

Mental Health Literacy in a University Setting in the Context of Covid-19

Recommendations for Thrive

Prepared by Hannah Barnard-Chumik, UBC Sustainability Scholar, 2020

Prepared for Gabriella Scali, Content and Engagement Strategist, UBC Wellbeing

Levonne Abshire, Health Promotion Strategist, Health Promotion & Education

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Executive Summary

Thrive is a Mental Health Literacy (MHL) campaign for UBC staff, students, and faculty. During the planning phases of Thrive 2019, it was acknowledged that the Thrive campaign needed rebranding in terms of its communications, messaging, and visuals. The Covid-19 pandemic generated an additional layer of consideration for the communications and messaging of Thrive. The objectives of the research are therefore to explore the needs and expectations of the UBC community with regards to communication of mental health information and promotion of mental health in the context of Covid-19 and beyond. This project also seeks to determine how Thrive, in its past and potential future formats, can support the promotion of mental health and communication of MHL information. The project consists of a literature review of elements of successful mental health literacy campaigns in university settings and mental health in the context of Covid-19, interviews with UBC wellbeing professionals, and a survey of UBC students, staff, and faculty.

The literature review of post-secondary MHL campaigns revealed that there is limited evidence of the effectiveness of such campaigns. Therefore, there are currently no best practices for MHL campaigns in a post-secondary context. Despite this, researchers argue that MHL campaigns should include cultural considerations, be tailored to specific target populations, developed with the intended audience, include peer-to-peer facilitation, and be embedded in the culture of the institution and connected to other initiatives that address structural issues that affect mental health. In the published literature, there is only one campaign, *MindWise* of Australia's Victoria University, that is similar to Thrive in its target audience, scope, format, and messaging. In an empirical evaluation of the campaign, it showed good recognition and limited effectiveness in improving MHL and mental health outcomes in university staff and students.

The literature addressing the mental health effects of the Covid-19 pandemic is currently sparse, and there are only a few health promotion guidelines that have been developed. These consist of general mental health promotion advice, similar to the Thrive 5, that is not very different than advice given during "normal" times. Speculation and preliminary evidence suggest that the effects of the pandemic on behaviours that promote mental health will vary depending on the individual. For instance, some may have more time to exercise while others may experience stress-related disruptions to sleep.

Interviews with wellbeing professionals at UBC agreed that Thrive is a good mental health promotion model. Notwithstanding, there was widespread agreement that Thrive should move beyond the Thrive 5, to address systemic barriers and structural issues that affect mental health, include in its scope culture, identity, and other ways of understanding mental health, grapple

with adverse world events, and improve diversity using the partner model. They identified various challenges associated with this year's campaign, including online engagement and potential reach, as well as new opportunities for creativity. To address these challenges, interview participants suggested a hybrid model for this year's campaign that includes a combination of synchronous and asynchronous, remote and in-person events.

Most members of the UBC community who responded to the survey experience pandemic-related stress. Fewer students than staff and faculty agreed with positive statements about their mental health, with graduate students agreeing far less often than other groups. This suggests that student mental health may be affected by the pandemic. To cope with increased stress, the UBC community most often reported seeking out a family member, friend, or intimate partner to talk and engaging in physical activity. Different components of the Thrive 5 have been affected by the pandemic in various ways, with social connection, helping others, and physical activity being most affected. Among the different groups of survey respondents, graduate students appear to be least able to engage with the Thrive 5 due to the pandemic.

Most members of the UBC community who responded to the survey are aware of the Thrive campaign but did not participate. The highest participation was amongst undergraduate students, and the lowest participation was amongst graduate students. Most respondents were not aware of the Thrive 5. Barriers to participation included lack of awareness of events, busy schedules, and events being held during work or class time. Most did not think that Thrive was able to meet the needs of diverse communities and did not see the connection between Thrive events and mental health. To make Thrive more accessible to diverse audiences, survey respondents suggested broadening the scope of mental health experiences included in Thrive, addressing structural issues and systemic barriers to mental wellbeing, providing space to hold UBC accountable for supporting mental health and ensuring on-campus equity, collaborating with equity-seeking groups (e.g., Black, Indigenous, People of Colour) and communities disproportionately affected by mental health problems and illnesses, and including a more holistic approach to mental health.

With respect to this year's Thrive campaign, many are interested in learning about how to support others, recognizing mental health problems and illnesses, and dealing with pandemic-related stress. Those who responded to the survey are interested in a hybrid delivery format for Thrive which includes online engagement (activities, events, workshops) and small in-person gatherings. Many are interested in mental health professionals facilitating these events. Overwhelmingly, people wish to hear about Thrive events and communications through email listservs.

This report also details recommendations for future Thrive messaging, communications, and delivery format. Firstly, Thrive should move beyond the Thrive 5 to provide a more holistic representation of mental health. This year Thrive should also employ a hybrid delivery format with both in-person and online, synchronous and asynchronous events and tackle a range of identified topics of interest. Third, Thrive should provide a space to address systemic barriers and structural issues that affect mental health. Finally, Thrive would benefit from future research, including focus groups to inform messaging and communications, assessment of baseline MHL at UBC and empirical evaluation of the effectiveness of the campaign in improving MHL.

Introduction

There are growing concerns about increases in self-reported mental health-related issues in Canada (American College Health Association, 2016; Mental Health Commission of Canada, 2010). Mental health involves the ability for us to think, feel, and act in ways that promote living a good life while facing life's challenges (*Thrive 5 Literature Review*, 2019). There are several barriers to addressing mental health concerns, including stigma, lack of knowledge about mental health issues and treatment, and a lack of perceived need for help (Eisenberg et al., 2012; Hunt et al., 2019; MacKean, 2011; Thorley, 2017)

Mental health literacy (MHL) education is a possible intervention to address these barriers. MHL encompasses the skills and knowledge that promote mental health and well-being (Gilham et al., 2018; Kutcher, Wei, & Coniglio, 2016; Kutcher, Wei, & Morgan, 2016). These include reducing stigma towards mental health issues and disorders, seeking and maintaining good mental health, knowledge of mental health issues and treatments, and improving coping skills and help-seeking abilities (Kutcher, Wei, & Coniglio, 2016; Kutcher, Wei, & Morgan, 2016). Researchers acknowledge that there is a need to address MHL, particularly in post-secondary student populations, however there are few evidence-based resources and there remains a lack of understanding of how it should be implemented (Hunt et al., 2019).

Thrive is a MHL campaign for UBC staff, students, and faculty. It is one of many mental health initiatives at the university and aims to encourage the community to explore their path to mental health through various events and activities that occur during the month of November. What began as a conversation between colleagues about the importance of open discussions regarding mental health has since blossomed into a multi-campus MHL campaign with events and activities that attract a diverse array of participants. During the planning phases of Thrive 2019, it was acknowledged that the Thrive campaign needed rebranding in terms of its communications, messaging, and visuals. This Sustainability Scholars Project was initiated to address this need.

The Covid-19 pandemic and subsequent needs for physical distancing provide an additional layer of consideration for the communications and messaging of Thrive 2020. The research objectives and scope of the project have been adjusted to accommodate this new context. As an MHL campaign, Thrive encourages the UBC community to explore their path to mental health and wellbeing through the Thrive 5. The Thrive 5 consist of five evidence-based lifestyle components that contribute to positive mental health. These include sleep quality, physical activity, saying hi, giving back, and eating well. Thrive can therefore play a role in providing guidance for how the UBC community can pursue and maintain mental health during

times of social isolation and distancing. To address the role of Thrive in this novel context, there is a need to focus on how the pandemic alters lifestyle behaviors that contribute to mental health and provide guidance as to how the UBC community can continue to explore and maintain their path to mental health and wellbeing.

The objectives of the research are firstly to explore the needs and expectations of UBC students, staff, and faculty with regards to communication of mental health information and promotion of mental health in the context of Covid-19 and in the future. Secondly, this project seeks to determine how Thrive, in its past and potential future formats, can support the promotion of mental health and communication of MHL information in the context of Covid-19 and beyond. The project consists of a literature review of elements of successful mental health literacy campaigns in university settings and mental health in the context of Covid-19. It also includes engagement with UBC staff, faculty, and students about their perceptions of mental health during the Covid-19 pandemic and how Thrive can help promote mental health and support the communication of mental health information. Finally, the report provides recommendations for the Thrive model and future research.

Research Approach

This project uses a mixed-methods approach. It involves a literature review of MHL campaigns in university settings and impacts of the Covid-19 pandemic on mental health and the Thrive 5. The purpose of the literature review is to determine elements of successful MHL campaigns in university settings and provide insight into considerations for mental health and the Thrive model during the pandemic and in the future.

The needs and expectations of stakeholders were assessed through a survey and interviews. The survey was distributed to UBC students, staff and faculty and open from June 16th to July 10th, 2020. The survey was designed to ascertain high-level perceptions of past Thrive messaging, the current needs and expectations with regards to Thrive 2020 in the context of Covid-19, and how to support mental health in the UBC community in the context of Covid-19.

Five semi-structured interviews were conducted with staff from UBC's Vancouver and Okanagan campuses who have experience in MHL education and UBC's Thrive campaign. The interviews were recorded and then transcribed using Otter.ai transcription software. Transcribed interviews were analyzed using a qualitative content analysis. The purpose of the interviews was to provide more detailed perceptions of past Thrive messaging, the current needs and expectations with regards to Thrive 2020 in the context of Covid-19, and how to support mental health in the UBC community in the context of Covid-19. The interviews therefore served to

complement the survey and provided logistical insight into running Thrive in the context of Covid-19.

Literature Review of Mental Health Literacy Campaigns in Post-Secondary Settings

There are a limited number of MHL campaigns in university settings that have been empirically evaluated in the published literature (Table 1). Those that do exist differ in many aspects, including their delivery formats, the focus of their messaging, the length of the interventions, and their target populations. Thrive is unique in both its messaging and delivery format. While other campaigns tend to focus on knowledge-related components of MHL, Thrive emphasizes mental health promotion. Additionally, most campaigns take the form of self-directed educational materials or informational presentations rather than the large in-person events that make up Thrive. Finally, most campaigns that are empirically evaluated in the literature define effective campaigns as improving knowledge about mental health, attitudes towards mental health, help-seeking behavior, and mental health outcomes.

The literature review revealed one MHL campaign in a university setting directed towards both students and staff. *MindWise* is a MHL campaign developed at Victoria University in Australia that was empirically evaluated for campaign recognizability, MHL literacy, and mental health outcomes in students and staff using a cluster randomized control trial (N. Reavley et al., 2014; N. J. Reavley et al., 2014). Its messaging focuses on normalizing common mental illnesses, education about signs of mental illness, and the benefits of help-seeking. *MindWise* was delivered through in-person events, posters, and educational information posted online. There was good campaign recognition, with posters and campus events having the most recall. However, the results show few benefits of the *MindWise* intervention in terms of improving MHL and no benefits for mental health outcomes.

Transitions 2ed is a MHL intervention created for the Canadian incoming post-secondary student population (Kutcher, 2014). The messaging contains all four components of MHL and focuses on transitioning students to their first year of university. It has been evaluated in the Canadian student population in three delivery formats: a hardcover book placed around campus, classroom presentations, and peer-led workshops (Gilham et al., 2018; Kutcher, Wei, & Morgan, 2016). Survey results show that the intervention is well-accepted and demonstrate an increase in self-reported knowledge of mental health and mental illness, improved self-reported attitudes towards mental health, and increased self-reported help-seeking efficacy. It has also been evaluated in UK post-secondary population, where the intervention was delivered online (Hunt et al., 2019). The results are consistent with the Canadian studies.

There is limited evidence supporting the effectiveness of post-secondary MHL campaigns. An article reviewing the effectiveness of school based MHL interventions found that most studies reported some sort of positive outcome, mostly with respect to reducing stigmatizing attitudes, although results were largely mixed (Wei et al., 2013). The authors also noted that it was difficult to draw conclusions from these studies because they were at moderate to high risk of bias. Although the *Transitions 2ed* intervention appears effective, it was only evaluated in small convenience samples and used less rigorous pre- and post-survey or single survey research designs (Gilham et al., 2018; Hunt et al., 2019; Kutcher, Wei, & Morgan, 2016). Studies that use a more rigorous cluster randomized control trial design or randomized control trial design showed limited effectiveness of MHL interventions in post-secondary student populations (Merritt et al., 2007; N. Reavley et al., 2014; N. J. Reavley et al., 2014; Sharp et al., 2006; Wood & Wahl, 2006).

There are currently no best practices for MHL campaigns in post-secondary settings. This is evident given the limited evidence of effectiveness of such campaigns and large variety of delivery formats. Furthermore, there is no consensus in the literature as to which components of MHL should be the focus of campaign messaging (Kutcher, Wei, & Coniglio, 2016). Researchers also do not agree on which tools should be used to measure MHL. Experts call for more research into the effectiveness of MHL campaigns, in particular randomized control trails, and caution against using MHL campaigns that are not proven to be effective (Wei et al., 2013).

In the meantime, there are a few themes and elements of MHL campaigns that are common in the literature. Several studies found differences in MHL between socio-demographic groups, notably low MHL in males and particular marginalized groups (Armstrong & Young, 2015; Gilham et al., 2018; Gorczynski et al., 2017; Livingston et al., 2013). Keeping this in mind, many argue that MHL campaigns should be tailored to specific populations of interest and incorporate cultural considerations (Kutcher, Wei, & Coniglio, 2016; N. Reavley et al., 2014; N. J. Reavley et al., 2014). In a similar vein, MHL interventions should also be developed with the intended audience (Kutcher, Wei, & Coniglio, 2016). Studies note the benefits of peer-to-peer dissemination of MHL information (Gilham et al., 2018; Hunt et al., 2019). Finally, researchers argue that MHL interventions should be embedded in institutional culture and curriculum and combined with other initiatives that address structural barriers and systemic issues affecting mental health (Kutcher, Wei, & Coniglio, 2016; N. Reavley & Jorm, 2010).

Table 1. Summary of post-secondary MHL campaigns in the published literature¹

Campaign and Citations	Target Population	Delivery Format	Elements of MHL in Messaging	Length of Intervention	Effectiveness	Evaluation Method
<i>MindWise</i> (N. Reavley et al., 2014; N. J. Reavley et al., 2014)	Students and staff at Victoria University, Australia	<ul style="list-style-type: none"> • In-person events • Educational posters on campus • Online educational materials 	<ul style="list-style-type: none"> • Stigma • Knowledge of mental illness • Help-seeking 	2 academic years	<ul style="list-style-type: none"> • Good campaign recognition • Few improvements in MHL • No benefits in mental health outcomes 	Cluster randomized control trial
<i>Transitions 2ed</i> (Gilham et al., 2018; Hunt et al., 2019; Kutcher, 2014; Kutcher, Wei, & Morgan, 2016)	First year post-secondary students in Canada; Also tested in UK post-secondary student population	<ul style="list-style-type: none"> • Self-study • Peer-led workshops • Classroom lectures 	<ul style="list-style-type: none"> • Stigma • Mental health promotion • Knowledge of mental illness • Help-seeking and coping skills 	Single sessions	<ul style="list-style-type: none"> • Improvement in self-reported knowledge of MHL and help-seeking intentions • Decrease in self-reported stigma • Satisfaction with peer-led approach 	Pre- and post-intervention surveys

¹ Adapted from (Wei et al., 2013)

(Merritt et al., 2007)	Students at Oxford University, UK	<ul style="list-style-type: none"> • Educational postcards and posters placed on campus designed using social marketing techniques 	<ul style="list-style-type: none"> • Knowledge of depression • Help-seeking for depression 	1 week	<ul style="list-style-type: none"> • Mixed results in knowledge about depression and treatment 	Cluster randomized control trial
(Gonzalez et al., 2002)	Post-secondary students in the US	<ul style="list-style-type: none"> • Self-study 	<ul style="list-style-type: none"> • Knowledge of mental illness • Help-seeking 	Single sessions	<ul style="list-style-type: none"> • Improvement in attitudes towards mental illness 	Quasi-experimental study
(Owusu, 2002)	Black post-secondary students in the US	<ul style="list-style-type: none"> • Video presentation 	<ul style="list-style-type: none"> • Knowledge of mental illness • Help-seeking 	Unreported	<ul style="list-style-type: none"> • No difference in attitudes towards mental illness 	Quasi-experimental
(Sharp et al., 2006)	Post-secondary students in the UK	<ul style="list-style-type: none"> • Classroom lectures 	<ul style="list-style-type: none"> • Knowledge of anxiety and depression 	3 sessions	<ul style="list-style-type: none"> • Mixed results in attitudes towards mental illness 	Randomized control trial
<i>In Our Own Voice</i> (Wood & Wahl, 2006)	Post-secondary students in the US	<ul style="list-style-type: none"> • Video presentation • Classroom lectures • Discussion 	<ul style="list-style-type: none"> • Knowledge of mental illness • Stigma 	Unreported	<ul style="list-style-type: none"> • Improvement in attitudes towards mental illness • Improvement in knowledge of mental illness 	Randomized control trial

Literature Review of Mental Health and Thrive 5 in the Context of Covid-19

Much is still unknown about the effects of the Covid-19 pandemic on mental health. Researchers speculate that measures taken to reduce the spread of the virus may carry negative mental health consequences (Diamond & Willan, 2020). These measures, including social distancing, disruption to daily routines, working remotely, and self-isolation, may alter lifestyle behaviours contributing to mental health, such as the Thrive 5 (Balanzá–Martínez et al., 2020). There is also evidence to suggest that self-isolation can increase symptoms of depression and Post-Traumatic Stress Disorder (PTSD), and social isolation and loneliness are often associated with poor mental health outcomes (Balanzá–Martínez et al., 2020; Brooks et al., 2020). However, experts also speculate that self-isolation and social distancing may have positive effects on some components of mental health, such as increased potential to connect with others online (Altena et al., 2020). This suggests a knowledge gap in understanding how Covid-19-related isolation modifies lifestyle and behaviours that contribute to mental health. This information is required to provide evidence-based lifestyle guidelines for maintaining mental health in this novel context, which are currently lacking (Balanzá–Martínez et al., 2020).

The Thrive campaign provides such guidance by encouraging UBC students, staff, and faculty to explore their path to mental health through the Thrive 5. Thrive's messaging for November 2020 can therefore be adapted to incorporate pandemic-related considerations. Although premature and sparse, the literature speculates on how the pandemic may affect the mental health overall and the specific components of the Thrive 5. The literature proposes that the impacts of social isolation and distancing on mental health will vary depending on the individual, with some positive and some negative effects. Although there will be differences in the way that people experience the mental health effects of the pandemic, there is general advice that people can follow (Diamond & Willan, 2020).

Effect of the Pandemic on Components of the Thrive 5

Sleep Quality

Sleep quality is important in maintaining mental health and wellbeing. It can improve through practicing good sleep hygiene, establishing a bedtime routine, and relaxing before bed (Altena et al., 2020; *Thrive 5 Literature Review*, 2019). It is thought that Covid-19-related isolation and social distancing may impact sleep quality, although there is not much empirical evidence to support this claim to date (Altena et al., 2020). However, there is a well-established link between

stress and sleep problems, and those with better sleep quality reported fewer symptoms of PTSD in the early days of the Covid-19 outbreak in Wuhan, China (Liu et al., 2020).

Researchers speculate that the effect of the pandemic on sleep quality may vary based on an individual's situation (Altena et al., 2020). Home confinement is likely to have a negative effect on many factors that influence sleep quality, including stress related to employment and familial obligations, more time spent working inside without exposure to daylight, reduced opportunity for leisure activities, and disruption of daily routines. However, if an individual is not under additional stress, it is possible that their sleep quality could improve. For instance, the pandemic could increase flexibility in working hours and provide the opportunity for more leisure time spent outside and a more comfortable sleep wake cycle. There are certain populations more at risk to developing sleep problems during social isolation, for instance those with significant responsibilities at home, women, children, and those with an increased work burden due to the pandemic (Liu et al., 2020).

Expert recommendations for dealing with sleep problems during social distancing and isolation are similar to “normal” times. These include practicing good sleep hygiene, maintaining a regular bedtime and wake-up time, and engaging in relaxing activities before bed (Altena et al., 2020). Therefore, Thrive's messaging on sleep can mostly remain the same. Additional pandemic-related recommendations include using the new context to more closely follow your natural sleep and wake cycle, maintain social connections on social media but limit these before bedtime, and limit exposure to stressful news about Covid-19. Experts recommend the Canadian sleep expert-led campaign “Sleep on It” for more information about how to maintain good quality sleep during the Covid-19 pandemic (*Sleep: Your Ally during the COVID-19 Crisis*, 2019).

Physical Activity

Regular physical activity improves mental health by boosting mood and reducing stress (*Thrive 5 Literature Review*, 2019). Stay-at-home orders to reduce the spread of Covid-19 could disrupt existing physical exercise routines, thereby reducing physical activity and increasing sedentary behaviour. There is little research on the effects of the pandemic on physical activity. One study in a Spanish population under strict home confinement measures compared self-reported time spent exercising and sitting before and after the pandemic and level of interest in exercise during confinement (Cámara et al., 2020). The study found that regular exercisers experienced a decrease in time spent exercising, while non-regular exercisers experience an increase in time spent exercising. Non-regular exercisers also expressed a larger increase in their interest in physical activity. It appears that similarly to sleep, the pandemic will affect people's ability to exercise differently.

Researchers recommend continuing to encourage people to exercise, in particular non-regular exercisers who may take up exercise during the pandemic (Cámara et al., 2020). Experts also emphasize reminding people that all physical activity is beneficial, even light physical activity, and encouraging adoption of at-home exercise routines using online platforms (Diamond & Willan, 2020).

Saying Hi

Building social support networks is important for reducing distress and improving wellbeing (*Thrive 5 Literature Review*, 2019). Social isolation and loneliness are often associated with poor mental health and the development of mental disorders (Balanzá–Martínez et al., 2020). Some mental health professionals worry that the social distancing and isolation measures put in place to prevent the spread of Covid-19 could therefore present a challenge for maintaining mental wellbeing by decreasing in-person socialization.

Although in-person activities have largely been curtailed, there are other ways to create meaningful social interactions and connections (Diamond & Willan, 2020). These include writing letters, talking on the telephone, and engaging with new technologies like social media and video calling. It is important to note that there are some challenges associated with new technologies, with some feeling that the connections are not as genuine and spontaneous. Additionally, this pandemic presents the opportunity to create new social connections.

Giving Back

Behaving compassionately towards others can enhance social connection and one's sense of purpose (*Thrive 5 Literature Review*, 2019). Giving back may be challenging during times of social isolation and distancing, but researchers emphasize that there are still ways to be meaningfully involved in one's community. Some suggest volunteering for grocery runs, connecting with isolated community members online or over the phone, and sharing resources like food with those in need (Diamond & Willan, 2020). One study showed that peer mentoring using a social media platform developed before the pandemic promoted mental health amongst junior and senior medical students (Kazerooni et al., 2020). Unpublished research also shows that acts of kindness committed online, such as donating to online charities or sending kind messages to a friend, have similar benefits as in person acts of kindness (The Economist, 2020).

Eating Well

Eating healthy foods like fruits and vegetables and possessing positive attitudes towards eating habits can improve mental and physical wellbeing (*Thrive 5 Literature Review*, 2019). Similarly to other components of the Thrive 5, the pandemic could result in positive or negative impacts on healthy eating. The pandemic may induce a negative change to dietary habits due to

reduced access to foods, fewer available goods, and stress-induced unhealthy eating (Mattioli et al., 2020). Furthermore, people may purchase foods with a longer shelf-life, which tend to be higher in salt, sugar, and trans-fats. Reduced income from employment loss or reduced working hours as a result of the pandemic (CBC News, 2020) could result in financial constraints, and reduced spending on foods is associated with less healthy food choices (Pechey & Monsivais, 2016). Alternatively, increased leisure time resulting from less time spent commuting could produce increased interest in cooking healthy and fresh foods and gardening.

Needs and Expectations of Stakeholders

Interview Results

Current Thrive Model

Interview participants agreed that Thrive is a good evidence-based mental health promotion model. Thrive draws on the Keyes Mental Health Continuum model, which states that mental health is experienced by all and exists on a continuum (Keyes, 2002). In recent years, Thrive has adopted a MHL approach which focuses on “upstream” population health-level messaging. It is therefore a mental health promotion campaign based in MHL and evidence-based principles of health promotion. In this way, Thrive emphasizes skills that help the UBC community take care of themselves, others, and navigate resources that support mental health. The campaign peripherally touches on stigma reduction, help-seeking and coping skills, and education about mental illness, but these are not the focus of Thrive. Interview participants expressed support for this approach and the emphasis on mental health promotion rather than other components of MHL.

The Thrive 5 is an important foundational element of Thrive’s messaging. Interview participants agreed that it is an effective communication tool that resonates with many in the UBC community and offers easy and tangible actions that people can take to support their mental health and, for those in a leadership role, the mental health of their staff or students. Moreover, the Thrive 5 easily demonstrates the interconnections between different elements of a healthy lifestyle. It can also be used to communicate that health and mental health is a journey that requires repeated effort throughout one’s lifetime. Furthermore, the Thrive 5 messaging can be used to communicate when mental health is compromised and encourage help-seeking and coping strategies.

In addition to its role as a mental health promotion model and communication tool, Thrive presents an opportunity to build community, celebrate as a community, and offer

community support. It is a dedicated period in which the UBC community can come together and share their experiences with mental health.

Thrive, Mental Health and the Pandemic

Potential messaging and delivery formats for this year's Thrive campaign are summarized in Figures 1 and 2. The pandemic creates many challenges for Thrive's messaging and delivery format. Firstly, it may make engagement in the Thrive 5 more difficult for members of the UBC community. Therefore, this year's messaging should include Covid-specific ways of engaging in the Thrive 5. However, the pandemic has likely affected the Thrive 5 in a diversity of ways, which further complicates the messaging approach. Physical distancing requirements also present challenges for Thrive's delivery format because in previous years, Thrive was mostly delivered through large in-person gatherings. This year's campaign will require a diversity of new formats that have not been tried before.

On the other hand, the pandemic has highlighted the importance of the Thrive 5 and getting "back to basics", and this can be leveraged in this year's messaging. This year, Thrive could also be an opportunity to start a conversation about the effect of the pandemic on mental health in the UBC community, normalize these effects, and for people to share how they have been "Thriving" in these challenging times. It is also an opportunity to think more deeply about inclusivity, get creative, and try new things that could serve the campaign in the future.

In terms of the community-building benefits of Thrive, some interviewees expressed concerns about losing this because many members of the UBC community may not be physically present on campus, or even in the same city or country as their campus. Despite this, there will be new opportunities for engaging more members of the UBC community if there are online, in-person, synchronous and asynchronous offerings in this year's Thrive programming. Additionally, Thrive could provide a space for the UBC community to celebrate how far it has come in the face of challenging circumstances.

Beyond the Thrive 5

Although there is widespread agreement that Thrive has a solid evidence-based foundation, many interview participants shared that it is not fulsome in its representation of mental health. Interview participants recognized that Thrive's messaging should be expanded to include elements that impact mental health beyond the Thrive 5.

With the recent pandemic and worldwide conversations about systemic racism and other structural issues, Thrive is poised to incorporate additional elements that contribute to mental health in the form of a "Thrive 5+", which has been adopted at the Okanagan campus, or "Beyond the Thrive 5". This includes addressing systemic barriers, social determinants of health,

and structural issues that affect mental health. It also involves acknowledging that there are some people whose mental health may be disproportionately impacted by certain structural issues and barriers. For example, thinking about what barriers prevent members of the UBC community from eating healthily, how remote work might affect a parent's ability to exercise regularly, and how systemic racism could affect one's path to mental health.

One interview participant cautioned that if Thrive does not address structural issues and systemic barriers that exist within UBC and broader society, the campaign could come across as advocating that mental health is solely the responsibility of the individual and/or a band-aid solution. Participants recommended providing space during Thrive for groups, especially marginalized and equity-seeking groups, to have conversations about how systemic barriers and structural issues affect their mental health. They also recommended thinking about what the role of UBC, as an institution, and members of the UBC community should play in addressing these systemic barriers and structural issues. Now, more than ever, it is important to address issues that are bigger than the individual, including adverse world events and historical trauma, that affect mental health.

Thrive could be also broadened to incorporate other ways of understanding mental health and "Thriving". For instance, Thrive could draw on different cultural understandings of what it means to work towards a healthy mind. As it stands, Thrive mostly applies a Western individualized lens to mental health promotion by directing individuals to explore their path to mental wellbeing. Moving forward, Thrive could move beyond the individual to a more community-oriented approach to MHL. Several interview participants mentioned the potential for a Community Care model, which often draws on Indigenous worldviews, in collaboration with Indigenous partners.

Diversity in Thrive

Moving beyond the Thrive 5 requires thinking about diversity and whether the campaign represents the broad mental health experiences of the UBC community. In this regard, interview participants were positive about the effect of the partner model that is used at the Vancouver campus. This model consists of a central planning committee that engages with partners and provides guidance with respect to how to plan their own Thrive events. The planning committee also puts on its own events. The advisory committee, made of representatives of various groups on campus, further supports the planning committee by indicating any blind spots in Thrive's messaging, format, and partnerships. UBC Okanagan has a central planning committee which plans events, and diversity is sought through a diverse planning committee.

There are certain challenges associated with the partner model. The first is ensuring that partners are provided with enough support without being prescriptive or paternalistic. It is also important that in trying to make Thrive more diverse, the campaign does not inadvertently increase the workload of already burdened equity-seeking groups. Another challenge is ensuring that there is a diverse enough range of partners who are aligned with Thrive's interests.

To address these challenges, interview participants recommended starting and maintaining relationships with various on-campus organizations, investing in equity-seeking groups, piggybacking off existing initiatives, ensuring that ideas are coming from the community, and supporting partners in their planning efforts. Partners may require various kinds of support, including financial help, human resources, and/or administrative assistance. Interview participants also recommended engaging with partners from nearby communities outside of UBC, especially those who represent different ways of understanding mental health. For instance, Okanagan frequently collaborates with Westbank First Nation on wellness-related events.

Thrive faces additional challenges related to engagement with staff and faculty. Although directed towards the entire UBC community, many staff and faculty assume the campaign is for students. Many staff also do not have the time, expertise, or permission to create or participate in Thrive events. Interview participants suggested integrating messaging into staff and faculty meetings, holding events exclusive to staff and faculty, ensuring that messaging is explicitly directed towards staff and faculty, and ensuring that the staff and faculty events are practical and promote professional development. In the past, the Not Myself Today campaign that was promoted during Thrive resonated well with staff. In terms of staff engagement in Thrive 2020, interview participants working in HR expressed that staff may be interested in learning how to maintain a sense of workplace community remotely, how to combat virtual fatigue, how managers can better support their staff, communication challenges, and how to balance parenting with remote work. Faculty are most easily engaged through teaching and learning initiatives that promote professional development. This includes mental health surveillance and supporting struggling students. During the pandemic, that may include how they can support their students virtually. Interview participants expressed that it remains unclear how to engage faculty in a way that centers around their own mental health.

Aim for Embeddedness and Connectedness

Interview participants recommend embedding Thrive more broadly into university life. This could be achieved in various ways. For instance, incorporating Thrive messaging into existing academic or work activities, like weekly meetings, coffee breaks, or relevant curriculum. An example could include engaging faculty to include mental health promotion information in courses that address issues that could impact mental health, such as syllabi that touch on

historical trauma. Thrive could also be promoted during other on-campus initiatives, such as staff, student, and faculty orientations.

Aiming for embeddedness will help improve the campaign's reach. Many students, staff and faculty will already be spending a considerable amount of time online in the coming semester and will likely not want to attend additional events in the same way. Many interview participants pointed out that Thrive should not be just one more thing for members of the UBC community to put into their calendar, but should be embedded in activities they already engage in.

Thrive's messaging should also explicitly connect the campaign to other initiatives at UBC related to mental health. Interview participants mentioned that Thrive could be an opportunity to highlight the broader UBC framework of mental health support, including mental health services, the UBC Wellbeing Strategic framework and the Mental Health and Resilience Priority Area, and other campaigns like Bell Let's Talk. Interview participants were clear that this should not be the focus of the campaign, but it could be an opportunity to improve awareness of mental health services and other initiatives amongst students, staff, and faculty. Making these connections explicit further clarifies the scope of Thrive.

Potential Formats

This year Thrive will face many challenges in its delivery format. These include how to include members of the UBC community outside of Kelowna and Vancouver, how to balance the benefits and drawbacks of online engagement, and how to compete with online "noise". Additionally, some workshops offered by the Canadian Mental Health Association that were previously part of Thrive, including Mental Health First Aid and the Working Mind, are not available in online formats.

Despite these challenges in delivering Thrive this year, there are also many opportunities. Interview participants expressed that it is important that Thrive offer a diversity of ways for the UBC community to engage. This includes a hybrid model of both remote and in-person, synchronous and asynchronous events and activities. Potential engagement formats consist of traditional online learning, small in-person events, opportunities to collaborate on creative projects, online engagement, large virtual events, and invitations to disconnect from online engagement together.

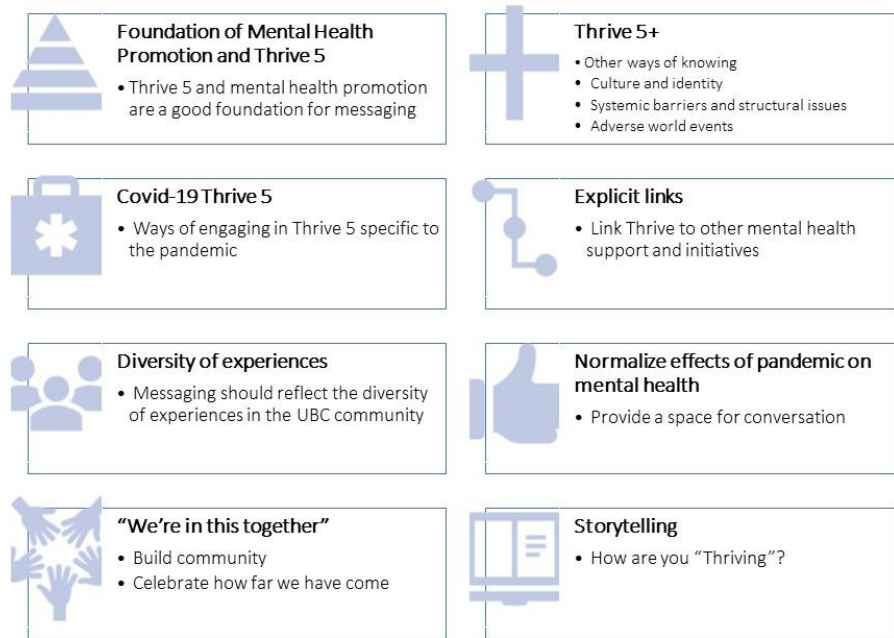


Figure 1. Summary of potential future messaging for Thrive from interviews with stakeholders.

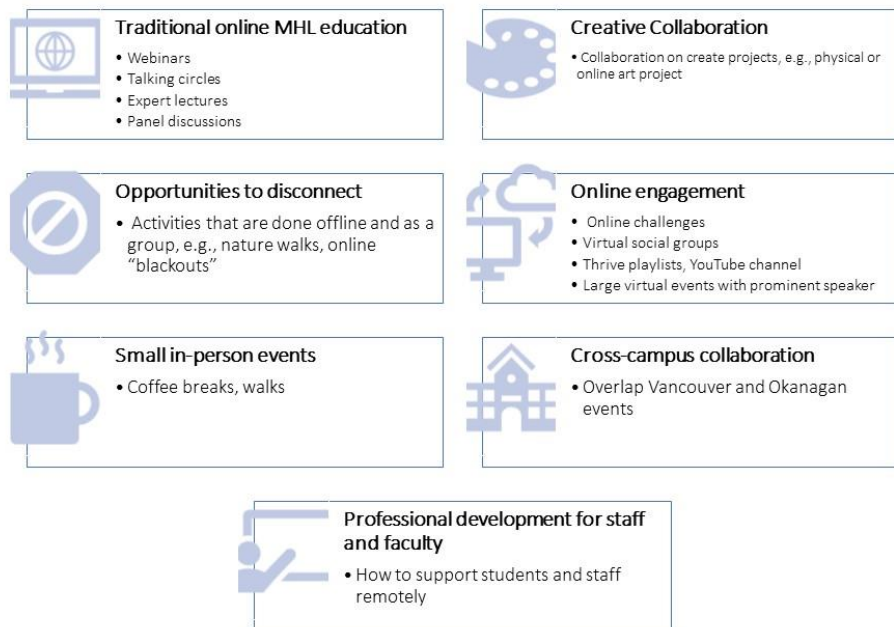
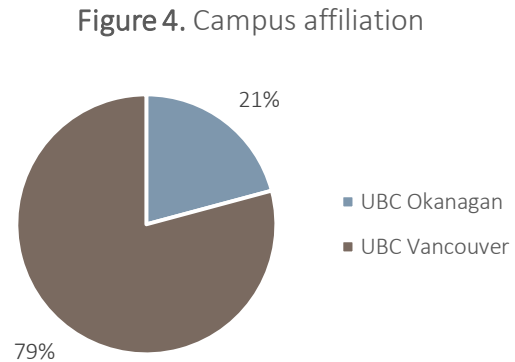
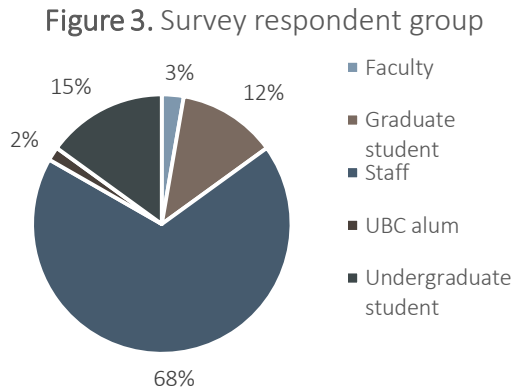


Figure 2. Summary of potential future delivery formats for Thrive from interviews with stakeholders.

Thrive Survey Results

Respondent Demographics

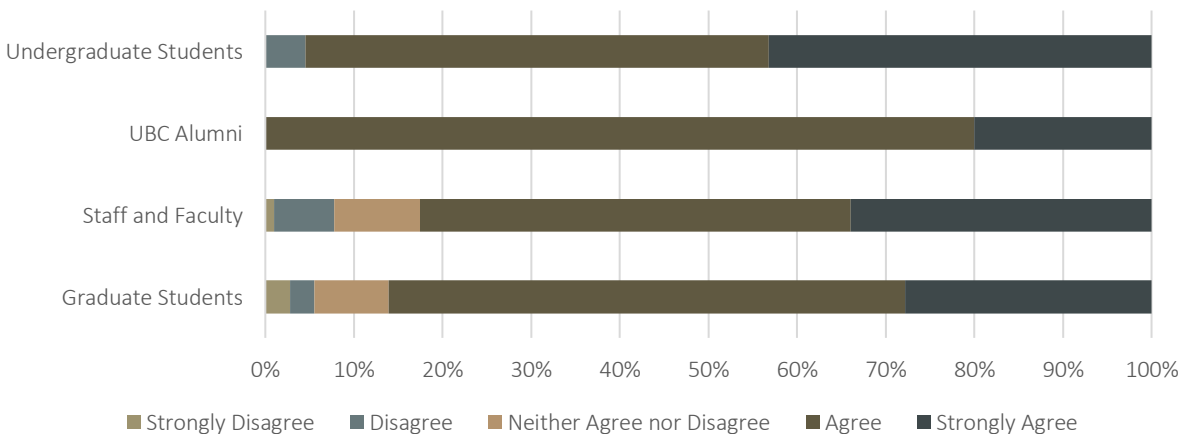
Most survey respondents were staff and affiliated with UBC’s Vancouver campus (Figures 3 and 4).



Pandemic-related Effects on Mental Health

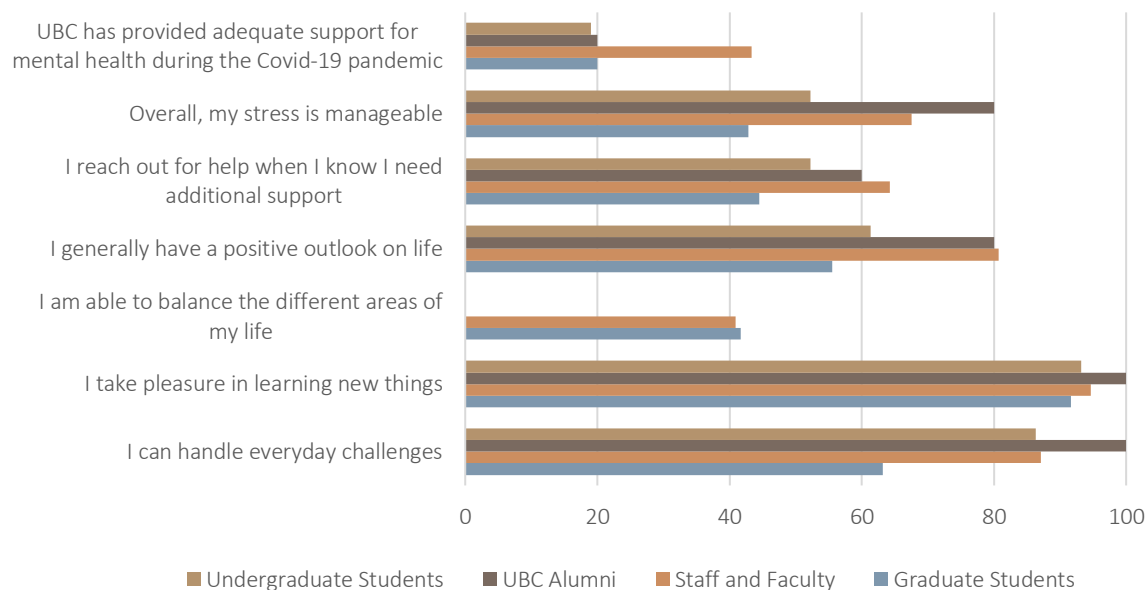
Most survey respondents (85%) reported experiencing pandemic-related stress. Figure 5 shows the degree of agreement and disagreement by respondent role with the statement “I experience stress related to the Covid-19 pandemic”. Notably, a large portion of undergraduate students (43%) strongly agreed or agreed (50%) with that statement.

Figure 5. Degree of agreement and disagreement with the statement "I experience stress related to the Covid-19 pandemic" by group



In terms of other aspects of mental health, the results were mixed amongst respondent groups (Figure 6). Fewer students than staff and faculty agreed with positive statements about their mental health, with graduate students agreeing far less often than other groups. Strikingly, most survey respondents did not feel as though UBC has provided adequate support for mental health during the pandemic. This could be because many respondents expressed reduced access to counselling services and increasingly blurred lines between work and home life.

Figure 6. Percent agreement with different aspects of mental health by group

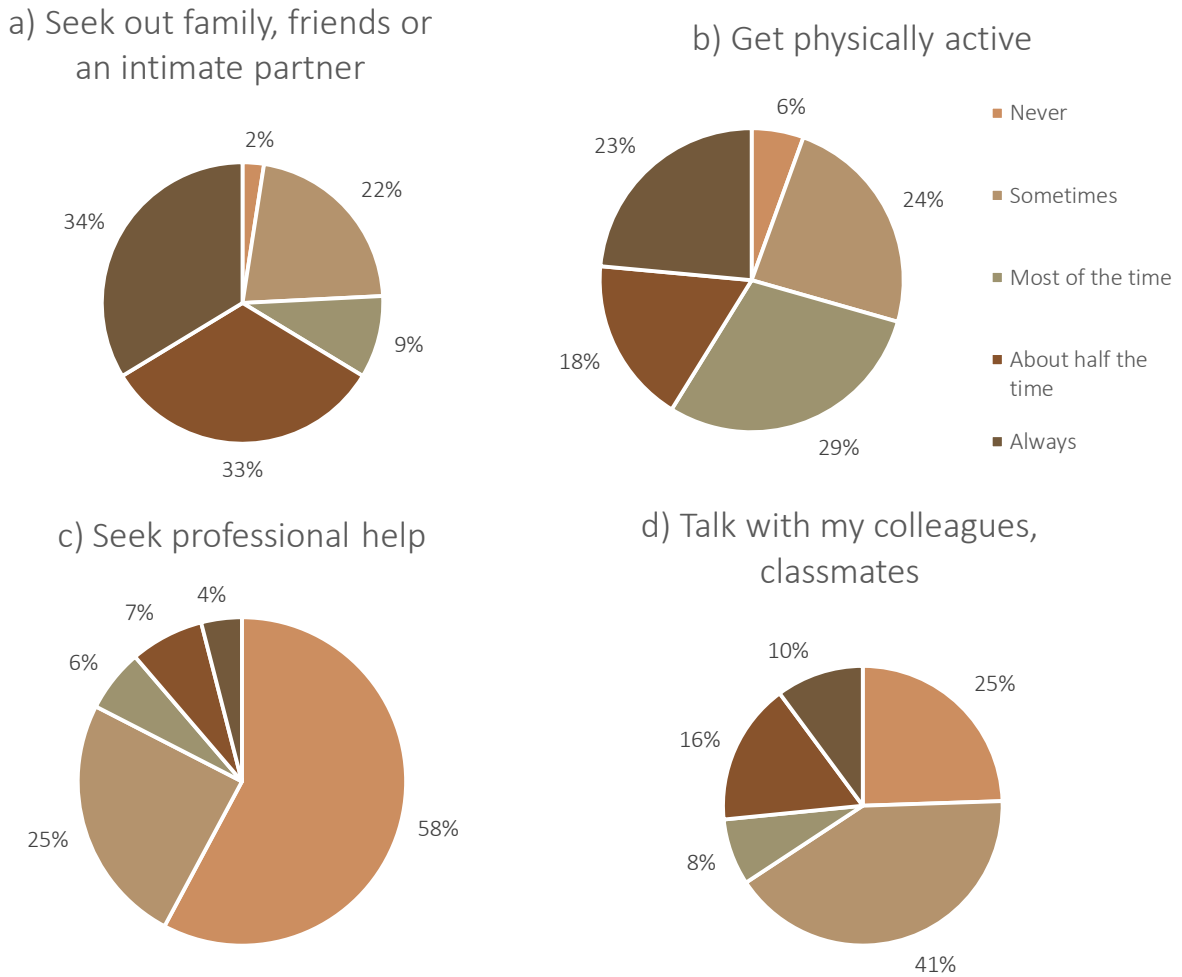


When asked what other components of their life that support their mental health were also affected by Covid-19, survey respondents indicated the following themes:

- Reduced access to medical and psychological services, especially counselling
- Financial difficulties
- Work/school-life balance
- Time management
- Reduced access to spiritual and faith services
- Reduced in-person social connection

Respondents reported engaging in different pandemic-related stress reduction strategies at varying frequencies (Figure 7). Respondents most often reported seeking out a friend, family member, or intimate partner for advice and engaging in physical activity to cope with increased stress due to the pandemic (Figure 7a) and 7b)). Most respondents never sought out professional help for pandemic-related stress (Figure 7d)).

Figure 7. Frequency of engagement in strategies to deal with pandemic stress.



The UBC community reports a variety of impacts on its ability to engage in the Thrive 5 (Figure 8). It appears that the components of the Thrive 5 most affected by the pandemic are social connection and helping others. Graduate students tend to have a more difficult time engaging in all aspects of the Thrive 5 compared to other groups. Finally, survey responses show that eating healthy is least affected by the pandemic.

Figure 8. Effect of the pandemic on engagement with the Thrive 5 by group.

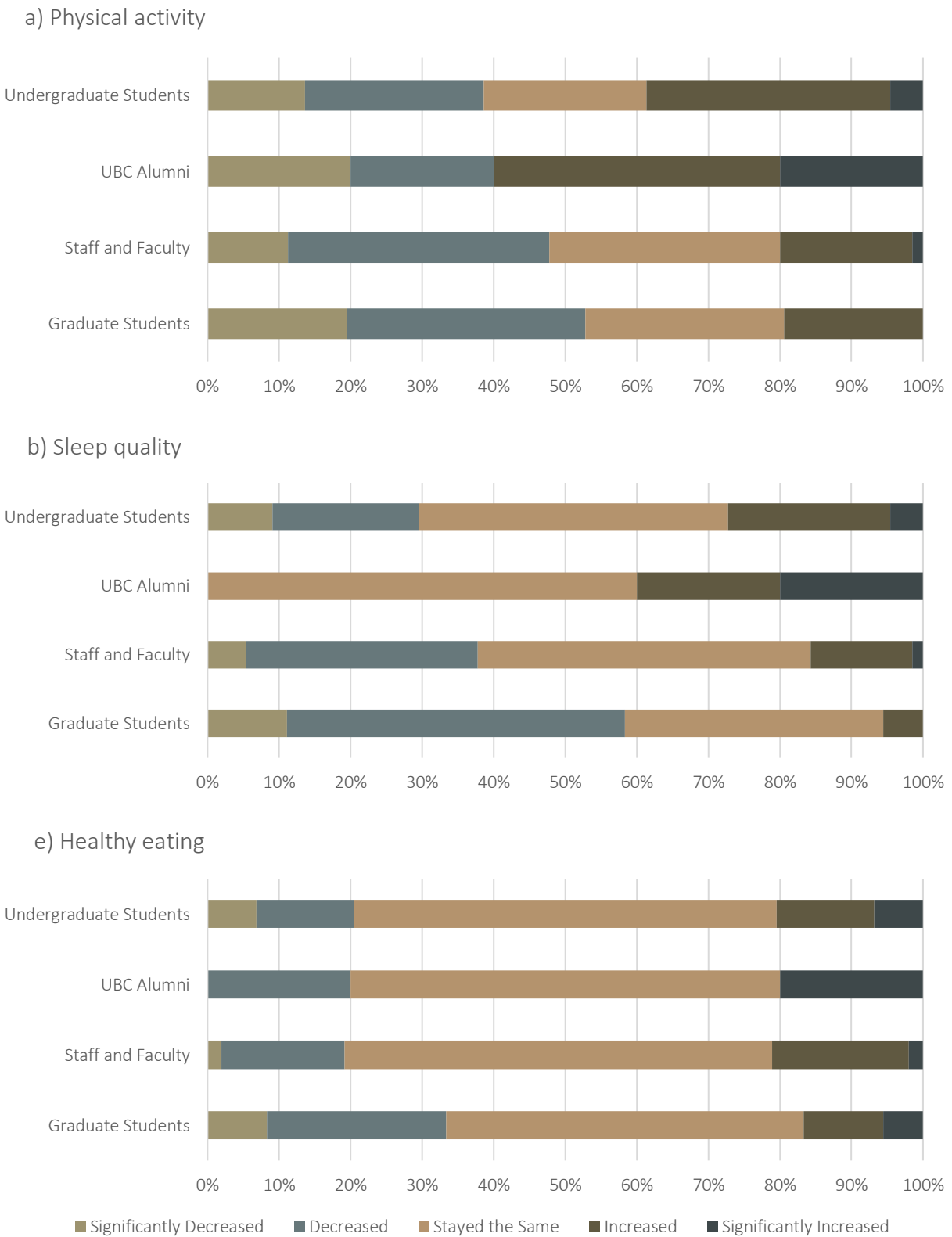
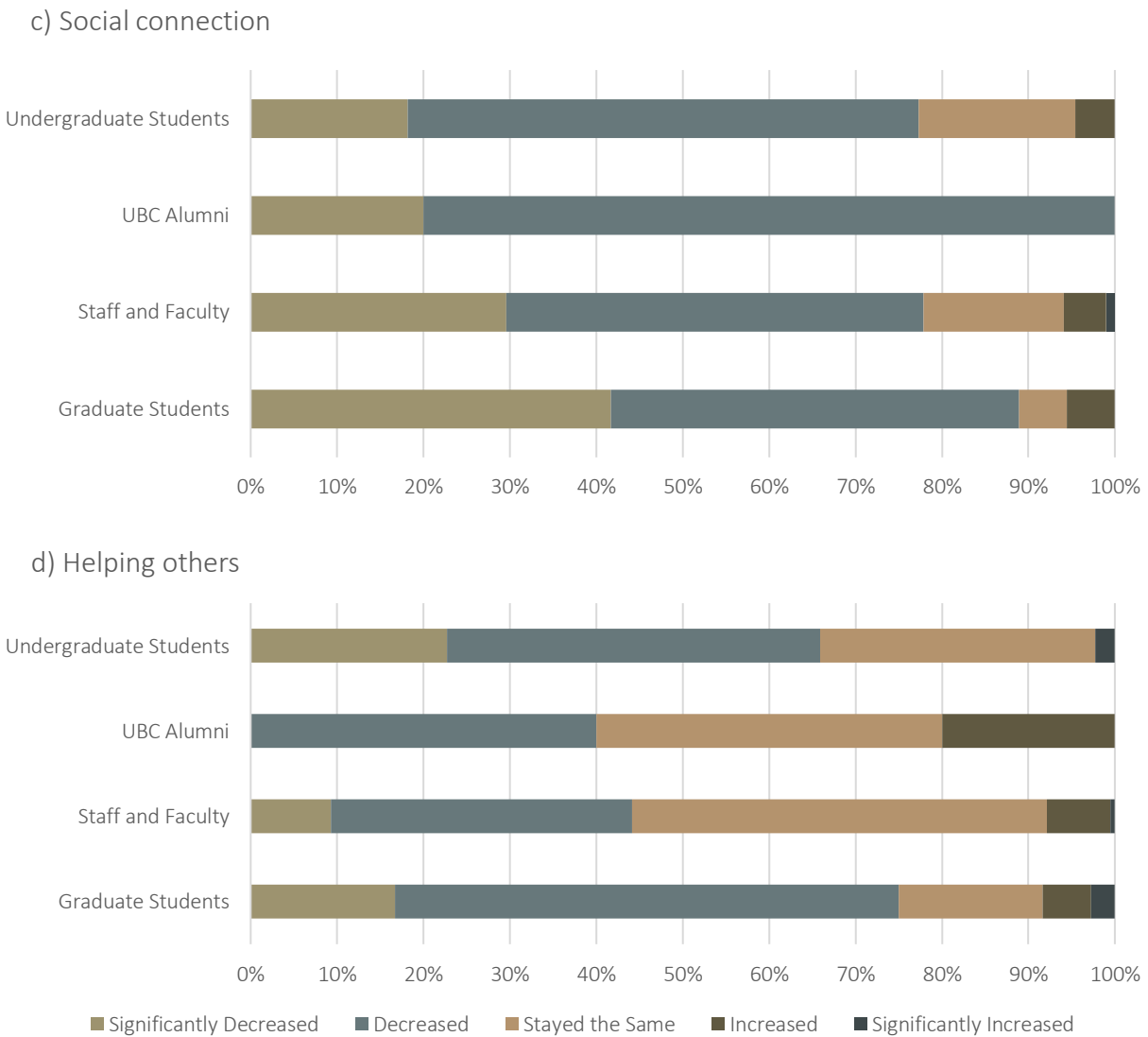


Figure 8. Effect of the pandemic on engagement with the Thrive 5 by group (cont'd)



Thrive Awareness and Participation

Most respondents were aware of Thrive but had not participated in the past year or ever (Figure 9). There was therefore good recognition of the campaign, but a gap in attendance. Undergraduate students had the best recognition and attendance of Thrive among the groups, while graduate students had the worst. The majority of the UBC community was unsure or not aware of the Thrive 5 approach to wellbeing (Figure 10). The most common barriers to participation in Thrive were lack of awareness of the events, busy schedules, and event scheduling during work or class time (Figure 11). Other barriers respondents identified were that

events were targeted to undergraduate students, lack of addressing systemic issues that affect mental health, inability to leave work, and that the online schedule was confusing.

Figure 9. Thrive campaign awareness and participation by group

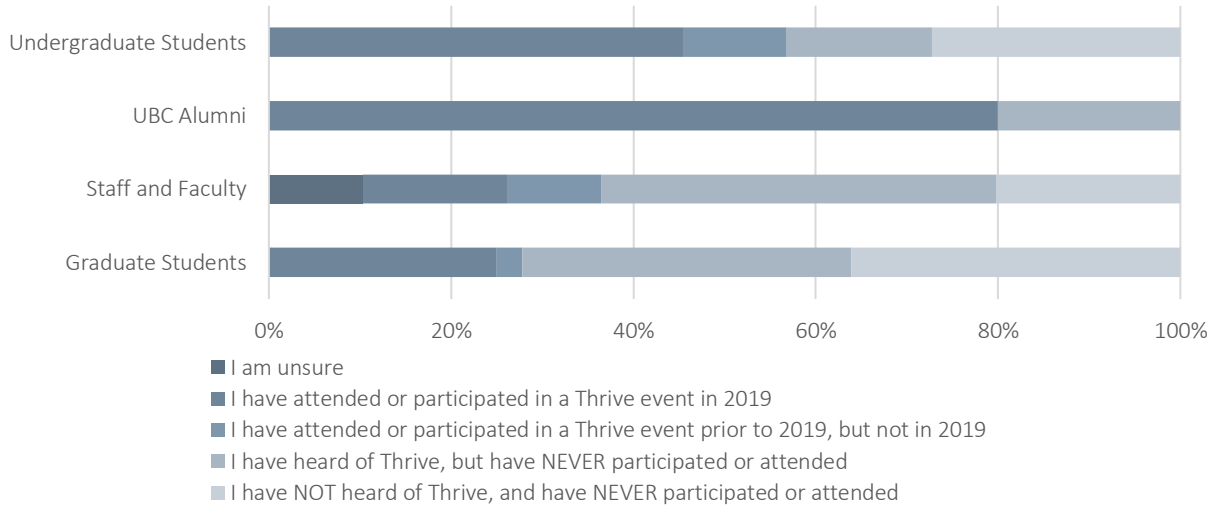


Figure 10. Are you aware of the Thrive 5 approach to exploring your path to mental wellbeing?

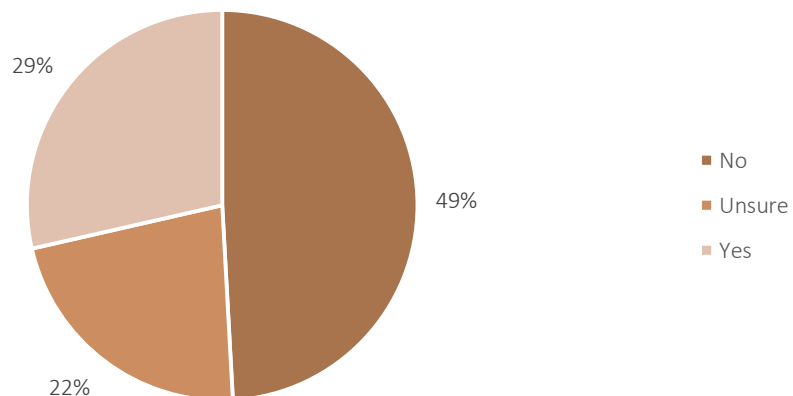
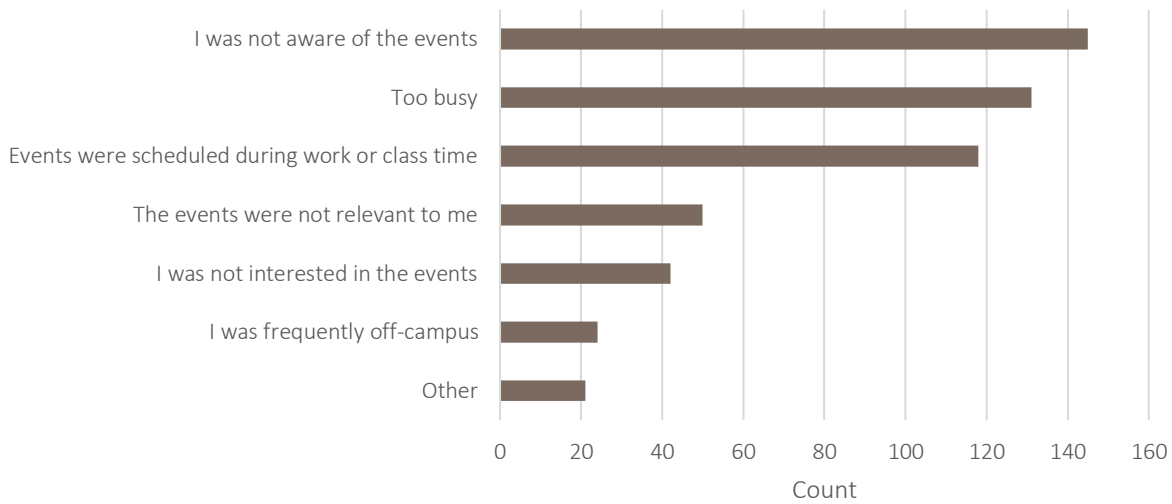


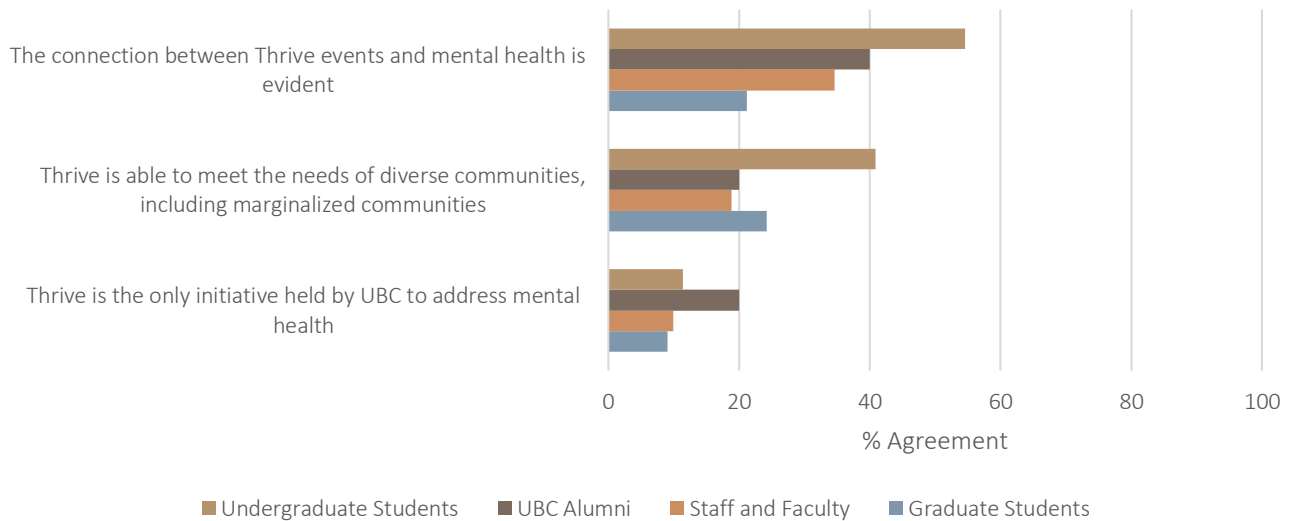
Figure 11. Response count of Thrive participation barriers



Thrive’s Challenges

Previous reports identified that Thrive faces certain challenges with respect to its connection to other mental health initiatives at UBC, its ability to meet the needs of diverse communities, and connect Thrive events to mental health. Importantly, the survey showed that most respondents were aware of the other mental health initiatives at UBC (Figure 12). However, most respondents failed to see the connection between Thrive events and mental health and did not feel that Thrive was able to meet the needs of diverse communities.

Figure 12. Percent agreement with challenges associated with Thrive by group



Survey respondents shared that to improve the diversity of the Thrive campaign and its ability to resonate with the diverse community at UBC, the following measures should be taken:

- Broaden the spectrum of mental health experiences included in Thrive
- Address structural issues and systemic barriers to mental wellbeing
- Provide space to hold UBC accountable for its responsibility in supporting mental health, ensuring equity on campus
- Collaborate with equity-seeking communities (e.g., Black, Indigenous, People of Colour) and communities that are disproportionately affected by mental health problems
- Include other ways of understanding mental health
- Hold family-friendly events

Future Interest in Thrive

Members of the UBC community were most interested in Thrive events centered around how to help a friend/student/staff member with a mental health problem, recognizing the signs of mental health problem and illnesses, and dealing with pandemic-related stress (Figure 12). In terms of delivery format, most respondents were interested in online engagement through events, activities, and workshops and small in-person activities (Figure 13). Interestingly, many members of the UBC community prefer that Thrive events be delivered by mental health professionals. Finally, respondents overwhelmingly preferred to hear about Thrive through departmental and unit email listservs (Figure 16).

Figure 13. Count of respondent interest in Thrive event topic by respondent count

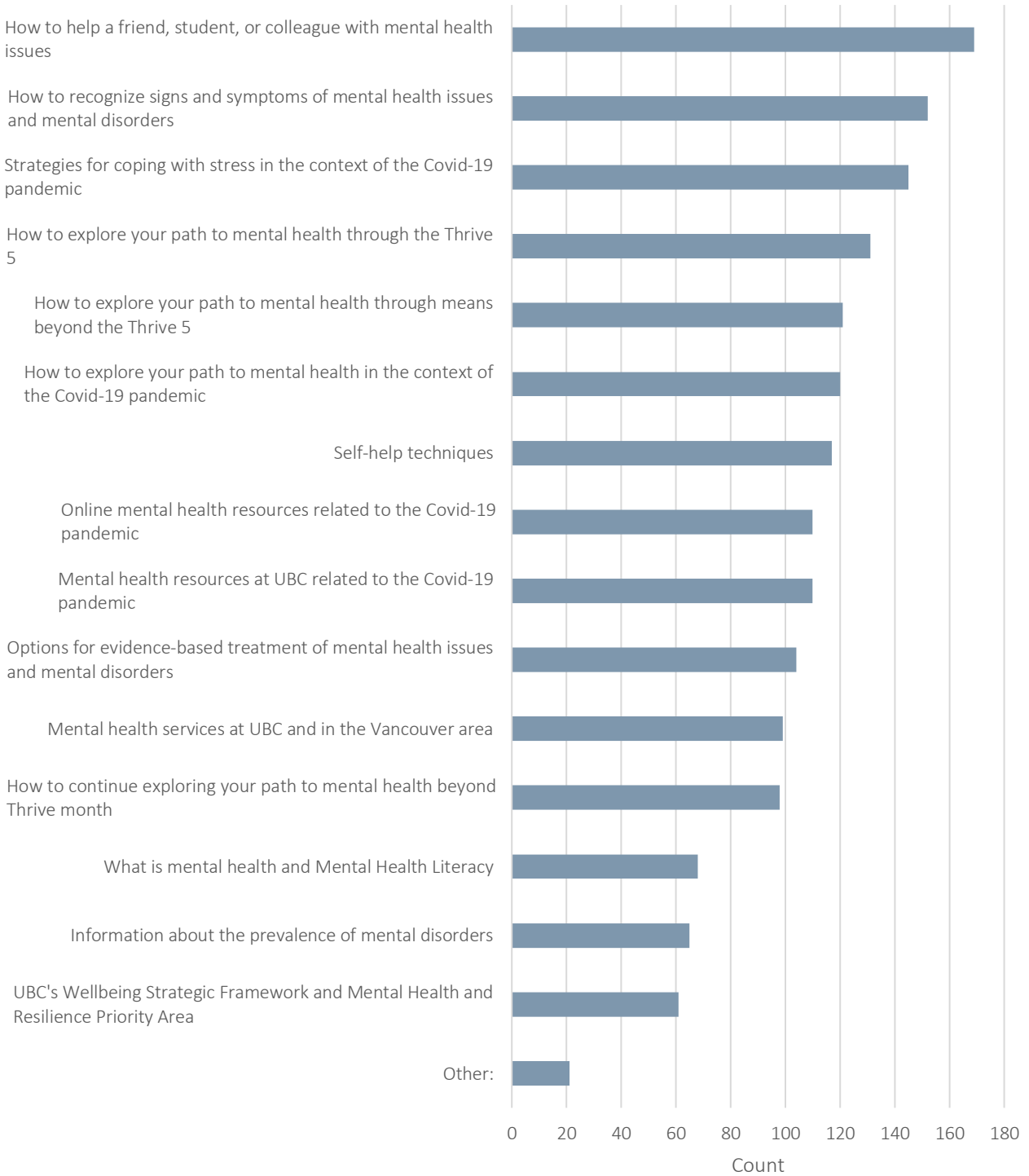


Figure 14. Count of respondent interest in potential Thrive delivery formats

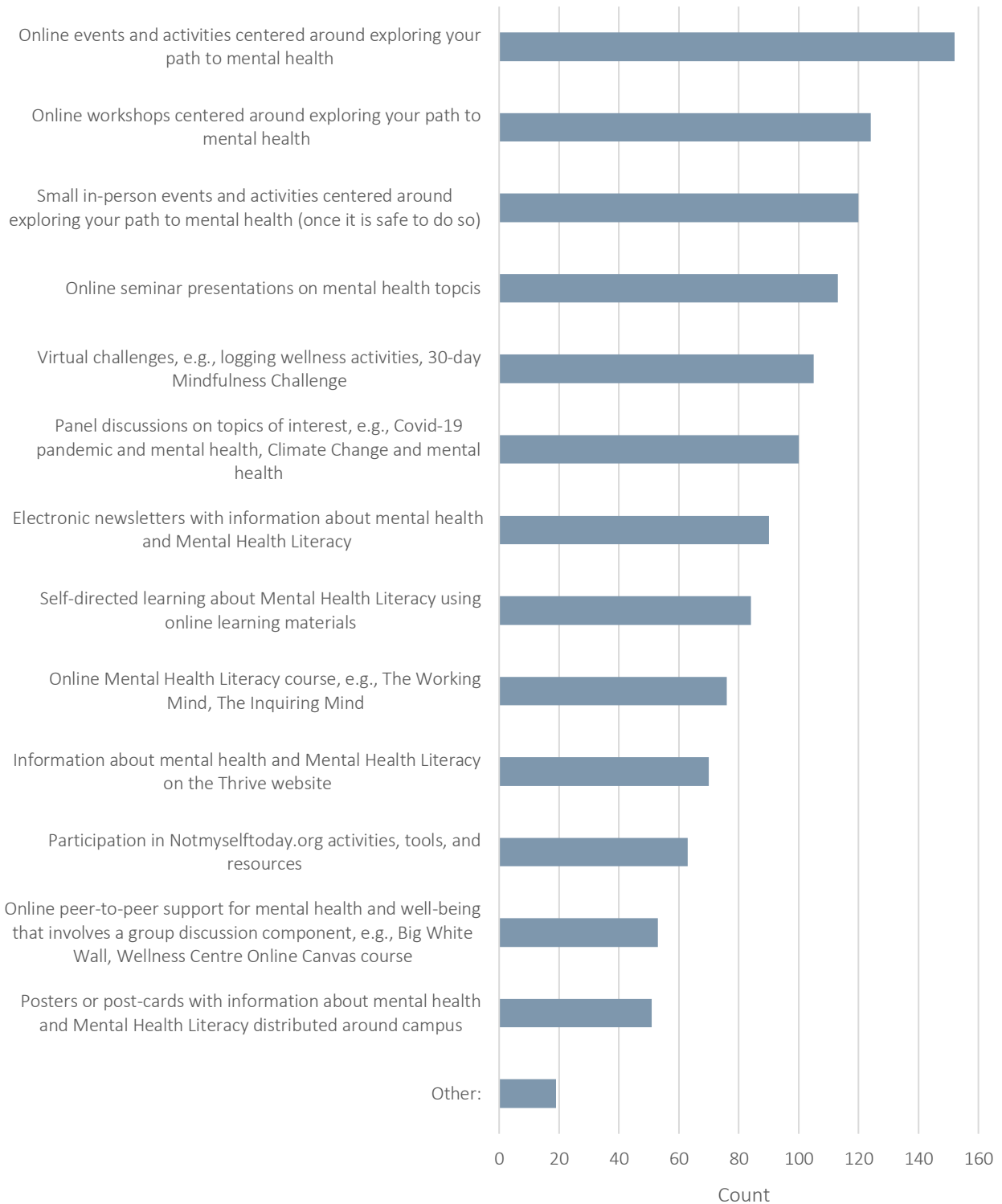


Figure 15. Count of interest in Thrive event delivery persons

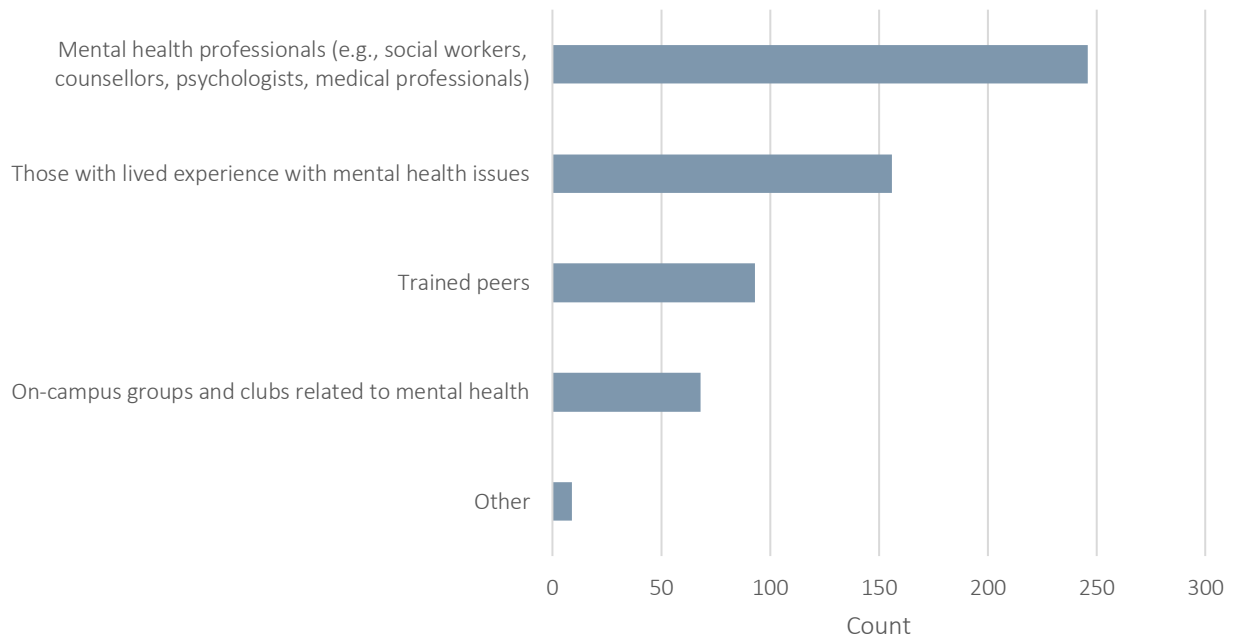
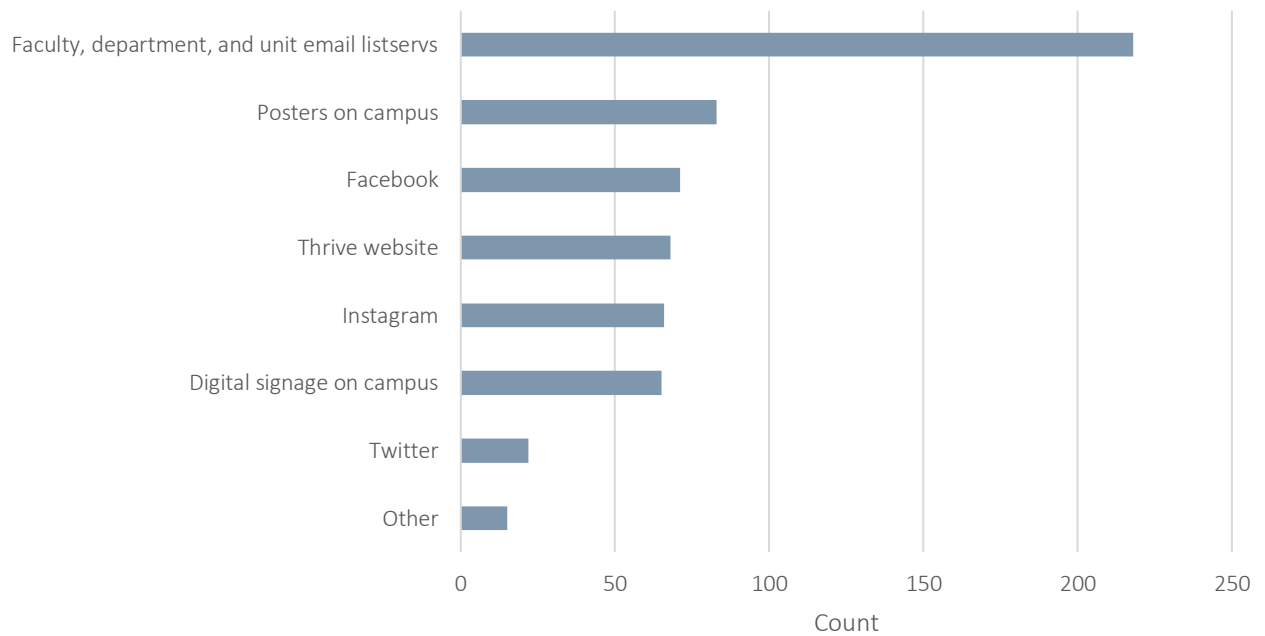


Figure 16. Count of interest in method of hearing about Thrive



Recommendations

This report makes several recommendations below for Thrive 2020 and beyond. These recommendations are based on findings from the MHL and mental health-Covid-19 literatures, interviews with wellbeing professionals, and a survey of the UBC community.

Move beyond the Thrive 5

Although the Thrive 5 is a good foundation for a mental health promotion model, it is not entirely fulsome in its representation of mental health. There are other elements, such as help-seeking, culture, identity, community, and spirituality, which are important in seeking and maintaining mental health. To represent these in Thrive, more diverse partners should be engaged. For instance, to improve graduate student engagement, the Graduate Student Society and Faculty of Graduate Studies should be engaged. Additionally, the UBC Chaplains could be engaged to address spirituality. It is also important that partners be supported with resources.

Employ a hybrid delivery format for Thrive with diverse offerings

Although online workshops and activities and small in-person activities are popular with survey respondents and interview participants, it is still unknown how the UBC community will engage with their mental health in the fall. Combination of remote and in-person, synchronous and asynchronous events and a diversity of topics like those mentioned in Figures 1, 2, 13, and 14 will likely improve engagement with Thrive. Briefly, these include learning how to support others, recognizing mental health problems and disorders, dealing with pandemic-related stress and the “Covid-19 Thrive 5”, normalizing the effects of the pandemic, stories of “Thriving”, professional development, panel discussions, and opportunities to disconnect together.

Address systemic barriers and structural issues

In addition to recognizing actions individuals can take to improve their mental health, Thrive should recognize how systemic barriers and structural issues affect mental health. It can do so by providing space to discuss these issues and advocating for institutional, student, staff, and faculty responsibility in supporting mental health. Suggestions from the survey and interviews include providing financial resources, holding events for specific equity-seeking groups that are hosted by members of these groups, and convene panel discussions with BIPOC speakers that address the connection between mental health and systemic barriers and structural issues.

Research recommendations

The literature on post-secondary MHL campaigns suggests that the Thrive campaign should conduct focus groups with students, staff and faculty to inform Thrive messaging and delivery format before it begins.

Furthermore, the MHL baseline of UBC students, staff, and faculty should be assessed because it is not known. Unfortunately, there is consensus in the literature on how to appropriately measure MHL. The most popular approach uses a diagnostic vignette, in which participants are given a story about someone with a mental health disorder and fill out a questionnaire (N. Reavley & Jorm, 2010). The *MindWise* study adapted this approach to include a questionnaire that asks participants to identify the disorder in the vignette, asks about help-seeking intentions if they were the person in the vignette, beliefs about treatment options for that person, help-seeking actions taken by the respondent in the past, and whether the respondent had ever helped someone seek help for mental health reasons (N. J. Reavley et al., 2014). Another tool developed by researchers in Canada that also uses the vignette approach is the Mental Illness Awareness Transfer of Information Preferences Survey (Armstrong & Young, 2015). This questionnaire assesses knowledge, stigma, and help-seeking intentions. Stigmatizing attitudes are often assessed using Social Distance Scales or Depression Stigma Scales where respondents are asked how much they would interact with someone with a mental disorder (Patalay et al., 2017; N. J. Reavley et al., 2014). Some researchers do not agree with the preceding tools and instead argue for a true or false-based questionnaire that assesses all components of MHL (Kutcher, Wei, & Coniglio, 2016).

Finally, the Thrive campaign should be empirically evaluated to determine whether it improves MHL and mental health outcomes in its target populations. This could be done using a pre-and post-survey design that assesses MHL before and after participation in a Thrive campaign event using the Mental Illness Awareness Transfer of Information Preferences survey developed at the University of Ottawa (Armstrong & Young, 2015).

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