with increases in suicidal ideation. Greater efforts should be undertaken to promote Internet sites directed to young people that enhance effective coping with hopelessness and suicidal ideation.

Eisenberg, D., E. Goldberstein and S. Gollust (2007). Help-seeking and access to mental health care in a university student population. *Medical Care* **45**(7): 594-601.

University students represent an important population in which to study access to mental health care. Understanding their unmet needs will enhance efforts to prevent and treat mental disorders during a pivotal period in life. The objective of this study was to quantify mental health service use and estimate how various factors are associated with help-seeking and access in a university student population. A Web-based survey was administered to a random sample of 2785 students attending a large, public university with a demographic profile similar to the national student population. Nonresponse bias was accounted for using administrative data and a non-respondent survey. Mental health was measured using the Patient Health Questionnaire screens for depressive and anxiety disorders. Mental health service utilization was measured as having received psychotropic medication or psychotherapy in the past year. Of students with positive screens for depression or anxiety, the proportion who did not receive any services ranged from 37% to 84%, depending on the disorder. Predictors of not receiving services included a lack of perceived need, being unaware of services or insurance coverage, skepticism about treatment effectiveness, low socioeconomic background, and being Asian or Pacific Islander. The authors concluded that even in an environment with universal access to free short-term psychotherapy and basic health services, most students with apparent mental disorders did not receive treatment. Initiatives to improve access to mental health care for students have the potential to produce substantial benefits in terms of mental health and related outcomes.

Fitch, C. S. Hamilton, P. Basset and R. Davey (2009). *Debt and Mental Health: What Do We Know? What Should We Do?* London, Royal College of Psychiatrists.

Recently, the relationship between the economic downturn and mental health has become the subject of debate. This literature review published by the Royal College of Psychiatry, The Money Advice Trust, the Finance and Leasing Association and Rethink shows that while there is no conclusive evidence that there is a link between debt and mental illness, the authors are of the opinion that people with debt are more likely to have a

Mental Wellbeing in Higher Education: a Bibliography

mental health disorder. This report found that people with mental health problems often do not seek help with their financial problems, and people with debts routinely hide the fact that they have a mental health problem from their creditors because of embarrassment or because they think that they will not be believed. These findings, made on the basis of a review of 54 papers, from 52 separate studies, on the subject, found evidence of a link between debt and mental health problems, including anxiety and depression. This report states that worry or concern about debt can have an equal or larger impact on mental health rather than the actual amount of money owed, and that there may be a relationship between indebtedness and self harm/suicide.

General Medical Council (2015). *Supporting Medical Students with Mental Health Conditions*. London, General Medical Council/ Medical Schools Council (First published 2013; updated 2015).

This guidance is designed to help medical schools support students who have mental health conditions. It gives examples of good practice and advice for medical schools on how to provide the best possible help to students. It is designed to be flexible, so that medical schools can improve their existing processes rather than having to make radical changes.

Grant, A. (2002). Identifying students' concerns: taking a whole institutional approach. *Students' Mental Health Needs: Problems and Responses*. In: N. Stanley and J. Manthorpe (eds). London, Jessica Kingsley: 83-105.

This book chapter includes summary results of the research on student wellbeing undertaken as part of the University of Leicester's Student Psychological Health Project. It includes data on student concerns and their impact on their stress levels and academic achievements, the incidence of mental distress, alcohol consumption and its impact, and help-seeking behaviour. The aim of the research was to inform the development of institutional systems and structures and the training offered to staff.

Grant, A., ed. (2002). *Reducing the Risk of Student Suicide: Issues and Responses for Higher Education Institutions*. London, Universities UK. This guidance document has been published by Universities UK and the Standing Conference of Principals (SCOP) in order to raise sector-wide awareness of the risk of suicide and attempted suicide amongst the student population and help institutions to take appropriate steps to minimise those risks. It is addressed to Vice-Chancellors and principals, senior managers responsible for student support and guidance, heads of department and personal tutors, and students' unions.

Grant, Andrew, A. Rix, K. Mattick, D. Jones and P. Winter (2013). *Identifying good practice among medical schools in the support of students with mental health concerns*. London, General Medical Council.

Research confirmed the extent to which students are reluctant to acknowledge and reticent to seek help about their mental health issues. The report concluded that, while there were many examples of excellent support processes, medical schools are failing to respond to the big issue of the stigma that attaches to mental illness, which directly impacts on students' reluctance to seek help. While attempts have been made, with varying degrees of success, to use Fitness to Practise (FtP) procedures as a way to support students this has to been seen in the context of a culture which encourages fierce competition, where illness, and particularly mental illness, is seen as a weakness, where work and study schedules are relatively inflexible (compared with other undergraduate programmes). Many of the successful role models students are exposed to, particularly in hospitals, espouse values that encourage students to hide rather than seek help with problems. The tendency for medical schools to take a clinical interest in their students illnesses, while laudable in its intention and its ability to treat each case individually, may have the undesired consequence

Mental Wellbeing in Higher Education: a Bibliography

of further positioning mental health issues as something outside routine expectations of student life – a ‘secret’ and certainly not a topic openly discussed.

Harring, H. A., K. Montgomery and J. Hardin (2010). Perceptions of body weight, weight management strategies, and depressive symptoms among US college students. *Journal of American College Health* **59**(1): 43-50.

The objective this study was to determine if inaccurate body weight perception predicts unhealthy weight management strategies and to determine the extent to which inaccurate body weight perception is associated with depressive symptoms among US college students. Data were collected from randomly selected male and female college students in the United States (N = 97,357 using the 2006 National College Health Assessment). Analyses were conducted on students’ body weight perceptions, weight loss strategies, and feelings of depression. Females with an inflated body weight perception were significantly more likely to engage in unhealthy weight management strategies and report depressive symptoms than were females with an accurate body weight perception. The study concluded that College women are concerned with weight and will take action to lose weight. Colleges may need to focus more on interventions targeting both diet and physical activity while also promoting positive body image.

Hawton, K. and K. Heeringen (2002). *The International Handbook of Suicide and Attempted Suicide*. Chichester, Wiley and Sons.

Research in the area of suicidology has provided significant new insights in the epidemiological, psychopathological, and biological characteristics of suicidal behaviour. The International Handbook of Suicide and Attempted Suicide is the first book to bring together this expertise and translate it into practical guidelines for those responsible for policy issues and for those involved in the treatment and prevention of suicidal behaviour.

Hawton, K., K. Rodham and E. Evans (2006). *By Their Own Young Hand; Deliberate Self-harm and Suicidal Ideas in Adolescents*. London, Jessica Kingsley Publishers.

Self-harm in adolescents is an increasingly recognized problem, and there is growing awareness of the important role schools and health services can play in detecting and supporting those at risk. This book explores the findings of the first large-scale survey of deliberate self-harm and suicidal thinking in adolescents in the UK, and draws out the implications for prevention strategies and mental health promotion.

Hemingway, J. (2015). *Can we do better when students are a threat to self? A review of legal and policy implications for current practices on college campuses*. Theses and Dissertations, Paper 423, Illinois State University.

Many colleges/universities believe that a student who is a threat to self increases campus risk and liability. This study uses integrated policy analysis to (1) define the policy problem regarding college students who are a threat to self; (2) analyze the current legal opinion of the courts regarding institutional liability when college students are a threat to self; (3) examine the 2010 change to the direct threat provision in Title II legislation; (4) determine the implications for institutional policies and practices. The analysis illustrates, according to the courts and changes in Title II legislation, the true increase in risk and liability occurs when colleges/universities do not proactively plan for and support students who are a threat to self.

Hyun, J., B. Quinn, T. Madon and S. Lustig (2007). Mental health needs, awareness and use of counselling services among international graduate students. *Journal of American College Health* **56**(2): 109-118.

The authors examined the prevalence of mental health needs in international graduate students, their knowledge of mental health services, and their use of on-campus and off-campus counseling services. All registered graduate students in the Spring 2004

Mental Wellbeing in Higher Education: a Bibliography

semester received an e-mail invitation to participate in a Web survey. Of the 3,121 completed surveys, 551 completed surveys were from international graduate students. Approximately 44% of international graduate students responded that they had had an emotional or stress-related problem that significantly affected their well-being or academic performance within the past year. International students who reported a more functional relationship with their advisors were less likely to report having an emotional or stress-related problem in the past year and using counseling services. International students who reported higher financial confidence were also less likely to use counseling services. The study concluded that there is an unmet mental health need among international graduate students. Special mental health outreach efforts should be directed at international graduate students, with particular attention on the relationship between students and their advisors and on adequate financial support for students.

JED (2006). *Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student*. New York, The JED Foundation.

This document is a tool to aid institutions in developing or revising protocols suitable to their own individual environment. It covers the development of safety and emergency contact notification protocols but does not seek to identify any particular path as the right one for all institutions.

Kadison, R. and T. F. DiGeronimo (2004). *College of the Overwhelmed: The campus mental health crisis and what to do about it*. San Francisco, Jossey-Bass.

Counseling center directors and chief student affairs officers have documented that the level of serious mental health problems among college students has increased dramatically over the past decade. College counseling centers are finding it more difficult to meet the increasing demand for services while many institutions are experiencing budget difficulties because of declining institutional revenue. Some institutions are trimming support services rather than increasing them. *College of the Overwhelmed* offers a compelling argument for strengthening this area of student services despite economic uncertainty. It provides a detailed view into developmental and student mental health issues. Its intended audience is parents, students, counseling center directors, and student services professionals.

Kraft, D. P. (2011). One Hundred Years of College Mental Health. *Journal of American College Health* **59**(6): 477-481.

Although the first student health service is credited to Amherst College in 1861, almost 50 years passed before Princeton University established the first mental health service in 1910. At that time, a psychiatrist was hired to help with student personality development. Although other schools subsequently established such services, the first 50 years of college mental health were marked by a series of national conferences. At the American Student Health Association's annual meeting in 1920, 'mental hygiene' was identified as critical for college campuses to assist students to reach their highest potential. However, it took another 40 years before mental health and psychological counseling services became common on college and university campuses. The American College Health Association formed a Mental Health Section to serve mental health professionals in 1957, and most colleges and universities have now developed mental health and counseling programs commensurate with the size of their student bodies.

Marshall, L. and C. Morris, eds. (2011). *Taking wellbeing forward in higher education; reflection on theory and practice*. Brighton, University of Brighton, Centre for Learning and Teaching.

This publication is an outcome of the Open Minds project, run from the Centre for Learning and Teaching (CLT) at the University of Brighton. The project is part of an ongoing, innovative programme of research at CLT, which explores the links between wellbeing,

Mental Wellbeing in Higher Education: a Bibliography

sustainability and reflective learning and teaching environments and practices. Research feeds into practice, contributing to an active, engaged, developmental higher education experience for all our learners. Embracing the notion of the learner as a whole person, our approach is underpinned by the learning and teaching strategy with its ongoing commitment to social and economic engagement. The collection of articles is diverse, incorporating scholarly articles, case studies of practical interventions and personal reflections. The project reports on findings from a student mental health and wellbeing survey, which identified a range of inclusive teaching practices with the potential to contribute to student wellbeing enhancement, and considers factors which contribute to a 'mentally well' university.

Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development* **29** (3): 259-274.

Stigma is a powerful force in preventing university students with mental health difficulties from gaining access to appropriate support. This paper reports on an exploratory study of university students with mental health difficulties that found most students did not disclose their mental health problems to staff at university. This was primarily due to fear of discrimination during their studies and in professional employment. Many students went to considerable efforts to hide their mental health condition and in doing so struggled to meet university requirements. Of the minority who did disclose, most received helpful assistance with both their studies and management of their mental health condition. The university was the main source of support services including counselling, disability, student union and housing. A range of measures are required to address the impact of stigma and mental health to empower students so that they can disclose in the confidence that they will be treated fairly.

Meilman, P. W. and T. M. Hall (2006). Aftermath of tragic events: the development and use of community support meetings on a university campus. *Journal of American College Health* **54**(6): 382 - 384.

Colleges and universities need to be prepared to address the psychological impact of tragedies on their campuses. In this article, the author describes the development and successful implementation of campus post-vention services in the aftermath of college student deaths by suicide as well as by natural and accidental causes. The program has been well received and has gone a long way toward helping the campus community come together and heal after these types of tragedies. College officials adapted the program to address issues related to troubling national and international events as well local incidents, such as suicide attempts and students' loss of housing through fires. The author provides specific instructions so that readers can replicate the program on their own campuses, and additional materials are available upon request.

Mori, S. (2000). Addressing the mental health concerns of international students. *Journal of Counseling & Development* **78**(2): 137-144.

International students on the American college campus are a diverse and increasing population whose unique concerns are traditionally overlooked. However, given the evidence that the demands for cultural adjustments frequently place international students at greater risk for various psychological problems than are students in general, it is important that sufficient and readily accessible mental health services be established for them. This article examines the sources of international students' psychological concerns, the reasons for their notable underutilization of existing counseling services, and the ways to provide more culturally sensitive services.

Mental Wellbeing in Higher Education: a Bibliography

Morrall, P., P. Marshall, S. Pattison and G. MacDonald (2010). Crime and health: a preliminary study into the effects of crime on the mental health of UK university students. *Journal of Psychiatric and Mental Health Nursing* 17(9): 821-828.

In this paper we report on the findings from a preliminary study in the UK into the effects of crime on health. The aim of the study was to investigate what victims of crime report to be the effects of both actual crime and the fear of crime on their physical and psychological health (as well as social well-being) and what actions they take (if any) to deal with these effects. A survey method was adopted using a modified version of the 'Health, Quality of Life and Crime Questionnaire' with 866 undergraduate student respondents from three UK universities. University students were selected as the sample population because, as a group, they form a specific 'victim community'. Conclusions extrapolated from the respondents' replies were first, there are serious negative health effects (particularly on psychological health) of a considerable minority of those students who are victims of crime. Second, the vast majority of the victims did not initiate any health intervention. Third, a large minority of the victims did not report the crime to the police. Fourth, a majority of both victims and non-victims suffered psychological negative effects from the fear of crime. Fifth, there is a huge gender imbalance among those affected by crime with female students much more fearful of crime than men. Moreover, female students were much more likely to use specific strategies to lower the risk of crime. These conclusions suggest that there may be important policy implications for universities, the police, victim support organizations and mental health services, regarding the effects of crime on students. This study is intended as a preliminary stage for subsequent in-depth and larger projects.

MWBHE (2015). *Student Mental Wellbeing in Higher Education. Good Practice Guide*. Mental Wellbeing in Higher Education Working Group, Universities UK.

Universities have an important role to play in providing support for students with mental health difficulties. Over the last five years the proportion of disabled students who declared a mental health condition increased from 5.9% in 2007-08 to 9.6% in 2011-12 and from 0.4% to 0.8% of the entire student population. This guide updates *Student Mental Health Policies and Procedures for Higher Education*, published in 2000, by taking account of the requirements of today's students, the increasing diversity of higher education providers and the different policies and practices that have emerged across the four nations of the United Kingdom. The guidance highlights the following areas for consideration in developing institutional policies and procedures: policy developments both national and internationally; duty of care and legal considerations; demand for institutional services versus external statutory services; access to support and guidance services; provision of training, development opportunities and information dissemination; and liaison between internal and external, voluntary and statutory agencies.

Neves, J and N. Hillman (2016). *The 2016 Student Academic Experience Survey*. Oxford, Higher Education Policy Institute/ Higher Education Academy.

This annual survey is an unparalleled source of information and provides data on topics that other surveys – including the National Student Survey – have avoided, such as contact hours attended, the number of assignments, and even student wellbeing. Over the years, many of the questions have stayed the same, allowing year-on-year comparisons, but the survey has also been regularly refreshed through the modification of questions that have become outdated and the addition of wholly new topics. This year, the new areas include: the gap between what students expect from their lecturers and their lecturers' perceived characteristics; knowledge of access to counselling services; expectations of the time it takes academics to return assignments. Perhaps the starkest finding is the high levels of anxiety among full-time undergraduate students. Moving into higher education often means leaving home for the first time, having to build a new network of friends and learning in new ways. It can also bring financial, relationship and workload worries. It is time for the high

Mental Wellbeing in Higher Education: a Bibliography

levels of anxiety among students to be discussed more openly so that we can all search for appropriate responses.

Neville, L., ed. (2007). *The Personal Tutor's Handbook*. London, Palgrave Macmillan.

The Personal Tutor's Handbook aims to support academic staff in their role as personal tutors. It offers an insight into staff and student experiences of a university personal tutor system through the use of case studies and considers the impact on both students and staff, reflecting both diversity and equality. The collection of essays includes a section on the role of student services in supporting the tutorial role.

Pavela, G. (2006). Should colleges withdraw students who threaten or attempt suicide? *Journal of American College Health* **54**(6): 367 - 371.

This article discusses the pros and cons of "involuntary withdrawals" in cases of students who are at risk of suicide. A June, 2005, Massachusetts Superior Court summary judgment ruling in the case of *Shin v. Massachusetts Institute of Technology (MIT)* concluded that MIT administrators owed a duty of care to suicide victim, Elizabeth Shin, who had been under the care of MIT mental health professionals at the time of her death. The settlement in this case raised the question of whether or not students at risk of suicide should be dismissed, preferably on medical grounds. An earlier ruling in *Jain v. State of Iowa* had concluded that the university had no legal duty to act in a similar situation. An alternative to mandatory medical withdrawal policies can be found in the Illinois Plan, which treats suicide threats as threats of violence, which may then be sanctioned through a campus disciplinary system (or an administrative equivalent) after appropriate due process. The Illinois program is grounded on the philosophical premise that students have no right to threaten or inflict violence, including violence against themselves. The author suggests that some variation of this systematic, campus-wide approach, coupled with efforts to identify students with symptoms of depression, educate faculty members and other gatekeepers about warning signs of suicide, and reduce the stigma of seeking professional help should be core elements of college suicide prevention programs nationwide.

Penven, J. C., Janosik, S.M. (2012). Threat assessment teams: a model for coordinating the institutional response and reducing legal liability with college students threaten suicide. *Journal of Student Affairs Research and Practice* **49**(3): 299-314.

Increasing numbers of college students with mental health issues are enrolling in college. If these students threaten suicide they present serious legal issues for college officials. Lack of communication and coordination of a response to these students exacerbates the issue. Threat assessment teams can serve as mechanisms to coordinate the response to students who threaten suicide. A review of case law and recommendations to mitigate liability when students threaten suicide are provided.

Quinn, N., A. Wilson, G. MacIntyre, G. and T. Tinklin (2009). 'People look at you differently': students' experience of mental health support within higher education. *British Journal of Guidance and Counselling* **37**(4): 405-418.

The number of students in higher education (HE) experiencing mental health problems is increasing, which poses a significant challenge to HE institutions in terms of how they best respond to students with mental health needs. This paper considers the implications of such developments by assessing the experience of students with mental health problems within one HE institution. The factors influencing students' ability to seek help is explored alongside their experience of accessing and using student support services. The study found that there was a general reluctance amongst students to disclose their mental health problems or to seek help, largely due to the stigma that exists. However, students who did seek help from University support and counselling services valued this and students benefited when there was a formal link between NHS and university support services. The implications of the study findings for HE institutions are then considered.

Mental Wellbeing in Higher Education: a Bibliography

Reingle, J., D. Thombs, C. Osborn, S. Saffian and D. Ottersdorf (2010). Mental health and substance use: a qualitative study of resident assistants' attitudes and referral practices. *Journal of Student Affairs Research and Practice* 47(3): 325-342.

This study described mental health and substance use referral practices of resident assistants (RAs). Interviews were conducted with 48 RAs at three campuses. RAs generally had positive attitudes toward helping residents, and believed that existing norms supported their referral actions. However, many perceived referring residents to be emotionally burdensome, and they were not confident referrals would lead to positive outcomes. RAs reported referring residents for professional assistance only when problems were judged to be severe, essentially engaging in a form of clinical evaluation to make referral decisions. Recommendations for enhancing the continuum of care provided to distressed residents are discussed.

Rosenthal, D., J. Russell and G. Thomson (2007). Social connectedness among international students at an Australian university. *Social Indicators Research* 84(1): 71-82.

A representative sample of undergraduate and postgraduate international students at a large Australian university (n = 979, 64% females) completed a mail-back survey examining their perceptions of social connectedness. Four aspects of social connectedness were investigated: (1) connectedness in Melbourne, (2) social mixing and interaction with co-culturals and Australians, (3) involvement in organisations, associations and groups, and (4) connections to home and family. The majority of students report being well-connected to others in Melbourne, although some desire increased personal support from people who know and care about them. Connectedness in Melbourne is related to students' cultural background and communication skills in the new culture and their evaluation of their perceived academic progress. Students from Asian countries reveal different patterns to other students, especially in the relationships between connectedness and interactions with co-culturals. Awareness of these and other differences among international students from varying cultural backgrounds can help target assistance in achieving a sense of well-being.

Rosenthal, D., J. Russell and G. Thomson (2008). The health and wellbeing of international students at an Australian university. *Higher Education* 55(1): 51-67.

A representative sample of undergraduate and postgraduate international students at a large Australian university (n=979, 64% females) completed a mail-back survey of their health and wellbeing. Most students evaluated their current and previous physical and mental health positively. Health-related risk practices such as unprotected sexual activity, drug use, smoking and gambling, were reported by few students. There was little change in health or risk behaviours since coming to Australia and few changes that were health compromising. Few demographic or situational variables, including age and gender, had a significant impact on students' wellbeing. This study has revealed that few international students find the experience of studying in an overseas country detrimental to their wellbeing. Nevertheless, for those students who encounter difficulties or are at increased risk of health compromising outcomes, we must ensure better delivery of health promotion.

RCP (2010). *Self-harm, Suicide and Risk: Helping People Who Self-harm*, College Report 158. London, Royal College of Psychiatrists.

The focus of this report is to enquire into and report on why people harm and kill themselves and to consider the role (including the limits of the role) that psychiatrists and other mental healthcare professionals play in their care and treatment. The experiences and views of people who harm themselves as well as those of their carers, health professionals and third-sector workers are central to this enquiry. As there is much policy and guidance on self-harm and suicide prevention, the report does not attempt to retrace this same ground but rather examines the evidence of practice on the ground, including the implementation of the National Institute for Health and Clinical Excellence (NICE) guidelines on self-harm.

Mental Wellbeing in Higher Education: a Bibliography

RCP (2011). *The Mental Health of Students in Higher Education* College Report 166. The Royal College of Psychiatrists, London.

Most higher education institutions have sophisticated pastoral and counselling services in place, however, in many universities the provision of services has not kept pace with expanding student numbers – leaving existing services overstretched. They are supported by local NHS services, although NHS mental health provision for students is variable. The report discusses how the efforts of NHS services and those provided by higher education institutions can be better coordinated. The report makes a series of 14 key recommendations and provides practical help to those who wish to improve the care and treatment of mentally troubled students. It will assist higher education institutions and others who are seeking to establish policies and procedures for the prevention of mental disorders.

Russell, J., D. Rosenthal and G. Thomson (2010). The international student experience: three styles of adaptation. *Higher Education* **60**(2): 235-249.

The subjective well-being of a sample of 979 international students attending a large metropolitan university in Melbourne, Australia, was investigated. A person-focussed approach was used to determine whether different ways of adapting, based on patterns of well-being, could be discerned. Cluster analysis of responses on 21 measures identified three different patterns: positive and connected (58.8% of students), unconnected and stressed (34.4%), and distressed and risk-taking (6.7%). Tests of the concurrent validity of the typology were significant. Demographic factors were not particularly helpful in distinguishing among the three patterns of well-being. The results provide universities with knowledge pertinent to provision of appropriate international student support.

Salzer, M. S. (2012). A comparative study of campus experiences of college students with mental illnesses versus a general college sample. *Journal of American College Health* **60** (1): 1-7.

Research was undertaken to examine campus experiences and relationships of college students with mental illnesses compared to general student norms using the College Student Experiences Questionnaire to understand potential sources of distress and retention issues. Responses were obtained from 449 former and current students with mental illnesses from more than 300 colleges and universities around the country. Participants completed an online survey, and results indicate that college students with mental illnesses report less engagement on campus and poorer relationships, and that these factors were associated with lower graduation rates. Students reporting they were treated differently 'most of the time' because of a mental illness had the lowest levels of engagement and poorest relationships. The study concluded that there is a need to develop interventions that enhance social functioning and engagement and address stigma on campus in order to reduce distress and enhance retention.

Schwartz, A. J. (2006). Are college students more disturbed today? Stability in the acuity and qualitative character of psychopathology of college counseling center clients: 1992-1993 through 2001-2002. *Journal of American College Health* **54** (6): 327 - 337.

Since the mid-1980s, counseling center personnel have consistently perceived student clients as more distressed or reported acutely distressed clients as more prevalent than they did 1, 3, or 5 years ago. Only 3 studies employing a systematic, data-based methodology have addressed this question. Two researchers used different actuarial measures of the acuity or character of client pathology and concluded that current student clients are not more disturbed than were earlier ones. One researcher used clinical judgments rendered at the end of therapy and concluded that current students were more distressed. Using the Personality Assessment Inventory, the author found the actuarially determined quantitative and qualitative indices of pathology unchanged for 3,400 counseling center clients seen during 10 consecutive years. Over the same period, the use of

Mental Wellbeing in Higher Education: a Bibliography

medications increased fivefold. An actuarial measure of client distress appears crucial to both accurate diagnosis and treatment and to the adequate preparation of future counseling center professionals.

Schwartz, A. J. (2006). College student suicide in the United States: 1990- 1991 through 2003-2004. *Journal of American College Health* **54**(6): 341 - 352.

Suggestions that there is a growing epidemic of suicide among college students in the United States are false. The National Survey of Counseling Center Directors reports 1,404 student suicides over a 14-year period and an adjusted suicide rate of 6.5, half the rate of the general US population (12.6 for all races) during this period when matched for gender and age. Counseling centers appear effective in treating suicidal students, for although the suicide rate for students who were currently or previously clients at campus counseling centers is 3 times the rate of other students, student clients have 18 times the risk of suicide compared to students in general. Identifying and referring students at elevated risk for suicide could further reduce the crude and relative rate of student suicide. However, even programs that do this only moderately well may require substantial increases in counseling staffing.

Schwartz, A. J. (2006). Four eras of study of college student suicide in the United States: 1920- 2004. *Journal of American College Health* **54**(6): 353 - 366.

Studies of college student suicide can be grouped into the following 4 eras: 1920-1960, 1960-1980, 1980-1990, and 1990-2004. The suicide rate for students has declined monotonically across these 4 eras, from 13.4 to 8.0 to 7.5 and, most recently, to 6.5. The decreasing proportion of men in the student populations studied largely accounts for this decline. Since 1960, the suicide rate for students has consistently been about half the rate of the general US population, matched for age and gender. This highly favorable relative suicide rate is the result of firearms having been effectively banned from campuses. Additional population-oriented approaches warrant implementation to further reduce student-suicide rates. Approaches focused on high-risk groups also hold promise. These findings are based upon and may be most valid for the 70% of all students who attend 4-year colleges and universities full time.

Selkie, E. (2016). Cyberbullying and college students: what can be done? *Psychiatric Times* April 28 2016. Cyberbullying, sometimes referred to as electronic victimization, is a public health concern in the Internet age and has been associated with multiple negative mental health outcomes. It remains under-recognized among college students; however, it is not surprising that cyberbullying occurs in college, given that college students are among the most frequent users of digital technology. Services should recognise the link between cyberbullying and health concerns such as depression and alcohol use.

SPRC (2015): *Suicide among college and university students in the United States*. Washington DC, Suicide Prevention Resource Centre.

Suicide is a leading cause of death among college and university students in the United States. In addition, many other college and university students have suicidal thoughts and attempt suicide. Suicide and suicidal behaviors are a major concern for colleges and universities, and efforts are underway to introduce suicide prevention programming on many college and university campuses. This information sheet summarizes the data available on suicidal thoughts, Since there are no national databases or registries, and no single study compiling and analyzing suicide deaths, attempts, and/or thoughts among college and university students, the data presented here are from sources that have been selected as the most comprehensive and up to date. attempts, and deaths, and describes risk and protective factors that are common among college and university students.

Mental Wellbeing in Higher Education: a Bibliography

Stanley, N. and J. Manthorpe (2001). Responding to students' mental health needs: impermeable systems and diverse users. *Journal of Mental Health* **10**(1): 41 - 52.

Mental health problems in the student population have given rise to increasing public concern. This article explores recent changes in the characteristics and experience of the student population and identifies some factors that may increase students' vulnerability to mental health problems. The findings of a research study that examined the experiences of university staff in supporting students with mental health problems are presented and their use of support services both within and outside the university is discussed. Patterns of communication between the higher education institution and community mental health services are considered in relation to the way in which the student role and the student's relationship to the institution is conceptualised.

Stanley, N. and J. Manthorpe, eds. (2002). *Students' Mental Health Needs: Problems and Responses*. London, Jessica Kingsley. This collection of essays is aimed at all those working in higher education and aims to improve understanding of the challenges that students who experience mental health difficulties face, and provide examples of and ideas for effective responses. The book is divided into three parts: Part One addresses the perspectives of students themselves and those of their families, particularly following student suicide; Part Two, 'Exploring the Problem', discusses research findings, the impact of student debt, and a primary care perspective; and Part Three explores a range of different institutional responses.

Stanley, N., S. Mallon, J. Bell and J. Manthorpe (2009). Trapped in transition: findings from a UK study of student suicide. *British Journal of Guidance and Counselling* **37**(4): 419-433.

This study of student suicide within UK higher education directs attention to the community context of suicide. A modified psychological autopsy approach was used to explore 20 case studies of student suicide from the period 2000–2005, drawing on the perspectives of family members, friends and university staff. The study identifies features of the higher education community salient for suicide prevention and concludes that the concept of transition is useful in considering the potential interaction across time and place of the risk factors for vulnerable students. These findings can be used to inform suicide prevention strategies in higher education and in other similar settings.

Stanley, N., S. Mallon, J. Bell, S. Hilton and J. Manthorpe Eds. (2007). *Responses and Prevention in Student Suicide (RaPSS)*. Preston, University of Central Lancashire and POPYRUS. Student suicide creates a profound sense of loss for both those close to the event and for the wider community.

This study identified ways in which suicides can be prevented and the distress caused by such losses reduced. Universities and colleges are encouraged to use the recommendations to examine their policies and ways of working and develop services which contribute to the health and well-being of the whole institution.

Thurber, C. A. and E. A. Walton (2012). Homesickness and adjustment in university students. *Journal of American College Health* **60**(5): 415-419.

The transition to college or university can be an exciting new experience for many young adults. For some, intense homesickness can make this move difficult, even unsustainable. Homesickness, defined as the distress or impairment caused by an actual or anticipated separation from home, carries the unique hallmark of preoccupying thoughts of home and attachment objects. Sufferers typically report depression and anxiety, withdrawn behavior, and difficulty focusing on topics unrelated to home. For domestic and international university students, intense homesickness is particularly problematic. It can exacerbate preexisting mood and anxiety disorders, precipitate new mental and physical health problems, and sometimes lead to withdrawal from school. New research, consolidated here

Mental Wellbeing in Higher Education: a Bibliography

for the first time, points to promising prevention and treatment strategies for homesick students, the result of which can be a healthy, gratifying, and productive educational experience.

Turner, A., C. Hammond, M. Gilchrist and J. Barlow (2007). Coventry university students' experience of mental health problems. *Counselling Psychology Quarterly* **20(3)**: 247-252.

Growing numbers of university students are reporting mental health problems and using counselling services. The purpose of this study was to examine Coventry University students' experience of mental health problems. The Department of Health (DoH) Mental Health Survey questionnaire (2003) was used to examine the experience of mental health problems and help seeking behaviour. Within the last 12 months nearly three quarters of students had experienced anxious or depressed moods, or, personal, mental, nervous or emotional problems, with a third of students failing to seek help. Ethnic minority students were more likely to report problems and less likely to seek help when compared to white students. Male students were less likely to seek help compared to female students. There are few existing studies that have focused on the mental health of students at universities established after 1992 from existing polytechnics. Coventry University exceeds the Government benchmark targets for recruiting students from non-traditional backgrounds. Our results show that it is these groups of students who are more likely to experience mental health problems.

Waller, R., T. Mahmood, S. Delves, R. Gandi, N. Humphrys and D. Smith (2005). Student mental health: how can psychiatrists better support the work of university medical centres and university counselling services? *British Journal of Guidance and Counselling* **33(1)**: 117-128.

Student psychiatric morbidity is rising. Whilst the influence of university counselling services is widely reported, NHS involvement by psychiatrists and general practitioners is not so well described. Counselling and mental health service providers for students at the University of Leeds were approached for numerical data and a university Group on Student Mental Health discussed the findings. The Student Counselling Centre, the University Medical Practice and a dedicated student psychiatric clinic have all seen a rise in referral rates. The University Medical Practice has also seen a rise in the prescribing of psychoactive medication. Collaborative links at the University of Leeds are explored and options for the future discussed. These include self-help over the internet, a research project to assess student mental health needs and the provision of a dedicated NHS psychiatric team for the university.

Williams, M., E. Marvell, E. Pollard, A-M Houghton and J. Anderson (2015). Institute of Employment Studies. Bristol, Higher Education Funding Council for England.

This report presents the findings of a research project undertaken for the Higher Education Funding Council for England (HEFCE) to update its understanding of institutional support provision for students with mental health problems and other impairments with high cost or intensive support needs. In particular, the research explored: how HE providers fund and provide support for students with severe mental health problems and impairments where intensive or multi-agency support is required; the split of provision between in-house support services and external support agencies; how HE providers balance factors in making decisions over the nature and extent of support offered with limited funding, and the impact on students; and what the key pressure points and challenges for HE providers are. The research was primarily qualitative, with the core of the research consisting of context specific in-depth interviews with a range of staff, at all levels and across different roles, to explore what institutions do and why, and the challenges faced.

Mental Wellbeing in Higher Education: a Bibliography

Zinzow, H. M., A. Amstadter, J. McCauley, K. Ruggiero, H. Resnick, and D. Kilpatrick (2011). Self-rated health in relation to rape and mental health disorders in a national sample of college women. *Journal of American College Health* **59**(7): 588-594.

The purpose of this study was to employ a multivariate approach to examine the correlates of self-rated health in a college sample of women, with particular emphasis on sexual assault history and related mental health outcomes. Participants: A national sample of 2,000 female college students participated in a structured phone interview between January and June 2006. Interview modules assessed demographics, posttraumatic stress disorder, major depressive episode, substance use, rape experiences, and physical health. Logistic regression analyses showed that poor self-rated health was associated with low income (odds ratio [OR] = 2.70), lifetime posttraumatic stress disorder (OR = 2.47), lifetime major depressive episode (OR = 2.56), past year illicit drug use (OR = 2.48), and multiple rape history (OR = 2.25). These findings highlight the need for university mental health and medical service providers to assess for rape history, and to diagnose and treat related psychiatric problems in order to reduce physical morbidity

Mental Health Bibliography Section 2: Service Provision and Development

The publications referenced in this section, many of which overlap with references in a number of other sections (and *vice versa*), address matters of interest to those working in student services, and in particular, those working in, or responsible for, wellbeing, counselling and mental health provision. Included here are publications which further the overall understanding of the mental health of HE students or present research findings on aspects of mental ill-health such as depression (eg Andrews *et al.* 2006), stress (eg Deckro *et al.* 2002) or bi-polar disorder (Lejeune 2011) or suggest ways of responding effectively to students who present with such difficulties.

Most publications which very specifically address suicide, self harm and eating disorders have not been included here but have been brought together separately in **Section 7: Suicide and Self Harm**.

Other publications included remind us of the importance of developing effective communication strategies and health promotion activities that challenge the perception of stigma (eg Grant 2013), which remains very real for some students. A small number of guidance resources primarily addressed to students (eg Brosan 2007) are also included.

Aldridge, D. and Perez Barrero (2012). *Suicidal Behaviours. Working with Individuals at Risk and their Families*. London, Jessica Kingsley.

Over a million people commit suicide worldwide every year. Taking an interdisciplinary approach that looks at the person at risk, the family and personal relationships they have and the communities in which they are embedded, this book will help anyone working with suicidal individuals to prevent this major cause of death. This book will be essential reading for anybody working with people at risk of suicide, including clinicians, therapists, psychologists, social and healthcare workers and volunteers working in suicide prevention.

Andrews, B., J. Hejdenberg and J.M Wilding (2006). Student anxiety and depression: comparison of questionnaire and interview assessments. *Journal of Affective Disorders* **95**(1 - 3): 29-34.

Recent reports note a reliance on self-report measures and a lack of information about diagnosable mental disorder in university students. Professional concern about perceived increases in student mental health problems raises questions about whether questionnaire assessments can provide valid approximations of such disorders in this group. The aim of this study was to validate the Hospital Anxiety and Depression Scale (HADS) against DSM-IV diagnoses in university students. The study conclusions were that the HADS depression scale is likely to be a reasonably accurate indicator of depressive conditions in university students at the recommended cut-off but the HADS anxiety scale overestimates the extent of clinical anxiety. Students' self-reported higher symptom levels in comparison to general population norms cannot be assumed to indicate higher levels of more serious mental health conditions. However, this is not to deny the genuine distress and severe problems that some students experience. Further research is needed to investigate whether the current findings hold for student populations with higher social diversity.

Arriaza, C. A. and T. Mann (2001). Ethnic differences in eating disorders symptoms among college students: the confounding role of Body Mass Index. *Journal of American College Health* **49**(6): 309 - 315.

Eating disorders are among the most common psychopathologies on college campuses. Research on ethnic differences in eating disorder symptoms and prevalence has

Mental Wellbeing in Higher Education: a Bibliography

resulted in conflicting conclusions. Some studies find that particular ethnic groups have a higher prevalence of a symptom; others find that members of that ethnic group have a lower prevalence of the same symptom. The authors explored the role of body mass index (BMI), one potential confound. They used a reliable measure of eating disorder symptoms to assess differences between Hispanic, Asian, and non-Hispanic White college women from two separate samples. After controlling for BMI, ethnic differences in eating disorder symptoms of concern about weight and shape disappeared, but differences in restrained eating remained. Inconsistent findings in the ethnic-difference literature on eating disorders may result from systematic group differences in BMI. Implications for college health programs, counseling, and case finding are discussed.

Belch, H. A. and I. Marshak (2006). Critical incidents involving students with psychiatric disabilities: the gap between state of the art and campus practice. *NASPA Journal* **43**(3): 464 - 482.

The proliferation of students with psychiatric disabilities and the severity of the issues they present pose significant challenges to campus personnel and specifically to student affairs staff. This study identified the specific types of critical incidents related to students with psychiatric disorders that senior student affairs officers found particularly problematic. In addition, the study examined the implications of these incidents on policy, resources, training, and communication. Our findings suggest that specific institutional issues and the complexity of these incidents are exacerbated, in part, by the limitations of current policies, a lack of appropriate campus and community resources, privacy issues, and relationships with and expectations of parents. We explore the implications of these findings on practice and policy development.

Berg, K. C., Peterson, C.B., Frazier, P. (2012). Assessment and diagnosis of eating disorders: a guide for professional counsellors. *Journal of Counseling & Development* **90**: 262-269.

Despite the prevalence of and risk associated with disordered eating, there are few guidelines for counselors on how to conduct an eating disorder assessment. Given the importance of the clinical interview, the purpose of this article is to provide recommendations for the assessment and diagnosis of eating disorders that (a) specifically focus on assessment in the context of a clinical interview and (b) can be used by counselors whether or not they specialize in eating disorder treatment.

Bewick, B., G. Koutsopoulou, G., J. Miles, E. Slaa and M. Barkham (2010). Changes in undergraduate students' psychological well-being as they progress through university. *Studies in Higher Education* **35** (6): 633-645.

This article investigates the psychological well-being of students from all faculties across their undergraduate degree from pre-registration to semester two of year three at one UK university. Psychological well-being was assessed on seven occasions between 2000 and 2002, using the General Population Clinical Outcomes in Routine Evaluation (GP-CORE). Results show that students were under greater strain once they started university than beforehand, with levels of strain generally highest during semester one. A significant reduction in levels of distress from semester one to semester two was observed in both year one and year three, but at no time did levels of distress fall to pre-registration levels. These results show university to be a time of heightened distress, and that therefore there is a need to ensure that students receive the support necessary throughout their studies to enable them to successfully complete their degree course, enabling them to negotiate the transition to university and then ultimately into the workforce

Mental Wellbeing in Higher Education: a Bibliography

Brosan, L. and B. Hogan (2007). *An Introduction to Coping with Depression*. London, Robinson.

Depression affects thousands of people in the UK and it can be effectively treated with Cognitive Behavioural Therapy. Written by experienced practitioners, this introductory booklet explains what depression is and how it makes you feel. It will help the reader to understand their symptoms and is ideal as an immediate coping strategy and as a preliminary to fuller therapy. It addresses how depression develops and what keeps it going, how to spot and challenge thoughts that maintain your depression and problem solving and balanced thinking.

Carr, J. L., M. Koyama and M. Thiagarajan (2003). A women's support group for Asian international students. *Journal of American College Health* **52**(3): 131-134.

International students underuse counseling services, which are grounded in Western cultural values. The authors describe a support group for Asian international students that they launched at a large midwestern university to help students feel at ease with American university life, address homesickness, language problems, and academic and social stressors. Co-leaders created a safe and culturally sensitive atmosphere where the women could network, socialize, and address their issues. Group treatment offers many advantages over individual counseling and can enhance the health of international students.

Chung, H., M. Klein, D. Silverman, J. Corson-Rikert, E. Davidson, P. Ellis and C. Kasnakian (2011). A Pilot for improving depression care on college campuses: results of the College Breakthrough Series "Depression (CBS-D)" Project. *Journal of American College Health* **59**(7): 628-639.

The objective was to implement a pilot quality improvement project for depression identification and treatment in college health. Eight college health center teams composed primarily of primary care and counseling service directors and clinicians participated. The Chronic (Collaborative) Care Model (CCM) was used with standardized screening to identify, treat, and track depressed students for 12 weeks to monitor predetermined process and clinical outcomes. Of all students receiving primary medical care services between January 2007 and May 2008, 69% (n = 71,908) were screened for depression. A total of 801 depressed students were treated and tracked; most predetermined treatment process and clinical outcome targets were achieved. Conclusion: The CCM for depression shows promise for improving depression identification and care for college students.

Conrad, D. and A. White (2010). *Promoting Men's Mental Health*. Oxon, Radcliffe Publishing.

This book provides a resource for all who are seeking a fuller understanding of the many factors contributing to mental and emotional distress in men, and how men can be reached and supported to restore mental and emotional health and well-being.

Cooke, R., B. Bewick, M. Barkham, M. Bradley and K. Audin (2006). Measuring, monitoring and managing the psychological well-being of first year university students. *British Journal of Guidance and Counselling* **34**(4): 505-517.

This paper profiles the psychological well-being of students in their initial year of university. There were three aims: to measure the impact of arrival at university on the psychological well-being of first year students, to monitor (i.e. profile) the shape of psychological well-being across the first year, and to investigate how students manage their well-being in relation to the use of university counselling services. Data were collected on four occasions, with 84% of all first year students at a UK university (4,699 students) completing the questionnaire on at least one occasion. Psychological well-being was assessed using the GP-CORE, a general population form of the COREOM. Results show that greater strain is placed on well-being once students start university compared to levels preceding entry. This strain rises and falls across the year but does not return to pre-university levels. Items tapping

Mental Wellbeing in Higher Education: a Bibliography

depression and anxiety suggest that the first year of university is a time of heightened anxiety but not a particularly depressive time. The findings are discussed in relation to students' experience of higher education and how to match student needs with university counselling service provision.

Cornah, D. (2006). *Cheers? Understanding the Relationship Between Alcohol and Mental Health*. London, The Mental Health Foundation.

This report examines the evidence for links between alcohol and mental health problems. Research outlined in the report shows that many people in the UK drink alcohol to cope with emotions or situations that they would otherwise find difficult to manage. The report concludes that despite increased consumption of alcohol in most age groups and an increasing burden of mental health problems across the board, the association between the two tends to get overlooked in policy, practice and research. The possibility that people drink alcohol to cope with the stresses and strains of everyday life or to self-medicate feelings of anxiety or depression points to the need for integrated and alternative approaches to promoting wellbeing. The well established association between alcohol misuse and more severe or enduring mental health problems also points to the need for holistic approaches to care and treatment packages.

Cukrowicz, K. C., E. Schlegel, P. Jacobs, M. van Orden, A. Kimberly, A. Paukert, A. Petit, J. Joiner and E. Thomas (2011). Suicide Ideation Among College Students Evidencing Subclinical Depression. *Journal of American College Health* **59**(7): 575-581.

Identifying elevated suicide ideation in college students is a critical step in preventing suicide attempts and deaths by suicide on college campuses. Although suicide ideation may be most prominent in students with severe depression, this should not suggest that only students with severe depression experience significant risk factors for suicide. The purpose of these 3 studies was to explore the relation between suicide ideation and severity of depressive symptoms in college students. In each study a sample of college students were recruited for participation. Participants completed self-report assessments of depressive symptoms and suicide ideation. The results of these studies suggest that although the greatest elevation in suicide ideation occurs at the highest depressive symptoms, significant suicide ideation is also experienced by college students with mild and moderate depressive symptoms. The implications of these findings for the assessment of suicide ideation are discussed.

Deckro, G. R., Ballinger, K.M., Hoyt, M., Wilcher, M., Dusek, J., Myers, P., Greenberg, B., Rosenthal, D.S. and Benson, H. (2002). The evaluation of a mind/body intervention to reduce psychological distress and perceived stress in college students. *Journal of American College Health* **50**(6): 281 - 287.

The authors examined the effect of a 6-week mind/body intervention on college students' psychological distress, anxiety, and perception of stress. The experimental group received 6 90-minute group-training sessions in the relaxation response and cognitive behavioral skills. Significantly greater reductions in psychological distress, state anxiety, and perceived stress were found in the experimental group. This brief mind/body training may be useful as a preventive intervention for college students, according to the authors, who called for further research to determine whether the observed treatment effect can be sustained over a longer period of time.

Duane, E. A., C. Stewart and W. Bridgeland (2003). College student suicidality and family issues. *College Student Journal* **37**(1): 135(110).

This research investigates the family background of college-student suicide in two study years (1992 [N = 965] and 1998 [N= 1535]). The subjects were undergraduates at Michigan State University. The data were analyzed by zero-order, partial and canonical correlations. There were significant zero-order correlations between suicidality (thoughts,

Mental Wellbeing in Higher Education: a Bibliography

plans and attempts) and various family issues (e.g., mental illness and child disobedience). Multivariate analysis, on the 1998 family problem data, revealed significant canonical correlations that were further specified by the partial correlation analysis. For example, the partial correlation between family criminal behavior and attempted suicide is significant while it is not for thoughts and plans. This underscores the importance of maintaining the distinction between the cognitive and behavioral components of suicide.

Fisher, S. and B. Hood (1987). The stress of the transition to university: a longitudinal study of psychological disturbance, absent-mindedness and vulnerability to homesickness. *British Journal of Psychology* **78**: 425 - 441.

A longitudinal study was conducted to examine the effects of the transition to university in residential and home-based students. All students showed evidence of raised psychological disturbance and absent-mindedness following the transition. Although there were no differences between resident and home-based students in this respect, those who reported homesickness were distinguished from the remainder in terms of higher levels of psychological disturbance and cognitive failure following the transition to university. Covariate analysis established that the gain in psychological disturbance following the transition was greater for the homesick group. The results are discussed in terms of the effects of stressful transitions on psychological state and the concept of personal vulnerability.

Fitch, C. S. Hamilton, P. Basset and R. Davey (2009). *Debt and Mental Health: What Do We Know? What Should We Do?* London, Royal College of Psychiatrists.

Recently, the relationship between the economic downturn and mental health has become the subject of debate. This literature review published by the Royal College of Psychiatry, The Money Advice Trust, the Finance and Leasing Association and Rethink shows that while there is no conclusive evidence that there is a link between debt and mental illness, the authors are of the opinion that people with debt are more likely to have a mental health disorder. This report found that people with mental health problems often do not seek help with their financial problems, and people with debts routinely hide the fact that they have a mental health problem from their creditors because of embarrassment or because they think that they will not be believed. These findings, made on the basis of a review of 54 papers, from 52 separate studies, on the subject, found evidence of a link between debt and mental health problems, including anxiety and depression. This report states that worry or concern about debt can have an equal or larger impact on mental health rather than the actual amount of money owed, and that there may be a relationship between indebtedness and self harm/suicide.

Grant, Andrew., A. Rix, K. Mattick, D. Jones and P. Winter (2013). *Identifying good practice among medical schools in the support of students with mental health concerns*. London, General Medical Council.

Research confirmed the extent to which students are reluctant to acknowledge and reticent to seek help about their mental health issues. The report concluded that, while there were many examples of excellent support processes, medical schools are failing to respond to the big issue of the stigma that attaches to mental illness, which directly impacts on students' reluctance to seek help. While attempts have been made, with varying degrees of success, to use Fitness to Practise (FtP) procedures as a way to support students this has to been seen in the context of a culture which encourages fierce competition, where illness, and particularly mental illness, is seen as a weakness, where work and study schedules are relatively inflexible (compared with other undergraduate programmes). Many of the successful role models students are exposed to, particularly in hospitals, espouse values that encourage students to hide rather than seek help with problems. The tendency for medical schools to take a clinical interest in their students illnesses, while laudable in its intention and its ability to treat each case individually, may have the undesired consequence

Mental Wellbeing in Higher Education: a Bibliography

of further positioning mental health issues as something outside routine expectations of student life – a ‘secret’ and certainly not a topic openly discussed.

Keough, M, S. Battista, R. O’Connor, S. Sherry and S. Stewart (2016). Getting the party started -alone: solitary pre-drinking mediates the effect of social anxiety on alcohol-related problems. *Addictive Behaviours* **55**, 19-24.

Pre-drinking (or pre-gaming) is common among undergraduates and has been linked with problem alcohol use. While many students pre-drink to save money, evidence suggests that some students pre-drink to cope with social anxiety (SA). Tension reduction and cognitive theories predict that those high in SA may pre-drink to reduce anticipatory anxiety before attending social events and their pre-drinking may be done alone rather than in normative social contexts. Available data suggest that, relative to social drinking, solitary drinking elevates risk for alcohol use and related problems. Informed by this evidence, we speculated that context for pre-drinking may be an important mechanism by which SA-risk for alcohol use unfolds. Specifically, we offered the novel hypothesis that those high in SA would engage frequently in solitary pre-drinking and this in turn would be associated with elevated alcohol use and related problems. Undergraduate drinkers (N=293; 70% women) completed self-reports of social anxiety, pre-drinking context (social, solitary), alcohol use, and alcohol-related problems. In partial support of our hypotheses, SA was a positive predictor of solitary pre-drinking, which in turn predicted elevated alcohol-related problems, but not alcohol use. While not hypothesized, we also found that SA was a negative predictor of social pre-drinking, which in turn reduced risk for alcohol use and related problems. Our study is the first in the literature to show that solitary pre-drinking helps explain the well-documented association between SA and alcohol-related problems. These findings may inform etiological models and clinical interventions, suggesting that SA-risk for problem drinking begins even before the party starts.

Lejeune, S. M. W. (2011). Special considerations in the treatment of college students with bipolar disorder. *Journal of American College Health* **59** (7): 666-669.

Bipolar disorder is a relatively common mental disorder that often has its onset during the college years. This means that students simultaneously face both the challenge of late adolescent development and the challenge of adapting to a major mental illness. As a further complication, the college environment is not well suited to the kinds of lifestyle changes that add stability to the lives of people with bipolar disorder. Treatment involves establishing an alliance, education about lifestyle changes, aiding adaptation to the illness, careful medication to minimize side effects, and loosening the affective constriction that can result from fear of relapse. Both the health care provider and student can use the culture of learning and self-discovery in the college setting to the treatment's benefit. As well, the provider can use the time-limited nature of college to lessen ambivalence about making long-term changes.

MacCall, C., J. Callender, W. Irvine, M. Hamilton, D. Rait, F. Spence and J. Mackinnon (2001). Substance misuse, psychiatric disorder and parental relationships in patients attending a student health service. *Primary Care Psychiatry* **7**(4): 137-143.

The mental health of students is a subject of growing concern. There are limited data on the prevalence of mental disorder in the student population and its relationship to previously noted high levels of drug and alcohol use is unknown. Although there is a considerable body of research into the links between experiences of parenting and the subsequent development of psychiatric morbidity, the nature and importance of such links in a student population has not been examined. The aims of this study were to establish the prevalence of substance misuse and psychiatric disorder in patients attending a student health service and to examine these in relation to perceived experiences of parenting. Psychological morbidity and substance misuse in students were significantly related to the

Mental Wellbeing in Higher Education: a Bibliography

styles of parenting experienced earlier in life. GPs working with students should be aware of the high prevalence of these problems in this population. Those responsible for higher education policy should take account of these findings and the fact that the presence of stressors such as financial worries was significantly associated with psychological distress, the prescription of psychotropic medication and the use of illicit drugs.

McCarthy, J. and E. L. Holliday (2004) Help-seeking and counseling within a traditional male gender role: an examination from a multicultural perspective. *Journal of Counseling and Development* **82**, 25-30.

A traditional male gender role reflects an affirmation of masculine identity associated with such qualities as success and self-reliance. This gender role is examined from a diversity perspective in counseling, because it may affect many men's help-seeking attitudes and behaviors. Suggestions from the literature are reviewed from the standpoint of the Multicultural Counseling Competencies. The paper suggests that the counseling profession would benefit from greater sensitivity in aiding men endorsing this role.

McGale, N., S. McArdle and P. Gafney (2011). Exploring the effectiveness of an integrated exercise/CBT intervention for young men's mental health. *British Journal of Health Psychology* **16**: 457-471.

This pilot study investigated the effectiveness of a team-based sport/psychosocial intervention (Back of the Net, BTN) with an individual exercise (IE) and a control condition for the mental health of young men. Exercise-based interventions were effective in reducing symptoms of depression in a non-clinical community sample of young men. The BTN programme demonstrated potential for improving the mental health of young men, however larger scale community-based research is warranted to further examine the effectiveness of this type of intervention.

Marshall, L. and C. Morris, eds. (2011). *Taking wellbeing forward in higher education; reflection on theory and practice*. Brighton, University of Brighton, Centre for Learning and Teaching.

This publication is an outcome of the Open Minds project, run from the Centre for Learning and Teaching (CLT) at the University of Brighton. The project is part of an ongoing, innovative programme of research at CLT, which explores the links between wellbeing, sustainability and reflective learning and teaching environments and practices. Research feeds into practice, contributing to an active, engaged, developmental higher education experience for all our learners. Embracing the notion of the learner as a whole person, our approach is underpinned by the learning and teaching strategy with its ongoing commitment to social and economic engagement. The collection of articles is diverse, incorporating scholarly articles, case studies of practical interventions and personal reflections. The project reports on findings from a student mental health and wellbeing survey, which identified a range of inclusive teaching practices with the potential to contribute to student wellbeing enhancement, and considers factors which contribute to a 'mentally well' university.

Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development* **29** (3): 259-274.

Stigma is a powerful force in preventing university students with mental health difficulties from gaining access to appropriate support. This paper reports on an exploratory study of university students with mental health difficulties that found most students did not disclose their mental health problems to staff at university. This was primarily due to fear of discrimination during their studies and in professional employment. Many students went to considerable efforts to hide their mental health condition and in doing so struggled to meet university requirements. Of the minority who did disclose, most received helpful assistance with both their studies and management of their mental health condition. The university was

Mental Wellbeing in Higher Education: a Bibliography

the main source of support services including counselling, disability, student union and housing. A range of measures are required to address the impact of stigma and mental health to empower students so that they can disclose in the confidence that they will be treated fairly.

Meilman, P. W. and T. M. Hall (2006). Aftermath of tragic events: the development and use of community support meetings on a university campus. *Journal of American College Health* **54**(6): 382 - 384.

Colleges and universities need to be prepared to address the psychological impact of tragedies on their campuses. In this article, the author describes the development and successful implementation of campus post-vention services in the aftermath of college student deaths by suicide as well as by natural and accidental causes. The program has been well received and has gone a long way toward helping the campus community come together and heal after these types of tragedies. College officials adapted the program to address issues related to troubling national and international events as well local incidents, such as suicide attempts and students' loss of housing through fires. The author provides specific instructions so that readers can replicate the program on their own campuses, and additional materials are available upon request.

Nam, S. K., H.J. Chu, M.K. Lee, J.H. Lee, N. Kim and S.M Lee (2010). A Meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health* **59**(2): 110-116.

The present study aims to examine gender differences in attitudes toward professional psychological help-seeking behavior and how gender differences could be affected by other cultural factor such as race. Participants: The authors selected studies that involved undergraduate and graduate students as samples, making the total number of participants in this meta-analysis 5,713. Methods: Statistical procedures were administrated by the MIX (Meta-analysis with Interactive explanations) program, which does meta-analyses. The results indicated that gender itself was a significant predictor on attitudes toward seeking professional psychological help. In addition, individual's cultural background (eg, Western versus non-Western ethnicity) moderated the gender differences on attitudes toward seeking professional psychological help. Practical implications for mental health professionals in college settings were discussed.

Patton, G., C. Coffey, J. Carlin, L. Degenhardt, M. Lynskey and W. Hall (2002). Cannabis use and mental health in young people: cohort study. *British Medical Journal* **325**: 1195-1197.

The objective of the study was to determine whether cannabis use in adolescence predisposes to higher rates of depression and anxiety in young adulthood. A statewide secondary school sample of 1601 students aged 14-15 was followed for seven years. Some 60% of participants had used cannabis by the age of 20; 7% were daily users at that point. Daily use in young women was associated with an over fivefold increase in the odds of reporting a state of depression and anxiety after adjustment for intercurrent use of other substances (odds ratio 5.6, 95% confidence interval 2.6 to 12). Weekly or more frequent cannabis use in teenagers predicted an approximately twofold increase in risk for later depression and anxiety (1.9, 1.1 to 3.3) after adjustment for potential baseline confounders. In contrast, depression and anxiety in teenagers predicted neither later weekly nor daily cannabis use. The study concluded that frequent cannabis use in teenage girls predicts later depression and anxiety, with daily users carrying the highest risk. Given recent increasing levels of cannabis use, measures to reduce frequent and heavy recreational use seem warranted.

Mental Wellbeing in Higher Education: a Bibliography

Peden, A. R., M. Rayens, L.Hall, and L.Beebe (2001). Preventing depression in high- risk college women: a report of an 18-month follow- up. *Journal of American College Health* 49(6): 299 - 305.

The authors tested the long-term effectiveness of a cognitive-behavioral group intervention in reducing depressive symptoms, decreasing negative thinking, and enhancing self-esteem in 92 college women aged 18 to 24 years who were at risk for clinical depression. The women were randomly assigned to either an experimental or a no-treatment control group. The experimental group participated in a 6-week cognitive-behavioral intervention that targeted identification and reduction of negative thinking, using such techniques as thought stopping and affirmations. Data on depressive symptoms, self-esteem, and negative thinking were collected before the intervention and at intervals of 1, 6, and 18 months post-intervention. The women in the intervention group experienced a greater decrease in depressive symptoms and negative thinking and a greater increase in self-esteem than those in the control group. The beneficial effects continued over an 18-month follow-up period. These findings support the importance of thought stopping and affirmations as prevention interventions with at-risk college women.

Pedreli, P., B. Borsari, S. Lipson, J. Heinze and D. Eisenberg (2016). Gender differences in the relationships among major depressive disorder, heavy alcohol use, and mental health treatment engagement among college students. *Journal of Studies on Alcohol and Drugs* 77(4) 620-628.

Although major depressive disorder (MDD) and heavy episodic drinking (HED, 4+/5+ drinks in a single sitting for women/men) are common among young adults in college, the relationship between the two remains unclear. This study examined the association between MDD and HED in this population, the effect of gender on this association, and whether comorbid MDD and heavy alcohol use are associated with higher rates of mental health treatment engagement. The study comprised 61,561 (65.3% female) undergraduate students who answered an online survey on depression, alcohol use, and treatment engagement in the past year. Hierarchical linear regressions examined the association between MDD and alcohol use (HED and peak blood alcohol concentration [pBAC]) and whether gender moderated these associations. Logistic regressions were then conducted to examine the influence of MDD, heavy alcohol use, and gender on treatment engagement. Students with MDD reported more frequent HED and higher pBAC than did students without MDD; this was especially true for female students. Rates of treatment engagement were higher among women than men, among students with MDD than students without MDD, and among female students with HED than women without HED. The presence of an association between MDD and heavy alcohol use suggests the need for systematic screenings of both conditions. Low rates of treatment engagement in college students with MDD and heavy alcohol use calls for the development of strategies to engage this high-risk group in treatment.

Perron, B. E., I. Grahovac, J. Uppal, T. Granillo, J. Shuter and C. Porter (2011). Supporting students in recovery on college campuses: Opportunities for student affairs professionals. *Journal of Student Affairs Research and Practice* 48(1): 47-64.

Despite the significant attention that drugs and alcohol receive on college campuses, few resources and supports are available to students who are recovering from an addiction. Student affairs professionals are uniquely positioned to support these students with a variety of strategies. This article summarizes what is currently known about college students in recovery and ways that student affairs professionals can help build an infrastructure of formal and informal supports for this underserved and at-risk student population.

Mental Wellbeing in Higher Education: a Bibliography

Roberts, K. C. and S. Danoff-Burg (2010). Mindfulness and health behaviors: is paying attention good for you? *Journal of American College Health* **59**(3): 165-173.

The investigators examined relations between mindfulness and health behaviors in college students, as well as the role of stress in mediating these effects. Participants: Participants were 553 undergraduates (385 females; mean age = 18.8 years, SD = 2.1) recruited from a university in the northeastern United States. Methods: Participants completed questionnaires assessing mindfulness, perceived health, health behaviors, health-related activity restriction, and stress. Data were collected from September 2007 through December 2007. Overall perceived health and health-related activity restriction, as well as some health behaviors (eg, binge eating, sleep quality, and physical activity) were related to the Five-Factor Mindfulness Questionnaire and were partially mediated by stress. These results suggest that mindfulness is related to decreased stress, which in turn contributes to increased positive health perceptions and health behaviors. The findings support the utility of mindfulness in promoting physical and psychological health in college students.

Russell, G., D.Moss and J. Miller (2010). Appalling and appealing: a qualitative study of the character of men's self-harm. *Psychology and Psychotherapy: Theory, Research and Practice* **83**: 91-109.

The objectives of the study were to engage with the experiential phenomena of men's self-harm, to get a sense of its 'feel', its character, and to relate these things in a useful and authentic way. It was a qualitative in-depth interview study with design input from service users' groups based on Hermeneutic phenomenology. Two interviews with each of four participants in their homes, with the intention of developing understanding through dialogic interview and reflection. Some of the character of men's self-harm was recognizable from the psychodynamic and functional literature: soothing practices, dissociation, and an ambivalent stuckness around separation versus incorporation. There were other, unexpected structures present: existential vulnerability and openness, sacrifice, lack of boundary, and insatiability. Professionals who work with men who self-harm may like to be aware of these relational dynamics.

Scheyett, A. M. and A. Rooks (2012). University students' views on the utility of psychiatric advance directives. *Journal of American College Health* **60**(1): 90-93.

Rates of serious mental illnesses (SMIs) among university students are increasing, and universities are struggling with how to respond to students who show SMI symptoms. Psychiatric advance directives (PADs) allow individuals, when well, to document their wishes for treatment during a psychiatric crisis. This project explored the feasibility of using PADs in university settings by examining students' views towards PADs. Participants: Forty university students with SMIs were recruited for this study from 1 large university. A mixed-methods design was used, with both quantitative survey instruments and qualitative interviews with students. Respondents were positive about PAD utility for students. Respondents saw PADs as beneficial because PADs gave students control over their treatment. However, students also considered PADs potentially problematic because PAD use raised a risk of breaching student privacy and stigmatizing students with SMIs. Although a promising intervention for students with SMI, this approach requires further research.

Schwartz, A. J. (2006). Are college students more disturbed today? Stability in the acuity and qualitative character of psychopathology of college counseling center clients: 1992-1993 through 2001-2002. *Journal of American College Health* **54** (6): 327 - 337.

Since the mid-1980s, counseling center personnel have consistently perceived student clients as more distressed or reported acutely distressed clients as more prevalent than they did 1, 3, or 5 years ago. Only 3 studies employing a systematic, data-based methodology have addressed this question. Two researchers used different actuarial measures of the acuity or character of client pathology and concluded that current student

Mental Wellbeing in Higher Education: a Bibliography

clients are not more disturbed than were earlier ones. One researcher used clinical judgments rendered at the end of therapy and concluded that current students were more distressed. Using the Personality Assessment Inventory, the author found the actuarially determined quantitative and qualitative indices of pathology unchanged for 3,400 counseling center clients seen during 10 consecutive years. Over the same period, the use of medications increased fivefold. An actuarial measure of client distress appears crucial to both accurate diagnosis and treatment and to the adequate preparation of future counseling center professionals.

Smith, T. and K. Renk (2007). Predictors of academic- related stress in college students: an examination of coping, social support, parenting, and anxiety. *NASPA Journal* **44**(3): 405 - 431.

This study examined potential predictors of the academic-related stress experienced by college students. In particular, the relationships among the coping strategies used by college students, social support, the parenting style used by college students' mothers and fathers, college students' experience of anxiety, and academic-related stress were examined. Ninety-three undergraduate students enrolled in a psychology course at a large southeastern university completed a series of self-report questionnaires that measured the variables under study. Results suggested that anxiety, problem-focused coping, and support from significant others may serve as potentially important predictors of the academic-related stress experienced by college students. Thus, identifying college students' experience with these variables and addressing these variables in practical settings may help college students alleviate their experience of academic-related stress and have a less stressful, and possibly more fulfilling, college career.

Stanley, N. and J. Manthorpe, eds. (2002). *Students' Mental Health Needs: Problems and Responses*. London, Jessica Kingsley.

This collection of essays is aimed at all those working in higher education and aims to improve understanding of the challenges that students who experience mental health difficulties face, and provide examples of and ideas for effective responses. The book is divided into three parts: Part One addresses the perspectives of students themselves and those of their families, particularly following student suicide; Part Two, 'Exploring the Problem', discusses research findings, the impact of student debt, and a primary care perspective; and Part Three explores a range of different institutional responses.

Sulkowski, M. L., A. Mariaskin and Storch, E. (2011). Obsessive-compulsive spectrum disorder symptoms in college students. *Journal of American College Health* **59**(5): 342-348.

This study investigated the occurrence of obsessive-compulsive spectrum disorders (OCSDs) and associated symptomology in college students. Participants included 358 undergraduate students. Results suggest that clinically significant levels of OCSD symptoms are relatively common. Additionally, OCSD symptoms co-occurred with each other and anxiety symptoms in general, yet not significantly with impulsivity symptoms. Given their prevalence in college students and potentially debilitating nature, it is important to increase awareness of OCSDs so that health professionals can better identify and treat symptoms of these disorders.

Thurber, C. A. and E. A. Walton (2012). Homesickness and adjustment in university students. *Journal of American College Health* **60**(5): 415-419.

The transition to college or university can be an exciting new experience for many young adults. For some, intense homesickness can make this move difficult, even unsustainable. Homesickness, defined as the distress or impairment caused by an actual or anticipated separation from home, carries the unique hallmark of preoccupying thoughts of home and attachment objects. Sufferers typically report depression and anxiety, withdrawn behavior, and difficulty focusing on topics unrelated to home. For domestic and international

Mental Wellbeing in Higher Education: a Bibliography

university students, intense homesickness is particularly problematic. It can exacerbate preexisting mood and anxiety disorders, precipitate new mental and physical health problems, and sometimes lead to withdrawal from school. New research, consolidated here for the first time, points to promising prevention and treatment strategies for homesick students, the result of which can be a healthy, gratifying, and productive educational experience.

Tjia, J. Givens and J. Shea (2005). Factors associated with undertreatment of medical student depression. *Journal of American College Health* 53(5).

The authors measured factors associated with under-treatment of medical students' depression. They administered a cross-sectional Beck Depression Inventory and socio-demographic questionnaire to students at 1 medical school, defining their outcome measure as the use of counseling services or antidepressant medication. Of an estimated 450 available student participants in the study, 322 (71.6%) completed the questionnaire. Forty-nine students (15.2%) were classified as depressed and 10 (20.4%) reported experiencing suicidal ideation during medical school, but only 13 (26.5%) of the depressed students reported treatment. The researchers observed no difference in treatment by year in school, completion of psychiatric requirement, race, or depression severity. Treatment for depression was significantly associated with older age and personal and family histories of depression. Despite the availability of effective medications and confidential mental health services, medical students with depression are undertreated. The authors' findings support the need for targeted messages to help medical students recognize their depression and refer themselves for appropriate treatment.

Turp, M. (2002). The many faces of self-harm. *Psychodynamic Practice*. 8 (2).

This paper outlines the development of a broad descriptive account of self-harming phenomena. The author suggests that self-harm is not, as is sometimes assumed, a phenomenon that can be readily identified and circumscribed. She introduces a 'continuum' model of self-harm, encompassing behaviour ranging from 'good enough' self-care at one end of the scale to severe self-harm at the other. She draws attention to the frequently encountered but little discussed phenomenon of self-harm by omission, and identifies a class of behaviours referred to as 'cashas' - culturally accepted self-harming acts/activities. Qualitative research, taking the form of conference workshop and supervision group discussion of clinical material, is presented. Self-harm is revealed as a diverse phenomenon, one that takes a multitude of forms, each of which may be enacted at various levels of severity. 'Hidden' manifestations of self-harm are discussed as well as the 'high visibility' manifestations that are the central focus in much of the literature. The tendency towards stereotyping in relation to self-harm is examined. The author questions the wisdom of attempting to arrive at any generalized account of the cause, function or meaning of self-harming behaviour. In recognition of the complexity of situation, she suggests that 'there is no single explanation for self-harm, no single meaning or communication conveyed by self-harm and no single psychological disorder or personality profile associated with self-harm'.

Tyson, P., K. Wilson, D. Crone, R. Brailsford and K. Laws (2010). Physical activity and mental health in a student population. *Journal of Mental Health* 19(6): 492-499.

The present study investigates the association between physical activity and mental health in an undergraduate university population based in the United Kingdom. Method: One hundred students completed questionnaires measuring their levels of anxiety and depression using the Hospital Anxiety and Depression Scale (HADS) and their physical activity regime using the Physical Activity Questionnaire (PAQ). Results: Significant differences were observed between the low, medium and high exercise groups on the mental health scales, indicating better mental health for those who engage in more exercise. The authors concluded that engagement in physical activity can be an important contributory factor in the mental health of undergraduate students.

Mental Wellbeing in Higher Education: a Bibliography

Vazquez, F. L., P. Otero and O. Diaz (2012). Psychological distress and related factors in female college students. *Journal of American College Health* **60**(3): 219-225. This study assessed the psychological distress in Spanish college women and analyzed it in relation to socio-demographic and academic factors. The authors selected a stratified random sampling of 1,043 college women (average age of 22.2 years). Socio-demographic and academic information were collected, and psychological distress was assessed with the Symptom Checklist. This sample of college women scored the highest on the depression dimension and the lowest on the phobic anxiety dimension. The sample scored higher than women of the general population on the dimensions of obsessive-compulsive, interpersonal sensitivity, paranoid ideation, psychoticism, and on the Global Severity Index. Scores in the sample significantly differed based on age, relationship status, financial independence, year of study, and area of study. The results indicated an elevated level of psychological distress among college women, and therefore college health services need to devote more attention to their mental health.

Warm, A. (2003). Why do people self-harm? *Psychology, Health & Medicine* **8**(1): 72 - 79. The accuracy of perceptions about self-harm that are presented in the psychological and psychiatric literature was assessed with a sample of self-harmers. A list of 20 statements containing ten myths and ten accurate statements about self-harm behaviour was incorporated into an internet-based questionnaire. Respondents (n = 243) rated their extent of agreement with each statement. Factor analysis confirmed the a priori classification of statements as being accurate. Only one item, regarding the relationship of self-harm to previous sexual abuse, did not confirm a priori classification; this statement was considered by self-harmers to be an accurate perception of self-harm. It was concluded that this questionnaire could be a useful aid for group-work training with professionals who are involved in working with people who engage in self-harm.

Weatherhead, S. and A. Daiches (2010). Muslim views on mental health and psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice* **83**(1): 75-83.

The aim of this research was to explore with a heterogeneous Muslim population their understanding of the concept of mental health and how any mental distress experienced by an individual can best be addressed. A qualitative approach was taken. Participants were interviewed, and data analysed thematically. A sample of 14 Muslims was interviewed according to a semi-structured interview schedule. Participants were recruited via electronic mailing lists, and communications with local Muslim organizations. Interviews were transcribed verbatim, and data were analysed using thematic analysis. Thematic analysis identified seven operationalizing themes that were given the labels 'causes', 'problem management', 'relevance of services', 'barriers', 'service delivery', 'therapy content', and 'therapist characteristics'. The results highlight the interweaving of religious and secular perspectives on mental distress and responses to it. Potential barriers are discussed, as are the important characteristics of therapy, therapists, and service provision. Clinical implications are presented along with the limitations of this study and suggestions for future research.

Yager, Z. and J. O'Dea (2008). Prevention programs for body image and eating disorders on University campuses: a review of large, controlled interventions. *Health Promotion International* **23**(2): 173-189.

Body dissatisfaction, dieting, eating disorders and exercise disorders are prevalent among male and female university students worldwide. Male students are also increasingly adopting health-damaging, body-image-related behaviors such as excessive weight lifting, body building and steroid abuse. Given the severity and difficulty of treating eating disorders, prevention of these problems is a recognized public health goal. Health promotion and health education programs have been conducted in the university setting since the mid

Mental Wellbeing in Higher Education: a Bibliography

1980s, but few have achieved significant improvements in target health attitudes and behaviors. In this paper, 27 large, randomized and controlled health promotion and health education programs to improve body dissatisfaction, dieting and disordered eating and exercise behaviors of male and female college students are reviewed. In general, health education programs to improve body image and prevent eating disorders in the university setting have been limited by small sample sizes and the exclusion of male students. The majority of studies were conducted among either female undergraduate psychology students or women that were recruited using on-campus advertising. The latter reduces the ability to generalize results to the whole university population, or the general community. In addition, there has been a paucity of longitudinal studies that are methodologically sound, as only 82% (22/27) of interventions included in the review used random assignment of groups, and only 52% (n = 14) included follow-up testing. Information-based, cognitive behavioral and psycho-educational approaches have been the least effective at improving body image and eating problems among university students. Successful elements for future initiatives are identified as taking a media literacy- and dissonance-based educational approach, incorporating health education activities that build self-esteem, and using computers and the internet as a delivery medium. A newly designed program for Australian university students is described.

Zinzow, H. M., A. Amstadter, J. McCauley, K. Ruggiero, H. Resnick, and D. Kilpatrick (2011). Self-rated health in relation to rape and mental health disorders in a national sample of college women. *Journal of American College Health* **59**(7): 588-594.

The purpose of this study was to employ a multivariate approach to examine the correlates of self-rated health in a college sample of women, with particular emphasis on sexual assault history and related mental health outcomes. A national sample of 2,000 female college students participated in a structured phone interview between January and June 2006. Interview modules assessed demographics, posttraumatic stress disorder, major depressive episode, substance use, rape experiences, and physical health. Logistic regression analyses showed that poor self-rated health was associated with low income (odds ratio [OR] = 2.70), lifetime posttraumatic stress disorder (OR = 2.47), lifetime major depressive episode (OR = 2.56), past year illicit drug use (OR = 2.48), and multiple rape history (OR = 2.25). These findings highlight the need for university mental health and medical service providers to assess for rape history, and to diagnose and treat related psychiatric problems in order to reduce physical morbidity.

Mental Health Bibliography Section 3: Help-seeking

A perennial challenge for those responsible for student services in higher education is ensuring that all students who might benefit from the advice and guidance offered are aware of what is available and feel confident about accessing it. The following references have been selected because they make specific reference to help-seeking behaviours and the barriers that some students who experience mental health difficulties face in approaching those who are best placed to help them. Some of the publications provide information that could be valuable to those responsible for all aspects of student services, but most address this topic with specific reference to students experiencing mental health difficulties, including those who may be at risk of serious self harm. Authors included address, for example, gender (eg Ang *et al.* 2004), ethnic (Masuda 2009) and nationality (Mori 2000) differences in attitudes to help seeking. Others stress the importance of understanding differing cultural values and how this can affect students' willingness to seek help (eg Carr *et al.*).

Ang, R., K. Lim, A. Tan and T. Yau (2004). Effects of gender and sex role orientation on help-seeking attitudes. *Current Psychology* **23**(3): 203-214.

This study investigated the effects of gender and sex role orientation (masculinity and femininity) on attitudes toward seeking professional psychological help in a sample of 163 student trainee teachers (52 males and 111 females) in Singapore. The mean age of students was 25.39 years (SD = 3.80). ANOVAs revealed statistically significant main effects for gender and femininity on attitudes toward help-seeking. Specifically, females were reported to have more positive overall attitudes toward professional help-seeking and were more willing to recognize a personal need for professional help compared to males. Femininity significantly influenced students' level of stigma tolerance. These findings suggest that both gender and sex role orientation play an independent role in influencing help-seeking attitudes. In addition, these variables appear to have a differential impact on different aspects of help-seeking.

Boone, M. S. and G. T. Eells (2008). Reaching students who won't walk in. Innovative outreach offer options. *NASPA Journal* **6**(3):, 13 - 17.

Based on research on help-seeking behaviour, it is evident that mistrust, stigma and culturally different styles of seeking help play important roles in preventing students from seeking help. This paper discusses a number of approaches aimed at encouraging reluctant students at Cornell University to seek help.

Carr, J. L., M. Koyama and M. Thiagarajan (2003). A women's support group for Asian international students. *Journal of American College Health* **52**(3): 131-134.

International students underuse counseling services, which are grounded in Western cultural values. The authors describe a support group for Asian international students that they launched at a large midwestern university to help students feel at ease with American university life, address homesickness, language problems, and academic and social stressors. Co-leaders created a safe and culturally sensitive atmosphere where the women could network, socialize, and address their issues. Group treatment offers many advantages over individual counseling and can enhance the health of international students.

Ciarrochi, J., F.P. Deane, C. Wilson and D. Rickwood (2002). Adolescents who need help the most are the least likely to seek it: the relationship between low emotional competence and low intention to seek help. *British Journal of Guidance and Counselling* **30**(2): 173 - 188.

It has been found that university students who were the least skilled at managing their emotions also had the lowest intention of seeking help from a variety of nonprofessional sources (e.g. family and friends). The present study sought to extend these findings by focusing on adolescents, examining a larger number of emotional competencies, and exploring the possibility that social support explains the relationship between emotional

Mental Wellbeing in Higher Education: a Bibliography

competence and help-seeking. A total of 137 adolescents (aged 16-18) completed an anonymous survey that assessed social support, emotional competencies, and intention to seek help from a variety of professional and nonprofessional sources. As expected, adolescents who were low in emotional awareness, and who were poor at identifying, describing, and managing their emotions, were the least likely to seek help from nonprofessional sources and had the highest intention of refusing help from everyone. However, low emotional competence was not related to intention to seek help from professional sources (e.g. mental health professionals). The significant results involving nonprofessional sources were only partially explained by social support, suggesting that even adolescents who had high quality support were less likely to make use of that support if they were low in emotional competence.

Denmark, A. D., E. Hess and M. S. Becker, (2012). College Students' Reasons for Concealing Suicidal Ideation. *Journal of College Student Psychotherapy* **26**: 83-98.

Self-reported reasons for concealing suicidal ideation were explored using data from a national survey of undergraduate and graduate students: 558 students indicated that they seriously considered attempting suicide during the previous year and did not tell anyone about their suicidal thoughts. Content analysis of students' qualitative responses to the question "Why did you choose not to tell anyone about these thoughts?" generated nine reasons: (a) perceived low risk, (b) concern for others, (c) dispositional privacy, (d) pointlessness of help-seeking, (e) others' negative reactions, (f) personal negative reactions, (g) repercussions, (h) interference, and (i) perceived isolation. Implications for campus suicide prevention are discussed.

Dollery, R. and H. Yu (2011). Investigations into the Mental Health Support Needs of International Students with Particular Reference to Chinese and Malaysian Students. University of Nottingham.

A project was undertaken at the University of Nottingham with the aim of assessing the mental health/care needs of Chinese and Malaysian International students. Data were collected from the University Health Centre, the University Counselling Service and the Mental Health Adviser. International students have greater support needs and need more targeted information in comparison to UK students. The key findings were that: students from mainland China have significant additional barriers to accessing mental health support compared with Malaysian and home students; in addition to the common challenges faced by all international students, Chinese and Malaysian students are facing particular barriers to seeking help. When seeking help, differences of culture and language are their major concerns; stigma relating to mental health is a major barrier for many international students and is particularly acute within the Chinese and Malaysian populations; and the Tutor and Academic staff support system is perceived as the most important source of help and students made the most use of these services in comparison with other support services on campus. A number of examples of good practice were identified.

Downs, M. F. and D. Eisenberg (2012). Help Seeking and Treatment Use Among Suicidal College Students. *Journal of American College Health* **60**(2): 104-114.

Many suicidal college students do not receive mental health treatment, and the reasons for this are not fully understood. This study examines how attitudes, beliefs, and social network factors relate to help seeking among suicidal students. A random sample of 8,487 undergraduate and graduate students from 15 US universities participated. A Web-based survey administered in spring 2009 examined correlates of mental health service utilization among students reporting serious thoughts of suicide in the previous year ($n = 543$). Correlates of treatment use included perceived need, beliefs that treatment is effective, contact with service users, lower personal stigma, higher perceived stigma, fewer positive relationships, and sexual minority or Caucasian identity. Conclusions: Help seeking among suicidal students is associated with a range of personal and social network factors. Campus

Mental Wellbeing in Higher Education: a Bibliography

strategies to enhance help seeking should be tailored to address identified facilitators and barriers to treatment use among target populations.

Eisenberg, D., E. Goldberstein and S. Gollust (2007). Help-seeking and access to mental health care in a university student population. *Medical Care* **45**(7): 594-601.

University students represent an important population in which to study access to mental health care. Understanding their unmet needs will enhance efforts to prevent and treat mental disorders during a pivotal period in life. The objective of this study was to quantify mental health service use and estimate how various factors are associated with help-seeking and access in a university student population. A Web-based survey was administered to a random sample of 2785 students attending a large, public university with a demographic profile similar to the national student population. Nonresponse bias was accounted for using administrative data and a non-respondent survey. Mental health was measured using the Patient Health Questionnaire screens for depressive and anxiety disorders. Mental health service utilization was measured as having received psychotropic medication or psychotherapy in the past year. Of students with positive screens for depression or anxiety, the proportion who did not receive any services ranged from 37% to 84%, depending on the disorder. Predictors of not receiving services included a lack of perceived need, being unaware of services or insurance coverage, skepticism about treatment effectiveness, low socioeconomic background, and being Asian or Pacific Islander. The authors concluded that even in an environment with universal access to free short-term psychotherapy and basic health services, most students with apparent mental disorders did not receive treatment. Initiatives to improve access to mental health care for students have the potential to produce substantial benefits in terms of mental health and related outcomes.

Eisenberg, D., E. Nicklett, K. Roeder and N. Kirz (2011). Eating disorder symptoms among college students: prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health* **59**(8): 700-707.

This study aims to examine the prevalence, correlates, persistence, and treatment-seeking related to symptoms of eating disorders (EDs) in a random sample of college students. A random sample of students at a large university were recruited for an Internet survey in Fall 2005 and a follow-up survey in Fall 2007. ED symptoms were measured using the SCOFF screen and adjusted for nonresponse using administrative data and a nonresponse survey. 2,822 (56%) students completed the baseline survey. Among undergraduates the prevalence of positive screens was 13.5% for women and 3.6% for men. Among students with positive screens, 20% had received past-year mental health treatment. In the follow-up sample (N = 753), ED symptoms at baseline significantly predicted symptoms 2 years later. Conclusions: symptoms of EDs were prevalent and persistent among college students in this study. These findings suggest that brief screens can identify a large number of students with untreated EDs

Fitch, C. S. Hamilton, P. Basset and R. Davey (2009). *Debt and Mental Health: What Do We Know? What Should We Do?* London, Royal College of Psychiatrists.

Recently, the relationship between the economic downturn and mental health has become the subject of debate. This literature review published by the Royal College of Psychiatry, The Money Advice Trust, the Finance and Leasing Association and Rethink shows that while there is no conclusive evidence that there is a link between debt and mental illness, the authors are of the opinion that people with debt are more likely to have a mental health disorder. This report found that people with mental health problems often do not seek help with their financial problems, and people with debts routinely hide the fact that they have a mental health problem from their creditors because of embarrassment or because they think that they will not be believed. These findings, made on the basis of a review of 54 papers, from 52 separate studies, on the subject, found evidence of a link

Mental Wellbeing in Higher Education: a Bibliography

between debt and mental health problems, including anxiety and depression. This report states that worry or concern about debt can have an equal or larger impact on mental health rather than the actual amount of money owed, and that there may be a relationship between indebtedness and self harm/suicide.

Grant, A. (2002). Identifying students' concerns: taking a whole institutional approach. *Students' Mental Health Needs: Problems and Responses*. In: N. Stanley and J. Manthorpe (eds). London, Jessica Kingsley: 83-105.

This book chapter includes summary results of the research on student wellbeing undertaken as part of the University of Leicester's Student Psychological Health Project. It includes data on student concerns and their impact on their stress levels and academic achievements, the incidence of mental distress, alcohol consumption and its impact, and help-seeking behaviour. The aim of the research was to inform the development of institutional systems and structures and the training offered to staff.

Grant, A., A. Rix, K. Mattick, D. Jones and P. Winter (2013). *Identifying good practice among medical schools in the support of students with mental health concerns*. London, General Medical Council.

Research confirmed the extent to which students are reluctant to acknowledge and reticent to seek help about their mental health issues. The report concluded that, while there were many examples of excellent support processes, medical schools are failing to respond to the big issue of the stigma that attaches to mental illness, which directly impacts on students' reluctance to seek help. While attempts have been made, with varying degrees of success, to use Fitness to Practice (FtP) procedures as a way to support students this has to be seen in the context of a culture which encourages fierce competition, where illness, and particularly mental illness, is seen as a weakness, where work and study schedules are relatively inflexible (compared with other undergraduate programmes). Many of the successful role models students are exposed to, particularly in hospitals, espouse values that encourage students to hide rather than seek help with problems. The tendency for medical schools to take a clinical interest in their students illnesses, while laudable in its intention and its ability to treat each case individually, may have the undesired consequence of further positioning mental health issues as something outside routine expectations of student life – a 'secret' and certainly not a topic openly discussed.

Hyun, J., B. Quinn, T. Madon and S. Lustig (2007). Mental health needs, awareness and use of counselling services among international graduate students. *Journal of American College Health* **56**(2): 109-118.

The authors examined the prevalence of mental health needs in international graduate students, their knowledge of mental health services, and their use of on-campus and off-campus counseling services. All registered graduate students in the Spring 2004 semester received an e-mail invitation to participate in a Web survey. Of the 3,121 completed surveys, 551 completed surveys were from international graduate students. Approximately 44% of international graduate students responded that they had had an emotional or stress-related problem that significantly affected their well-being or academic performance within the past year. International students who reported a more functional relationship with their advisors were less likely to report having an emotional or stress-related problem in the past year and using counseling services. International students who reported higher financial confidence were also less likely to use counseling services. The study concluded that there is an unmet mental health need among international graduate students. Special mental health outreach efforts should be directed at international graduate students, with particular attention on the relationship between students and their advisors and on adequate financial support for students.

Mental Wellbeing in Higher Education: a Bibliography

Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development* **29** (3): 259-274.

Stigma is a powerful force in preventing university students with mental health difficulties from gaining access to appropriate support. This paper reports on an exploratory study of university students with mental health difficulties that found most students did not disclose their mental health problems to staff at university. This was primarily due to fear of discrimination during their studies and in professional employment. Many students went to considerable efforts to hide their mental health condition and in doing so struggled to meet university requirements. Of the minority who did disclose, most received helpful assistance with both their studies and management of their mental health condition. The university was the main source of support services including counselling, disability, student union and housing. A range of measures are required to address the impact of stigma and mental health to empower students so that they can disclose in the confidence that they will be treated fairly.

Masuda, A., P. Anderson, M. Twohig, A. Feinstein, Y-Y Chou, J. Wendell and A. Stormo (2009).

Help-seeking experiences and attitudes among African American, Asian American, and European American college students *International Journal for the Advancement of Counselling* **31**(3): 168-180. The study examined African American, Asian American, and European American college students' previous direct and indirect experiences of seeking professional psychological services and related attitudes. Survey data were collected from 254 European American, 182 African American and 82 Asian American college students. Results revealed that fewer African American and Asian American college students had sought professional psychological services, knew someone who had sought psychological services, and knew a close person who was diagnosed with a psychological disorder, relative to European American students. Furthermore, African American and Asian American participants showed less favorable attitudes on a variety of help-seeking attitudes, compared to the European American group.

McCarthy, J. and E. L. Holliday (2004) Help-seeking and counseling within a traditional male gender role: an examination from a multicultural perspective. *Journal of Counseling and Development* **82**, 25-30.

A traditional male gender role reflects an affirmation of masculine identity associated with such qualities as success and self-reliance. This gender role is examined from a diversity perspective in counseling, because it may affect many men's help-seeking attitudes and behaviors. Suggestions from the literature are reviewed from the standpoint of the Multicultural Counseling Competencies. The paper suggests that the counseling profession would benefit from greater sensitivity in aiding men endorsing this role.

Mori, S. (2000). Addressing the mental health concerns of international students. *Journal of Counseling & Development* **78**(2): 137-144.

International students on the American college campus are a diverse and increasing population whose unique concerns are traditionally overlooked. However, given the evidence that the demands for cultural adjustments frequently place international students at greater risk for various psychological problems than are students in general, it is important that sufficient and readily accessible mental health services be established for them. This article examines the sources of international students' psychological concerns, the reasons for their notable underutilization of existing counseling services, and the ways to provide more culturally sensitive services.

Mental Wellbeing in Higher Education: a Bibliography

Nam, S. K., H.J. Chu, M.K. Lee, J.H. Lee, N. Kim and S.M Lee (2010). A Meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health* **59**(2): 110-116.

The present study aims to examine gender differences in attitudes toward professional psychological help-seeking behavior and how gender differences could be affected by other cultural factor such as race. Participants: The authors selected studies that involved undergraduate and graduate students as samples, making the total number of participants in this meta-analysis 5,713. Methods: Statistical procedures were administrated by the MIX (Meta-analysis with Interactive explanations) program, which does meta-analyses. The results indicated that gender itself was a significant predictor on attitudes toward seeking professional psychological help. In addition, individual's cultural background (eg, Western versus non-Western ethnicity) moderated the gender differences on attitudes toward seeking professional psychological help. Practical implications for mental health professionals in college settings were discussed.

Neves, J and N. Hillman (2016). *The 2016 Student Academic Experience Survey*. Oxford, Higher Education Policy Institute/ Higher Education Academy.

This annual survey is an unparalleled source of information and provides data on topics that other surveys – including the National Student Survey – have avoided, such as contact hours attended, the number of assignments, and even student wellbeing. Over the years, many of the questions have stayed the same, allowing year-on-year comparisons, but the survey has also been regularly refreshed through the modification of questions that have become outdated and the addition of wholly new topics. This year, the new areas include: the gap between what students expect from their lecturers and their lecturers' perceived characteristics; knowledge of access to counselling services; expectations of the time it takes academics to return assignments. Perhaps the starkest finding is the high levels of anxiety among full-time undergraduate students. Moving into higher education often means leaving home for the first time, having to build a new network of friends and learning in new ways. It can also bring financial, relationship and workload worries. It is time for the high levels of anxiety among students to be discussed more openly so that we can all search for appropriate responses.

O`Dea, J. and S. Abraham (2002). Eating and exercise disorders in young college men. *Journal of American College Health* **50**(6): 273 - 278.

The authors used the computerized Eating and Exercise Examination to investigate eating, weight, shape, and exercise behaviors in a convenience sample of 93 male college students. One fifth of the men worried about their weight and shape, followed rules about eating, and limited their food intake. Between 9% and 12% were unhappy with their body shape, felt fat, and seriously wanted to lose weight. Exercise was important for the self-esteem of 48% of the students. Thirty-four percent were distressed when they could not exercise as much as they wanted, 27% followed rules about exercising, and 14% worried about the amount of exercise they were doing. The respondents met clinical diagnoses for objective binge eating (3%), self-induced vomiting (3%), bulimia nervosa (2%), and exercise disorders (8%). Although 9% reported disordered eating, none had sought treatment. Health professionals should be aware that eating and exercise disorders may be present in college men and that screening may help in the early identification of these problems.

Pedreli, P., B. Borsari, S. Lipson, J. Heinze and D. Eisenberg (2016). Gender differences in the relationships among major depressive disorder, heavy alcohol use, and mental health treatment engagement among college students. *Journal of Studies on Alcohol and Drugs* **77**(4) 620-628.

Although major depressive disorder (MDD) and heavy episodic drinking (HED, 4+/5+ drinks in a single sitting for women/men) are common among young adults in college, the relationship between the two remains unclear. This study examined the association between

Mental Wellbeing in Higher Education: a Bibliography

MDD and HED in this population, the effect of gender on this association, and whether comorbid MDD and heavy alcohol use are associated with higher rates of mental health treatment engagement. The study comprised 61,561 (65.3% female) undergraduate students who answered an online survey on depression, alcohol use, and treatment engagement in the past year. Hierarchical linear regressions examined the association between MDD and alcohol use (HED and peak blood alcohol concentration [pBAC]) and whether gender moderated these associations. Logistic regressions were then conducted to examine the influence of MDD, heavy alcohol use, and gender on treatment engagement. Students with MDD reported more frequent HED and higher pBAC than did students without MDD; this was especially true for female students. Rates of treatment engagement were higher among women than men, among students with MDD than students without MDD, and among female students with HED than women without HED. The presence of an association between MDD and heavy alcohol use suggests the need for systematic screenings of both conditions. Low rates of treatment engagement in college students with MDD and heavy alcohol use calls for the development of strategies to engage this high-risk group in treatment.

Quinn, N., A. Wilson, G. MacIntyre, G. and T. Tinklin (2009). 'People look at you differently': students' experience of mental health support within higher education. *British Journal of Guidance and Counselling* **37**(4): 405-418.

The number of students in higher education (HE) experiencing mental health problems is increasing, which poses a significant challenge to HE institutions in terms of how they best respond to students with mental health needs. This paper considers the implications of such developments by assessing the experience of students with mental health problems within one HE institution. The factors influencing students' ability to seek help is explored alongside their experience of accessing and using student support services. The study found that there was a general reluctance amongst students to disclose their mental health problems or to seek help, largely due to the stigma that exists. However, students who did seek help from University support and counselling services valued this and students benefited when there was a formal link between NHS and university support services. The implications of the study findings for HE institutions are then considered.

Tjia, J. Givens and J. Shea (2005). Factors associated with undertreatment of medical student depression. *Journal of American College Health* **53**(5).

The authors measured factors associated with under-treatment of medical students' depression. They administered a cross-sectional Beck Depression Inventory and socio-demographic questionnaire to students at 1 medical school, defining their outcome measure as the use of counseling services or antidepressant medication. Of an estimated 450 available student participants in the study, 322 (71.6%) completed the questionnaire. Forty-nine students (15.2%) were classified as depressed and 10 (20.4%) reported experiencing suicidal ideation during medical school, but only 13 (26.5%) of the depressed students reported treatment. The researchers observed no difference in treatment by year in school, completion of psychiatric requirement, race, or depression severity. Treatment for depression was significantly associated with older age and personal and family histories of depression. Despite the availability of effective medications and confidential mental health services, medical students with depression are undertreated. The authors' findings support the need for targeted messages to help medical students recognize their depression and refer themselves for appropriate treatment.

Turner, A., C. Hammond, M. Gilchrist and J. Barlow (2007). Coventry university students' experience of mental health problems. *Counselling Psychology Quarterly* **20**(3): 247-252.

Growing numbers of university students are reporting mental health problems and using counselling services. The purpose of this study was to examine Coventry University students' experience of mental health problems. The Department of Health (DoH) Mental

Mental Wellbeing in Higher Education: a Bibliography

Health Survey questionnaire (2003) was used to examine the experience of mental health problems and help seeking behaviour. Within the last 12 months nearly three quarters of students had experienced anxious or depressed moods, or, personal, mental, nervous or emotional problems, with a third of students failing to seek help. Ethnic minority students were more likely to report problems and less likely to seek help when compared to white students. Male students were less likely to seek help compared to female students. There are few existing studies that have focused on the mental health of students at universities established after 1992 from existing polytechnics. Coventry University exceeds the Government benchmark targets for recruiting students from non-traditional backgrounds. Our results show that it is these groups of students who are more likely to experience mental health problems.

Whitlock, J., J. Muelenkamp, A. Purington, J. Eckebride, P. Barreira, G. Barak Abrams, T. Marshall, V. Kress, G. Kristine, C. Chin and K. Knox (2011). Nonsuicidal self-injury in a college population: general trends and sex differences. *Journal of American College Health* **59**(8): 691-698.

The objective was to describe basic non-suicidal self-injury (NSSI) characteristics and to explore sex differences. A random sample from 8 universities were invited to participate in a Web-based survey in 2006-2007; 38.9% (n = 14,372) participated. Analysis assessed sex differences in NSSI prevalence, practices, severity, perceived dependency, and help-seeking; adjusted odds ratios for NSSI characteristics were calculated by sex status. Lifetime NSSI prevalence rates averaged 15.3%. Females were more likely than males to self-injure because they were upset or in hopes that someone would notice them. Males were 1.6 times more likely to report anger and 4.0 times more likely to report intoxication as an initiating factor. Sexual orientation predicted NSSI, particularly for women. Only 8.9% of the NSSI sample reported disclosing NSSI to a mental health professional. Conclusions: NSSI is common in college populations but varies significantly by sex and sexual orientation. NSSI disclosure is low among both sexes.

Mental Health Bibliography Section 4: Influencing Factors and Impact on Learning

An evidence-based understanding of the predictors of academic stress (eg Smith and Renk 2007) is vital in informing the development of proactive initiatives to promote the mental wellbeing for HE students and thus support the achievement of their academic and personal goals. The publications referenced in this section have been chosen because they specifically address some of the factors that may contribute to or alleviate mental distress or ill-health and/or demonstrate the impact on students' perceptions of their academic learning and progression (some papers included in other sections also contain related information).

Papers here highlight a range of negative factors including the impact of debt (for example, Fitch *et al.* (2009) the stress of adjustment to university life and homesickness (eg Cooke *et al.* 2006; Thurber and Walton 2012), being a victim of crime (Morrall *et al.* 2010), the abuse of drugs (MacCall *et al.* 2001) and alcohol (Grant 2004) and cyberbullying (Selkie 2016). Some papers highlight the factors that can contribute to positive mental health, including exercise (Tyson *et al.* 2010) and social connectedness (Rosenthal *et al.* 2007). The evidence discussed for the negative academic impact on poor mental health includes perceived cognitive failure (Fisher and Hood 1987; Keys *et al.* 2012) and graduation rates (Salzer 2012).

Ablanedo-Rosas, J. H., R. Blevins, H. Gao, W-Y Teng and J. White (2011).

The impact of occupational stress on academic and administrative staff, and on students: an empirical case analysis. *Journal of Higher Education Policy and Management* **33**(5): 553-564. This article examines the impact of occupational stress among academic staff, administrative staff, and students in a well-established US university environment. The results show that there are different correlations associated with stress such as organisational demand, health issues, and stress management. Findings suggest that occupational stress levels differed between academic staff, administrative staff, and students. However, at the aggregate level, stress levels were similar by either gender or age. Different stress factors, such as work overload, feeling overwhelmed, and interrelated relationships were analysed. Students reported significant outcomes from stress: having sleep problems, depression, and irritability.

Aggarwal, N. R. (2011). Attitudes of students towards people with mental ill health and impact on learning and well-being. *Journal of Research in Special Needs Education* **12**(1): 37-44.

This study, which was conducted within a college of further education in London, explored students' attitudes towards people with mental ill health, and examined whether these impact on the learning and well-being of students with mental illness. The study was carried out in response to complaints about negativity about mental illness within the college. A combination of quantitative and qualitative methods were employed, which consisted of semantic differential surveys and semi-structured interviews. Analysis of the results of the latter revealed the presence of stereotypes and prejudice, which had the potential to impact negatively upon learners with mental disorders. The article makes a number of recommendations for future teaching practice, which includes a need to raise awareness of mental health issues, and challenge stereotypes and negative attitudes relating to mental illness, within the classroom.

Mental Wellbeing in Higher Education: a Bibliography

Andrews, B. and J. M. Wilding (2004). The relation of depression and anxiety to life- stress and achievement in students. *British Journal of Psychology* **95**: 509 - 521.

An apparent increase in seriously disturbed students consulting student health services in the UK has led to concern that increasing financial difficulties and other outside pressures may affect student mental health and academic performance. The current research investigated whether student anxiety and depression increases after college entry, the extent to which adverse life experiences contribute to any increases, and the impact of adversity, anxiety and depression on exam performance. This the first study to confirm empirically that financial and other difficulties can increase British students' levels of anxiety and depression and that financial difficulties and depression can affect academic performance. However, university life may also have a beneficial effect for some students with pre-existing conditions. With widening participation in higher education, the results have important implications for educational and health policies.

CASA (2007). *Wasting the Best and the Brightest: Substance Abuse at America's Colleges and Universities*. New York, USA, The National Centre on Addiction and Substance Abuse at Columbia University.

This report, reveals what it describes as an alarming public health crisis on college campuses across this nation. Since CASA's *Commission on Substance Abuse at Colleges and Universities* first examined substance use and abuse among college students in 1993 and 1994, the situation on America's campuses has deteriorated. Accepting as inevitable this college culture of alcohol and other drug abuse threatens not only the present well being of millions of college students, but also the future capacity of the nation to maintain its leadership in the fiercely competitive global economy. The report discusses the consequences, including their findings that that students diagnosed with depression are likelier than those who have not been diagnosed to have abused prescription drugs (17.9 percent vs. 12.5 percent), ever used marijuana (42.3 percent vs. 33.3 percent) or other illicit drugs (9.2 percent vs. 6.3 percent); and to be current smokers (26.2 percent vs. 18.9 percent) or frequent smokers (19.5 percent vs. 8.6 percent).

Christie, H., Munro, M. and Rettig, H. (2008). Making ends meet: student incomes and debt. *Studies in Higher Education* **33** (5): 567-581.

This article draws on qualitative research with a group of non-traditional students entering an elite university in the UK to illustrate how being and becoming a university student is an intrinsically emotional process. It argues that feelings of loss and dislocation are inherent to the students' experiences of entering university, and that 'coming to know' a new community of practice is an emotional process that can incorporate feelings of alienation and exclusion, as well as of excitement and exhilaration. A broader understanding of how students learn then depends not just upon the individual's emotional commitment to developing a new learning identity, but on the emotional interaction between the student and the learning environment of the university.

Cooke, R., B. Bewick, M. Barkham, M. Bradley and K. Audin (2006). Measuring, monitoring and managing the psychological well-being of first year university students. *British Journal of Guidance and Counselling* **34**(4): 505-517.

This paper profiles the psychological well-being of students in their initial year of university. There were three aims: to measure the impact of arrival at university on the psychological well-being of first year students, to monitor (i.e. profile) the shape of psychological well-being across the first year, and to investigate how students manage their well-being in relation to the use of university counselling services. Data were collected on four occasions, with 84% of all first year students at a UK university (4,699 students) completing the questionnaire on at least one occasion. Psychological well-being was assessed using the GP-CORE, a general population form of the COREOM. Results show that greater strain is placed on well-being once students start university compared to levels

Mental Wellbeing in Higher Education: a Bibliography

preceding entry. This strain rises and falls across the year but does not return to pre-university levels. Items tapping depression and anxiety suggest that the first year of university is a time of heightened anxiety but not a particularly depressive time. The findings are discussed in relation to students' experience of higher education and how to match student needs with university counselling service provision.

Cooke, R., M. Barkham, K. Audin and M. Bradley (2004). Student debt and its relation to student mental health. *Journal of Further and Higher Education* **28**(1): 54 - 66.

This paper provides an analysis of the relationship between attitudes toward debt and mental health among university undergraduates. Data were collected from the same cohort of students across their three years of university, with responses from 2146, 1360 and 1391 first, second and third year students, respectively. Mental health was measured using the General Population version of the Clinical Outcomes in Routine Evaluation (GP-CORE). Attitudes toward debt were measured using items that tapped current financial concerns and worry about debt on leaving university. Results showed that students become more concerned about their finances as they progress through university, that there was no relationship between anticipated debt and mental health and that attitudes toward debt were related to mental health levels. Students who were identified as having high financial concerns possessed significantly worse CORE-GP scores than students with low financial concern in all three years of university. In all three years students with high financial concerns felt more 'tense, anxious or nervous', more 'criticised by other people' and found it more 'difficult getting to sleep or staying asleep' than students with low financial concerns. There was also evidence that students with high worry about their debt anticipated leaving university with higher amounts of debt than low debt worry students. These findings are discussed in relation to the pattern of increased student debt in UK higher education.

Dusselier, L., B. Dunn, Y. Wang, MC Shelley and D. Walen (2005). Personal, health, academic, and environmental predictors of stress for residence hall students. *Journal of American College Health* **54**(1): 15-24.

The authors studied contributors to stress among undergraduate residence hall students at a midwestern, land grant university using a 76-item survey consisting of personal, health, academic, and environmental questions and 1 qualitative question asking what thing stressed them the most. Of 964 students selected at random, 462 (48%) responded to the survey. The authors weighted data to reflect the overall university-wide undergraduate population (55% men, 12% minority or international, and 25% freshmen). Women and US citizens experienced greater stress than did men and non-US citizens, respectively. Frequency of experiencing chronic illness, depression, anxiety disorder, seasonal affective disorder, mononucleosis, and sleep difficulties were significant stress predictors. Although alcohol use was a positive predictor, drug use was a negative predictor of stress. Both a conflict and a satisfactory relationship with a roommate, as well as a conflict with a faculty or staff member, were also significant predictors of stress.

Elliot, J. and J. Chong (2004) Presentation anxiety : a challenge for some students and a pit of despair for others. Challenging Education: Socio-Cultural, Economic and Academic Outcomes: Proceedings of the 15th ISANA International Conference 2004. Melbourne, Australia. There is emphasis in some tertiary courses on in-class presentations as an important skill and as a means of assessment. Frequently, this appears in the first semester of a student's enrolment. This may present especial issues for international students, particularly those from countries with significant cultural and linguistic differences to Australia. It may be somewhat confronting to not only have to make an adjustment to a new and different cultural and educational setting, but also be asked within a month or two to place oneself on public display, potentially in what may not be your first language. This paper examines data that compare anxiety levels of incoming international students to local students; some of the associated anxiety issues experienced by international students who

Mental Wellbeing in Higher Education: a Bibliography

have presented at a University Counselling service; and discusses a two-session workshop offered as an intervention.

Fisher, S. and B. Hood (1987). The stress of the transition to university: a longitudinal study of psychological disturbance, absent-mindedness and vulnerability to homesickness. *British Journal of Psychology* **78**: 425 - 441.

A longitudinal study was conducted to examine the effects of the transition to university in residential and home-based students. All students showed evidence of raised psychological disturbance and absent-mindedness following the transition. Although there were no differences between resident and home-based students in this respect, those who reported homesickness were distinguished from the remainder in terms of higher levels of psychological disturbance and cognitive failure following the transition to university. Covariate analysis established that the gain in psychological disturbance following the transition was greater for the homesick group. The results are discussed in terms of the effects of stressful transitions on psychological state and the concept of personal vulnerability.

Fitch, C. S. Hamilton, P. Basset and R. Davey (2009). *Debt and Mental Health: What Do We Know? What Should We Do?* London, Royal College of Psychiatrists.

Recently, the relationship between the economic downturn and mental health has become the subject of debate. This literature review published by the Royal College of Psychiatry, The Money Advice Trust, the Finance and Leasing Association and Rethink shows that while there is no conclusive evidence that there is a link between debt and mental illness, the authors are of the opinion that people with debt are more likely to have a mental health disorder. This report found that people with mental health problems often do not seek help with their financial problems, and people with debts routinely hide the fact that they have a mental health problem from their creditors because of embarrassment or because they think that they will not be believed. These findings, made on the basis of a review of 54 papers, from 52 separate studies, on the subject, found evidence of a link between debt and mental health problems, including anxiety and depression. This report states that worry or concern about debt can have an equal or larger impact on mental health rather than the actual amount of money owed, and that there may be a relationship between indebtedness and self harm/suicide.

Grant, A. (2002). Identifying students' concerns: taking a whole institutional approach. *Students' Mental Health Needs: Problems and Responses*. In: N. Stanley and J. Manthorpe (eds). London, Jessica Kingsley: 83-105.

This book chapter includes summary results of the research on student wellbeing undertaken as part of the University of Leicester's Student Psychological Health Project. It includes data on student concerns and their impact on their stress levels and academic achievements, the incidence of mental distress, alcohol consumption and its impact, and help-seeking behaviour. The aim of the research was to inform the development of institutional systems and structures and the training offered to staff.

Grant, A. (2004). Alcohol and student success. *AUCC Journal* Winter 2004.

The paper discusses research on student alcohol consumption undertaken as part of a broad survey of student wellbeing at the University of Leicester. Analysis of the impact of levels of consumption on student stress indicated that the highest impact was experienced those who drank over 20 units per week and those who did not drink alcohol at all. It is suggested that this latter may be indicative of stressful pressure to conform to a student social norm.

Mental Wellbeing in Higher Education: a Bibliography

Hartley, M. T. (2011). Examining the Relationships Between Resilience, Mental Health, and Academic Persistence in Undergraduate College Students. *Journal of American College Health* **59**(7): 596-604.

In this study, the relationships between measures of interpersonal resilience, intrapersonal resilience, and mental health were examined with respect to academic and social integration, key determinants of academic persistence. Participants: A sample (n = 605) of undergraduate students was recruited from 2 mid-western universities during the 2007-2008 academic year. Methods: Hierarchical (or sequential) regression analysis examined whether the inter- and intrapersonal resilience and mental health measures contributed to explaining variance in the response variables of university cumulative grade point average (GPA) and university sense of belonging. The intrapersonal resilience factors contributed to explaining variance in cumulative GPA in addition to aptitude and achievement. Furthermore, there was a strong statistical correlation between the inter- and intrapersonal resilience factors and mental health. Conclusions: the demands in college are significant and there is a need for more research on the concept of resilience as it relates to college health and academic persistence.

Jones, A. Y. M.E. Dean and S. Lo (2002). Interrelationships between anxiety, lifestyle self-reports and fitness in a sample of Hong Kong university students. *Stress* **5**(1): 65 - 71.

Although anxiety in university students has been well documented, the influence of lifestyle and fitness status in relation to anxiety has not been investigated from a cultural perspective previously. To make recommendations regarding the avoidance or management of anxiety in this anxiety-prone cohort that are rationally based, this preliminary investigation examined the interrelationship between anxiety, lifestyle self-reports and aerobic fitness in Hong Kong Chinese University students. The State Trait Anxiety Inventory (Form Y-2) and a lifestyle questionnaire were completed by 213 students. Female students were more anxious than male students. Subjects with high anxiety reported more deleterious lifestyle behaviours including higher salt consumption and lower levels of exercise; in addition to more frequent symptoms of anxiety such as headaches and daytime somnolence. The extremes of this sample were stratified into a low anxiety group (n = 17) and a high anxiety group (n = 14) to compare their fitness status. Although both groups had below normal aerobic capacity, the higher systolic blood pressure observed for the high anxiety group is consistent with signs of anxiety, or greater deconditioning in this group or both. The results of this study have highlighted anxiety as a concern in Hong Kong University students and identified some lifestyle and fitness correlates. Understanding lifestyle and pathophysiological correlates of anxiety in Hong Kong University students that may have a cultural basis, is a crucial step toward averting or managing anxiety when these students are studying either in Hong Kong or abroad.

Keyes, C., D. Eisenberg, G. Perry, S. Dube, K. Kroenke and S. Dhingra (2012). The relationship of level of positive mental health with current mental disorders in predicting suicidal behavior and academic impairment in college students. *Journal of American College Health* **60**(2): 126-133.

The objective of this study was to investigate whether level of positive mental health complements mental illness in predicting students at risk for suicidal behavior and impaired academic performance. Participants: A sample of 5,689 college students participated in the 2007 Healthy Minds Study and completed an Internet survey that included the Mental Health Continuum Short Form and the Patient Health Questionnaire screening scales for depression and anxiety disorders, questions about suicide ideation, plans, and attempts, and academic impairment. Just under half (49.3%) of students were flourishing and did not screen positive for a mental disorder. Among students who did, and those who did not, screen for a mental disorder, suicidal behavior and impaired academic performance were lowest in those with flourishing, higher among those with moderate, and highest in those with languishing mental health. The study concluded that positive mental health

Mental Wellbeing in Higher Education: a Bibliography

complements mental disorder screening in mental health surveillance and prediction of suicidal behavior and impairment of academic performance.

MacCall, C., J. Callender, W. Irvine, M. Hamilton, D. Rait, F. Spence and J. Mackinnon (2001). Substance misuse, psychiatric disorder and parental relationships in patients attending a student health service. *Primary Care Psychiatry* 7(4): 137-143.

The mental health of students is a subject of growing concern. There are limited data on the prevalence of mental disorder in the student population and its relationship to previously noted high levels of drug and alcohol use is unknown. Although there is a considerable body of research into the links between experiences of parenting and the subsequent development of psychiatric morbidity, the nature and importance of such links in a student population has not been examined. The aims of this study were to establish the prevalence of substance misuse and psychiatric disorder in patients attending a student health service and to examine these in relation to perceived experiences of parenting. Psychological morbidity and substance misuse in students were significantly related to the styles of parenting experienced earlier in life. GPs working with students should be aware of the high prevalence of these problems in this population. Those responsible for higher education policy should take account of these findings and the fact that the presence of stressors such as financial worries was significantly associated with psychological distress, the prescription of psychotropic medication and the use of illicit drugs.

Magrys, S. A. (2010). *Examining The Relationship Between Alcohol Intoxication, Stress Response and Tension Reduction Alcohol Expectancies*. MSc Thesis, Department of Psychology, Queen's University, Kingston, Ontario.

Stress contributes to both the initiation and maintenance of drug use. Drug intake, specifically alcohol, may be reinforced under stressful conditions by reducing anxiety or tension. The pharmacological effects of alcohol, however, cannot account entirely for the tension-reducing experience of intoxication. This suggests that cognitive factors contribute to the stress-dampening effects of alcohol. This study examined this hypothesis by testing how tension-reduction alcohol expectancies moderate the relationship between stress and alcohol intoxication. Stress response was operationalized as an increase in subjective anxiety and impaired sustained attention. Verbal learning, which was hypothesized to not be impaired by the stressor, was used as a cognitive control. One hundred and nine undergraduate students were randomly assigned to one of five groups (low, medium or high dose alcohol; sober; or placebo). Following beverage consumption, participants completed cognitive tasks before and after the Trier Social Stress Test. Participants completed the State-Trait Anxiety Inventory – State upon arrival in the lab, as well as pre- and post-stressor. They also completed the State-Trait Anxiety Inventory – Trait and the College Drinking Influences Survey, which includes a Stress Reduction scale. Social stress did not hinder cognitive performance, whereas alcohol impaired sustained attention and verbal learning abilities. The stressor evoked a subjective stress response that was reduced by alcohol and the expectancy of alcohol (i.e., placebo). There was no evidence to suggest that tension reduction alcohol expectancies moderated this effect. These findings replicate alcohol's ability to dampen a stress response and, furthermore, demonstrate that the expectancy of alcohol is as effective as the drug itself in reducing subjective response to stress. This study highlights the need for further research to elucidate which factors modulate the stress-dampening effect of alcohol in undergraduate students. This knowledge, in turn, could present an opportunity for screening and early interventions to circumvent problem drinking as alcohol consumption is used by this population to cope with stress.

Mental Wellbeing in Higher Education: a Bibliography

Morrall, P., P. Marshall, S. Pattison and G. MacDonald (2010). Crime and health: a preliminary study into the effects of crime on the mental health of UK university students. *Journal of Psychiatric and Mental Health Nursing* 17(9): 821-828.

In this paper we report on the findings from a preliminary study in the UK into the effects of crime on health. The aim of the study was to investigate what victims of crime report to be the effects of both actual crime and the fear of crime on their physical and psychological health (as well as social well-being) and what actions they take (if any) to deal with these effects. A survey method was adopted using a modified version of the 'Health, Quality of Life and Crime Questionnaire' with 866 undergraduate student respondents from three UK universities. University students were selected as the sample population because, as a group, they form a specific 'victim community'. Conclusions extrapolated from the respondents' replies were first, there are serious negative health effects (particularly on psychological health) of a considerable minority of those students who are victims of crime. Second, the vast majority of the victims did not initiate any health intervention. Third, a large minority of the victims did not report the crime to the police. Fourth, a majority of both victims and non-victims suffered psychological negative effects from the fear of crime. Fifth, there is a huge gender imbalance among those affected by crime with female students much more fearful of crime than men. Moreover, female students were much more likely to use specific strategies to lower the risk of crime. These conclusions suggest that there may be important policy implications for universities, the police, victim support organizations and mental health services, regarding the effects of crime on students. This study is intended as a preliminary stage for subsequent in-depth and larger projects.

Neves, J and N. Hillman (2016). *The 2016 Student Academic Experience Survey*. Oxford, Higher Education Policy Institute/ Higher Education Academy.

This annual survey is an unparalleled source of information and provides data on topics that other surveys – including the National Student Survey – have avoided, such as contact hours attended, the number of assignments, and even student wellbeing. Over the years, many of the questions have stayed the same, allowing year-on-year comparisons, but the survey has also been regularly refreshed through the modification of questions that have become outdated and the addition of wholly new topics. This year, the new areas include: the gap between what students expect from their lecturers and their lecturers' perceived characteristics; knowledge of access to counselling services; expectations of the time it takes academics to return assignments. Perhaps the starkest finding is the high levels of anxiety among full-time undergraduate students. Moving into higher education often means leaving home for the first time, having to build a new network of friends and learning in new ways. It can also bring financial, relationship and workload worries. It is time for the high levels of anxiety among students to be discussed more openly so that we can all search for appropriate responses.

Perron, B. E., I. Grahovac, J. Uppal, T. Granillo, J. Shuter and C. Porter (2011). Supporting students in recovery on college campuses: Opportunities for student affairs professionals. *Journal of Student Affairs Research and Practice* 48(1): 47-64.

Despite the significant attention that drugs and alcohol receive on college campuses, few resources and supports are available to students who are recovering from an addiction. Student affairs professionals are uniquely positioned to support these students with a variety of strategies. This article summarizes what is currently known about college students in recovery and ways that student affairs professionals can help build an infrastructure of formal and informal supports for this underserved and at-risk student population.

Rosenthal, D., J. Russell and G. Thomson (2007). Social connectedness among international students at an Australian university. *Social Indicators Research* 84(1): 71-82. A representative sample of undergraduate and postgraduate international students at a large Australian university (n = 979, 64% females) completed a mail-back survey examining their

Mental Wellbeing in Higher Education: a Bibliography

perceptions of social connectedness. Four aspects of social connectedness were investigated: (1) connectedness in Melbourne, (2) social mixing and interaction with co-culturals and Australians, (3) involvement in organisations, associations and groups, and (4) connections to home and family. The majority of students report being well-connected to others in Melbourne, although some desire increased personal support from people who know and care about them. Connectedness in Melbourne is related to students' cultural background and communication skills in the new culture and their evaluation of their perceived academic progress. Students from Asian countries reveal different patterns to other students, especially in the relationships between connectedness and interactions with co-culturals. Awareness of these and other differences among international students from varying cultural backgrounds can help target assistance in achieving a sense of well-being.

Salzer, M. S. (2012). A comparative study of campus experiences of college students with mental illnesses versus a general college sample. *Journal of American College Health* **60** (1): 1-7.

Research was undertaken to examine campus experiences and relationships of college students with mental illnesses compared to general student norms using the College Student Experiences Questionnaire to understand potential sources of distress and retention issues. Responses were obtained from 449 former and current students with mental illnesses from more than 300 colleges and universities around the country. Participants completed an online survey, and results indicate that college students with mental illnesses report less engagement on campus and poorer relationships, and that these factors were associated with lower graduation rates. Students reporting they were treated differently 'most of the time' because of a mental illness had the lowest levels of engagement and poorest relationships. The study concluded that there is a need to develop interventions that enhance social functioning and engagement and address stigma on campus in order to reduce distress and enhance retention.

San José, B., H. van Oers, H. van de Mheen, H. Garretsen and J. Mackenbach (2000). Stressors and alcohol consumption. *Alcohol and Alcoholism* **35**(3): 307-312.

The objective of this study was to examine the relationship between negative life events and chronic stressors and drinking behaviour. Data suggested that some life events (getting divorced) and some chronic stressors (financial difficulties, unfavourable marital status, and unfavourable employment status) were positively related to abstinence among men and women. Furthermore, some life events (being a victim of a crime, decrease in financial position, divorce or reporting two or more life events) were positively associated with heavy drinking among men. Chronic stressors, such as unfavourable marital status and unfavourable employment status, were also related to heavy drinking among both men and women. Results presented here suggest that people under stressful conditions are more likely to either abstain or drink heavily rather than to drink lightly or moderately.

Selkie, E. (2016). Cyberbullying and college students: what can be done? *Psychiatric Times* April 28 2016. Cyberbullying, sometimes referred to as electronic victimization, is a public health concern in the Internet age and has been associated with multiple negative mental health outcomes. It remains under-recognized among college students; however, it is not surprising that cyberbullying occurs in college, given that college students are among the most frequent users of digital technology. Services should recognise the link between cyberbullying and health concerns such as depression and alcohol use.

Sheridan, L. (2006). Islamophobia pre- and post-September 11 2001. *Journal of Interpersonal Violence* **21**(3): 317-336.

Although much academic research has addressed racism, religious discrimination has been largely ignored. The current study investigates levels of self-reported racial and religious discrimination in a sample of 222 British Muslims. Respondents indicate that

Mental Wellbeing in Higher Education: a Bibliography

following September 11th, 2001, levels of implicit or indirect discrimination rose by 82.6% and experiences of overt discrimination by 76.3%. Thus, the current work demonstrates that major world events may affect not only stereotypes of minority groups but also prejudice toward minorities. Results suggest that religious affiliation may be a more meaningful predictor of prejudice than race or ethnicity. General Health Questionnaire scores indicate that 35.6% of participants likely suffered mental health problems, with significant associations between problem-indicative scores and reports of experiencing a specific abusive incident of September 11th–related abuse by respondents. The dearth of empirical work pertaining to religious discrimination and its effects is a cause for concern.

Smith, T. and K. Renk (2007). Predictors of academic- related stress in college students: an examination of coping, social support, parenting, and anxiety. *NASPA Journal* **44**(3): 405 - 431.

This study examined potential predictors of the academic-related stress experienced by college students. In particular, the relationships among the coping strategies used by college students, social support, the parenting style used by college students' mothers and fathers, college students' experience of anxiety, and academic-related stress were examined. Ninety-three undergraduate students enrolled in a psychology course at a large southeastern university completed a series of self-report questionnaires that measured the variables under study. Results suggested that anxiety, problem-focused coping, and support from significant others may serve as potentially important predictors of the academic-related stress experienced by college students. Thus, identifying college students' experience with these variables and addressing these variables in practical settings may help college students alleviate their experience of academic-related stress and have a less stressful, and possibly more fulfilling, college career.

Thurber, C. A. and E. A. Walton (2012). Homesickness and adjustment in university students. *Journal of American College Health* **60**(5): 415-419.

The transition to college or university can be an exciting new experience for many young adults. For some, intense homesickness can make this move difficult, even unsustainable. Homesickness, defined as the distress or impairment caused by an actual or anticipated separation from home, carries the unique hallmark of preoccupying thoughts of home and attachment objects. Sufferers typically report depression and anxiety, withdrawn behavior, and difficulty focusing on topics unrelated to home. For domestic and international university students, intense homesickness is particularly problematic. It can exacerbate preexisting mood and anxiety disorders, precipitate new mental and physical health problems, and sometimes lead to withdrawal from school. New research, consolidated here for the first time, points to promising prevention and treatment strategies for homesick students, the result of which can be a healthy, gratifying, and productive educational experience.

Tyson, P., K. Wilson, D. Crone, R. Brailsford and K. Laws (2010). Physical activity and mental health in a student population. *Journal of Mental Health* **19**(6): 492-499.

The present study investigates the association between physical activity and mental health in an undergraduate university population based in the United Kingdom. Method: One hundred students completed questionnaires measuring their levels of anxiety and depression using the Hospital Anxiety and Depression Scale (HADS) and their physical activity regime using the Physical Activity Questionnaire (PAQ). Results: Significant differences were observed between the low, medium and high exercise groups on the mental health scales, indicating better mental health for those who engage in more exercise. The authors concluded that engagement in physical activity can be an important contributory factor in the mental health of undergraduate student

Mental Health Bibliography Section 5: Student Diversity

Many of the resources included in this bibliography can also be found in other sections, but have been selected for because of mention or analysis of the incidence of mental health difficulties and/or behaviours or responses to interventions according to different student groups, defined by, for example their gender, gender identity, ethnicity, age, religious affiliation and their circumstantial, relationship or situational differences. Medical students are singled out for special attention in some of the papers (eg GMC2015, Grant *et al.* 2013; Tija 2005).

A separate section of the bibliography (**Section 6**) includes publications related to the mental health of international students.

Ablanedo-Rosas, J. H., R. Blevins, H. Gao, W-Y Teng and J. White (2011). The impact of occupational stress on academic and administrative staff, and on students: an empirical case analysis. *Journal of Higher Education Policy and Management* **33**(5): 553-564.

This article examines the impact of occupational stress among academic staff, administrative staff, and students in a well-established US university environment. The results show that there are different correlations associated with stress such as organisational demand, health issues, and stress management. Findings suggest that occupational stress levels differed between academic staff, administrative staff, and students. However, at the aggregate level, stress levels were similar by either gender or age. Different stress factors, such as work overload, feeling overwhelmed, and interrelated relationships were analysed. Students reported significant outcomes from stress: having sleep problems, depression, and irritability.

Ang, R., K. Lim, A. Tan and T. Yau (2004). Effects of gender and sex role orientation on help-seeking attitudes. *Current Psychology* **23**(3): 203-214.

This study investigated the effects of gender and sex role orientation (masculinity and femininity) on attitudes toward seeking professional psychological help in a sample of 163 student trainee teachers (52 males and 111 females) in Singapore. The mean age of students was 25.39 years (SD = 3.80). ANOVAs revealed statistically significant main effects for gender and femininity on attitudes toward help-seeking. Specifically, females were reported to have more positive overall attitudes toward professional help-seeking and were more willing to recognize a personal need for professional help compared to males. Femininity significantly influenced students' level of stigma tolerance. These findings suggest that both gender and sex role orientation play an independent role in influencing help-seeking attitudes. In addition, these variables appear to have a differential impact on different aspects of help-seeking.

Arriaza, C. A. and T. Mann (2001). Ethnic differences in eating disorders symptoms among college students: the confounding role of Body Mass Index. *Journal of American College Health* **49**(6): 309 - 315.

Eating disorders are among the most common psychopathologies on college campuses. Research on ethnic differences in eating disorder symptoms and prevalence has resulted in conflicting conclusions. Some studies find that particular ethnic groups have a higher prevalence of a symptom; others find that members of that ethnic group have a lower prevalence of the same symptom. The authors explored the role of body mass index (BMI), one potential confound. They used a reliable measure of eating disorder symptoms to assess differences between Hispanic, Asian, and non-Hispanic White college women from two separate samples. After controlling for BMI, ethnic differences in eating disorder symptoms of concern about weight and shape disappeared, but differences in restrained eating remained. Inconsistent findings in the ethnic-difference literature on eating disorders

Mental Wellbeing in Higher Education: a Bibliography

may result from systematic group differences in BMI. Implications for college health programs, counseling, and case finding are discussed.

Beaton, S., Forster, P. (2012) Insights into men's suicide. *InPsych* **34**, 16-17.

Suicide is a considerable public health issue garnering increasing attention in public and academic dialogue over the past few years. Despite alarming statistics showing a high gender skewing towards males, there has been remarkably little focus on prevention, intervention strategies or research to address male suicide.

Brooks, G. R. (2001). Masculinity and men's mental health. *Journal of American College Health* **49**(6): 285-297.

This article discusses issues concerning masculinity and men's mental health including relative frequencies of women's and men's mental health problems; the implications of the gender role strain paradigm of masculinity on men's mental health; and the dark side of masculinity including male violence and the sexual assault of women.

Bryant, J. B., J. Darkes and C. Rahal (2012). College Students' Compensatory Eating and Behaviors in Response to Alcohol Consumption. *Journal of American College Health* **60**(5): 350-356.

This study investigates college students' behaviors in response to the calories ingested by drinking alcohol. A sample of 274 nonclinical undergraduate alcohol drinkers completed an online survey asking about behaviors that students employed to make up for calories in alcohol or to get drunk more effectively. Drives for thinness, body dissatisfaction, disordered eating, and belief in a just world were also assessed to evaluate scale validity. Participants reported engaging in exercise and dietary restriction as calorie control strategies both proactively and reactively and tended toward calorie restriction activities during drinking episodes. Relatively few reported engaging in more drastic strategies such as purging or laxative use. Women scored higher than men, and students living with friends scored higher than other students. These findings have implications for health initiatives aimed at college students and suggest the importance of considering both social and cognitive factors.

Christie, H., Munro, M. and Rettig, H. (2008). Making ends meet: student incomes and debt. *Studies in Higher Education* **33** (5): 567-581.

This article draws on qualitative research with a group of non-traditional students entering an elite university in the UK to illustrate how being and becoming a university student is an intrinsically emotional process. It argues that feelings of loss and dislocation are inherent to the students' experiences of entering university, and that 'coming to know' a new community of practice is an emotional process that can incorporate feelings of alienation and exclusion, as well as of excitement and exhilaration. A broader understanding of how students learn then depends not just upon the individual's emotional commitment to developing a new learning identity, but on the emotional interaction between the student and the learning environment of the university.

Conrad, D. and A. White (2010). *Promoting Men's Mental Health*. Oxon, Radcliffe Publishing.

This book provides a resource for all who are seeking a fuller understanding of the many factors contributing to mental and emotional distress in men, and how men can be reached and supported to restore mental and emotional health and well-being.

Dennhardt, A. and J. Murphy (2011). Associations Between Depression, Distress Tolerance, Delay Discounting, and Alcohol-Related Problems in European American and African American College Students. *Psychology of Addictive Behaviors* **25**(4): 595-604.

Although levels of heavy drinking and alcohol-related problems are high in college students, there is significant variability in the number and type of problems experienced,

Mental Wellbeing in Higher Education: a Bibliography

even among students who drink heavily. African American students drink less and experience fewer alcohol-related problems than European American students, but are still at risk, and little research has investigated the potentially unique patterns and predictors of problems among these students. Depression, distress tolerance, and delay discounting have been implicated in adult substance abuse and may be important predictors of alcohol problem severity among college students. We examined the relationship between these variables and alcohol-related problems among African American and European American students (N = 206; 53% female; 68% European American; 28% African American) who reported recent heavy drinking. In regression models that controlled for drinking level, depression, distress tolerance, and delay discounting were associated with alcohol problems among African American students, but only depression was associated with alcohol problems among European American students. These results suggest that negative affect is a key risk factor for alcohol problems among college student drinkers. For African American students, the inability to tolerate negative emotions and to organize their behavior around future outcomes may also be especially relevant risk factors.

Downs, M. F. and D. Eisenberg (2012). Help Seeking and Treatment Use Among Suicidal College Students. *Journal of American College Health* **60**(2): 104-114.

Many suicidal college students do not receive mental health treatment, and the reasons for this are not fully understood. This study examines how attitudes, beliefs, and social network factors relate to help seeking among suicidal students. A random sample of 8,487 undergraduate and graduate students from 15 US universities participated. A Web-based survey administered in spring 2009 examined correlates of mental health service utilization among students reporting serious thoughts of suicide in the previous year (n = 543). Correlates of treatment use included perceived need, beliefs that treatment is effective, contact with service users, lower personal stigma, higher perceived stigma, fewer positive relationships, and sexual minority or Caucasian identity. Conclusions: Help seeking among suicidal students is associated with a range of personal and social network factors. Campus strategies to enhance help seeking should be tailored to address identified facilitators and barriers to treatment use among target populations.

Duffy, D. and T. Ryan (2004). *New Approaches to Preventing Suicide; A Manual for Practitioners*. London, Jessica Kingsley Publishers.

Written by front line professionals in the fields of nursing, mental health, prison services and the law, this text is an essential companion to the government's new suicide prevention strategy. The contributors offer a wealth of practical guidance on issues such as risk assessment and management in a range of settings, policy and the legal framework around suicide. Exploring the links between self-harm and suicide, the authors present international approaches to training in suicide prevention for professionals and preventative initiatives targeting wider communities. They debate the legality and morality of assisted self-harm and analyse the rate and causes of suicide among specific groups, including Black and minority ethnic groups, people in custody and people with mental illnesses. This manual provides health, social care and criminal justice professionals with all the most up-to-date information needed to make a positive contribution to suicide prevention in institutional and community settings.

Dusselier, L., B. Dunn, Y. Wang, MC Shelley and D. Walen (2005). Personal, health, academic, and environmental predictors of stress for residence hall students. *Journal of American College Health* **54**(1): 15-24.

The authors studied contributors to stress among undergraduate residence hall students at a midwestern, land grant university using a 76-item survey consisting of personal, health, academic, and environmental questions and 1 qualitative question asking what thing stressed them the most. Of 964 students selected at random, 462 (48%) responded to the survey. The authors weighted data to reflect the overall university-wide

Mental Wellbeing in Higher Education: a Bibliography

undergraduate population (55% men, 12% minority or international, and 25% freshmen). Women and US citizens experienced greater stress than did men and non-US citizens, respectively. Frequency of experiencing chronic illness, depression, anxiety disorder, seasonal affective disorder, mononucleosis, and sleep difficulties were significant stress predictors. Although alcohol use was a positive predictor, drug use was a negative predictor of stress. Both a conflict and a satisfactory relationship with a roommate, as well as a conflict with a faculty or staff member, were also significant predictors of stress.

General Medical Council (2015). *Supporting Medical Students with Mental Health Conditions*. London, General Medical Council/ Medical Schools Council (First published 2013; updated 2015).

This guidance is designed to help medical schools support students who have mental health conditions. It gives examples of good practice and advice for medical schools on how to provide the best possible help to students. It is designed to be flexible, so that medical schools can improve their existing processes rather than having to make radical changes.

Grant, A. (2004). Alcohol and student success. *AUCC Journal* Winter 2004.

The paper discusses research on student alcohol consumption undertaken as part of a broad survey of student wellbeing at the University of Leicester. Analysis of the impact of levels of consumption on student stress indicated that the highest impact was experienced those who drank over 20 units per week and those who did not drink alcohol at all. It is suggested that this latter may be indicative of stressful pressure to conform to a student social norm.

Grant, Andrew, A. Rix, K. Mattick, D. Jones and P. Winter (2013). *Identifying good practice among medical schools in the support of students with mental health concerns*. London, General Medical Council.

Research confirmed the extent to which students are reluctant to acknowledge and reticent to seek help about their mental health issues. The report concluded that, while there were many examples of excellent support processes, medical schools are failing to respond to the big issue of the stigma that attaches to mental illness, which directly impacts on students' reluctance to seek help. While attempts have been made, with varying degrees of success, to use Fitness to Practise (FtP) procedures as a way to support students this has to been seen in the context of a culture which encourages fierce competition, where illness, and particularly mental illness, is seen as a weakness, where work and study schedules are relatively inflexible (compared with other undergraduate programmes). Many of the successful role models students are exposed to, particularly in hospitals, espouse values that encourage students to hide rather than seek help with problems. The tendency for medical schools to take a clinical interest in their students illnesses, while laudable in its intention and its ability to treat each case individually, may have the undesired consequence of further positioning mental health issues as something outside routine expectations of student life – a 'secret' and certainly not a topic openly discussed.

Harring, H. A., K. Montgomery and J. Hardin (2010). Perceptions of body weight, weight management strategies, and depressive symptoms among US college students. *Journal of American College Health* **59**(1): 43-50.

The objective this study was to determine if inaccurate body weight perception predicts unhealthy weight management strategies and to determine the extent to which inaccurate body weight perception is associated with depressive symptoms among US college students. Data were collected from randomly selected male and female college students in the United States (N = 97,357 using the 2006 National College Health Assessment). Analyses were conducted on students' body weight perceptions, weight loss strategies, and feelings of depression. Females with an inflated body weight perception were

Mental Wellbeing in Higher Education: a Bibliography

significantly more likely to engage in unhealthy weight management strategies and report depressive symptoms than were females with an accurate body weight perception. The study concluded that College women are concerned with weight and will take action to lose weight. Colleges may need to focus more on interventions targeting both diet and physical activity while also promoting positive body image.

Kalodner, C. R., J. Delucia and A. Ursprung (1989). An examination of the tension reduction hypothesis: the relationship between anxiety and alcohol in college students. *Addictive Behaviours* **14**: 649-654.

The Tension Reduction Theory posits that alcohol is consumed to achieve tension reduction. The drinking patterns of high anxiety college students differed from low anxiety college students. Eighty-one students completed the Trait scale of the State-Trait Anxiety Inventory and the Khavari Alcohol Test (KAT). Several indices of alcohol use derived from the KAT were used to assess patterns of alcohol use. Five two-way analyses of variance were conducted using gender and anxiety as factors. Hypothesis One predicted that there would be a significant difference in alcohol consumption between high and low anxiety students when a comprehensive measure of alcohol use was used. This hypothesis was supported. Hypothesis Two predicted that frequency alone would not differentiate between anxiety levels; this was also supported. The Third Hypothesis was that volume measures of beer, wine and liquor would differentiate between the high and low anxiety levels; this hypothesis was partially supported--beer volume did differentiate between groups, while wine and liquor volume did not. The final hypothesis was that there would be an interaction between gender and anxiety; this was not supported.

Kamal, Z. and K. M. Loewenthal (2002). Suicide beliefs and behaviour among young Muslims and Hindus in the UK. *Mental Health, Religion and Culture* **5**(2): 111 - 118.

It has been suggested that Hindu tradition is relatively tolerant of suicide, while Islamic tradition has consistently regarded suicide as a very grave sin. This study sought to examine the possible impact of religious-cultural tradition by examining suicide-related beliefs and reported behaviour in non-clinical samples of young Hindus ($n = 40$) and Muslims ($n = 60$) living in the UK. Participants completed a short demographic questionnaire, the Reasons for Living Inventory, and measures of suicide thoughts, plans and behaviour. The Hindus endorsed moral, total and (marginally) survival-and-coping reasons for living less strongly than did the Muslims. Women endorsed family-related, fear of suicide and (marginally) total reasons for living less strongly than did men. There were no noteworthy between-group differences with respect to suicide thoughts, plans or behaviour. Causal inferences are not possible, but the results are consistent with the suggestions that scriptural differences between Hinduism and Islam in attitudes to suicide may be responsible for some of the differences detected in this study.

Kuentzel, J. G., E. Arble, N. Boutros, D. Chugani and D. Barnett (2012). Nonsuicidal self-injury in an ethnically diverse college sample. *American Journal of Orthopsychiatry* **82**(3): 291-297.

Self-report data pertaining to Nonsuicidal Self-Injury (NSSI, eg. cutting) were collected from 5,691 undergraduates at a Midwestern urban university. Consistent with the small literature on NSSI among college students, 12.8% of the sample indicated having engaged in NSSI at least once (3.4% in the past year). Women and younger students were at slightly higher risk. Important ethnic differences were found, as Caucasians and individuals self-identifying as Multiracial were at especially high risk for a history of NSSI, whereas Arab Americans and African Americans had particularly low rates. Further, links between NSSI and religion were found, such that participants with stronger self-reported religious convictions had the lowest rates of NSSI. Those who self-described as Atheist, Agnostic, or Nonbeliever were several times more likely to have engaged in NSSI (31.3%), while Muslims (7.4%) and Baptists (6.3%) had relatively low rates. Multivariate analyses

Mental Wellbeing in Higher Education: a Bibliography

revealed that ethnic differences in NSSI could not be accounted for by religious differences. Processes that may explain the associations between NSSI and ethnic affiliation and religion are discussed.

Masuda, A., P. Anderson, M. Twohig, A. Feinstein, Y-Y Chou, J. Wendell and A. Stormo (2009). Help-seeking experiences and attitudes among African American, Asian American, and European American college students *International Journal for the Advancement of Counselling* **31**(3): 168-180.

The study examined African American, Asian American, and European American college students' previous direct and indirect experiences of seeking professional psychological services and related attitudes. Survey data were collected from 254 European American, 182 African American and 82 Asian American college students. Results revealed that fewer African American and Asian American college students had sought professional psychological services, knew someone who had sought psychological services, and knew a close person who was diagnosed with a psychological disorder, relative to European American students. Furthermore, African American and Asian American participants showed less favorable attitudes on a variety of help-seeking attitudes, compared to the European American group.

McCarthy, J. and E. L. Holliday (2004) Help-seeking and counseling within a traditional male gender role: an examination from a multicultural perspective. *Journal of Counseling and Development* **82**, 25-30.

A traditional male gender role reflects an affirmation of masculine identity associated with such qualities as success and self-reliance. This gender role is examined from a diversity perspective in counseling, because it may affect many men's help-seeking attitudes and behaviors. Suggestions from the literature are reviewed from the standpoint of the Multicultural Counseling Competencies. The paper suggests that the counseling profession would benefit from greater sensitivity in aiding men endorsing this role.

McGale, N., S. McArdle and P. Gafney (2011). Exploring the effectiveness of an integrated exercise/CBT intervention for young men's mental health. *British Journal of Health Psychology* **16**: 457-471.

This pilot study investigated the effectiveness of a team-based sport/psychosocial intervention (Back of the Net, BTN) with an individual exercise (IE) and a control condition for the mental health of young men. Exercise-based interventions were effective in reducing symptoms of depression in a non-clinical community sample of young men. The BTN programme demonstrated potential for improving the mental health of young men, however larger scale community-based research is warranted to further examine the effectiveness of this type of intervention.

Morrall, P., P. Marshall, S. Pattison and G. MacDonald (2010). Crime and health: a preliminary study into the effects of crime on the mental health of UK university students. *Journal of Psychiatric and Mental Health Nursing* **17**(9): 821-828.

In this paper we report on the findings from a preliminary study in the UK into the effects of crime on health. The aim of the study was to investigate what victims of crime report to be the effects of both actual crime and the fear of crime on their physical and psychological health (as well as social well-being) and what actions they take (if any) to deal with these effects. A survey method was adopted using a modified version of the 'Health, Quality of Life and Crime Questionnaire' with 866 undergraduate student respondents from three UK universities. University students were selected as the sample population because, as a group, they form a specific 'victim community'. Conclusions extrapolated from the respondents' replies were first, there are serious negative health effects (particularly on psychological health) of a considerable minority of those students who are victims of crime. Second, the vast majority of the victims did not initiate any health intervention. Third, a large

Mental Wellbeing in Higher Education: a Bibliography

minority of the victims did not report the crime to the police. Fourth, a majority of both victims and non-victims suffered psychological negative effects from the fear of crime. Fifth, there is a huge gender imbalance among those affected by crime with female students much more fearful of crime than men. Moreover, female students were much more likely to use specific strategies to lower the risk of crime. These conclusions suggest that there may be important policy implications for universities, the police, victim support organizations and mental health services, regarding the effects of crime on students. This study is intended as a preliminary stage for subsequent in-depth and larger projects.

Nam, S. K., H.J. Chu, M.K. Lee, J.H. Lee, N. Kim and S.M Lee (2010). A Meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health* **59**(2): 110-116.

The present study aims to examine gender differences in attitudes toward professional psychological help-seeking behavior and how gender differences could be affected by other cultural factor such as race. Participants: The authors selected studies that involved undergraduate and graduate students as samples, making the total number of participants in this meta-analysis 5,713. Methods: Statistical procedures were administrated by the MIX (Meta-analysis with Interactive explanations) program, which does meta-analyses. The results indicated that gender itself was a significant predictor on attitudes toward seeking professional psychological help. In addition, individual's cultural background (eg, Western versus non-Western ethnicity) moderated the gender differences on attitudes toward seeking professional psychological help. Practical implications for mental health professionals in college settings were discussed.

O'Hare, T. (2001) Stress and drinking context in college first offenders. *Journal of Alcohol and Drug Education*, 4-18.

Social-cognitive theory has provided a framework within which to examine the complex interactions of stress, alcohol expectancies, drinking problems and drinking context. The current study of 505 college students who drink examines the relationships among self-reported stress, drinking related problems (socio-emotional and community-related), and gender with three distinct drinking contexts, (convivial, intimate and negative coping). Results support the direct relationship between stress and excessive drinking across all three contexts, but also show that stress and self-reported social-emotional drinking problems interact to predict drinking to cope with negative emotions. Men with greater self-reported stress also appear more likely to drink to cope with negative emotions. Recommendations for secondary prevention efforts based on context-related drinking styles are suggested.

O`Dea, J. and S. Abraham (2002). Eating and exercise disorders in young college men. *Journal of American College Health* **50**(6): 273 - 278.

The authors used the computerized Eating and Exercise Examination to investigate eating, weight, shape, and exercise behaviors in a convenience sample of 93 male college students. One fifth of the men worried about their weight and shape, followed rules about eating, and limited their food intake. Between 9% and 12% were unhappy with their body shape, felt fat, and seriously wanted to lose weight. Exercise was important for the self-esteem of 48% of the students. Thirty-four percent were distressed when they could not exercise as much as they wanted, 27% followed rules about exercising, and 14% worried about the amount of exercise they were doing. The respondents met clinical diagnoses for objective binge eating (3%), self-induced vomiting (3%), bulimia nervosa (2%), and exercise disorders (8%). Although 9% reported disordered eating, none had sought treatment. Health professionals should be aware that eating and exercise disorders may be present in college men and that screening may help in the early identification of these problems.

Mental Wellbeing in Higher Education: a Bibliography

Peden, A. R., M. Rayens, L.Hall, and L.Beebe (2001). Preventing depression in high-risk college women: a report of an 18-month follow-up. *Journal of American College Health* 49(6): 299 - 305.

The authors tested the long-term effectiveness of a cognitive-behavioral group intervention in reducing depressive symptoms, decreasing negative thinking, and enhancing self-esteem in 92 college women aged 18 to 24 years who were at risk for clinical depression. The women were randomly assigned to either an experimental or a no-treatment control group. The experimental group participated in a 6-week cognitive-behavioral intervention that targeted identification and reduction of negative thinking, using such techniques as thought stopping and affirmations. Data on depressive symptoms, self-esteem, and negative thinking were collected before the intervention and at intervals of 1, 6, and 18 months post-intervention. The women in the intervention group experienced a greater decrease in depressive symptoms and negative thinking and a greater increase in self-esteem than those in the control group. The beneficial effects continued over an 18-month follow-up period. These findings support the importance of thought stopping and affirmations as prevention interventions with at-risk college women.

Pedreli, P., B. Borsari, S. Lipson, J. Heinze and D. Eisenberg (2016). Gender differences in the relationships among major depressive disorder, heavy alcohol use, and mental health treatment engagement among college students. *Journal of Studies on Alcohol and Drugs* 77(4) 620-628.

Although major depressive disorder (MDD) and heavy episodic drinking (HED, 4+/5+ drinks in a single sitting for women/men) are common among young adults in college, the relationship between the two remains unclear. This study examined the association between MDD and HED in this population, the effect of gender on this association, and whether comorbid MDD and heavy alcohol use are associated with higher rates of mental health treatment engagement. The study comprised 61,561 (65.3% female) undergraduate students who answered an online survey on depression, alcohol use, and treatment engagement in the past year. Hierarchical linear regressions examined the association between MDD and alcohol use (HED and peak blood alcohol concentration [pBAC]) and whether gender moderated these associations. Logistic regressions were then conducted to examine the influence of MDD, heavy alcohol use, and gender on treatment engagement. Students with MDD reported more frequent HED and higher pBAC than did students without MDD; this was especially true for female students. Rates of treatment engagement were higher among women than men, among students with MDD than students without MDD, and among female students with HED than women without HED. The presence of an association between MDD and heavy alcohol use suggests the need for systematic screenings of both conditions. Low rates of treatment engagement in college students with MDD and heavy alcohol use calls for the development of strategies to engage this high-risk group in treatment.

Russell, G., D.Moss and J. Miller (2010). Appalling and appealing: a qualitative study of the character of men's self-harm. *Psychology and Psychotherapy: Theory, Research and Practice* 83: 91-109.

The objectives of the study were to engage with the experiential phenomena of men's self-harm, to get a sense of its 'feel', its character, and to relate these things in a useful and authentic way. It was a qualitative in-depth interview study with design input from service users' groups based on Hermeneutic phenomenology. Two interviews with each of four participants in their homes, with the intention of developing understanding through dialogic interview and reflection. Some of the character of men's self-harm was recognizable from the psychodynamic and functional literature: soothing practices, dissociation, and an ambivalent stuckness around separation versus incorporation. There were other, unexpected structures present: existential vulnerability and openness, sacrifice, lack of

Mental Wellbeing in Higher Education: a Bibliography

boundary, and insatiability. Professionals who work with men who self-harm may like to be aware of these relational dynamics.

Sheridan, L. (2006). Islamophobia pre- and post-September 11 2001. *Journal of Interpersonal Violence* **21**(3): 317-336.

Although much academic research has addressed racism, religious discrimination has been largely ignored. The current study investigates levels of self-reported racial and religious discrimination in a sample of 222 British Muslims. Respondents indicate that following September 11th, 2001, levels of implicit or indirect discrimination rose by 82.6% and experiences of overt discrimination by 76.3%. Thus, the current work demonstrates that major world events may affect not only stereotypes of minority groups but also prejudice toward minorities. Results suggest that religious affiliation may be a more meaningful predictor of prejudice than race or ethnicity. General Health Questionnaire scores indicate that 35.6% of participants likely suffered mental health problems, with significant associations between problem-indicative scores and reports of experiencing a specific abusive incident of September 11th-related abuse by respondents. The dearth of empirical work pertaining to religious discrimination and its effects is a cause for concern.

Tjia, J. Givens and J. Shea (2005). Factors associated with undertreatment of medical student depression. *Journal of American College Health* **53**(5).

The authors measured factors associated with under-treatment of medical students' depression. They administered a cross-sectional Beck Depression Inventory and socio-demographic questionnaire to students at 1 medical school, defining their outcome measure as the use of counseling services or antidepressant medication. Of an estimated 450 available student participants in the study, 322 (71.6%) completed the questionnaire. Forty-nine students (15.2%) were classified as depressed and 10 (20.4%) reported experiencing suicidal ideation during medical school, but only 13 (26.5%) of the depressed students reported treatment. The researchers observed no difference in treatment by year in school, completion of psychiatric requirement, race, or depression severity. Treatment for depression was significantly associated with older age and personal and family histories of depression. Despite the availability of effective medications and confidential mental health services, medical students with depression are undertreated. The authors' findings support the need for targeted messages to help medical students recognize their depression and refer themselves for appropriate treatment.

Turner, A., C. Hammond, M. Gilchrist and J. Barlow (2007). Coventry university students' experience of mental health problems. *Counselling Psychology Quarterly* **20**(3): 247-252.

Growing numbers of university students are reporting mental health problems and using counselling services. The purpose of this study was to examine Coventry University students' experience of mental health problems. The Department of Health (DoH) Mental Health Survey questionnaire (2003) was used to examine the experience of mental health problems and help seeking behaviour. Within the last 12 months nearly three quarters of students had experienced anxious or depressed moods, or, personal, mental, nervous or emotional problems, with a third of students failing to seek help. Ethnic minority students were more likely to report problems and less likely to seek help when compared to white students. Male students were less likely to seek help compared to female students. There are few existing studies that have focused on the mental health of students at universities established after 1992 from existing polytechnics. Coventry University exceeds the Government benchmark targets for recruiting students from non-traditional backgrounds. Our results show that it is these groups of students who are more likely to experience mental health problems.

Vazquez, F. L., P. Otero and O. Diaz (2012). Psychological distress and related factors in female college students. *Journal of American College Health* **60**(3): 219-225.

Mental Wellbeing in Higher Education: a Bibliography

This study assessed the psychological distress in Spanish college women and analyzed it in relation to socio-demographic and academic factors. The authors selected a stratified random sampling of 1,043 college women (average age of 22.2 years). Socio-demographic and academic information were collected, and psychological distress was assessed with the Symptom Checklist. This sample of college women scored the highest on the depression dimension and the lowest on the phobic anxiety dimension. The sample scored higher than women of the general population on the dimensions of obsessive-compulsive, interpersonal sensitivity, paranoid ideation, psychoticism, and on the Global Severity Index. Scores in the sample significantly differed based on age, relationship status, financial independence, year of study, and area of study. The results indicated an elevated level of psychological distress among college women, and therefore college health services need to devote more attention to their mental health.

Weatherhead, S. and A. Daiches (2010). Muslim views on mental health and psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice* **83**(1): 75-83.

The aim of this research was to explore with a heterogeneous Muslim population their understanding of the concept of mental health and how any mental distress experienced by an individual can best be addressed. A qualitative approach was taken. Participants were interviewed, and data analysed thematically. A sample of 14 Muslims was interviewed according to a semi-structured interview schedule. Participants were recruited via electronic mailing lists, and communications with local Muslim organizations. Interviews were transcribed verbatim, and data were analysed using thematic analysis. Thematic analysis identified seven operationalizing themes that were given the labels 'causes', 'problem management', 'relevance of services', 'barriers', 'service delivery', 'therapy content', and 'therapist characteristics'. The results highlight the interweaving of religious and secular perspectives on mental distress and responses to it. Potential barriers are discussed, as are the important characteristics of therapy, therapists, and service provision. Clinical implications are presented along with the limitations of this study and suggestions for future research.

Weitzman, Elissa R. (2004) Poor mental health, depression, and associations with alcohol consumption, harm, and abuse in a national sample of young adults in college. *The Journal of Nervous and Mental Disease*. 2004; 192(4): 269-277.

The purpose of this article was to describe patterns of poor mental health/depression (PMHD) in a national sample of college students and the relationships among PMHD, alcohol consumption, harm, and abuse. Responses to mailed questionnaires completed by a random sample of 27,409 students at 119 colleges were analyzed using logistic regression. Nationally, 4.8% of students reported PMHD. The average college prevalence was 5.01% (range, 0.68% to 13.23%). Students with PMHD were more likely than their peers to be female, nonwhite, and from low socioeconomic status families; less likely to report never drinking; as likely to report frequent, heavy, and heavy episodic drinking; and more likely to report drinking to get drunk. Students with PMHD—especially females—were more likely to report drinking-related harms and alcohol abuse. College is a critical context for studying youth mental health. The interrelationship of mental health problems and their clustering by group and college are important considerations for prevention and treatment.

Whitlock, J., J. Muelenkamp, A. Purington, J. Eckebride, P. Barreira, G. Barak Abrams, T. Marshall, V. Kress, G. Kristine, C. Chin and K. Knox (2011). Nonsuicidal self-injury in a college population: general trends and sex differences. *Journal of American College Health* **59**(8): 691-698.

The objective was to describe basic non-suicidal self-injury (NSSI) characteristics and to explore sex differences. A random sample from 8 universities were invited to participate in a Web-based survey in 2006-2007; 38.9% (n = 14,372) participated. Analysis assessed sex differences in NSSI prevalence, practices, severity, perceived dependency,

Mental Wellbeing in Higher Education: a Bibliography

and help-seeking; adjusted odds ratios for NSSI characteristics were calculated by sex status. Lifetime NSSI prevalence rates averaged 15.3%. Females were more likely than males to self-injure because they were upset or in hopes that someone would notice them. Males were 1.6 times more likely to report anger and 4.0 times more likely to report intoxication as an initiating factor. Sexual orientation predicted NSSI, particularly for women. Only 8.9% of the NSSI sample reported disclosing NSSI to a mental health professional. Conclusions: NSSI is common in college populations but varies significantly by sex and sexual orientation. NSSI disclosure is low among both sexes.

Yager, Z. and J. O'Dea (2008). Prevention programs for body image and eating disorders on University campuses: a review of large, controlled interventions. *Health Promotion International* **23**(2): 173-189.

Body dissatisfaction, dieting, eating disorders and exercise disorders are prevalent among male and female university students worldwide. Male students are also increasingly adopting health-damaging, body-image-related behaviors such as excessive weight lifting, body building and steroid abuse. Given the severity and difficulty of treating eating disorders, prevention of these problems is a recognized public health goal. Health promotion and health education programs have been conducted in the university setting since the mid 1980s, but few have achieved significant improvements in target health attitudes and behaviors. In this paper, 27 large, randomized and controlled health promotion and health education programs to improve body dissatisfaction, dieting and disordered eating and exercise behaviors of male and female college students are reviewed. In general, health education programs to improve body image and prevent eating disorders in the university setting have been limited by small sample sizes and the exclusion of male students. The majority of studies were conducted among either female undergraduate psychology students or women that were recruited using on-campus advertising. The latter reduces the ability to generalize results to the whole university population, or the general community. In addition, there has been a paucity of longitudinal studies that are methodologically sound, as only 82% (22/27) of interventions included in the review used random assignment of groups, and only 52% (n = 14) included follow-up testing. Information-based, cognitive behavioral and psycho-educational approaches have been the least effective at improving body image and eating problems among university students. Successful elements for future initiatives are identified as taking a media literacy- and dissonance-based educational approach, incorporating health education activities that build self-esteem, and using computers and the internet as a delivery medium. A newly designed program for Australian university students is described.

Zinzow, H. M., A. Amstadter, J. McCauley, K. Ruggiero, H. Resnick, and D. Kilpatrick (2011). Self-rated health in relation to rape and mental health disorders in a national sample of college women. *Journal of American College Health* **59**(7): 588-594.

The purpose of this study was to employ a multivariate approach to examine the correlates of self-rated health in a college sample of women, with particular emphasis on sexual assault history and related mental health outcomes. Participants: A national sample of 2,000 female college students participated in a structured phone interview between January and June 2006. Interview modules assessed demographics, posttraumatic stress disorder, major depressive episode, substance use, rape experiences, and physical health. Logistic regression analyses showed that poor self-rated health was associated with low income (odds ratio [OR] = 2.70), lifetime posttraumatic stress disorder (OR = 2.47), lifetime major depressive episode (OR = 2.56), past year illicit drug use (OR = 2.48), and multiple rape history (OR = 2.25). These findings highlight the need for university mental health and medical service providers to assess for rape history, and to diagnose and treat related psychiatric problems in order to reduce physical morbidity.

Mental Health Bibliography Section 6: International Students

The mental wellbeing of international students is a matter of increasing interest and concern in the HE sector. They make up an important proportion of the UK higher education population (nearly 440,000 in 2014/5) and add significantly to cultural richness as well as the financial stability of the UK HE sector. While there is a significant body of literature on the academic and social support of international student, their mental health has been less deeply and extensively studied. The following references have been selected as they contribute to the better understanding of the challenges that this, in itself diverse, group of students face, how this impacts on their mental wellbeing, their attitudes to the services available to them and how HEIs may be able to contribute to improving and sustaining the wellbeing of their international student body.

Ang, R., K. Lim, A. Tan and T. Yau (2004). Effects of gender and sex role orientation on help-seeking attitudes. *Current Psychology* **23**(3): 203-214.

This study investigated the effects of gender and sex role orientation (masculinity and femininity) on attitudes toward seeking professional psychological help in a sample of 163 student trainee teachers (52 males and 111 females) in Singapore. The mean age of students was 25.39 years (SD = 3.80). ANOVAs revealed statistically significant main effects for gender and femininity on attitudes toward help-seeking. Specifically, females were reported to have more positive overall attitudes toward professional help-seeking and were more willing to recognize a personal need for professional help compared to males. Femininity significantly influenced students' level of stigma tolerance. These findings suggest that both gender and sex role orientation play an independent role in influencing help-seeking attitudes. In addition, these variables appear to have a differential impact on different aspects of help-seeking.

Bradley, G. (2000). Responding effectively to the mental health needs of international students. *Higher Education* **39**: 417-433.

Drawing on the data from HEFCE (Higher Education Funding Council) sponsored project *Responding Effectively to the Mental Health Needs of Students*, this article describes the difficulties academic staff experience when responding to students with mental health problems. The views of academic staff are also recorded concerning what was helpful to them when considering these needs. This data is linked to research on working cross culturally with international students and set within a national framework. Research data is also accessed from focus groups which centred on the mental health needs of international and home students. Identical questions were posed to both groups students and similarities and differences recorded. International students voiced experience of a range of economic, social and academic pressures which appear to be different in degree and often in kind from those experienced by 'home' students. These factors in extreme cases may trigger and/or exacerbate mental health problems. Whilst these findings are mainly qualitative, they have a resonance with and help illustrate existing research. Finally, this paper considers the potential of academic staff, student groups and the policies of the institution of higher education to contribute to improvements of the welfare of international students.

Carr, J. L., M. Koyama and M. Thiagarajan (2003). A women's support group for Asian international students. *Journal of American College Health* **52**(3): 131-134.

International students underuse counseling services, which are grounded in Western cultural values. The authors describe a support group for Asian international students that they launched at a large midwestern university to help students feel at ease with American university life, address homesickness, language problems, and academic and social

Mental Wellbeing in Higher Education: a Bibliography

stressors. Co-leaders created a safe and culturally sensitive atmosphere where the women could network, socialize, and address their issues. Group treatment offers many advantages over individual counseling and can enhance the health of international students.

Dollery, R. and H. Yu (2011). *Investigations into the Mental Health Support Needs of International Students with Particular Reference to Chinese and Malaysian Students.* University of Nottingham.

A project was undertaken at the University of Nottingham with the aim of assessing the mental health/care needs of Chinese and Malaysian International students. Data were collected from the University Health Centre, the University Counselling Service and the Mental Health Adviser. International students have greater support needs and need more targeted information in comparison to UK students. The key findings were that: students from mainland China have significant additional barriers to accessing mental health support compared with Malaysian and home students; in addition to the common challenges faced by all international students, Chinese and Malaysian students are facing particular barriers to seeking help. When seeking help, differences of culture and language are their major concerns; stigma relating to mental health is a major barrier for many international students and is particularly acute within the Chinese and Malaysian populations; and the Tutor and Academic staff support system is perceived as the most important source of help and students made the most use of these services in comparison with other support services on campus. A number of examples of good practice were identified.

Elliot, J. and J. Chong (2004) Presentation anxiety: a challenge for some students and a pit of despair for others. *Challenging Education: Socio-Cultural, Economic and Academic Outcomes: Proceedings of the 15th ISANA International Conference 2004.* Melbourne, Australia.

There is emphasis in some tertiary courses on in-class presentations as an important skill and as a means of assessment. Frequently, this appears in the first semester of a student's enrolment. This may present especial issues for international students, particularly those from countries with significant cultural and linguistic differences to Australia. It may be somewhat confronting to not only have to make an adjustment to a new and different cultural and educational setting, but also be asked within a month or two to place oneself on public display, potentially in what may not be your first language. This paper examines data that compare anxiety levels of incoming international students to local students; some of the associated anxiety issues experienced by international students who have presented at a University Counselling service; and discusses a two-session workshop offered as an intervention.

Hyun, J., B. Quinn, T. Madon and S. Lustig (2007). Mental health needs, awareness and use of counselling services amongst international graduate students. *Journal of American College Health* 56(2): 109-118.

The authors examined the prevalence of mental health needs in international graduate students, their knowledge of mental health services, and their use of on-campus and off-campus counseling services. All registered graduate students in the Spring 2004 semester received an e-mail invitation to participate in a Web survey. Of the 3,121 completed surveys, 551 completed surveys were from international graduate students. Approximately 44% of international graduate students responded that they had had an emotional or stress-related problem that significantly affected their well-being or academic performance within the past year. International students who reported a more functional relationship with their advisors were less likely to report having an emotional or stress-related problem in the past year and using counseling services. International students who reported higher financial confidence were also less likely to use counseling services. The study concluded that there is an unmet mental health need among international graduate students. Special mental health outreach efforts should be directed at international graduate

Mental Wellbeing in Higher Education: a Bibliography

students, with particular attention on the relationship between students and their advisors and on adequate financial support for students.

Jones, A. Y. M.E. Dean and S. Lo (2002). Interrelationships between anxiety, lifestyle self-reports and fitness in a sample of Hong Kong university students. *Stress* **5**(1): 65 - 71.

Although anxiety in university students has been well documented, the influence of lifestyle and fitness status in relation to anxiety has not been investigated from a cultural perspective previously. To make recommendations regarding the avoidance or management of anxiety in this anxiety-prone cohort that are rationally based, this preliminary investigation examined the interrelationship between anxiety, lifestyle self-reports and aerobic fitness in Hong Kong Chinese University students. The State Trait Anxiety Inventory (Form Y-2) and a lifestyle questionnaire were completed by 213 students. Female students were more anxious than male students. Subjects with high anxiety reported more deleterious lifestyle behaviours including higher salt consumption and lower levels of exercise; in addition to more frequent symptoms of anxiety such as headaches and daytime somnolence. The extremes of this sample were stratified into a low anxiety group (n = 17) and a high anxiety group (n = 14) to compare their fitness status. Although both groups had below normal aerobic capacity, the higher systolic blood pressure observed for the high anxiety group is consistent with signs of anxiety, or greater deconditioning in this group or both. The results of this study have highlighted anxiety as a concern in Hong Kong University students and identified some lifestyle and fitness correlates. Understanding lifestyle and pathophysiological correlates of anxiety in Hong Kong University students that may have a cultural basis, is a crucial step toward averting or managing anxiety when these students are studying either in Hong Kong or abroad.

Mori, S. (2000). Addressing the mental health concerns of international students. *Journal of Counseling & Development* **78**(2): 137-144.

International students on the American college campus are a diverse and increasing population whose unique concerns are traditionally overlooked. However, given the evidence that the demands for cultural adjustments frequently place international students at greater risk for various psychological problems than are students in general, it is important that sufficient and readily accessible mental health services be established for them. This article examines the sources of international students' psychological concerns, the reasons for their notable underutilization of existing counseling services, and the ways to provide more culturally sensitive services.

Rosenthal, D., J. Russell and G. Thomson (2008). The health and wellbeing of international students at an Australian university. *Higher Education* **55**(1): 51-67.

A representative sample of undergraduate and postgraduate international students at a large Australian university (n=979, 64% females) completed a mail-back survey of their health and wellbeing. Most students evaluated their current and previous physical and mental health positively. Health-related risk practices such as unprotected sexual activity, drug use, smoking and gambling, were reported by few students. There was little change in health or risk behaviours since coming to Australia and few changes that were health compromising. Few demographic or situational variables, including age and gender, had a significant impact on students' wellbeing. This study has revealed that few international students find the experience of studying in an overseas country detrimental to their wellbeing. Nevertheless, for those students who encounter difficulties or are at increased risk of health compromising outcomes, we must ensure better delivery of health promotion.

Russell, J., D. Rosenthal and G. Thomson (2010). The international student experience: three styles of adaptation. *Higher Education* **60**(2): 235-249.

The subjective well-being of a sample of 979 international students attending a large metropolitan university in Melbourne, Australia, was investigated. A person-focussed

Mental Wellbeing in Higher Education: a Bibliography

approach was used to determine whether different ways of adapting, based on patterns of well-being, could be discerned. Cluster analysis of responses on 21 measures identified three different patterns: positive and connected (58.8% of students), unconnected and stressed (34.4%), and distressed and risk-taking (6.7%). Tests of the concurrent validity of the typology were significant. Demographic factors were not particularly helpful in distinguishing among the three patterns of well-being. The results provide universities with knowledge pertinent to provision of appropriate international student support.

Thurber, C. A. and E. A. Walton (2012). Homesickness and adjustment in university students. *Journal of American College Health* **60**(5): 415-419.

The transition to college or university can be an exciting new experience for many young adults. For some, intense homesickness can make this move difficult, even unsustainable. Homesickness, defined as the distress or impairment caused by an actual or anticipated separation from home, carries the unique hallmark of preoccupying thoughts of home and attachment objects. Sufferers typically report depression and anxiety, withdrawn behavior, and difficulty focusing on topics unrelated to home. For domestic and international university students, intense homesickness is particularly problematic. It can exacerbate preexisting mood and anxiety disorders, precipitate new mental and physical health problems, and sometimes lead to withdrawal from school. New research, consolidated here for the first time, points to promising prevention and treatment strategies for homesick students, the result of which can be a healthy, gratifying, and productive educational experience.

Ye, Y., P. Wang, G. Qu, S. Yuan, P. Phongsavan and Q. He (2015). Associations between multiple health risk behaviors and mental health among Chinese college students. *Psychology, Health & Medicine* **21**(3) 377-385.

Although there is substantial evidence that health risk behaviors increase risks of premature morbidity and mortality, little is known about the multiple health risk behaviors in Chinese college students. Here, we investigated the prevalence of multiple health risk behaviors and its relation to mental health among Chinese college students. A cross-sectional study was conducted in Wuhan, China from May to June 2012. The students reported their health risk behaviors using self-administered questionnaires. Depression and anxiety were assessed using the self-rating depression scale and self-rating anxiety scale, respectively. A total of 2422 college students (1433 males) aged 19.7 ± 1.2 years were participated in the study. The prevalence of physical inactivity, sleep disturbance, poor dietary behavior, Internet addiction disorder (IAD), frequent alcohol use and current smoking was 62.0, 42.6, 29.8, 22.3, 11.6 and 9.3%, respectively. Significantly increased risks for depression and anxiety were found among students with frequent alcohol use, sleep disturbance, poor dietary behavior and IAD. Two-step cluster analysis identified two different clusters. Participants in the cluster with more unhealthy behaviors showed significantly increased risk for depression (odds ratio (OR): 2.21; 95% confidence interval (CI): 1.83, 2.67) and anxiety (OR: 2.32; 95% CI: 1.85, 2.92). This study indicates that a relatively high prevalence of multiple health risk behaviors was found among Chinese college students. Furthermore, the clustering of health risk behaviors was significantly associated with increased risks for depression and anxiety.

Mental Health Bibliography Section 7: Suicide and Self Harm

Suicide and deliberate self-harm, including eating disorders, are of increasing concern in the HE sector in both the UK and the US. The references included in this section of the Mental Health Bibliography address many aspects of self harm that either relate to or have relevance within the HE context. They include the research on and discussion of the epidemiology of self-harming behaviours (eg Arriaza and Mann 2001; Best 2009; Eisenberg *et al.* 2011; and see also **Section 5: Student Diversity**), their correlates or causes (eg Arens *et al.* 2012; Brady 2006; Garcia *et al.* 2002), the impact on and analysis of student behaviours (eg Bryant *et al.* 2012; Denmark *et al.* 2012) and prevention and intervention strategies (eg Berg *et al.* 2012; Duffy and Ryan 2004; Stanley *et al.* 2007; Yager and O/Dea 2008).

Some publications specifically address harm reduction policy development (eg Douglas 2007; Grant 2002; JED 2006) and several offer advice to those working directly with students at risk (eg Aldridge 2012; Granello 2010) and include guidance documents for those affected by suicide (Hawton and Simkin 2010; Meilman and Hall 2006).

The legal context, including potentially controversial matters such as parental notification following attempted suicide, is also discussed in some papers (Baker 2005; 2006; Hemingway 2015; Pavela 2006). While in the main these refer to the current US legislation, this may influence the development of UK legal thinking, and in particular case law, in the future.

Aldridge, D. and Perez Barrero (2012). *Suicidal Behaviours. Working with Individuals at Risk and their Families*. London, Jessica Kingsley.

Over a million people commit suicide worldwide every year. Taking an interdisciplinary approach that looks at the person at risk, the family and personal relationships they have and the communities in which they are embedded, this book will help anyone working with suicidal individuals to prevent this major cause of death. This book will be essential reading for anybody working with people at risk of suicide, including clinicians, therapists, psychologists, social and healthcare workers and volunteers working in suicide prevention.

Arens, A. M., R. Gaher and J. Simons (2012). Child maltreatment and deliberate self-harm among college students: testing mediation and moderation models for impulsivity. *American Journal of Orthopsychiatry* 82(3): 328-337.

This study examined the relationship between child maltreatment, impulsivity, and deliberate self-harm in a sample of college students. Four subtypes of impulsivity (urgency, premeditation, perseverance, and sensation seeking) were examined. Results show that participants who report child maltreatment histories also report higher levels of negative affect and higher levels of impulsivity, specifically negative urgency. In addition, those who report histories of child maltreatment are more likely to endorse deliberate self-harm behaviors as an adult. Of the 4 subtypes of impulsivity, urgency was most strongly related to deliberate self-harm. Urgency, but not the other subtypes of impulsivity, mediated the relationship between child maltreatment and self-harm. The current study contributes to the understanding of the mechanisms behind deliberate self-harm behavior by suggesting that individuals with histories of child maltreatment are more likely to engage in deliberate self-harm in an attempt to quickly reduce intense negative affect.

Arriaza, C. A. and T. Mann (2001). Ethnic differences in eating disorders symptoms among college students: the confounding role of Body Mass Index. *Journal of American College Health* 49(6): 309 - 315.

Mental Wellbeing in Higher Education: a Bibliography

Eating disorders are among the most common psychopathologies on college campuses. Research on ethnic differences in eating disorder symptoms and prevalence has resulted in conflicting conclusions. Some studies find that particular ethnic groups have a higher prevalence of a symptom; others find that members of that ethnic group have a lower prevalence of the same symptom. The authors explored the role of body mass index (BMI), one potential confound. They used a reliable measure of eating disorder symptoms to assess differences between Hispanic, Asian, and non-Hispanic White college women from two separate samples. After controlling for BMI, ethnic differences in eating disorder symptoms of concern about weight and shape disappeared, but differences in restrained eating remained. Inconsistent findings in the ethnic-difference literature on eating disorders may result from systematic group differences in BMI. Implications for college health programs, counseling, and case finding are discussed.

Baker, T. R. (2005). *Notifying parents following a college student suicide attempt: a review of case law and FERPA, and recommendations for practice*. *NASPA Journal*, **42**(4), 513-533.

Decisions by university officials not to notify a student's parents following a suicide attempt on campus have been severely criticized by some observers. Although courts have not imposed a parental notice requirement, the practice is advantageous to students in many situations. The author recommends a system of notification that relies primarily upon nonmedical student affairs officers to collect reports and communicate with parents following a campus suicide attempt. In determining what information to communicate to parents, student affairs officers are advised to keep in mind the legal implications of the disclosure, including the possibility of a subsequent episode of self-destructive behaviour.

Baker, T. R. (2006). Parents of suicidal college students: what deans, judges and legislators should know about campus research findings. *NASPA Journal* **43**(4): 164-180.

When suicidal behavior is reported, student affairs officers on many campuses notify parents as one component of a multifaceted campus suicide prevention plan. In response to proposals to mandate parental notification, the author argues that practical considerations warrant against expanding state laws to require notification following campus suicide attempts. The recent experience with parental notice at one university confirms the work of earlier researchers who concluded that parents rarely withdraw suicidal students from enrollment. Although a policy of sending the letters may deter further episodes of self-destructive behaviour, parents once alerted to the situation are not likely to intervene in a manner that will reduce significantly the risk of suicide.

Beaton, S., Forster, P. (2012) Insights into men's suicide. *InPsych* **34**, 16-17.

Suicide is a considerable public health issue garnering increasing attention in public and academic dialogue over the past few years. Despite alarming statistics showing a high gender skewing towards males, there has been remarkably little focus on prevention, intervention strategies or research to address male suicide.

Berg, K. C., Peterson, C.B., Frazier, P. (2012). Assessment and diagnosis of eating disorders: a guide for professional counsellors. *Journal of Counseling & Development* **90**: 262-269.

Despite the prevalence of and risk associated with disordered eating, there are few guidelines for counselors on how to conduct an eating disorder assessment. Given the importance of the clinical interview, the purpose of this article is to provide recommendations for the assessment and diagnosis of eating disorders that (a) specifically focus on assessment in the context of a clinical interview and (b) can be used by counselors whether or not they specialize in eating disorder treatment.

Mental Wellbeing in Higher Education: a Bibliography

Best, R. (2009). Students who self-harm: a case study of prevalence, awareness and response in an English university. *Pastoral Care in Education* 27(3): 165 - 203.

Deliberate self-harm (DSH) is a perplexing and distressing phenomenon that has received considerable publicity in recent years. It takes many forms, some of which are culturally acceptable while others are considered to be anti-social and/or mental health problems. It affects a significant proportion of the population, with previous studies in the United Kingdom and elsewhere finding between 5% and 15% of young people with a history of self-harm. This paper reports a mixed-method study of DSH amongst students in a university in the Greater London area. The methodology took the form of a questionnaire survey (n = 348) of mainly undergraduate students, semi-structured interviews (n = 30) with students and staff, and two focus groups (n = 9). Significant levels of self-harming behaviours were found, including cutting, binge-drinking, risk-taking, eating disorders and substance abuse. Form and prevalence were found to vary by gender, ethnicity and programme of study, although neither the statistical nor the policy significance of these variations appeared to be great. Interviews accessed case descriptions and perceptions of prevalence, awareness and institutional response, and raised questions about the impact of DSH on other students and on the staff who provide support. Professional and ethical issues raised by cases of DSH were a major topic for discussion at interview. The preliminary findings were presented to two focus groups that considered their implications for policy and practice, including counselling, student induction, and training and supervision for staff. The paper concludes with a typology of self-harming behaviours in terms of their severity, visibility and cultural acceptability. It is hoped that this may be of use to universities and other institutions in developing policies and procedures for dealing with this issue.

Brady, J. (2006). The association between alcohol misuse and suicidal behaviour. *Alcohol and Alcoholism* 41(5): 473-478.

Despite recent small reductions in overall suicide rates, rates among those aged 25-44 have remained high. The aim of this paper was to examine the evidence for a link between alcohol misuse/consumption and suicidal behaviour, explore the reasons for this association, and consider the implications for reducing rates of suicidal behaviour. A medline search was performed to find relevant research evidence. There is evidence to suggest alcohol misuse predisposes to suicidal behaviour through its depressogenic effects and promotion of adverse life events, and both behaviours may share a common genetic predisposition. Acute alcohol use can also precipitate suicidal behaviours through induction of negative affect and impairment of problem-solving skills, as well as aggravation of impulsive personality traits, possibly through effects on serotonergic neurotransmission. The study concluded that interventions for problem drinking may help reduce suicide rates. At a public health level, reducing overall alcohol consumption may be beneficial, and the measures shown to be most effective in this regard.

Brophy, M. (2006). Truth Hurts. *Report of the National Inquiry into Self-harm among Young People*. London, Mental Health Foundation.

Levels of self-harm are one indicator of the mental health and mental well-being of young people in our society in general. Recently there has been a shift in government strategies, across the UK, towards recognising and promoting better mental health and emotional well-being for all children and young people. These initiatives may eventually do a great deal to reduce self-harm among young people but the Inquiry found that implementation to date is patchy and there is not yet an adequate evidence base specific to self-harm. This Inquiry set out to try and find the definitive answers to the key questions: what is self-harm; how common is it among young people; can it be prevented; how can we respond better to young people who self-harm; how can it be prevented; how can we respond better to young people who self-harm?

Mental Wellbeing in Higher Education: a Bibliography

Bryant, J. B., J. Darkes and C. Rahal (2012). College Students' Compensatory Eating and Behaviors in Response to Alcohol Consumption. *Journal of American College Health* **60**(5): 350-356.

This study investigates college students' behaviors in response to the calories ingested by drinking alcohol. A sample of 274 nonclinical undergraduate alcohol drinkers completed an online survey asking about behaviors that students employed to make up for calories in alcohol or to get drunk more effectively. Drives for thinness, body dissatisfaction, disordered eating, and belief in a just world were also assessed to evaluate scale validity. Participants reported engaging in exercise and dietary restriction as calorie control strategies both proactively and reactively and tended toward calorie restriction activities during drinking episodes. Relatively few reported engaging in more drastic strategies such as purging or laxative use. Women scored higher than men, and students living with friends scored higher than other students. These findings have implications for health initiatives aimed at college students and suggest the importance of considering both social and cognitive factors.

Cukrowicz, K. C., E. Schlegel, P. Jacobs, M. van Orden, A. Kimberly, A. Paukert, A. Petit, J. Joiner and E. Thomas (2011). Suicide Ideation Among College Students Evidencing Subclinical Depression. *Journal of American College Health* **59**(7): 575-581.

Identifying elevated suicide ideation in college students is a critical step in preventing suicide attempts and deaths by suicide on college campuses. Although suicide ideation may be most prominent in students with severe depression, this should not suggest that only students with severe depression experience significant risk factors for suicide. The purpose of these 3 studies was to explore the relation between suicide ideation and severity of depressive symptoms in college students. In each study a sample of college students were recruited for participation. Participants completed self-report assessments of depressive symptoms and suicide ideation. The results of these studies suggest that although the greatest elevation in suicide ideation occurs at the highest depressive symptoms, significant suicide ideation is also experienced by college students with mild and moderate depressive symptoms. The implications of these findings for the assessment of suicide ideation are discussed.

Collins, I. P. and E. S. Paykel (2000). Suicide amongst Cambridge University students 1970- 1996. *Social Psychiatry* **35**(3): 128 - 132.

Anecdote, media coverage and earlier research suggest that the rate of suicide amongst students at Cambridge and Oxford Universities is unduly high. There is also a popular belief that student suicide is common at examination times. *Method:* Student deaths at the University of Cambridge were identified using the University database. The cause of death was determined by reference to death certificates and coroners' inquest records. *Results:* We identified 157 student deaths during academic years 1970–1996, of which 36 appeared to be suicides. The overall suicide rate was 11.3/100,000 person years at risk. Suicide rates were similar to those seen amongst 15- to 24-year-olds in the general population. There were non-significant trends for male postgraduates to be over-represented and first-year undergraduates under-represented. Examination times were not associated with excess suicide. The study concluded that suicide rates in University of Cambridge students do not appear to be unduly high.

Crowley, P., J. Kilroe and S. Burke, Eds (2004). *Youth Suicide Prevention*, Health Development Agency, National Health Service.

This evidence briefing is a review of reviews of the evidence of effectiveness for the prevention of youth suicide. The aims of this briefing are to: identify all relevant systematic reviews, syntheses and meta-analyses; analyse and synthesise the evidence and highlight what works to prevent youth suicide; highlight conflicting evidence and gaps in the evidence, and provide a steer for future research commissioning.

Mental Wellbeing in Higher Education: a Bibliography

Denmark, A. D., E. Hess and M. S. Becker, (2012). College Students' Reasons for Concealing Suicidal Ideation. *Journal of College Student Psychotherapy* **26**: 83-98.

Self-reported reasons for concealing suicidal ideation were explored using data from a national survey of undergraduate and graduate students: 558 students indicated that they seriously considered attempting suicide during the previous year and did not tell anyone about their suicidal thoughts. Content analysis of students' qualitative responses to the question "Why did you choose not to tell anyone about these thoughts?" generated nine reasons: (a) perceived low risk, (b) concern for others, (c) dispositional privacy, (d) pointlessness of help-seeking, (e) others' negative reactions, (f) personal negative reactions, (g) repercussions, (h) interference, and (i) perceived isolation. Implications for campus suicide prevention are discussed.

Douglas, L. (2007). College suicide and wrongful death: an analysis of institutional self-preservation policies that ignore student interests. *College Suicide Wrongful Death* **56**: 35 - 41.

This paper reviews suicide and counseling trends on college campuses. Institutions possess a legal duty to prevent student suicides, and suicide protocols have been designed to address these institutional liability issues. An analysis of policy determines that many institutions favor self-preservation at the expense of student rights and needs. The Jed Foundation's *Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student* (JED 2006) is discussed, and recommendations to consider student interests are presented.

Downs, M. F. and D. Eisenberg (2012). Help Seeking and Treatment Use Among Suicidal College Students. *Journal of American College Health* **60**(2): 104-114. Many suicidal college students do not receive mental health treatment, and the reasons for this are not fully understood. This study examines how attitudes, beliefs, and social network factors relate to help seeking among suicidal students. A random sample of 8,487 undergraduate and graduate students from 15 US universities participated. A Web-based survey administered in spring 2009 examined correlates of mental health service utilization among students reporting serious thoughts of suicide in the previous year (n = 543). Correlates of treatment use included perceived need, beliefs that treatment is effective, contact with service users, lower personal stigma, higher perceived stigma, fewer positive relationships, and sexual minority or Caucasian identity. Conclusions: Help seeking among suicidal students is associated with a range of personal and social network factors. Campus strategies to enhance help seeking should be tailored to address identified facilitators and barriers to treatment use among target populations.

Drum, D. J., C. Brownson, A. Denmark and S. Smith (2009). New data on the nature of suicidal crises in college students: shifting the paradigm. *American Psychological Association* **40**(3): 213 - 222.

This article presents new data on the nature of suicidal crises in college students. Data were collected from over 26,000 undergraduate and graduate students at 70 colleges and universities. An anonymous Web-based survey was designed to provide insight into the full spectrum of suicidal thought, intent, and action among college students. The authors discuss implications of these data and outline a new, problem-focused paradigm for conceptualizing the problem of college student suicidality and for guiding institutional policies and interventions at multiple points along the continuum of suicidal thoughts and behaviors. The proposed paradigm encompasses and expands on the current model of treating individuals in crisis in order to act preventively to reduce both prevalence and incidence of all forms of suicidality among college students.

Mental Wellbeing in Higher Education: a Bibliography

Duane, E. A., C. Stewart and W. Bridgeland (2003). College student suicidality and family issues. *College Student Journal* **37**(1): 135(110).

This research investigates the family background of college-student suicide in two study years (1992 [N = 965] and 1998 [N= 1535]). The subjects were undergraduates at Michigan State University. The data were analyzed by zero-order, partial and canonical correlations. There were significant zero-order correlations between suicidality (thoughts, plans and attempts) and various family issues (e.g., mental illness and child disobedience). Multivariate analysis, on the 1998 family problem data, revealed significant canonical correlations that were further specified by the partial correlation analysis. For example, the partial correlation between family criminal behavior and attempted suicide is significant while it is not for thoughts and plans. This underscores the importance of maintaining the distinction between the cognitive and behavioral components of suicide.

Duffy, D. and T. Ryan (2004). *New Approaches to Preventing Suicide; A Manual for Practitioners*. London, Jessica Kingsley Publishers.

Written by front line professionals in the fields of nursing, mental health, prison services and the law, this text is an essential companion to the government's new suicide prevention strategy. The contributors offer a wealth of practical guidance on issues such as risk assessment and management in a range of settings, policy and the legal framework around suicide. Exploring the links between self-harm and suicide, the authors present international approaches to training in suicide prevention for professionals and preventative initiatives targeting wider communities. They debate the legality and morality of assisted self-harm and analyse the rate and causes of suicide among specific groups, including Black and minority ethnic groups, people in custody and people with mental illnesses. This manual provides health, social care and criminal justice professionals with all the most up-to-date information needed to make a positive contribution to suicide prevention in institutional and community settings.

Dunlop, S. M., E. More and D. Romer (2011). Where do youth learn about suicides on the Internet, and what influence does this have on suicidal ideation? *Journal of Child Psychology and Psychiatry* **52**(10): 1073-1080.

Young people are susceptible to suicidal behavior as a result of learning about the suicidal behavior of others. This study was designed to determine whether Internet sites, such as online news and social networking websites, expose young people to suicide stories that might increase suicide ideation. We re-interviewed 719 young people ages 14 to 24 who had participated in a prior nationally representative survey. Respondents reported knowledge of persons they knew who had committed or attempted suicide as well as personal experiences of hopelessness and suicidal ideation on both occasions. On the second occasion one year later, they also reported use of various Internet platforms and how often they had been exposed to suicide stories on those sites, as well as from personal sources. Changes in ideation as a function of exposure to different sources of suicide stories were analyzed holding constant prior hopelessness and ideation. Results: While traditional sources of information about suicide were most often cited (79% were from friends and family or newspapers), online sources were also quite common (59%). Social networking sites were frequently cited as sources, but these reports were not linked to increases in ideation. However, online discussion forums were both cited as sources and associated with increases in ideation. Conclusions: The Internet and especially social networking sites are important sources of suicide stories. However, discussion forums appear to be particularly associated with increases in suicidal ideation. Greater efforts should be undertaken to promote Internet sites directed to young people that enhance effective coping with hopelessness and suicidal ideation.

Mental Wellbeing in Higher Education: a Bibliography

Eisenberg, D., E. Nicklett, K. Roeder and N. Kirz (2011). Eating disorder symptoms among college students: prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health* **59**(8): 700-707.

This study aims to examine the prevalence, correlates, persistence, and treatment-seeking related to symptoms of eating disorders (EDs) in a random sample of college students. A random sample of students at a large university were recruited for an Internet survey in Fall 2005 and a follow-up survey in Fall 2007. ED symptoms were measured using the SCOFF screen and adjusted for nonresponse using administrative data and a nonresponse survey. 2,822 (56%) students completed the baseline survey. Among undergraduates the prevalence of positive screens was 13.5% for women and 3.6% for men. Among students with positive screens, 20% had received past-year mental health treatment. In the follow-up sample (N = 753), ED symptoms at baseline significantly predicted symptoms 2 years later. Conclusions: symptoms of EDs were prevalent and persistent among college students in this study. These findings suggest that brief screens can identify a large number of students with untreated EDs.

Ellen, E. F. (2006). Suicide prevention on campus. *Psychiatric Times* **Aug 25**.

College students are far less likely to kill themselves than are nonstudent peers, according to a 10-year research study examining suicide rates at 12 Midwestern campuses. The Big Ten Student Suicide Study (Silverman et al., 1997) found an overall student suicide rate of 7.5 per 100,000, compared to the national average of 15 per 100,000 in a sample matched for age, race and gender. Forty-six percent of student suicides occurred in the 20-year-old to 24-year-old age group. Graduate students were found to be at greatest risk, comprising 32% of campus suicides.

Fitch, C. S. Hamilton, P. Basset and R. Davey (2009). *Debt and Mental Health: What Do We Know? What Should We Do?* London, Royal College of Psychiatrists.

Recently, the relationship between the economic downturn and mental health has become the subject of debate. This literature review published by the Royal College of Psychiatry, The Money Advice Trust, the Finance and Leasing Association and Rethink shows that while there is no conclusive evidence that there is a link between debt and mental illness, the authors are of the opinion that people with debt are more likely to have a mental health disorder. This report found that people with mental health problems often do not seek help with their financial problems, and people with debts routinely hide the fact that they have a mental health problem from their creditors because of embarrassment or because they think that they will not be believed. These findings, made on the basis of a review of 54 papers, from 52 separate studies, on the subject, found evidence of a link between debt and mental health problems, including anxiety and depression. This report states that worry or concern about debt can have an equal or larger impact on mental health rather than the actual amount of money owed, and that there may be a relationship between indebtedness and self harm/suicide.

Garcia, J., J. Adams, L. Friedman and P. East (2002). Links between past abuse, suicide ideation, and sexual orientation among San Diego college students. *Journal of American College Health* **51**(1): 9 – 14.

The authors explored relationships among childhood abuse, suicidal ideation, and sexual orientation of 18- to 30-year-old students enrolled in 2 San Diego area colleges, using responses from anonymous questionnaires. Sixty percent of the 138 eligible respondents were women, and 22% were self-identified gay/bisexual individuals. Women were more likely than men to report at least 1 form of emotional abuse (odds ratio [OR] = 2.3; p = .02) and unwanted sexual touching (OR = 4.3; p = .0004). Lesbian/bisexual women were significantly more likely to report past suicidal ideation than were heterosexual women (OR = 3.7, p = .03). Gay/bisexual men were more likely to report unwanted sexual touching than were heterosexual men (OR = 5.1, p = .04), but the men did not report significantly

Mental Wellbeing in Higher Education: a Bibliography

higher rates of past suicide ideation or suicide attempts. Sexual orientation and a past history of child sexual, physical, and emotional abuse could be compounding risk factors for suicidal ideation among college students.

Granello, D. H. (2010). The process of suicide risk assessment: twelve core principles. *Journal of Counseling & Development* **88**: 363-370.

Suicide risk assessment requires counselors to determine client risk factors, warning signs, and protective factors. The content of suicide assessment has received attention in the literature. The guiding principles of the process of suicide assessment, however, have not yet been articulated. This article contains 12 core process principles that highlight the broader overarching philosophical tenets that guide suicide risk assessment. The principles serve as a complement to the current focus on content in suicide assessment.

Grant, A., ed. (2002). *Reducing the Risk of Student Suicide: Issues and Responses for Higher Education Institutions*. London, Universities UK.

This guidance document has been published by Universities UK and the Standing Conference of Principals (SCOP) in order to raise sector-wide awareness of the risk of suicide and attempted suicide amongst the student population and help institutions to take appropriate steps to minimise those risks. It is addressed to Vice-Chancellors and principals, senior managers responsible for student support and guidance, heads of department and personal tutors, and students' unions.

Harring, H. A., K. Montgomery and J. Hardin (2010). Perceptions of body weight, weight management strategies, and depressive symptoms among US college students. *Journal of American College Health* **59**(1): 43-50.

The objective this study was to determine if inaccurate body weight perception predicts unhealthy weight management strategies and to determine the extent to which inaccurate body weight perception is associated with depressive symptoms among US college students. Data were collected from randomly selected male and female college students in the United States (N = 97,357 using the 2006 National College Health Assessment). Analyses were conducted on students' body weight perceptions, weight loss strategies, and feelings of depression. Females with an inflated body weight perception were significantly more likely to engage in unhealthy weight management strategies and report depressive symptoms than were females with an accurate body weight perception. The study concluded that College women are concerned with weight and will take action to lose weight. Colleges may need to focus more on interventions targeting both diet and physical activity while also promoting positive body image.

Hawton, K. and K. Heeringen (2002). *The International Handbook of Suicide and Attempted Suicide*. Chichester, Wiley and Sons.

Research in the area of suicidology has provided significant new insights in the epidemiological, psychopathological, and biological characteristics of suicidal behaviour. The *International Handbook of Suicide and Attempted Suicide* is the first book to bring together this expertise and translate it into practical guidelines for those responsible for policy issues and for those involved in the treatment and prevention of suicidal behaviour.

Hawton, K. and S. Simkin (2010). *Help is at Hand: A resource for people bereaved by suicide and other sudden, traumatic death*. NHS.

This guide is aimed at the wide range of people who are affected by suicide or other sudden, traumatic death. It aims firstly to help people who are unexpectedly bereaved in this way. It also provides information for healthcare and other professionals who come into contact with bereaved people, to assist them in providing help and to suggest how they themselves may find support if they need it.

Mental Wellbeing in Higher Education: a Bibliography

Hawton, K., K. Rodham and E. Evans (2006). *By Their Own Young Hand; Deliberate Self-harm and Suicidal Ideas in Adolescents.* London, Jessica Kingsley Publishers.

Self-harm in adolescents is an increasingly recognized problem, and there is growing awareness of the important role schools and health services can play in detecting and supporting those at risk. This book explores the findings of the first large-scale survey of deliberate self-harm and suicidal thinking in adolescents in the UK, and draws out the implications for prevention strategies and mental health promotion.

Hemingway, J. (2015). *Can we do better when students are a threat to self? A review of legal and policy implications for current practices on college campuses.* Theses and Dissertations, Paper 423, Illinois State University.

Many colleges/universities believe that a student who is a threat to self increases campus risk and liability. This study uses integrated policy analysis to (1) define the policy problem regarding college students who are a threat to self; (2) analyze the current legal opinion of the courts regarding institutional liability when college students are a threat to self; (3) examine the 2010 change to the direct threat provision in Title II legislation; (4) determine the implications for institutional policies and practices. The analysis illustrates, according to the courts and changes in Title II legislation, the true increase in risk and liability occurs when colleges/universities do not proactively plan for and support students who are a threat to self.

JED (2006). *Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student.* New York, The JED Foundation.

This document is a tool to aid institutions in developing or revising protocols suitable to their own individual environment. It covers the development of safety and emergency contact notification protocols but does not seek to identify any particular path as the right one for all institutions.

Kamal, Z. and K. M. Loewenthal (2002). Suicide beliefs and behaviour among young Muslims and Hindus in the UK. *Mental Health, Religion and Culture* 5(2): 111 - 118.

It has been suggested that Hindu tradition is relatively tolerant of suicide, while Islamic tradition has consistently regarded suicide as a very grave sin. This study sought to examine the possible impact of religious-cultural tradition by examining suicide-related beliefs and reported behaviour in non-clinical samples of young Hindus ($n = 40$) and Muslims ($n = 60$) living in the UK. Participants completed a short demographic questionnaire, the Reasons for Living Inventory, and measures of suicide thoughts, plans and behaviour. The Hindus endorsed moral, total and (marginally) survival-and-coping reasons for living less strongly than did the Muslims. Women endorsed family-related, fear of suicide and (marginally) total reasons for living less strongly than did men. There were no noteworthy between-group differences with respect to suicide thoughts, plans or behaviour. Causal inferences are not possible, but the results are consistent with the suggestions that scriptural differences between Hinduism and Islam in attitudes to suicide may be responsible for some of the differences detected in this study.

Keyes, C., D. Eisenberg, G. Perry, S. Dube, K. Kroenke and S. Dhingra (2012). The relationship of level of positive mental health with current mental disorders in predicting suicidal behavior and academic impairment in college students. *Journal of American College Health* 60(2): 126-133.

The objective of this study was to investigate whether level of positive mental health complements mental illness in predicting students at risk for suicidal behavior and impaired academic performance. Participants: A sample of 5,689 college students participated in the 2007 Healthy Minds Study and completed an Internet survey that included the Mental Health Continuum Short Form and the Patient Health Questionnaire screening scales for depression and anxiety disorders, questions about suicide ideation, plans, and attempts, and

Mental Wellbeing in Higher Education: a Bibliography

academic impairment. Just under half (49.3%) of students were flourishing and did not screen positive for a mental disorder. Among students who did, and those who did not, screen for a mental disorder, suicidal behavior and impaired academic performance were lowest in those with flourishing, higher among those with moderate, and highest in those with languishing mental health. The study concluded that positive mental health complements mental disorder screening in mental health surveillance and prediction of suicidal behavior and impairment of academic performance.

Klonsky, E. D. and A. May (2010). Rethinking impulsivity in suicide. *Suicide and Life-Threatening Behavior* **40**(6): 612-619.

Elevated impulsivity is thought to facilitate the transition from suicidal thoughts to suicidal behavior. Therefore, impulsivity should distinguish those who have attempted suicide (attempters) from those who have only considered suicide (ideators-only). This hypothesis was examined in three large nonclinical samples: (1) 2,011 military recruits, (2) 1,296 college students, and (3) 399 high school students. In sample 1, contrary to traditional models of suicide risk, a unidimensional measure of impulsivity failed to distinguish attempters from ideators-only. In samples 2 and 3, which were administered a multidimensional measure of impulsivity, different impulsivity-related traits characterized attempters and ideators-only. Whereas both attempters and ideators-only exhibited high urgency (the tendency to act impulsive in the face of negative emotions), only attempters exhibited poor premeditation (a diminished ability to think through the consequences of one's actions). Neither attempters nor ideators-only exhibited high sensation seeking or lack of perseverance. Future research should continue to distinguish impulsivity-related traits that predict suicide ideation from those that predict suicide attempts, and models of suicide risk should be revised accordingly.

Kuentzel, J. G., E. Arble, N. Boutros, D. Chugani and D. Barnett (2012). Nonsuicidal self-injury in an ethnically diverse college sample. *American Journal of Orthopsychiatry* **82**(3): 291-297.

Self-report data pertaining to Nonsuicidal Self-Injury (NSSI, eg. cutting) were collected from 5,691 undergraduates at a Midwestern urban university. Consistent with the small literature on NSSI among college students, 12.8% of the sample indicated having engaged in NSSI at least once (3.4% in the past year). Women and younger students were at slightly higher risk. Important ethnic differences were found, as Caucasians and individuals self-identifying as Multiracial were at especially high risk for a history of NSSI, whereas Arab Americans and African Americans had particularly low rates. Further, links between NSSI and religion were found, such that participants with stronger self-reported religious convictions had the lowest rates of NSSI. Those who self-described as Atheist, Agnostic, or Nonbeliever were several times more likely to have engaged in NSSI (31.3%), while Muslims (7.4%) and Baptists (6.3%) had relatively low rates. Multivariate analyses revealed that ethnic differences in NSSI could not be accounted for by religious differences. Processes that may explain the associations between NSSI and ethnic affiliation and religion are discussed.

Meilman, P. W. and T. M. Hall (2006). Aftermath of tragic events: the development and use of community support meetings on a university campus. *Journal of American College Health* **54**(6): 382 - 384. Colleges and universities need to be prepared to address the psychological impact of tragedies on their campuses. In this article, the author describes the development and successful implementation of campus post-vention services in the aftermath of college student deaths by suicide as well as by natural and accidental causes. The program has been well received and has gone a long way toward helping the campus community come together and heal after these types of tragedies. College officials adapted the program to address issues related to troubling national and international events as well local incidents, such as suicide attempts and students' loss of housing through fires. The author provides

Mental Wellbeing in Higher Education: a Bibliography

specific instructions so that readers can replicate the program on their own campuses, and additional materials are available upon request.

NHS Health Scotland (2006). *Talking about Self-Harm*. Glasgow, NHS Health Scotland.

This booklet is for people who self harm. It may also help family, friends and professionals to understand some of the reasons why people harm themselves. It provides information about self-harm and suggests sources of further help.

O`Dea, J. and S. Abraham (2002). Eating and exercise disorders in young college men. *Journal of American College Health* **50**(6): 273 - 278.

The authors used the computerized Eating and Exercise Examination to investigate eating, weight, shape, and exercise behaviors in a convenience sample of 93 male college students. One fifth of the men worried about their weight and shape, followed rules about eating, and limited their food intake. Between 9% and 12% were unhappy with their body shape, felt fat, and seriously wanted to lose weight. Exercise was important for the self-esteem of 48% of the students. Thirty-four percent were distressed when they could not exercise as much as they wanted, 27% followed rules about exercising, and 14% worried about the amount of exercise they were doing. The respondents met clinical diagnoses for objective binge eating (3%), self-induced vomiting (3%), bulimia nervosa (2%), and exercise disorders (8%). Although 9% reported disordered eating, none had sought treatment. Health professionals should be aware that eating and exercise disorders may be present in college men and that screening may help in the early identification of these problems.

Pavela, G. (2006). Should colleges withdraw students who threaten or attempt suicide? *Journal of American College Health* **54**(6): 367 - 371.

This article discusses the pros and cons of "involuntary withdrawals" in cases of students who are at risk of suicide. A June, 2005, Massachusetts Superior Court summary judgment ruling in the case of *Shin v. Massachusetts Institute of Technology (MIT)* concluded that MIT administrators owed a duty of care to suicide victim, Elizabeth Shin, who had been under the care of MIT mental health professionals at the time of her death. The settlement in this case raised the question of whether or not students at risk of suicide should be dismissed, preferably on medical grounds. An earlier ruling in *Jain v. State of Iowa* had concluded that the university had no legal duty to act in a similar situation. An alternative to mandatory medical withdrawal policies can be found in the Illinois Plan, which treats suicide threats as threats of violence, which may then be sanctioned through a campus disciplinary system (or an administrative equivalent) after appropriate due process. The Illinois program is grounded on the philosophical premise that students have no right to threaten or inflict violence, including violence against themselves. The author suggests that some variation of this systematic, campus-wide approach, coupled with efforts to identify students with symptoms of depression, educate faculty members and other gatekeepers about warning signs of suicide, and reduce the stigma of seeking professional help should be core elements of college suicide prevention programs nationwide.

Penven, J. C., Janosik, S.M. (2012). Threat assessment teams: a model for coordinating the institutional response and reducing legal liability with college students threaten suicide. *Journal of Student Affairs Research and Practice* **49**(3): 299-314.

Increasing numbers of college students with mental health issues are enrolling in college. If these students threaten suicide they present serious legal issues for college officials. Lack of communication and coordination of a response to these students exacerbates the issue. Threat assessment teams can serve as mechanisms to coordinate the response to students who threaten suicide. A review of case law and recommendations to mitigate liability when students threaten suicide are provided.

Mental Wellbeing in Higher Education: a Bibliography

RCP (2010). *Self-harm, Suicide and Risk: Helping People Who Self-harm*, College Report 158. London, Royal College of Psychiatrists.

The focus of this report is to enquire into and report on why people harm and kill themselves and to consider the role (including the limits of the role) that psychiatrists and other mental healthcare professionals play in their care and treatment. The experiences and views of people who harm themselves as well as those of their carers, health professionals and third-sector workers are central to this enquiry. As there is much policy and guidance on self-harm and suicide prevention, the report does not attempt to retrace this same ground but rather examines the evidence of practice on the ground, including the implementation of the National Institute for Health and Clinical Excellence (NICE) guidelines on self-harm.

Russell, G., D.Moss and J. Miller (2010). Appalling and appealing: a qualitative study of the character of men's self-harm. *Psychology and Psychotherapy: Theory, Research and Practice* **83**: 91-109. The objectives of the study were to engage with the experiential phenomena of men's self-harm, to get a sense of its 'feel', its character, and to relate these things in a useful and authentic way. It was a qualitative in-depth interview study with design input from service users' groups based on Hermeneutic phenomenology. Two interviews with each of four participants in their homes, with the intention of developing understanding through dialogic interview and reflection. Some of the character of men's self-harm was recognizable from the psychodynamic and functional literature: soothing practices, dissociation, and an ambivalent stuckness around separation versus incorporation. There were other, unexpected structures present: existential vulnerability and openness, sacrifice, lack of boundary, and insatiability. Professionals who work with men who self-harm may like to be aware of these relational dynamics.

Schwartz, A. J. (2006). College student suicide in the United States: 1990- 1991 through 2003-2004. *Journal of American College Health* **54**(6): 341 - 352.

Suggestions that there is a growing epidemic of suicide among college students in the United States are false. The National Survey of Counseling Center Directors reports 1,404 student suicides over a 14-year period and an adjusted suicide rate of 6.5, half the rate of the general US population (12.6 for all races) during this period when matched for gender and age. Counseling centers appear effective in treating suicidal students, for although the suicide rate for students who were currently or previously clients at campus counseling centers is 3 times the rate of other students, student clients have 18 times the risk of suicide compared to students in general. Identifying and referring students at elevated risk for suicide could further reduce the crude and relative rate of student suicide. However, even programs that do this only moderately well may require substantial increases in counseling staffing.

Schwartz, A. J. (2006). Four eras of study of college student suicide in the United States: 1920- 2004. *Journal of American College Health* **54**(6): 353 - 366.

Studies of college student suicide can be grouped into the following 4 eras: 1920-1960, 1960-1980, 1980-1990, and 1990-2004. The suicide rate for students has declined monotonically across these 4 eras, from 13.4 to 8.0 to 7.5 and, most recently, to 6.5. The decreasing proportion of men in the student populations studied largely accounts for this decline. Since 1960, the suicide rate for students has consistently been about half the rate of the general US population, matched for age and gender. This highly favorable relative suicide rate is the result of firearms having been effectively banned from campuses. Additional population-oriented approaches warrant implementation to further reduce student-suicide rates. Approaches focused on high-risk groups also hold promise. These findings are based upon and may be most valid for the 70% of all students who attend 4-year colleges and universities full time.

Mental Wellbeing in Higher Education: a Bibliography

SPRC (2015): *Suicide among college and university students in the United States*. Washington DC, Suicide Prevention Resource Centre.

Suicide is a leading cause of death among college and university students in the United States. In addition, many other college and university students have suicidal thoughts and attempt suicide. Suicide and suicidal behaviors are a major concern for colleges and universities, and efforts are underway to introduce suicide prevention programming on many college and university campuses. This information sheet summarizes the data available on suicidal thoughts, Since there are no national databases or registries, and no single study compiling and analyzing suicide deaths, attempts, and/or thoughts among college and university students, the data presented here are from sources that have been selected as the most comprehensive and up to date. attempts, and deaths, and describes risk and protective factors that are common among college and university students.

Stanley, N., S. Mallon, J. Bell and J. Manthorpe (2009). Trapped in transition: findings from a UK study of student suicide. *British Journal of Guidance and Counselling* **37**(4): 419-433.

This study of student suicide within UK higher education directs attention to the community context of suicide. A modified psychological autopsy approach was used to explore 20 case studies of student suicide from the period 2000–2005, drawing on the perspectives of family members, friends and university staff. The study identifies features of the higher education community salient for suicide prevention and concludes that the concept of transition is useful in considering the potential interaction across time and place of the risk factors for vulnerable students. These findings can be used to inform suicide prevention strategies in higher education and in other similar settings.

Stanley, N., S. Mallon, J. Bell, S. Hilton and J. Manthorpe Eds. (2007). *Responses and Prevention in Student Suicide (RaPSS)*. Preston, University of Central Lancashire and POPYRUS.

Student suicide creates a profound sense of loss for both those close to the event and for the wider community. This study identified ways in which suicides can be prevented and the distress caused by such losses reduced. Universities and colleges are encouraged to use the recommendations to examine their policies and ways of working and develop services which contribute to the health and well-being of the whole institution.

Turp, M. (2002). The many faces of self-harm. *Psychodynamic Practice*. 8 (2).

This paper outlines the development of a broad descriptive account of self-harming phenomena. The author suggests that self-harm is not, as is sometimes assumed, a phenomenon that can be readily identified and circumscribed. She introduces a 'continuum' model of self-harm, encompassing behaviour ranging from 'good enough' self-care at one end of the scale to severe self-harm at the other. She draws attention to the frequently encountered but little discussed phenomenon of self-harm by omission, and identifies a class of behaviours referred to as 'cashas' - culturally accepted self-harming acts/activities. Qualitative research, taking the form of conference workshop and supervision group discussion of clinical material, is presented. Self-harm is revealed as a diverse phenomenon, one that takes a multitude of forms, each of which may be enacted at various levels of severity. 'Hidden' manifestations of self-harm are discussed as well as the 'high visibility' manifestations that are the central focus in much of the literature. The tendency towards stereotyping in relation to self-harm is examined. The author questions the wisdom of attempting to arrive at any generalized account of the cause, function or meaning of self-harming behaviour. In recognition of the complexity of situation, she suggests that 'there is no single explanation for self-harm, no single meaning or communication conveyed by self-harm and no single psychological disorder or personality profile associated with self-harm'.

Mental Wellbeing in Higher Education: a Bibliography

Warm, A. (2003). Why do people self-harm? *Psychology, Health & Medicine* **8**(1): 72 - 79.

The accuracy of perceptions about self-harm that are presented in the psychological and psychiatric literature was assessed with a sample of self-harmers. A list of 20 statements containing ten myths and ten accurate statements about self-harm behaviour was incorporated into an internet-based questionnaire. Respondents (n = 243) rated their extent of agreement with each statement. Factor analysis confirmed the a priori classification of statements as being accurate. Only one item, regarding the relationship of self-harm to previous sexual abuse, did not confirm a priori classification; this statement was considered by self-harmers to be an accurate perception of self-harm. It was concluded that this questionnaire could be a useful aid for group-work training with professionals who are involved in working with people who engage in self-harm.

Whitlock, J., J. Muelenkamp, A. Purington, J. Eckebride, P. Barreira, G. Barak Abrams, T. Marshall, V. Kress, G. Kristine, C. Chin and K. Knox (2011). Nonsuicidal self-injury in a college population: general trends and sex differences. *Journal of American College Health* **59**(8): 691-698.

The objective was to describe basic non-suicidal self-injury (NSSI) characteristics and to explore sex differences. A random sample from 8 universities were invited to participate in a Web-based survey in 2006-2007; 38.9% (n = 14,372) participated. Analysis assessed sex differences in NSSI prevalence, practices, severity, perceived dependency, and help-seeking; adjusted odds ratios for NSSI characteristics were calculated by sex status. Lifetime NSSI prevalence rates averaged 15.3%. Females were more likely than males to self-injure because they were upset or in hopes that someone would notice them. Males were 1.6 times more likely to report anger and 4.0 times more likely to report intoxication as an initiating factor. Sexual orientation predicted NSSI, particularly for women. Only 8.9% of the NSSI sample reported disclosing NSSI to a mental health professional. Conclusions: NSSI is common in college populations but varies significantly by sex and sexual orientation. NSSI disclosure is low among both sexes.

Yager, Z. and J. O'Dea (2008). Prevention programs for body image and eating disorders on University campuses: a review of large, controlled interventions. *Health Promotion International* **23**(2): 173-189.

Body dissatisfaction, dieting, eating disorders and exercise disorders are prevalent among male and female university students worldwide. Male students are also increasingly adopting health-damaging, body-image-related behaviors such as excessive weight lifting, body building and steroid abuse. Given the severity and difficulty of treating eating disorders, prevention of these problems is a recognized public health goal. Health promotion and health education programs have been conducted in the university setting since the mid 1980s, but few have achieved significant improvements in target health attitudes and behaviors. In this paper, 27 large, randomized and controlled health promotion and health education programs to improve body dissatisfaction, dieting and disordered eating and exercise behaviors of male and female college students are reviewed. In general, health education programs to improve body image and prevent eating disorders in the university setting have been limited by small sample sizes and the exclusion of male students. The majority of studies were conducted among either female undergraduate psychology students or women that were recruited using on-campus advertising. The latter reduces the ability to generalize results to the whole university population, or the general community. In addition, there has been a paucity of longitudinal studies that are methodologically sound, as only 82% (22/27) of interventions included in the review used random assignment of groups, and only 52% (n = 14) included follow-up testing. Information-based, cognitive behavioral and psycho-educational approaches have been the least effective at improving body image and eating problems among university students. Successful elements for future initiatives are identified as taking a media literacy- and dissonance-based educational approach, incorporating health education activities that build self-esteem, and using computers and the

Mental Wellbeing in Higher Education: a Bibliography

internet as a delivery medium. A newly designed program for Australian university students is described.

Mental Health Bibliography Section 8: Alcohol and Substance Abuse

There is a large and extensive international³ literature on alcohol and legal and illegal substance abuse, but those references included in this brief bibliography have been selected because they specifically address the student mental health correlates (eg Cornah 2016) and drivers for alcohol and drug use (eg Keough *et al.* 2016; MacCall *et al.* 2016; O'Hare; San José *et al.* 2000) and their consequences (eg Magrys 2010; Patton *et al.* 2002).

Gender and other student group differences are discussed in some papers (eg Pedreli *et al.* 2016; Ye *et al.* 2015; see also Section 5: Student Diversity); others provide guidance on preventative strategies and effective support for those at risk of significant harm (eg Perron *et al.* 2011; Reingle *et al.* 2010).

Baer, J. S. (2002). Student factors: understanding individual variation in college drinking. *Journal of Studies on Alcohol*, Supplement no. **14**: 40-53.

Research on individual differences in drinking rates and associated problems among college students is reviewed. Studies are included if completed within U.S. college and university samples and found in published scientific literature as identified by several searches of national databases. The resulting review suggests first that the extant literature is large and varied in quality, as most studies use questionnaire responses from samples of convenience in cross-sectional designs. Evidence from studies of college samples does consistently suggest that alcohol is consumed for several different purposes for different psychological effects in different contexts. A pattern of impulsivity/sensation seeking is strongly related to increased drinking among students. This pattern is supported by research into personality, drinking motives, alcohol expectancies and drinking contexts. A second pattern of drinking associated with negative emotional states is also documented. Some long-term consequences of this second pattern have been described. Social processes appear especially important for drinking in many college venues and may contribute to individual differences in drinking more than enduring personality differences. *Conclusions:* Future research efforts should test interactive and mediating models of multiple risk factors and address developmental processes.

Brady, J. (2006). The association between alcohol misuse and suicidal behaviour. *Alcohol and Alcoholism* **41**(5): 473-478.

Despite recent small reductions in overall suicide rates, rates among those aged 25-44 have remained high. The aim of this paper was to examine the evidence for a link between alcohol misuse/consumption and suicidal behaviour, explore the reasons for this association, and consider the implications for reducing rates of suicidal behaviour. A Medline search was performed to find relevant research evidence. There is evidence to suggest alcohol misuse predisposes to suicidal behaviour through its depressogenic effects and promotion of adverse life events, and both behaviours may share a common genetic predisposition. Acute alcohol use can also precipitate suicidal behaviours through induction of negative affect and impairment of problem-solving skills, as well as aggravation of impulsive personality traits, possibly through effects on serotonergic neurotransmission. The study concluded that interventions for problem drinking may help reduce suicide rates. At a public health level, reducing overall alcohol consumption may be beneficial, and the measures shown to be most effective in this regard.

³ In reading the US literature it should be remembered that in the majority of states, students cannot legally purchase alcohol until they are 21.

Mental Wellbeing in Higher Education: a Bibliography

Bryant, J. B., J. Darkes and C. Rahal (2012). College Students' Compensatory Eating and Behaviors in Response to Alcohol Consumption. *Journal of American College Health* **60**(5): 350-356.

This study investigates college students' behaviors in response to the calories ingested by drinking alcohol. A sample of 274 nonclinical undergraduate alcohol drinkers completed an online survey asking about behaviors that students employed to make up for calories in alcohol or to get drunk more effectively. Drives for thinness, body dissatisfaction, disordered eating, and belief in a just world were also assessed to evaluate scale validity. Participants reported engaging in exercise and dietary restriction as calorie control strategies both proactively and reactively and tended toward calorie restriction activities during drinking episodes. Relatively few reported engaging in more drastic strategies such as purging or laxative use. Women scored higher than men, and students living with friends scored higher than other students. These findings have implications for health initiatives aimed at college students and suggest the importance of considering both social and cognitive factors.

CASA (2007). *Wasting the Best and the Brightest: Substance Abuse at America's Colleges and Universities*. New York, USA, The National Centre on Addiction and Substance Abuse at Columbia University. This report, reveals what it describes as an alarming public health crisis on college campuses across this nation. Since CASA's *Commission on Substance Abuse at Colleges and Universities* first examined substance use and abuse among college students in 1993 and 1994, the situation on America's campuses has deteriorated. Accepting as inevitable this college culture of alcohol and other drug abuse threatens not only the present well being of millions of college students, but also the future capacity of the nation to maintain its leadership in the fiercely competitive global economy. The report discusses the consequences, including their findings that that students diagnosed with depression are likelier than those who have not been diagnosed to have abused prescription drugs (17.9 percent vs. 12.5 percent), ever used marijuana (42.3 percent vs. 33.3 percent) or other illicit drugs (9.2 percent vs. 6.3 percent); and to be current smokers (26.2 percent vs. 18.9 percent) or frequent smokers (19.5 percent vs. 8.6 percent).

Cornah, D. (2006). *Cheers? Understanding the Relationship Between Alcohol and Mental Health*. London, The Mental Health Foundation.

This report examines the evidence for links between alcohol and mental health problems. Research outlined in the report shows that many people in the UK drink alcohol to cope with emotions or situations that they would otherwise find difficult to manage. The report concludes that despite increased consumption of alcohol in most age groups and an increasing burden of mental health problems across the board, the association between the two tends to get overlooked in policy, practice and research. The possibility that people drink alcohol to cope with the stresses and strains of everyday life or to self-medicate feelings of anxiety or depression points to the need for integrated and alternative approaches to promoting wellbeing. The well established association between alcohol misuse and more severe or enduring mental health problems also points to the need for holistic approaches to care and treatment packages.

Dennhardt, A. and J. Murphy (2011). Associations Between Depression, Distress Tolerance, Delay Discounting, and Alcohol-Related Problems in European American and African American College Students. *Psychology of Addictive Behaviors* **25**(4): 595–604.

Although levels of heavy drinking and alcohol-related problems are high in college students, there is significant variability in the number and type of problems experienced, even among students who drink heavily. African American students drink less and experience fewer alcohol-related problems than European American students, but are still at risk, and little research has investigated the potentially unique patterns and predictors of problems among these students. Depression, distress tolerance, and delay discounting have been implicated in adult substance abuse and may be important predictors of alcohol

Mental Wellbeing in Higher Education: a Bibliography

problem severity among college students. We examined the relationship between these variables and alcohol-related problems among African American and European American students (N = 206; 53% female; 68% European American; 28% African American) who reported recent heavy drinking. In regression models that controlled for drinking level, depression, distress tolerance, and delay discounting were associated with alcohol problems among African American students, but only depression was associated with alcohol problems among European American students. These results suggest that negative affect is a key risk factor for alcohol problems among college student drinkers. For African American students, the inability to tolerate negative emotions and to organize their behavior around future outcomes may also be especially relevant risk factors.

Dusselier, L., B. Dunn, Y. Wang, MC Shelley and D. Walen (2005).

Personal, health, academic, and environmental predictors of stress for residence hall students. *Journal of American College Health* **54**(1): 15-24. The authors studied contributors to stress among undergraduate residence hall students at a midwestern, land grant university using a 76-item survey consisting of personal, health, academic, and environmental questions and 1 qualitative question asking what thing stressed them the most. Of 964 students selected at random, 462 (48%) responded to the survey. The authors weighted data to reflect the overall university-wide undergraduate population (55% men, 12% minority or international, and 25% freshmen). Women and US citizens experienced greater stress than did men and non-US citizens, respectively. Frequency of experiencing chronic illness, depression, anxiety disorder, seasonal affective disorder, mononucleosis, and sleep difficulties were significant stress predictors. Although alcohol use was a positive predictor, drug use was a negative predictor of stress. Both a conflict and a satisfactory relationship with a roommate, as well as a conflict with a faculty or staff member, were also significant predictors of stress.

Grant, A. (2002). Identifying students' concerns: taking a whole institutional approach. *Students' Mental Health Needs: Problems and Responses*. In: N. Stanley and J. Manthorpe (eds). London, Jessica Kingsley: 83-105.

This book chapter includes summary results of the research on student wellbeing undertaken as part of the University of Leicester's Student Psychological Health Project. It includes data on student concerns and their impact on their stress levels and academic achievements, the incidence of mental distress, alcohol consumption and its impact, and help-seeking behaviour. The aim of the research was to inform the development of institutional systems and structures and the training offered to staff.

Kalodner, C. R., J. Delucia and A. Ursprung (1989). An examination of the tension reduction hypothesis: the relationship between anxiety and alcohol in college students. *Addictive Behaviours* **14**: 649-654.

The Tension Reduction Theory posits that alcohol is consumed to achieve tension reduction. The drinking patterns of high anxiety college students differed from low anxiety college students. Eighty-one students completed the Trait scale of the State-Trait Anxiety Inventory and the Khavari Alcohol Test (KAT). Several indices of alcohol use derived from the KAT were used to assess patterns of alcohol use. Five two-way analyses of variance were conducted using gender and anxiety as factors. Hypothesis One predicted that there would be a significant difference in alcohol consumption between high and low anxiety students when a comprehensive measure of alcohol use was used. This hypothesis was supported. Hypothesis Two predicted that frequency alone would not differentiate between anxiety levels; this was also supported. The Third Hypothesis was that volume measures of beer, wine and liquor would differentiate between the high and low anxiety levels; this hypothesis was partially supported: beer volume did differentiate between groups, while wine and liquor volume did not. The final hypothesis was that there would be an interaction between gender and anxiety; this was not supported.

Mental Wellbeing in Higher Education: a Bibliography

Keough, M, S. Battista, R. O'Connor, S. Sherry and S. Stewart (2016). Getting the party started -alone: solitary pre-drinking mediates the effect of social anxiety on alcohol-related problems. *Addictive Behaviours* **55**, 19-24.

Pre-drinking (or pre-gaming) is common among undergraduates and has been linked with problem alcohol use. While many students pre-drink to save money, evidence suggests that some students pre-drink to cope with social anxiety (SA). Tension reduction and cognitive theories predict that those high in SA may pre-drink to reduce anticipatory anxiety before attending social events and their pre-drinking may be done alone rather than in normative social contexts. Available data suggest that, relative to social drinking, solitary drinking elevates risk for alcohol use and related problems. Informed by this evidence, we speculated that context for pre-drinking may be an important mechanism by which SA-risk for alcohol use unfolds. Specifically, we offered the novel hypothesis that those high in SA would engage frequently in solitary pre-drinking and this in turn would be associated with elevated alcohol use and related problems. Undergraduate drinkers (N=293; 70% women) completed self-reports of social anxiety, pre-drinking context (social, solitary), alcohol use, and alcohol-related problems. In partial support of our hypotheses, SA was a positive predictor of solitary pre-drinking, which in turn predicted elevated alcohol-related problems, but not alcohol use. While not hypothesized, we also found that SA was a negative predictor of social pre-drinking, which in turn reduced risk for alcohol use and related problems. Our study is the first in the literature to show that solitary pre-drinking helps explain the well-documented association between SA and alcohol-related problems. These findings may inform etiological models and clinical interventions, suggesting that SA-risk for problem drinking begins even before the party starts.

MacCall, C., J. Callender, W. Irvine, M. Hamilton, D. Rait, F. Spence and J. Mackinnon (2001). Substance misuse, psychiatric disorder and parental relationships in patients attending a student health service. *Primary Care Psychiatry* **7**(4): 137-143.

The mental health of students is a subject of growing concern. There are limited data on the prevalence of mental disorder in the student population and its relationship to previously noted high levels of drug and alcohol use is unknown. Although there is a considerable body of research into the links between experiences of parenting and the subsequent development of psychiatric morbidity, the nature and importance of such links in a student population has not been examined. The aims of this study were to establish the prevalence of substance misuse and psychiatric disorder in patients attending a student health service and to examine these in relation to perceived experiences of parenting. Psychological morbidity and substance misuse in students were significantly related to the styles of parenting experienced earlier in life. GPs working with students should be aware of the high prevalence of these problems in this population. Those responsible for higher education policy should take account of these findings and the fact that the presence of stressors such as financial worries was significantly associated with psychological distress, the prescription of psychotropic medication and the use of illicit drugs.

Magrys, S. A. (2010). *Examining The Relationship Between Alcohol Intoxication, Stress Response and Tension Reduction Alcohol Expectancies*. MSc Thesis, Department of Psychology, Queen's University, Kingston, Ontario.

Stress contributes to both the initiation and maintenance of drug use. Drug intake, specifically alcohol, may be reinforced under stressful conditions by reducing anxiety or tension. The pharmacological effects of alcohol, however, cannot account entirely for the tension-reducing experience of intoxication. This suggests that cognitive factors contribute to the stress-dampening effects of alcohol. This study examined this hypothesis by testing how tension-reduction alcohol expectancies moderate the relationship between stress and alcohol intoxication. Stress response was operationalized as an increase in subjective anxiety and impaired sustained attention. Verbal learning, which was hypothesized to not be

Mental Wellbeing in Higher Education: a Bibliography

impaired by the stressor, was used as a cognitive control. One hundred and nine undergraduate students were randomly assigned to one of five groups (low, medium or high dose alcohol; sober; or placebo). Following beverage consumption, participants completed cognitive tasks before and after the Trier Social Stress Test. Participants completed the State-Trait Anxiety Inventory – State upon arrival in the lab, as well as pre- and post-stressor. They also completed the State-Trait Anxiety Inventory – Trait and the College Drinking Influences Survey, which includes a Stress Reduction scale. Social stress did not hinder cognitive performance, whereas alcohol impaired sustained attention and verbal learning abilities. The stressor evoked a subjective stress response that was reduced by alcohol and the expectancy of alcohol (i.e., placebo). There was no evidence to suggest that tension reduction alcohol expectancies moderated this effect. These findings replicate alcohol's ability to dampen a stress response and, furthermore, demonstrate that the expectancy of alcohol is as effective as the drug itself in reducing subjective response to stress. This study highlights the need for further research to elucidate which factors modulate the stress-dampening effect of alcohol in undergraduate students. This knowledge, in turn, could present an opportunity for screening and early interventions to circumvent problem drinking as alcohol consumption is used by this population to cope with stress.

O'Hare, T. (2001) Stress and drinking context in college first offenders. *Journal of Alcohol and Drug Education*, 4-18.

Social-cognitive theory has provided a framework within which to examine the complex interactions of stress, alcohol expectancies, drinking problems and drinking context. The current study of 505 college students who drink examines the relationships among self-reported stress, drinking related problems (socio-emotional and community-related), and gender with three distinct drinking contexts, (convivial, intimate and negative coping). Results support the direct relationship between stress and excessive drinking across all three contexts, but also show that stress and self-reported social-emotional drinking problems interact to predict drinking to cope with negative emotions. Men with greater self-reported stress also appear more likely to drink to cope with negative emotions. Recommendations for secondary prevention efforts based on context-related drinking styles are suggested.

Patton, G., C. Coffey, J. Carlin, L. Degenhardt, M. Lynskey and W. Hall (2002). Cannabis use and mental health in young people: cohort study. *British Medical Journal* **325**: 1195-1197.

The objective of the study was to determine whether cannabis use in adolescence predisposes to higher rates of depression and anxiety in young adulthood. A statewide secondary school sample of 1601 students aged 14-15 was followed for seven years. Some 60% of participants had used cannabis by the age of 20; 7% were daily users at that point. Daily use in young women was associated with an over fivefold increase in the odds of reporting a state of depression and anxiety after adjustment for intercurrent use of other substances (odds ratio 5.6, 95% confidence interval 2.6 to 12). Weekly or more frequent cannabis use in teenagers predicted an approximately twofold increase in risk for later depression and anxiety (1.9, 1.1 to 3.3) after adjustment for potential baseline confounders. In contrast, depression and anxiety in teenagers predicted neither later weekly nor daily cannabis use. The study concluded that frequent cannabis use in teenage girls predicts later depression and anxiety, with daily users carrying the highest risk. Given recent increasing levels of cannabis use, measures to reduce frequent and heavy recreational use seem warranted.

Mental Wellbeing in Higher Education: a Bibliography

Pedreli, P., B. Borsari, S. Lipson, J. Heinze and D. Eisenberg (2016). Gender differences in the relationships among major depressive disorder, heavy alcohol use, and mental health treatment engagement among college students. *Journal of Studies on Alcohol and Drugs* 77(4) 620-628.

Although major depressive disorder (MDD) and heavy episodic drinking (HED, 4+/5+ drinks in a single sitting for women/men) are common among young adults in college, the relationship between the two remains unclear. This study examined the association between MDD and HED in this population, the effect of gender on this association, and whether comorbid MDD and heavy alcohol use are associated with higher rates of mental health treatment engagement. The study comprised 61,561 (65.3% female) undergraduate students who answered an online survey on depression, alcohol use, and treatment engagement in the past year. Hierarchical linear regressions examined the association between MDD and alcohol use (HED and peak blood alcohol concentration [pBAC]) and whether gender moderated these associations. Logistic regressions were then conducted to examine the influence of MDD, heavy alcohol use, and gender on treatment engagement. Students with MDD reported more frequent HED and higher pBAC than did students without MDD; this was especially true for female students. Rates of treatment engagement were higher among women than men, among students with MDD than students without MDD, and among female students with HED than women without HED. The presence of an association between MDD and heavy alcohol use suggests the need for systematic screenings of both conditions. Low rates of treatment engagement in college students with MDD and heavy alcohol use calls for the development of strategies to engage this high-risk group in treatment.

Perron, B. E., I. Grahovac, J. Uppal, T. Granillo, J. Shuter and C. Porter (2011). Supporting students in recovery on college campuses: opportunities for student affairs professionals. *Journal of Student Affairs Research and Practice* 48(1): 47-64.

Despite the significant attention that drugs and alcohol receive on college campuses, few resources and supports are available to students who are recovering from an addiction. Student affairs professionals are uniquely positioned to support these students with a variety of strategies. This article summarizes what is currently known about college students in recovery and ways that student affairs professionals can help build an infrastructure of formal and informal supports for this underserved and at-risk student population.

Reingle, J., D. Thombs, C. Osborn, S. Saffian and D. Ottersdorf (2010). Mental health and substance use: a qualitative study of resident assistants' attitudes and referral practices. *Journal of Student Affairs Research and Practice* 47(3): 325-342.

This study described mental health and substance use referral practices of resident assistants (RAs). Interviews were conducted with 48 RAs at three campuses. RAs generally had positive attitudes toward helping residents, and believed that existing norms supported their referral actions. However, many perceived referring residents to be emotionally burdensome, and they were not confident referrals would lead to positive outcomes. RAs reported referring residents for professional assistance only when problems were judged to be severe, essentially engaging in a form of clinical evaluation to make referral decisions. Recommendations for enhancing the continuum of care provided to distressed residents are discussed.

San José, B., H. van Oers, H. van de Mheen, H. Garretsen and J. Mackenbach (2000). Stressors and alcohol consumption. *Alcohol and Alcoholism* 35(3): 307-312.

The objective of this study was to examine the relationship between negative life events and chronic stressors and drinking behaviour. Data suggested that some life events (getting divorced) and some chronic stressors (financial difficulties, unfavourable marital status, and unfavourable employment status) were positively related to abstinence among men and women. Furthermore, some life events (being a victim of a crime, decrease in

Mental Wellbeing in Higher Education: a Bibliography

financial position, divorce or reporting two or more life events) were positively associated with heavy drinking among men. Chronic stressors, such as unfavourable marital status and unfavourable employment status, were also related to heavy drinking among both men and women. Results presented here suggest that people under stressful conditions are more likely to either abstain or drink heavily rather than to drink lightly or moderately.

Selkie, E. (2016). Cyberbullying and college students: what can be done? *Psychiatric Times* April 28 2016.

Cyberbullying, sometimes referred to as electronic victimization, is a public health concern in the Internet age and has been associated with multiple negative mental health outcomes. It remains under-recognized among college students; however, it is not surprising that cyberbullying occurs in college, given that college students are among the most frequent users of digital technology. Services should recognise the link between cyberbullying and health concerns such as depression and alcohol use.

Weitzman, Elissa R. (2004) Poor mental health, depression, and associations with alcohol consumption, harm, and abuse in a national sample of young adults in college. *The Journal of Nervous and Mental Disease*. 2004; 192(4): 269-277.

The purpose of this article was to describe patterns of poor mental health/depression (PMHD) in a national sample of college students and the relationships among PMHD, alcohol consumption, harm, and abuse. Responses to mailed questionnaires completed by a random sample of 27,409 students at 119 colleges were analyzed using logistic regression. Nationally, 4.8% of students reported PMHD. The average college prevalence was 5.01% (range, 0.68% to 13.23%). Students with PMHD were more likely than their peers to be female, nonwhite, and from low socioeconomic status families; less likely to report never drinking; as likely to report frequent, heavy, and heavy episodic drinking; and more likely to report drinking to get drunk. Students with PMHD—especially females—were more likely to report drinking-related harms and alcohol abuse. College is a critical context for studying youth mental health. The interrelationship of mental health problems and their clustering by group and college are important considerations for prevention and treatment.

Ye, Y., P. Wang, G. Qu, S. Yuan, P. Phongsavan and Q. He (2015). Associations between multiple health risk behaviors and mental health among Chinese college students. *Psychology, Health & Medicine* 21(3) 377-385.

Although there is substantial evidence that health risk behaviors increase risks of premature morbidity and mortality, little is known about the multiple health risk behaviors in Chinese college students. Here, we investigated the prevalence of multiple health risk behaviors and its relation to mental health among Chinese college students. A cross-sectional study was conducted in Wuhan, China from May to June 2012. The students reported their health risk behaviors using self-administered questionnaires. Depression and anxiety were assessed using the self-rating depression scale and self-rating anxiety scale, respectively. A total of 2422 college students (1433 males) aged 19.7 ± 1.2 years were participated in the study. The prevalence of physical inactivity, sleep disturbance, poor dietary behavior, Internet addiction disorder (IAD), frequent alcohol use and current smoking was 62.0, 42.6, 29.8, 22.3, 11.6 and 9.3%, respectively. Significantly increased risks for depression and anxiety were found among students with frequent alcohol use, sleep disturbance, poor dietary behavior and IAD. Two-step cluster analysis identified two different clusters. Participants in the cluster with more unhealthy behaviors showed significantly increased risk for depression (odds ratio (OR): 2.21; 95% confidence interval (CI): 1.83, 2.67) and anxiety (OR: 2.32; 95% CI: 1.85, 2.92). This study indicates that a relatively high prevalence of multiple health risk behaviors was found among Chinese college students. Furthermore, the clustering of health risk behaviors was significantly associated with increased risks for depression and anxiety.

Mental Wellbeing in Higher Education: a Bibliography

Zinzow, H. M., A. Amstadter, J. McCauley, K. Ruggiero, H. Resnick, and D. Kilpatrick (2011). Self-rated health in relation to rape and mental health disorders in a national sample of college women. *Journal of American College Health* **59**(7): 588-594.

The purpose of this study was to employ a multivariate approach to examine the correlates of self-rated health in a college sample of women, with particular emphasis on sexual assault history and related mental health outcomes. Participants: A national sample of 2,000 female college students participated in a structured phone interview between January and June 2006. Interview modules assessed demographics, posttraumatic stress disorder, major depressive episode, substance use, rape experiences, and physical health. Logistic regression analyses showed that poor self-rated health was associated with low income (odds ratio [OR] = 2.70), lifetime posttraumatic stress disorder (OR = 2.47), lifetime major depressive episode (OR = 2.56), past year illicit drug use (OR = 2.48), and multiple rape history (OR = 2.25). These findings highlight the need for university mental health and medical service providers to assess for rape history, and to diagnose and treat related psychiatric problems in order to reduce physical morbidity.