University Students' Council Standing Policy
Mental Health Policy Paper

Legislative History
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Land Acknowledgement

The University of Western Ontario is located on the traditional territories of the Anishinaabeg, Haudenosaunee, Lunaapeewak and Attawandaron peoples, who have long-standing relationships to the land and region of southwestern Ontario and the City of London. The local First Nation communities of this area include Chippewas of the Thames First Nation, Oneida Nation of the Thames, and Munsee Delaware Nation. In the region, there are eleven First Nation communities and a growing Indigenous urban population. Western University values the significant historical and contemporary contributions of local and regional First Nations and all of the Original peoples of Turtle Island (North America).

To learn more about these Indigenous communities and how you can best be an ally, please refer to the London & Middlesex Indigenous Culture Card. For more information about land acknowledgements, please refer to the article "Rethinking the Practice and Performance of Indigenous Land Acknowledgment" by Robinson et al. A land acknowledgement is an important step in recognizing colonial history but should by no means be the full extent to which we acknowledge and support indigenous communities.

Key Terms

Mental Health:[1] CMHA defines mental health as a state of well-being. Just like every individual has a state of physical health -- good or bad -- so, too, do we have a state of mental health. According to CMHA, a state of positive mental health is when one is enjoying life, has a sense of purpose, and is able to manage life's highs and lows.

Mental Illness:[2] Mental illnesses are described as disturbances in thoughts, feelings, and perceptions that are severe enough to affect day-to-day functioning. Some examples are anxiety disorders, schizophrenia, and mood disorders, such as major depressive disorder and bipolar disorder. Mental health is not simply the absence of mental illness and living with mental illness does not mean that one cannot have good mental health. Just like a person with diabetes, for example, can live a healthy life, so can someone with a mental illness.

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[1] "Mental Health: What is it, really?" Canadian Mental Health Association, published 13 January 2020. https://cmha.ca/blogs/mental-health-what-is-it-really

[2] "Mental Health: What is it, really?" Canadian Mental Health Association, published 13 January 2020. https://cmha.ca/blogs/mental-health-what-is-it-really

Intersectionality:[3] Intersectionality is defined as how race, class, gender and other individual characteristics "intersect" and overlap with one another. Looking at an identity through an intersectional lens means understanding that a person's experience of one aspect of a person's identity (ie. femininity) is informed by all the other aspects of that person's identity (race, class, religion, disability, etc.). In this way, no part of a person's identity can be properly understood without taking into account the intersections of race, class, gender, age, sexual orientation, disability, religion, etc.

Stigma:[4] According to CMHA, "The lives of people with mental health conditions are often plagued by stigma as well as discrimination. Stigma is a negative stereotype. Stigma is a reality for many people with a mental illness, and they report that how others judge them is one of their greatest barriers to a complete and satisfying life.

"Stigma differs from discrimination. Discrimination is unfair treatment due to a person's identity, which includes race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability, including mental disorder. Acts of discrimination can be overt or take the form of systemic (covert) discrimination. Under the *Ontario Human Rights Code*, every person has a right to equal treatment with respect to services, goods and facilities, without discrimination due to the identities listed above.

"Stigma is the negative stereotype and discrimination is the behaviour that results from this negative stereotype. Often, individuals with a mental illness are faced with multiple, intersecting layers of discrimination as a result of their mental illness and their identity. For example, a woman with a mental illness may experience discrimination due to sexism as well as her illness, and a racialized individual may experience discrimination due to racism in addition to their mental illness. In addition, living with discrimination can have a negative impact on mental health."

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[3]Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *The University of Chicago Legal Forum,* no. 1 (1989): 139-167, https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1052&context=uclf; Coaston, Jane. "The Intersectionality Wars," *Vox,* last modified 28 May, 2019, https://www.vox.com/the-highlight/2019/5/20/18542843/intersectionality-conservatism-law-race-gender-discrimination

[4]"Stigma and Discrimination," Canadian Mental Health Association, accessed 9 February, 2021, https://ontario.cmha.ca/documents/stigma-and-discrimination/

Introduction

Now, more than ever, it is important that the University recognizes student mental health as both a priority and a substantial concern.

In a 2019 study by the American College Health Association, it was found that over 50 percent of Canadian university students felt so depressed that it was difficult to function, almost 70 percent felt overwhelming anxiety, and about 16 percent had seriously considered suicide in the preceding twelve months.[5] Every year for at least the last four years, promising Western students with bright futures ahead of them have taken their own lives, devastating both their families and the campus community alike. This trend cannot continue; student mental health is not an issue that can be left unaddressed.

While student mental health support is a topic that has been discussed for a number of years now, existing mental health concerns have been exacerbated significantly by the COVID-19 pandemic. With student loneliness and depression rising to new heights as a result of quarantine,[6] the student's need for better mental health support has become impossible to ignore. Although many mental health concerns have become even more apparent during the past twelve months, these issues are not new. Rather, these issues have existed for a long time, and the pandemic has only served to bring them to the forefront.

The University Students' Council strives to identify areas in which the current mental health offerings at Western could be expanded or improved. In this paper, the USC addresses mental health with regards to intersectionality, the digitization and promotion of resources, stakeholder engagement, academics, the stigma of seeking help, residence life, data collection, transparency, and external advocacy opportunities. Moreover, the USC strives to convey the importance of approaching student mental health through an intersectional lens.

This paper is intended to give comprehensive recommendations about post-secondary mental health for Western University and the Government of Ontario. The authors of this paper thought it was important to note that though this paper was created during the COVID-19 pandemic, the principles, concerns and recommendations outlined throughout the paper are relevant to students at all times. COVID-19 has exacerbated many of the concerns listed in this paper, making the need for high-quality and accessible post-secondary mental health support as relevant as ever. To read the University Students' Council's COVID-19-specific mental health recommendations, please refer to the 2021 COVID-19 Mental Health Policy Paper.

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[5]"National College Health Assessment: Canadian Reference Group," American College Health Association, Published 2019, https://www.cacuss.ca/files/Research/NCHA-II%20SPRING%202020 19%20CANADIAN%20REFERENCE%20GROUP%20EXECUTIVE%20SUMMARY.pdf
[6] Hellmans, Kim et al. "For university students, COVID-19 stress creates perfect conditions for mental health crises," The Conversation, last modified 24 November, 2020, https://theconversatio n.com/for-university-students-covid-19-stress-creates-perfect-conditions-for-mental-health-crises-149127

Recommendations

Intersectionality

Principle: Facets of a person's identity, such as race, sexuality, gender, class, and disability, are often inextricably linked to the mental health of that person. One cannot fully support a student if these intersections are not taken into account.

Principle: All university resources should be readily accessible to all students, whether offered digitally or in person.

Principle: Students should have access to academic counsellors and mental health professionals who understand their lived experiences.

Principle: Only when there is a trusting relationship between the student seeking support and the person providing support are students able to share their full, authentic selves. The ability to be vulnerable and transparent will allow students to address the root cause of their stress and will subsequently lead to more successful counselling sessions.

Principle: Western is fundamentally responsible for creating an inclusive and equitable environment for all students.

Principle: It should be made clear to students what resources are available to them.

Principle: The mental health needs of Indigenous students should be recognized as unique and should not be conflated with that of other marginalized groups.

Principle: Indigenous students should have access to mental health resources on-campus that align with their cultural practices and beliefs.

Concern: Western mental health professionals and academic counsellors do not participate in EDI training on a regular basis. As many issues of identity are sensitive topics, a mistake or misunderstanding can lead a student to lose trust in both the professional they are working with specifically and the service as a whole.

Concern: Currently, many resources offered by Western are not designed with students with disabilities/learning exceptionalities in mind.

Concern: Currently, the demographics of Western's academic counsellors and mental health professionals are not reflective of the diversity of Western's student population.

Concern: Academic counsellors and mental health professionals who are not trained in EDI and/or do not have lived experience are at risk of unintentionally harming or re-traumatizing students.

Concern: The fear that an academic counsellor or mental health professional will not be understanding of a student's lived experience can prevent students from seeking support and can subsequently impact their academic performance and personal wellbeing.

Concern: Western does not currently provide sufficient support to LGBTQ2+ and BIPOC students. Western should not solely rely on student-led groups to provide support to these students.

Concern: Many counsellors do not have the proper licence to treat international students, leading to international students unable to access support as advertised. This can be incredibly demotivating.

Concern: Feedback from Indigenous students indicates that they find the mental health support resources offered by the Indigenous Student Centre (ISC) more effective than those offered by other Western departments. However, the ISC currently only has the budget for one full-time academic counsellor, who is currently being used to her full capacity by students. The ISC does not have the budget to hire an additional counsellor at this time.[7]

Recommendation: All Western counsellors should participate in EDI and mental health training on a regular basis.

Recommendation: All digital resources/information and in person programming should be compliant with AODA, including but not limited to closed captions, described video, and ASL interpreters. All current digital resources/information should be updated to meet this standard of accessibility.

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[7] The Indigenous Student Centre, consultation conducted by Author, London (via Zoom), 12 February, 2020.

> **Recommendation:** Western should diversify its team of academic counsellors and mental health professionals wherever possible. Additionally, EDI knowledge should be discussed in interviews and prioritized throughout the hiring process.
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> **Recommendation:** Western should create specific mental health resources tailored to the experiences of BIPOC, international, religious, and LGBTQ2+ students.
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> **Recommendation:** In the absence of a counsellor with a specific lived experience, Western should create support groups for BIPOC, international, religious, disabled and/or LGBTQ2+ students. However, this is a short-term solution, as the hiring of diverse counsellors should be prioritized.
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> **Recommendation:** As mental health inherently intersects with specific aspects of a person's identity and experiences, Western's mental health and academic counsellors should be trained to approach mental health from an intersectional lens. All counsellors should be aware of intersectional resources for students, such as support for LGBTQ2+, BIPOC, disabled, religious, and international students, as well as students who are survivors of sexual and gender-based violence.
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> **Recommendation:** When booking appointments with Western's mental health professionals, it should be made clear which professionals are able to support international students.
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> **Recommendation:** Western should support the ISC in obtaining the funding to hire a full-time mental health counsellor, whether this be by advocating to the provincial government on the ISC's behalf or by providing the funding needed directly.

Intersectionality, defined as how race, class, gender and other individual characteristics "intersect" and overlap with one another, was coined in 1989 by professor Kimberlé Crenshaw in her essay "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics."[8] In this essay, she explains how there is not, in fact, a universal experience of certain facets of identity (such as "femininity" or "blackness"), but rather that the experiences of certain groups of people have been erroneously believed to be the universal experiences of all members of a certain identity category.[9] For example, the

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[8] Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *The University of Chicago Legal Forum,* no. 1 (1989): 139-167, https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1052&context=uclf

[9] Ibid.

understanding of the "female experience" was not, in fact, universal (as it was touted to be), but was rather based on the experiences of upper-middle class white women specifically.[10]

Intersectionality relies on what writer and critic Audre Lorde deems "the interdependence of mutual (nondominant) differences."[11] Essentially, a person's experience of one facet of their identity cannot be understood without taking into account the other aspects of a person's identity. For example, a black, lesbian woman's experience of womanhood cannot be understood fully without taking into account how her experience of gender is mediated by her experiences as a lesbian and as a black woman. Furthermore, her experience of womanhood would be very different from that of a white, heterosexual woman. In this way, a cornerstone of intersectionality is the notion that it is impossible to divorce one aspect of a person's identity from the rest of their lived experience, and that to claim to understand a facet of a person's identity (ie. womanhood) without taking into account these intersections of identity would be to operate under a flawed, limited understanding of that identity.

This notion of intersectionality is especially important with regards to mental health, as facets of a person's identity -- such as race, sexuality, gender, class, religion, and disability -- are often inextricably linked to the mental health of that person. One cannot fully support a student if these intersections are not taken into account.

For example, a BIPOC student's poor mental health may be a direct result of the racism and discrimination they may experience in their daily life. In an article published by *Front Public Health*, Narayan Gopalkrishnan explains that "the experience of racism can lead to social alienation of the individual, a fear of public spaces, loss of access to services, and a range of other effects that in turn impact adversely on the mental health of the affected individual. … The consistency of an inverse association between discrimination for an increasingly broad range of health outcomes, across multiple population groups in a wide range of cultural and national contexts is impressive, and lends credibility to the plausibility of perceived discrimination as an important emerging risk factor for disease."[12]

Indeed, the connection between discrimination and poor mental health is a reality faced by many marginalized individuals, including LGBTQ2+, BIPOC, disabled, and

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[10] Ibid.

[11] Lorde, Audre. "The Master's Tools Will Never Dismantle The Master's House," *Sister Outsider: Essays and Speeches* (1984), 110-114, https://collectiveliberation.org/wp-content/uploads/2013/01/Lorde_The_Masters_Tools.pdf

[12] Gopalkrishnan, Narayan. "Cultural Diversity and Mental Health: Considerations for Policy and Practice," *Frontiers in Public Health,* vol. 6, no. 179 (2018), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6018386/

international students. Even more importantly, as many issues of identity are sensitive topics, a mistake or misunderstanding can lead a student to lose trust in both the professional they are working with specifically, and the service as a whole. An example of this would be if a non-binary or transgender student was unintentionally misgendered and/or had their preferred pronouns dismissed by their mental heatlh service provider by virtue of that service provider not having been trained on diverse gender identities. This action would invalidate the student's identity and would potentially prevent trust from forming between student and mental health service provider.

In an article by the National Alliance on Mental Illness, the author -- a queer, Latinx person -- explains how their identity as Latinx and queer was directly related to the mental health struggles they were hoping to address in therapy.[13] However, their therapist neglected to ask about the author's racial or ethnic background, nor did they ask about how the author presented queerness as a Latinx person.[14] The author stated, "I had felt for so long that no one understood me and that I was this strange, different person. And I could not endure the difficulty of a therapeutic relationship in which I had to do so much teaching."[15] This is a reason that many marginalized individuals lose faith in available mental health resources. Indeed, Gopalkrishnan explains that "the cultural context of the client and the practitioner are both central to the therapeutic relationship, a relationship that cannot work without careful consideration of the implications of cultural diversity."[16] In this way, it is clear that the lack of an intersectional understanding of mental health amongst mental health professionals can, at best, lead to mental health professionals being unable to properly address the root cause of poor mental health and, at worst, further traumatize students seeking help.

Western's 2018-2023 Student Mental Health and Wellness Strategic Plan states as it's guiding principle that mental health and wellness is critical to all students' academic and personal success; learning and productivity; ability to reach their full potential; and ability to participate and engage meaningfully in school and life activities.[17] It further states that Western's vision is to create a university campus "where students receive support as needed," and where "a more supportive community and inclusive campus

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[13] "Martinez, Sebastian. "Why We Need More Culturally Competent Therapists," National Alliance on Mental Health, last modified 10 July, 2020, https://www.nami.org/Blogs/NAMI-Blog/July-2020/Why-We-Need-More-Culturally-Competent-Therapists

[14] Ibid.

[15] Ibid.

[16] Gopalkrishnan, Narayan. "Cultural Diversity and Mental Health: Considerations for Policy and Practice," *Frontiers in Public Health,* vol. 6, no. 179 (2018), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6018386/

[17] "Western's Student Mental Health and Wellness Strategic Plan," Western University, published 8 March, 2018, https://studentexperience.uwo.ca/student_experience/strategic_planning/mental_health_strategic_plan/MH_Stratplan_DRAFT.pdf

environment" is built "to enhance all students' potential for success."[18] Thus, it is clear that, if Western is to achieve the vision outlined in its strategic plan, an intersectional approach to mental health will be required.

The University Students' Council recommends that all Western academic counsellors and mental health professionals participate in EDI training on a regular basis. This will ensure that counsellors who lack a specific lived experience will have the cultural competencies necessary to support a student without unintentionally harming or re-traumatizing them. This training should include, but not be limited to, anti-racism training, implicit bias training, LGBTQ2+ training (including training on different gender identities and pronouns), and training on decolonizing one's approach to mental health. Western's academic counsellors and mental health professionals should be trained to approach mental health through an intersectional lens. All counsellors should be aware of intersectional resources for students, such as support for LGBTQ2+, BIPOC, disabled, religious, and international students, as well as students who are survivors of sexual and gender-based violence.

Furthermore, the USC recommends that Western diversify its team of academic counsellors and health professionals wherever possible to ensure counsellors with a wide variety of lived experiences are available. EDI knowledge should be discussed in interviews and prioritized throughout the hiring process. In the absence of a counsellor with a specific lived experience, Western should create support groups for BIPOC, international, religious, disabled, and/or LGBTQ2+ students. However, this is a short-term solution, as the hiring of diverse counsellors should be prioritized. Please note that this paper does not strive to devalue support groups; rather, the aim of this paper is to emphasize the importance of having counsellors with a diversity of lived experiences. While support groups can be an important resource, they should by no means be the only intersectional mental health resource for students. Western should prioritize the creation of specific mental health resources tailored to the experiences of BIPOC, international, religious, disabled and LGBTQ2+ students.

Western's Student Mental Health and Wellness Strategic Plan states that one of Western's strategic objectives is to "provide accessible and effective mental health and wellness services."[19] In order to achieve this goal, Western should ensure that all digital resources/information and in person programming is compliant with AODA, including

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[18] "Western's Student Mental Health and Wellness Strategic Plan," Western University, published 8 March, 2018,
https://studentexperience.uwo.ca/student_experience/strategic_planning/mental_health_strategic_plan/MH_Stratplan_DRAFT.pdf
[19] Ibid.

(but not limited to) closed captions, described video, and ASL interpreters. All current digital resources/information should be updated to meet this standard of accessibility. Until all mental health resources are designed with students with disabilities/learning exceptionalities in mind, mental health and wellness services at Western cannot be considered fully accessible.

Some of Western's mental health professionals do not have the proper certifications to treat students from out of province and/or out of country. For international and out-of-province students who have taken the initiative to reach out to a mental health professional, it can be demotivating and upsetting to be turned away. When booking appointments with Western's mental health professionals, it should be made clear to students which professionals are able to treat international students. Ideally, each counsellor would have an online profile with this information clearly stated, in addition to their qualifications and areas of focus.

It is important to recognize that, as members of sovereign nations and as people with a history of discrimination different from that of other people of colour, Indigenous students have unique needs and lived experiences that should not be conflated with those of other marginalized groups.[20] When it comes to mental health support, every Indigenous person is different: some prefer to seek support from Elders rather than services offered by Western, while others who feel more removed from their culture may be intimidated by the prospect of seeking an Elder and would prefer to see a counsellor at Western.[21] This is why the Indigenous Student Centre provides both opportunities to meet with Elders as well as a mental health professional who identifies as Indigenous.

However, the ISC currently only has the funding for one part-time art therapist and one academic counsellor.[22] In conversations with students, the ISC found that students preferred to access the academic counsellor (who has a similar lived experience to their own) rather than counsellors through other departments at Western.[23] For this reason, their current academic counsellor is at capacity, with students meeting with her frequently.[24] The ISC indicated that the addition of a full-time mental health counsellor to supplement the existing academic counsellor would allow the ISC to much better meet the needs of students.[25] Thus, the USC recommends that Western support the ISC in their efforts to gain funding to hire a full-time mental health counsellor.

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[20] The Indigenous Student Centre, consultation conducted by Author, London (via Zoom), 12 February, 2020.
[21] Ibid.
[22] Ibid.
[23] Ibid.
[24] Ibid.
[25] Ibid.

The University could do this in a variety of ways. Firstly, Western could advocate on behalf of the ISC for provincial funding. This is further discussed in the External section of this paper. Secondly, Western could increase the portion of the student fee that goes to the ISC. Thirdly, Western could provide this funding to the ISC directly. Potentially, Student Experience and the ISC could pursue a cross appointment, where the new counsellor would report directly to the Director of the ISC but would have an equal responsibility to communicate with Student Experience.

Consolidation, Digitization and Accessibility of Resources

Principle: Students should have ease of access to mental health services, whether provided by Western or the community.

Principle: There should be a standardized process for students looking to receive mental health support to follow.

Principle: Students should have a clearly identified road map for accessing mental healthcare, whether it is located on or off campus.

Principle: Student mental health needs and crisis support should be provided in a standardized fashion.

Principle: Mental health and wellness is critical to all students' academic and personal success; learning and productivity; ability to reach their full potential; and ability to participate and engage meaningfully in school and life activities. In this way, supporting positive student mental health is a key strategic concern for Western University.

Concern: Many students are not aware of what mental wellbeing service offerings exist on campus and in the community, are not aware of the difference between each resource, and/or do not know how to access these resources.

Concern: There is a lack of management harmonization and service collaboration across Western's mental wellbeing services. There is no one clear, standardized process for students who are looking to receive mental health support to follow.

Concern: Students are currently being referred to other mental health services without follow up from Western. Students report feeling abandoned and/or not encouraged to continue receiving support by their Western counsellors.[26]

Recommendation: In addition to in-person programming, Western should prioritize the digitization of all mental health resources and programs in order to increase accessibility and ease of access.

Recommendation: The University should create a centralized online appointment booking system in order to ensure that Western's approach to providing adequate mental health support for students is both comprehensive and systematic.

Recommendation: Western should develop a standardized mental health education package for all student and staff groups to follow. This package would serve to educate students on how to approach mental health promotion and staff on how best to support students.

Recommendation: Western should create online profiles for its mental health professionals so that students may choose someone with the appropriate qualifications, counselling approach, and lived experience for their needs.

Recommendation: Western should not limit students' access to counselling appointments. When referral is necessary, Western must follow up with referred students to ensure that they are receiving sufficient support.

Western offers a variety of useful mental health resources. However, these resources are not always accessed by students. In a 2021 survey of students living in residence, Active Minds discovered that nearly 70 per cent of respondents had never accessed any Western mental health resources. When asked if they had heard of other students who had assessed Western mental health resources, nearly 50 per cent of students responded that they had never heard of other students who had accessed Western mental health resources[27] In fact, only 3.9% of respondents indicated that they have both accessed any mental health resource at Western and know of someone else who has done the same.[28] Furthermore, during USC Mental Health Roundtable consultations, many students expressed confusion with regards to how to find

[26] Mental Health Roundtable, consultation conducted by author, London (via Zoom), 27 November, 2020.; University Affairs Standing Committee, consultation conducted by Victoria Barroso, London (via Zoom), 3 February, 2021.
[27] Active Minds Western, *Mental Health and Wellness In Residence Survey Data* (7 February, 2021).
[28] Ibid.

information about Western's mental health resources, as well as a lack of understanding as to the differences between Western's various mental health service offerings. As resources are only effective if students are accessing them, this is a significant concern.

In order to address this issue, Western should prioritize the digitization of all mental health resources and programs in order to increase accessibility and ease of access. While these online resources would provide an alternative to an in-person service, this paper by no means recommends that online service offerings should replace in-person services. In addition, Western should create a centralized online appointment booking system for all mental health service offerings. This centralized booking system should house links for online appointment booking for all of Western's mental health service units. By digitizing the booking process for mental health services and putting the booking information all in one place, Western makes accessing mental health services as easy as possible for students.

In order to supplement this online booking system, Western should create online profiles for its mental health professionals so that students may choose someone with the appropriate qualifications, counselling approach, and lived experience for their needs. The USC recommends Western do this by having its counsellors make profiles on MyWellness. The USC has been and plans to continue promoting this service to students; adding Western counsellors to this service would ensure that students could seek out counselling with Western's mental health professionals through a platform that they are already familiar with. If using MyWellness is not possible, Western should create online profiles for its mental health service professionals on Western's own websites.

Furthermore, to ensure that Western students are aware of the full extent of the resources available to them, the USC recommends that the University create a digital resource package that clearly defines Western's various mental health and wellbeing service offerings and how they can be accessed. This package should include 1) a list of all of Western's mental health service offerings, 2) the purpose of the service and how it differs from the others (if applicable), and 3) information about the available format(s) of each resource with direct next steps for each (link to online booking, zoom call information, phone number, location/hours of operation etc.).

In consultation with the USC Mental Health Round Table, it was found that students have reported feeling abandoned and/or not encouraged to continue receiving support by their Western counsellors.[29] Students described instances where they had reached

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[29]Mental Health Roundtable, consultation conducted by author, London (via Zoom), 27 November, 2020.; University Affairs Standing Committee, consultation conducted by Victoria Barroso, London (via Zoom), 3 February, 2021.

out to their Western mental health counsellor to schedule a follow up appointment only to never hear back.[30] This experience can be both upsetting and embarrassing for students seeking support and could lead to them deciding to stop seeking mental health support. Western should not limit students' access to counselling appointments. When referral is necessary, Western must follow up with referred students to ensure that they are receiving sufficient support. This follow-up process is an essential part of demonstrating compassion and care to students receiving mental health support.

Communication & Promotion of Resources

Principle: Students should be aware of the mental health services available to them and their functions.

Principle: Mental health resources should be actively promoted to students.

Principle: Crisis support resources should be proactively communicated to students so that they already know where to go in the event of a mental health crisis.

Concern: Many students are not aware of what mental wellbeing service offerings exist on campus and in the community, are not aware of the difference between each resource, and/or do not know how to access these resources.

Concern: Relying on students to seek out and engage with mental health services on their own initiative may exacerbate the mental health concerns for which they are seeking support.

Concern: Learning modules offered through OWL are not easy for students to find, as, outside of a student's registered course sites, the OWL navigation menu is not user-friendly. Thus, many students are unaware that learning modules exist on OWL and/or do not know how to find them.

Concern: Many students are unaware of the 24/7 CMHA crisis counselling and other off-campus resources available to them.

Recommendation: The University should provide links to current staff and student OWL mental health modules on the OWL homepage to ensure that they are easily accessible to everyone.

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[30] Mental Health Roundtable, consultation conducted by author, London (via Zoom), 27 November, 2020.; University Affairs Standing Committee, consultation conducted by Victoria Barroso, London (via Zoom), 3 February, 2021.

> **Recommendation:** The University should create a mental health "course" in OWL in which all students are automatically enrolled. This should act as a centralized location for all student-centric mental health resources.
>
> **Recommendation:** The University should actively promote CMHA 24/7 crisis counselling and other off campus mental health resources to students.

As mentioned in the previous Consolidation, Digitization and Accessibility of Resources section of this paper, many students are not aware of what mental wellbeing service offerings exist on campus and in the community, are not aware of the difference between each resource, and/or do not know how to access these resources. It was recommended in the previous section that a digital mental health resource package be created. This resource package should be distributed to all students via email. This resource package should also be included in all course syllabi and promoted by faculty on the first day of classes. Finally, this resource package should be distributed to sophs, student residence staff, faculty councils, and affiliate councils with the instruction to distribute it to the students they support. This resource package should be posted on the Health and Wellness Homepage and the Western University Homepage, and should be updated immediately to reflect any changes in service offerings as they arise. In addition to a comprehensive resource package, this information should further be made into a graphic that can be shared on social media, and should be given to groups like the USC, faculty councils, residence staff, etc. to be shared in order to reach a large student audience as quickly as possible.

Furthermore, though mental health resources are available on OWL, they are very difficult to access. Outside of a student's registered course sites, the OWL navigation menu is not user friendly.[31] Because of this, many students are unaware that learning modules exist on OWL and/or do not know how to find them. The USC recommends that the University should provide links to existing mental health modules for students and staff on the OWL homepage to ensure that they are easily accessible to everyone. Furthermore, the University should create a mental health "course" in OWL into which all students are automatically enrolled. This should act as a centralized location for all student-centric mental health resources. However, while OWL is a high-traffic location for students and is therefore a good location to promote resources, it should never be the *only* location at which a mental health service is promoted. Though students use OWL, those in crisis and/or experiencing academic-related stress may avoid OWL, and

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[31]Active Minds Western, "Notes on Mental Health PCRs," e-mail message to Victoria Barroso, 31 January, 2021.; Mental Health Roundtable, consultation conducted by author, London (via Zoom), 27 November, 2020.

needing to log in to OWL in order to access resources may increase the stress levels of these students significantly.

Lastly, many students are unaware of the 24/7 CMHA crisis counselling and other off-campus resources available to them. The University should actively promote CMHA 24/7 crisis counselling and other off campus mental health resources to students. If there are specific mental-health related services that Western does not provide (ie. support for students struggling with substance abuse), all mental health professionals should be made aware of any community organization that offers this service in order to direct students there if need be. Furthermore, Western should actively promote these off campus resources so that students in need of specialized support know where to go.

Stakeholder Engagement

Principle: In order to provide a student-centric mental health service, students should be considered a key stakeholder and should be consulted frequently with regards to programming/service needs and improvements.

Principle: Engaging with community mental health stakeholders allows for a more holistic, well-informed approach to mental health support in London.

Principle: As students are able to provide realistic and timely feedback, engaging with students for feedback will improve the quality of services.

Concern: Students are not always consulted on decisions that are directly related to student-centric services.

Recommendation: The University should continue to consult with mental health stakeholders in London, such as the London-Middlesex Health Unit, in order to develop a circle of care that students can access throughout the campus and city. This may involve specific action plans depending on what issue the student is facing.

Recommendation: Student mental health leaders (such as Active Minds, MyHBA, and faculty/affiliate/professional school councils) should be consulted frequently in addition to the USC with regards to programming/service needs and improvements.

Western's 2018-2023 Student Mental Health and Wellness Strategic Plan states as one of its guiding principles that "students must be involved in the consultation, design, and ongoing support of the services, programs, and policies that will ultimately affect

them."[32] In order to achieve this goal, students should be considered a key stakeholder and should be consulted frequently with regards to programming/service needs and improvements. The USC recommends that student mental health leaders (such as Active Minds, MyHBA, and faculty/affiliate/professional school councils) should be consulted frequently in addition to the USC with regards to programming/service needs and improvements. The broader the group of students consulted is, the more confident the University can be that it is making mental health service decisions that are aligned with students' interests.

Furthermore there are excellent mental health service offerings both on-campus and off-campus -- service offerings that, when considered together, eliminate many of the gaps in service offerings that would exist when looking at either one on its own. For this reason, the University should continue to consult with mental health stakeholders in London, such as the London-Middlesex Health Unit, in order to develop a circle of care that students can access throughout the campus and city. This may involve specific action plans depending on what issue the student is facing. When students are referred to off-campus resources, Western mental health professionals must follow up with referred students to ensure that they are receiving the support they need.

Academics & Mental Health

Principle: Students should be aware of the academic policies that affect them and the implications of those policies.

Principle: Academic counselling should be provided in a standardized fashion across all faculties.

Principle: Training should be standardized across all faculties to ensure that all academic counsellors are receiving the most accurate and up-to-date information.

Principle: Mental health training for faculty is important, as faculty directly and consistently interact with students. Faculty being able to recognize symptoms and share appropriate resources can be an important way to reach students in need.

Principle: Many graduate and professional programs have triggers for stress that are specific to that program but apply to the majority of students.

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[32] "Western's Student Mental Health and Wellness Strategic Plan," Western University, published 8 March, 2018, https://studentexperience.uwo.ca/student_experience/strategic_planning/mental_health_strategic_plan/MH_Stratplan_DRAFT.pdf

Principle: Switching programs is a uniquely stressful experience, and trying to acclimate to a different program when most of your peers have already settled in can be an alienating and discouraging experience.

Principle: Students' mental health should not be negatively impacted as a result of continued adaptations to online learning pedagogy.

Concern: Multiple exams in one day can lead to significant stress for the affected students. Many students do not understand why multiple exams in one day occur, leading to feelings of resentment towards Western for a perceived lack of care for student wellbeing.

Concern: There is a lack of standardization of training with regards to mental health across faculty academic counselling offices.

Concern: Western lacks programming that targets mental health as it relates to specific programs such as law, medicine, and graduate study.

Concern: Western lacks a support program for students switching programs.

Concern: Components of online learning are likely to continue post-pandemic.

Recommendation: The University should avoid scheduling multiple exams on the same day where at all possible. However, should multiple exams within the same 24 hours occur, The University should 1) give affected students email notice as soon as the exam schedule is confirmed, 2) explain in this email why multiple same-day exams occur at Western, and 3) direct students to the appropriate wellness resources. Should the 3 in 23 policy apply, the email sent to students should outline clearly the steps that must be taken to reschedule one exam and contact information should be provided for if students have further questions.

Recommendation: The University should develop career or graduate school-specific stress management programs and promote these actively.

Recommendation: The University should develop specific programs to support students who have recently switched programs and are subsequently experiencing anxiety related to acclimating to their new program and/or career worries.

Recommendation: The University should develop a standardized mental health training to be delivered to all academic counsellors across all faculties in order to establish a universal, baseline standard of care for academic counselling at Western.

Recommendation: The University should create a standardized, centralized, online appointment booking system for academic counselling appointments across all faculties.

Recommendation: In the long term, academic counselling across all faculties should be overseen by one office, such as the office of the Provost or Vice-Provost (Academic Programs), to ensure the standardization of processes and to better enforce a baseline standard of care.

Recommendation: Western University should continue to adopt the academic practices [outlined in this brief](#) to ensure equitable, accessible and engaging online course delivery.

Students should be aware of the academic policies that affect them and the implications of those policies. One policy that students frequently voice discontent towards is the 3 in 23 exam policy.

Multiple exams in one day can lead to significant stress for affected students. However, while the University should avoid scheduling multiple exams on the same day where at all possible, the USC recognizes that this is not always possible. The USC further recognizes that adjusting the 3 in 23 policy to 3 in 24 would result in a large increase in potential exam conflicts. However, should multiple exams within the same 24 hours occur, it is the University's responsibility to ensure that students are aware of and understand why same-day exams occur.

Many students do not understand why multiple exams in one day occur, nor why Western feels the 3 in 23 policy must adhere to a 23 hour time frame specifically. This lack of understanding leads to students feeling resentment towards Western for a perceived lack of care for student wellbeing. This lack of understanding with regards to exam conflicts is further exacerbated by the interpretation of the 3 in 23 policy varying across faculties, the uncertainty surrounding if and how the 3 in 23 policy/exam conflicts apply in the context of online learning, and the lack of clarity surrounding how the 12 hour window applies to online exams. In order to address this lack of clarity, the University Students' Council recommends that the University take the following steps:

If multiple exams within 24 hours occur, the University should give affected students email notice as soon as the exam schedule is confirmed.The aforementioned email should explain why multiple exams occur at Western and why scheduling multiple exams within a 24 hour period was unavoidable. This email should also direct students to the appropriate wellness resources that deal with academic stress and feeling overwhelmed. Should the 3 in 23 policy apply, the email sent to students should outline clearly the steps that must be taken to reschedule one exam, and contact information should be provided for an individual to whom students can reach out if they have further questions. If any exceptional circumstances apply (ie. an online exam in an online course), the University should ensure it explains in the direct email to the affected student(s) any change in procedure (or lack thereof) for the student to reschedule one exam. In addition to emailing affected students, Western should send an email to all unaffected students, at the same time the email is sent to affected students, explaining why multiple exams occur at Western and why scheduling multiple exams within a 24 hour period was unavoidable. In this way, Western can begin to narrow the information gap between the University and students with regards to the 3 in 23 policy.

Many graduate and professional programs have triggers for stress that are specific to the program but apply to the majority of students. The Centre For Innovation In Campus Mental Health and CMHA Ontario's "Graduate Student Mental Health Toolkit" states that "social isolation, apprehension about career opportunities, higher than normal levels of depression, and anxiety have all been identified as contributing to graduate student distress. Factoring in the demanding work loads of teaching, undertaking research, coursework and constant evaluation by supervisors, it should come as no surprise these compounding and multiple sources of stress can lead to, are associated with, and often exacerbate mental health challenges."[33] This is supported by their study findings, which found that graduate and professional school participants are six times as likely to experience depression and anxiety than the average population.[34] Furthermore, in the 2019 National college Health Assessment, 64 percent of graduate students and professional students respondents rated their overall level of stress in the past 12 months as "more than average" or "tremendous."[35] In order to better support the mental health of graduate and professional students, the University should develop career or graduate school-specific stress management programs and promote these actively.

Furthermore, many students change their degree at least once during their time at Western. This process can be a uniquely stressful experience, as trying to acclimate to

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[33] "Graduate Student Mental Health Toolkit," Centre for Innovation in Campus Mental Health & Canadaian Mental Health Association Ontario, Accessed 7 February, 2021, https://campusmentalhealth.ca/wp-content/uploads/2020/07/CICMH-Graduate-Student-Mental-Health_Toolkit.pdf
[34] Ibid.
[35] Ibid.

a different program when most of your peers have already settled in can be alienating and discouraging. In order to support students undergoing a degree change, the University should develop specific programs to support students who have recently switched programs and are subsequently experiencing anxiety related to acclimating to their new program and/or career worries.

One of the most common pieces of feedback the USC receives from students is that there is a significant variation in the quality of academic counselling across faculties.[36] While some students report an ease of booking appointments and an experience with a counsellor characterized by care and compassion, other students report a confusing and inefficient booking process and an experience with a counsellor characterized by apathy. As long as academic counselling is managed entirely by each individual faculty, this variation will persist.

In order to address these concerns, the USC recommends that the University develop a standardized mental health training module to be delivered to all academic counsellors across all faculties. This training will help set expectations and establish a universal, baseline standard of care for academic counselling at Western. Furthermore, to address the variation in appointment booking efficiency, the University should develop a standardized, centralized, online appointment booking system for academic counselling appointments across all faculties. Ideally, this would consist of all students going to the same booking webpage, inputting their faculty of study, and being redirected to their faculty's online booking portal. In order to ensure standardization of appointment booking, feedback collection, quality of care in the long term, academic counselling across all faculties should be overseen by one office, such as the office of the Provost or Vice-Provost (Academic Programs).

Western's students and faculty had to quickly adapt to a virtual classroom model as a result of the COVID-19 pandemic. After a semester of predominantly-remote learning, certain teaching practices stood out as the most preferred by students. After conducting consultations, the USC compiled these best practices into a letter, which was then sent to the Associate Deans on January 29th, 2021. This letter was to be disseminated to faculty members shortly thereafter.

The University Students' Council recommends that the University encourage faculty members to adopt the best practices outlined in this letter. For more information on each recommendation, please refer to the original letter, which can be found here. The USC further recommends that the University encourage professors to seek and incorporate

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[36] Mental Health Roundtable, consultation conducted by author, London (via Zoom), 27 November, 2020. University Affairs Standing Committee, consultation conducted by Victoria Barroso, London (via Zoom), 3 February, 2021.

feedback from students with regards to course format and structure in addition to the usual feedback questions. In this way, faculty can ensure that their chosen course structure and format is one that students believe to be the most effective. Despite the fact that this resource was created in response to online learning, many of the outlined suggestions and best practices are applicable to in-person course delivery as well. The University Students' Council encourages Western University to implement these recommendations moving forward in both in-person and online course delivery models.

Mental Health Awareness & Stigma

Principle: Students should not feel ashamed to seek help for themselves or another.

Concern: Relying on students to seek out and engage with mental health services on their own initiative may exacerbate the mental health concerns for which they are seeking support.

Concern: Services strictly labelled as "crisis" support can intimidate students, as many students will downplay their own suffering and not believe themselves to be struggling enough to use a service reserved for those in crisis.

Recommendation: The University should create more programming and social media campaigns specifically focused on reducing the stigma surrounding mental health.

Recommendation: On the first day of classes, the University should encourage all professors to outline 1) the importance of taking care of your mental health, and 2) the mental health resources available to students.

Recommendation: During Orientation Week, an emphasis should be placed on eliminating the stigma surrounding mental health and the importance of taking proactive measures to support personal mental wellness.

Recommendation: Western should make clear which mental health service offerings are available specifically for students in crisis and which ones are available to students not in crisis and/or looking to take proactive measures to promote mental wellbeing.

The stigma around mental health is identified by the Mental Health Commission of Canada as one of the key barriers preventing people from seeking mental health.[37] In addition to the negative stigma attached to seeking mental health support in general, there is a pervasive narrative that people should only seek mental health support if they are in the midst of a mental health crisis. This belief precludes the possibility of proactive mental health action and prevents many people who are experiencing poor mental health but are not in crisis from seeking help. In this way, many people who may otherwise never have experienced it may enter a mental health crisis due to lack of proactive mental health efforts.

In order to combat this issue, the University should create more programming and social media campaigns specifically focused on reducing the stigma surrounding mental health and promoting the importance of proactive mental health action. Furthermore, on the first day of classes, the University should encourage all faculty members to outline 1) the importance of taking care of your mental health, and 2) the mental health resources available to students. As students look to professors as authority figures, having faculty promote the importance of mental health may help disabuse students of the notion that only poor/struggling students seek out mental health support. Finally, during Orientation Week, an emphasis should be placed on eliminating the stigma surrounding mental health and promoting the importance of taking proactive measures to support mental wellness.

While the long term goal should be to eliminate the stigma around mental health in the long term, in the short term it is important to be cognizant of the language used to promote services. For example, The Peer Support Center has recently changed the name of one of its service offerings from "crisis counselling" to "after-hours support," as they found that most students did not believe themselves to be struggling enough to use a "crisis" service.[38] One way that Western could adapt its promotion of mental health services to appeal to a wide variety of students would be to make clear which mental health service offerings are available specifically for students in crisis and which ones are available to students not in crisis and/or looking to take proactive measures to promote mental wellbeing. By specifically stating that a service is available for students not in crisis, those students who need support but tend to downplay their own need and/or are intimidated by the term "crisis" may feel more welcome to use the service.

Residence Life

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[37]"Stigma: The Facts," Mental Health Commission of Canada, Accessed 7 February, 2021, https://www.mentalhealthcommission.ca/sites/default/files/Stigma_Facts_ENG_0_1.pdf
[38] Mental Health Roundtable, consultation conducted by author, London (via Zoom), 29 January, 2021.

Principle: Mental Health counselling should be accessible to all students.

Principle: Residence counsellors provide a valuable service to students.

Principle: Mental health support for residence staff should be proactively offered and prioritized by Western Housing.

Principle: Mental health support for residence sophs should be proactively offered and prioritized by Western Housing and Orientation.

Concern: The ratio of students to residence counsellors is far too high, with only two counsellors available to serve approximately 5000 students.

Concern: Residence counselling is only offered in Ontario Hall, which relies on the assumption that the student seeking support is well enough to travel. For many students struggling with their mental health, this is a barrier.

Concern: Many students are unaware of the full scope of the ways residence counsellors can support them. Many students are unaware that residence counsellors can issue academic accommodations.

Concern: Due to their obligation to support the wellbeing of their students, residence staff are often exposed to upsetting and/or traumatizing situations.

Concern: Residence staff do not receive sufficient mental health support relative to the amount of trauma they experience.

Concern: The nature of residence sophing is such that residence sophs often act as a mental health support for first year students. This role may lead to sophs dealing with upsetting and/or traumatizing situations.

Recommendation: Western should increase the amount of residence counsellors to one per building, with an additional counsellor for residences with populations over 900 students.

Recommendation: Counselling appointments should be available in each residence building.

Recommendation: The ways in which residence counsellors can support students should be better promoted to students living in residence.

> **Recommendation:** Residence managers should be regularly and proactively checking in on the mental health of their student staff teams.
>
> **Recommendation:** When a student staff member has dealt with an incident, residence managers should immediately follow up with student staff in order to connect them to the appropriate mental health resources, academic supports, and/or accommodations. Residence managers should follow up a second time at a later date to ensure the student is receiving the support they need.
>
> **Recommendation:** If a residence soph has dealt with an incident, residence managers should immediately follow up with the soph in order to connect them to the appropriate mental health resources, academic supports, and/or accommodations. Residence managers should follow up a second time at a later date to ensure the student is receiving the support they need.
>
> **Recommendation:** Western Housing and Orientation should more proactively support residence sophs in their unique role as mentors for first-year students.
>
> **Recommendation:** All residence staff and all head sophs should be recieve ASIST training.

In their 2021 survey of students currently living in residence, Active Minds asked students if they have ever used the mental health services offered by Housing. Only 4.5 per cent of respondents confirmed that they had used the mental health services in residence before.[39] Furthermore, when asked if they knew someone else who had used residence mental health services before, only 11 percent responded that they knew someone who had used the mental health services in residence.[40] When asked if the mental health support received in residence as a first year student met their expectations, 30 percent of students reported the mental health support in residence is worse than expected, while 53 per cent said that they were not sure.[41] Finally, when asked how they would rate their knowledge of what mental health resources are available in residence on a scale of "1" to "5", 1 being the lowest and 5 being the highest, 80 percent of students responded 3 or lower (21 percent responded "3", 35 percent responded "2", and 24 percent responded "1").[42]

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[39] Active Minds Western, *Mental Health and Wellness In Residence Survey Data* (7 February, 2021).
[40] Active Minds Western, *Mental Health and Wellness In Residence Survey Data* (7 February, 2021).
[41] Ibid.
[42] Ibid.

This data demonstrates that, though a large portion of students living in residence are not definitively receiving the quality of mental health support they expected to receive, many students are not utilizing residence mental health resources and/or are unaware of the existence of these resources. In addition to lack of awareness, the lack of residence mental health service utilization may be caused by a few factors:

Firstly, the ratio of students to counsellors is far too high, with only two counsellors available to serve approximately 5000 students. This ratio of students to counsellors may lead to long wait times, which may in turn result in students seeking off-campus resources instead or simply choosing to give up on seeking mental health support. Furthermore, residence counselling is only offered in Ontario Hall. This relies on the assumption that the student seeking support is well enough to travel. For many students struggling with mental health, this is a barrier. Finally, many students are unaware of the full scope of the ways residence counselors can support them, such as issuing academic accommodations. This lack of awareness may lead students to dismiss the value of residence counselling if their poor mental health is a result of academic stress.

In order to help promote awareness, decrease barriers to access, and increase availability of residence mental health services, this paper recommends that Western increase the amount of residence counsellors to one per building at minimum, with an additional counsellor for residences with populations over 900 students. Though these counsellors may still have their offices in Ontario Hall if that is most convenient, counselling appointments should be offered in each individual residence building. Furthermore, the ways in which residence counsellors can support students should be better promoted to students living in residence, with promotional efforts being the most intense during Orientation Week and leading up to the midterm and final exam periods.

Due to their obligation to support the wellbeing of their students, residence staff are often exposed to upsetting and/or traumatizing situations. These situations can include witnessing a suicide attempt, talking a student down who is considering self-harm, alcohol poisoning, substance overdoses, and more. These experiences can directly impact the mental and emotional wellness of student residence staff. In order to ensure that all team members are receiving the mental health support they need, residence managers should be regularly and proactively checking in on the mental health of their student staff teams. When a student staff member has dealt with an incident, residence managers should immediately follow up with student staff in order to connect them to the appropriate mental health resources, academic supports, and/or accommodations. Residence managers should follow up a second time at a later date to ensure that the student is receiving the support they need.

Furthermore, the nature of residence sophing is such that residence sophs often act as a mental health support for first year students. In Active Minds Western's 2021 residence survey, respondents were asked to rate how likely they would be to go to their residence soph, residence manager, and student residence staff member on a scale of "1" to "5", 1 being not likely and 5 being very likely. While student residence staff received an average score of 2.4, residence sophs received an average score of 3.25. While this data is likely skewed lower for student residence staff due to their new role in enforcing COVID-19 protocols this year, it is clear that many students would feel comfortable approaching their sophs for mental health support. Thus, it is very possible that sophs may end up dealing with upsetting and/or traumatizing situations. If a residence soph has dealt with an incident, residence managers should immediately follow up with the soph in order to connect them to the appropriate mental health resources, academic supports, and/or accommodations. Residence managers should follow up a second time at a later date to ensure the student is receiving the support they need.

In addition, this above data clearly demonstrates that sophs and the students they support have a unique relationship as mentor, mental health support, non-staff member of residence, and friend. Western Housing and Orientation should more proactively support residence sophs in their unique role to first-year students.

Finally, in order to help better prepare for dealing with crisis situations, both student residence staff and head sophs should receive Applied Suicide Intervention Skills Training (ASIST). This training is more thorough than SafeTalk Training and will thus allow student leaders in residence to better support students in a crisis situation. In this way, not only will students receive even better support, but student leaders in residence will feel more confident in a crisis setting (which may help to mitigate feelings of guilt, helplessness, and/or ineffectiveness after the crisis is dealt with).

Data Collection

Principle: As students are able to provide realistic and timely feedback, engaging with students for feedback will improve the quality of services.

Principle: Decisions as to which aspects of a service should be changed or maintained should always be data driven.

Concern: While much data is collected with regards to student utilization of mental health services, little data is collected with regards to student feedback on the efficacy of that service and the quality of care received.

Concern: Little data is collected with regards to what promotional strategies were most effective in reaching students and driving service use.

Recommendation: The University should collect data from students who visit mental health resources to optimize institutional efficiency. This data should be utilized to improve program mix, to identify areas where training is needed, and to determine how the overall user experience of these services can be improved.

Recommendation: On campus units that support mental and physical health should be regularly reviewed and updated every three years. Student feedback should be heavily prioritized in this review process.

Recommendation: When collecting data for students seeking mental health support, the University should solicit information about what brought them to Western's services in order to gauge what promotional materials are effective. Western should continue effective campaigns and discontinue those that are ineffective.

As students are able to provide realistic and timely feedback, engaging with students for feedback will improve the quality of services. Moreover, since decisions as to which aspects of a service should be changed or maintained should always be data-driven, collecting the most robust set of feedback data from students as is possible will aid in strategic decision making. However, while much data is currently collected with regards to student utilization of mental health services, little data is collected with regards to student feedback on the efficacy of that service, the quality of care received, and whether or not students who access a service once continue to access that service. Thus, the University should collect data from students who visit mental health resources to optimize institutional efficiency, and the amount of data collected should be expanded to include feedback on the efficacy of the service and the quality of care received, as well as data surrounding repeat use of the service. This data should be used to develop additional performance metrics on which the overall effectiveness of a mental health service can be judged.

The University should also collect race-based data, as well as orientation-based data for LGBTQ2+ students. However, as this is sensitive data, it is imperative that this data (excluding general demographic information) be kept confidential where applicable and that strict protocols be put in place about when and to whom data can be shared. For Indigenous students specifically, it is imperative that, before any information is collected and shared, it be first approved by the Indigenous Student Centre (ISC), including

clinical notes discussing Indigenous identities being shared with other medical professionals. This is because the privacy of this information is incredibly important to Indigenous students, and if Indigenous students believe the data being collected is not secure and private, they will likely not feel safe to access mental health support.[43] As Student Experience updates their clinical documentation system, they should continue to consult with the ISC in order to determine how best to ensure privacy for Indigenous students and efficiency of the documentation process.

Furthermore, little data is collected with regards to what promotional strategies were most effective in reaching students and driving service use. This would be valuable information, as it was established earlier in this paper that lack of student awareness of mental health resources is a concern. The USC recommends that, when collecting data from students seeking mental health support, the University should solicit information about what brought them to Western's services in order to gauge what promotional materials are effective. Western should then continue effective campaigns and discontinue those that are ineffective.

Lastly, to ensure that collected data is being effectively utilized, on campus units that support mental and physical health should be regularly reviewed and updated every three years. Student feedback should be heavily prioritized in this review process. It is important that this review process incorporates an evaluation of the overall efficacy of a service and the quality of care reported by students.

Transparency

Principle: The campus community should be aware of the utilization of and satisfaction towards mental health resources.

Principle: The campus community should be aware of where Western is financially investing as well as how student fees and donations are being spent on mental health resources.

Concern: Only some utilization and quality of service data from Western's mental health services are publically available.

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[43] The Indigenous Student Centre, consultation conducted by Author, London (via Zoom), 12 February, 2020.

Concern: The campus community cannot monitor progress when comprehensive data is not publicly available.

Concern: financial investments with regards to mental health are publicized to the campus community, yet the actual allocation of funds to specific units/services is unclear.

Recommendation: The University should make all utilization and quality of service data from Western's mental health services publically available and easy to access.

Recommendation: The University should transparently share funding levels and their sources, as well as how sustainable each source is.

Recommendation: Student funding to mental health support services on campus should undergo regular review to ensure fee transparency and effectiveness.

In the President's Message on the Public Accountability portion of Western's website, President Shepard states that "Western University is committed to openness and transparency in all our operations."[44] In the Message From The Board Chair, Rick Konrad further states that "accountability is the glue that bonds commitment to results."[45] This paper asks that Western's various mental health service offerings and their respective sources of funding be held to this standard of accountability.

Currently, only some utilization and quality of service data from Western's mental health services are publically available. As "accountability is the glue that bonds commitment to results," the campus community is unable to monitor progress towards service goals without comprehensive data being made publicly available.[46] Thus, the University should make all utilization and quality of service data from Western's mental health services publically available and easy to access. In addition, the University should transparently share funding levels and their sources, as well as how sustainable each source is. Lastly, student funding to mental health support services on campus should undergo regular review to ensure fee transparency and effectiveness.

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[44] Shepard, Alan. "President's Message," Public Accountability Western, Accessed 7 February, 2021, https://www.uwo.ca/ipb/publicaccountability/.

[45] Konrad, Rick. "A Message from the Board Chair," Public Accountability Western, Accessed 7 February, 2021, https://www.uwo.ca/ipb/publicaccountability/.

[46] Konrad, Rick. "A Message from the Board Chair," Public Accountability Western, Accessed 7 February, 2021, https://www.uwo.ca/ipb/publicaccountability/.

External Recommendations (Government Programs)

Whole of Community Approach

Principle: Students should be adequately supported when experiencing stress, anxiety, depression, and/or any other mental health issue.

Principle: Improving student mental health requires a "whole of community" approach, with clearly defined roles and responsibilities of all parties, which include government ministries, postsecondary institutions, health-care providers, and community organizations.

Principle: The Okanagan Charter effectively encapsulates the "whole of community" approach to mental health.

Concern: Student mental health has become an increasingly pressing issue.

Concern: A lack of clarity and coordination amongst Western University and community partners is creating a strain on mental health resources and reports.

Concern: Western University and the City of London does not currently execute the "whole of community" approach to mental health.

Recommendation: The provincial government should update Ontario's Comprehensive Mental Health & Addictions Strategy to formally recognize postsecondary students as a distinct population cohort.

Recommendation: The provincial government should take a multi-ministerial approach when developing a framework addressing on and off-campus mental health services.

Recommendation: The provincial government should communicate the respective responsibilities of each Ministry that has a role in meeting the mental health needs of postsecondary students, ensuring there are no service gaps.

Recommendation: Western University should adopt the Okanagan Charter.

Mental health is an ongoing issue at postsecondary institutions. A 2017 survey conducted by Ontario's Universities found that the second most used billing code by on-campus physicians was directly related to mental health[47]. From 2007 to 2017, the global percentage of years lived with disability (YLD) due to mental illness increased by 13.5%[48]. There is a crisis in mental health on our university campuses and around the world.

COVID-19 has further exacerbated mental health concerns. According to a survey conducted by the Canadian Alliance of Student Associations (CASA), 70% of respondents reported feeling stressed, anxious, and/or isolated due to the pandemic[49]. As such, it is important that adequate resources and supports are provided to those experiencing any mental health burden.

Currently, there is a lack of clarity and coordination amongst Western University and community partners, which is creating a strain on mental health reports. A 2017 Gazette article, entitled "The reality of mental health: an uncensored glimpse into our support services", details specific experiences of Western students and their level of dissatisfaction with the London Health Sciences Centre (LHSC) and Western University. Moreover, there is cross-party support for the mental health concerns of Ontarians. Peggy Sattler, the London West MPP, believes there are significant gaps in mental health treatment, especially related to follow-up care and lack of community recourse[50]. PC Health Critic, Jeff Yurek, states that mental health treatment in the London region is "rationed and inadequate" and more community supports are needed[51].
Formally, a whole of community approach to mental health is one with "clearly defined roles and responsibilities for government ministries, postsecondary institutions, and health care and community organizations[52]. These testaments above shed light on the fact that both Western University and the City of London do not adequately execute a "whole of community" approach to mental health.

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[47] Ontario Universities, *Ensuring a Whole of Community Approach to Mental Health*, 1, accessed February 4, 2021, https://ontariouniversities.ca/wp-content/uploads/2018/01/COU_Ensuring-a-Whole-of-Community-Approach-to-Mental-Health.pdf.

[48] D. Richter et al., "Is the Global Prevalence Rate of Adult Mental Illness Increasing? Systematic Review and Meta-analysis," *Acta Psychiatrica Scandinavica* 140, no. 5 (September 3, 2019): 394, accessed February 4, 2021, https://doi.org/10.1111/acps.13083.

[49] Nathan R.G. Barnett et al., *Interim Policy Paper: Responding to COVID-19*, 9, December 2020, accessed February 4, 2021, https://d3n8a8pro7vhmx.cloudfront.net/ousa/pages/2006/attachments/original/1605882573/Responding_to_COVID-19_2020_document.pdf?1605882573.

[50] Kate Dubinski, "Mental Health System 'In Total Crisis,' Critic Warns," CBC News, last modified August 19, 2017, accessed February 4, 2021, https://www.cbc.ca/news/canada/london/london-ontario-mental-health-crisis-1.4253510.

[51] Dubinski, "Mental Health," CBC News.

[52] Universities, *Ensuring a Whole*, 1.

As such, the USC calls on the provincial government to update Ontario's Comprehensive Mental Health & Addictions Strategy to formally recognize postsecondary students as a distinct population cohort, rather than grouping them in with the broader "youth" category. By creating a distinct population cohort for postsecondary students, more tailored services can be provided, ones that specifically address the intricacies and nuances of higher education.

Additionally, the provincial government should take a multi-ministerial approach when developing a framework addressing on and off-campus mental health services. While creating the position for an Associate Minister of Mental Health and Addictions[53] was certainly a step in the right direction, currently, the lack of clarity in each Ministry's role in mental health prevention has forced students to primarily rely upon the Ministry of Advanced Education and Skills Development for support offerings[54]. The creation of a multi-ministerial approach avoids this kind of fragmented care, allowing postsecondary students to tap into the support of other important ministries, such as the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services. To ensure that each Ministry is aware of the role they play in mental health, the provincial government should communicate respective responsibilities. These responsibilities should be consistent, and changes should be made with consent from all ministries.

Lastly, the USC calls on Western University to adopt the Okanagan Charter. The Okanagan Charter, created in 2015, stipulates that postsecondary institutions embed health into all aspects of campus culture, in an effort to lead health promotion action and collaboration locally and globally[55]. The charter was developed by researchers, practitioners, administrators, students, and policy-developers from 45 countries worldwide[56]. By reinforcing the whole of community approach, the Okanagan Charter helps amalgamate and better integrate efforts regarding mental health and student wellbeing. In April, 2017, King's University College signed the charter. Furthermore, many U15 schools have signed on, including McMaster University, Queen's University, and University of British Columbia[57] making a strong case for Western University to follow suit.

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[53] "Hon. Michael A. Tibollo," Legislative Assembly of Ontario, accessed February 8, 2021, https://www.ola.org/en/members/all/michael-a-tibollo.

[54] Hannah Beckett et al., *Policy Paper: Student Health and Wellness*, 7, 2018, accessed February 4, 2021, https://d3n8a8pro7vhmx.cloudfront.net/ousa/pages/80/attachments/original/1521831542/Student_Health_and_Wellness_2018_document.pdf?1521831542.

[55] "The Okanagan Charter," Best Practices, last modified June 1, 2015, accessed February 4, 2021, https://bp-net.ca/program/the-okanagan-charter/.

[56] "The Okanagan," Best Practices.

[57] "Okanagan Charter," Canadian Health Promoting Campuses, accessed February 4, 2021, https://healthpromotingcampuses.squarespace.com/okanagan-charter.

Appropriateness of Mental Health Services

Principle: All postsecondary students, regardless of geographic location, should be able to access gender and culturally sensitive mental health services that are effective, flexible, and provided in a safe and comfortable manner.

Concern: Mental health services are not always provided in a gender and culturally sensitive manner.

Recommendation: The provincial government should expand the Good2Talk helpline to include peer listeners and other interactive forms of mental health therapy.

Recommendation: The Government of Ontario should increase spending on mental health and addictions to a minimum of ten percent[58] of the overall provincial health care budget, with a focus on providing gender and culturally sensitive mental health services.

Mental health services support a variety of students from a wide array of backgrounds. As such, the needs of students vary significantly, making it important to ensure that mental health services are adaptable and provided in a safe and comfortable manner. A primary concern is that mental health services are not always provided in a suitable and relevant way for the individual in need of support. For instance, Talk4Healing, a service that provides culturally appropriate mental health support to Indigenous women, is not as developed as other provincially regulated programs. Moreover, Talk4Healing does not cater to Indigenous men, making it difficult for this segment of the postsecondary student population to find meaningful support for problems they may face[59].

While instant messaging has become a more prominent method of communication, especially in regards to mental health consultation[60], the COVID-19 pandemic has heightened the desire for telehealth, especially video-chatting[61]. An increased desire for face-to-face interaction when discussing mental health concerns should be accommodated by the government. As such, the USC calls on the provincial government to expand the Good2Talk helpline to include peer listeners and other

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[58] Beckett et al., *Policy Paper*, 8.
[59] Talk4Healing, accessed February 4, 2021, https://www.talk4healing.com/.
[60] Beckett et al., *Policy Paper*, 9.
[61] Kastalia Medrano, "How to Find a Therapist During the Covid-19 Pandemic," Vox, last modified April 7, 2020, accessed February 4, 2021,
https://www.vox.com/identities/2020/4/7/21207281/coronavirus-covid-19-how-to-find-a-therapist.

interactive forms of mental health therapy. The inclusion of these aspects to the Good2Talk helpline will help students feel more comfortable sharing their personal mental health challenges, ultimately helping more youth overcome the struggles they are facing. The USC hopes that Good2Talk will emulate a similar experience to that of Big White Wall, now known as Togetherall. Togetherall is an anonymous online community where members support each other through forums. In these forums, which are moderated by professionals, students can chat with one another and post pictures and illustrations[62]. Members can access different "communities" based on their respective demographic, interests, and a broad host of other factors[63]. By incorporating similar aspects in the Good2Talk helpline, students of similar background can connect and positively feed off of one another.

To strengthen existing programs and create new programs, the Government of Ontario should increase spending on mental health and addictions to a minimum of ten percent of the overall provincial health care budget. Not only would this investment improve the efficacy of programs like Good2Talk and Talk4Healing, but it would also help to ensure mental health support is provided in a timely fashion to all Ontarians. According to the Ontario Medical Students Association, wait times to access mental health services for persons above 18 years old can range between six to 18 months, depending upon the region[64]. These wait times would be significantly reduced with more mental health services, greater efficiency, and an increase in the number of trained mental health professionals.

Mental Illness Prevention

Principle: Preventative action is a crucial component of addressing mental health concerns.

Concern: There is a lack of mental health prevention at postsecondary institutions, with students often only receiving assistance while in crisis.

Concern: Students in high school do not always receive adequate exposure to topics surrounding mental health.

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[62] Togetherall, accessed February 4, 2021, https://togetherall.com/en-ca/.
[63] Ibid.
[64] Ontario Medical Students Association, *Improving Mental Health Services in Ontario*, 1, 2017, accessed February 4, 2021, https://omsa.ca/sites/default/files/page/12/lobby_day_2017_backgrounder.pdf.

> **Recommendation:** The provincial government should increase funding to maintain the Centre for Innovation in Campus Mental Health (CICMH).
>
> **Recommendation:** The Ministry of Education should create and integrate a mandatory curriculum from K-12 to help prepare students for mental health challenges they may face in postsecondary education.

According to the World Health Organization, prevention is an essential step in reducing the increasing burden of mental health[65]. Studies have demonstrated how effective prevention can decrease incidences of deteriorating mental health. For example, in a five year longitudinal study in Miami with 300,000 public school children and adolescents, prevention techniques (through modified school policies, teacher training, and stress management and life-skills curriculum) reduced suicide rates from the cohort by 63%[66]. According to the Centre for Addiction and Mental Health (CAMH), students who are resilient are more likely to effectively cope with postsecondary stresses and challenges[67]. PPreventative mental health care can save lives and should be considered a key focus area for mental health and advocated for by all levels of government.

Currently, "universities are struggling in their efforts to respond [to mental health concerns]", as evidenced by a recent Macleans article detailing concerns from post-secondary students[68]. A struggling response includes a lack of prevention, which, as mentioned above, is an important component in alleviating mental health concerns. The prevalence of anxiety, stress, and depression in university partly stems from previous mental health problems which have gone untreated and unsupported. According to the Association for Childrens' Mental Health (ACMH), as many as 80% of youth aged 6 to 17 do not receive the mental health care they need[69]. As such, Catherine Munne, a professor at the Department of Psychiatry and Behavioural Neurosciences at McMaster University, questions whether high schools have

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[65] World Health Organization (WHO), *Prevention and Promotion in Mental Health* (Geneva: Dept. of Mental Health and Substance Dependence, World Health Organization, 2002), 7, accessed February 4, 2021, https://www.who.int/mental_health/media/en/545.pdf.
[66] World Health Organization (WHO), *Prevention and Promotion*, 20.
[67] "Understanding resilience," Centre for Addiction and Mental Health, accessed January 5, 2021, http://www.camh.ca/en/education/teachers_school_programs/resources_for_teachers_and_schools/growing_up_resilient_ways _to_build_resilience_in_children_and_youth/Pages/undertstanding_resilience.aspx.
[68] Sarah Treleaven, "Inside the Mental Health Crisis at Canadian Universities," Macleans, last modified October 8, 2020, accessed February 4, 2021, https://www.macleans.ca/education/inside-the-mental-health-crisis-at-canadian-universities/.
[69] "Problems at School," Association for Children's Mental Health (ACMH), accessed February 4, 2021, http://www.acmh-mi.org/get-help/navigating/problems-at-school/.

adequately prepared and equipped students with coping strategies they will need for mental health challenges commonly faced in university[70].

To combat mental health concerns, the USC calls on the provincial government to increase funding to maintain the Centre for Innovation in Campus Mental Health (CICMH). CICMH develops resources to help faculty and staff of postsecondary institutions support students who are dealing with mental health concerns[71]. By investing in CICMH, faculty and staff will be equipped with the necessary knowledge and skills to address early onsets of mental illness before they metastasize. Early intervention can help alleviate the mental health strain currently experienced by postsecondary institutions.

Additionally, to effectively nurture resilience in Ontario's students, the Ministry of Education should develop and integrate a mandatory curriculum from K-12 that teaches students how to cope when experiencing deteriorating mental health. More specifically, the curriculum could encompass "transition training" for students in grade 12 who are entering postsecondary education, providing skills they can use to adapt to a new learning and social environment. Overall, a mandatory curriculum would help provide (1) an understanding of mental health problems, (2) ways in which to flag/identify mental health concerns, and (3) strategies regarding how to effectively deal with these challenges. Arguably, a mandatory curriculum most effectively targets early intervention, supporting a truly preventative (rather than reactive) approach to mental health.

Indigenous Student Supports

> **Principle:** The mental health needs of Indigenous students should be recognized as unique and should not be conflated with that of other marginalized groups.
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> **Principle:** Indigenous students find the mental health support resources offered by the Indigenous Student Centre (ISC) more effective than that offered by Student Experience.[72]

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[70] Catharine Munne, "Why Are so Many Students Struggling with Their Mental Health?," University Affairs, last modified January 7, 2019, accessed February 4, 2021, https://www.universityaffairs.ca/opinion/in-my-opinion/why-are-so-many-students-struggling-with-their-mental-health/.

[71] Centre for Innovation in Campus Mental Health, accessed February 4, 2021, https://campusmentalhealth.ca/.

[72] The Indigenous Student Centre, consultation conducted by Author, London (via Zoom), 12 February, 2020.

Concern: The ISC currently only has the budget for one full-time academic counsellor, who is currently being used to their full capacity by students.[73]

Concern: As costs continue to rise, Indigenous Student Success Fund that the Indigenous Student Centre relies on has not been increased in recent years.

Concern: Indigenous Student Success Fund changed their funding applications from a bi-annual process to an annual process, increasing the administrative burden on organizations like the Indigenous Students Centre.

Recommendation: The provincial government should continue to fund the Indigenous Student Success Fund and increase the amount of funding for the program.

Recommendation: Indigenous Student Success Fund should revert applications to every two years.

Through consultations with the Indigenous Student Centre (ISC) on campus, the need for additional Indigenous mental health support and councillors for Indigenous students on campus has been identified. The ISC currently employs a single councillor who is regularly fully booked and unable to keep up with the demand from students. An additional full-time mental health counsellor is needed by the Indigenous Student Centre. However, the ISC currently does not have the budget to hire an additional counsellor.

Currently, a major source of funding for the ISC is the Indigenous Student Success Fund offered by the Government of Ontario. However, the amount of funding available through the Indigenous Student Success Fund has not changed over the last 15 years, nor has it been adjusted for inflation. In this way, the ISC and other dependent organizations are forced to squeeze their budgets year after year.[74] Furthermore, the provincial government changed the terms of the grant from two years to one year, increasing financial instability and the administrative burden on organizations.[75] Additionally, due to the COVID-19 pandemic, the Government of Ontario has yet to confirm whether the Indigenous Student Success Fund will continue to exist and what

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[73] Ibid.
[74] The Indigenous Student Centre, consultation conducted by Author, London (via Zoom), 12 February, 2020.
[75] Ibid.

amount of funding will be available, threatening a large portion of ISC's funding for years to come.[76]

Therefore, The Government of Ontario should increase the amount of funding available through the Indigenous Student Success Fund and the funding for the program should be continually adjusted for inflation. The program should also allocate funds to organizations every 2 years to allow for greater organizational stability and less administrative burden.

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[76] Ibid.