

Post-Secondary Student Mental Health: Guide to a Systemic Approach

Supporting the creation of a campus community that is
deeply conducive to transformative learning and mental health



Canadian Mental
Health Association
Mental health for all



Contents

Introduction	4
Institutional Structure: Organization, Planning, and Policy	8
Supportive, Inclusive Campus Climate and Environment	10
Mental Health Awareness	12
Community Capacity to Respond to Early Indications of Student Concern	15
Self-Management Competences and Coping Skills	16
Accessible Mental Health Services	17
Crisis Management	20
Campus Engagement, Planning, and Action	21
References	22
Appendix A	24
Appendix B	33
Appendix C	34

Acknowledgments

The writing and production of *Post-Secondary Student Mental Health: Guide to a Systemic Approach* was a collaborative effort between the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA). This guide is the culmination of over three years of work, including conference sessions at CACUSS 2011 and 2012, beginning with the work of the National Post-Secondary Student Mental Health Working Group which oversaw the development of an environmental scan and literature review (MacKean, 2011).

Work continued with a Framework Sub-Group tasked with the development of a post-secondary student mental health framework and a Community of Practice Sub-Group responsible for considering the usefulness of the emerging components of the framework for application to the post-secondary context. A Student Advisory Sub-Group was tasked with reviewing and providing ongoing feedback as the framework developed and a Steering Committee oversaw the entire project. In the final phase of the project, further consultation and feedback was obtained through a collaborative learning series of nine national webinars held from September 2012 through April 2013. Over 300 representatives from over 70 post-secondary institutions across Canada participated in the national webinar series.

Su-Ting Teo (Ryerson University) and Cheryl Washburn, (University of British Columbia) co-chaired the National Working Group and Steering Committee. The Framework Subgroup was co-chaired by Rita Knodel (University of Victoria) and Cheryl Washburn. The Community of Practice Sub-Group was co-chaired by Jonny Morris (CMHA BC) and Su-Ting Teo. The Student Advisory Sub-Group was co-chaired by Jeremy Greenberg (University of Ontario Institute of Technology) and Rachel Morris-Ohm (Seneca College).

The writing team consisted of Cheryl Washburn, Su-Ting Teo, Rita Knodel, and Jonny Morris. Special appreciation is given to Jonny Morris for his facilitation of the collaborative learning series webinars.

A sincere thank you to the following campus professionals and students for their participation on one or more of the National Working Group and Sub-Groups and for their significant contributions to this joint project:

- Chris Balmer (Camosun College)
- Bonnie Blankert (Mount Royal University)
- Judy Burgess (University of Victoria)
- Alison Burnett (University of Toronto)
- Nathan Cooper (McMaster University)
- Trisha Dowling (University of Saskatchewan)
- Cora Dupuis (University of Manitoba)
- Kimberly Elkas (Trainer, Consultant, and Counsellor)
- Heather Fitzgerald (University of Waterloo)
- Rice Fuller (University of New Brunswick)
- Jeremy Greenberg (University of Ontario Institute of Technology)
- Pavani Gunadasa
- Jennifer Hamilton (CACUSS)
- Vicki Herman (University of Saskatchewan)
- Erika Horwitz (Simon Fraser University)
- Heather Hyde (BC Institute of Technology)
- Farhana Jogiat
- Nancy Lamonica (NEADS)
- Roula Markoulakis (University of Toronto)
- Kandi McElary (Mount Royal University)
- Rachel Morris-Ohm (Seneca College)
- Martin Mroz (Simon Fraser University)
- Linda Pardy (University of the Fraser Valley)
- Jyoti Prashad (McMaster University)
- Julia Pries
- Jen Rouse (Ryerson University)
- Shaylyn Streach (CMHA BC)
- Nicole Versaevel (University of Western Ontario)
- Peggy Wakabayshi (University of Western Ontario)

A special thank you to representatives from Mount Royal University, Ryerson University, Simon Fraser University, and the University of British Columbia and students Kiran Mahal, Kimberley Carter, Kyle Horvath, and Dana Wilson for participating in live interviews during the collaborative learning webinar series.

At CMHA BC, Jennifer Quan, Donna Panitow, and Renee Mok managed layout and design of the guide.

This final product is truly reflective of a national and joint effort to respond to the complexities of student mental health at colleges, institutes, and universities across Canada. While it is not possible to name everyone, a significant number of people contributed to this body of work, and many others were invited to review and provide feedback.

Use of the material in this document

The material in this document is governed by a Creative Commons license.

You are free:

- **to Share**—to copy, distribute and transmit the work
- **to Remix**—to adapt the work

Under the following conditions:

- **Attribution**—You must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work).
- **Noncommercial**—You may not use this work for commercial purposes.
- **Share Alike**—If you alter, transform, or build upon this work, you may distribute the resulting work only under the same or similar license to this one.

When attributing this work, please use the following citation:

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.

Introduction

This guide outlines a framework for addressing student mental health in post-secondary institutions. It is the result of a commitment undertaken by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (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 post-secondary 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 8). The framework presented in this guide 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 **Purpose, Working Definition of Mental Health** and **Underlying Premises**. This is followed, in **Systemic Approach**, by an overview of fundamental aspects of a systemic approach and the key components that inform campus strategy development. The **Conceptual Framework** section illustrates how these components map together to create a systemic approach to strengthening post-secondary student mental health. Each of the key components is then described in more detail with examples to provide a fuller understanding as well as key considerations to guide campus planning. Concrete steps for developing a systemic approach are outlined in the last section, **Community Engagement, Planning, and Action**. A summary table of the resources that informed the identification of key components is found in **Appendix A**. Resources to aid self-assessment, planning and action can be found in **Appendices B and C**.



“The mental health and well-being of a student’s family, friends, and community members, organizations and institutions of employment, and general socioeconomic, cultural and environmental conditions have an impact on a student’s mental well-being.”

Purpose

This guide is designed as a resource to support the creation of campus communities that are deeply conducive to transformative learning and mental well-being through a systemic approach to student mental health in colleges and universities in Canada. It provides a framework to support campus self-assessment, strategic goal setting, and the identification of options for change that can be used to inform planning and evaluation.

It is recognized that each post-secondary institution has unique strengths, circumstances, and needs. Therefore, while the broad areas for strategy development identified in this guide are relevant for all institutions, more specific strategies within each category need to be developed by each individual institution. This enables each institution to develop strategies that consider its own uniqueness and context. Even though the approach outlined in this guide is targeted at whole institutions, these ideas can also be used by students, staff, and faculty for individual units or departments within institutions.

While the focus of this framework is on student mental health, this in no way minimizes the need to address the broader scope of health, recovery and well-being on campuses, inclusive of faculty, staff and students. It is also recognized that the mental health and well-being of a student's family, friends, and community members, organizations and institutions of employment, and general socioeconomic, cultural and environmental conditions have an impact on a student's mental well-being. However, this framework does not focus directly on improving the mental health of staff, faculty and students' personal networks, nor does it provide guidance on addressing conditions 'outside' post-secondary institutions.

This framework complements both the national framework and strategy for mental health in Canada, *Towards Recovery and Well-being* (2009) and *Changing Directions/ Changing Lives* (2012),



“Each post-secondary institution has unique strengths, circumstances, and needs.”

by further defining a comprehensive approach to improve mental health, recovery, and well-being focused on post-secondary student populations and institutional settings. This framework also supplements the Association of Universities and Colleges of Canada (AUCC) document, *Mental health: A guide and checklist for presidents* (2012) which outlines guidelines and key considerations for leading an institutional response to student mental health concerns.

Working Definition of Mental Health

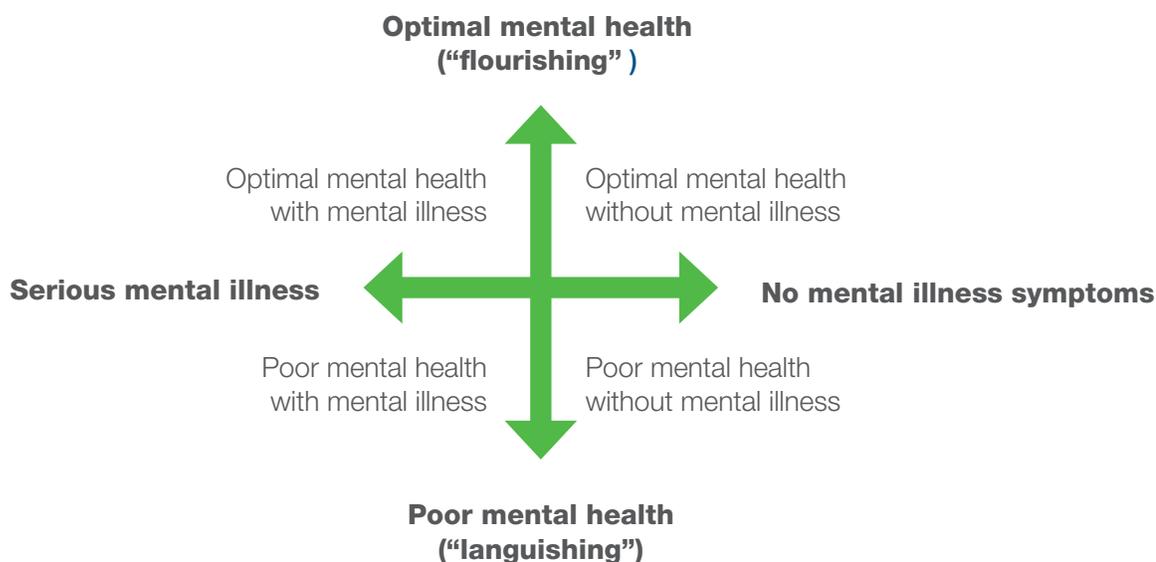
Mental health can be defined as: “The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice,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

This definition of mental health is aligned with concepts of mental health identified by the World Health Organization (2001) as well as Corey Keyes (2002) description of ‘flourishing.’ Keyes conceptualizes health and illness as separate continuums wherein a student with mental illness may flourish and conversely, someone without mental illness may languish with less than optimal health (see Figure 1).

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, socio-economic and organizational contextual factors are all interrelated and significantly impact the student learning experience and wellbeing (Silverman, Underhile & Keeling, 2008). These contextual factors are a key focus for change within this document.

Figure 1: 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

Systemic Approach

The premises outlined above inform the development of a systems wide approach to create a campus environment that is conducive to mental health and learning. Such an approach:

- 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.

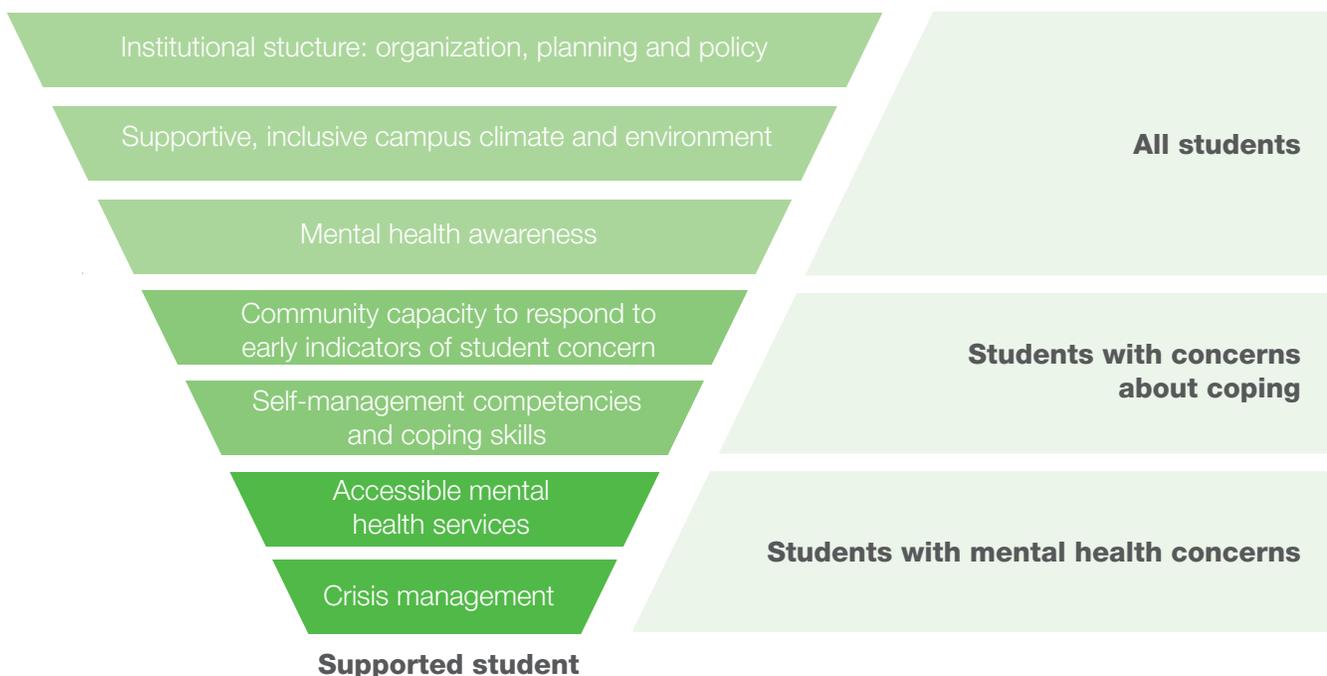
- Involves all stakeholders in a collective, shared responsibility for creating campus environmental conditions that support student learning and mental health.

A review of key sources focusing on healthy campus settings (Patterson & Kline, 2008; World Health Organization, 1998) as well as campus mental health strategies in Canada and internationally (see Appendix A) 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

Figure 2: Framework for Post-Secondary Student Mental Health



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 post-secondary 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.



How a post-secondary institution is structured and its strategic goals, policies and practices, therefore, impact student mental health, which in turn, impacts student learning.”

Examples:

- ▶ Institutional vision, mission and strategic goals that reflect the importance of student mental health as a foundation of learning and optimal performance.
- ▶ A reward system for educators that reinforces curriculum and pedagogy that enhance student mental health, recovery, and well-being.
- ▶ A process that reviews campus policies and procedures with a mental health lens and is informed by established principles such as accessibility, student autonomy, flexibility, and equity.
- ▶ Established processes for program evaluation and continuous improvement of offices, departments, services and resources that include criteria related to fostering student well-being.
- ▶ Built in accountabilities for staff and faculty to support student mental health.
- ▶ Policies and practices that effectively address disruptive and threatening behavior in a manner that is sensitive to mental health concerns.
- ▶ Campus policies and practices that operationalize legislation related to the accommodation of students with mental health issues.
- ▶ Campus policies and practices that address the role of faculty and mental health services in academic accommodation with regards to mental health difficulties and documentation required.

Key considerations for your campus community:

- ▶ To what degree does the institution believe that it is responsible for promoting student mental health as a requirement for integrated student development and learning?
- ▶ Is this commitment embedded in the institution's mission statement?
- ▶ What is the support for this within senior administration? To what degree are campus leaders committed to creating the conditions that support student mental health? Who are these champions on your campus?
- ▶ How is student mental health supported within an institution's strategic goals and resource allocation?
- ▶ How is the institution's commitment to promoting student well-being communicated to faculty, staff and students?
- ▶ To what degree does the institution engage faculty, staff, and students in defining their role in supporting student mental health?
- ▶ To what degree does the institution recognize the impact of historical inequities embedded in society and in the structure of the institution on student learning and well-being?
- ▶ What values, beliefs and behaviors are

reinforced by policies and practices (i.e. registration, tenure reward, grading, etc.)? What are their impacts on student mental health? What messages do these send to the students about the institution's ethos? Are new policies and practices needed to better support student mental health and learning?

- ▶ Are current practices supportive of student mental health? How well do practices align with supportive policies?
- ▶ How do current reward or disciplinary systems support or undermine student mental health?
- ▶ What accountabilities are built in for faculty, staff and departments to promote student mental health?
- ▶ How are students' voices and perspectives represented in institutional structure, planning, policy, and practices related to student mental health? What resources are dedicated to ensure that the voices of students are represented, including those with lived experience of mental health concerns?
- ▶ To what degree are key messages regarding the impact of mental health on academic/career success and the importance of maintaining mental health embedded into established faculty communications to students (i.e. course syllabi, etc.)?

“What resources are dedicated to ensure that the voices of students are represented, including those with lived experience of mental health concerns?”



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. Such an environment is fundamentally committed to social justice and sustainability and identifies, addresses and remedies barriers to full participation of all students.

Examples:

- ▶ Warm, welcoming, and safe spaces for students to gather, socialize, and connect.
- ▶ Resources for educators to ensure their curriculum do not perpetuate mental health stigma, prejudice, and discrimination.
- ▶ Mentorship and student life programs that encourage multiple ways for students to connect within the community.
- ▶ Information about and access to spiritual communities.
- ▶ Academic programs that integrate opportunities for meaningful engagement and learning both in and outside the classroom.
- ▶ Processes that recognize and mitigate barriers for students with mental health disabilities, such as informing students about their rights against prejudice and discrimination and choice of mental health resources and supports.
- ▶ Developing and implementing universal design concepts for accessibility so there are less requirements for individual accommodations.
- ▶ Resources for students, staff and faculty to address systemic barriers to participation (i.e. offices with responsibility for addressing issues such as equity, discrimination and harassment).
- ▶ A shift in culture that recognizes that the entire post-secondary community is responsible for the mental health of its members and that mental health affects learning.



“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.”

Key considerations for your campus community:

- ▶ To what degree do students perceive that the institution cares? What actions convey to students that the institution cares about their mental health?
- ▶ What is the impact of current campus learning, living and social space on student learning and well-being? To what degree do these spaces reinforce behaviors that promote or undermine learning and mental health? Is there adequate quality learning, living, and social space?
- ▶ How does the physical design of campus (i.e. transportation, lighting, signage etc.) impact student safety?
- ▶ How does the physical and social design of campus (e.g. buildings, pathways, social spaces and central gathering places) impact student interaction? How does it impact their access to resources and services (e.g. from learning and support to recreation and food)?
- ▶ How do the geographic location as well as socio, economic and political characteristics of the surrounding community impact student mental health? What programs and resources might be needed to address these impacts?
- ▶ What values are conveyed by campus-wide and faculty/staff/student events, athletics, and residence life?
- ▶ To what degree do the campus culture and environment support diversity, inclusion, and equity?
- ▶ To what degree do faculty and staff composition, student residences as well as student organizations and groups reflect the diversity of the student population (gender, race, sexual orientation, ethnicity, socio-economic status, disability etc.)?
- ▶ To what degree are students with disabilities fully able to participate in all aspects of student learning and living?
- ▶ What values, rituals, and traditions exist in the campus community that is related to alcohol use and how do these impact student mental health?
- ▶ To what extent do educators consider the impact of their curriculum and pedagogy on student mental health? What are educators and academic units doing to create learning experiences and environments that foster well-being? In what ways can we engage educators to contribute to a supportive, inclusive community?
- ▶ To what degree are student groups, student services and faculties aware of and coordinated with the initiatives, programs and services provided by each other?
- ▶ To what extent do students, staff, and faculty feel responsible for creating a supportive and inclusive environment for all?
- ▶ What opportunities exist for students to have a voice in the development and roll-out of strategies to create a more supportive, inclusive campus environment as well as programs that impact their mental health?
- ▶ How does your institution consider the role of the student's family and personal supports in maintaining student mental health?
- ▶ What are campus departments doing to foster the development of a supportive campus community?

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. For example, resilience factors such as awareness of signs of stress, knowledge of coping strategies and belief in ability to cope have been found to be associated with decreased symptoms of depression in university students (Sawatsky et al., 2010). 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.

Mental health awareness includes a wide range of topic areas including:

- Campus factors that affect student mental health and the nature of their impact (e.g. social sustainability and safety, as well as campus systems, structures, policies, practices, spaces, and learning environments).
- The social determinants of health and their impact on student mental wellbeing.
- How mental health impacts academic performance.
- How to maintain mental health (build resilience, a balanced lifestyle, self-management/self-care).
- Early indications of difficulties as well as indicators of poor mental health.
- Strategies for maintaining and addressing mental health concerns.
- Help-seeking as a normal and legitimate strategy.
- When to seek professional help.
- What mental health supports and resources are available on campus and how to access these.
- What process students can expect when they access mental health services (i.e. first appointment to include initial assessment and referral to on or off campus resources depending on the student needs/goals, etc.).
- How to reach out to support someone you're concerned about.
- Understanding the recovery process for students with lived experience of mental health difficulties.
- The role of accommodation and the right to accommodation for students with mental health issues.
- Stigma, prejudice, and discrimination: what it looks like and how it impacts student mental well-being.
- The kinds of concrete actions that can be taken by various stakeholders across campus to foster student well-being.
- The benefits of peer programs and the ways in which they strengthen a systemic approach to student mental health.

Examples:

- ▶ Use of communication sources and channels that students find most credible and relevant (e.g. messages embedded in faculty communication to students; messages delivered via video blogging, social media, easy to navigate content on institutional website, etc.).
 - ▶ Mental health symposiums, forums and dialogues on mental well-being and mental health issues across campus to decrease stigma and fear while increasing openness to taking action.
 - ▶ Student-run mental health awareness clubs.
 - ▶ Faculty and staff training on the social determinants of health and their impact on student learning and mental health
 - ▶ Key considerations for your campus community:
 - ▶ How do students, staff, and educators access information that helps support mental health?
 - ▶ Is this information available in places and mediums most used by students, staff, and educators? Are there student groups or settings within which information should be delivered in another language or culturally different way?
 - ▶ What are the key messages your campus wishes to convey to the campus community?
 - ▶ Are there specific messages that would help increase faculty, staff and students' desire and commitment to action to support student mental health?
- ▶ How do you ensure that a large part of the campus community is informed and that those who need the information can access it in a timely way?
 - ▶ To what degree are student groups, student services and faculties aware of initiatives, programs and services provided by each other?
 - ▶ Are the awareness initiatives on your campus effective? How do you know?
 - ▶ How are student, staff, and faculty engaged in the educational and awareness campaign processes? Are messages informed by students with lived experience of mental health concerns?
 - ▶ What awareness building strategies are being implemented? To what degree are messages regarding the impact of mental health on academic/career success and the importance of maintaining mental health embedded into established faculty communications to students (i.e. course syllabi, etc.)?
 - ▶ Are mechanisms in place to increase awareness and enable coordination among campus mental health initiatives and events (i.e. to ensure that key messages are embedded in all such events)?
 - ▶ How are students, staff, and faculty encouraged to think and reflect critically on mental health messages in society?

“Increased knowledge and understanding builds resilience and capacity to maintain wellbeing.”



Key considerations for your campus community:

- ▶ How do students, staff, and educators access information that helps support mental health?
 - ▶ Is this information available in places and mediums most used by students, staff, and educators? Are there student groups or settings within which information should be delivered in another language or culturally different way?
 - ▶ What are the key messages your campus wishes to convey to the campus community?
 - ▶ Are there specific messages that would help increase faculty, staff and students' desire and commitment to action to support student mental health?
 - ▶ How do you ensure that a large part of the campus community is informed and that those who need the information can access it in a timely way?
 - ▶ To what degree are student groups, student services and faculties aware of initiatives, programs and services provided by each other?
- ▶ Are the awareness initiatives on your campus effective? How do you know?
 - ▶ How are student, staff, and faculty engaged in the educational and awareness campaign processes? Are messages informed by students with lived experience of mental health concerns?
 - ▶ What awareness building strategies are being implemented? To what degree are messages regarding the impact of mental health on academic/career success and the importance of maintaining mental health embedded into established faculty communications to students (i.e. course syllabi, etc.)?
 - ▶ Are mechanisms in place to increase awareness and enable coordination among campus mental health initiatives and events (i.e. to ensure that key messages are embedded in all such events)?
 - ▶ How are students, staff, and faculty encouraged to think and reflect critically on mental health messages in society?

“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 continue to struggle.”



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 continue to struggle. 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.

Examples:

- ▶ Early alert systems that build faculty and staff capacity to notice early indications of students' concerns and connect them with supports and resources.
- ▶ Provide training for all student employee and leaders; and peer volunteer groups in noticing early indicators of student concerns as well as options for responding within the scope of the peer program (notifying supervisor, reaching out, and/or facilitating referral).
- ▶ Online self-screening questionnaire that helps students recognize that they may be struggling and offers resource information.

Key considerations for your campus community:

- ▶ Are training/educational programs in place to support faculty, staff and students to recognize students who may be experiencing difficulties? Are more in-depth levels of training available for faculty, staff and students with specialized and/or front line roles (e.g. academic advisors, security staff, student residence staff, peer advisors, etc.)?
- ▶ Are training/educational programs grounded in students' mental health experiences?
- ▶ Are mechanisms/practices/programs in place to facilitate outreach to students experiencing difficulties and connection to appropriate supportive services and resources?
- ▶ Are faculty/staff/students aware of resources and student services available to assist students who may be struggling?
- ▶ To what degree are faculty and staff comfortable with their role in noticing early indicators and facilitating outreach? What needs to be done to increase their comfort level (i.e. Is there adequate training and education provided regarding faculty/staff roles and boundaries in enabling early identification and outreach? Are there other considerations such as faculty/staff time and resources that need to be addressed?)?
- ▶ Are student peer services sustainable and adequately supported (i.e. peer advising services, student mental health clubs and networks, etc.)?

5. Self-Management Competences 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 competences 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.

The following self-management competencies and coping skills strengthen student's capacity to flourish; to manage the range of demands they face and find meaning, purpose and satisfaction in their lives as students:

- Intrapersonal development: realistic self-appraisal, self-understanding and self-respect; identity development; commitment to ethics and integrity; and spiritual awareness.
- Interpersonal competence: understanding others, meaningful relationships; interdependence; capacity for collaboration; and effective leadership.
- Humanitarianism and civic engagement: understanding and appreciation of cultural and human differences; social responsibility; global perspective; and sense of civic responsibility, acceptance of responsibilities inherent in community membership.
- Practical competence: pursuing goals; communicating effectively; managing personal affairs; maintaining health and wellness; managing emotional responses

Examples:

- ▶ Prepare students for transition to post-secondary experience by providing orientation and adaptation skills.
- ▶ Training for staff/faculty/students on developmental theory relevant to young adult population.
- ▶ Structured peer helper programs to provide support in self-management skill development including programs operated by trained and supported peers with lived experience of mental health concerns.
- ▶ Provide opportunities for students to engage outside the classroom that encourage personal development and acknowledge them as learning outcomes in co-curricular learning
- ▶ Courses and workshops on relationship building and emotional management.

Key considerations for your campus community:

- ▶ In what ways does your campus promote student involvement in programs designed to build self-management competencies?
- ▶ How does your campus support sustainable development of peer support programs?
- ▶ How does your campus promote integrated learning with intentional, structured opportunities for reflection?
- ▶ Are programs and resources fully accessible for all students?
- ▶ What mediums (web, in person, group, individualized) are used for the delivery of these programs and resources? Are these sufficient?

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; Illovsy, 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 the recovery process, as well as specialized programs to meet the need of specific student populations. Mental health services provide direct support to faculties through consultation regarding specific student concerns and issues arising from unique 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). Other important factors include the nature and effectiveness of services, connections with other services on and off campus, collaboration with faculties and student groups, professional qualifications and program evaluation. Specifically, mental health services are best placed to support the student population when they offer services and programs that are:

- Grounded in strengths-based and recovery principles.
- Streamlined and coordinated across counselling, medical, and psychiatric services to ensure that students are linked to the appropriate level of care depending on nature and severity of presenting concerns.



“Mental health services are a critical part of a systemic approach to supporting student mental health.”

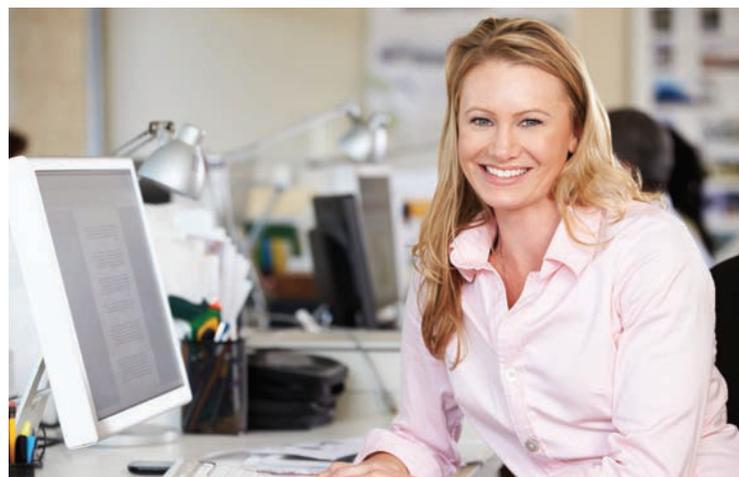
Accessible, offering timely access to services and programs including:

- Counselling services providing individual and group psychotherapy
- Medical services well versed in student mental health issues
- Psychiatric services
- Commitment to evidence based practice across all aspects of mental health service delivery.
- Established links to resources in the community for students requiring specialized care that is not available within campus mental health services.
- Effective liaison with local hospitals to ensure coordinated discharge planning for students who have been hospitalized.
- Streamlined referral processes between mental health services and other campus resources and offices (e.g. academic advising, disability services, student advocacy, student conduct, etc.).
- Timely consultation to administration, faculty, and staff regarding specific student concerns as well as unique needs arising from an academic program.
- Responsive to the changing needs and perspectives of students.
- Sensitive and responsive to the diverse needs and perspectives of students.
- Compliance with established professional standards and qualifications for mental health care providers.

Examples:

- ▶ Collaborative approach to the treatment of depression including routine screening by physicians and counsellors, assessment and referral to the appropriate level of treatment (self-management skill development, group program, individual counselling, medications).
- ▶ Inter-disciplinary team of mental health care providers (counselor, family physician, psychiatrist, etc.) meeting with students experiencing serious ongoing mental health issues.
- ▶ Intake assessment and triage processes that provide timely access to initial assessment and referral to mental health services on and off campus.
- ▶ An ongoing open therapy group that is available to support students throughout the year.
- ▶ Peer support provided by trained and supervised students with lived experience (e.g. support groups, individual peer support).
- ▶ Wellness coaching program providing individualized support in goal setting and self-management skills development.

“Are staff in counselling and medical centers trained in practices consistent with strength based approaches, recovery, and well-being?”



Key considerations for your campus community:

- ▶ Are staff in counselling and medical centers trained in practices consistent with strength based approaches, recovery, and well-being?
- ▶ Are staff in counselling and medical centers adequately trained to work effectively with the broad range of diversity within post-secondary students populations?
- ▶ Are campus mental health services clearly defined regarding the types of issues and degree of severity of the symptoms that can be addressed within campus services?
- ▶ To what extent do counselling and medical services function as a seamless, continuum of care irrespective of how they are structured within the organization?
- ▶ Is there a good relationship between campus, peer-run and community services and initiatives?
- ▶ Are mental health services grounded in the current needs and choices of the students? (e.g. through feedback from surveys or student advisory groups).
- ▶ To what degree are campus services congruent with community services in terms of philosophy, design, and evaluation?
- ▶ Are mental health services staff (care providers and support staff) sensitive and responsive to all dimensions of diversity with the student population?
- ▶ To what degree to mental health care providers consider the whole student including socio-economic factors, physical health, spirituality, personal supports, and community in addressing students mental health concerns?
- ▶ Are there multiple types and levels of support that can be self-directed, student-optimized and individualized?
- ▶ Is the student journey through mental health help seeking processes clearly understood?
- ▶ What program evaluation is conducted to measure the quality and effectiveness as well as student satisfaction with mental health service delivery?



“Is the student journey through mental health help seeking processes clearly understood?”

7. Crisis Management

Crises such as acute distress and imminent risk of harm to self 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.

The following are key elements of a crisis management plan:

- Campus-wide dissemination of city and provincial crisis hotlines as well as the National Suicide Hotline, (1-800-SUICIDE).
- 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.
- 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.
- Postvention programming to support students, faculty and staff following the death of a student by suicide.

Examples:

- ▶ Broad campus training for staff and faculty regarding emergency procedures and crisis response.
- ▶ Cross training sessions for campus security, student residences, counselling, medical, disability, equity, aboriginal, international, and other student services to build strong relationships and protocols for emergency situations.
- ▶ Cross-functional team with established protocols for communications and decision-making to support students with serious on-going mental health issues.

Key considerations for your campus community:

- ▶ Does your campus provide information on procedures and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations?
- ▶ Do you 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?
- ▶ When a situation is indicative of clear and imminent danger to a student or to others, are staff/faculty aware that they must take reasonable personal action such as consulting with other professionals and possibly responsible authorities?
- ▶ Are emergency personnel and peers, staff, professionals on campus aware of best practices re: confidentiality during crisis intervention?
- ▶ Are training programs developed so as to not perpetuate stigma, prejudice, and discrimination?

Campus Engagement, Planning, and Action

A number of models recommend steps or processes for engaging a campus community in promoting student mental health (see Appendix B). The following summarizes key processes outlined in these approaches:

- Assess student mental health and how it impacts student success. Collect multi-modal data for the campus community to show the importance or relevance of issues.
- Build broad based buy-in from all community members including senior administration.
- Establish a cross campus committee from multiple diverse stakeholders tasked with championing the development and implementation of a student mental health strategic plan.
- Ensure that dedicated resources are allocated for planning, implementation and evaluation
- Conduct an environmental scan of practices, strategies and resources that promote student mental wellbeing. Assess strengths, gaps, and priorities for action (see Appendix C).
- Develop a strategic plan for promoting student mental health. Identify immediate and ongoing priorities for action, best practices approaches, resources required and responsibilities.
- Implement a campus strategic plan for promoting student mental health.
- Evaluate, measure, and share results with stakeholders.
- Celebrate progress toward goals and recognize champions.
- Engage in a process of continuous improvement based on ongoing evaluation, sharing, and knowledge exchange within mental health/ post-secondary communities.



“Establish a cross campus committee from multiple diverse stakeholders tasked with championing the development and implementation of a student mental health strategic plan.”

References

- American College Health Association (2013). *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2012*. Hanover, MD: American College Health Association
- Association of Universities and Colleges of Canada (2012). *Mental health: A guide and checklist for presidents*. Retrieved July 31, 2012 from <http://staging.aucc.ca/wp-content/uploads/2012/06/mental-health-checklist-guide-for-presidents-june-2012.pdf>
- Center for the Study of Collegiate Mental Health (2010, March). *2010 Annual Report* (Publication No. STA 11-000). Retrieved May 19, 2013 from http://ccmh.squarespace.com/storage/CCMH_2010_Annual_Report.pdf
- Cornell University Mental Health Framework. Retrieved May 24, 2013 from <http://www.gannett.cornell.edu/campus/welfare/framework.cfm>
- Dean, L. A. (Ed.). (2006). *CAS professional standards for higher education*. Council for the Advancement of Standards in Higher Education
- Doherty, S. and Dooris, M. (2006) The healthy settings approach: the growing interest within colleges and universities. *Education and Health* 24(3): 42-43
- Frank, A., & Kirk, B. (1975). Differences in outcome for users and nonusers of university counseling and psychiatric services: A 5-year accountability study. *Journal of Counseling Psychology*, 22, 252-258
- Government of Canada. *The Human Face of Mental Health and Mental Illness in Canada*. (2006).© Minister of Public Works and Government Services Canada, 2006. Retrieved May 19, 2013 from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf
- Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and the Canadian Mental Health Association, Ontario (2010). *Workplace Mental Health Promotion: a How-To Guide*. Retrieved May 19, 2013 from <http://wmhp.cmhaontario.ca/wordpress/wp-content/uploads/2010/03/WMHP-Guide-Final1.pdf>
- Illovsy, M.E. (1997). Effects of counseling on grades and retention. *Journal of College Student Psychotherapy*, 12(1), 29-44
- Jack Project Internal Environment Scan. Unpublished information
- Jed Foundation and Suicide Prevention Resource Center (2011). *The Guide to Campus Mental Health Action Planning*. Retrieved May 19, 2013 from https://www.jedfoundation.org/CampusMHAP_Web_final.pdf
- Keyes CLM (2002). *The mental health continuum: from languishing to flourishing in life*. *Journal of Health and Social Research* 43:207-22
- Kuh, G.D., Kinzie, J., Schuh, J.H., & Whitt, E.J. (in press). *Assessing conditions to enhance educational effectiveness: The Inventory for Student Engagement and Success*. San Francisco: Jossey-Bass
- MacKean, G. (2011). *Mental health and wellbeing in post-secondary education settings: A literature and environmental scan to support planning and action in Canada*. Canadian Association of College and University Services and Canadian Mental Health Association. Retrieved May 19, 2013 from <http://www.tgao.ca/assets/pdfs/CACUSS.MHCC-Student-Mental-Health-Jun19.2.pdf>
- Mental Health Commission of Canada (2009). *Toward Recovery & Wellbeing: A Framework for a Mental Health Strategy for Canada*. Retrieved May 19, 2013 from <http://www.mentalhealthcommission.ca/English/document/241/toward-recovery-and-well-being>

Mental Health Commission of Canada (2012). *Changing Directions/Changing Lives: a Mental Health Strategy for Canadians*. Retrieved May 19, 2013 from <http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

NASPA (2010). *Leadership for a Healthy Campus: An Ecological Approach for Student Success*. <http://www.naspa.org/membership/mem/pubs/ebooks/HealthyCampus.pdf>

Patterson, P., & Kline, T. J. B. (2008). *Report on post-secondary institutions as healthy settings: the pivotal role of student services*. Health and Learning Knowledge Centre. http://www.ccl-cca.ca/pdfs/HLKC/WG5CCLReport_FINAL_ENG.pdf

Porter, S. (2011). Personal counselling at an Ontario community college: Client groups, service usage, and retention. *Canadian Journal of Counselling and Psychotherapy*, 45(3), 208-219

Sainsbury Centre for Mental Health, Shepherd, G., Boardman, J., & Burns, M. (2010). *Implementing recovery: A methodology for organizational change*. Sainsbury Centre for Mental Health. Retrieved May 19, 2013 from http://www.centreformentalhealth.org.uk/pdfs/Implementing_recovery_methodology.pdf

Sawatzky, R., Ratner, P.A., Richardson, C.G., Washburn, C., Sudmant, W., & Mirwaldt, P. (2012). Stress and depression in students: The mediating role of stress-management self-efficacy. *Nursing Research*, 61(1), 13-21

Silverman, D., Underhile, R., Keeling, R. (2008). Student Health Reconsidered: A Radical Proposal for Thinking Differently About Health Related Programs and Services for Students. *Student Health Spectrum*, June 2008, AETNA Student Health

Turner, A., & Berry, T.R. (2000). Counseling center contributions to student retention and graduation: A longitudinal assessment. *Journal of College Student Development*, 41(6), 627-635

UK Healthy Universities Toolkit. Retrieved May 13, 2013 from <http://www.healthyuniversities.ac.uk/toolkit/index.php>

UUK/USCOP Committee for the Promotion of Mental Wellbeing in Higher Education (2006). *A framework for development of policies & procedures for the support and guidance of higher education students experiencing mental health difficulties*. Retrieved May 19, 2013 from http://www.mwbhe.com/inc/files/documents/publications/mental_health_policy_framework.pdf

White, J.H. (2012) *Risk and Protective Factors for Suicide Among Youth*. Unpublished information.

Wilson, S. B., Mason, T.W., & Ewing, M.J.M. (1997). Evaluating the impact of receiving university-based Counseling services on student retention. *Journal of Counseling Psychology*, 44, 316-320

World Health Organization (1998). *Health Promoting Universities: Concept, experience and framework for action*. Ed: Dooris, M. et al. Retrieved May 30, 2013 from http://www.euro.who.int/__data/assets/pdf_file/0012/101640/E60163.pdf

World Health Organization (2001). *Strengthening mental health promotion*. (Fact sheet, No. 220). Retrieved May 19, 2013 from <https://apps.who.int/inf-fs/en/fact220.html>

Appendix A: Key Resources

Post-Secondary Student Mental Health and Well-being: Identification of Key Components of a Systemic Approach

Target population	Cornell University Mental Health Framework	UK Healthy Universities Toolkit	NASPA Leadership For a Healthy Campus (2010)
<p>All Students</p> <p>Environmental conditions, institutional policies and practices that promote student mental health including mental health awareness</p>	<p>Foster a healthy educational environment</p> <ul style="list-style-type: none"> • Campus-wide committees • Leadership statements • Strategic plan • Policy initiatives— Faculty: restrict access to lethal means 	<p>2) Clear policy and procedures regarding referral, confidentiality, information sharing and disclosure of health issues by individuals.</p> <p>Corporate Engagement and Responsibility</p> <p>1.1 University core plans and strategies address the health and wellbeing of students, staff and the wider community.</p> <p>1.3 Embed health and wellbeing work into wider policy and practice relating to sustainable development.</p> <p>1.4 Performance criteria and data collection systems to measure student/staff satisfaction with delivery of health and wellbeing services and support.</p> <p>1.5 Assess impact of health and wellbeing initiatives on core business (e.g. map to key performance indicators relating to student retention and staff sickness absence).</p> <p>2) Gather information on the uptake and impact of health services by staff and students to inform future planning.</p> <p>Strategic Planning and Implementation</p> <p>1.1 Strategic planning, delivery and monitoring/ evaluation relating to health and wellbeing are integrated with the university's wider governance systems and reported to senior management.</p> <p>1.2 Draws on the National Healthy University Toolkit and uses its planning cycle as a best practice model.</p> <p>1.5 Defined and allocated budget to support the development of health and wellbeing across the university.</p> <p>1.6 Systems in place to ensure students and staff can inform the health/wellbeing priorities of the university.</p> <p>2) Consulted staff/students on health services needs.</p> <p>1.7 Access to appropriate evidence to inform healthy university program of work.</p> <p>Stakeholder Engagement</p> <p>1.1 High-level cross-university group to coordinate health and wellbeing</p>	<p>3) Structure, policy and climate.</p> <p>5) Rewards and Reinforcement</p>
<p>Key Component</p> <p>Institutional Structure: Organization, Planning and Policy</p>			

Jed Foundation: Guide to Campus Mental Health Action Planning	Risk and Protective Factors for Suicide Among Youth (White, 2012)	Council for Advancement of Standards in Higher Education (CAS)	Sainsbury Centre for Mental Health: Methodology for Organizational Change (2010)	Jack Project: Internal Environment Scan
Means restriction	<ul style="list-style-type: none"> • Planning & service coordination • Policies and Protocols • Advocacy & Activism • De-Colonization Practices 	<p>All Programs have:</p> <ul style="list-style-type: none"> • Mission statement and specific objectives that are consistent with the institution's mental health framework and goals for student success, learning and development. • Policies, procedures and an intentional and coherent response to the needs of individuals, diverse and special populations, and relevant constituencies • Practices are guided by theories and knowledge of learning and development and reflective of developmental and demographic profiles of the student population 	<ol style="list-style-type: none"> 2) User-led Education and Training Programs: Users and Careers are contractually engaged by the organization to deliver training on recovery principles, are acknowledged as equal partners within a comprehensive range of recovery education and training programs, act as 'champions of change' for recovery within the organization and are supported by strategy, policy, and secure funding. 3) Establish a 'Recovery Education Centre' staffed/ run by 'user trainers' delivering training for service users in providing training in Recovery Principles for service providers and peer professionals 7) Redefining service user involvement: Organization accepts the role of service users and providers as equal partners in care. Users knowledge and experience is recognized as vital to development of effective solutions. 8) Transforming the workforce: Organization fully accepts that appropriately trained users can make a significant contribution to the workforce, having unique qualifications and experience which is different from, but equal to, those of traditional mental health professionals. 	<p>Campus safety: Policies or strategies aimed at limiting students' access to potential sites and agents that may facilitate harmful activity</p>

Appendix A: Key Resources (continued)

Target population	Cornell University Mental Health Framework	UK Healthy Universities Toolkit	NASPA Leadership For a Healthy Campus (2010)
<p>All Students</p> <p>Environmental conditions, institutional policies and practices that promote student mental health including mental health awareness</p> <p>Key Component</p> <p>Supportive, Inclusive Campus Climate and Environment</p>	<ul style="list-style-type: none"> • Promote social connectedness and resilience • Promotion of concept of the Caring Community, (web and media) • Peer programs 	<p>1.2 Planning and delivery of health and wellbeing resources are inclusive and address the needs of the diverse range of individuals in the organization.</p> <p>1.6 Partner with local public health/health improvement organizations and other relevant bodies (e.g. Sport and Physical Activity Alliances) to contribute to local health priorities.</p> <p>1.3 Adopt a whole system approach to all health topics/themes (e.g. mental wellbeing, physical activity, etc.)</p> <p>1.4 Healthy University Co-coordinator and/or other dedicated position(s) to support and develop health/wellbeing.</p>	<p>Environmental Factors:</p> <ol style="list-style-type: none"> 1) Physical settings, space 2) Human aggregate, characteristics of people (Behavioral settings, cultural, economic Influences) 4) Social & political climate, characteristics of community
<p>Key Component</p> <p>Mental Health Awareness</p>	<p>Increase help-seeking behavior</p> <ul style="list-style-type: none"> • Orientation programs • Parent education 		

Jed Foundation: Guide to Campus Mental Health Action Planning	Risk and Protective Factors for Suicide Among Youth (White, 2012)	Council for Advancement of Standards in Higher Education (CAS)	Sainsbury Centre for Mental Health: Methodology for Organizational Change (2010)	Jack Project: Internal Environment Scan
Promote social networks	<ul style="list-style-type: none"> • Positive youth development • Youth participation & engagement • Cultural revitalization and community self-determination for First Nations • Mobilizing local knowledge & coalition-building • Social Justice Promotion 	<ul style="list-style-type: none"> • Promote and environment characterized by open and continuous communication that deepens understanding of one’s own identity, culture, and heritage, as well as that of others. All programs recognize, honor, educate, and promote respect about commonalities and differences among people within their historical and cultural contexts. • Campus activities that promote physical and psychosocial well being through programs that enhance social, multicultural, social justice, intellectual, recreational, service, community and campus governance involvement. 	<ol style="list-style-type: none"> 1) Incorporate recovery principles into staff supervision, performance ratings, staff progression, and staff selection. 4) Organizational commitment to creating a culture of recovery grounded in a ‘strengths-based’ versus “problem-based” approach. 9) Staff are supported to reveal personal experience of mental illness in an appropriate setting without fear of stigma. Comprehensive provisions to optimize staff health and address staff health problems. 10) Increase opportunities for building a life ‘beyond illness’: Partner with external organizations to help individuals building a life for themselves independent of formal mental health services. Peer support networks developed to sustain community inclusion. 	<p>Promote social networks: Policies and strategies that attempt to foster relationships between students and a sense of community on campus.</p>
Increase help-seeking behavior	<ul style="list-style-type: none"> • School-based mental health promotion • Changing social norms 			<p>Increase help-seeking: Policies & strategies to educate students about mental health, reduce stigma and encourage help-seeking behavior.</p>

Appendix A: Key Resources (continued)

Target population	Cornell University Mental Health Framework	UK Healthy Universities Toolkit	NASPA Leadership For a Healthy Campus (2010)
<p data-bbox="212 541 427 657">Students With Concerns About Coping</p> <p data-bbox="212 688 427 730">Key Component</p> <p data-bbox="212 789 407 951">Self-Management Competencies and Coping Skills</p>	<p data-bbox="464 537 699 667">Promote social connectedness and resilience (Workshops and online resources to educate and build skills)</p>	<p data-bbox="748 537 1252 667">3) The university provides and collaborates with the students' union to ensure access to a range of wellbeing and support services for students—including social, welfare, financial, sport and leisure opportunities</p>	
<p data-bbox="212 1104 427 1146">Key Component</p> <p data-bbox="212 1209 431 1440">Community Capacity to Respond to Early Indications of Individual Student Concerns</p>	<p data-bbox="464 1104 691 1157">Identify individuals in need of care</p> <ul data-bbox="464 1171 691 1419" style="list-style-type: none"> • Gatekeeper training • Faculty/staff Hand book • Consultation • Mental health screening • Alert Team • Victim Advocacy Program 	<p data-bbox="748 1104 1252 1209">2) Induction activities to ensure new students and staff are aware of all health and wellbeing resources, including key contacts for emergency situations.</p> <p data-bbox="773 1241 1243 1314">Partnerships with external partners to publicize all health services available locally and nationally to staff and students.</p> <p data-bbox="748 1356 1227 1461">3) Links with external resources to ensure appropriate provision of student and staff wellbeing and support services (e.g. sport and leisure, volunteering org).</p> <p data-bbox="773 1493 1243 1598">Induction processes to ensure that students and staff have an understanding of the full range of service provision on offer in support of their wider wellbeing.</p>	

Jed Foundation: Guide to Campus Mental Health Action Planning	Risk and Protective Factors for Suicide Among Youth (White, 2012)	Council for Advancement of Standards in Higher Education (CAS)	Sainsbury Centre for Mental Health: Methodology for Organizational Change (2010)	Jack Project: Internal Environment Scan
Develop Life Skills	Education & Early Detection: <ul style="list-style-type: none"> Youth skill building 	Developmental programs to help students enhance their growth and benefit from the academic environment.	9) Supporting staff in their recovery journey staff have received appropriate induction and training and have been supported to help them use their personal knowledge and experience to help others and to optimize their own wellbeing.	Develop life skills: Policies and strategies aimed at providing students with skills and coping abilities that will assist them as they face various challenges in school life.
Identify students at risk	<ul style="list-style-type: none"> Youth education about suicide Parent education about suicide Screening School gatekeeper training Education for physicians and hospital emergency room staff Community gatekeeper training 	Staff Training in how and when to refer students who may be experiencing difficulties.		Identify students at risk: Strategies for identifying students at risk for mental health challenges through screening and training efforts.

Appendix A: Key Resources (continued)

Target population	Cornell University Mental Health Framework	UK Healthy Universities Toolkit	NASPA Leadership For a Healthy Campus (2010)
Students With Mental Health Concerns	Provide medical and mental health services	2) Range of appropriate and responsive health services that recognize the diverse needs of its staff and students.	
Key Component			
Accessible Mental Health Services			
Key Component	Coordinated crisis management		
Crisis Management	24/7 phone consultation and emergency calls to police. On call Crisis Managers Team Crisis response		

Jed Foundation: Guide to Campus Mental Health Action Planning	Risk and Protective Factors for Suicide Among Youth (White, 2012)	Council for Advancement of Standards in Higher Education (CAS)	Sainsbury Centre for Mental Health: Methodology for Organizational Change (2010)	Jack Project: Internal Environment Scan
Provide mental health services	<p>Risk Assessment & Treatment: Working with Individuals and Groups at Risk</p> <ul style="list-style-type: none"> • Promising psychosocial treatments • Therapeutic alliance • Risk assessment & documentation • Continuity of care • Parent involvement in treatment • Family interventions 	Provide high quality assessment, individual and group counseling services to students who may be experiencing psychological, behavioral, or learning difficulties.	<p>1) Changing the nature of day-to-day interactions and the quality of experience: Service users & careers reflect recovery principles and promote recovery values—increasing self-control ('agency'), increasing opportunities for life 'beyond illness', and validating hope. Each interaction acknowledges non-professional expertise and attempts to minimize power differentials.</p> <p>9) Increasing personalization and choice: Service planning/delivery is designed to address unique circumstances, history, needs, expressed preferences and capabilities of each service user. Emphasis on 'life goals' as opposed to symptom treatment goals. Users are routinely supported to control and direct their own care plans.</p>	<p>Provide mental health services: Services and policies that provide student with access to effective support services.</p>
Follow crisis management procedures	<ul style="list-style-type: none"> • Crisis response & safety planning • School based interventions for students at-risk 	Emergency procedure, crisis response, and prevention efforts Including how to identify/respond to a student's risk of self harm or harm to others. Includes disclosure to authorities when the safety of the individual or others is involved, or when otherwise required by institutional policy or relevant law.	<p>6) Transparent approach to risk assessment and management involving service users and their self-knowledge to formulate safe, effective management plans.</p>	<p>Crisis management procedures: Policies & strategies for students in immediate distress which may place themselves or others at risk.</p>

Appendix A: Key Resources (continued)

Key Sources

Cornell University Mental Health Framework. Retrieved May 24, 2013 from <http://www.gannett.cornell.edu/campus/welfare/framework.cfm>

Dean, L. A. (Ed.). (2006). *CAS professional standards for higher education*. Council for the Advancement of Standards in Higher Education

Jack Project Internal Environment Scan. Unpublished information

Jed Foundation and Suicide Prevention Resource Center (2011). *The Guide to Campus Mental Health Action Planning*. Retrieved May 19, 2013 from https://www.jedfoundation.org/CampusMHAP_Web_final.pdf

NASPA (2010). *Leadership for a Healthy Campus: An Ecological Approach for Student Success*. <http://www.naspa.org/membership/mem/pubs/ebooks/HealthyCampus.pdf>

Sainsbury Centre for Mental Health, Shepherd, G., Boardman, J., & Burns, M. (2010). *Implementing recovery: A methodology for organizational change*. Sainsbury Centre for Mental Health. http://www.centreformentalhealth.org.uk/pdfs/Implementing_recovery_methodology.pdf

White, J.H. (2012) *Risk and Protective Factors for Suicide Among Youth*. Unpublished information

UK Healthy Universities Toolkit. Retrieved May 13, 2013 from <http://www.healthyuniversities.ac.uk/toolkit/index.php>

UUK/USCOP Committee for the Promotion of Mental Wellbeing in Higher Education (2006) *A framework for development of policies & procedures for the support and guidance of higher education students experiencing mental health difficulties*. http://www.mwbhe.com/inc/files/documents/publications/mental_health_policy_framework.pdf

Appendix B

Approaches for Campus Engagement, Planning and Action

A) Guide to Mental Health Action Planning (2011) Jed Foundation (TJF) and

1. Building Momentum and Infrastructure

- Obtain senior administrator support
- Engage key stakeholders in a mental health and suicide prevention task force
- Build capacity of individuals, systems, and organizations to plan, implement, and evaluate program activities

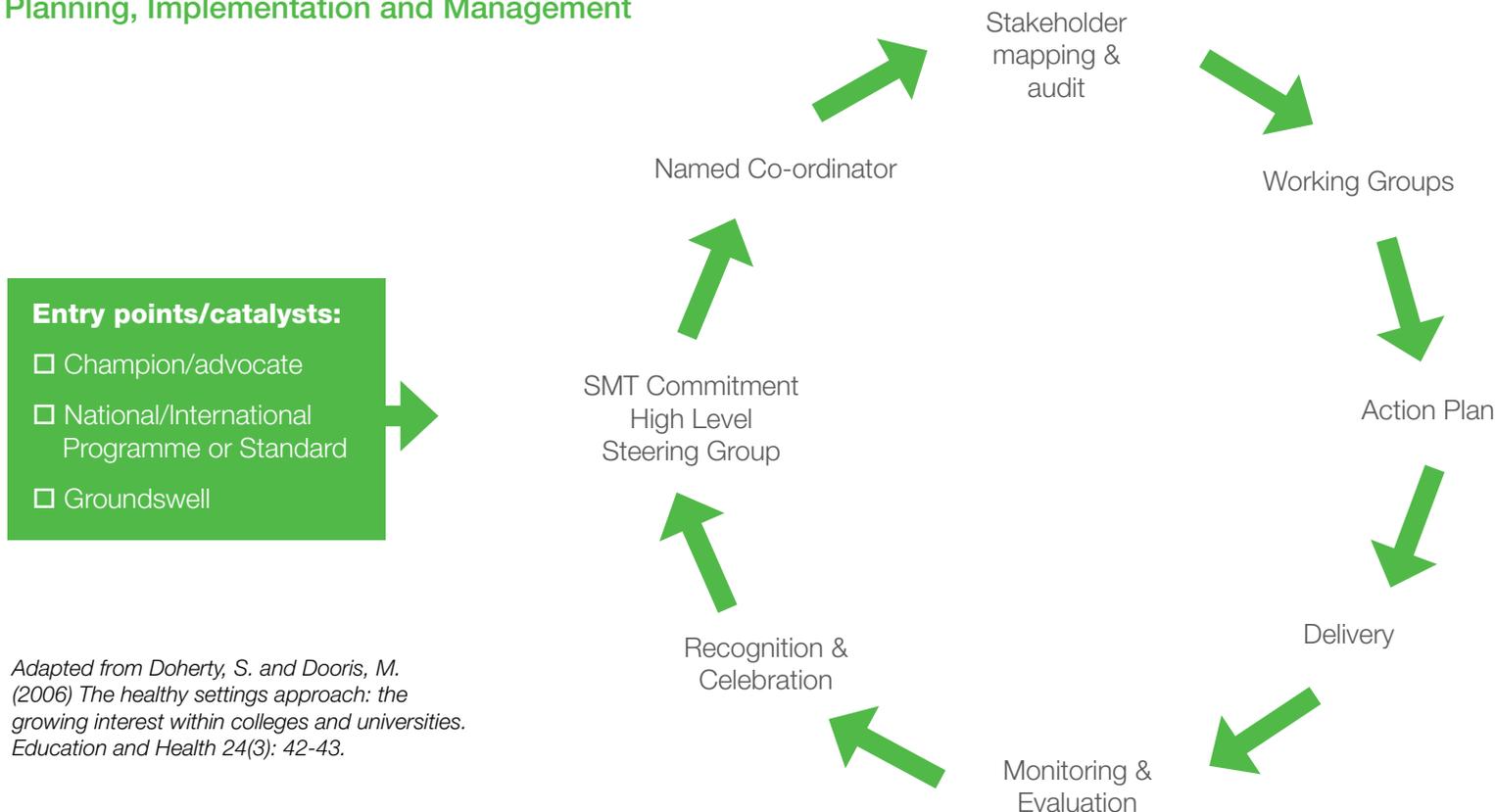
2. Engaging in a Strategic Planning Process

- Describe the problem and its context
- Identify priority problems and set long-range goals
- Consult the science to identify strategies and interventions
- Select or develop interventions
- Develop an evaluation plan
- Create an action plan
- Implement interventions; evaluate; make improvements

B) UK Healthy Universities Framework (Dooris & Doherty, 2006)

The UK Healthy University framework document outlines the following operational model as a guide to establishing and maintaining a comprehensive approach to supporting a health university community.

Figure 3: Healthy Universities—Operational Planning, Implementation and Management



Adapted from Doherty, S. and Dooris, M. (2006) The healthy settings approach: the growing interest within colleges and universities. Education and Health 24(3): 42-43.

Appendix C

Post-Secondary Student Mental Health: Assessment and Planning

Focus	Key Components	Strengths
All Students	1) Institutional Structure: Organization, Planning and Policy	
	2) Supportive, Inclusive Campus Climate and Environment	
	3) Mental Health Awareness	
Students with Concerns about Coping	4) Community Capacity to Respond to Early identifications of Individual Student Concerns	
	5) Self-Management Competencies and Coping Skills	
Students with Mental Health Concerns	6) Accessible Mental Health Services	
	7) Crisis Management	

In Development	Gaps/Areas for Growth	Outcomes/ Evaluation

