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**Environmental Scan of Mental Health and Well-Being Resources Available to Royal Military College of Canada Students**

by

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**Abstract**

Introduction: Being in a military college is filled with many stressors that can decrease the mental well-being of students. Through the need to succeed in all four pillars: military, bilingualism, academics and physical fitness, students are placed under more pressure. Life at the college is faced with many challenges as all the students must thrive under the pressures and requirements asked from them, due to this mental health issues are a highly prevalent issue within the college. I conducted an environmental scan that aimed to provide information regarding the current status of the familiarity and frequency of use of mental health and well-being resources the students at a Canadian Military College (CMC) specifically the university in Kingston, ON called the Royal Military College (RMC) have available to them. This study had two aims: first to conduct an environmental scan of well-being resources at RMC and examine students’ familiarity and use of available these services. Second, I examined if attitudes toward help seeking and stigma were hindering students’ utilization of the mental health and well-being resources available to them.

Method: An online survey was administered to the students of RMC using the Cadet Wing master email list. There were 87 participants (46 male, 35 female, and 6 others). All participants were enrolled in the Regular Officer Training Plan (ROTP) and the age ranged from 17 years old to 25 and older.

Results: The results of the environmental scan showed that RMC has mostly similar mental health and well-being resources as civilian universities. The similarities of resources provided between RMC and civilian universities are clinical/counseling services, referral to off-campus support, crisis telephone line, etc. A main difference of the resources provided is the resources pertaining to disabilities. Students in higher academic years were more familiar with the available resources, and there was no difference in frequency of use based on academic year. There were no significant male/female differences pertaining to familiarity and frequency. Individuals who were less familiar with well-being resources had lower help-seeking intentions. Self stigma positively correlates with lower help-seeking intentions.

Discussion: This study provides further information regarding the mental health within the military college such as there is self-stigma present within most if not all military contexts due to the masculinized culture mentality. However, by reducing stigma and encouraging help-seeking within the RMC population can greatly affect the familiarity and frequency of use of mental health and well-being resources. Analyzing the results of this study will create a better understanding of the stigma and the worries people have about seeking help thus letting RMC design well-being resources better suited for students. These implications within RMC can result in the upwards progress of the utilization of resources​​ and a better comprehension of the trials and tribulations experienced by the students of RMC. This study will further implicate further research pertaining to how the military views mental health issues present within their troops; it also aims to reduce stigma and increase utilization of mental health resources at RMC. The limitations of the study was that all responses were self-reported data and the inaccurate gender proportionality with regards to the actual population of males and females at RMC.

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**Environmental Scan of Mental Health and Well-being Resources Available to Royal Military College of Canada Students**

Issues regarding mental health are increasingly prevalent within the age group of 16 to 27, and factors such as post-secondary school can further augment the presence of illnesses (Seibel et al., 2020; Wei et al., 2015). Although most post secondary students adjust without any major issues, there are some who benefit from services that help them navigate the university environment. Being in university or college presents many factors or situations that have the possibility of increasing the likelihood of stressors (Linden et al., 2018). Specifically, acute and chronic stress are common among post-secondary students, leaving them more vulnerable to the risk of mental health symptoms such as depression, anxiety, anger, and burnout (Linden et al., 2018). Such issues can lead to negative outcomes such as failure in classes, substance misuse, addictive behaviour, suicide, and relationship difficulties (Linden et al., 2018). This thesis will conduct an environmental scan of the knowledge students at RMC have pertaining to the mental health and well-being resources available to them. This will also include literature available on well-being resources in Canadian universities. The purpose of this study is to provide statistics and further knowledge on the current state of the RMC population with regards to their well-being.

# Types of Mental Health Issues in Post-Secondary Education

Depression is a prevalent mental health issue among postsecondary students which significantly impacts academic performance and overall well-being (Hysenbegasi et al., 2005). Factors such as the working conditions of an organization and the occurrence of mental health problems prior to attaining a job influence the presence of stressors within an individual's mind (Rugulies et al., 2023). Eisenberg and Chung (2012) analyzed the 2009 Healthy Minds Study data, which was an online survey among postsecondary students within the mental health field from the timeframe of February to April 2009; 15 schools participated in the survey; it ranged from six public schools and nine private schools. The survey had 19,110 students who were selected to do the study, however, only 8488 completed the survey. The survey from Eisenberg and Chung (2012) found that the adequacy of mental health resources available for mental healthcare such as treating depression during a student’s post-secondary education is minimal. Thus, the implementation of better care in the departments of availability of psychiatry care, overall coordination between severity of care, collaborative and overall efforts to keep students in psychotherapy are needed to improve (Chung, 2012). Halladay et al., (2019) conducted a meta-analysis that analysed the levels of distress experienced by post-secondary students adjacent to the “real or perceived barriers to accessing services, [highlighting] the need for evidence-based, accessible, and brief interventions for students such as mindfulness-based interventions (MBIs)” (p. 397). This meta-analysis determined that no significant differential effects of MBIs were observed in comparison to the active comparators with regards to anxiety symptoms, perceived stress, or depressive symptoms (Halladay et al., 2019). However, conducting at least two weeks of MBI showed better outcomes compared to no intervention at all for students with symptoms of anxiety, perceived stress, or depression (Halladay et al., 2019).

Sheldon et al. (2021) conducted a meta-analysis which showed that undergraduate students have an increased risk for mental health problems. Sheldon et al. (2021) analyzed sixty-six studies from Psychinfo, EMBASE, MEDLINE, and the Cochrane Central Register they pooled “prevalence of depression (eight studies; 13,790 participants) was 25% (95% CI 17%, 35%) and the pooled prevalence of suicide-related outcomes. Thirteen studies contributed to meta-analytic syntheses of 12 depression-related and four suicide-related risk factors” (Sheldon et al., 2021, p. 282). Sheldon et al. (2021) discovered that the evidence of these reviews show that there is an importance of the range of different risk factors with regards to the poor mental health of undergraduate students. Sheldon and colleagues (2021) suggested that there should be interventions that are developed to specifically target and modify the risk factors and the prevention of the outcome of poor mental health. With regards to its already high impact with civilian postsecondary students, there is an added challenge to be placed upon the risk of even greater prevalence of poor mental health in CMCs students.With the combination of the military and postsecondary aspects, the need for interventions and prevention for poor mental health needs to be emphasized. The barriers that make it more difficult to get mental health resources identified in a survey of all first-years that were registered in a French University in France were that individuals wanted to handle their own problems, had uncertainty about who and how to ask for help and the underlying effects of the stigmatization placed upon getting help (Janota et al., 2022). The research pertaining to France revealed that there is a global issue with accessing mental health resources not solely restricted to North America. Jaworska et al. (2016) conducted an environmental scan, surveying 168 out of 180 Canadian post-secondary institutions regarding whether they have mental health resources and services. The general findings of the study found that there were resources available; however, they were not at an acceptable standard and counseling services were understaffed and overwhelmed (Jaworska et al., 2016). The specific findings of this survey explored the requirements and needs of the students attending Canadian postsecondary institutions; this article showed that there was a variety in the types of mental and well-being services available, thus differing in the range and depth of help provided (Jaworska et al., 2016).

# **Mental Health Issues In North America**

This section will dive into specific samples to act as an exploratory information for the general north american predicament. Robison et al., (2016) focused on the mental health issues present in post-secondary students in Canada; 36.1% of participants reported struggling with anxiety and 31.9% reported struggling with depression. Overall, out of the 400 students who took part in this study, 42% met the criteria of clinical psychological distress (Robison et al., 2016). Specific concerns that exacerbate anxiety and depression are academic and career concerns, relationship concerns, and addiction and substance abuse (Robinson et al., 2016). Hyun et al. (2006) surveyed a western university in the U.S.A. during the 2004 spring semester and found that the participants consisted of full-time graduate students and the survey yielded a 33.8% response rate. They found that over half of their respondents reported that they had experienced a mental- or stress-related conundrum during the past academic year and reported that they knew a colleague who experienced the same feelings (Hyun et al., 2006). The generalized occurrence of mental health challenges all over the world commonly occur within the university population. The data of the issues present within post-secondary institutions further emphasize the need for student aid. The main well-being issues that can affect students in the public postsecondary institutions of British Columbia striving for academic success were reported by the students as mental health challenges that they were experiencing were the following: “stress (41%), anxiety (36%), sleep problems (29%), and depression (24%)” (Seibel et al., 2020, p. 7). Academic concerns were a frequently identified problem within post-secondary institutions as there felt like a time restraint due to the courses a student has. This finding resulted in the central idea that students deemed it unnecessary to access mental health and well-being resources such as counselling because they thought they could use that time better on their studies (Robinson et al., 2016).

# **Mental Health Resources Available in Canadian Post-Secondary Institutions**

An environmental scan is the gathering of knowledge regarding the internal facet of external information or issues (Albright, 2004). These scans have the ability to influence how an organization runs and makes its decisions; overall, an environmental scan represents a process of identification of issues and problems happening within an organization while also identifying the services and resources available to address these problems (Albright, 2004). Even though mental health issues are a problem within the postsecondary population, students not using resources and not seeking a diagnosis or help are factors that contribute to the increase of numbers and severity of mental health symptoms (Cage et al., 2018). There are mental health resources present within post-secondary schools and many do have initiatives or services that are directly aimed at finding the students who struggle with mental health; these resources can greatly impact the use of services as people fall under the radar and refuse to ask for help (Heck et al., 2014). An example is at RMC, there is a sentinel program which is a student run resource where it is your peers that look out for people who are struggling and see if they can provide help of any sort. Their jobs consist of a variety of options such as simply having a conversation with an individual or passing this information to someone with authority that is better suited to help. Importantly, smaller post-secondary institutions are likely to offer fewer mental health and well-being services for their students (Heck et al., 2014). Seibel et al. (2020) showed that most post-secondary institutions across Canada expressed that their mental health services were stressed beyond their limits due to the ever-changing environment, especially due to the impact of COVID-19. When looking specifically into what resources are being stretched to their limits, counseling services experienced an increase, thus providing slower services (Chang et al., 2021).

# **Perceived Need for Mental Health Resources**

The rates of mental health problems at typical Canadian universities showcase that mental health issues are highly present within post-secondary institutions and leave students with an increased risk for exposure to the presence of mental health problems (Linden et al., 2018). Even students who are not experiencing a mental health disorder could benefit from well-being resources to deal with the changes they are facing when they transition from highschool to university (Linden et al., 2018). The level of strain experienced by a post-secondary student initially increases during their first semester as being in a new environment and new stressors create a time of increased psychological distress (Bewick et al., 2010). Based on this, the added challenges faced by first year military students from CMCs is difficult as the military students are in a unique position where the role of the military culture has the ability to shape their attitudes towards mental health.

# **The Resources Needed if a Mental Health Disorder is Present**

The rapid change of exposure of circumstances that can place students at risk for psychiatric disorders can be overwhelming (Blanco et al., 2008). The study by Blanco et al. (2008) found that the psychiatric disorder that is most commonly experienced by post-secondary students is alcohol use disorder. The presence of an environment where parental supervision is limited but the access to alcohol is abundant, creates individuals who act out and abuse the freedom they are given (Knight et al., 2002). When a student binges alcohol or smokes cigarettes, there is a positive association with the development of mental disorders such as major depression, generalized anxiety disorder, and panic disorder (Cranford et al., 2009). The statistics show that 67% of students who were prone to substance abuse were perceived to have a need for mental health services (Cranford et al., 2009). However, out of the 67% that needed mental health services, only 38% asked for help and used the resources given to them (Cranford et al., 2009). There are many unmet standards associated with mental and well-being services when substance abuse is present among post-secondary students (Crawford et al., 2009). Another prevalent risk factor that can occur is the onset of other mental health issues such as depression, anxiety, and suicidal ideation (Marcotte et al., 2018). With the difficulties of being in a new environment during a progressive time in a young adult's life, factors such as the ones listed above are very prevalent. The internal and external factors such as transitioning into post-secondary education, personal factors, and adjustment and family function are all contributors in the mental health of a student during their post-secondary experiences (Marcotte et al., 2018). CMC students are at an increased risk for the association of mental issues due to stressors given to them while also being at an age and environment where they are also given freedom. The coping mechanisms of first year military students are self-determined, however an environment filled with pressures and the easy access to substances can act as a deterrent to their mental health if used improperly.

# Issues of Mental Health Issues on Academics

Galante et al. (2016) argue that the pressures of post-secondary academics can trigger stress and the need for help-seeking. Cage et al. (2018) reported that only 8% of the people struggling with mental health issues were looking for a diagnosis, while over a third of the sample were not. While the diagnosis is important, the main issue is that the students are not reaching and accessing help and support services. Another issue brought up by Cage et al. (2018) was that only 55% of the sample had access to mental health support since beginning university. Osborn et al. (2022) conducted a systematic review and meta-analysis on many psychological databases “using the searching strategy of “using a Context, Condition, Population (CoCoPop) framework with the concepts of “students”, “mental health/illness”, “access” and “mental health services”” (Osbon et al., 2022, p. 3). Osborn et al. (2022) analyzed the basis of the emergence of mental health disorders during late adolescence (the age where many individuals commence their undergraduate degrees). Due to the understanding that services need to be readily accessible to the students, Osborne et al. (2022) concluded that the current services that are used by undergraduate studies is that based on the ease of accessing support, due to this there will be an increase in its use. The implications of the meta-analysis of Osborne et al. (2022) emphasized the significance of creating a wide range of mental and well-being services available to the students as it helps the effectiveness and ability to create well integrated services based on the level of needs. CMCs focuses on the implementation of mental health resources tailored to the needs of the military students, however, based on the ideologies and biases of a person will determine whether they will use the services provided or not. Durand-Bush and colleagues (2015) contributed to this research by examining 469 college students and their capacity for self-regulation in terms of their resilience to persist in high-stress situations for their overall well-being and mental health performance. This study concluded that due to the competitiveness and the need for better academic performance, a positive correlation exists between the greater strain on the students mental health and their ability to self-regulate (Durand-Bush et al., 2015). Even when given better self-regulation skills, students were still in positions where they were not “entirely well-adjusted and optimally functioning” (Durand-Bush et al., 2015, p. 270). Sheldon et al. (2021) conducted a meta-analysis regarding the effectiveness of services targeting undergraduate first year students who are at an increased risk of mental health problems as they must undergo the transition into university and face developmental challenges of transitioning into adulthood with the heighted onset of experiencing mental health problems. They conducted a systematic review of the prevalence of factors that can contribute to a college student's mental health (Sheldon et al., 2021). Sheldon et al. (2021) concluded that there should be interventions developed to specifically target risk factors to act as prevention of the emergence or intensification of mental health problems. However, even though students are using these resources, there are many who do not even know that these resources are available (Chang et al., 2021). Chang et al. (2021) found that participants lacked knowledge of the different types of services offered to them regarding mental wellness resources. Due to the lack of knowledge, early detection and prevention of severe mental health issues were not achieved, thus creating an increase in demand for services that require more support. A key resource that can help break down the stigma associated with mental health problems is the implementation of better mental health literacy (Kutcher et al., 2016). By better understanding how to access, use, and think about mental health resources can increase the positive effect they can have on an individual's overall mental health (Kutcher et al., 2016). By developing effective and efficient mechanisms to access proper communication between all faculties and students it can enhance the prevention of creating more severe mental health issues (Owen & Rudolfa, 2009). Although recent years show that there are more mental health services available within the Mid-Atlantic region within the United States, by specifically looking into the Division II or III universities there is a stigma towards the use of the mental health services provided (Hilliard et al., 2022). This sample is beneficial for this as it provides information that even within the sports community within the university, an environment that is filled with many stressors, the presence of asking for help is still stigmatized.

# Improper Mental Health Accommodation

University degrees have now become more important in gaining employment within a driven economy, however, due to the mental health problems experienced during post-secondary university there are more overall graduates but also more failures (Kirsh et al., 2016). Regardless that degrees are often needed to attain a job after graduation, students are still struggling with the stress that their degrees bring. A present predicament is that when the student is experiencing mental health issues they may not ask for help right away. The longer a student takes to ask for help the less they will seek out mental health resources, promoting a supporting and understating environment that dismisses stigma and stereotypes will create an environment that is “safe, stimulating, satisfying, and enjoyable” (Kirsh et al., 2016, p. 333). Due to the masculinized culture mentality associated with seeking mental health in the military, there is a divide in the actions a CMC student will take in using the resources provided to them. The stigma associated with seeking help within the military is filled with negative connotations and uncertainty. Due to the limited knowledge students have pertaining to the implications seeking help has on their fixtures creates a disconnect in the utilization of mental health resources.

# Barriers to Treatment Seeking

Frequently in the post-secondary environment, services are available however students do not access them (Eisenberg et al., 2007). Eisenberg et al. (2007) further emphasized that those in post-secondary institutions and struggle with depression or anxiety ranged in their use of mental health services, the range was from 37% to 84%, depending on the type of disorder. Specific factors that hindered students from accessing mental health support was that they did not believe that they needed help as students were skeptical of the effectiveness of the treatment provided (Eisenberg et al., 2007). Dunley & Papadopoulos (2019) conducted a study on a total of 24 journal articles identifying significant problems experienced by postsecondary students pertaining to their mental health issues and barriers for help-seeking. Specific barriers to help seeking were institutional barriers, insurance coverage, sociocultural factors, awareness, student-identified barriers, stigma and student belief, lack of perceived need, and preference for self-resilience (Dunley & Papadopoulos, 2019). Institutional barriers were categorized with “access to university/college mental health services, insurance coverage, and usability of services” (Dunley & Papadopoulos, 2019, p. 699). Karam (2019) further emphasized that depending on the type of university some other issues some postsecondary students have are the unmet needs with regards to the “lack of promotion of mental health services, lack of academic time off, stigma, and service waitlists as barriers; destigmatizing efforts, an increase in the promotion of services, recognition and understanding of mental health concerns, and normalizing help-seeking” (p. ii). Regardless of the increase of services and resources, there remains a lack of utilization coming from the students, likely partially due to the prevalence of mental health stigma (Clement et al., 2015), discussed next. Within the military ideology, there is a common negative connotation with regards to using mental health services, due to its association with weakness (Hinton et al., 2021). The stigma the military culture places on the CMC students the moment they enter the CAF is immense. Due to this the role the military culture has in shaping an individual's personal stigma with accessing mental health is occuring, regardless of its negative influence, the effects are large and difficult to surpass (Cogan et al., 2021; Shields et al., 2017). The need for a change in the mentality of accessing mental health services is required to increase utilization of services.

# Stigma and Help-Seeking in the Military

Stigma can be defined as “the negative attitudes and prejudices that cause people with mental health and/or substance use problems or illnesses to be labeled, stereotyped, and feared” (Sukhera et al., 2002, p. 6). Stereotypes regarding mental health illness can stem from a range of ideas such as, people who struggle with depression are unpredictable, threatening, and difficult to talk to (Barney et al., 2009). A key view of society regarding mental illness is that treatment is unnecessary, thus labeling people who seek mental health resources as “defensive, awkward, insecure, sad, cold and unsociable” (Barney et al., 2009, pp. 1-2; Patten et al., 2016; Stuart et al., 2014). Public stigma is defined as “stereotypes, prejudice, and discrimination endorsed by the general population” (Pescosolido & Martin, 2015, p. 92). Perceived public stigma refers to discrimination and devaluation by others whereas self-stigma refers to the internalization and acceptance of negative stereotypes about people who seek help (Pattyn et al., 2014; Pescosolido & Martin, 2015).

All types of stigma are significant predictors of notseeking mental and well-being help (Marsh & Wilcoxon, 2015). The process of stigmatization is heavily present within the societal views and beliefs regarding depression and other mental health illnesses; this is a leading factor in the hesitation and lack of desire to ask for mental help when required (Marsh & Wilcoxon, 2015). The nature of the stigmatization is highly present, as evidenced in a study conducted on a sample of 10,389 Canadians during the months of May and June 2010 which concluded that over half the participants stigmatized an individual with depression (Stuart et al., 2014). Stuart et al. (2014) also determined that persons experiencing depression experienced serious devaluation.

The stigma created in masculine culture such as the CAF creates the labels such as ‘clients’ or ‘patients’ for individuals who seek to access mental health support (Hinton et al., 2021). The CAF values idealize the presence of an individual who has a heroic figure, both mentally and physically stemming from the idea that they require a self-reliant soldier and service member who is able to stay mentally strong regardless of the situation, this however discourages the ability to seek metal and well-being resources as it can affect their soldier identity. Due to this, it creates the stigma that the individuals who seek help will feel turmoil through their association with their soldier and client identities (Cogan et al., 2021; Shields et al., 2017). The study by Litz (2007) looked into the help-seeking capabilities of soldiers who returned from their Iraq and Afghanistan deployments. The Iraq and Afghanistan deployments were filled with the emergence of many mental health problems due to the enormous amount of stress placed on the soldiers in an unknown environment. An example being acute stress disorder and PTSD (Litz, 2007). 80% of Service members who served in Iraq and Afghanistan were shown to have serious mental health disorders and had acknowledged that they were facing this problem. However, only 40% were interested in receiving help from that 40% (Litz, 2007). Formal healthcare was only used by 26% of service members (Litz, 2007). The statistics are due to the fact that service members felt that they were stigmatized and ashamed to be able to use the resources provided to help them (Litz, 2007). Based on the information provided by Hoge et al. (2004) service members who required more help or significantly more likely to show distress about being stigmatized. Stigma is a great hindrance in the utilization of mental health resources, the impacts it has on an individual well-being is immense.

The military is a stressful environment that brings forth many issues that can affect an individual mental health and overall well-being. The members of the CAF have also reported higher rates of depression in comparison to Canadian civilians. A problem that arises with accessing mental health resources is the amount of help-seeking desire a person has. Although mental health issues are highly prevalent in the military, due to the masculinized culture mentality, seeking help is associated with “mental health stigma, loss of purpose…” (Hinton et al., 2021, p. 102). By accessing mental health services in the military, the stigma placed on an individual is immense as it is assumed to be a show of weakness, thus a soldier's identity within the military is placing them in a space where they are ostracized after seeking help (Hinton et al., 2021). The masculinized culture mentality is the culture that involves the following negative ways of thinking that can occur with an individual struggling with their mental health based on the following “ language, variance between elements, toxic mentality, leadership style, and treatment of those accessing mental health services” (Hinton et al., 2021, p. 102). Help seeking is associated with displacing an individual from their unit, this then harms an individual's sense of belongingness, specifically within their units (Hinton et al., 2021). Hinton et al. (2021) conducted a survey that analyzes CAF members’ associations with the feeling of being a part of “those people '', “those people '' referring to members of the military who accessed mental health support. The differentiation between these two groups further emphasizes the struggle of help-seeking as an individual is essentially taken out of the military group and placed into a special category where they are shamed for help-seeking (Hinton et al., 2021). The identity that impacts individuals in the CAF makes it difficult to help-seek as it acts as a barrier in the mentality of an individual (Hinton et al., 2021). Factors that can add on the difficulty of help-seeking are the following: access to mental health services, type of care, stigma, structural barriers within the military occupational system, organizational level barriers, and many more (Fikretoglu et al., 2022). In 2013, the Canadian Forces Mental Health Survey (CFMHS) was conducted and its results indicated that only approximately half of the “Canadian Regular Force personnel who needed help reached out for formal or informal help” (Fikretoglu et al., 2022, p. 3). Stigma is a big factor in the unwillingness for acknowledgement of the need for help-seeking, the stigma against help-seeking is associated with “looking weak” (Fikretoglu et al., 2022). The effects of organizational barriers specifically target its associated with the military healthcare system, the CAF has increased their numbers of mental health and well-being resources such as their programs, servers, proviers, etc. (Fikretoglu et al., 2022). The members in the CAF also struggle with the presence of structural barriers within their occupational systems when considering help-seeking (Fikretoglu et al., 2022). CAF members have fears pertaining to the confidentiality pertaining to their medical records if they proceed to use mental health or well-being resources (Fikretoglu et al., 2022). The implication that the chain of command could find out one of their members has seeked help is terrifying due to its possible effects of a members operating to deploy and other negative carrefour implications (Fikretoglu et al., 2022). Based on Statistics Canada’s survey (2013), approximately a third of the responses from the CFMHS indicated that they had worries about its negative effects on their career.

# **Resilience**

The concept of resilience is essentially the ‘bouncing back’ effect, where an individual uses their resourcefulness to act as an aid in response to stressors of problems they may face (Pooley, 2010). The problem with this is that due to the presence of stigma it can act as a deterrence due its negative implications within an individual's mentality (Shih, 2004). Stigma is viewed as a chronic stressor within the life of an individual, but resilience can be used as a coping mechanism to combat the emergence of added stressors (Shih, 2004). Based on the literature review conducted by Crowe et al. (2016) with regards to the relationship between resilience and stigma, they concluded that two important themes that emerged from their analysis were that “resilience helps decrease stigma, and stigma decreases resilience” (p. 66). They further elaborated on the idea that “stigma leads to decreased help seeking and decreased resilience, help seeking leads to stigma and lowered resilience, and help seeking leads to increased resilience and decreased stigma”(Crowe et al., 2016, p. 63). It is not resilience that lowered stigma but a stigma intervention program that lowered stigma and raised resilience. The ability resilience has to combat stigma is further emphasized in the meta-analysis by Szeto et al. (2013). Szeto et al. (2013) used the mental health promotion and mental illness stigma reduction program called The Inquiring Mind (TIM) as a measure for the effects of reliance on decreasing attitudes of stigma. This study received a positive yield for stigma and resilience as the stigma reduction program effectively lowered stigma and raised resilience (Szeto et al., 2016).

# Canadian Military Colleges

RMC is a military university that shapes its students into becoming commissioned officers in the Canadian Armed Forces (CAF; RMC, 2023). RMC is an institution where the students are full time service members being paid a salary while obtaining a post-secondary education (Government of Canada, 2023). Prior to entry into the military and RMC, OCdts/NCdts are screened to determine their physical and mental fitness before joining. The demands of this type of institution are more rigorous and straining as the institution requires more from the students, as such they require all students to pass all four pillars (Government of Canada, 2021). The four pillars include academics, bilingualism, military leadership and physical fitness (Government of Canada, 2021). The academic pillar requires that all students pass their academic program (Government of Canada, 2024). The bilingualism pillar requires the students to achieve a second language profile of BBB or better (Government of Canada, 2022). The military leadership pillar requires the students to maintain a satisfactory level of performance during their postsecondary education, this includes good conduct, attitude, class attendance, followership, teamwork, etc. (Government of Canada, 2017). Also within the military pillar, each student must have a position of responsibility. RMC has a student run leadership structure called the ‘barslate’ to prepare them to become future officers in the military, these positions typically occur during their third or fourth year at the university. With this appointment of positional authority, all positions are required to take part in a week long orientation during the beginning of the fall semester and a two day orientation program in the winter semester to better their understanding of how to be a leader and the resources available; as an aspect of this being the understanding of mental health and well-being resources available to the students of RMC. These results show that students in higher academic years know more about the resources available for the students at RMC because of these barslate orientation workshops. The physical fitness pillar consists of passing a physical performance test consisting of 5 events every semester (Government of Canada, 2018). Due to all the added stressors and activities, the students of RMC are more susceptible to the presence of mental health issues. CMCs are leading their students into critical occupations where they are placing their lives at risk after the completion of the ROTP. The environmental scan by Wood & Chérif (2022) looks at the current resilience education programs using 21 Ontario university internal websites to identity the publications and outlets pertaining to the resilience program, based on their analysis they made the recommendation that the resilience curriculum should be mandatory for the CMC students due to its ability to inform and guide the decision of cadets of CMCs pertaining to their mental health and well-being. The implementation of resilience programs are known to be associated with many adaptive outcries such as “ increased self-efficacy, cognitive control, and self-awareness, academic achievement, in addition to reduced stress, goal attainment, and workplace productivity” (Wood & Chérif, 2022, p. 35). When a stressful environment such as civilian university present barriers to using mental health services such as just the idea of deeming it unnecessary, with the added stressors of being in a CMCs has the possibility to increase the likelihood of not using these resources due to the limited amount of time a CMC student has. CMC students have filled schedules due to their contract requirements of passing all four pillars within their school. The need to succeed in all four pillars adds an extra strain in a cadet's life.

# The Present Study

Chang et al. (2021) resources conducted an environmental scan of the resources available in over 135 Canadian public post-secondary institutions. Their summary provides a wide variety of programs that fall under a number of different umbrellas. For example, wellness services, support organization, training programs, communication networks and information resources were all identified as being common across Canadian post-secondary institutions. Wellness services include the following types of offerings: clinical/counseling services, disability services, long-term support programs, and referral to off-campus support (Chang et al., 2021). Support organizations included the following general categories: Aboriginal student support, first-year support, gender/sexual minority support, international students support, peer support, and sexual assault support (Chang et al., 2021). Traiing programs identified in their scan included: mental health first aid/literacy, mental health workshops, supportive listening and suicide prevention (Chang et al., 2021). The communication networks common in university settings typically include crisis telephone lines and online support (Chang et al., 2021). The information resources given to university students are the following: mental wellness materials in school applications, mental wellness toolkits, online information packages, and online learning about mental health and well-being options (Chang et al., 2021).

Given that RMC was not part of the environmental scan conducted by Chang et al (2021), the purpose of this study will be threefold. First, I will conduct an environmental scan of the knowledge of the well-being resources offered to the cadets at RMC. Second, I will assess students' familiarity with the resources identified in the environmental scan. Finally, I will examine the role that stigma and views toward help seeking play in students' familiarity with and use of the well-being resources at RMC.

Previous environmental scans have shown that the resources provided in most post-secondary institutions are heavily influenced by the size of its population (Chang et al., 2021; Mazade et al., 2000). It is anticipated that RMC will have many similar resources provided as the environmental scan conducted by Chang et al. (2021), however, a major difference expected is in the availability of disability-related resources. Universality of Service ensures that individuals with disabilities are unable to serve in the CAF. As a result, RMC students are expected to be more mentally and physically fit than individuals attending civilian post-secondary institutions. This leads to my first hypothesis:

H1: RMC will have similarities to other post secondary institutions in terms of the mental health and well-being resources available to students, however there will be fewer disability-related resources.

The second part of my study will answer the following question, do RMC N/OCdts know the well being resources available to them? To evaluate this question, I will first ask RMC participants to name the well-being resources they can bring to mind at RMC. Then, I will ask them to rate their familiarity with and use of the resources I uncovered in my environmental scan. This research question aims to explore the adequacy of existing well-being resources available to RMC students.

RMC provides specific training that leads to the emphasis of the resources that are available to the students. During the beginning of every semester, all students that have positions within the leadership structure of the school have a mandatory orientation briefing them about all the resources available to all the students at the school as they act as leaders within the school to help facilitate proper direction into the proper hands. Even if a student does not have a leadership position, every single student is still briefed on the mental health and well-being resources provided at school during the professional development (PD) time given to all students. If a student has missed all of this training, mental health information pamphlets are scattered throughout the school and campus and are given through an online format to each student.

H2a: Students at RMC are expected to be familiar with the resources identified in the environmental scan due to their annual orientation periods before each term.

As students spend more time studying at the college their knowledge of the resources provided to them increases. However, as there are two different military colleges in Canada, one in Kingston, ON and the other in St. Jean-sur-Richelieu, QC there is a difference in the resources provided, thus, information will differ. The integration into RMC Kingston after a francophone student's two years of CÉGEP or an anglophone sent to spend their first year at St. Jean-sur-Richelieu places them into the same boat as a RMC Kingston first year with their knowledge of the resources provided to them. For this study first and second years are combined into one category and third and fourth years are combined into another. Based on this information, I anticipate that first and second years will know less about mental health and well-being resources due to their limited time at the college, however third and fourth years should know more about the resources due to their greater time in the college and the emergence of having a leadership position due to their higher levels of exposure to the military pillar and leadership roles in the cadet chain of responsibility.

H2b: Students in higher academic years should report more familiarity with RMC resources due to more exposure over time.

The third research question aims to examine potential reasons why RMC students may not use resources provided to them by examining the prevalence of stigma and students’ attitudes towards help seeking.

Self-stigma or personal stigma is present within the college due to many different factors. Eisenberg et al. (2009) found personal stigma was higher among students with any of the following characteristics: male, younger, Asian, international, more religious, or from a poor family; and personal stigma was significantly and negatively associated with measures of help seeking (perceived need and use of psychotropic medication, therapy, and nonclinical sources of support), whereas perceived stigma was not significantly associated with help seeking.” (p. 522). This information further emphasized that being a minority increased the negative association with seeking help, which can make it harder for a student in RMC to get the help they need. Lally et al. (2013) produced the cross sectional result that “Personal stigma was significantly associated with a decreased likelihood of future help-seeking intention (odds ratio (OR) = 1.44, *p* = 0.043). Being younger than 25, having no history of or treatment for mental illness and having no personal contact with someone with a history of mental illness were all associated with higher personal stigma levels” (p. 235). The many factors presented will make it harder for a student at RMC experiencing self-stigma to have high levels of help seeking intentions.

H3: Self-stigma will be associated with lower levels of help seeking intentions in RMC students.

Based on Statistics Canada’s survey in 2012, they inferred that 10% of CAF members did not seek help due to the report that “did not know how or where to get this kind of help” (Statistics Canada, 2013). Help-seeking is already a struggle to induce the use of mental-health and well-being resources, however the added difficulty of barriers of within the organizational level based on the proper distribution of the resources provided can leave to having less knowledge about resources actually available to the CAF member (Fikretoglu et al., 2022).

H4a: Individuals who report lower help seeking intentions will be less familiar with well-being resources at RMC.

Help-seeking intentions are based on an individual's ability to go past the difficulties of factors such as structural barriers, beliefs, values, etc. (Hinton et al., 2021). Based on the study by Hinton et al. (2021) regardless if an individual knows that they require mental health or well-being resources, if their help-seeking capabilities are not high they will not access the mental health and well-being resources they require (Hinton et al., 2021). This implication then results in members not accessing the resources, which will then in turn have less frequency in the use of well-being resources (Hinton et al., 2021).

H4b: Individuals who report lower help seeking intentions will report less frequency of engagement with well-being resources at RMC.

The environmental scan will align with the research done by Jaworska et al. (2016) and also identify which barriers are present and if they align with the commonly identified barriers such as stigma, lack of awareness, etc. (Dunley & Papadopoulos, 2019).

Gaps in the existing literature that this study seeks to address pertains to specific statistics of CMCs. CMCs are different from civilian universities and just military in general as it is a combination of the two different environments. Based on the specialization of this military school environment it processes to have a superficial population that has not been tested on their familiarity and utilization of the college specific mental health and well-being resources. But closing this gap will overall contribute to the advancement of knowledge in the field of mental health resource utilization among RMC students.

Method

# Participants

Ethical approval for this study was given by the RMC Research Ethics Board and all participants were provided with a written informed consent before starting the survey, and indicated they understood their involvement in the study. All the participants were in the Regular Officer Training Plan (ROTP), all other programs were excluded from this study. ROTP participants were selected as they are required to live on the RMC campus and are full time students fully immersed in the RMC community, thus the major targets and users of well-being resources at RMC. In total 120 individuals opened the English survey link and 8 individuals opened the French survey link. Three English participants were removed from the data set because they did not consent to the survey, an additional thirty-six English and 2 French responses were removed because the participants did not complete any of the questions. The final dataset consisted of 87 participants: 46 identified as male (52.9%), 35 as female (40.2%) and 6 identified as non-binary/non-conforming, transgender or as a gender not listed (6.8%). Their first official language was English (77%) or French (23%). The age range was from 18 and under (*n*=6), 19 (*n*=15), 20 (*n*=23), 21 (*n*=29), 22 (*n*=9), 23 and older (*n*=7). Their mean age was 20 years old and the standard deviation was 1.50. There were 13 first years (14.9%), 20 second years (23%), 24 third years (27.6%), and 30 fourth years (34.5%). This information is further displayed in Table 1.

# Measures

All validated scales had cronbach's alphas above (.75), all alphas are in table 2 on the diagonal.

*Knowledge of Available Mental Health and Resilience Resources*

We created a question to determine participants' knowledge of available mental health and well-being resources at RMC. Participants were asked to write down ALL well-being and mental health resources they were aware of for RMC students. Five text entry boxes were available for individuals to generate a list of resources.

*Familiarity with Resources Available at RMC*

Based on the environmental scan described above, we sought to determine participants’ familiarity with 8 resources available at RMC, this information is in Annex C. Participants were asked to rate their familiarity with each resource identified in the scan on a scale ranging from “not at all familiar” to “extremely familiar”. All resources were collapsed into an index. Higher scores indicated higher levels of familiarity.

*Frequency Use of Resources Available at RMC*

Using the same list of resources, participants were asked to rate the frequency with which they engaged with the specified well-being and mental health resources. By indicating how often they had engaged with each resource listed. The response scales for this questionnaire ranged from “have never engaged” to “engage daily”. All resources were collapsed into an index. Higher scores indicated higher frequency of engagement.

*Resilience*

The Resilience questionnaire (Smith et al., 2008) is a 6-item self-report instrument that assesses an individual’s mental resilience when placed in adverse events. A sample item is, “I have a hard time making it through stressful events”. All statements were rated on a scale of 1 = “Strongly Disagree” to 5 = "Strongly Agree”. This questionnaire is designed to gauge the capacity at which an individual stays resilient during times of stress or setbacks. Higher scores indicate higher levels of self-reported resilience.

*General Help-Seeking Questionnaire (GHSQ)*

The GHSQ (Wilson et al., 2005) is a 9-item self-report instrument that assesses an individual's likelihood in reaching out for help from different sources when different problems arise. A sample item is “What is the likelihood you will seek help from a phone helpline (e.g. Lifeline)?”. The response scale for this questionnaire ranged from 1= “Extremely Unlikely” to 7 = Extremely Likely”. This questionnaire is designed to gauge the individual's help-seeking behaviors from different sources. Higher scores reflect a higher likelihood of seeking help.

*Predicting Attitudes Towards Seeking Professional Help*

The Predicting Attitudes Towards Seeking Professional Help (Vogel et al., 2006) is a 10-item self-report instrument that assesses self-stigma toward seeking professional help. An example item is “I would feel worse about myself if I could not solve my own problems”. We used a modified version of the Predicting Attitudes Towards Seeking Professional Help 7-item scale to a 5-item scale. The original scale was 1 = “Extremely Unlikely”, 3 = “Unlikely”, 5 = “Likely”, and 7 = “Extremely Likely”. The new scale was rated on the scale of 1=“Strongly Disagree” to 5=“Strongly Agree”. Higher scores mean higher levels of self-stigma.

# Procedure

Ethical approval was obtained from the RMC Research Ethics Board (see Annex A), and the survey was administered using the Survey Monkey online platform. All participants were recruited via e-mail distribution towards the student master list at RMC (see Annex B). Participation of this study was voluntary, participants were notified that they could end their participation at any time by closing the web browser. There was no deception used in this study and all directions were standardized (see Annex C). The questionnaire took approximately 20 mins to complete. At the end of the questionnaire all participants were briefed on the purpose of the study (see Annex D). There was no reward provided to the participants. Participants were given post-study resources they could consult if they experienced any distress related to the survey (see Annex E).

Results

The data from the English and French surveys were combined into one dataset and analyzed together.

**H1: Similarity of RMC Resources to Other Institutions**

H1 was supported, RMC shares similarities with other post secondary institutions in terms of mental health and well-being resources available to students. Resources that are similar between RMC and other Canadian post-secondary institutions include are clinical/counseling services, referral to off-campus support, peer support, supportive listening, suicide prevention, crisis telephone line, and online information package (Chang et al., 2021). RMC similarities to the resources listed by Chang et al. (2021) are clinical/counselling services fall under CDU 1, off-campus support refers to the CFMAP, peer support refers to sentinels and Resilience+, and crisis telephone line refers to the chaplain services. RMC has many different resources available for their students that align with many of the resources available at other civilian universities, however in comparisons to the study by Chang et al. (2021) the most evident differences point to a lack of resources aimed at marginalized groups such as persons with disabilities and individuals from visible minority groups, and support to international students (RMC has only exchange students). The scale used to survey students’ familiarity can be found in Annex A.

**H2a: Familiarity with Resources due to Orientation**

H2a was supported, as evidenced by the high level of familiarity of RMC students with mental health resources, across all academic years. Across all academic years the (*M* = 3.34, SD = 0.78) thus on the scale it was in between “Neither Familiar nor unfamiliar” and “Somewhat familiar”.

**H2b: Increase in Familiarity with Academic Year**

H2b ws supported as students in higher academic years reported more familiarity with RMC resources due to more exposure over time. An independent samples t-test showed that students in first and second year had significantly lower familiarity with RMC resources (*M* = 3.04, SD = .74) than students in third and fourth years (*M*=3.52, *SD* = 0.75); t (85) = -2.91, p = 0.002.

**H3: Association between Self-Stigma and Help Seeking Intentions**

H3 was supported, self-stigma was positively associated with lower levels of help seeking intentions in RMC students *R2* = .143, *F*(1, 78) = 12.97, *p* = .001.

**H4a: Relationship between Help-Seeking Intentions and Familiarity with Resources**

H4a was supported, individuals who report lower help seeking intentions were less familiar with well-being resources at RMC, *R2* = .047, *F*(1, 80) = 3.96, *p* = .05.

**H4b: Relationship between Help-Seeking Intentions and Frequency of Resources Engagement**

H4b was not supported, there was a non-significant relationship between help seeking intentions and frequency of engagement with well-being resources at RMC, *R2* = .000, *F*(1, 80) = .013, *p* = .91.

**Exploratory Hypothesis: Resilience and Stigma Prediction**

Resilience is the ability to act in a ‘bouncing back’ effect when problems arise (Pooley, 2010). However, stigma acts as a negativity factor as it can negatively affect how an individual thinks (Shih, 2004). The study by Crowe et al. (2016) concluded the following about resilience and stigma “resilience helps decrease stigma, and stigma decreases resilience” (p. 66). The presence of stigma is associated with less help seeking intentions and decreased resilience (Crowe et al., 2016).

Exploratory Hypothesis: Resilience will be negatively associated with self stigma.

This study examined the following exploratory hypothesis, that resilience would be negatively associated with self-stigma. This exploratory hypothesis was not supported, resilience did not significantly predict stigma, b = -.13, *t*(87) = 7.07, *p* < .353. In general, the study’s hypotheses were supported; familiarity with resources was related to self-stigma and help-seeking intentions. However, the hypotheses regarding the frequency of engagement with available resources in relation to help-seeking intentions was not supported. Additionally, the exploratory hypothesis on the predictive relationship between resilience and stigma did not yield significant results.

Discussion

This environmental scan of well being resources available at RMC aimed to understand the mental health and well-being resources available at RMC. In general, RMC has many similar mental health and well-being resources as compared with the over 135 Canadian public post-secondary institutions surveyed by Chang et al. (2021). However, there was a lack of speciality resources for marginalized groups such as visible minorities and persons with disabilities. Pertaining to a lack of disability support resources, it is likely that Universality of Service requirements (discussed previously) play a large role. There is a low expected prevalence of disabilities at RMC. Nonetheless, CDU 1 does treat students who disclose disabilities that were not evaluated during the enrolment medical or that emerge after enrolment. CDU 1 also commences the process for medical release if individuals cannot meet universality of service.

RMC also does not have certain specialized programs that many other universities have such as first-year transition support and international student support. However, they do have a specific education training plan for indigenous students, academic support for all students provided by the success center, gender/sexual minorities support such as the AGORA program offered by CFB Kingston, and for sexual assault support the CAF offers Sexual Misconduct Support and Resource Centre (SMRC).

Once the environmental scan was completed, students’ familiarity and utilization of these resources were examined. Participants’ knowledge of mental health resources was related to their academic year, more familiarity with available resources as individuals entered higher years at RMC. This is likely because as students spend more time at RMC, they participate in many professional development (PD) activities such as workshops and presentations which are likely to enhance their knowledge of resources available at the school.

An examination of the potential barriers that hinder the utilisation of mental health and well-being resources available revealed that both self-stigma and low intentions toward help-seeking both represent barriers that may inhibit students from being familiar with and accessing mental health and well-being resources (Marsh & Wilcoxon, 2015). Furthermore, lower help-seeking intentions are positively correlated to less familiarity with well-being and mental health resources at RMC. Contrary to my hypothesis, participants who reported lower help-seeking intentions did not report less frequency with the utilization of well-being and mental health resources at RMC. Also contrary to my exploratory hypothesis, resilience was not related to evaluations of self-stigma. This result might occur due to the low power with a sample of only 87 people. The validity of this survey are issues with the results reliability.

For this study, first and second years were grouped into one category due to the fact that there are two military colleges in Canada, one in Kingston, Ontario and one in St. Jean-sur- Richelieu, Quebec. After an anglophone’s first year at the military college in St. Jean-sur-Richelieu, depending on their program, they are transferred to Kington to complete the final three years of their programs. For a francophone, after the completion of their two year Collège d'enseignement General et Professionnel (CEGEP) depending on their program they will be transferred to Kingston as well. This results in the limited knowledge of the resources available at RMC Kingston as it differs from the mental health and well-being resources available at RMC St. Jean-sur-Richelieu. As knowledge about the mental health and well-being resources are presented throughout most of the school, a barrier with the utilization of the resources was self-stigma. Based on the results of this survey self-stigma was positively associated with lower levels of help seeking intentions. Based on the previous study by Eisenberg et al., (2007) even though services are available, due to specific factors such as stigma hindered the utilization of services. A study by Lally et al. (2013) further agreed with these findings as the stigma experienced by a person is positively associated with the decreased likelihood of the intentions of help-seeking. The internalization of negative stereotypes is defined as self-stigma that students experience (Pattyn et al., 2014; Pescosolido & Martin, 2015). This is a significant predictor of an individual’s resistance to accessing mental health and well-being services (Marsh & Wilcox, 2015); thus they will result in less help seeking intentions just like the results displayed in this study.

This study presented the results that lower help-seeking intentions are positively correlated to less familiarity with well-being and mental health resources at RMC. An added barrier when seeking help is the knowledge of the mental health and well-being resources provided. Eisenberg et al. (2007) presented many barriers when help-seeking, a specific barrier is student or user awareness of the services provided. The study by Karam (2019) further backed this claim as the standard of proper distribution of mental health and well-being resource information is inadequate and can further add to the decreased knowledge of services available. This can heavily affect the utilization of the services by people who are already reporting low help-seeking abilities. If the resources are not readily accessible it adds another barrier to the person who already does not usually seek help. Based on the survey results of the 2012 Statistics Canada survey, 10% of CAF members did not seek the help they needed due to their lack of knowledge regarding the resources and services (Statistics Canada, 2013). However, an added factor could be the lack of desire to actually access the services provided.

The hypothesis regarding individuals who reported lower help-seeking intentions would report less utilization of well-being and mental health resources at RMC was not supported in the study. It is possible that students prefer reaching out to their formal leaders in the TW or barslate rather than access formal resources. This study examined the exploratory hypothesis that higher levels of resilience will predict lower levels of self-stigma, however, this was not supported. Hernandez et al. (2016) found the relationship between resilience and stigma was weak. Resilience may be better conceptualized as a coping mechanism towards specific stressors within an individual's life rather than a factor that reduces stigma (Hernandez et al., 2016). Chi et al. (2016) concluded that perceived stigma was able to predict levels of resilience, however the reverse was not true; resilience could not predict levels of stigma.

# Limitations

This study is based on self-report, cross-sectional data. This study was based on a convenience sample of interested students, individuals who did not respond to the study may have differed in some way from the individuals who chose to participate. This study examined help-seeking behaviours; some participants might under-report their own levels of stigma or the feelings of embarrassment when disclosing personal/private details. The gender proportionality of this study does not reflect the ratio of men and women at RMC. This survey had approximately 40% women and 60% men. However, at RMC, women make up approximately 23% of the population (Arbour, 2022). The generalizability of this study is limited in its proportionality towards the RMC population while also being provided a small sample size. These limitations overall hinder the study’s generalizability to other units of the CAF.

# Future Research

This study examined the impact of self-stigma on help seeking intentions and familiarity and use of resources at RMC. Future research could examine if public stigma is more relevant than self-stigma in military institutions. Public stigma is defined as “”. Arguably, at RMC, the student population of norms thas a significant impact on the mental health and well-being choices made by individual students. Creating an environment where public stigma is minimized could allow individuals who need help the comfort of knowing that accessing resources is normal and encouraged at RMC. Stigma is worse in the masculine culture of the CAF. Having social support can help individuals cope with mental health issues and life stressors (Hefnet & Eisenberg, 2009). Perceived stigma was more prevalent in students who had no other family member who had previously used mental health resources (Golberstein et al., 2008). To reduce the negative stigma towards mental health, there needs to be a reformatting of individuals' perception and understanding about mental health and reduce the negative connotations associated with asking and receiving mental help (Barney et al., 2009). Not only should the reformatting of stigma should occur, but also overall reduce the sense of fear and judgment associated with conversing and helping a person experiencing mental health illnesses (Becker et al., 2002). Future research should analyze the presence of perceived stigma and how it is created within the military context, specifically within the RMC culture and environment.

Further investigation pertaining to the impact stigma has on help-seeking within a military population is needed as this study had a limited population, that was only specific to a military college. This limited its ability to get an accurate representation of the general ideas and results needed to have an accurate representation based on the population. Stigma is highly prevalent in the military thus its need to be further research is needed. Barney et al. (2009) evaluated the stigma associated with depression and the interventions that can be established to change the perceptions of mental health. They found that the interventions put into place to help reduce the stigma of depression should specifically “target attributions of blame; reduce avoidance of depressed people; label depression as a 'health condition' rather than 'mental illness'; and improve responses of help-sources (i.e. via informing professionals of client fears)” (Barney et al., 2009, p. 1).

Conclusion

This study is expected to be beneficial to the military and post-secondary community as it provides an environmental scan that is new and novel. This can overall, pinpoint with greater accuracy RMC students knowledge and utilization of the resources available to them. Mental health and well-being resources can act as materials and services that can help improve functioning. The expected outcomes of this study will be that the comprehension of well-being resources provided for the students will not be well known thus students will not ask or use well-being resources provided to them. Another outcome that can arise from this study is that the students that do know about the well-being resources provided do not use them due to reasons such as self-stigma. This research further contributes to the limited knowledge of the stigma and barriers placed within students' lives when enrolled in a military college. Its relevance to the broader academic and practical implications of research regarding the military and mental health issues by providing statistics based on a population will further act as the basis of future research regarding the military colleges. This study will also act as a way for RMC to better understand their students and their utilization of mental health resources.

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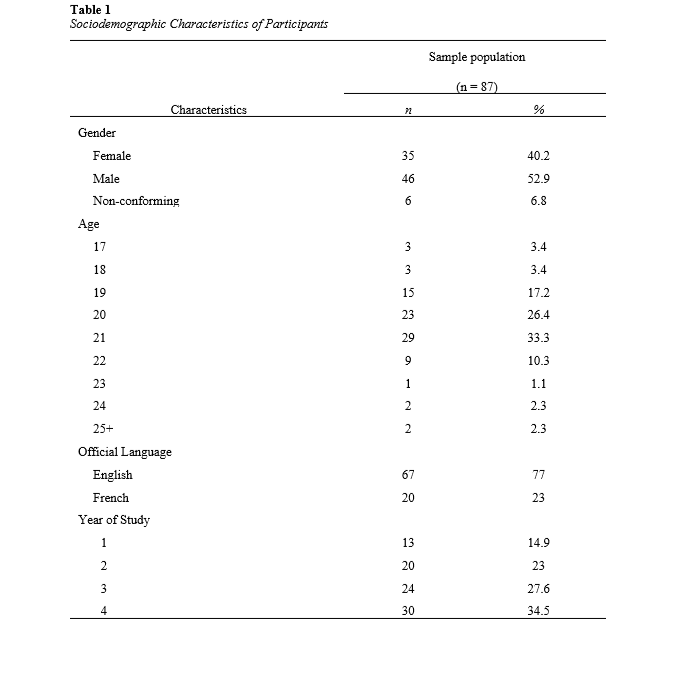
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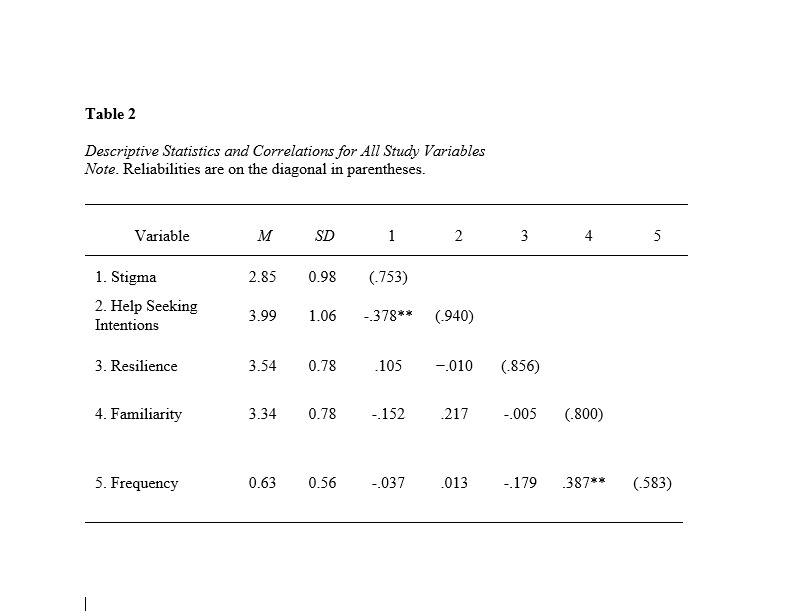
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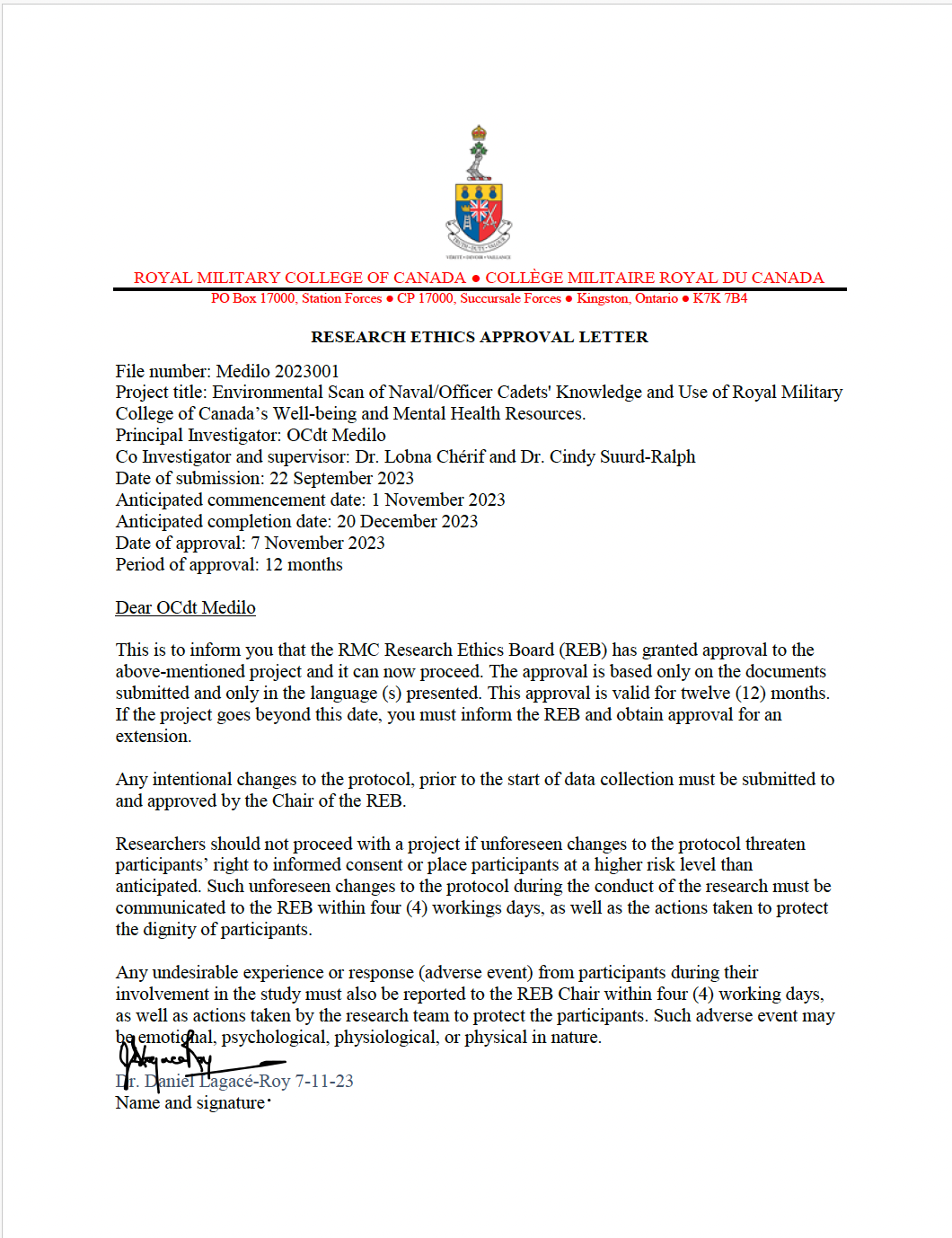
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Annexes

# Annex A: Ethics Approval

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# Annex B: Email to Students English and French

**English Version**

Email

Good day,

All ROTP cadets are invited to participate in an online research study. This is entirely voluntary and should not take more than 20 minutes to complete.

As a participant, you will be asked to respond to a series of questions about yourself. The purpose of this research is to examine your knowledge of well-being and mental health resources available on RMC campus.

The survey is available in either English or French and the data collected is completely anonymous. The researchers will not know who participated.

The research is being conducted by myself, OCdt Cecilia Medilo for my undergraduate thesis project under the supervision of Dr. Lobna Chérif and Dr. Cindy Suurd Ralph of the Department of Military Psychology and Leadership. Should you have any questions or concerns about the ethical nature of this study, please contact the Chair of the Research Ethics Board for undergraduate students – Dr. Daniel Lagacé-Roy (Daniel.Lagace-Roy@rmc.ca).

You may participate in the study to any extent. If you do not feel comfortable answering certain questions you are free to withdraw your participation entirely. Withdrawing or not participating in the study will have no consequences to you. If you choose to withdraw, your data will not be used in the analysis.

If you are interested in taking part in this study, click on the link below. The link will take you directly to the survey. Please note that data collection will be closed on 12-20-2023.

<https://www.surveymonkey.com/r/xxxxx>

Please do not hesitate to reply directly to this email with any questions or concerns you may have.

Thank you in advance for your participation.

OCdt Cecilia Medilo

**Version Français**

Courriel

Bonjour,

Tous les Elofs dans PFOR sont invités à participer à une étude en ligne. Cette participation est entièrement volontaire et ne devrait pas prendre plus de 20 minutes.

En tant que participant, vous devrez répondre à une série de questions vous concernant. L'objectif de cette recherche est d'examiner votre connaissance des ressources bien-être et santé mentale disponibles sur le campus du CMR.

L'enquête est disponible en anglais ou en français et les données recueillies sont totalement anonymes. Les chercheurs ne sauront pas qui a participé.

La recherche est menée par moi-même, Elof Cecilia Medilo, dans le cadre de mon projet de thèse de premier cycle sous la supervision du Mme Lobna Chérif et du Mme Cindy Suurd Ralph du Département de psychologie militaire et de leadership. Si vous avez des questions ou des préoccupations concernant la nature éthique de cette étude, veuillez contacter le président du Comité d'éthique de la recherche pour les étudiants non-gradués, M. Daniel Lagacé-Roy (Daniel.Lagace-Roy@rmc.ca).

Vous pouvez participer à l'étude dans n'importe quelle mesure. Si vous ne vous sentez pas à l'aise pour répondre à certaines questions, vous êtes libre de retirer votre participation. Le fait de vous retirer ou de ne pas participer à l'étude n'aura aucune conséquence pour vous. Si vous choisissez de vous retirer, vos données ne seront pas utilisées dans l'analyse.

Si vous souhaitez participer à cette étude, cliquez sur le lien ci-dessous. Le lien vous mènera directement à l'enquête. Veuillez noter que la collecte des données sera terminera le 20 décembre 2023.

<https://www.surveymonkey.com/r/xxxxx>

N'hésitez pas à répondre directement à ce courriel si vous avez des questions ou des préoccupations.

Nous vous remercions d'avance pour votre participation.

Elof Cecilia Medilo

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# Annex C: Letter of Information/Consent English and French

Letter of information/consent

The purpose of this study is to examine the knowledge of the N/OCdts of well-being and mental health resources available on RMC campus.

You will be asked to answer several questions regarding your knowledge about well-being and mental health resources.

The study will take approximately 20 minutes of your time. You will not be compensated for participating.

OCdt Cecilia Medilo is conducting this study under the supervision of Dr. Lobna Chérif and Dr. Cindy Suurd Ralph of the Military Psychology and Leadership Department at the Royal Military College of Canada.

You are free to participate to the extent that you feel comfortable (you may complete all or some of the questions). You may withdraw from participation at any time by exiting the survey. Should you withdraw, your data may not be used in the analyses.

Strict guidelines will be followed to protect your privacy. The study is completely anonymous, and the researchers will not be able to identify who has completed the study. All data is stored using SSL encryption. Only group data will be reported. All raw data will be destroyed within five years from when the study is published. Only the researchers mentioned in this letter of information, along with the thesis supervisors, will have access to the data.

There are no known risks involved in participating in this research. We hope this research will benefit the Royal Military College and the Canadian Armed Forces. This research project has received ethical approval by the Royal Military College Research Ethics Board (REB 2023001). If you have concerns about the ethical nature of this study or about your rights as a participant, please contact the president of the undergraduate studies research ethics board, Dr. Daniel Lagacé-Roy (daniel.lagace-roy@rmc.ca).

Questions regarding this study should be addressed to OCdt Cecilia Medilo (s29872@rmc-cmr.ca), Dr Lobna Chérif (lobna.cherif@rmc.ca), or Dr Cindy Suurd Ralph (cindy.suurd-ralph@rmc.ca).

Pressing the “Yes” button (below) will be interpreted as providing consent for participation in this research. It will also be interpreted as indicating that you: understand the procedures, realize that you are not required to participate if you so choose, are free to withdraw from the study at any point in time, and freely consent to participate in this research.

Thank you for your time and consideration.

Do you consent to participate in this study?

<Yes> or <No>

Lettre d'information/de consentement

L'objectif de cette étude est d'examiner la connaissance qu'ont les Elof/Aspm des ressources en bien-être et santé mentale disponibles sur le campus du CMR.

Il vous sera demandé de répondre à plusieurs questions concernant vos connaissances sur les ressources en matière de santé mentale.

L'étude prendra environ 20 minutes de votre temps. Vous ne serez pas rémunéré pour votre participation.

Elof Cecilia Medilo mène cette étude sous la supervision du Mme Lobna Chérif et du Mme Cindy Suurd-Ralph du département de psychologie militaire et de leadership du Collège militaire royal du Canada.

Vous êtes libre de participer dans la mesure où vous vous sentez à l'aise (vous pouvez répondre à toutes les questions ou à certaines d'entre elles). Vous pouvez vous retirer de la participation à tout moment en quittant l'enquête. Si vous vous retirez, vos données ne pourront pas être utilisées dans les analyses.

Des directives strictes seront suivies pour protéger votre vie privée. L'étude est totalement anonyme et les chercheurs ne seront pas en mesure d'identifier les personnes ayant participé à l'étude. Toutes les données sont stockées à l'aide d'un système de cryptage SSL. Seules les données de groupe seront rapportées. Toutes les données brutes seront détruites dans les cinq ans suivant la publication de l'étude. Seuls les chercheurs mentionnés dans cette lettre d'information, ainsi que les directeurs de thèse, auront accès aux données.

La participation à cette recherche ne comporte aucun risque connu. Nous espérons que cette recherche profitera au Collège militaire royal et aux Forces armées canadiennes. Ce projet de recherche a reçu l'approbation éthique du Comité d'éthique de la recherche du Collège militaire royal (CER 2023001). Si vous avez des préoccupations concernant la nature éthique de cette étude ou vos droits en tant que participant, veuillez contacter le président du comité d'éthique de la recherche pour les études de premier cycle, le M. Daniel Lagacé-Roy, PhD (daniel.lagace-roy@rmc.ca).

Les questions concernant cette étude doivent être adressées à Elof Cecilia Medilo (s29872@rmc-cmr.ca), au Mme Lobna Chérif (lobna.cherif@rmc.ca) ou au Mme Cindy Suurd-Ralph (cindy.suurd-ralph@rmc.ca).

Le fait d'appuyer sur le bouton "Oui" (ci-dessous) sera interprété comme un consentement à la participation à cette recherche. Il sera également interprété comme indiquant que vous comprenez les procédures, que vous êtes conscient que vous n'êtes pas obligé de participer si vous le souhaitez, que vous êtes libre de vous retirer de l'étude à tout moment et que vous consentez librement à participer à cette recherche.

Nous vous remercions de votre temps et de votre attention.

Consentez-vous à participer à cette étude ?

<Oui ou Non>

# Annex C: Questionnaire English and French

**Demographics**

**Instructions:** The following questions ask you to provide information that is important for researchers to use when analyzing the data from this survey. You can be assured that no one will attempt to identify you from the information you provide in this section. Data will only be reported as group data, not as individual responses. For each statement please indicate the appropriate response.

Age \_\_\_\_\_\_\_\_\_

Gender

* Male
* Female
* Non-binary / non-conforming
* Transgender
* Not listed

Current Level of education (Year)

* 1ST YEAR
* 2ND YEAR
* 3RD YEAR
* 4TH YEAR
* OTHER

First Official Language?

* English
* French

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Knowledge of Available Mental Health and Resilience Resources**

**Instructions:** Fill in the blank box: Please write down which mental health resources you are aware of from your time at RMC. Please be advised that some of the questions may trigger discomfort, however if that happens there are resources available and are listed at the bottom of each page.

**Familiarity with Resources Available at RMC**

**Instructions:** Below are a list of mental health and resilience resources currently available to Naval and Officer Cdts at the Royal Military College in Kingston. A brief description of each resource is provided. Please indicate your answer using the following rating scale:

1 = Not at all familiar

2 = Somewhat unfamiliar

3 = Neither Familiar nor unfamiliar

4 = Somewhat familiar

5 = Extremely Familiar

|  | 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- | --- |
| **Resilience Plus Program**  The Resilience Plus program is a unique, evidence-based, bilingual program that aims to educate and inspire psychologically healthy individuals to build their resilience, strengths of character, mindfulness, and well-being. It is offered to all Naval/Officer Cadets (N/OCdt) at the Royal Military College of Canada (RMC) and RMC Saint-Jean, with a curriculum grounded in Equity, Diversity, and Inclusion principles and strives to develop a thriving and resilient community of students at CMCs and to develop the key Character Strengths of future Canadian Armed Forces (CAF) leaders that enable them to develop these critical skills.  <https://www.rmc-cmr.ca/en/college-commandants-office/resilience-plus> | O | O | O | O | O |
| **Road to Mental Readiness (R2MR)**  The Road to Mental Readiness (R2MR) is a performance and mental health training and education program developed by the Canadian Forces Health Services Directorate of Mental Health to improve well-being and short-term performance, while mitigating any negative long-term mental health problems for CAF personnel and their families.  [https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html#](https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html%23) | O | O | O | O | O |
| **RMC Officer of the Day and Training Wing Duty Officer (TWDO)**  The Officer of the Day (OOD) and Training Wing Duty Officer (TWDO) are the Duty Watch members who represent the RMC Commandant during silent hours. These Officers/Senior NCOs must be prepared and ready to become engaged in many scenarios including emergency situations at the College around the clock, and especially during silent hours within Kingston. | O | O | O | O | O |
| **RMC Mental Health Service Centre (CDU1/CDU2/RMC Det)**  Once triaged by the Care Delivery Unit (CDU), clinicians (e.g., Physicians, Physician Assistants, Nurse Practitioners)can refer cadets to mental health professionals includingsocial workers, psychiatrists, and psychologists, and . | O | O | O | O | O |
| **Canadian Forces Member Assistance Program (CFMAP)**  CFMAP is a 24-hour, 1-800 bilingual telephone service, available 365 days a year to Regular Force members and their immediate family members, spouse, partner and dependent children of the member.  You can access a professional counsellor by telephone from anywhere at any time. An appointment will be arranged within a maximum of 48 hours. Short and long term counselling options are available and are free of charge.  <https://www.canada.ca/en/department-national-defence/programs/member-assistance.html> | O | O | O | O | O |
| **Chaplain Services**  The RMC Chaplain Team offers spiritual, religious and pastoral care to all CAF members and their immediate family, who are posted to, attending, or working at RMC.  We are an experienced, collaborative, multi-faith team of military Chaplains.  <https://www.rmc-cmr.ca/en/training-wing/chaplain-services> | O | O | O | O | O |
| **Strengthening the Forces (Health Promotion)**  The Strengthening the Forces (STF) health promotion program gives Canadian Armed Forces (CAF) members and their families information, skills and tools to promote and improve health and well-being.  STF focuses on 4 main areas:  Addictions awareness and prevention, injury prevention and active living, nutritional wellness and social wellness  Supports and encourages mental fitness including stress management, anger management, suicide awareness and healthy interpersonal communications.  <https://www.canada.ca/en/department-national-defence/programs/strengthening-forces.html> | O | O | O | O | O |
| **Sentinel**  Sentinels represent a peer-support network. Sentinels are not trained councilors or therapists or psychologists; they are not union representatives who should negotiate with the Chain of Command; they are members of your unit who have a few workshops under their belts and would like to help. Their primary job is to represent a safe space for people to discuss their concerns, and provide the help others with the proper resources that they need to help themselves. Most of what they do is try to remind people that they have value, that there are always people who care and are willing to listen, that they always have options, and to help them be directed to other resources. | O | O | O | O | O |

**Frequency Use of Resources Available at RMC**

**Instructions:** Below are a list of mental health and resilience resources currently available to N/OCdts at the Royal Military College in Kingston. A brief description of each resource is provided. Please indicate your answer using the following rating scale, to be engaged means using the resources provided, not being the one to give the resources:

1 = Never Engaged

2 = Engage Yearly

3 = Engage Monthly

4 = Engage Weekly

5 = Engage Daily

|  | 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- | --- |
| **Resilience Plus Program**  The Resilience Plus program is a unique, evidence-based, bilingual program that aims to educate and inspire psychologically healthy individuals to build their resilience, strengths of character, mindfulness, and well-being. It is offered to all Naval/Officer Cadets (N/OCdt) at the Royal Military College of Canada (RMC) and RMC Saint-Jean, with a curriculum grounded in Equity, Diversity, and Inclusion principles and strives to develop a thriving and resilient community of students at CMCs and to develop the key Character Strengths of future Canadian Armed Forces (CAF) leaders that enable them to develop these critical skills.  <https://www.rmc-cmr.ca/en/college-commandants-office/resilience-plus> | O | O | O | O | O |
| **Road to Mental Readiness (R2MR)**  The Road to Mental Readiness (R2MR) is a performance and mental health training and education program developed by the Canadian Forces Health Services Directorate of Mental Health to improve well-being and short-term performance, while mitigating any negative long-term mental health problems for CAF personnel and their families.  [https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html#](https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html%23) | O | O | O | O | O |
| **RMC Officer of the Day and Training Wing Duty Officer (TWDO)**  The Officer of the Day (OOD) and Training Wing Duty Officer (TWDO) are the Duty Watch members who represent the RMC Commandant during silent hours. These Officers/Senior NCOs must be prepared and ready to become engaged in many scenarios including emergency situations at the College around the clock, and especially during silent hours within Kingston. | O | O | O | O | O |
| **RMC Mental Health Service Centre (CDU1/CDU2/RMC Det)**  Once triaged by the Care Delivery Unit (CDU), clinicians (e.g., Physicians, Physician Assistants, Nurse Practitioners)can refer cadets to mental health professionals includingsocial workers, psychiatrists, and psychologists, and . | O | O | O | O | O |
| **Canadian Forces Member Assistance Program (CFMAP)**  CFMAP is a 24-hour, 1-800 bilingual telephone service, available 365 days a year to Regular Force members and their immediate family members, spouse, partner and dependent children of the member.  You can access a professional counsellor by telephone from anywhere at any time. An appointment will be arranged within a maximum of 48 hours. Short and long term counselling options are available and are free of charge.  <https://www.canada.ca/en/department-national-defence/programs/member-assistance.html> | O | O | O | O | O |
| **Chaplain Services**  The RMC Chaplain Team offers spiritual, religious and pastoral care to all CAF members and their immediate family, who are posted to, attending, or working at RMC.  We are an experienced, collaborative, multi-faith team of military Chaplains.  <https://www.rmc-cmr.ca/en/training-wing/chaplain-services> | O | O | O | O | O |
| **Strengthening the Forces (Health Promotion)**  The Strengthening the Forces (STF) health promotion program gives Canadian Armed Forces (CAF) members and their families information, skills and tools to promote and improve health and well-being.  STF focuses on 4 main areas:  Addictions awareness and prevention, injury prevention and active living, nutritional wellness and social wellness  Supports and encourages mental fitness including stress management, anger management, suicide awareness and healthy interpersonal communications.  <https://www.canada.ca/en/department-national-defence/programs/strengthening-forces.html> | O | O | O | O | O |
| **Sentinel**  Sentinels represent a peer-support network. Sentinels are not trained councilors or therapists or psychologists; they are not union representatives who should negotiate with the Chain of Command; they are members of your unit who have a few workshops under their belts and would like to help. Their primary job is to represent a safe space for people to discuss their concerns, and provide the help others with the proper resources that they need to help themselves. Most of what they do is try to remind people that they have value, that there are always people who care and are willing to listen, that they always have options, and to help them be directed to other resources. | O | O | O | O | O |

**Resilience**

**Instructions:** Please rate your level of agreement with the following statements about yourself.

|  | *Strongly disagree* | *Disagree* | *Neutral* | *Agree* | *Strongly agree* |
| --- | --- | --- | --- | --- | --- |
| 1. I tend to bounce back quickly after hard times. | O | O | O | O | O |
| 1. I have a hard time making it through stressful events. | O | O | O | O | O |
| 1. It does not take me long to recover from a stressful event. | O | O | O | O | O |
| 1. It is hard for me to snap back when something bad happens. | O | O | O | O | O |
| 1. I usually come through difficult times with little trouble. | O | O | O | O | O |
| 1. I tend to take a long time to get over set-backs in my life. | O | O | O | O | O |

**General Help-Seeking Questionnaire (GHSQ)**

This study was taken from:

Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring Help-Seeking Intentions: Properties of the General Help-Seeking Questionnaire. *Canadian Journal of Counselling, 39*(1), 15–28.

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

**1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely**

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de’ facto) | O | O | O | O | O | O | O |
| b. Friend (not related to you) | O | O | O | O | O | O | O |
| c. Parent | O | O | O | O | O | O | O |
| d. Other relative/family member | O | O | O | O | O | O | O |
| e. Mental health professional (e.g. psychologist, social worker, counsellor) | O | O | O | O | O | O | O |
| f. Phone helpline (e.g. Lifeline) | O | O | O | O | O | O | O |
| g. Doctor/GP | O | O | O | O | O | O | O |
| h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain) | O | O | O | O | O | O | O |
| i. I would not seek help from anyone | O | O | O | O | O | O | O |
| j. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague) | O | O | O | O | O | O | O |

**Predicting Attitudes Towards Seeking Professional Help**

This study was taken from:

Vogel, D.L., Wade, N., & Haake, S. (2006). Measuring the Self-Stigma Associated With Seeking Psychological Help. *Journal of Counseling Psychology, 53*, 325-337.

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

**1=“Strongly Disagree” to 5=“Strongly Agree”**

|  | 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- | --- |
| 1. I would feel inadequate if I went to a therapist for psychological help. | O | O | O | O | O |
| 2. My self-confidence would NOT be threatened if I sought professional help. | O | O | O | O | O |
| 3. Seeking for psychological help would make me feel less intelligent. | O | O | O | O | O |
| 4. My self-esteem would increase if I talked to a therapist. | O | O | O | O | O |
| 5. My view of myself would not change just because I made the choice to see a therapist. | O | O | O | O | O |
| 6. It would make me feel inferior to ask a therapist for help. | O | O | O | O | O |
| 7. I would feel OK about myself if I made the choice to seek professional help. | O | O | O | O | O |
| 8. If I went to a therapist, I would be less satisfied with myself. | O | O | O | O | O |
| 9. My self-confidence would remain the same if I sought help for a problem I could not solve. | O | O | O | O | O |
| 10. I would feel worse about myself if I could not solve my own problems. | O | O | O | O | O |

Thank you for your participation!

Please direct any questions about this research project to the principal investigator, OCdt Cecilia Medilo at cecilia.medilo@rmc.ca. Any ethical concerns about the study may be directed to Research Ethics Board student research chair – Dr. Daniel Lagacé-Roy (Daniel.Lagace-Roy@rmc.ca).

**Données Démographiques**

**Instructions :** Les questions suivantes vous demandent de fournir des informations importantes pour les chercheurs qui analyseront les données de cette enquête. Soyez assuré(e) que personne ne tentera de vous identifier à partir des informations que vous fournirez dans cette section. Les données ne seront rapportées qu'en tant que données de groupe et non en tant que réponses individuelles. Pour chaque affirmation, veuillez indiquer la réponse appropriée.

Âge \_\_\_\_\_\_\_\_\_

Genre

* Homme
* Femme
* Non-binaire / non-conforme
* Transgenre
* Non répertorié

Niveau d'éducation actuel (année)

* 1ÈRE ANNÉE
* 2EME ANNEE
* 3ÈME ANNÉE
* 4ÈME ANNÉE
* AUTRES

Première langue officielle ?

* Anglais
* Français

Autres \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**‘**

**Connaissance des ressources disponibles en matière de santé mentale et de résilience**

**Instructions :** Remplissez les cases vides : Veuillez indiquer les ressources en matière de santé mentale dont vous avez eu connaissance au cours de votre séjour au CMR. Veuillez noter que certaines questions peuvent provoquer un malaise, mais si cela se produit, des ressources sont disponibles et sont énumérées au bas de chaque page.

**Connaissance des ressources disponibles au CMR**

**Instructions :** Vous trouverez ci-dessous une liste des ressources en matière de santé mentale et de résilience actuellement disponibles pour les élèves officiers et les élèves officiers du Collège militaire royal de Kingston. Une brève description de chaque ressource est fournie. Veuillez indiquer votre réponse en utilisant l'échelle d'évaluation suivante :

1 = Pas du tout familier

2 = Peu familier

3 = Ni familier ni peu familier

4 = Assez familier

5 = Extrêmement familier

|  | 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- | --- |
| **Programme Résilience Plus**  Le programme Résilience Plus est un programme bilingue unique, fondé sur des données probantes, qui vise à éduquer et à inspirer les personnes en bonne santé psychologique à développer leur résilience, leurs forces de caractère, leur pleine conscience et leur bien-être. Il est offert à tous les élèves-officiers de marine du Collège militaire royal du Canada (CMR) et du CMR Saint-Jean, avec un programme d'études fondé sur les principes d'équité, de diversité et d'inclusion. Il vise à développer une communauté d'étudiants prospère et résiliente dans les CMR et à développer les principales forces de caractère des futurs leaders des Forces armées canadiennes (FAC) qui leur permettront d'acquérir ces compétences essentielles.  <https://www.rmc-cmr.ca/en/college-commandants-office/resilience-plus> | O | O | O | O | O |
| **Vers la préparation mentale (R2MR)**  Le programme "En route vers la préparation mentale" (R2MR) est un programme de formation et d'éducation en matière de performance et de santé mentale élaboré par la Direction de la santé mentale des services de santé des Forces canadiennes afin d'améliorer le bien-être et les performances à court terme, tout en atténuant les problèmes de santé mentale à long terme pour le personnel des Forces armées canadiennes et leurs familles.  [https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html#](https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html%23) | O | O | O | O | O |
| **Officier du jour du CMR et officier de service de l'escadre d'entraînement (TWDO)**  L'officier du jour et l'officier de service de l'escadre d'entraînement sont les membres du quart de service qui représentent le commandant du CMR pendant les heures creuses. Ces officiers/sous-officiers supérieurs doivent être préparés et prêts à intervenir dans de nombreux scénarios, y compris dans des situations d'urgence au Collège, 24 heures sur 24, et en particulier pendant les heures de silence à Kingston. | O | O | O | O | O |
| **Centre de services de santé mentale du CMR (CDU1/CDU2/RMC Det)**  Une fois triés par l'unité de prestation de soins (CDU), les cliniciens (médecins, assistants médicaux, infirmiers praticiens) peuvent orienter les cadets vers des professionnels de la santé mentale, notamment des travailleurs sociaux, des psychiatres et des psychologues, et . | O | O | O | O | O |
| **Programme d'aide aux membres des Forces canadiennes (PAMFC)**  Le PAMFC est un service téléphonique bilingue 1-800 accessible 24 heures sur 24, 365 jours par an, aux membres de la Force régulière et aux membres de leur famille immédiate, à leur conjoint, à leur partenaire et aux enfants à charge du membre.  Vous pouvez contacter un conseiller professionnel par téléphone, de n'importe où et à n'importe quel moment. Un rendez-vous sera fixé dans un délai maximum de 48 heures. Des options de conseil à court et à long terme sont disponibles et gratuites.  <https://www.canada.ca/en/department-national-defence/programs/member-assistance.html> | O | O | O | O | O |
| **Services d'aumônerie**  L'équipe de l'aumônier du CMR offre des soins spirituels, religieux et pastoraux à tous les membres des FAC et à leur famille immédiate, qui sont affectés au CMR, qui le fréquentent ou qui y travaillent.  Nous sommes une équipe d'aumôniers militaires expérimentés et multiconfessionnels.  <https://www.rmc-cmr.ca/en/training-wing/chaplain-services> | O | O | O | O | O |
| **Renforcer les forces (Promotion de la santé)**  Le programme de promotion de la santé "Renforcer les Forces" (STF) donne aux membres des Forces armées canadiennes (FAC) et à leurs familles des informations, des compétences et des outils pour promouvoir et améliorer la santé et le bien-être.  Le STF se concentre sur quatre domaines principaux :  Sensibilisation aux addictions et prévention, prévention des blessures et vie active, bien-être nutritionnel et bien-être social  Soutenir et encourager la santé mentale, y compris la gestion du stress, la gestion de la colère, la sensibilisation au suicide et les communications interpersonnelles saines.  <https://www.canada.ca/en/department-national-defence/programs/strengthening-forces.html> | O | O | O | O | O |
| **Sentinelle**  Les Sentinelles représentent un réseau de soutien par les pairs. Les Sentinelles ne sont pas des conseillers, des thérapeutes ou des psychologues qualifiés ; ce ne sont pas des représentants syndicaux qui doivent négocier avec la chaîne de commandement ; ce sont des membres de votre unité qui ont participé à quelques ateliers et qui aimeraient aider. Leur tâche principale consiste à représenter un espace sûr où les gens peuvent discuter de leurs préoccupations et à fournir aux autres les ressources appropriées dont ils ont besoin pour s'aider eux-mêmes. Ils essaient surtout de rappeler aux gens qu'ils ont de la valeur, qu'il y a toujours des personnes qui se soucient d'eux et qui sont prêtes à les écouter, qu'ils ont toujours des options, et de les aider à être orientés vers d'autres ressources. | O | O | O | O | O |

**Fréquence d'utilisation des ressources disponibles au CMR**

**Instructions :** Vous trouverez ci-dessous une liste des ressources en matière de santé mentale et de résilience actuellement disponibles pour les N/OCdts au Collège militaire royal de Kingston. Une brève description de chaque ressource est fournie. Veuillez indiquer votre réponse à l'aide de l'échelle d'évaluation suivante. Pour être engagé, il faut utiliser les ressources fournies, et non être celui qui les donne :

1 = Jamais engagé

2 = Engagement annuel

3 = Engagement mensuel

4 = Engagement hebdomadaire

5 = Engagement quotidien

|  | 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- | --- |
| **Programme Résilience Plus**  Le programme Résilience Plus est un programme bilingue unique, fondé sur des données probantes, qui vise à éduquer et à inspirer les personnes en bonne santé psychologique à développer leur résilience, leurs forces de caractère, leur pleine conscience et leur bien-être. Il est offert à tous les élèves-officiers de marine du Collège militaire royal du Canada (CMR) et du CMR Saint-Jean, avec un programme d'études fondé sur les principes d'équité, de diversité et d'inclusion. Il vise à développer une communauté d'étudiants prospère et résiliente dans les CMR et à développer les principales forces de caractère des futurs leaders des Forces armées canadiennes (FAC) qui leur permettront d'acquérir ces compétences essentielles.  <https://www.rmc-cmr.ca/en/college-commandants-office/resilience-plus> | O | O | O | O | O |
| **Vers la préparation mentale (R2MR)**  Le programme "En route vers la préparation mentale" (R2MR) est un programme de formation et d'éducation en matière de performance et de santé mentale élaboré par la Direction de la santé mentale des services de santé des Forces canadiennes afin d'améliorer le bien-être et les performances à court terme, tout en atténuant les problèmes de santé mentale à long terme pour le personnel des Forces armées canadiennes et leurs familles.  [https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html#](https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html%23) | O | O | O | O | O |
| **Officier du jour du CMR et officier de service de l'escadre d'entraînement (TWDO)**  L'officier du jour et l'officier de service de l'escadre d'entraînement sont les membres du quart de service qui représentent le commandant du CMR pendant les heures creuses. Ces officiers/sous-officiers supérieurs doivent être préparés et prêts à intervenir dans de nombreux scénarios, y compris dans des situations d'urgence au Collège, 24 heures sur 24, et en particulier pendant les heures de silence à Kingston. | O | O | O | O | O |
| **Centre de services de santé mentale du CMR (CDU1/CDU2/RMC Det)**  Une fois triés par l'unité de prestation de soins (CDU), les cliniciens (médecins, assistants médicaux, infirmiers praticiens) peuvent orienter les cadets vers des professionnels de la santé mentale, notamment des travailleurs sociaux, des psychiatres et des psychologues, et . | O | O | O | O | O |
| **Programme d'aide aux membres des Forces canadiennes (PAMFC)**  Le PAMFC est un service téléphonique bilingue 1-800 accessible 24 heures sur 24, 365 jours par an, aux membres de la Force régulière et aux membres de leur famille immédiate, à leur conjoint, à leur partenaire et aux enfants à charge du membre.  Vous pouvez contacter un conseiller professionnel par téléphone, de n'importe où et à n'importe quel moment. Un rendez-vous sera fixé dans un délai maximum de 48 heures. Des options de conseil à court et à long terme sont disponibles et gratuites.  <https://www.canada.ca/en/department-national-defence/programs/member-assistance.html> | O | O | O | O | O |
| **Services d'aumônerie**  L'équipe de l'aumônier du CMR offre des soins spirituels, religieux et pastoraux à tous les membres des FAC et à leur famille immédiate, qui sont affectés au CMR, qui le fréquentent ou qui y travaillent.  Nous sommes une équipe d'aumôniers militaires expérimentés et multiconfessionnels.  <https://www.rmc-cmr.ca/en/training-wing/chaplain-services> | O | O | O | O | O |
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**La Résilience**

**This questionnaire was translated using** [**www.deepl.com**](http://www.deepl.com)

**Instructions :** Veuillez indiquer dans quelle mesure vous êtes d'accord avec les affirmations suivantes vous concernant.

|  | *Pas du tout d'accord* | *Pas d'accord* | *Neutre* | *Accorder* | *Tout à fait d'accord* |
| --- | --- | --- | --- | --- | --- |
| 1. J'ai tendance à rebondir rapidement après des moments difficiles. | O | O | O | O | O |
| 1. J'ai du mal à surmonter les événements stressants. | O | O | O | O | O |
| 1. Il me faut peu de temps pour me remettre d'un événement stressant. | O | O | O | O | O |
| 1. Il m'est difficile de me ressaisir lorsque quelque chose de grave se produit. | O | O | O | O | O |
| 1. En général, je traverse les périodes difficiles sans trop d'encombres. | O | O | O | O | O |
| 1. J'ai tendance à mettre beaucoup de temps à surmonter les échecs de ma vie. | O | O | O | O | O |

**Questionnaire général sur la recherche d'aide (GHSQ)**

**This questionnaire was translated using** [**www.deepl.com**](http://www.deepl.com)

Cette étude a été tirée de :

Wilson, C. J., Deane, F. P., Ciarrochi, J. et Rickwood, D. (2005). Measuring Help-Seeking Intentions : Properties of the General Help-Seeking Questionnaire. *Revue canadienne de counseling, 39*(1), 15-28.

Veuillez indiquer votre réponse en cochant le chiffre qui correspond le mieux à votre intention de chercher de l'aide auprès de chaque source d'aide mentionnée.

**1 = Extrêmement improbable 3 = Improbable 5 = Probable 7 = Extrêmement probable**

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Partenaire intime (par exemple, petite amie, petit ami, mari, femme, de facto) | O | O | O | O | O | O | O |
| b. Ami (sans lien de parenté avec vous) | O | O | O | O | O | O | O |
| c. Parent | O | O | O | O | O | O | O |
| d. Autre parent/membre de la famille | O | O | O | O | O | O | O |
| e. Professionnel de la santé mentale (par exemple, psychologue, travailleur social, conseiller) | O | O | O | O | O | O | O |
| f. Ligne d'assistance téléphonique (par exemple, Lifeline) | O | O | O | O | O | O | O |
| g. Médecin/GP | O | O | O | O | O | O | O |
| h. Ministre ou chef religieux (par exemple, prêtre, rabbin, aumônier) | O | O | O | O | O | O | O |
| i. Je ne demanderais l'aide de personne | O | O | O | O | O | O | O |
| j. Je chercherais de l'aide auprès d'une autre personne non mentionnée ci-dessus (veuillez l'indiquer dans l'espace prévu à cet effet, (par exemple, un collègue de travail.) | O | O | O | O | O | O | O |

**Prédire les attitudes à l'égard de la recherche d'une aide professionnelle**

**This questionnaire was translated using** [**www.deepl.com**](http://www.deepl.com)

Cette étude a été tirée de :

Vogel, D.L., Wade, N. et Haake, S. (2006). Measuring the Self-Stigma Associated With Seeking Psychological Help. *Journal of Counseling Psychology, 53*, 325-337.

Veuillez indiquer votre réponse en cochant le chiffre qui correspond le mieux à votre intention de chercher de l'aide auprès de chaque source d'aide mentionnée.

**1="Pas du tout d'accord" à 5="Tout à fait d'accord".**

|  | 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- | --- |
| 1. Je me sentirais mal à l'aise si j'allais voir un thérapeute pour obtenir une aide psychologique. | O | O | O | O | O |
| 2. Ma confiance en moi ne serait PAS menacée si je demandais une aide professionnelle. | O | O | O | O | O |
| 3. Chercher une aide psychologique me ferait me sentir moins intelligent. | O | O | O | O | O |
| 4. Mon estime de soi augmenterait si je parlais à un thérapeute. | O | O | O | O | O |
| 5. Ma vision de moi-même ne changerait pas simplement parce que j'ai choisi de consulter un thérapeute. | O | O | O | O | O |
| 6. Je me sentirais inférieur si je demandais de l'aide à un thérapeute. | O | O | O | O | O |
| 7. Je me sentirais bien dans ma peau si je faisais le choix de chercher une aide professionnelle. | O | O | O | O | O |
| 8. Si j'allais voir un thérapeute, je serais moins satisfait de moi-même. | O | O | O | O | O |
| 9. Ma confiance en moi resterait la même si je cherchais de l'aide pour un problème que je n'arrive pas à résoudre. | O | O | O | O | O |
| 10. Je me sentirais plus mal dans ma peau si je ne pouvais pas résoudre mes propres problèmes. | O | O | O | O | O |

Merci de votre participation !

Pour toute question concernant ce projet de recherche, veuillez vous adresser à l'investigatrice principale, Elof Cecilia Medilo, à l'adresse cecilia.medilo@rmc.ca. Toute question d'ordre éthique concernant l'étude peut être adressée au président du Comité d'éthique de la recherche, le Dr Daniel Lagacé-Roy (Daniel.Lagace-Roy@rmc.ca).

# Annex D: Debriefing Form English and French

Debrief

Thank you again for participating in this survey. Your contribution is much appreciated.

This survey was conducted with the intention of examining the knowledge of N/OCdts about the mental health resources provided to them while at the Royal Military College of Canada.

If this topic interests you and you want to know more about it, you may contact OCdt Medilo (s29872@rmc-cmr.ca), Dr. Lobna Chérif (lobna.cherif@rmc.ca), or Dr Cindy Suurd Ralph, (cindy.suurd-ralph@rmc.ca) for more information or if you wish to know the results of the study.

If some of the questions disturbed you, we recommend that you reach out to your medical practitioner or to check the following resources we collected for your attention.

Thank you for participating in our study.

Respectfully,

OCdt Cecilia Medilo

Compte rendu

Merci encore d'avoir participé à cette enquête. Votre contribution est très appréciée.

Cette enquête a été menée dans le but d'examiner les connaissances des Elof/Aspm sur les ressources en santé mentale qui leur sont offertes pendant leur séjour au Collège militaire royal du Canada.

Si ce sujet vous intéresse et que vous souhaitez en savoir plus, vous pouvez contacter Elof Medilo (s29872@rmc-cmr.ca), le Mme Lobna Chérif (lobna.cherif@rmc.ca), ou le Mme Cindy Suurd-Ralph, (cindy.suurd-ralphs@rmc.ca) pour plus d'informations ou si vous souhaitez connaître les résultats de l'étude.

Si certaines questions vous dérangent, nous vous recommandons de contacter votre médecin ou de consulter les ressources suivantes que nous avons rassemblées à votre attention.

Nous vous remercions d'avoir participé à notre étude.

Sincèrement,

Elof Cecilia Medilo

# Annex E: RMC Resources

**RMC RESOURCES**

**RMC Duty Staff**

**RMC Duty Officer:**

613-483-3024, 613-453-5007 or 613-541-6000 x 6547

Chaplain on duty:

613-541-6000 x 6284 or 6204 or 613-541-5330 (specify if at RMC)

**Chaplains at RMC**

Senior Chaplain: Padre (Maj) Maria-Cristina Codina

• Cell: 613-539-1463

• (613) 541-6000 ext: 6204

• Room: 207, Yeo Hall

• Email: maria-cristina.codina@forces.gc.ca

Padre (Capt) Beatrice Gale

• Cell: 613-329-3368

• (613) 541-6000 ext: 4094

• Room: 301 Yeo Hall

• Email: beatrice.gale@forces.gc.ca

Padre (Capt) Serap Bulsen

• Cell: 613-217-2301

• (613) 541-6000 ext: 6284

• Room: 304 Yeo Hall

• Email: serap.bulsen@forces.gc.ca

Padre Ellie Clitheroe

• Cell : 613-985-0133

• (613) 541-6000 ext: 6018

• Room: 207 Yeo Hall

**Resilience Plus**

Tel: 613-929-9687

Email: Resilienceplus@rmc-cmr.ca

**Campus Security Control Centre (CCS) (24/7)**

Tel: 613-541-6000 x 666

On Call Station: 613-541-6000 x 6209

**33 Health Services Centre – Detachement RMC**

(Monday to Friday, 7:30 am to 4:00 pm)

Tel: 613-541-5010, p. 6310 prior to arrival

**Ambulance (24/7): 613-544-5555**

**Emergency (24/7): 911**

**Kingston Police non-emergency line (24/7)**

Tel: 613-549-4660

**Military Police (24/7)**

Tel: 613-541-5648

**Canadian Forces Sexual Misconduct Response Centre (24/7)**

Tel: 1-844-750-1648

Email: DND.SMRC-CIIS.MDN@forces.gc.ca

**CFB Kingston Mental Health Services**

Tel: 613-541-5010 x 5776

**Respect in the CAF Mobile Application (for IOS and Android Users)**

**DND/CF Ombudsman (Direct source of information; referral and outreach)**

Tel: 1-888-828-3626

Email: ombudsman-communications@forces.gc.ca

**Member Assistance Program (MAP) -(24/7)**

(Confidential short-term professional counselling service)

Tel: 1-800-268-7708

**Conflict and Complaint Management Services**

1-833-328-3351 (National)

**Kingston Office**

Tel: 613-541-6000 x 5641

++CCMS Kingston@CFB Kingston@Kingston

**RESSOURCES DU CMR**

**Personnel de service du CMR**

**Agent de service du CMR :**

613-483-3024, 613-453-5007 ou 613-541-6000 x 6547

**Aumônier de service :**

613-541-6000 x 6284 ou 6204 ou 613-541-5330 (préciser si au CMR)

Aumôniers au CMR

Aumônier principal : Aumônier (Maj) Maria-Cristina Codina

● Cellulaire : 613-539-1463

● Téléphone : (613) 541-6000 poste : 6204

● Pièce : 207, pavillon Yeo

● Courriel : maria-cristina.codina@forces.gc.ca

Aumônier (Capt) Beatrice Gale

● Cellulaire : 613-329-3368

● (613) 541-6000 poste : 4094

● Salle : 301, pavillon Yeo

● Courriel : beatrice.gale@forces.gc.ca

Aumônier (Capt) Serap Bulsen

● Cellulaire : 613-217-2301

● (613) 541-6000 ext : 6284

● Salle : 304 Yeo Hall

● Courriel : serap.bulsen@forces.gc.ca

Aumônier Ellie Clitheroe

● Cellulaire : 613-985-0133

● (613) 541-6000 poste : 6018

● Salle : 207 Yeo Hall

**Coaching Résilience Plus**

Tél. : 613-929-9687

Courriel : Resilienceplus@rmc-cmr.ca

**Centre de contrôle de la sécurité du campus (CCS) (24/7)**

Tél : 613-541-6000 x 666

Poste de garde : 613-541-6000 x 6209

**33 Centre de services de santé - Détachement CMR**

(du lundi au vendredi, de 7 h 30 à 16 h)

Tél. : 613-541-5010, p. 6310 avant l'arrivée

Ambulance (24/7) : 613-544-5555

Urgence (24/7) : 911

**Ligne de non-urgence de la police de Kingston (24/7)**

Tél : 613-549-4660

Police militaire (24/7)

Tél : 613-541-5648

**Centre d'intervention en cas d'inconduite sexuelle des Forces canadiennes (24/7)**

Tél : 1-844-750-1648

Courriel : DND.SMRC-CIIS.MDN@forces.gc.ca

**Services de santé mentale de la BFC Kingston**

Tél. : 613-541-5010, poste 5776

**Respecter l'application mobile des FAC (pour les utilisateurs d'IOS et d'Android)**

Ombudsman du MDN et des FC (source directe d'information, d'orientation et de sensibilisation)

Tél : 1-888-828-3626

Courriel : ombudsman-communications@forces.gc.ca

**Programme d'assistance aux membres (MAP) - (24/7)**

(Service confidentiel de conseil professionnel à court terme)

Tél : 1-800-268-7708

**Services de gestion des conflits et des plaintes**

1-833-328-3351 (national)

**Bureau de Kingston**

Tél : 613-541-6000 x 5641

++CCMS Kingston@CFB Kingston@Kingston