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Student driven mental health promotion in an Australian university setting

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Abstract
The purpose of this study was to investigate university students' perceptions of mental health problems, through an exploration of proposed health promotion interventions. An action research approach was undertaken to inform the health promotion interventions of the MindWise study. A qualitative thematic analysis of focus group data was undertaken. Three themes were abstracted from the data: the importance of (i) harm minimisation messaging, (ii) emphasising early intervention and acknowledging the impact of untreated mental health problems, (iii) addressing stigma and concerns about confidentiality. Student involvement is a cost-effective way to increase the acceptability of health promotion initiatives by other students.

1. Introduction

The age at which the majority of young people are in higher education is also the age at which mental health and substance use problems are most prevalent (Slade et al., 2009). Indeed, three quarters of all life-long mental disorders (including substance use disorders) commence before the age of 25 (Kessler et al., 2005). In Australia, over a quarter of 16–24 year olds meet criteria for a mental disorder in the previous 12 months, with anxiety (15.4%), depression (6.3%) and substance use disorders (12.7%) being the most commonly experienced conditions (Reavley, Cvetkovski, Jorm, & Lubman, 2010). Untreated mental health issues and early onset of substance use often co-occur and can have adverse impacts on relationships, educational and developmental milestones, as well as later mental and physical health (Lubman, Hides, Yucel, & Toumbourou, 2007).

Recent studies have found that tertiary students are more likely to suffer from moderate levels of psychological distress when compared with their community peers (Cvetkovski, Reavley, & Jorm, 2012). This is particularly concerning given the low levels of help seeking by, and

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subsequent treatment for, students (Leahy et al., 2010). This high prevalence of psychological distress amongst students and low levels of help seeking mirrors the situation reported in the United States and is in contrast to one longitudinally designed German university based study, where lowered levels of psychological distress amongst students has been reported (Berger, Franke, Hofmann, Sperth, & Holm-Hadulla, 2015; Hunt & Eisenberg, 2010). The low level of treatment of mental health and substance use problems persists despite the availability of free counselling services across Australian universities and the more general availability to the Australian public of subsidised psychological and psychiatric services under the national health insurance scheme, Medicare (Pirkis, Harris, Hall, & Ftanou, 2011). In addition, the importance of early intervention for mental health problems has received significant attention in Australia in recent years and has led to significant investment into the youth-friendly 'headspace' mental health services, which are aimed at the 12–25 year old age group (Muir et al., 2009).

However, it has been argued that increases in services are not enough to improve Australia's mental health and that a greater focus on the prevention of mental disorders is also necessary (Reavley & Jorm, 2014). While participating in higher education is generally considered protective in terms of physical health, a significant number of students experience mental health problems around this time (Andrews & Wilding, 2004). With over 50% of young people in Australia aged 18–20 years in tertiary education, higher education institutions are key settings to run health promotion programs (Birrell & Edwards, 2007).

Several factors support help seeking for mental health problems, one of which is mental health literacy (Reavley, McCann, & Jorm, 2012). Mental health literacy is defined as 'knowledge and beliefs which aid in the prevention, recognition or management of mental illness' (Jorm & Korten, 1997, p. 182). A benefit of higher education institutions investing in improving student mental health literacy is it is likely to minimise negative educational outcomes such as absenteeism and course drop-out (Casey, 2007).

A number of mental health promotion interventions have been carried out in high schools, but few have focused on prevention of, and early intervention with, anxiety and depression in higher education students (Cuijpers, van Straten, Smits, & Smit, 2006; Patton, Glover, & Bond, 2000; Reavley & Jorm, 2010).

The 'MindWise' mental health literacy intervention study endeavoured to investigate whether a multifaceted intervention could improve help seeking for mental health problems, mental health first-aid behaviours, and levels of psychological distress in a higher education setting. Briefly, the study was a cluster randomized trial across nine campuses of Victoria University in Melbourne, Australia. Mental health literacy was promoted at the six intervention sites using a wide range of interventions, including Mental Health First Aid courses on campus, social marketing projects and students-as-staff placements. Three other campuses were matched as control sites. A monitoring sample, comprising 774 students and 422 staff (at baseline) was interviewed at three time points – before, during and after the project – in order to assess the effectiveness of the intervention elements (Reavley & Jorm, 2010). Briefly, the findings for students indicated that recall of intervention elements was greater in the intervention group at the end of Year 2 of the project (Reavley, McCann, Cvetkovski, & Jorm, 2014). Students in the intervention group were more likely to say they would seek help from a drug and alcohol centre for alcohol problems at the end of 6 months. However, there were no effects on psychological distress or alcohol use. The findings for staff also showed that recall of the intervention elements was greater in the intervention group at the end of Year 2. Staff in the intervention group also showed better recognition of depression, greater knowledge of guidelines for safe levels of alcohol consumption and greater intention to seek help for alcohol misuse from a general practitioner. However, as with students, there were no effects on psychological distress or alcohol use.

In this paper, we report the findings of a focus group of students that informed the intervention arm of the cluster randomized trial. Students discussed various methods of mental health related education and prevention activities they believed would be effective in higher and vocational education settings.

2. Method

2.1. Design

A participatory action research (PAR) design was used, involving university students as co-researchers. Through the PAR process, subgroupings of students formed to devise and consider various health promotion interventions they believed would be effective amongst cohorts of students similar to themselves.

2.2. Participants and recruitment

Given the potentially sensitive nature of topics such as mental illness and alcohol use, it was considered important that project recipients were consulted to ensure that the approaches taken were acceptable to the target audience (Powers & Tiffany, 2006). Adoption of this participatory approach is correlated positively with project sustainability, efficacy and relevance as well as being linked to beneficial outcomes for participants (Iphofen, 2009; Lind, 2007). Additionally, student involvement in the design and implementation of projects minimises the likelihood of inappropriate methods being used with specific cultures and age groups (Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003). This consideration was particularly important in a diverse environment such as Victoria University. The University is spread across 11 sites in central and western Melbourne and offers a range of vocational and tertiary education courses (O'Mara, Babacan, & Borland, 2010). Forty per cent of the student population come from non-English speaking backgrounds and a large cohort undertake diploma and certificate level courses (Messinis, Sheehan, & Miholcic, 2008). PAR is a worthwhile approach because it can act as a tool to identify and increase knowledge in a community, and empower people to act and increase their understanding of their situation (Rains & Ray, 1995). It is valuable approach when working with people who, traditionally, have been disempowered or marginalised (Kreuter et al., 2003).

Several approaches were used to recruit participants into the focus group. Advertisements were placed in regularly

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frequented areas of the six intervention campuses, such as in cafeterias, toilets and common rooms. Notices were also placed online using the University's website and Facebook and Twitter pages. The majority of students were selected through expressions of interest submitted directly to the researchers.

The inclusion criterion for the focus group was current enrolment in an undergraduate or postgraduate course at the University. There were no exclusion criteria. Thirteen students attended the focus group meeting; all were female. Seven of the 13 were studying health-related courses. Five of the 13 students were completing a Master level degree, six were studying for a Bachelor degree and two were studying Diploma level courses. One of the 13 students was an international student, and six participants were from non-English speaking backgrounds.

2.3. Procedure

The focus group met for two hours, and an audio recorder was used to collect data. The purpose of the meeting was to gain an understanding of student perceptions of alcohol use, mental health issues and the types of education and prevention programs that students believed would be effective for their peers.

After a general introduction to the subject matter and an explanation of the methodology of the project and definition of key terms, the students discussed the following questions: 'What types of health promotion activities do you think would work at the University?', 'What kind of things would encourage students to participate?' and 'What kind of issues would stop students from participating, and how can we overcome these issues?' Sufficient time was allowed in order to probe and elaborate on these topics in a private and safe setting. Facilitators provided only positive feedback in order to encourage students to continue sharing their ideas.

2.4. Ethical considerations

Ethical approval to conduct the project was obtained from Victoria University and University of Melbourne human research ethics committees. Informed consent was obtained from the participants, and students were free to withdraw from participation without penalty. At the start of the meeting the students were reminded that this was not a forum to speak about their individual experiences of mental illness; however, if participation brought up any issues for them, they were encouraged to contact a University counsellor or researcher. Students were requested to keep information shared during the meeting confidential. PAR literature makes reference to the importance of valuing participant contributions (Rains & Ray, 1995) and, as such, participants were provided with lunch during the meeting and financial reimbursement for their travel cost and inconvenience in the form of a $30 supermarket voucher.

2.5. Data analysis

Transcribed data were analysed using a multiple-stage interpretive thematic analysis. Two members of the research team read each transcript twice and developed preliminary codes separately. Using an inductive method (Silverman, 2001), the analysis focused first on the organisation of data into provisional themes and then continued with more detailed coding. The researchers then met to discuss the provisional themes identified separately, and a list of final themes was decided upon. The final themes, and a list of ideas for health promotion interventions suggested during the meeting, were emailed to the focus group participants, for consideration. Students were encouraged to provide email comment about the final themes and proposed interventions, and to suggest additional interventions.

3. Results

From the discussion of mental health, alcohol misuse and proposed health promoting activities, three overarching themes were abstracted from the data: the importance of (i) ensuring harm minimisation messaging, (ii) emphasising early intervention and acknowledging the impact of untreated mental health problems, (iii) addressing stigma and concerns about confidentiality. In addition to providing guidance about the types of health promoting activities that young people felt would be effective in a university context, the data provided insight into the beliefs and attitudes of students about these issues.

3.1. Ensuring harm minimisation messaging

Student participants discussed alcohol misuse for a significant portion of the focus group meeting. They referred to loss of control as a common outcome from drinking alcohol; for some, loss of control was an undesirable consequence of consuming alcohol and something ameliorable to intervention, as articulated in the exemplar below.

> I think it's just the lack of control, because (it's) the lack of control that affects people in so many ways. It means you do something that you wouldn't normally do sober; you're much more vulnerable to terrible situations. When I was working at a rehab center, a 20-year-old gentleman had been out celebrating his birthday and copped one [received a blow] in the back of the head during his night out, and now he's brain damaged for life. You don't think about these sorts of things happening. I think it's just the whole control issue; alcohol, more than four drinks would seriously impede your ability to have control of your actions.

For others, loss of control was intended and desirable.

> Like they know all this but binge drink anyway because *they just want to get drunk, you know. Get out of reality* (emphasis added) [drinking to remove themselves temporarily from the reality of everyday life].

Many linked alcohol misuse to negative outcomes while also acknowledging the social benefits of alcohol consumption. They noted the prevalence of alcohol advertising in their communities and on campus and observed that many of their social activities were linked to alcohol consumption. Students expressed the need to tackle issues associated with alcohol misuse such as alcohol-related violence and the use of alcohol to self-medicate.

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> (Alcohol's) a way of making people feel better about themselves, because a lot of people drink alcohol to mask the effects of depression as well; so, like the same as drugs; I mean, alcohol is a drug anyway.

Student participants revealed their confusion about how the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, which focus on alcohol consumption and the prevention of alcohol-related disease, injury and harm (National Health and Medical Research Council, 2009), relate to alcohol-related information promoted by the Transport Accident Commission (TAC). The TAC is a Victorian Government-owned organisation whose role is to promote road safety, improve the State's trauma system and support those who have been injured on the roads (Transport Accident Commission). Current Australian law permits fully licensed drivers to drive with a blood alcohol concentration of less than 0.05 ml/1000 ml blood (Mann et al., 2001). Students expressed a desire to have the difference between these guidelines clarified and education focused on the guidelines related to driving because this was a key concern for students, many of whom were new driving license holders.

> If someone's driving, they want to know (the laws around blood alcohol concentration).

Rather than creating resources based on national guidelines around alcohol use, students suggested that a harm minimisation/risk management approach was appropriate when addressing alcohol misuse with a student population. A focus on social and personal consequences (such as social embarrassment) and bolstering resilience were strategies participants thought were likely to be effective. Strategies such as those suggested by this participant could have relevance to a range of drinkers:

> What about, sort of, risk management type stuff? So things like, 'if you were to drink, drink with a friend' or having social support, or networks around, or have your phone, or things like that.

Additionally, in response to draft messages developed, students commented about the importance of using clear, jargon-free language in health promotion messages.

> With the first one, I think it's on alcohol related injury. I think that's really broad. I don't know if that's, okay 'alcohol-related injury' – so what is that? What could that actually mean to me who's going to, maybe, drive with a group of mates and we're going to go out and have a good weekend?

3.2. Emphasising early intervention and acknowledging the impact of untreated mental health problems.

Student participants expressed awareness of the link between the social determinants of health and mental illness. One student spoke about the cyclical relationship between poor mental health, social disadvantage and criminality. Another student noted:

> Victoria University has the highest drop-out of first years [students], so it could very well be due to a number of different factors, but [poor] mental health literacy and awareness could be one.

Another student referred to the diversity and range of difficulties confronting students in her course.

> Uni. life is really tough, you know, and the thing is that no uni. student is the same. I don't know about other courses, but in my degree, there's so many people that have left school at 15 and had kids and go back to uni., and then you've got lots of other very fresh faced 18 year olds coming in. It's such a hot bed of different things, and juggling your stresses, like homework and money stresses, work stresses, am I going to find a job at the end?, what's going on?, are they happy in their course?, you know, it's a lot of stress, yeah.

Students supported the use of early intervention approaches for tackling depression and anxiety. One student mentioned an approach that had been helpful for her friend who was suffering from depression and anxiety.

> I have one idea though. A mate of mine put it to another friend who was all stressed about exams. and I was, like, "don't you have better things to do than stress?" and it was, sort of, that comment that made him actually bother to go look into it and to do something about it. So if we make it seem like, 'have you got better things to do than be worrying about things that can be helped?' I dunno if it'll work for everyone, but it seemed to work for him.

This commentary was useful for the young person as it assisted him to acknowledge how the anxiety he was experiencing was affecting adversely his quality of life, while also encouraging him to seek help.

Participants suggested that students be educated about the signs and symptoms of emerging mental illness, the prevalence of common disorders in the wider population, and that mental health promoting materials and activities should highlight that students were in an 'at risk' group.

> P: I think as well, this ties into what you asked about the individual medical model, and I think that international students as well, it might not necessarily be that medical models are (how they) understand depression. People might say depression is associated with this but they might think, 'well I'm not depressed, I'm not staying in a dark room, but I'm just feeling really flat.' So, I think if we make the links again back to why VU is the sample uni., because of socio-demographic factors, linking it back to those other things.
> Facilitator: So talking about risk factors; that type of thing?
> P: Well, to take the thing off the individual to feel like, there's not something wrong with me, hang on a second, we're having difficulty with our homes states at the moment, and make a list of indicators or factors that might contribute so they can be, like, 'hang on a sec. [ond], that's me, that's me, that's me,' it's not just about – there's not something biologically wrong with me, there's just some really tough

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things going on in my family and in my life at the moment. Does that make sense?

3.3. Addressing stigma and concerns about confidentiality

An exchange between two students during the focus group meeting demonstrated the challenges in being an advocate and consumer of mental health services. One student articulated the effort that was required in order to fight stigma while being negatively affected by it. In response to a suggestion that photographs of student's faces could be obscured to hide their identity in a poster intended to reduce stigma, the student responded:

> Why should they feel embarrassed? I mean, would you say, because you've got a disease or something why should you be embarrassed; it's not your fault. You've got to be strong and face the world, and you can do it.

This exchange demonstrates the effects of stigma even amongst those who wish to speak openly about their experiences.

A range of practical suggestions was offered about how the stigma of mental health problems and about help-seeking could be reduced. Students suggested that the MindWise team use the stories of celebrities and de-identified students who have had an experience with mental illness in order to educate audiences and reduce stigma. These stories could be told in person or as a written resource. They also suggested that MindWise provide information about antidepressants to students and explain that depression has a biological basis and not something one should feel ashamed about. Discrimination should be presented as an unacceptable behaviour.

Participants commented that a barrier to seeking help from university counsellors was concern – though without an evidentiary basis – about possible breaches of confidentiality by these counsellors:

> P: I think a lot of people are terrified that if they went to someone and it got back to their course coordinator that they could fail. I think a lot of them don't know what you say to a counselor is confidential, that it's not going to go back to them, you know.
> Facilitator: that privacy thing, is that a big thing?
> P: Absolutely, I mean
> P: Maybe more with international students
> P: Embarrassment is a big factor.

At another point during the meeting, participants commented about the possibility of providing an Internet based quiz focused on drinking or other mental health concerns. Again, confidentiality came up.

> Facilitator: And would the quiz be, would you prefer it to be on the Internet or?
> P: Probably on the net. A lot of people tend to believe a computer more than a human.
> P: And plus, there's the anonymity involved.

3.4. Suggested intervention strategies

Most student participant suggestions were based on the premise that the provision of information is likely to encourage behaviour change. One student stated:

> A lot of people, when they're on a night out, just don't realise what the concentration of alcohol is (sic) in some drinks.

The same student shared her belief that provision of more information would have a beneficial effect on problem behaviour and the noted reluctance to seek help for mental health issues. At this point, as previously quoted, another participant offered a counter view by stating she believed students were well aware how they could prevent themselves from becoming intoxicated while drinking; however, she believed that intoxication was, in fact, their end goal and, as such, she believed that the provision of more information would be ineffectual:

> Just correct me if I'm wrong, … like, I know you're giving advice on how to take care of yourself, but I think the majority of people drink to get drunk.

Students wanted written resources and e-resources that were simple and contained minimal text. They suggested that campus events should be tailored to suit the different campuses and resources be translated into community languages, where necessary. They supported the use of novel approaches, such as themed days and free gifts to engender student participation. They also commented that it was important the contribution of volunteers should be recognised, and suggested that the provision of certificates of participation would be an easy way to achieve this.

Students were in general agreement that a series of seminars held during lunchtimes would be a worthwhile and effective undertaking. They offered a range of suggestions about the types of events that would be likely to attract an audience, including seminars topics that were not directly linked to mental illness, such as 'enhancing the university experience', 'juggling stresses', or a presentation on 'how to succeed'. Students also suggested linking events to art, dance, relaxation or food would increase student interest and attract varied student groups.

Alongside the belief that MindWise should provide information to students, the focus group believed that the provision of a forum for open discussion about mental health was important as a way to reduce stigma and facilitate information exchange. They suggested a range of events to combine creativity and communication:

- holding a competition to paint a mental health themed mural on bus shelters near the campuses;
- collecting *vox pops* on the issue of 'what does mental health mean to you?' and displaying them on the MindWise website;
- encouraging students to curate a film festival on the theme of mental health; and
- running role plays with students about coping behaviours and what to do if a friend is unwell mentally.

Students suggested that the provision of more information about the University's counselling service would be

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useful. Online counselling, increased distribution of counsellor contact details, and advertising that reinforced to students that counselling services are confidential were all considered by the students to be important initiatives.

Examples of suggestions that were broadly supported by the students included:

- designing toilet door advertisements and posters with mental health messages and information about responsible drinking;
- provision of face-to-face training such as Mental health First Aid training; and
- provision of information via MindWise stalls set up on the various campuses.

4. Discussion

When the MindWise project commenced, student focus group members informed the development of the programme and took carriage of a number of key project elements. While a community based participatory approach is promoted regularly as a key feature of programme development, there are few documented cases of genuine student involvement in the design and implementation of mental health promotion projects.

Involving young people in the design and implementation of youth-focused physical health promotion projects has been considered best practice for several decades (McKenzie & Smeltzer, 2001); however, a comprehensive literature review of these types of interventions suggested that, in the main, young people generally deliver pre-determined interventions that may not align with what young people in general perceive to be relevant to their experience (Harden, Oakley, & Oliver, 2001).

In the field of mental health promotion, numerous studies have been informed by young people's views, but, to our knowledge, none have been managed or designed by them. One study focused specifically on improving young people's mental health literacy and involvement in programme development (Pinto-Foltz, Logsdon, & Myers, 2011). Young people assessed the feasibility and acceptability of the proposed initiatives, and this enhanced the effectiveness of the intervention; however, the intervention itself was not managed or designed by young people. The MindWise study took recipient involvement to a higher level of participation by encouraging participants to manage various project elements.

Given the emphasis that many tertiary institutions now place on students gaining real-world work experience, incorporation of student-led mental health promotion projects in some student courses (e.g., nursing, youth work) was a useful method to extend the reach and uptake of the MindWise programme.

Expert involvement in student-led interventions was also important to ensure that evidence based best practice was considered by those initiating interventions. Student intervention ideas tended to focus on the provision of information, often in a written form. While this is one, albeit important, component of health promotion, it does not reflect the breadth of health promoting activities that are possible or should be considered when working from within a population health model. Supportive legislation, organisational policy and place-making are integral parts of effective interventions (Butler et al., 2010; Tones, 2002). It is to be expected that student ideas sit within the mainstream understanding of 'health promotion,' which is limited to provision of information in order to modify individual behaviours. As a result of our preliminary discussions with focus group members, we used the forum to extend and educate participants about the breadth of possible health promoting activities.

4.1. Limitations

These results should be interpreted within the context of two limitations. First, the study only gives the viewpoint of a limited group of student participants, many of whom self-selected due to their particular interest in the area of mental health. As a result, participants demonstrated a higher level of mental health literacy than the general population. The group were all female and this may limit the transferability of findings. Additionally, in a focus group setting participants may be influenced to some extent by the rest of the group; therefore, it should not be assumed individuals in a focus group are expressing their own definitive beliefs, but their contributions may be shaped, somewhat, because they are speaking within a specific context.

5. Conclusions

With more a sizeable proportion of young people continuing into higher education, universities are ideally placed to promote mental health. Universities need to look beyond the traditional offerings of counselling services, and consider what can be done to create a mentally healthy study space for students. The importance of student involvement in the development of health promotion initiatives cannot be underestimated. In the case of the MindWise project, student involvement brought energy and specificity to the work and ensured that the initiatives were appropriate to the people they were intended to influence. Students' suggestions about how health promotion staff should tackle mental health promotion were broad ranging and considered; however, they tended to emphasise the provision of information rather than population-oriented interventions or preventative actions. Further research is needed to add to the limited evidence-base about the effectiveness of whole-of-population interventions and student driven initiatives that aim to improve mental health.

Conflict of interest

The authors have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

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