

Caring About Post-Secondary Student Self-care

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Abstract:

A research project undertaken by two faculty members at Mount Royal University to support student stress reduction is described. An existing wellness tool, BreathingRoom™ was used within the course curriculum as a pedagogical approach to assist with stress reduction and skill building for resilience. Qualitative data from the research project is discussed, highlighting the importance of collaborating across an institution, contributing to student learning, self-care and mental health. Results show students appreciate the use of self-care tools within curriculum but also shared important feedback about the BreathingRoom™, helping these researchers to consider broadening their approach.

Key Words:

Self-Care, Stress Reduction, Curriculum, Mental Health, Post-Secondary.

Introduction

Expert teaching in the post-secondary system requires teachers to concern themselves with more than the academic expectations of the students in their classes. Armstrong and Young (2015) suggested that there is an increase in student mental health concerns on post-secondary campuses. These same authors stated that “first year, or the transition to post-secondary education, is an especially stressful time and risky for adolescent mental health” (p. 84). Jaworska, Somma, Fonseka, Heck and MacQueen (2016), also suggested that mental health is a concern on post-secondary campuses and noted that there needs to be a better understanding of the resources available to students once they arrive on a campus.

As students enter the university system, it is easy for them to become overwhelmed and overtaxed. Student mental health and general wellness is a concern as it may

interfere with academic success. In addition, it is possible that the burdens associated with academic achievement in undergraduate studies can trigger or aggravate mental health concerns. According to Hunt and Eisenberg (2010) the post-secondary system is an opportunity for campus resources to come together to have a positive influence with students both socially and academically. Therefore, students can experience better mental health and may also engage in meaningful ways in their community when we attend to, and provide tools for, managing their mental health. According to Keyes (2010) good mental health may be described as flourishing and poor mental health as languishing and students falling between flourishing and languishing need to find strategies to bolster their self-care and avoid languishing.

After following the progress of 48 students, Wang et al., (2014) found that over the term, particularly as assignments and expectations increased, so did stress, while the mitigating factors associated with stress such as sleep decreased. Increased stress and mental health concerns as well as fewer tools to help when struggling leads to lower grades. Conditions, such as depression have shown to be predictors of lower grades and early withdraw from post-secondary studies (Eisenberg, Goldstein & Hunt, 2009). The National College Health Assessment (NCHA) survey conducted at a Canadian University in 2010 showed that 33% of respondents identified stress impacting their academic performance. In the NCHA survey repeated in 2016, for our specific university, students expressed elevated levels of stress and mental health concerns. The following table shows how students were doing according to the 2016 NCHA survey on this particular campus.

Table 1. Academic impacts of stress and mental health concerns

Health Concern	% affirming
Stress	39.9
Anxiety	30.8
Sleep Difficulties	28.2
Depression	18.1
Cold/Flu/Sore Throat	20.2

Students stated that these health concerns impacted the following academic areas: received a lower grade on an exam or an important project, received a lower grade in the course, received an incomplete or dropped the course, or experienced a significant disruption in thesis, dissertation, research or practicum work.

The pressures from studies can activate or intensify mental health challenges. However, intervention can serve as a protective factor (Hysenbegasi, Hass & Rowland, 2005). Mental health literacy leads to students accessing resources when needed (Kutcher, Wei & Morgan, 2016). When faculty are aware of student needs, they are better equipped to support the students who often approach faculty when they are struggling. To engage faculty, it is vital that they are aware of the students in their classrooms, which includes health and wellness about those students.

Given this impact on academic work and knowing that students who learn about mental health as part of their post-secondary experience will access help, two faculty members who were already discussing stress relief in their classes decided to adopt one tool for use and collect data from students on its impact to reduce stress and build resilience.

BreathingRoom™

The BreathingRoom™ formerly known as the Leap Project, is an award winning mental health program developed by the Canadian Institute for Natural and Integrative Medicine (CINIM). This tool was originally developed for young people 13-24 years of age who were experiencing symptoms of depression. The BreathingRoom™ tool was found to be effective with the population for which it was first devised (Paccagnan, et al., 2012). It was also noted that this and other on-line tools could not only reduce depressive symptoms and stress, they could improve resiliency (Moritz, Shilling, Hauschildt, Schroder & Treszi, 2012).

The BreathingRoom™ consists of eight modules leading participants through a series of exercises and curriculum that assists in developing strategies for managing stress, depression and anxiety. For example, most modules contain a piece of music, poetry, a joke of the day, someone talking about experiences and a variety of activities such as deep breathing, muscle relaxation or mindfulness. The modules can be completed in one sitting which might take two to three hours or spread out over a week by completing small 20 to 30-minute sections within the modules. Additionally, participants can pick and choose to complete some activities and not others. The concepts within the program build upon each other over time. Participants do not need to have any identified disorder or concern to benefit from participation in the BreathingRoom™ curriculum. Hopefully, those who engage with this material will benefit since strategies for managing stress are relevant to the general student population.

According to the Mental Health Commission of Canada, (2014), the use of technology as an option for managing mental health is increasing in Canada. The BreathingRoom™ is a leader among technologies that assist in mental health intervention and health promotion. The modalities of BreathingRoom™ are supported by mental health literature and the exercises are shown to promote well-being in the study populations using on-line tools (Moritz et al, 2012). This program claims to build resilience, increase confidence, and is easily accessed by post-secondary students on this campus as it is on the University Wellness Services webpage.

The Research

Post-secondary student mental health began to be highlighted after events on post-secondary campuses led to the realization that post-secondary environments can exacerbate existing mental health concerns and resources may not be available. For example, The Jack Project (Jack.org) was created after a young man at a University in Ontario Canada completed suicide and few were aware that his mental health had deteriorated. In Canada, a national movement began to support students by creating a document that guided campuses through a systemic approach to assessing how they might support students, or not, on their campus. By using the *Post-Secondary Student*

Mental Health: A Guide to a Systemic Approach, (CAUCUSS.org, n.d.) campuses can assess various levels of support from primary to tertiary involvement. Merging the Guide with the NCHA data assisted this Canadian University to share data with all members of the campus community including faculty.

As members of the education community who were already concerned about student wellness, these researchers saw an opportunity to find tools that might be most supportive to increase resilience for students and help them manage the stressors that accompany post-secondary experiences. Since their University had adopted one tool, BreathingRoom™, for student use these researchers took the opportunity to engage students by also using this tool as a pedagogical approach within their curriculum. They also utilized an opportunity to explore, as research, the student experiences when this tool was integrated within their courses. The researchers used a qualitative interpretive inquiry method for exploration. According to Fleming, Gaidys, and Robb (2002), the purpose in using an interpretive approach is to create deep understanding and “lead to the opening up of possibilities for this understanding” (p. 117).

The faculty researchers, who used the BreathingRoom™ tool, were already discussing self-care and mental health wellness strategies with students in their classes. They chose to use the BreathingRoom™ since it was already being used on the campus and being offered to students from Wellness Services. It made sense to use a tool that students had access to and was being supported by the institution. Additionally, by researching the impact of the existing tool, they could provide feedback from students about their experience to Wellness Services. They saw an opportunity to collaborate with Wellness Services by using their resource and feeding back what they learned from students.

The classes that were engaged for this research were quite different in nature and structure but each course had two sections. One was two sections of a Child and Youth Care Counselling course (CYCC 1221) which had 20 students in each section. Self-care, as a topic in the curriculum, is important in this course since compassion fatigue is a by-product of counselling work (Figley, 2002). The other course was two sections of an Undergraduate Studies: Change, Challenge and Choice course (UGST 1002) which had about 30 students in each section. The counselling courses included the topic of self-care and the undergraduate studies course was focused on coping with change and student wellness as the basis for the curriculum. The CYCC 1221 course was a first year second term course of a cohort and the UGST 1002 course is open to all students in the University.

The researchers created an assignment by which the students were to engage in the BreathingRoom™ tool on a weekly basis and complete a reflective journal about their experiences. What is important to note is that assignments related to self-care already existed in these courses but were less focused on any specific tool. Therefore, to some degree, by providing a tool for use, we thought we might reduce stress since students did not have to look for self-care activities themselves.

Methodology

Two sources of data were collected from students who agreed to participate in the research project. The course assignment related to this research asked students to keep reflective journals. These journals were collected throughout the term and the researcher from the other class matched the journals with those students who agreed to participate. Anonymizing data occurred after matching journals with consents. The reflective journal was focused on the students' personal experiences of using the BreathingRoom™ tool and what impact it was having personally. Students were invited to be involved in the research by consenting to have their journals used as a data source. Another source of data requested was individual participant interviews. Students had the opportunity to be involved in the research by having their journals used as data or being interviewed about their experiences. They also had the choice of providing both sources of data. The interviews were meant to assist in deepening the researchers understanding of the usefulness of this tool for student wellness.

It is important to note that each researcher introduced the study and gathered consents from the other researcher's class. These consents were then unavailable to each researcher until after final grades were posted. This process ensured that each researcher was unaware of which students consented to be involved in the research. The researcher who would not be teaching these students in future classes gathered and anonymized the student participant data from all classes. This process ensured that the researcher who may be teaching students again in the future did not know whether students in were participating in the research or not. Researchers also interviewed students from the other teacher's classes after final grades were submitted helping to ensure that participants were unidentifiable.

These researchers did not collect demographic information. One reason for not collecting these data was that neither teacher had any control over who the students were in their classes. So, we were unable to control for variables in relation to demographics. Another reason was that since this was an exploratory study, we were more interested in initial findings about the use of the tool than about comparison data related to how the tool was taken up by different groups. For example, we could have gleaned more information about whether younger participants appreciated the on-line format that did the older participants. However, we were not yet at that stage in our research. Instead, we will add this dimension as we further our study in the coming years.

Researchers used a qualitative interpretive inquiry method for interviewing and analysis of both data sources. According to Merriam (2002), asking students about their perspectives and collecting data via interviews matches an interpretive-phenomenological methodology. By reading and re-reading the researchers deepened their understanding of the data and then compared findings with each other. The interviews began with one overarching question: "What was your experience having the BreathingRoom™ used as a self-care tool in your class?" Focus on the research question assisted in maintaining direction relevant to the study and in being inclusive to the participants' voices (Creswell, 2014). Ten students agreed to be interviewed. The interviews provided rich, rigorous data. In one of the courses there were three journals submitted over the term, two of which focused on integration of the BreathingRoom™

strategies with the final journal asking for specific feedback about the tool. In the other course five journals were submitted, four of which discussed impact of two modules each and the final journal that provided feedback about the tool.

Data Source

As noted above the researchers had two sources of data, one from reflective journal assignments and the other from student interviews after course completion. In each class, the researchers analyzed the reflective journals from each student who agreed to be involved in the research project, 70 out of 100 students agreed to have their reflective journals used but not all students who agreed submitted all of their journals. Approximately 165 reflective journals and final journals from both classes were submitted and analyzed. For the reflective journals, the students were asked to discuss the impact the modules were having on their wellness, the activities that they appreciated most and least and how they were using the program. These reflections included both positive and negative impacts from using the tool. In the final reflection on the tool, students were asked to respond to: Identify three significant learnings. Why were they important to you? What was helpful about BreathingRoom™? What was unhelpful about BreathingRoom™? What barriers and facilitators had an impact on completing modules? Do you think you will continue to use the BreathingRoom™? Why or why not? Are there any activities [from BreathingRoom™] that you will continue to use or use in the future? Would you recommend BreathingRoom™ to a friend or family member? Why or why not? Do you think BreathingRoom™ should be used in future classes? Why or why not?

General Analysis

As part of the overall theme analysis the researchers uncovered three general categories of participant approach to the tool. These categories were generated after each researcher read and re-read the material generating broad overarching themes, these were then shared between researchers who then each read and re-read the materials considering the other researcher's insights. Once consensus was found on the overall themes these were culled to create labels and categories.

One category that was generated included students as having their own lived experience of a mental health concern which was either present when they were asked to use the BreathingRoom™ tool, or their mental health concern existed in the past. Another group were students who knew others who had suffered with a mental health concern which had touched their lives in some way. The final group that surfaced were those students who did not have any connection to mental health concerns presently or in the past. These students had more difficulty understanding why they were participating in a self-care assignment in general, while the other two groups of participants could understand the importance of self-care and appreciated the tool; for example, one participant remarked, "Although it is somewhat obvious, it is amazing how often people take their emotional health and wellbeing for granted." Comments from those who did not have an experience with a mental health concern were more in line with, "I just did it for the marks." That said, some students began with the same 'go for the grade' attitude which shifted over time and they found it more useful as they

engaged more often, “I thought, I’ll just do it for the marks, but upon doing it, I was like, wow, these stories, I can relate.”

For those students who had an appreciation of the program we heard or read comments that seemed to reinforce prior self-care tools that had been abandoned at some point, “the messages really allowed you to say okay I’ll do it my way...I realized she [one of the stories in the module] was talking about artistic stuff and I haven’t done that in years, haven’t really been balanced.” Students also came to understand they are not alone and, to some degree, participation in the BreathingRoom™ gave them some perspective, “a lot of time I feel like I’m the only one that feels this way. The BreathingRoom™ made me more comfortable sharing things...and I realized I’m not the only one struggling with these kinds of things.”

Below the specific themes that emerged based first on the reflective journals followed by the final reflection on the use of the BreathingRoom™ are shared. The final journal responses are woven with the interview responses since they seemed to confirm what the researchers were reading in the final journals.

Student BreathingRoom™ Experiences

While each student had unique experiences with the BreathingRoom™ because of their own histories, many students described the most important aspect as recognizing they are not alone in some of the experiences they are having or have had. The BreathingRoom™ begins with a story by a young woman named Melanie. She tells her story of depression and how she changed her depressive symptoms through a variety of exercises and shifts in her attitude. Melanie, as well as other individuals share experiences of how they dealt with a variety of mental health concerns in each module. Overwhelmingly, students stated that they appreciated these stories. As one student stated, “it [BreathingRoom™] opened my eyes to the problems we all face and comforted me in knowing I am not alone in my suffering. There is always a light at the end of the tunnel for every hardship life throws at us.” Another student has similar sentiments about Melanie’s story being “relatable, genuine, and helpful. It was easy for me to feel comfortable with the topics because she introduced them with her own personal experiences which mirrored my experiences and she made me feel less alone.” The human connection was meaningful for the students that expressed this as one of the most significant impacts of the program.

Another take away for students was the reminder that being creative and actively pursuing activities outside of their academic focus is necessary. As many students noted they had forgotten their favorite activities or passions beyond their studies. For example, one student stated, “I am not necessarily a creative person but when I am struggling or when I am stressed if I continue to do the things that I love or make me happy, I can have a more positive outlook.” Several students had disclosed that they were experiencing depression and recognized that being creative or active helps them cope, “another significant realization for me was the importance of creative expression in coping with my depression. I don’t know how I seem to forget this when it is so important to me.” The reminder to be creative assisted one student with her inner critic, “It made me realize that I need to indulge in my creative side without the constant

pressure of judgment and perfectionism. The creative exercise has made me remember the importance of the arts in my life and my mental health.”

Overwhelmingly, students expressed how grateful they were for the module on forgiveness and moving on. Even those students who did not think the BreathingRoom™ was useful or helpful to them personally stated that this module had a significant impact. One particular student who did not enjoy the BreathingRoom™ and openly complained in the journals commented favorably on this module, “I feel a lot less angry about BreathingRoom™ now that I have written this journal...Curse you BreathingRoom™ for teaching me something.” For the most part, comments related to this aspect of the program and can be summed up in the way this student put it,

“The module had a lot of great lessons for me in realizing I have to let go of everything I’ve been repressing. I will try and use the advice of reminding myself how good it feels to let go and forgive, and it’s not about who’s right and who’s wrong, it’s about me letting go of baggage that does not serve me.”

Reflections on BreathingRoom™

As already noted, the BreathingRoom™ was originally focused on young people experiencing depression symptoms. The first few modules of the BreathingRoom™ does highlight depression and for those who do not experience depression, it could lead to abandonment of the program before they access module content that is more related to their experiences in general. While the focus is on depression initially, there are still module activities that are helpful to anyone. The program does move on from this focus on depression and at that point most students began to have more appreciation for the program.

Barriers

In terms of the factors that made it difficult for students to participate, one major point was the time it took to get through all the content in the modules, “two hours is way too much time, being a University student there is a lot of other things I can do with two hours like study for other classes.” Some students waited until the last minute to engage in the module and therefore did not receive the benefit of the program in the same way as those who spread it out over the week. In addition, and this is the main complaint by students, is that the BreathingRoom™ was developed for individuals struggling with symptoms of depression and is the focus of the first four modules, “my overall experience with BreathingRoom™ was alright. I did not really see the need for it as I am not stressed out or depressed.” This does shift over time but it became somewhat of a turn off for some students, “the whole program seems quite depressing for the most part and I didn’t find it enjoyable or useful.” However, there were some students who had experienced depression as an adolescent or presently and did not find the BreathingRoom™ helpful,

“These last two sessions have, in all honesty, been frustrating for me. I find the main girl [Melanie] really irritates me....she comes across as ingenuine; I watch her and get the impression that she has not felt a single thing that she is talking about and is simply reading from a script. ...I feel angry about it because depression has been and continues to be a struggle in my life.”

Regardless, most students expressed appreciation that we were doing more than paying lip-service for the need to reduce stress and care for self,

“What was helpful about BreathingRoom™ was actually being forced to sit down and take the time out of my day to practice being mindful and reflecting on the things I am thankful for. It also equipped me with a variety of different coping strategies to draw from in times of hardship.”

Facilitators

Initially, students participated in the BreathingRoom™ tool because it was an assignment in their courses and they wanted the grades. However, over time students appreciated that they could increase the number of strategies they had for managing self-care and stressors. For example, we received comments such as, “I’ll just do it for the marks, but upon doing it, I was like, wow, these stories, I can relate,” or “I didn’t really look at the BreathingRoom™ as homework because when I was watching those videos or whatever, it was like making me feel better and helping me deal, and taking me out of all the stress.” They also appreciated the activities in the modules, as one student noted, “some of the tools listed in the BreathingRoom™ were helpful. The music and stories stood out for me. Most of them were hilarious and calming, while some stories teach life skills.” Another student stated, “Using BreathingRoom™ tool as a module for self-care was a great experience. It provided relevant activities that I was able to use to help me with my own personal issues.” As the researchers read these comments and the connections students were making to their personal experiences they could see the necessity of having tools available for students in courses so that they can take self-care seriously. When resources are identified as adjunct services and academic curriculum being primary, some students will not take the time to seek out those services, “I have somehow along my three years of University developed the misperception that in order to be successful or valued you have to be extremely busy. So much so that I began to take on more than I could handle and lack of sleep and energy have become a concern for me.” While academia is important it should not be to the detriment of one’s health and welfare.

For those students who were in counselling courses, it was clear that they could use the tools they were learning not only for themselves but for their future counselling practice, “BreathingRoom™ provided me with helpful tips in how to manage the many stressors in life with self-care tools, and I would like to pass the experience on to others.” Many students created goals for themselves and intended to maintain their self-care practice,

“I will continue to use the BreathingRoom™ tool because I still require strategies to help me with my social phobias. The tools and activities, such as visualization and meditation help me to stay calm and to focus more acutely on the goals I set out to accomplish in school and daily life activities.”

Activity Feedback

Each module in the BreathingRoom™ has a variety of activities. In most modules, there is music, poetry, a shared story, videos, or jokes. In addition, there are breathing activities which teach students about meditation and managing stress via the breath. Of course, students responded to the activities in different ways. For those who did not

think they needed the tool they found most activities either boring or unhelpful, “the visualization exercises I didn’t find too helpful, because it was quite long to get through and I lose concentration quickly when I am bored.” Another student wrote,

“I have mixed feelings about the BreathingRoom™ experience. I enjoyed parts of it and found many of the processes and ideas presented validated thoughts, feelings and experiences I had previously. However, after working through the modules I found that I became less engaged.”

However, overwhelmingly positive experiences were heard, such as,

“Overall, I have a positive experience with the BreathingRoom™ modules...taking the time to reflect on my day-to-day life, recognizing the value of being mindful, and focus on bettering myself as a human being on both an emotional and physical level has been very beneficial to me.”

As comments, such as these were read, the researchers began to appreciate that the tool was not being used superficially for many students, it was changing their life,

“Throughout the BreathingRoom™ I have found many practices, information, and tools useful for making school, work, and everything else in my life more manageable and enjoyable. I’ve learned how to forgive, how to appreciate the small blessings we get to experience as human beings, and how to deal with stress and much more...it doesn’t take a huge amount of effort to change your life for the better.”

For the researchers, this meant that the self-care curriculum integrated within the classroom as a pedagogical tool was having a powerful impact and the students were learning what they needed to do to care about themselves. In the counselling courses, in particular, self-care is necessary. Most professional ethics speak to the need for self-care and practitioners have been attempting to find ways to have new professionals take up self-care as a regular practice as opposed to something that they care about after experiencing burnout of compassion fatigue (Figley, 2002).

Continued Use and Suggestions for Future

Most of the students (80%) suggested that they did get enough from the BreathingRoom™ that made it worthwhile both as curriculum and in their personal lives. The vast majority of students (90%) stated that it would be useful to continue with BreathingRoom™ in the curriculum even if they didn’t personally like the tool. However, that main concerns related to continued use was about the time it was taking for students when there was a lot of other curriculum to manage as well as some ethical concerns related to privileging this tool. The students who thought it should be used in future classes also provided suggestions such as “perhaps what is more important are the ideas and topics discussed throughout the curriculum.” So, what we took from that comments or those similar was that we could continue to use the BreathingRoom™ tool, or we could bring some of the activities used in the BreathingRoom™ into the curriculum but not use BreathingRoom™ in its entirety.

Researchers' Experiences

As teachers, we came to understand that some students will not seek services due to stigma concerns (Mowbray, et al., 2006) our desire was partly to provide a resource for students which was embedded in the curriculum. Doing so, we hoped, would create conversations about mental health which could decrease stigma and increase help seeking if needed. At the very least we hoped to begin a culture of self-care among post-secondary students.

As researchers, we bumped up against some of our own realizations when using particular tools in assignments which were ethically challenging for us both. For instance, we wondered about the ethics of privileging one tool over another. It did occur to us that privileging one tool took away a certain amount of student choice and autonomy to manage stress in their own way. These insights were not considered when designing the research.

We also encountered disclosures in the journals that we had not anticipated and were inappropriate for the student-teacher relationship. While we had done everything necessary in terms of removing participant information from the research data prior to using the data for research purposes, prior to that we did receive the journals as assignments in our courses. Therefore, we may not have known who was involved in the research but we did still read about the impact the tool had on various students. As students discussed this impact, they opened up about lived experiences with mental health and or difficult life challenges and experiences that otherwise we may not have heard about. This put us in a difficult position of knowing more than we needed or wanted to know about our students. While we both have human services backgrounds, we are in the role as teacher, not counsellor or social worker. Thankfully, none of the disclosures caused such concern that we needed to intervene. Regardless, it was not our intention to use a tool that could trigger students' distressful past or present mental health concerns. We realized that for some, this created more stress rather than relieved stress. While our initial intentions were meant to support students based on the NCHA data and what we knew about student stress, we did not want to assume we knew what the students needed and certainly did not want to increase pressure.

We also found ourselves in a bit a dilemma in that we too were at risk from using this tool in our classes. For those students that disliked the program we received comments on our student evaluations that impacted our annual evaluations. More importantly it was our hope that using this tool would increase student satisfaction but it did not in all cases. That said, we recognize not every student is going to be happy with all curricular choices. Potentially we made assumptions about what students need or want when it comes to self-care and it has occurred to us that we may need to give choices in the future.

We plan to explore our realizations and insights within the next phase of our research which expands beyond the use of the BreathingRoom™ tool alone. We hope to find recommendations for the future use of self-care tools in general for teachers to use with the post-secondary population. In addition, we will collect information to see if there is comparative data related to demographics such as age or gender and preference of self-care tools.

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