

STATE of MIND



Addressing mental health issues on university campuses

By Christine Hanlon

NOTE: The French version of this article is available on the CAUBO website at www.caubo.ca/content/university-manager-2012.

Today's environment

University leaders are actively addressing the issue of mental health on campuses across Canada. No longer seen as simply a question of crisis management, mental health issues are being approached in more proactive and systematic ways, as universities increasingly appreciate the advantages of prevention over reaction. "We are exploring what we need as a sector to deal with mental health issues in the post-secondary setting," says Dr. Su-Ting Teo, Director of Student Health and Wellness at Ryerson University. Dr. Teo is co-chair of a working group on mental health for the Canadian Association of College and University Student Services (CACUSS), one of several inter-institutional organizations focusing on the issue. The key is to identify best practices and then put into action strategies and plans that work best for an individual institution and its specific circumstances.

But, why has this issue now become an important preoccupation for Canadian universities? "Often, it takes an event or

crisis to push it to the next level of priority," says Robert Campbell, President at Mount Allison University and chair of the Association of Universities and Colleges in Canada (AUCC) Working Group on Campus Mental Health, created following a December 2011 AUCC workshop on this issue for university leaders. "All universities have experienced cases of student suicides or self-harm; but a larger community took note when a deeply respected institution such as Queen's experienced a series of such incidents in a highly publicized way."

A tragic spate of suicides at several institutions only partly explains why university leaders are now making a point of tackling this issue. An even more powerful impetus has been the societal trend towards de-stigmatization and open discussion. Recent developments include the creation of the Mental Health Commission of Canada (MHCC) and the ongoing development of a national Mental Health Strategy for Canada, one of the key responsibilities given to the Commission when it was established in 2007.

The reality is that 20% of Canadians will suffer from mental illness at one point in their lifetime. According to Statistics Canada, youth aged 15 to 24 – hence mostly university students – are the most likely group to suffer the effects of mental illnesses, substance dependencies and suicide.

"The prediction is that, by 2020, mental health issues are going to be the leading cause of disability at Canadian universities," says David Turpin, President at the University of Victoria.

In fact, at universities, the recent push to address mental health very much resembles previous experiences addressing the needs of students with disabilities. "We are more aware, so it seems that the incidence of mental illness is going up," notes Campbell. "Twenty years ago, most people did not have a good conception of depression or the words to describe it. There are also far more students arriving on campus and presenting themselves with their conditions."

At the same time, it does seem that today's students may be facing more

pressure than those before them. Despite lack of quantitative data to indicate a trend – the first Statistics Canada survey on mental health was completed in 2001 – anecdotal evidence suggests that today’s students experience more stress due to higher levels of debt, fewer job prospects upon graduation, higher expectations for student success, and less preparation for independent living.

“I am not sure that we have all we need in place to deal with this situation,” says Daniel Woolf, Principal and Vice-Chancellor at Queen’s University. “We are in the teaching and research business, not primarily in the mental health business.” Nonetheless, notes Campbell, over the years, universities have experienced a certain level of responsibility creep in regard to mental health.

inaction on the issue of mental health. At the least, failure to provide an environment that supports mental health can lead to low rates of student success. At the other extreme, lack of a mental health framework can contribute to crises such as student suicides. Both are damaging to institutional reputation. Lack of action also presents risks to the health, well-being and safety of the entire university community.

Acting comes with risks as well. “It is important to look at risk strategically so that when universities do take action people understand why and in what context,” says Pari Johnston, Director, Member Relations at AUCC.

Carleton University enunciates this principle in its Student Mental Health Framework: “Developing policies and procedures based on best practices and

jeopardy,” says Queen’s Professor Heather Stuart, an MHCC consultant on the issue of stigma. “That message has to be consistent at every level.”

University presidents play an essential role in reducing stigma by championing the issue at their respective institutions. “I think the first role of senior administration is to become educated on the issues,” says Michael Goldbloom, Principal at Bishop’s University. “We then have a responsibility to create a context in which issues of mental health can be discussed in an open and constructive way.”

He adds that senior leadership, including the Senate and the Board, needs to make the issue a priority, setting strategic goals and allocating financial resources accordingly. It is their responsibility to raise universal campus awareness of the issue. “There may be times when we may need the Board to help in terms of developing partnerships with government,” notes Campbell. The president and other senior administrators should use every opportunity, both off and on campus, to raise this issue, including during staff and student orientation.

Stuart points out that policies and practices tend to be reactive rather than proactive. They need to go beyond responding. “We could throw money at this issue and triple our number of counselors and that still would not deal with the issue,” agrees Woolf. “I think we have to focus much more on the prevention and environment side.”

Best practices

At the University of Alberta (U of A), Dean of Students Frank Robinson points to the importance of promoting a work/life balance and creating “lifelines” among members of the university community through a healthy social support system of groups, clubs, activities and events. For instance, for the U of A’s Worlds Largest Dodgeball Game, the university makes a point of involving international students, a segment most vulnerable to isolation and anxiety. (High expectations from home, lack of community support and language barriers are all obstacles to international students seeking and receiving help.) Meanwhile, annual events such as Mental Health Awareness week at McMaster University and UBC Vancouver Thrive at the University of British Columbia promote positive mental health for all campus members through everything from healthy food choices, physical activity and inclusion.

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On the other hand, mental health is inextricably tied to a university’s mission of student success. Studies have shown that depression is a significant predictor of a lower grade point average (GPA) and a higher probability of dropping out.

Woolf agrees that universities are not “rigged to be fundamentally an agency that looks after health issues.” The best they can do, he explains, is to create a healthy environment and encourage people to come forward so that schools can provide, within their already constrained budgets, as much care as they can before handing off responsibility to the health care system.

To act, or not to act

In its document *A Guide and Checklist for Presidents*, AUCC urges universities to define their “roles and responsibilities within the continuum of possible actions” and “define, communicate and establish appropriate expectations.” The checklist also recommends defining and assessing the risks represented both by action and

ensuring they are applied consistently will mitigate the risks of possible legal liability associated with providing support and responding to students in distress.” In addition, although from a legal perspective the university is not held to the same provision of service standard as medical facilities, members of the university who belong to certain professional groups may be held accountable by their accrediting bodies when responding to mental health issues.

Failure to communicate the availability of services or how to access them can be a risk as well. “The greatest risk is that members of our community feel that they have to deal with a mental health issue on their own,” says Woolf.

At the same time, the stigma of mental health can prevent individuals from seeking help even when resources and access are available. “We need to ensure students not only know what services are available but also that, if they access them, their academic careers are not going to be in

In its description of Thrive, UBC Vancouver notes that mental health “comes from a community, not just from a counselor’s office.” “It is the responsibility of the *entire* community,” agrees Goldbloom.

Stuart points out that many universities are developing cross-functional mental health task groups that are looking at developing mental health strategies for the entire institution. Both development and responsibilities must be shared not only by health and counseling services, but also by student affairs, security and academic leadership. In fact, Queen’s has undertaken a top-to-bottom review, via a Principal’s Commission, of what the university is doing regarding mental health. An assessment, says Woolf, is the first step to identifying gaps and opportunities across the entire institution.

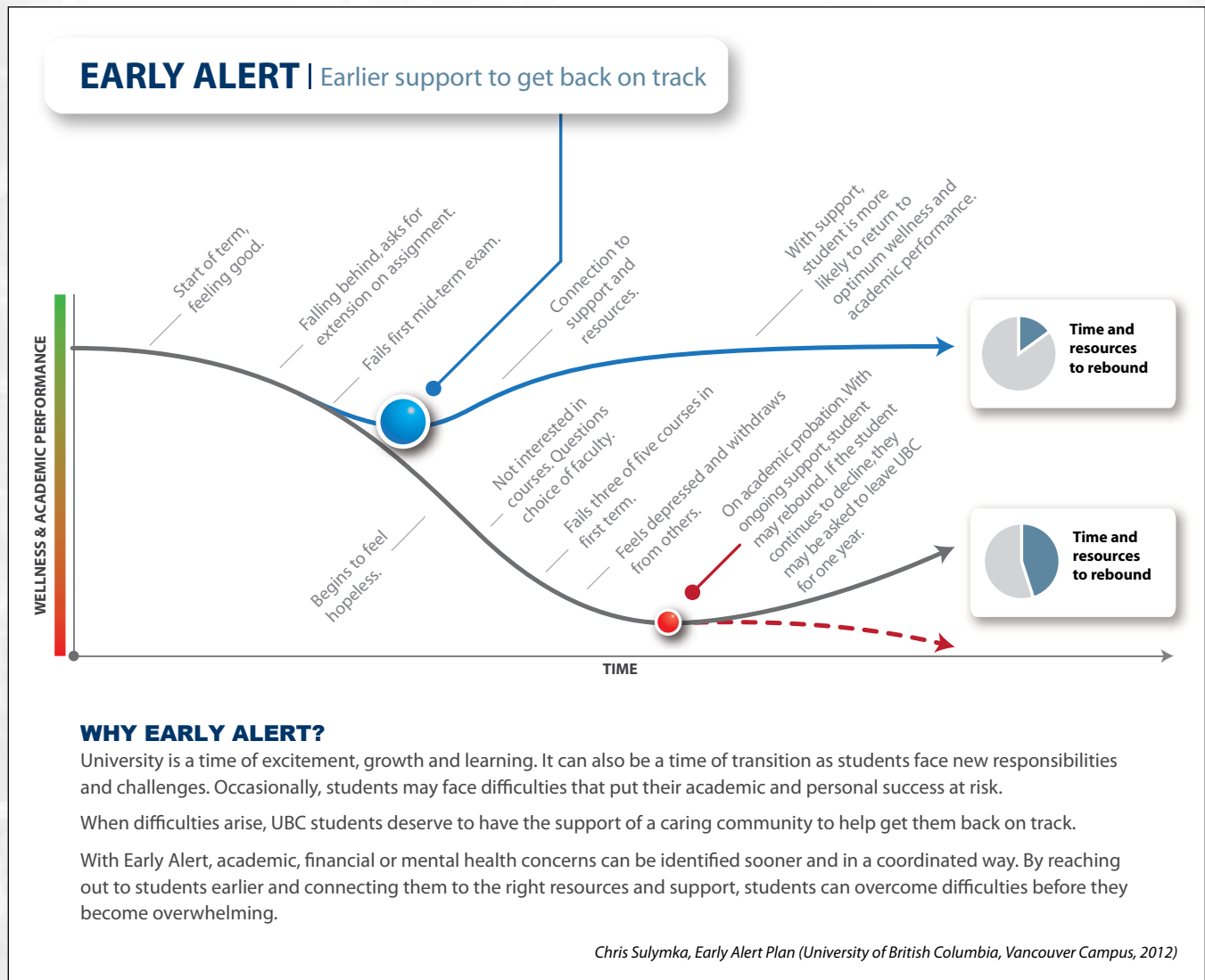
“The goal is to have a comprehensive strategy,” agrees Dr. Teo. “Historically, if they are addressing the issue at all, insti-

tutions are addressing it in a piecemeal way. Instead, there needs to be a preventative, systematic approach.” She notes that all staff, faculty and students need to be involved. Furthermore, the framework adopted by the institution must include an integrated, coordinated approach for dealing with mental health throughout campus.

This is exactly the approach espoused by UBC Vancouver’s Mental Health and Well-being strategy, recognized by many universities as a repository of best practices by organizations such as the Ontario Committee on Student Affairs (OCSA) and emulated by several institutions, including Carleton University and the University of Guelph. Both proactive and comprehensive, the Mental Health and Well-being Strategy is divided into levels of intervention, providing a useful template for discussing best practices in numerous strategic areas, both within and beyond the program.

The first level of intervention is aimed at supporting mental health and well-being for all students. One objective at this level is to review, revise and develop policies and practices that support student mental health and well-being. For instance, key policies identified in the UBC Vancouver’s Mental Health and Well-being Strategy include Academic Accommodations for Students with Disabilities (including mental health) and Response to At-Risk Behaviour (including threat of harm to self).

McMaster University is currently refining its Student Code of Conduct to include the voluntary/involuntary withdrawal policies described in the discussion paper on Mental Health Protocols commissioned by the Council of Ontario Universities’ (COU) Mental Health Subcommittee. After consulting this same document, The University of Guelph recently reviewed a number of its policies. Among the recom-



mentations were establishing guidelines for requesting that a student undergo a psychiatric or psychological assessment. In addition, Guelph is in the process of striking a Task Force (comprised of the Associate Vice President Academic, the Associate Vice-President Student Affairs and members of the faculty and Student Services staff) to review its policies and procedures so as to align these with the institution's goals related to wellness. As noted by Brenda Whiteside, Associate V.P. Student Affairs, the goal is to focus on wellness rather than mental health, as programs that focus on the overall health and wellness of students will benefit everyone, not just those who may experience mental health challenges. "It is the universal design approach," says Whiteside.

Many universities are also reviewing their protocols around exam scheduling and requirements for medical documentation. As a part of its Student Mental Health Framework – seen as a best practice for how to address mental health concerns at universities – Carleton clarified policies and added new protocols both to mitigate risk and to enhance the university's broad program on healthy living.

Policy changes are part of broader initiatives to create a supportive environment. UBC's Mental Health and Well-being Strategy includes creating physical spaces to foster connections among students – as well as with the university – and launching other initiatives associated with a proactive approach. "We are creating collegia, dedicated spaces to which communities of students can belong, something which is particularly important for students commuting to campus each day," says Janet Teasdale, Senior Director for Student Development and Services at UBC Vancouver. Besides fostering "small communities" (societies, clubs, online forums, etc.) that are so important to a proactive approach, UBC Vancouver also enhanced student advising. Its mandate now includes not only the enhancement of student coping and life skills, but also the early identification of mental health issues.

Increasing awareness and self-management skills is the first level of meeting the needs of all students, including those who want and need skill development. Awareness campaigns and online self-assessment resources such as Mental Health 101 are useful tools at this level.

The next level of action – the early

identification of students needing assistance, consistent recording of mental health issues, and timely connection to resources and service – is one of the most important best practices of a campus mental health strategy.

"If you can focus on outreach in the early stages, then those crises we hear about once in a while in the media can potentially be averted," says Johnston.

But, in order for staff and faculty – and eventually even students – to be supportive, aware and vigilant, they must have the tools and training to respond effectively and appropriately. "If people are not educated in what to do, how to spot the warning signs and how to help, they may do more damage than good," notes Goldbloom.

Stuart agrees. "We need to know our responsibilities and what we should and should not be doing." Developing and communicating appropriate guidelines is the first step. At McMaster, for instance, the Dean of Students Phil Wood has been distributing an "orange folder" of information to groups of faculty and staff – including residence life staff – with each presentation he delivers on the institution's guidelines for dealing with issues of mental health and safety.

invite us back to do more," notes Whiteside. She adds that Guelph also offers QPR (Question, Persuade, Refer) suicide prevention training – a common training tool at universities – and has a website to which staff and faculty can refer for more information on specific mental health-related issues. They can even take quizzes online to test their knowledge.

As well, the university subscribes to Student Health 101, an online tutorial accessible to students. "Students are going to the Internet, so connecting with them online is important," says Whiteside, adding that it is important to reach out to students in the places where they are, including at orientation, in residence and through such initiatives as peer-to-peer outreach. Mount Allison has embraced this approach, launching a peer education model in which upper-year students develop, coordinate and implement various mental health outreach programs on campus. The university also offers a program entitled Beautiful Minds, an online peer forum, moderated by counseling staff, where students can post anonymously to give and receive advice from their peers.

In line with this approach, several universities, including Guelph, are par-

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At Carleton, the Student Mental Health Framework lists training as a priority: "An aware, educated and trained community is a fundamental component of delivering effective services and supports to students. A Framework should incorporate a strategy for creating such a community."

Many universities have been using a modified version of the MHCC's Mental Health First Aid Training (the two-day version is too long and detailed for most university purposes). Guelph has developed its own modular version that ranges from a one-hour session for faculty, focusing on warning signs and how to refer, to a full-day of training for residence assistants, peer helpers and front-line staff in the registrar's office. "Often, faculty would

participating in a pilot of The Jack Project, an initiative that seeks to unite and strengthen existing resources both in school and online. The project promotes mental health literacy, help-seeking and help-giving behaviour, and building formal and informal networks of support. The pilot aims to educate, empower and engage students, as well as educators and parents, through outreach programs (workshops, presentations and collaboration) and online resources.

One of the important goals of developing awareness, connections and expertise is the early identification of students in difficulty. The coordinated, campus-wide collection of information is vital. For instance, UBC Vancouver's

Early Alert System is the creation of a centralized database capable of tracking concerns about students, actions taken and follow-up. A secure online point of contact makes it easy for faculty and staff to submit a concern.

The next step in a comprehensive, coordinated approach is to ensure timely access to appropriate assessment and referral services. This requires an effective triage process. In addition to adding more counselors, both Queen's and McMaster have hired a mental health nurse as the keystone of their triage-based model of care. UBC Vancouver's Triage System, implemented in 2010, provides access to initial assessment within 24 hours and rapid matching to services and resources. (In cases of more immediate crises, universities can convene response teams within the hour.)

Another best practice adopted by

many universities is the use of case management to address mental health issues. McMaster, for instance, has both a Committee to Support Students in Difficulty that meets once a month and a smaller Behaviour Assessment and Response team that meets more frequently to manage the cases of any person flagged by the committee. "Many universities have also hired case managers," notes Wood. "Students often need support in their faculties, while going to appointments on and off campus."

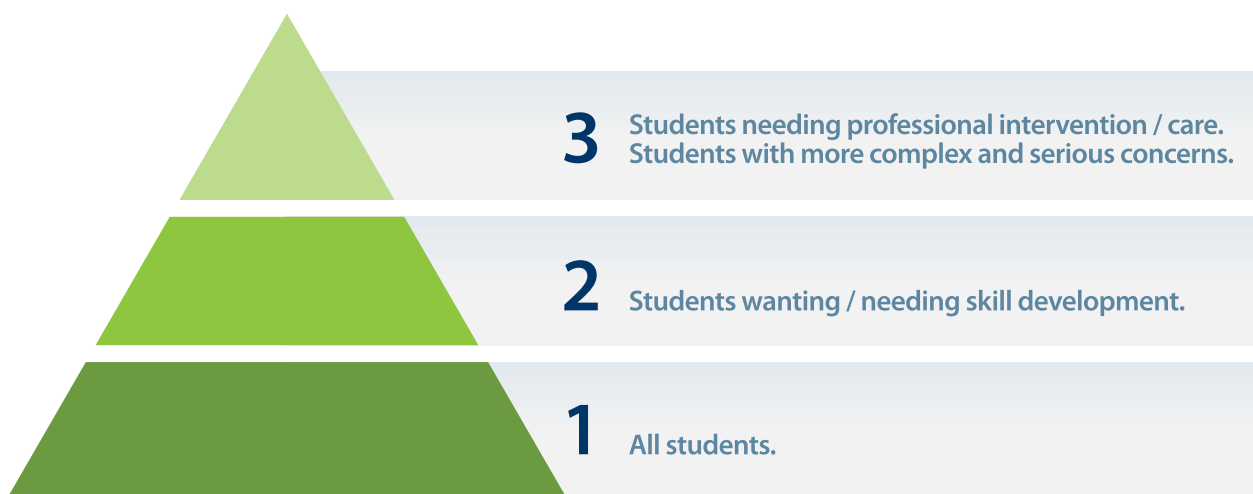
In dealing with mental issues on campus, it is important for universities not only to leverage campus resources, but also to develop external partnerships. "From a program perspective, Ryerson's counseling centre has a very robust group therapy program," notes Dr. Teo. At the same time, the centre is partnering with

Barbra Schlifer Commemorative Clinic to pilot and develop programming for young Muslim women who have experienced family violence.

External partnerships include everything from private initiatives such as the Jack Project to resources in the public health care system, medical authorities, community health providers and institutions. For instance, Guelph benefits from the services of one full-time psychiatrist who has affiliations with Guelph Home-wood Health Centre, a mental health and addictions care facility to which the university can refer students. An addictions counselor from Homewood also works part time on campus. At Mount Allison, in 2007, counselors created a database of local mental health service providers to assist with referral efforts and increase the university's network and partnerships.

Mental Health & Well-being Strategy

University of British Columbia, Vancouver Campus, 2012



LEVELS

1

1&2

2

3

STRATEGIES

Institutional policies & practices

Supportive environment

Increase mental health awareness and self-management skills

Early identification of students needing assistance and connection to appropriate resources

Adequate, timely mental health services

Case management and risk mitigation protocols

Intervention Pyramid adapted from: US Department of Education Approach for School Health Grants Continuum of Services

There has also been extensive collaboration among universities, including an AUCC campus mental health workshop, an event attended by 55 university leaders from 36 institutions in December 2011. On its members-only website, the AUCC will soon be posting three documents developed by its presidents' working group for use by university administrators: a president's checklist to guide institutional response; an online toolkit of best practices and relevant information; and a power point presentation presidents can use to build awareness when addressing collegial bodies.

Meanwhile, the CACUSS working group is bringing together a community of practice, along with a student advisory group, to draft a framework on how to create a mental health strategy on university campuses. The COU, in partnership with the University of Toronto, York University and Guelph, is developing an online training program for faculty that could be used by any university.

What lies ahead

As AUCC's Johnston points out, "There is no cookie cutter approach. There is not going to be a one-size-fits-all as to how

institutions approach this issue." Best practices are the launching points for universities to create a framework that meets their specific needs.

While awareness and interest is building, the next step will be for every university across Canada to start the process of developing a mental health strategy. "The challenge is how to set an agenda for university presidents so that everyone on their individual campuses can get the ball rolling," agrees Campbell. He adds that a point of differentiation among universities may soon be which institutions are better equipped to address issues related to mental health. The expectation is already there.

"Addressing mental health issues is increasingly going to be seen as part of every university's responsibilities," notes Turpin. Thanks to the sharing of best practices, every institution has access to the tools necessary to fulfill these responsibilities and create a campus that supports student mental health and well-being. It is all part of enhancing the student experience, strengthening the growth and learning that constitutes the very *raison d'être* of every Canadian university. *U*

RESOURCES

UBC's Mental Health and Well-being Strategy

<http://vpstudents.ubc.ca/2012/05/04/mental-health-well-being-strategy/>

Carleton Student Mental Health Framework

<http://www1.carleton.ca/studentsupport/student-mental-health-framework/>

Cornell University Mental Health Framework

<http://www.gannett.cornell.edu/campus/council/framework.cfm>

Mental Health First Aid

<http://www.mentalhealthfirstaid.ca/EN/Pages/default.aspx>

QPR

<http://www.qprinstitute.com/>

Student Health 101

<http://www.studenthealth101.com/>

The Jack Project

<http://www.thejackproject.org/>