Many Minds
A Study on Risky Behaviours in First Year Undergraduate Students

Risky Behaviour Lab
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As Principal Investigator of this study, I want to extend my sincere thanks to all of the students who participated in this study. Without your time and effort, this study would not have been possible. We have learned and continued to learn much about the wellbeing of students, and we are excited to share our learning with you. I also want to thank the students and trainees in my lab who assisted with this study. Your energy, enthusiasm, and love of learning have been a constant source of motivation and inspiration.

Let me tell you a bit about myself and my background. I am an Assistant Professor in the Clinical Lifespan area in the Department of Psychology at UVic. I joined the faculty at UVic in 2016 after receiving my Ph.D. from Simon Fraser University. I also trained at the University of Washington School of Medicine, where I completed my clinical residency, and Harvard University, where I did my postdoctoral fellowship. My research focuses on understanding when and why people engage in behaviors that are physically harmful to themselves, including non-suicidal self-injury, suicidal behaviors, and disordered eating. I am intensively trained in Dialectical Behavior Therapy, and my clinical work has focused on using evidence-based treatments to help people reduce self-damaging behaviors, increase their ability to effectively manage emotions, and create a life worth living. At UVic, I teach courses on abnormal psychology, psychopathology, evidence-based psychotherapies and special topics in intervention and prevention at both the undergraduate and graduate levels. If you have any questions, you can reach me at briannat@uvic.ca. I would love to hear from you.
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We know that a young person’s likelihood of taking risks varies depending on their:

- Emotional state
- Social context
- Situation

**Objectives:**

- To expand our understanding of how risk-taking sensitivities interact with social and emotional contexts to promote adaptive or dangerous risk-taking

- To examine how risk-taking affects students’ psychological, academic, and extracurricular success during the key developmental transition to post secondary education
This report describes what we learned about the prevalence of potentially harmful coping behaviours, as well as broader themes related to the wellbeing of first-year students who enrolled in our study.

- Emotional state
- Social context
- Situation
Methods

Part 1: Lab Session

Participants completed a 1-2 hour computer lab session in which they completed behavioural tasks and self-reports measuring:

- Personality
- Risk Taking
- Emotion Regulation
- Disordered Eating
- Non-Suicidal Self-Injury
- Depression
- Anxiety
- Sleep Quality
- Relationships
- Help Seeking and Health
Part 2: Monthly Follow-ups

- Participants received monthly emails including a brief, online follow-up survey to monitor the following behaviours throughout the year:
  - General risk-taking
  - Non-Suicidal Self-Injury
  - Disordered Eating
  - Wellbeing
  - Social support
  - Stress
  - Coping
  - Depression
  - Anxiety
  - Health
  - Relationships
  - Sleep Quality
Contents

Demographic Information
Non-Suicidal Self-Injury
Suicidal Behaviour
Disordered Eating
Substance Use
Resilience & Wellbeing
Demographics:

Total Sample

- 704 Participants
- 73% Female
- 72% White
- $M_{age}: 17.97$

Cohort 1

- 356 Participants
- 259 Female
- 267 White
- $M_{age}: 18.02$

Cohort 2

- 348 Participants
- 254 Female
- 238 White
- $M_{age}: 17.92$
Demographics:

- Our youngest participants were 17 years old
- Our oldest participants were 25 years old
- 14% of our sample were international students
- 75% of our sample lived on campus
Demographics

Participants were.....

- 73% female
- 26% male
- 1% transgender, non-binary, gender queer or agender

- 81% heterosexual
- 10% bisexual
- 4% lesbian or gay
- 4% questioning or unsure
- 1% pansexual or asexual
### Participant Response & Attrition Rate

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Raw Response Rate</th>
<th>Valid Response Rate</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>September</td>
<td>704 (100%)</td>
<td>627 (89.06)</td>
</tr>
<tr>
<td>October</td>
<td>609 (86.51)</td>
<td>587 (96.39)</td>
</tr>
<tr>
<td>November</td>
<td>590 (83.81)</td>
<td>564 (95.59)</td>
</tr>
<tr>
<td>December</td>
<td>487 (69.18)</td>
<td>450 (92.40)</td>
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<tr>
<td>January</td>
<td>537 (76.28)</td>
<td>490 (91.25)</td>
</tr>
<tr>
<td>February</td>
<td>494 (70.17)</td>
<td>440 (89.07)</td>
</tr>
<tr>
<td>March</td>
<td>481 (69.32)</td>
<td>436 (90.64)</td>
</tr>
<tr>
<td>April</td>
<td>425 (60.37)</td>
<td>364 (85.65)</td>
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To increase the validity of our study and its conclusions, we carefully screened the data prior to analyzing responses. We reviewed each response to determine whether there are indications that a participant may not have been paying attention, may not have been reading each question carefully or may have been rushing to complete the survey. Responses that may not be valid were removed. These data cleaning practices are recommended, particularly for online survey studies (DeSimone & Harms, 2018; Goldammer et al., 2020).
Disclosure

In the next several slides, we will present information that may be saddening or disturbing to come to terms with. We present our general findings about frequency of engagement in NSSI, Suicide, Disordered Eating, and Substance Use.

We hope that these findings shed light on the pervasiveness of these behaviours throughout our community. First year university is known to be a particularly difficult time, as there are a number of significant life shifts going on all at once, and many of us are learning to cope with stress and opportunity independently for the first time.

As sad as it may be to find out the frequency of some of these behaviours, it is also an opportunity to increase our compassion and care for those around us. Most of the time, the struggles that lead to self-injury, suicide, and disordered eating behaviours are stigmatized and felt largely in private.

If you are left wondering what you can do, we all have great power to affect those around us, and this starts simply in our day-to-day interactions. Empathy and acceptance of those around us goes miles in supporting people who experience these behaviours. We all need love, and to live a meaningful life often means to be accepted unconditionally for who we are in this moment. This is something we can all offer and will undoubtedly contribute to improving the welfare of our community.

If you are concerned about yourself or someone you care about, please refer to the end of this booklet for Community Resources.
Non-suicidal self-injury

What is non-suicidal self-injury, or “NSSI”?  
The deliberate destruction of bodily tissue without suicidal intent (Hamza & Willoughby, 2016)

• 27.6% of our sample answered yes to having ever physically hurt themselves on purpose without wanting to die in the baseline (September) assessment

  • For those that said yes, the majority first engaged in NSSI between the ages of 12 and 17.
How many times in your life have you physically hurt yourself on purpose, but without wanting to die?

Number of Participants (N=172)
The vast majority of students (95%) did not engage in self-injury during their first year of university. Most students who did experience NSSI engaged in this behavior only rarely (1 day per month).
Why is Non-Suicidal Self-Injury Important?

Studies suggest there is increased risk of suicidal ideation and suicide attempts in adulthood among undergraduates with a history of NSSI (Hamza & Willoughby, 2016).

NSSI is often described as a *coping mechanism* used when a person is distressed. While NSSI can help a person cope in the short-term, it can also have negative effects in the long-term.

It is important to know that NSSI is *not* the same as a suicide attempt. People who engage in NSSI usually say they doing so to *feel better*.

For more information on NSSI, please visit:  
https://www.itriples.org/basic-facts

For support regarding NSSI, please visit:  
http://sioutreach.org
Suicidal thoughts and behaviors

- When asked if they had ever in their life had thoughts of killing themselves
  - 34% of our sample said yes
  - 56% said no
  - 10% chose not to answer

- When asked if they had ever made a plan to kill themselves
  - 7% of our sample said yes
  - 88% said no
  - 5% chose not to answer

- When asked if they had ever made an actual suicide attempt in which they had at least some intent to die
  - 8% of our sample said yes
  - 89% said no
  - 4% chose not to answer
Suicidal thoughts over the first year

Similar to self-injury, the majority of students (around 95%) did not think about suicide during the year. Of the students who did experience suicidal thoughts, these thoughts tended to be rare (e.g., 1 day per month). The proportion of students who reported suicidal thoughts declined slightly over the year.
Why is studying suicide important?

**Suicide prevention** is a priority for colleges and universities. We know that many students face periods of stress and uncertainty. For some students, this can lead to feelings of hopelessness, worthlessness, and extreme psychological pain. These students need effective and accessible support.

We also know that most people who experience suicidal thoughts do not make an attempt, and that most people who have made suicide attempts go on to create lives they truly feel are worth living.

For more information on suicide, please visit:  
[https://www.who.int/news-room/fact-sheets/detail/suicide](https://www.who.int/news-room/fact-sheets/detail/suicide)

For support regarding suicide, please visit:  
[https://livethroughthis.org](https://livethroughthis.org)
Disordered Eating refers to patterns of behaviours. These behaviours lie on a continuum from excessive concern about weight and shape to binge eating and extreme weight-control methods. It can include fasting, binge eating, purging, and excessive exercise (Kelly-Weeder, 2011).
How common is disordered eating?

We examined several types of disordered eating, including:

- **Binge Eating**
  - *Ever in your life, have you eaten an unusually large amount of food, given the circumstances?*
    - 63% of our sample answered yes to this question.

- **Purging**
  - *Ever in your life, have you intentionally made yourself vomit to counteract the effects of eating?*
    - 14% of our sample answered yes to this question.
  - *Ever in your life, have you engaged in very intense exercise specifically to counteract the effects of overeating?*
    - 39% of our sample answered yes to this question.

- **Fasting**
  - *Ever in your life, have you fasted (intentionally skipped at least 2 meals in a row)?*
    - 37% of our sample answered yes to this question.
Binge Eating over the first year

Binge eating was most common in the first few months of the year, when about 20-25% of students reported they had binge ate at least once per month. Declining rates of binge eating could reflect students’ developing more efficacy in managing their meals and schedules over the year.
Restrictive Eating over the first year

Restrictive eating (skipping multiple meals in a day, severely limiting calories) was also most common in the first few months of the year, and declined thereafter. Again, students may be becoming more confident in their ability to manage their own meal planning and food choices over the course of the year.
Why is Disordered Eating Important?

Our bodies and minds work best when they get enough nutrients (as well as enough rest and activity). Eating well is a core aspect of self-care. Additionally, developing a positive, accepting relationship with your body sets the stage for self-love.

Due to the high prevalence of disordered eating in undergraduate students, and its association with emotional dysregulation, it is important for universities to develop evidence-based strategies to prevent and support people with disordered eating (Woodhall, Lowry Gordon, Caine-Bish & Falcone, 2015).

For more information on disordered eating, please visit:
https://nedic.ca/

For support regarding disordered eating, please visit:
https://www.eatingdisorderhope.com/recovery
Substance Use

The current study examined the use of substances including, alcohol, tobacco, marijuana, prescription medication, and illegal substances such as cocaine, heroin, etc.

• Prescription Drug Misuse
  • 80.54% of our population had never misused prescription medication

• Illicit Substance Use
  • When asked how many times they had used drugs other than alcohol, marijuana, tobacco or prescription medications during their life
  • 82.6% had never used illegal drugs
Substance Use

• Tobacco Use
  • When asked if they had ever smoked cigarettes or used other tobacco products like vape pens, e-cigarettes, chew etc.
    • 54.07% said no

• Marijuana Use
  • 46.41% of our population had never used marijuana
  • 12.3% of our population had used it 40 or more times
Substance Use

• Alcohol Use
  • When asked about alcohol use
    • 89.31% of the study population had consumed alcohol before
  • If they were drinking, on a typical day
    • 27.59% of students said they consumed 1-2 drinks
    • 61.24% said they 3 or more drinks

• Risky Sexual Behaviour (N = 345)
  • 34.78% of the sample never used alcohol or drugs before sexual intercourse
  • 8.4% said they did more than 50% of the time

• Alcohol Use - Binge Drinking
  *Having 5 or more drinks of alcohol in a row, within a couple of hours.

• When asked about their prevalence of binge drinking in the past year
  • 25.84% of the sample had not binge drank in the past year
  • 40.35% of the sample had binge drank <10 times in the past year
  • 22.84% of the sample had binge drank between ≥10 or more times in the past year
A little more than half of students did not binge drink on any given month, and the proportion of students who did not binge drink rose slightly over the course of the year. Yet, a small number (between 3% and 11%) reported binge drinking at least one per week.
Why is studying substance use important?

Risky behaviours such as sexual risk taking and binge drinking are serious issues for college students (Trolian, An & Pascarella, 2016; Turchik, Garske, Probst & Irvin, 2010)

For more information on substance use, please visit: https://www.cccsa.ca/

On a brighter note…

Our study also identified several strengths and positives. For example:

- On average, students in our sample reported that they can really be themselves at UVic, that they had a great academic experience, and that people at UVic are friendly ($M=5.67$, on a scale of 1 to 7).

- On average, students slept an average of $7\text{h }34\text{ min of sleep per night}$ over the course of the year!
On a brighter note…

- 88% (606/687) of the students in our sample made at least 1 new friend through residence, clubs/teams, classes or off-campus activities!

- Students rated their overall wellbeing between 65-70, on average, on a scale of 0 (worst ever) to 100 (best ever).

- Most students said what they were doing felt meaningful or important.
Community Resources

If you are looking for support for any of the issues described in this report, we recommend reaching out to one or more of the following resources:

- UVic Student Wellness Centre - Phone: 250-721-8563 - Web: https://www.uvic.ca/student-wellness/index.php
- Crisis Intervention and Suicide Prevention Centre of BC - Phone: 1-800-SUICIDE (1-800-784-2433)
- MediMap Victoria - Web: https://medimap.ca/Location/Victoria
- Vancouver Island Crisis Line - Phone: 1-888-494-3888 - Text: 250-800-3806
- Victoria Women’s Sexual Assault Centre crisis and information line - Phone: 250-383-3232
- Victoria Women’s Transition House - Crisis Phone Line: 250-385-6611 Community Office Phone: 250-592-2927 Web: http://www.transitionhouse.net/
- Youthspace.ca - Online/texting support 6pm-12am PST - Text: 778-783-0177 - Web: http://youthspace.ca/about-us/
- South Vancouver Island Eating Disorders Program - Phone: 250-387-0000 - Crisis Line: 310-6789 - Web: https://keltyeatingdisorders.ca/south-vancouver-island-eating-disorders-program/
- Umbrella Society for Addictions and Mental Health - Phone: 250-380-0595 - Email: wecanhelp@umbrellasociety.ca
- Victoria Native Friendship Centre - Phone: (250) 384-3211
- Rainbow Health Cooperative - Website: http://xqq.ca/rainbow-coop/
- The Trevor Project - Website: https://www.thetrevorproject.org/
- Men’s Trauma Centre/Men’s Therapy Centre - Telephone: 250.381.6367 - Toll Free: 1.866.793.6367 Web: menstrauama.com * man/male/boy includes cis, gay, bi-sexual, trans, non-binary, 2spirit, queer, gender fluid+
Where can I learn more?

As researchers, we are always learning. If you’d like to hear more about the specific projects and results related to this study, please visit:

https://oac.uvic.ca/riskybehaviourlab/many-minds

To learn more about our ongoing research, go to:

https://oac.uvic.ca/riskybehaviourlab/research/participate/

And, if you have questions, you can always reach us at riskybehaviourlab@uvic.ca
Thank you

We would like to thank all of the undergraduate students who participated in this research from 2016-2018. Your contribution is incredibly valuable and the UVIC Risky Behaviour Lab wishes you all the best.