

An Accessible Mental Health Self-Management Innovation for College Students

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ABSTRACT

This article outlines findings from two Wellness Recovery Action Plan® workshops for college students in Western Canada. Widely recognized mental health challenges among college students and a service need demonstrated in pilot sessions served as rationale for providing one of the first iterations of WRAP in a college setting.

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RÉSUMÉ

Les résultats de deux ateliers Wellness Recovery Action Plan® (WRAP) destinés aux étudiants de l'Ouest canadien sont présentés. Les problèmes de santé mentale chez les étudiants et les lacunes en matière de services, démontrées lors des séances pilotes, ont justifié l'offre d'une des premières itérations du WRAP dans un cadre universitaire.

Mots clés : Wellness Recovery Action Plan® (WRAP), collège, réhabilitation psychosociale, autodétermination, rétablissement, autotraitement, responsabilité personnelle

Wellness Recovery Action Plan® (WRAP) is an evidence-based, peer-led workshop that uses an established curriculum to help participants identify methods and resources for facilitating mental health recovery (Cook et al., 2012). Mental health recovery was defined in 1993 by William Anthony as “a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. [It] involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness” (Slade, 2009, p. 38). Emphasizing self-management, WRAP helps participants discover their own simple and safe wellness tools and activities, identify stressors and actionable responses to them, and plan for mental health crises and post-crisis (Cook et al., 2012). Wellness tools and activities are brought together in a *toolbox* where participants reflect on what has helped them in the past and learn other effective techniques from peers, such as stress management. As a recovery-oriented practice, WRAP is underpinned by a philosophy of self-determination, empowerment, and self-advocacy, where participants are treated as equals and labels of “service user” or “service provider” are left at the door.

Meta-analytic review evidence across five studies ($n = 845$; $M_{\text{age}} = 45.1$; $SD = 10.7$) demonstrated that WRAP has several positive impacts on individual well-being, including increased recovery-knowledge about one’s own wellness and triggers, improved self-management, and increased hopefulness and quality of life (Canacott et al., 2019). WRAP has been recognized by the U.S. Substance Abuse and Mental Health Services Administration as an evidence-based program and is expanding internationally (Canacott et al., 2019). Although WRAP has been shown to positively influence beliefs, attitudes, and knowledge about mental health recovery (Keogh, et al., 2014), cultural notions of recovery or other population-level (e.g., age, occupation) factors may influence WRAP’s perceived effectiveness in different contexts.

Notably, “the proportion of Canadian post-secondary students reporting above average stress, symptoms of psychological distress, diagnosed mental illnesses, and help seeking for mental health related challenges” significantly increased between the 2013 and 2019 iterations of the National College Health Assessment Survey II (Linden et al., 2021), highlighting a need for support among this population. This article presents findings from one of the first published studies of WRAP specifically involving college students. Therefore, it could potentially inform knowledge about how WRAP might contribute to student mental health self-management.

METHODS

Participants and Recruitment

Participants in the WRAP program were recruited among students in a post-secondary teaching college in Western Canada. Recruitment was through classroom presentations, posters, and email follow-up. Some students could receive course credits for participation at the discretion of their course instructor (in faculties such as criminology, psychology, and nursing).

There was a total of 24 student participants in two cohorts. Their sociodemographic information is outlined in Table 1. Students self-identified various mental health challenges. Although only four had a mental health diagnosis, most identified living with general mental health challenges such as significant anxiety and stress.

The study was approved by the college's ethics review board (REB Certificate # DE17.01a) and all students signed a consent form.

Procedure

Consistent with previous WRAP evaluation studies, pre- and post-questionnaires were utilized (Keogh et al., 2014), with a mix of open-ended and 1–10 Likert scale questions. Examples of pre-questions included “Please tell us about your goals for attending WRAP,” “Who supports your health and well-being?”, and “What tools do you currently use to stay well?” Examples of post-questions included “Do you know the signs that you are unwell?”, “What was something you learned in the program?”, and “What would you say to others who might be interested in taking WRAP?” Both descriptive quantitative and qualitative analyses were conducted on the questionnaire data to identify noteworthy themes in student responses.

Table 1
Sociodemographic Information of Students in WRAP Workshops

Cohort 1	Age	Gender Identity	Self-Described Ethnicity	Self-Described Mental Health Diagnosis or Presenting Issue
Student 1	57	F	White	Anxious phobic personality disorder
Student 2				
Student 3		F	Filipino	Anxiety, depression
Student 4	33	F	Brazilian	
Student 5				
Student 6	23	F	English, Irish, Chinese, Romanian	
Student 7	26	F	European	Depression, BPD
Student 8		F	Chinese, Vietnamese	
Student 9	31	M	White Canadian, Greek, Italian	MDD (previously)
Student 10				
Student 11	23	F	Chinese	
Student 12	24	F	Ukrainian	
Cohort 2				
Student 13	36	F	Chinese	
Student 14	24	F	Canadian	Struggle with anxiety
Student 15	22	F	White	
Student 16				
Student 17	26	M	White Canadian	GAD, depression
Student 18				
Student 19	42	M		
Student 20				
Student 21	20	F	European	
Student 22	22	M	Sri Lankan, Canadian	Struggle with anxiety attacks
Student 23	28	F	First Nations	
Student 24	20	F	Guatemalan, White	

Note. BPD = Borderline Personality Disorder, MDD = Major Depressive Disorder, GAD = Generalized Anxiety Disorder.

RESULTS AND DISCUSSION

Students in both cohorts in the quantitative pre-questionnaire felt they that they “currently took responsibility for their own wellness” ($M = 7.5$), had “hope they can feel better” ($M = 7.8$), and were moderately “confident about their ability to manage their illness” ($M = 6.8$). Interestingly, the most significant rating increase on the post-test was student’s improved “confidence in their ability to manage their illness” ($M = 8.6$; an increase of approximately 2 out of 10 points). This increase in confidence resulted in the creation of new goals to support the well-being of others, which may demonstrate advances in personal recovery outcomes for students. Specifically, through participation in WRAP, students developed new goals to help their loved ones learn about self-care and the principles of WRAP by modelling use of their own wellness plan. Furthermore, qualitative thematic categories developed using a descriptive content analysis expanded our understanding of the need for, and impact of, the WRAP workshop among participants.

Specifically, the first author (JO’R) created summaries of students’ open-ended responses to the questionnaires and then grouped these summaries into three thematic categories, which were then reviewed, amended, and finalized in collaboration with the second author (RC) These final categories include: (1) developing personalized and specific goals for participating in and applying WRAP, (2) identifying personalized and effective wellness tools as developed during WRAP sessions, and (3) key WRAP learnings and suggestions for improvement.

First, students outlined their goals for attending WRAP, which included a desire to build self-awareness, learn self-care, relieve stress, be resilient to any limitations imposed by one’s mental illness, and learn skills to be a become a better professional in the future. Reported outcomes from participation in WRAP include increased self-compassion, a better understanding of caring for the self, and the ability to build a meaningful wellness plan. As summarized by Student 11: “My goal for attending WRAP was to understand myself better and take better care of myself, which I felt that I did achieve after WRAP.” At the end of the workshops, five students expressed interest in becoming trained WRAP facilitators.

Second, students identified the following wellness tools as important learnings from the workshop: to create an emergency action plan before facing a crisis, to self-advocate more and realize that one’s own views are important, to balance social support with personal responsibility, to see that self-care is an everyday task, and to consider taking a strengths-based approach to wellness, such as using a wellness toolbox rather than dwelling on negative thoughts. In other words, to focus on what one can control. Indeed, agency and empowerment are central to recovery-oriented practice, in contrast to deficit-focused (e.g., symptom reduction) mental health models (Slade, 2009). As summarized by Student 24:

So often when we talk about mental illness, we tend to dwell on the negative aspects of the illness leaving us feeling stuck in a cycle. However, when we focus on asking ourselves “what do we bring to the world?” it can drastically change our perspective moving forward.

Third, students’ key learnings from WRAP included (a) learning new coping skills as described above, (b) becoming more self-aware by learning about one’s own hopes, goals, and values, as well as (c) gaining a sense of personal responsibility and self-advocacy. Notably, Student 7 confirmed that “...[WRAP] is a great place to start opening up about yourself, figuring out your hopes, goals, and values.” This student also advised that “it can also be hard to look at triggers, because a lot of emotions come up.” Perhaps this quote

highlights a particular need for engaging in identity work among our student population and inculcating careful attention in facilitators to build trust among student participants to successfully do this challenging developmental work. Such self-care learnings and skills are not necessarily unique to the WRAP program. However, WRAP places a noteworthy emphasis on personal responsibility combined with peer facilitation of hope-inducing beliefs about wellness. Of note, Student 6 “thought it was excellent how the importance of support was balanced with the concept of personal responsibility.”

Importantly, students identified two aspects of the WRAP workshop they felt could have been improved. For example, Student 8 offered feedback on the mode of content delivery and timing. Specifically, this student felt that some concepts were over-explained while others were under-explained, which they found confusing, particularly when they felt too much or too little time was given to different activities and breaks throughout each day. Another student (20) felt outdoor spaces could have been better utilized for students to physically move around which could help maintain energy levels, and ensure people are not spending all day inside a classroom.

CONCLUSION

These findings highlight the participant experience and levels of interest in a WRAP workshop at one post-secondary institution in Western Canada. Findings may be useful for practitioners wishing to host similar workshops for college students with mental health challenges. However, each participants' experience will differ depending on both personal and situational factors such as workshop setting, participant background and previous training, facilitator experience, and facilitation style.

Although participants preferred face-to-face delivery, WRAP workshops can be delivered online; an approach we will consider in the upcoming academic year. At a time of heightened social disconnection and distress with the Covid-19 pandemic, we hope that more college students will benefit from learning valuable wellness tools via future online WRAP workshops.

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