



Student Affairs Mental Health Strategy

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Executive Summary

Mount Allison University serves a small yet diverse student population, and is dedicated to fostering an academic experience centered on the undergraduate student, and delivered in an intimate and harmonious environment. From a student’s arrival to campus during fall orientation, through to the day of graduation, the University offers an atmosphere that is both invigorating and challenging at every stage.

In recent years, student health and well-being has become a prime consideration at post-secondary institutions across North America. And while many students thrive during these years, many others experience mental health challenges that may put them at risk.

Mental health exists on dual continua. On one continuum, we have mental illness vs. lack of mental illness/symptoms. On the other continuum, we have positive mental health (flourishing) vs. poor mental health (languishing). Our goal is to foster an environment in which all students, regardless of whether or not they have a diagnosis, can enjoy positive mental health; where students are comfortable, confident and capable of performing, and to help them manage the effects of anxiety, stress, and clinical disorders that persist, impairing their ability to function in a safe and productive manner.

The University offers a number of resources to assist students in taking ownership for maintaining their health and wellness, as well as a number of services and programs to support their needs when necessary.

The Canadian Association of College and University Student Services (CACUSS), in conjunction with the Canadian Mental Health Association (CMHA) has developed the systemic model – a framework which supports “the creation of a campus community that is deeply conducive to transformative learning and mental health”.

This *Student Affairs Mental Health Strategy* proposes the implementation of a systemic approach as the overarching institutional strategy to address the mental health and wellness of Mount Allison University students.

The CACUSS-CMHA conceptual framework (Figure 1) illustrates the broad areas of a systemic approach to post-secondary student mental health, identified for strategy development across three target student populations:

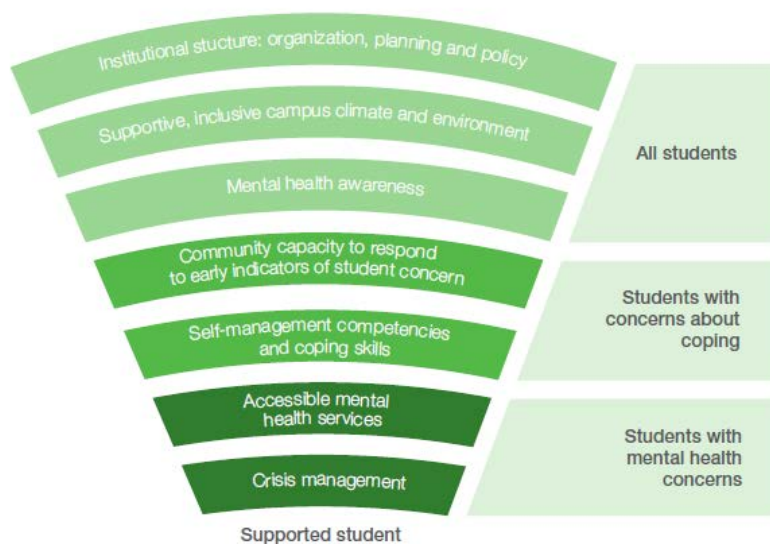


Figure 1: Framework for Post-Secondary Student Mental Health

A systemic approach to creating a campus environment that is conducive to mental health and learning:

- Is comprehensive, and views the whole campus as the domain to be addressed and as responsible for enhancing and maintaining the mental health of community members; extends the focus beyond the individual and strategies such as treatment, skill building and awareness to the whole campus including its environment, organizational structure, policies and practices.
- Creates environmental conditions for the flourishing of all students that are grounded in values of social equity and sustainability; supports integrated development and capacity building; provides targeted programs for students who would benefit from assistance; and provides specialized services for students experiencing mental health issues.
- Is student-directed, grounded in values of informed choice and inclusion of students' voices in strategy development and decision-making, especially of students with lived experiences of mental health issues.
- Involves all stakeholders in a collective, shared responsibility for creating campus environmental conditions that support student learning and mental health.

The following *Student Affairs Mental Health Strategy* provides an overview of current programs, initiatives and resources in place to support student mental health, while highlighting existing gaps, and making recommendations for improvement. It is clear from this report that the challenges include attempting to respond to the increasing number, and complexity, of mental health issues with which students are presenting, and that additional resources are required to accommodate current and projected demand for service.

The priorities may generally be grouped in the following ways:

1. Develop a communication strategy that ensures students are informed of all programs and services available and how and when to access them;
2. Expand strength-based programming to develop positive mental health and resilience that engages students early in order to prevent exacerbation of the problem;
3. Develop mental health literacy of students, staff and faculty to create supportive and inclusive conditions for students to flourish and to reduce the stigma associated with mental health issues;
4. Coordinate, benchmark, and assess the effectiveness of programs and initiatives to ensure they are accessible, sustainable and cohesive;
5. Further leverage external community resources to help meet the full spectrum of health needs of our students and enhance coordination, collaboration and communication across services and systems within and beyond the University.

Introduction

The rising incidence of post-secondary students with mental health needs or experiencing mental health concerns for the first time has had an impact on university campuses across North America. Many student affairs professionals report a steady, often dramatic increase in the numbers of students requesting mental health services in recent years. It is a challenge to meet the increasingly complex mental health needs of students through the university's existing resources.

According to the U.S. based National Survey of College Counseling Centers (Gallagher, 2014), 86% of counseling center directors surveyed report that there has been a steady increase in the number of students arriving on campus who are already taking psychiatric medication. Additionally, 94% of directors report that recent trends toward greater number of students with severe psychological problems continue to be true on their campuses. In the previous 5 years, directors noted significant increases in the numbers of students presenting with: anxiety disorders; crises requiring immediate response; psychiatric medication issues; clinical depression; learning disabilities; surviving sexual violence and abuse; self-injury issues (e.g. cutting to relieve anxiety); and problems related to earlier sexual abuse.

This survey did include a limited number of responses from Canadian institutions (McMaster University, Memorial University and the University of Victoria).

The most recent Canadian report available is contained in the 2005 Canadian Counselling Centre Survey (Sharon Crozier, Ph.D. and Nancy Willihnganz, MSc., Camosun College, 2005). In that survey, 77% of counselling centre directors reported that the number of students presenting severe psychological issues had increased in the previous 5 year period (2000 – 2005). It was also reported that 54% of directors who indicated an increase in the number of students presenting with severe psychological issues, estimated the increase in severity to be an average of 28%.

Mount Allison University Student Affairs Response

Recognizing the critical importance of student mental health, and to ensure an ongoing commitment to a healthy learning environment for students, Mount Allison University's Student Affairs Division is in the process of reviewing its initiatives, programs and services related to student mental health.

The framework for this review is based upon the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association's (CMHA) document *Post-Secondary Student Mental Health: Guide to a Systemic Approach* (see acknowledgement below).

The CACUSS/CMHA document provides a framework for addressing student mental health in post-secondary institutions. It is the result of a commitment undertaken by CACUSS and CMHA to strengthen student mental health. Another product of that commitment, *Mental health and wellbeing in post-secondary education settings: A literature and environmental scan to support planning and action in Canada* (MacKean, 2011) outlines the current status of postsecondary student mental health and recommends a more system wide approach that extends the focus from "treating individuals... to promoting positive mental health at a population level..." (page 10). The framework presented in the

Guide to a Systemic Approach continues this work by outlining a systemic approach that focuses on the creation of campus communities that foster mental well-being and learning.

In this document, the foundational background and concepts that inform the framework are addressed in the *Working Definition of Mental Health* and *Underlying Premises*. This is followed, by an overview of fundamental aspects of a systemic approach and the key components that inform campus strategy development.

Acknowledgement

The authors of this document would like to acknowledge that in accordance with its Creative Commons license, significant portions of this document have been adapted from the following work:

Canadian Association of College & University Student Services and Canadian Mental Health Association. (2013). *Post-Secondary Student Mental Health: Guide to a Systemic Approach*. Vancouver, BC: Author.

Working Definition of Mental Health

Mental health can be defined as: *“The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity”* (Government of Canada, 2006).

When we discuss the state of a person’s mental health, we may be tempted to focus exclusively on the presence or absence of a diagnosed mental illness, assuming that if the individual shows no symptoms of mental illness, and has no diagnosis, that person could be defined as having ‘good mental health’.

Figure 2: Continuum of Mental Illness



However, even those without a diagnosed mental illness, or symptoms of mental illness, may not be in a state of optimal mental health (i.e., flourishing). Situational factors, stress, lifestyle choices, etc. can lead to a state of poor mental health described as languishing (low positive emotions, low positive functioning).

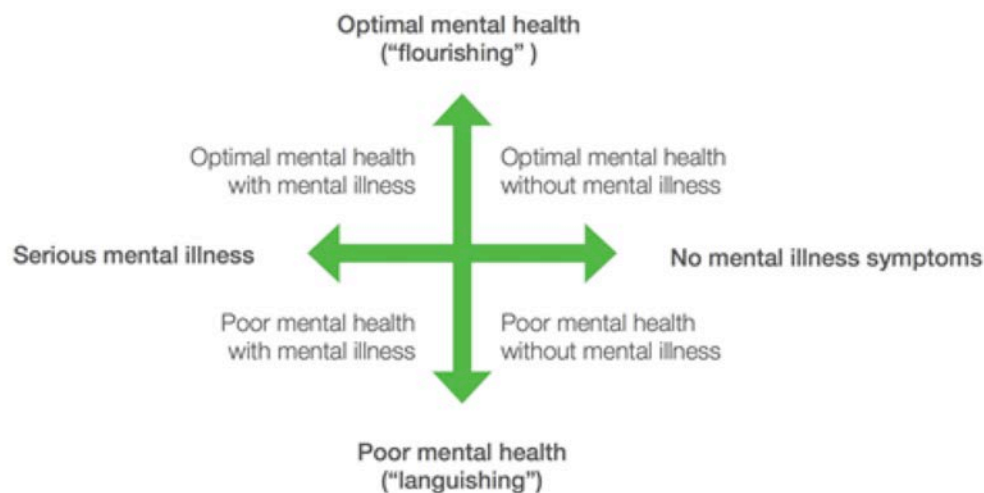
Figure 3: Continuum of Mental Health



The absence of mental illness does not imply the presence of mental health, or vice versa. The complete mental health model combines mental health (flourishing, languishing, moderate mental health) with the presence or absence of mental illness. Complete mental health means both flourishing and being free of mental illness. States other than complete mental health have been associated with limitations in activities of daily living, missed days of work or school, physical conditions, and greater use of acute health care services and prescription medication. (Statistics Canada: <http://www.statcan.gc.ca/pub/82-003-x/2014009/article/14086-eng.htm>)

The goal of the Mount Allison University Student Affairs Division is to design and deliver initiatives, programs and services which promote the optimal mental health of all students, to support them in their social, emotional and intellectual development, as well as their academic goals. This includes providing support for those students with ongoing mental health challenges, as well as providing opportunities for all students to enhance their mental health through the development of resiliency, emotions regulation, and self-management skills.

Figure 4: Dual Continuum Model of Mental Health and Mental Illness



MacKean, 2011. Adapted from: *The Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and Canadian Mental Health Association, Ontario; based on the conceptual work of Corey Keyes*

Underlying Premises

- Mental health is essential to students' academic success as well as their ability to participate fully and meaningfully throughout all aspects of their lives and throughout their lifespan.
- Empowering students to participate actively in maintaining their well-being as well as addressing mental health issues sets the foundation for increased ability to sustain well-being throughout their lives.
- Addressing discrimination and inequities is essential to both student mental health and learning.
- Physical, cultural, spiritual, political, socioeconomic and organizational contextual factors are all interrelated and significantly impact the student learning experience and wellbeing (Silverman, Underhile & Keeling, 2008). These factors may also exacerbate poor mental health or mental illness.

Global and National Contexts

In recent years, increasing attention has been focused on the mental health of societies locally, nationally and from a global perspective. Much of this focus is concentrated on the prevalence of mental illness, and the corresponding costs to society.

On a global level, according to the World Health Organization (WHO), surveys conducted in developed as well as developing countries have shown that, during their entire lifetime, more than 25% of individuals develop one or more mental or behavioural disorders (Regier et al. 1988).

Nationally, in 2010 the Mental Health Commission of Canada (MHCC) commissioned a study to examine the number of people living with mental health problems and illness, and the associated costs. The study revealed that in any given year, one in five people in Canada experiences a mental health problem or illness, and it affects almost everyone in some way. More than 6.7 million people in Canada are living with a mental health problem or illness today. By comparison, 2.2 million people in Canada have type 2 diabetes. The study makes it clear that the economic cost to Canada is at least \$50 billion per year, representing 2.8% of Canada's 2011 gross domestic product.

We know that mental health problems and illnesses hit early in people's lives, and incidence rates among those in the traditional Post-Secondary Education (PSE) age groups are sobering. The MHCC study found that in 2011, the annual prevalence rate of any mental illness was 25.9% for females and 29.10% for males aged 13 – 19. Findings also show more than 28% of people aged 20-29 experience a mental illness in a given year.

Mental Health Commission of Canada. (2011)

Relevance to PSE

Realizing the potential impact of poor mental health on students' quality of life, their level of engagement, success and retention, the importance of student mental health has been gaining increasing attention on campuses across Canada. Universities and colleges are now considering their roles and responsibilities with respect to student mental health and well-being, and many are developing comprehensive mental health strategies in response.

Key post-secondary groups, including the Association of Universities and Colleges of Canada (AUCC), Association of Canadian Community Colleges (ACCC), National Association of Student Personnel Administrators (NASPA), and Canadian Association of College and University Student Services (CACUSS) have launched major initiatives and undertaken research to look at the mental health of PSE students.

In 2012, the Association of Universities and Colleges of Canada held a workshop for university leaders on the topic of mental health. Following the workshop, the university presidents created a working group, with the aim of clarifying and setting out the responsibilities and appropriate responses of universities for dealing with all aspects of student mental health. Since then, a checklist to guide presidents in leading an institutional response and a toolkit including references were created; they are housed at an AUCC member-only website

(University Affairs, November 14, 2012). Robert Campbell, president of Mount Allison served as Chair of the National University Presidents Working Group on Campus Mental Health.

Also in November 2012, the *Making the Connection: Developing a University Team Approach to Student Mental Health Care* conference was presented by the Association of Atlantic Universities (AAU) and the Medavie Health Foundation and was hosted at Mount Allison. The conference was designed to create greater awareness and focus on student mental health across the region’s universities. <http://medaviehealthfoundation.ca/2012/11/developing-a-university-team-approach-to-student-mental-health/>

In 2013, the American College Health Association-National College Health Assessment (ACHA-NCHA 2013) provided evidence about student mental health at the post-secondary level and its impact on learning and engagement. More than 34,000 students from post-secondary institutions across Canada participated.

The most common issues that students report as having a negative impact on their academic performance are (in the following order): stress, anxiety, sleep difficulties, internet/computer games, and cold/flu/sore throat.

A closer look at the findings related to mental health reveal some troubling data. **Nearly 90% of students report feeling overwhelmed by all they had to do; and more than 86% were exhausted. More than half of all of students report feeling hopeless, and overwhelming anxiety.**

Students reported experiencing within the last 12 months (%):	Male	Female	Total
Felt things were hopeless	47.7	56.6	53.8
Felt overwhelmed by all you had to do	80.5	93.5	89.3
Felt exhausted (not from physical activity)	79.2	90.7	86.9
Felt very lonely	56.4	67.5	63.9
Felt very sad	57.7	73.6	68.5
Felt so depressed that it was difficult to function	33.3	39.4	37.5
Felt overwhelming anxiety	45.2	61.7	56.5
Felt overwhelming anger	37.2	44.4	42.2
Seriously considered suicide	8.9	9.6	9.5
Attempted suicide	1.0	1.4	1.3
Intentionally cut, burned, bruised or otherwise injured yourself	4.6	7.4	6.6

ACHA – NCHA: *Canadian Reference Group Executive Summary Spring 2013*

As no New Brunswick PSE institutions participated in the 2013 National College Health Assessment, we do not have access to self-reported rates of mental health concerns among students within the province.

Provincial Context

The provincial government, along with researchers and mental health advocates, has recently been turning its attention to the concept of positive mental health and its contributing factors, focusing on mental wellness and building individuals' capacity for resilience.

In an effort to improve the social determinants of health, provide individualized care to those in need, improve mental well-being in family, community and workplace settings, and address stigma in the community at large, in 2011 the government released its document, *The Action Plan for Mental Health in New Brunswick 2011-2018* (<https://www.gnb.ca/0055/pdf/2011/7379%20english.pdf>). One of the projects directly supporting the Action Plan, as well as the province's wellness strategy, is the Positive Mental Health Initiative.

Positive Mental Health Initiative

In 2013, as part of its provincial wellness strategy, and to increase PSE participation rates, the Government of New Brunswick's Department of Post-Secondary Education, Training & Labour (PETL) launched its Positive Mental Health Initiative for all publicly-funded post-secondary institutions.

This initiative is a collaboration with the Health and Education Research Group (HERG) at the University of New Brunswick. The project is designed to provide institutional educators, student services professionals, administration and human resource personnel, and students with strategic approaches, support practices and tools for promoting and embedding psychological wellness within post-secondary environments.

As part of this project, PETL allocated monies to Mount Allison to hire a Mental Health Educator and a Mental Health Intern for a 2 year period. The Mental Health Educator is a key leader in the development of mental health programming at Mount Allison University. This position oversees previously implemented modules, and continues to develop and implement, on a cross-institutional basis, new programming and outreach efforts so as to further the progress of mental health awareness on campus. Under the direction of the Mental Health Educator, the Mental Health Intern worked specifically with students and student groups to implement education and awareness programs and campaigns designed to reduce stigma and promote inclusiveness.

It should be noted that as these positions are contingent on external funding sources, they are not sustainable in the long term. The funding for the Mental Health Intern position has been exhausted and there is currently no one in this role.

Access to Mental Health Care in Sackville

As is the case in many Canadian provinces, the health care system in New Brunswick is over-burdened and operating with too few resources. Through the Department of Health, Mental Health Services oversees the operation of Community Mental Health Centres, and administers purchase-of-service contracts with regional health authorities for in-hospital psychiatric units.

There is no access to psychiatric services at the local hospital in Sackville, nor are there psychiatrists or psychologists in private practice locally. While students may access psychological services on campus, the number of available appointments is limited, and provided on a fee-for-service basis. Students must travel to Moncton for psychiatric care (see also Section 6, *Accessible Mental Health Services*).

Mount Allison University Context

Given that 1 in 5 Canadians will experience a mental illness in a given year, and that a majority of mental illnesses emerge during the period of late adolescence to early adulthood, what does that mean for Mount Allison in terms of mental health programming and service delivery requirements necessary to meet demand?

If we extrapolate the prevalence rates cited by the Mental Health Commission to the Mt A population, we may assume that in a given 12 month period, between 602 – 651 of full-time, undergraduate students are living with a mental health problem or illness (based on current enrollment figures of 2,365).

According to the staff in various Student Affairs units, the last several years have seen a significant increase in the number of students seeking support for mental health issues. Not only are more students requesting services, more students are self-identifying as requiring support in advance of their arrival on campus. And, perhaps most significantly, staff are highlighting an increase in the level of complexity of mental health needs.

Counselling Services

According to Counselling Services staff, students are coming in with more comorbid or complex issues, many with multiple clinical diagnoses. The mandate of campus counsellors is to support students coping with issues related to personal development – problems such as adjustment to university, stress management, navigating relationship issues, etc. Their scope of practice dictates the use of a short-term, solution-focused therapy model.

However, the vast majority of counselling time is spent with clients who present with a range of significant and complex mental health problems, including: depression, anxiety disorders (including OCD), eating disorders, post-traumatic stress disorder, bipolar disorder, personality disorders, abuse/assault, suicidal ideation and crisis. In order to address the demand for enhanced expertise in the area of mental health, in September 2014 two registered psychologists were made available on campus on a limited, fee-for-service basis. Each psychologist began with one half-day per week, with one quickly expanding availability to one full day per week. We now have three psychologists, with a combined availability of three days per week.

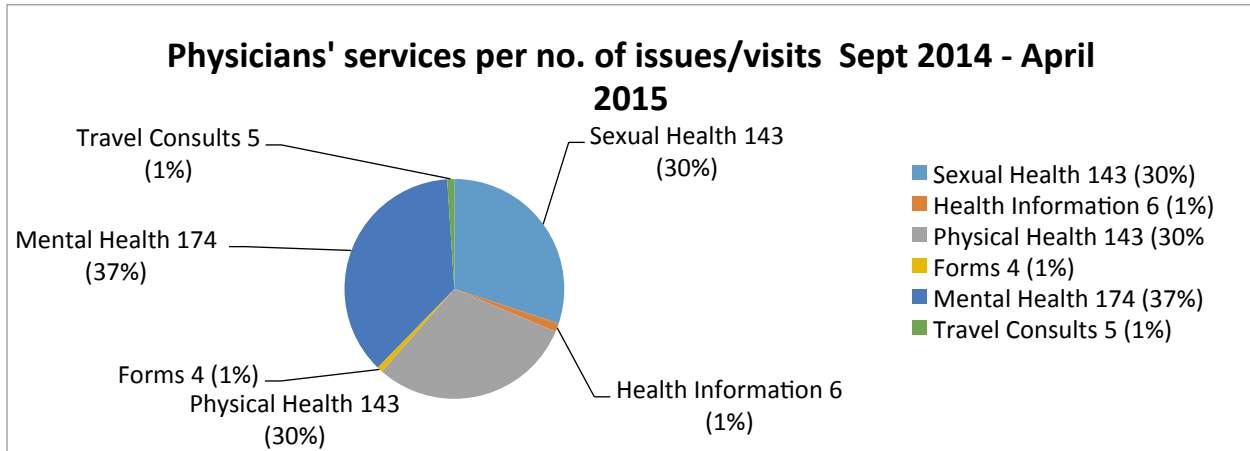
Staff immediately began to refer complex cases to psychologists, and students began to self-refer; as a result, their services remained booked all year. In fact, by one month into the 2015 academic year, one of the psychologists was already booked fully until the end of the semester. As a result, clients who require these services, but who cannot be accommodated due to time constraints, end up being bounced back to Counselling and/or Health Services. This highlights the need for enhanced counsellor training and specialized service availability.

Health Services

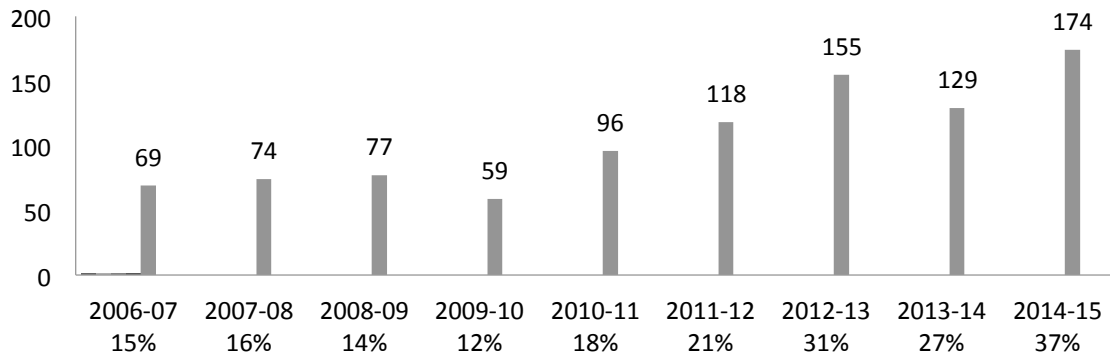
In addition to Counselling resources, many student mental health needs come to light during appointments with the Registered Nurse/Educator, and/or physicians holding on-campus clinics. The increased requests for mental health services is having a significant impact on Health Services (note that

Mount Allison does not employ physicians, but has relationships with two local physicians who come to campus to provide a limited number of half-day clinics).

Statistics compiled from 2014-15 indicate that the largest percentage of visits to on-campus physicians was for treatment of mental health issues. As the graph below shows, 37% of visits to physicians were related to mental health, compared with 30% for physical health and 30% for sexual health care.



Comparison of Physicians' Mental Health Services provided from 2006- 2015 (Sept-April)



Comparing data over the last nine years, we see a 152% increase in the number of visits to physicians related primarily to mental health issues.

In order to provide timely follow up for students' mental health care, additional clinics are being scheduled as required, given the availability of local physicians. The scheduling of additional clinics is also necessary to manage longer wait times for students seeking treatment for other health issues.

In addition to the mental health services offered by physicians, the Registered Nurse/Educator (full-time, sessional employee) also provides mental health services to students in her own clinics and reports a steady increase in the number of students presenting with mental health issues.

Registered Nurse/Educator Mental Health Services as a Percentage of Total Student Visits

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Yearly Average (Sept-April)	92 (5%)	113 (7%)	125 (9%)	131 (11%)	191 (19%)	Year not completed yet
September Average	Not available	22 (9%)	24 (9%)	27 (13%)	28 (31%)	32 (45%)

The complexity of cases, coupled with the length and frequency of visits necessary to manage these mental health issues, has resulted in a substantial increase in the amount of time spent with these students. One can see that the percentage of mental health visits in the month of September alone has risen from 9% in 2011, to 45% in September 2015.

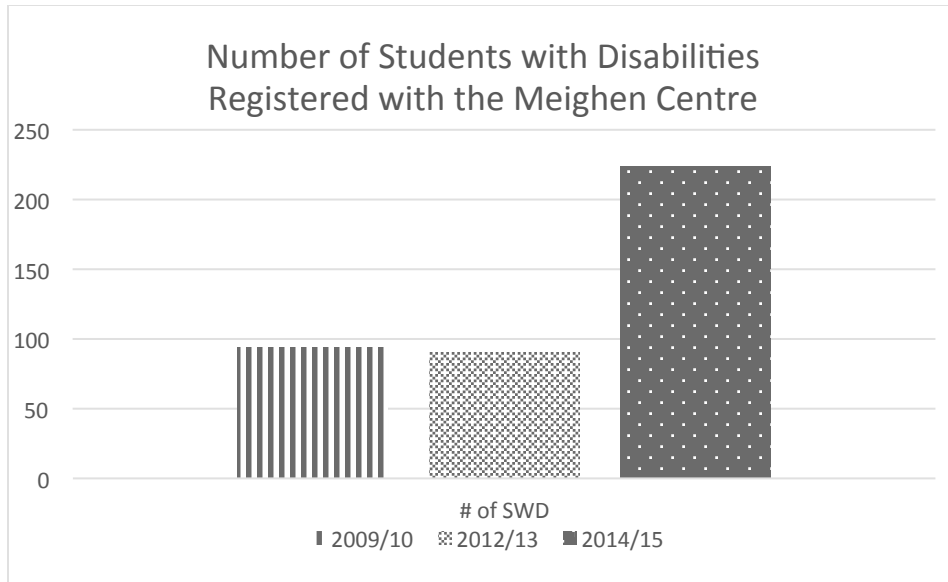
Time spent managing these increasingly complex mental health needs is causing a backlog of non-mental health cases. Many mental health cases, particularly those involving eating disorders, involve the Registered Nurse/Educator completing complex individual assessments, then taking additional time after each visit to collaborate with the psychologist treating the student. While the Registered Nurse/Educator reports having few, if any, students presenting with eating disorders in previous years, she co-managed 13 such cases in 2015 – 2016.

Meighen Centre (Services for Students with Disabilities)

Originally founded to provide support for students with learning disabilities, the mandate of the Meighen Centre was recently expanded to include the provision of services for students with all forms of disability, including mental health disabilities. The Centre provides services and accommodations that help students with disabilities to achieve academic success. Services include test accommodations, counselling, assistive technology assistance and academic planning assistance. The Disability Advisors help students with mental health disabilities by supporting them in becoming self-advocates, liaising with professors and providing faculty and staff with assistance in working with students with disabilities.

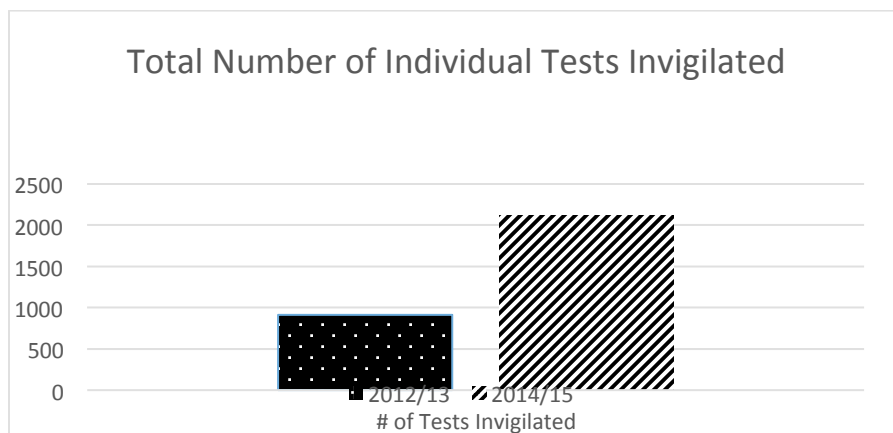
Similar to the experience of other student affairs professionals, Meighen Centre staff are also reporting an increase in the complexity of the mental health issues being presented, and seeing students presenting with multiple co-existing conditions or disabilities.

In the 2012-13 academic year, the Meighen Centre was serving 90 students, all with documented learning disabilities. By 2014-15, after amalgamating with the Disability Services Office, the number of students registered to receive services through the Meighen Centre, including services for documented mental health conditions, rose to 223. This represents an increase of 147% in the number of students registered with the Centre.



With the provision of services for students with documented mental health conditions, the centre has seen a significant increase in the requests for individual test invigilation. Many students living with anxiety disorders, including test anxiety, are unable to write midterms and exams in classrooms with other students. With appropriate documentation, these students are provided space within the Centre to write their exam, under staff supervision.

In the 2012-13 academic year, the number of individual tests invigilated was 912 (students with Learning Disabilities only). By 2014-15, after the amalgamation of disability services, the number of tests invigilated had risen to 2,118. While this represents an increase of 132%, no additional resources were provided to accommodate this increase in the demand for service following the amalgamation.



A Systemic Approach to Mental Health

In their *Guide to a Systemic Approach*, CACUSS and CMHA undertook a review of key sources focusing on healthy campus settings, (Patterson & Kline, 2008; World Health Organization, 1998) as well a thorough review of campus mental health strategies in Canada and internationally was undertaken.

The following key components for student mental health strategy development were formulated from this review:

1. Institutional Structure: Organization, Planning and Policy
2. Supportive, Inclusive Campus Climate and Environment
3. Mental Health Awareness
4. Community Capacity to Respond to Early Indications of Student Concern
5. Self-Management Competencies and Coping Skills
6. Accessible Mental Health Services
7. Crisis Management

The following sections outline the Mount Allison University *Student Affairs Mental Health Strategy*, using the CACUSS-CMHA recommended systemic approach.

1. Institutional Structure: Organization, Planning and Policy

It is widely accepted that the broader organizational context has an impact on the wellness of those within it. Institutional structure and policies contribute to its culture by reinforcing certain values, beliefs and behaviors; and discouraging others. How a postsecondary institution is structured and its strategic goals, policies and practices therefore impact student mental health, which in turn, impacts student learning.

Addressing this area requires assessment of the degree to which these organizational elements support student mental health and engage the whole student in the learning process.

Current state: The Mount Allison University Senate currently has two committees whose mandates include consideration of student wellness, the Committee on Students with Disabilities, and the Ad Hoc Committee on Evaluating the Fall Break.

Committee on Students with Disabilities

This committee is tasked to:

- review the *Senate Policy on Students with Disabilities* and make recommendations to the Senate for changes as appropriate;
- review the services available to students with disabilities and make recommendations to the appropriate bodies concerning improvement in these services;
- consult with other resource people, within and outside the University community, for advice on improving the environment for students with disabilities.

Ad Hoc Committee on Evaluating the Fall Break

After some debate, the university agreed to schedule a fall break, or reading week, in early November. Supporters of the initiative, including the student union, emphasized the mental health benefits of a fall break, which would allow students time to catch up on reading, assignments and projects before the end of term. It should be noted that this break has been instituted on a trial basis. The objective of this committee is to evaluate the effectiveness of the break in achieving its stated aims of supporting student mental health.

According to a recent review of policy approaches to post-secondary mental health (Olding & Yip 2014), there are two broad categories of policies that have implications for student mental well-being:

1. Policies that specifically support individual students experiencing mental health concerns:
 - a. Accessibility and accommodation policy
 - b. Medical leave and re-entry policy
 - c. Access to information and protection of privacy policy
 - d. Procedures for supporting a student in distress or crisis
 - e. Response to “at-risk” behavior
2. Policies that broadly enable or promote positive systemic mental health:
 - a. Creating fair and flexible processes for grading and conflict resolution
 - b. Providing clear directions for navigating institutional processes and systems, or limiting barriers within these systems

- c. Promoting inclusive curriculum and pedagogy
- d. Institutionalizing an anti-discriminatory and anti-stigma perspective.

Potential Areas for Development at Mount Allison:

- Procedures for medical leave and re-entry, voluntary and involuntary withdrawal
- Establish Students of Concern Case Team for support students in distress or crisis
- Develop procedures to respond to “at-risk” behavior
- Examine removing sanctions that discourage students from taking medical leave/withdrawal (i.e., loss of scholarships)

Recommendations:

- University policy initiatives should be viewed with an equity and diversity lens that accounts for how individuals with mental health needs are affected by such policies while engaging in University activities.
- Develop policy, in accordance with best practice policies and protocols in place at other Canadian universities, to establish pathways to support student needs in cases where the primary issues are related to mental health.
- To help address the issue of stigma within the purview of curriculum and pedagogy, develop statements related to both mental health and academic accommodation; include help-seeking and University resources.
- Develop programming and training that supports faculty to create learning environments that encourage students to seek help.

(University of Toronto Report of the Provostial Advisory Committee on Student Mental Health)

2. Supportive, Inclusive Campus Climate and Environment

A supportive campus climate and environment supports student engagement, which has been found to have a positive impact on both academic performance and mental health (Center for the Study of Collegiate Mental Health, 2010). By creating conditions for meaningful participation in the campus community including the fluid and authentic exchange of ideas, such an environment helps students feel connected and facilitates holistic, integrated learning and development. The capacity to adapt to change, embrace challenges, and maintain resilience are all outcomes of such development. Other outcomes include evolving clarification of interests, values, academic goals, and one's sense of life purpose in relation to the world.

Current state: The mandate of the following departments and positions is to foster an inclusive campus environment, and to provide support to all students.

Academic Support Services: provides academic support and skills (e.g., time management, study skills, essay writing) workshops for students to help them achieve their full potential in university.

Athletics and Recreation Services: provides comprehensive fitness and athletic facilities for students, staff and faculty, and provides a welcoming and inclusive environment for community members to focus on their fitness, health and wellbeing. In addition, student staff in Recreation Services and student athletes are engaged in training, team initiatives, and volunteering in the larger community which fosters additional connections beyond campus.

Career Services: can help students explore careers and post-graduate opportunities; write résumés, prepare for interviews, develop networking skills and assist students to find full-time employment after graduation

Chaplain Services: Mount Allison's full-time chaplain offers counselling, grief support, small group nurture and pastoral care, and mentoring in spiritual and academic areas. The chaplain serves both the Christian community as well as the wider community of students and employees, regardless of religious background. Vespers, a non-denominational worship service, is held in Mount Allison's chapel on Sunday evenings, and a multi-faith prayer room is located on the 2nd floor of the Wallace McCain Student Centre.

Indigenous Affairs Coordinator: Canada's history of colonization of First Nations peoples, with resulting marginalization, has resulted in persistent health disparities between Indigenous peoples and the general population. For Indigenous students, mental health must be viewed as connected to broader issues such as spirituality, culture and social conditions. Any delineation of mental-health problems and disorders must encompass a recognition of the historical and socio-political context of Indigenous mental health, including the impact of colonization; intergenerational and/or other trauma, loss and grief; separation of families and children; loss of traditional lands; loss of culture and identity; and the effect of social inequity, stigma, racism and ongoing losses (The Action Plan for Mental Health in New Brunswick 2011-2018). The Indigenous Affairs Coordinator plays a role in sensitizing members of the campus community to this historical and cultural context, and raises awareness that services be delivered with cultural competence. The Coordinator provides personal support to Indigenous students and guidance to the Indigenous Support Group and Indigenous Mentorship Program.

Meighen Centre (Services for Student with Disabilities): The Centre is nationally recognized for its work with students who have learning disabilities and has recently expanded to include services for students with all types of disabilities. The Meighen Centre provides academic accommodations; test accommodations; a mentorship program, which matches first year students with disabilities (SWD) with senior students; hosts support groups; provides accessible information for students about policy 1201 (SWD); makes referrals for mental health resources and supports; facilitates awareness and coordination of services with other student service providers on campus; pre-orientation sessions for students are offered; outreach and training on demand to faculty and on-line training modules for faculty.

Residence Life: Residence Dons are expected to create a community atmosphere in residence; to provide residents with a secure foundation for their transition and growth into university life; to ensure that residence policies are upheld, and to respond to policy violations and emergencies as they arise; to maintain open communication and manage administrative duties; to act as a role model of respect for self, others and the community. Resident Assistants are further required to understand and use resources available for the support and assistance of residents in need.

Wellness Centre: The Wellness Centre takes a comprehensive and collaborative approach to student wellness, promoting prevention and awareness through workshops and special events (e.g., at Orientation) in addition to providing assessments, planning treatment, offering support, counselling, and ongoing management and evaluation of the health and wellness of individuals and groups. Wellness Centre services include: Health Services, Counselling Services, Harassment Support, Mental Health Education, and access to private Psychologists (fee-for-service).

Health Services: the Nurse Educator provides individual client care for a range of non-emergency medical issues, and conducts workshops and education on various health issues. Student Health Services, in coordination with a student health intern, provides information to the general community online, through social media, and communication campaigns. The Student Health 101 web magazine is actively distributed throughout campus especially to first year students. This electronic tool includes health information, quizzes, student health tips through videos, and MTA specific resources. Physicians are available weekly to address student medical concerns, including sexual health and mental health issues. Health Services also coordinates access to massage therapy and acupuncture services on campus.

Counselling Services: Student Development Counselling is a short-term, solution focused service, which provides guidance for personal concerns and helps students develop coping skills and strategies for self-care. Counsellors provide both individual and group counselling services, and are available for consultation with staff and faculty to coordinate care and academic accommodations, and provide education, media, and workshops with a focus on increasing mental health awareness and intervention skills (e.g., Mental Health First Aid, Garnet Guide). Private psychologists are also available on a limited basis for students with complex and/or specific psychological needs. Counsellors facilitate the student group Beautiful Minds, which operates a peer-run online support forum.

S.H.A.R.E. (Sexual Harassment and Assault Response and Education): involves a team of professionals within Student Affairs who, along with student peer educators, work to develop and maintain a safe and healthy environment at Mount Allison University, free of sexual

harassment, sexual assault, or discrimination based on sex, gender, or sexual orientation. SHARE offers confidential advice to anyone who has experienced sexual violence or misconduct; refers to appropriate campus and off-campus services and supports students during any related medical, legal or school judicial proceedings; offers 24-hour telephone support when school is in session; educates and raises awareness about sexual harassment, sexual assault, homophobia, transphobia, intimate partner violence, and related issues; provides volunteer opportunities for student involvement and initiatives.

Mental Health Educator: helps promote mental wellness through workshops, campus events, awareness campaigns, and educational outreach programming; works with students, faculty, and staff to help foster positive mental health and overall well-being in the campus community. The Mental Health Educator also works closely with student groups to support their mental health programming and peer-support services.

Gaps:

- Current resources are not adequate in terms of time and expertise, to meet the increasing complexity of students' mental health needs.
- Wait times for appointments with physicians can be lengthy (up to 1 month).
- Access to emergency psychiatric care (Moncton) or other specialist appointments – transportation barriers (limited access to reliable transportation and/or prohibitive financial barriers).
- Need for faculty to reflect on the impact of their curriculum and pedagogy on student mental health.
- Some faculty members may be unaware of the need to accommodate student mental health disabilities, and unfamiliar with principles of inclusion.
- Clarification of role of parents/family in maintaining students' mental health (and accessing these supports in times of crisis or complex mental health situations).

Potential Areas for Development:

- Increased education and tools for faculty and staff on issues of access and inclusion.
- Develop an inclusion awareness campaign on invisible disabilities.
- Continue to work with the Student Union on possible solutions to transportation issues.
- Provide faculty and staff access to professional development opportunities which recognize, and are inclusive of cross-cultural issues with respect to mental health, particularly as they apply to supporting Indigenous and International Students.

Recommendations:

- To better address the needs of students for more affordable and frequent access to psychological services, secure funding/coverage for private psychologists, access to psychiatrist, access to mental health nurse/specialist.
- Provide resources/professional development opportunities to enhance the therapeutic skills in these areas for existing staff.

3. Mental Health Awareness

Mental health awareness initiatives strive to improve student mental wellbeing by increasing knowledge and understanding of the determinants, nature, impact, prevention and management of mental health issues. Increased knowledge and understanding builds resilience and capacity to maintain wellbeing. Increased mental health awareness also plays an important role in the de-stigmatization of mental health issues. Stigma, prejudice, and discrimination have a significant impact on mental health by impacting one's sense of self-worth and commitment to self-care as well as making it more difficult to reach out for help. In addition, a supportive campus environment requires that all community members recognize their responsibility to others as well as themselves. Raising mental health awareness helps encourage community members' commitment to take action to promote student mental health at the campus level as well as to care for themselves and others.

Current state: Initiatives aimed at increasing mental health awareness at MtA include:

Changing Minds: one staff member is now a certified instructor of the Canadian Mental Health Association's *Changing Minds* program, an innovative, multi-use mental illness education program. It was created in order to address a community need for mental health education, stigma reduction and to promote a better understanding of mental health and mental illness.

Change Your Mind (student group): the group's goal is to promote mental health and decrease the stigma attached to mental illness at Mount Allison University. The mission is "to transform our campus into an extremely open and welcoming space to talk about mental health, its benefits, its importance and what you can do to nurture it."

Elephant in the Room Speaker Series: facilitated by the Mental Health Educator & Change Your Mind student group, *The Elephant in the Room* is a campaign designed to eliminate the stigma surrounding mental illness. This annual event uses a peer education approach to promote mental health awareness. By having students share their own mental health experiences publicly, we increase understanding, break down shame and stigma, and begin important conversations about mental health.

Elephant in the Room Campaign: coordinated by the Mental Health Educator, in partnership with the Mood Disorders Society of Canada, staff and faculty who volunteer to act as *Mental Health Champions* are provided with a small blue elephant-shaped stress ball. Displaying the elephant in their workspace sends the message that the Champion is someone with whom it is safe to discuss mental health concerns without fear of being looked upon differently. Champions are provided with enhanced information about available resources, on and off campus, how to make appropriate referrals, and how to initiate conversations with students they are concerned about. This program has become increasingly popular.

Garnet Guide: a paper & online resource for staff, faculty, and students in helping roles, which provides a comprehensive guide to identifying signs of emotional/mental health distress in others, as well as how to respond to such concerns, with an emphasis on making appropriate referrals to resources on campus, and in the community.

Jack.org Mount Allison University Chapter: Jack.org is the only national network of young leaders transforming the way people think about mental health. With initiatives and programs designed for young people, by young people, their goal is to end stigma in our generation. Jack.org's programs are designed to reach all young people, the 5 in 5. With monthly events and campaigns, they encourage and enable students to better care for themselves and support their peers.

Mental Health Educator: helps promote mental wellness through workshops, campus events, awareness campaigns, and educational outreach programming; works with students, faculty, and staff to help foster positive mental health and overall wellbeing in the campus community.

Mental Health First Aid: by spring 2016, two staff members will be certified instructors of the Canadian Mental Health Commission's *Mental Health First Aid – For Adults who Interact with Youth*. This course is currently offered at least 3 times per academic year to students, staff & faculty. The program is aimed at increasing awareness about specific signs of common mental disorders, as well as building comfort and skills in the area of identifying and responding to other community members in distress.

Gaps:

- Mental health awareness training is currently undertaken by students, staff and faculty on a volunteer basis, on their own time, and paid for by participants (on a cost-recovery basis).
- Many faculty and staff may be unaware of available campus resources to support mental health, and how to refer students to those resources.
- The position of Mental Health Educator is contingent on the availability of external funding.

Potential Areas for Development:

- Provide training (e.g., *Mental Health First Aid*, *Changing Minds*) to faculty, staff and students (especially in positions of support to others), to enhance campus awareness and comfort around identifying and responding to others in distress.
- Distribute Garnet Guide to all faculty on an annual basis.
- Create user-friendly messages (e.g., videos) about mental health easily accessible to students.
- Increased education for students and staff around mental health supports and services available on campus and in the community.
- Expand the Elephant in the Room/Mental Health Champions program.

Recommendations:

- Provide a guide on academic accommodations and promote on-line resources to faculty on accommodation for students with documented mental health issues.
- Acquire additional funding to purchase necessary materials to support the delivery of *Mental Health First Aid* and/or *Changing Minds* training to all Residence Life staff on an annual basis.
- Support staff and faculty requests to attend mental health training during regular business hours, rather than having them use personal time to attend training.

- Secure funding for purchase of Mood Disorders Society of Canada blue elephants for all faculty and staff members who wish to participate in the Mental Health Champions program.
- Develop a comprehensive webpage with all available mental health resources and information, including campus resources, community resources, national and provincial crisis phone lines, self-help resources, etc. **(In progress)**.
- Expand availability of psychological services by providing students with a list of psychologists who are willing to provide services remotely, through the use of technologies such as Skype **(In progress)**.

4. Community Capacity to Respond to Early Indications of Student Concern

All students experience difficulties from time to time in their academic programs. While many students are able to address these concerns as they emerge, other students require medical, and/or other professional support to address their mental health problems. National College Health Assessment (NCHA) data indicate a gap between the number of students reporting mental health concerns and those who report having received mental health support. The longer these concerns persist, the more they impact student learning and mental health. Also, as their issues persist, students expend increasing amounts of time and energy trying to cope. It is important therefore, to build campus community capacity to support students earlier, before their concerns become more serious. Those who interact with students in the course of their day on campus are in the best position to notice early indications of concern. Therefore, early recognition requires everyone's participation. Building this capacity involves increasing student, staff, and faculty ability to recognize early indications that a student may be experiencing difficulty as well as indicators of more serious student distress. It also involves building campus community members' capacity to reach out to a student and help connect them to appropriate resources and supports.

Current state: Mount Allison currently takes the following steps to identify early indicators of distress:

Counselling Services: Students complete an intake form that asks about history of mental health issues, and where students identify a history of mental health concerns/treatment, they receive information about further resources at MTA. There are time slots open for emergencies/crises, and students presenting with suicide ideation are given priority placement in counsellor schedules.

Health Services: Upon their first visit to Health services, students complete an intake form that includes a comprehensive assessment of mental, physical, social, and spiritual health, including past history and /or new concerns in this area. The Registered/Nurse Educator reviews the form with the student to further assess needs and then prioritizes and discusses the best action plan to assist this student with identifying appropriate resources. It is at this time when referrals may also be made to counselling or psychological services, physicians for medication management, etc.

Meighen Centre (Services for Students with Disabilities): Disability Advisors meet with students who identify with mental health disabilities on a regular basis to ensure that they are accommodated as per the Human Rights Code (Disability and Duty to Accommodate). Additionally Disability Advisors are able to monitor mental health status and are therefore able to support students to help mitigate crisis situations, and put any other additional supports in place if necessary to foster academic success. Students with learning issues undergo a complete assessment process to identify concurrent history or presence of mental health issues, and are referred as appropriate. Referrals may be made to Health Services, personal counselling or to external service providers for complete learning assessments.

Residence Life: Several members of Residence Life staff have taken Mental Health First Aid training; all Dons and RAs receive basic mental health awareness & intervention training at the beginning of each academic year. This includes training on a variety of topics that will assist them to identify individuals in need of support and/or care, including: effective listening, sensitivity training, identifying signs of distress and illness, community building, making referrals, to name a few. Residence staff are

encouraged to regularly check in with their residents, and to connect with and/or refer students to other support services such as Student Health Services and Counselling Services.

Students of Concern Case Team (SOCCT): The SOCCT is a new initiative at MTA that includes staff members from key departments who meet regularly to discuss situations involving students whose behaviour or well-being (related to mental health issues) is of concern to others. Cases may be brought forward by team members or members of our community. The goal of SOCCT is to ensure students of concern are supported and connected to appropriate services, and to manage situations where the conduct of a student may pose a risk to self or others.

Training for Employees:

The University offers Mental Health First Aid Training to employees (faculty and staff) in order to build their awareness, comfort, skills and capacity to identify and intervene with students and employees experiencing mental health problems and/or who might pose a risk to themselves.

The Wellness Centre also distributes the Garnet Guide to as many faculty and staff as possible, with the intent of helping them become comfortable identifying and approaching students who may be experiencing difficulties.

In conjunction with other Anglophone PSE institutions in New Brunswick, the Meighen Centre has developed 11 online modules as a resource to assist faculty and staff. Entitled “Supporting Students with Disabilities”, this resource provides information on a variety of disabilities, including mental health disabilities. The Centre also offers training and guidance each semester to all faculties and program directors on working with students with disabilities.

Gaps:

- Students may not seek assistance due to a number of factors, such as: stigma; lack of insight/awareness about the state of their mental health; lack of confidence in existing resources; etc.
- Residence Life staff receive limited training around early mental health intervention, despite being most often the first point of contact for residence students in distress.

Potential Areas for Development:

- Need for more mental health screening initiatives on campus (e.g., Depression Screening Day) to assist with early identification of issues.
- Develop enhanced training and education for key residence life staff (Dons and RAs) around early mental health intervention.
- Increase education and awareness among faculty and staff who may be in a position to notice signs of distress among students.

Recommendations:

- Develop an academic supports protocol for students experiencing acute mental health issues which may temporarily require academic accommodation, i.e. situational depression, exam anxiety, death of family/friends, etc., where they are not already or regularly being accommodated through the Meighen Centre.
- Secure funding to purchase access to comprehensive online training on mental health and addictions, such as *More Feet on the Ground* that responds directly to the specific needs of postsecondary students.
- Encourage students to self-identify when they are experiencing distress.

5. Self-Management Competencies and Coping Skills

The post-secondary student experience involves all aspects of living and learning both in and outside the classroom. Students are challenged across multiple developmental domains as they strive to build relationships, live more independently, understand themselves and clarify future directions, all the while managing their academic demands. Self-management competencies and coping skills strengthen students' resilience and ability to manage the multiple demands of student life. They also decrease vulnerability to mental health issues such as depression and anxiety.

Current state: Initiatives aimed at increasing students' self-management competencies and coping skills include:

Beautiful Minds: peer-run online support forum for students, allows students to develop skills in help-seeking and providing guidance to others. Counselling Services staff provide training and oversight to this group.

Change Your Mind: student group facilitates a weekly peer-support group for students with mental health concerns. The Mental Health Educator provides training and oversight to this group.

Counselling Services: focuses on helping individual clients foster their self-management skills.

Indigenous Support Group: a student group of indigenous students and allies dedicated to the discussions and concerns related to indigenous issues.

Meighen Centre: offers a mentorship program matching first year students with senior students in a peer-support relationship. Oversight for this program is provided by the Mentorship Coordinator. The Centre also offers a tutor program, matching students with disabilities with academic tutors.

Mental Health Educator: offers workshops for students on stress management, managing test anxiety, guided meditation, etc. In partnership with staff from the Meighen Centre, is currently offering a 6 week Anxiety Management Education Group for students registered with the Meighen Centre.

Gaps:

- Many students seem to lack skills in emotions management and self-regulation.
- There are a lack of opportunities for students to learn said skills.
- According to research conducted by Mount Allison Professor of Psychology, Dr. Louise Wasylikiw, many students are unaware of available campus resources designed to assist them in coping.

Potential Areas for Development:

- Explore the possibility of creating a "Life Skills" or "University 101" course for all incoming students.
- Conduct an awareness campaign to educate students about available campus resources.
- Gain access & raise awareness about more web-based self-help programs.
- Be deliberate in promoting help-seeking and self-help behaviors.

Recommendations:

- Increase availability of group counselling opportunities to encourage development of skills in the areas of:
 - Emotion regulation/distress tolerance
 - Procrastination
 - Perfectionism
 - Anxiety
 - Mood issues
 - Relationship concerns

- Provide more workshops and skills seminars around key self-management competencies for students, including:
 - Assertiveness & healthy relationship skills (boundaries)
 - Emotional Regulation and Distress Tolerance.
 - Lifestyle concerns (sleep, eating, exercise, life balance, finances, alcohol use)

6. Accessible Mental Health Services

Mental health services are a critical part of a systemic approach to supporting student mental health. Numerous studies have found that they have a positive impact on student retention (Frank & Kirk, 1975; Illovsky, 1997; Porter, 2011; Turner & Berry, 2000; Wilson, et al 1997). They are uniquely placed to contribute to a systemic approach on multiple levels. They provide a range of services to support students through mental health difficulties and illnesses, and the recovery process, as well as specialized programs to meet the needs of specific student populations. Mental health services provide direct support to faculties through consultation regarding specific student concerns and issues arising from the demands of the academic program. Mental health care professionals also serve institutional goals and objectives by contributing their expertise and experience with the student population to strategic planning processes focused on learning and well-being.

A number of factors have an impact on how effectively campus mental health services can serve the campus and its student population. Accessibility is a key factor in this regard. Findings of the Documenting Effective Educational Practices (DEEP) project point to the importance of providing resources “to those who need them when they need them and create[ing] conditions that encourage students to take advantage of them” (p. 57, Kuh, et.al, 2005).

Current state: The accessibility of mental health services at Mount Allison is impacted by a number of factors, including the physical location of the campus, and the availability of specialized mental health professionals.

Counselling Services: The Wellness Centre has 2 Student Development Counsellors (Social Workers) who provide treatment, support, and counselling to individuals and groups. Student Development Counselling is a short-term, solution focused service, which provides guidance for personal concerns and helps students develop coping skills and strategies for self-care. Counsellors provide both individual and group counselling services, and are available for consultation with staff and faculty to coordinate care and academic accommodations, and provide education, media, and workshops with a focus toward increasing mental health awareness and intervention skills.

Health Services: The Nurse Educator provides individual client care for a range of non-emergency medical issues, and conducts workshops and education on various health issues. Physicians are available weekly to address student medical concerns, including mental health issues.

Meighen Centre (Services for Students with Disabilities): Disability Advisors meet regularly with Meighen Centre students. They provide students with disabilities with advice and support with both academic and personal issues.

Psychiatric Services: There are no psychiatric services available at the local hospital. Students requiring psychiatric assessment must currently travel to the Moncton Hospital, more than 50 kilometers away. With no public transportation options, students without access to transportation must pay in excess of \$140 for round trip taxi service from Sackville to Moncton.

Psychological Services: There is no staff psychologist available to students on campus, nor are there psychologists in private practice locally. There are currently 3 psychologists in private practice who travel from Moncton to Sackville to provide psychological services to students with complex and/or

specific psychological needs, on a fee-for-service basis (costs are subsidized in part by the Mount Allison Students Union for those covered by the MASU health insurance plan). The university provides space within the Wellness Centre for these providers to meet with students.

S.H.A.R.E. (Sexual Harassment and Assault Response and Education): The Sexual Harassment Advisor offers 24-hour telephone support (when school is in session) to those who have been the victim of sexual harassment, sexual assault, homophobia, transphobia, intimate partner violence, and related issues. A peer-support group for survivors of gender-based violence is also facilitated by the Sexual Harassment Advisor.

Other mental health resources used at MtA:

- CHIMO Helpline (24/7) provincial crisis line
- Kids' Help Phone
- Mobile Mental Health Crisis Team
- 911 & 811 (provincial Telehealth Care line)
- Crisis text line

Gaps/Needs:

- Transportation costs: many students are unable to access psychiatric services in mental health emergencies (in Moncton) due to the cost and time required to travel there and back.
- The substantial increase in the number of complex mental health cases presented to the Registered Nurse/Educator and the physicians on campus has contributed to increased wait times for all students wishing to access medical services.
- The Wellness Centre is open weekdays only, from 8:30-4:30. Students who experience crisis outside of these hours are encouraged to use crisis phone lines and the local hospital system.
- Lack of access to psychiatric services in Sackville.
- Lack of ability of psychologists to meet demand on campus due to time constraints; many students do not have the means to pay for private psychological services.

Potential Areas for Development:

- Explore partnership opportunities with Moncton-based psychiatrists who may be interested in seeing additional patients on campus (University of New Brunswick-Fredericton has such an arrangement).
- Explore opportunities to partner with other licensed psychologists based in Moncton who may be willing to see students on campus.
- Work with the Student Union to encourage the inclusion of additional mental health coverage in the MASU health insurance plan.
- Improve the platform of the online peer support service, *Beautiful Minds*, to be more user-friendly and accessible.
- Continue to improve the relationship between staff and peer-run mental health initiatives

Recommendations:

- Secure additional staffing resources (e.g., a part-time mental health nurse).
- Increase funds available for professional development and skills-training opportunities for counsellors in specialized areas of care (e.g., eating disorders, OCD, PTSD, marginalized populations, in particular, Indigenous students).
- Provide counsellors with enhanced clinical supervision opportunities.

7. Crisis Management

Crises such as acute distress and imminent risk of self-harm have a significant impact on students' mental health and academic success. They also have an impact on others and can affect the entire campus community. Crises are also often complicated situations that require multiple roles and perspectives and a well-coordinated response. Crisis management protocols are critical, therefore, to enable the campus community to respond effectively to crisis situations which often involve acute distress or imminent risk of self-harm. Such situations require an elevated level of response in order to ensure the safety of all involved. It is essential that all staff and faculty understand their role within the institution's crisis management protocols and what is expected of them.

Current state: The following resources are currently in place to assist with crisis response.

Garnet Guide: for identifying and responding to students in distress. Distributed to as many staff & faculty as possible, as well as student staff (e.g., RAs). Includes information about resources available in emergency situations (CHIMO, Kids Help Phone, Mobile Mental Health, 911)

Mental Health First Aid: focuses on referring students to crisis resources when needed, and becoming comfortable with identifying such needs.

Residence staff orientation training: includes some training around identifying and responding to students in distress, including suicide intervention.

Gaps:

- There is no formal crisis response team protocol on campus – especially to guide decision-making in emergencies that often occur outside of normal working hours
- There is currently no standard policy or protocol for staff to follow when students in mental health crisis need to be taken to hospital.
- Residence Life staff are at high risk for burnout due to intensity and number of situations requiring emergency response.
- There are no on-campus after-hours mental health crisis services available.
- There is some confusion amongst staff members as to the role parents/families play in crisis situations and the appropriateness of sharing information about a student's condition, especially for students under 18 years of age.
- There may be a lack of awareness amongst faculty and staff regarding the types of situations and circumstances which dictate an emergency/crisis management response.
- MtA lacks a clear and cohesive policy and procedure to support students with serious, ongoing mental illnesses, including communication to students about options available for mental health leave as well as re-entry processes.
- There is currently a lack of protocol/programming to support members of the campus community in the event of the death of a student by suicide.
- Staff and faculty may be unaware of their roles and responsibilities when dealing with a student who poses an imminent danger to themselves or others.

Potential Areas for Development:

- Consider expanding the hours of operation of the Wellness Centre to better meet the logistical needs of students. Perhaps Student Development Counsellor work schedules could be staggered in order to provide some coverage in the evening.
- Explore the costs and benefits of membership in a student assistance program (SAP) to enhance students' access to services 24 hours per day.
- Encourage students to make use of existing after-hours crisis services (e.g., phone lines).
- Have systems and procedures in place to disseminate timely and accurate information to students and other members of the campus community during threat emergency situations **(In progress)**.
- Develop a protocol to support students, faculty and staff following the death of a student by suicide.
- Develop effective communication and coordination processes to support students with serious ongoing mental health concerns, including options available for mental health leave as well as re-entry processes to support transition back to academic programs.

Recommendations:

- Develop an official staff protocol for transporting students in mental health crisis to hospital.
- Enhance the mental health training made available to Res Life staff, including regular follow-up and "supervision" from counsellors to encourage continuing confidence in executing boundaries and care in their roles.
- Develop a crisis response team protocol so that no one staff member is responsible for crisis intervention alone, and so that there is a clear protocol for responding to crises outside of standard work hours **(In progress)**.
- Develop a clear policy on sharing of student information with parents/families, while respecting all laws related to the privacy of information.
- Increase availability of crisis services after hours (more counsellors, counsellor presence in residence, add evening shifts, and/or on-call services) as these tend to be the more difficult times of day for young adults with mental health concerns.
- Develop a communications plan for staff and faculty to follow when dealing with situations involving students with the potential for harm to self or others.
- Enhance faculty and staff awareness of the types of situations and circumstances that require crisis management, what the protocols are, and what their role is within these. This involves also understanding how an institution's policies, provincial legislation and professional guidelines inform decisions related to what information is shared and when to notify authorities when the safety of the individual or others is involved.
- Ensure that emergency personnel and peers, staff, professionals on campus are aware of best practices re: confidentiality during crisis intervention.

Summary and Next Steps

In supporting student success and well-being, Mount Allison University has provided students with a number of mental health services and programs. Historically, our students have benefited from access to a multidisciplinary group of health, mental health and health promotion professionals on campus, as well as student life professionals. Still, students express concern about access to high-demand services, accessibility of specialized mental health services, a lack of knowledge or awareness of the variety of services available, stigma associated with mental health and help-seeking, and a lack of understanding about when to seek help for a mental health issue.

The landscape of post-secondary student mental health is changing. More students are arriving on campus with pre-existing, and often complex, mental health needs. Recognizing that, the Student Affairs Division has undertaken this review of existing health, wellness, and mental health services at MtA. Successes have been highlighted, gaps have been identified, and recommendations outlined.

Greater emphasis is being placed on providing resources and training to faculty and staff, assisting them in identifying and responding to students in distress – creating a caring community where “every door is the right door”. Students are being given access to resources such as group counselling and psychoeducation, programs in residences, online resources, peer support groups and mentorship programs, and partnerships with local community mental health resources. It is clear, however, that the mental health needs of post-secondary students cannot be effectively or efficiently met through the delivery of reactive mental health services.

A growing body of research suggests the importance of programming that addresses positive mental health and resilience, as well as the significant impact environments can have on mental health and well-being, while recognizing that not all students have the ability to prevent the development of mental illness or mental health problems.

The University has an opportunity, through its programs and services, to play a role in helping students recognize their ability to manage, maintain or and improve their own mental health. Campaigns, information, and programs promoting the importance of adopting healthy lifestyles, such as a healthy diet, sleeping more, regular exercise, effective time management, positive thinking, joining communities, resiliency, and learning to cope with adversity, will assist students in reducing stress and developing much needed emotions regulations and self-management skills.

While the University’s intimate setting does provide many advantages, including small class sizes, and ample opportunity to interact with faculty, and recognizing that MtA does offer a generous and competitive scholarship, bursary and financial aid program, systems and structures that present challenges or barriers to students’ mental well-being need to be addressed. These may include financial worries (including worries about maintaining scholarships); academic pressures (internal or external); lack of meaningful social connections, and challenging communication and information tools and systems.

This document is a “living document” and will continue to be revised as stakeholder feedback is received and evaluated.

Next steps in this process include:

- Sharing the *Student Affairs Mental Health Strategy* with all members of the campus community **(Complete)**.
- Collaborating with the Mount Allison Students Union as well as individual clubs and societies with mandates related to mental health.
- Liaising with Sackville partners and mental health agencies on key components of the strategy.
- Securing external funding to support mental health initiatives.
- Monitoring, assessing and evaluating mental health programs and services.

These steps, and the Report recommendations, are in alignment with the systemic approach, which regards every member of our community – staff, faculty and students – as having a voice in the important conversation around student mental health.

The recommendations also call for the university to provide, within available resources, the services most needed for our students, and for students to actively engage in supporting their own mental wellness. All elements of the University environment have an impact on student well-being, and have the potential to contribute to fostering a healthy, inclusive, and resilient community.

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