University Students' Council Standing Policy on
Mental Health at Western University

Legislative History
Commissioned by Council in November 2016
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Introduction and Overview

In order to respond to an increasing culture of positive mental health and rising stress levels in students, Western University should continue to provide mental healthcare and consider optimizing the effectiveness of such programs by collecting data, re-allocating resources, sharing transparent information about funding, and promoting and educating mental wellbeing.

The Ontario University and College Health Association (OUCHA) has recognized that university-age individuals are particularly at risk of developing mental health problems. The report cites a 2016 survey that states that 46 per cent of Ontario post-secondary students felt so depressed they couldn't function, 65 per cent had experienced "overwhelming anxiety," and 11 per cent had attempted suicide. The University Students' Council believes that Western University must address this crisis and provide adequate supports for students in order to continue offering the best possible student experience.

While general data is available on the topic of mental health and wellness, a key item to consider is collecting data on student behaviour with regards to mental health and wellness. This includes an intake and release form when students access services, as well as surveys on the Mental Wellbeing webpage, asking about their experience, their reasons for accessing it, how they learned about services, and general attitudes towards mental wellbeing. This aggregate of data will allow for more precise strategic planning moving forward.

Recommendations

The University Students' Council proposes the following recommendations in an effort to improve student mental health at Western University:

1. The university, through collaboration with the student body will clearly define its mental wellbeing service offerings to avoid tension between student body and administration

2. The university will transparently share funding levels and their sources, as well as how sustainable each source is.

3. Student funding to mental health support services on campus will undergo regular review to ensure fee transparency and effectiveness

4. Western will consult with mental health stakeholders in London such as the London-Middlesex health unit to develop a circle of care that students can access throughout campus and the city. This may involve specific action plans depending on what issue the student is facing.

5. The university should have a comprehensive and systematic approach to providing adequate supports for students in need of mental health supports, achieved by a centralized booking system.

6. The university should begin to collect data from students who visit mental health resources to optimize institutional efficiency

7. Reconsider the 3 in 23 policy – do students feel this is adequate in terms of mental wellbeing over the exam period? If not, the 3 in 23 policy should be overhauled.

8. Begin implementation of a fall reading week.

9. Develop career or graduate school specific stress management programs and promote these actively. E.g. Identify vulnerable groups (such as law students) and develop programs coordinated with their schedule, develop more career management programs for students who have recently switched programs or students who are experiencing anxiety over career worries.

10. Utilize the data collected from Recommendation 2 to improve the program mix. This entails providing more hours of one service that is more popular, and possibly eliminating other programs that are underused.

11. Develop a standardized mental health education program for all student and staff groups to follow for the year. This program would serve to educate students on how to approach mental health promotion within groups in an organized and socially appropriate way.

12. Improve on campus venues to allow for collaboration between student and staff groups to come together and discuss their mental health initiatives, to improve effectiveness and efficiency of such programs.

13. When collecting data for students seeking mental health, solicit information about what brought them to Western's services to gauge what promotional materials are effective. Continue most effective campaigns and discontinue those that are ineffective.

14. Utilize academic counsellors as a way to connect with students. This includes providing academic counsellors with mental health information to send to students likely in the form of emails or conversation if students visit the office in person.

15. Assess current Orientation Program's treatment of mental health and whether it has an effect on students' knowledge of resources and symptoms using surveys.

16. Standardize mental health educational residence/Off-Campus visits.

17. Educate Western's educators: informing staff and faculty about services; solidify further through teaching support training (e.g. staff and faculty shall be mandated to complete the mental health learning module through OWL)

18. Review the current staff and student OWL mental health modules to allow for efficiency and effectiveness through interactive learning

19. Improve online presence by including more educational resources on Mental Wellbeing webpage.

Role of Western

PRINCIPLE: As university is a highly stressful time, Western should be committed to facilitating success through supporting student wellbeing.

PRINCIPLE: Western should be transparent about its role in student mental healthcare.

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

CONCERN: Mental health resources are rightfully subject to budget constraints, but these constraints often seem to be insufficient to fund the needs of an institution of Western's size.

CONCERN: Western has not clearly articulated their role in the mental healthcare of students.

CONCERN: In the absence of a clearly articulated role, Western continues to promote mental wellbeing, potentially causing distrust between student and institution.

CONCERN: While Western may rightfully not be responsible for ongoing treatment for students with mental illnesses, there is no clear process outlined for students in such a position.

RECOMMENDATION: The university, through collaboration with the student body will clearly define its mental wellbeing service offerings to avoid tension between student body and administration

RECOMMENDATION: The university will 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 will undergo regular review to ensure fee transparency and effectiveness

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Western currently advocates for a mentally healthy culture, which is invaluable given the increasing anxiety levels referenced in the aforementioned section. With awareness increasing, it is now crucial that students are aware of what role Western will play in their long-term healthcare. It is recommended that Western clearly articulate whether the school will be only educational, provide minimal care, provide short-term care, provide long-term care, etc. In order to understand how to access mental healthcare, students deserve to understand what role Western will play within that.

If the university is unable to provide certain aspects of mental healthcare, it is recommended that Western outline a "circle of care" with community, by collaborating with resources such as Good2Talk, the Middlesex-London Health Unit, Daya Counselling Centre, *mindyourmind.ca*, and the Canadian Mental Healthcare Association. Western should articulate clearly their role in student mental healthcare and establish relationships with external organizations. This way, when a student's needs cannot be met by Western's services, the mental health services on campus (such as the Wellness Education Centre)

can recommend appropriate action plans for students to access the appropriate resources. The university and the student should be at a mutual understanding of what is located on campus and off campus.

Services & Prevention

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

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

CONCERN: Mental healthcare is not always easily accessed by students – whether due to wait times, sign-up processes that cause further distress, or lack of understanding of where to get the appropriate resource.

CONCERN: There is a lack of management harmonization and service collaboration across Western's services.

CONCERN: There is currently a disconnect between certain academic policies, such as the 3 in 23 exam rule, and the mentally healthy culture that Western promotes.

RECOMMENDATION: The university should have a comprehensive and systematic approach to providing adequate supports for students in need of mental health supports, achieved by a centralized booking system.

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RECOMMENDATION: Develop career or graduate school specific stress management programs and promote these actively. E.g. Identify vulnerable groups (such as law students) and develop programs coordinated with their schedule, develop more career management programs for students who have recently switched programs or students who are experiencing anxiety over career worries.

RECOMMENDATION: Utilize the data collected from Recommendation 2 to improve the program mix. This entails providing more hours of one service that is more popular, and possibly eliminating other programs that are underused.

RECOMMENDATION: Develop a standardized mental health education program for all student and staff groups to follow for the year. This program would serve to educate students on how to approach mental health promotion within groups in an organized and socially appropriate way.

RECOMMENDATION: Improve on campus venues to allow for collaboration between student and staff groups to come together and discuss their mental health initiatives, to improve effectiveness and efficiency of such programs.

Mental health is increasingly a concern on university campuses. At Western, the most common reasons for a visit to the Peer Support Centre are:

- Resource/information request
- Stress and/or anxiety
- General mental health concern
- Academic concern
- Difficulty adjusting to university[1]

A 2013 study found that 90% of Canadian students surveyed were "overwhelmed by all that they had to do in the past year", 50% felt hopeless, and 63% felt lonely".[2] A 2011 study conducted by the Higher Education Quality Council of Ontario on community college students tells a similar story: mood and anxiety issues were the most prevalent disorders. It also found that this affected educational quality: more than two thirds experienced challenges such as lack of concentration.[3] Given the importance of academic performance at the postsecondary level, it is crucial that students have access to resources that allow them to maintain their mental wellbeing.

There is currently a bureaucratic system in which Student Health Services, Student Development Centre, and the Wellness Education centre operate quite separately. This disconnect is further exacerbated by programs such as the Orientation Program, the University Students' Council (incl. Peer Support Centre), Residence at Western and faculty student councils running separate promotional activities. There is also a disconnect between certain academic policies, such as the 3 in 23 exam rule, and the mentally healthy culture that Western promotes. The culture of wellbeing that the university is aiming for is not actually bolstered by many institutional policies and increasing competition within university and the job market.

In 2015 the University Students' Council released a survey on student experience. When asked to rank wait times for mental health practitioners on a scale of 1-7 (with 1 being very poor and 7 being excellent), 30% of student respondents ranked Western as being a 3 or under.[4] When asked the same question about physical health practitioners, the percentage of rankings 3 or under dropped to 18%. It is important to remember that not every student will have attempted to use mental health resources as well, so this 30% may represent an even larger proportion of students who have sought help. This suggests a substantial need for better, timelier access to mental health professionals in the Western community. The first step is to locate all bookings through one location, where trained employees can identify the specific needs of students who visit and connect them with the appropriate resources.

[1] University Students' Council, *Peer Support Centre Annual Report*, April 2016

[2] Adam Miller, Canadian students feel stress, anxiety, have suicidal thoughts, survey reveals, The Canadian Press, June 17, 2013. Retrieved from http://www.theglobeandmail.com/news/national/education/college-university-students-feel- stress-anxiety- have-suicidal- thoughts-survey-reveals/article12613742/

[3] Holmes, A., Silvesrsti, R., Kostakos, M, The Impact of Mental Health Problems in the Community College Student Population, 2011. Retrieved at http://www.heqco.ca/SiteCollectionDocuments/MentalHealthENG.pdf

[4] University Students' Council 2015 Student Survey

Eventually this could be streamlined and located in fewer departments. In the long-run, it is recommended that this kind of centralized system will enable Western to offer true "drop-in" services rather than the model where students must show up at 8am to get a slot.

The other element to better integrating all mental health resources is to provide adequate proactive resources, such as academic policies. In another question in the USC's student experience survey, 32% of student respondents rated Western's exam accommodation on the grounds of mental health as a 3 or below[5]. In response, the USC recommends that Western re-examine the 3 in 23 exam accommodation policy through student consultation. It is unlikely that large costs would be incurred through makeup exams (only requiring a room and a professor or proctor), but if so, perhaps there is a way to locate more final exams in final essays or midterms. Student consultation is key in deciding which route feels healthiest to the undergraduate population. A fall reading week would also be a beneficial proactive measure. Both policies would be tangible supports to Western's commitment to mental wellness.

Youth unemployment is nearly double the national average.[6] As many students expect to be employed after graduation, it is recommended that Western University promote holistic health and success and discourage anxiety levels by providing support at the intersection of mental distress and unemployment concerns. An example of a successful program using a similar model is within the Schulich School of Medicine and Dentistry, where they offer comprehensive wellness and career support to students in distress.[7]

Looking to the future, it is recommended that Western tracks student data when they make use of mental health resources. Given the presupposition that budget constraints exist, it is imperative that funding is used efficiently. Students should be asked to complete an intake form for any mental health related supports they have accessed at Western including questions such as:

- What is the reason for the student's trip?
- Which resource were you connected with?
- What was your wait time?
- Do you feel this resource addressed your needs adequately?
- What would have been a better resource?

It is also recommended that Western tracks when students visit and for what service to establish when counsellors/psychologists are booked up and when they are not at capacity, as well as the success of different types of services such as group support groups. Given that wait times are an issue (as established by the USC survey), it is important to re-evaluate whether all services are necessary at current levels, or whether it may make sense to, for example, take away some group sessions in lieu of freeing up budget dollars to hire another individual psychologist. To facilitate this, Western should track data such as:

- Attendance numbers at group sessions
- Psychologist utilization (When are counsellors fully booked?)

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[5] University Students' Council 2015 Student Survey
[6] Goar, Carol. Youth unemployment finally on the radar screen: Goar, 2016
https://www.thestar.com/opinion/commentary/2016/02/08/youth-unemployment-finally-on-the-radar-screen-goar.html
[7] http://www.schulich.uwo.ca/wellness/

- Time of visits (do most students visit in the morning, afternoon, or evening?)

After a student has accessed a service, more data should be collected including:

- How effective was this service to your mental wellbeing?
- Would you make use of this service again?
- How could we improve our offerings?

By collecting this data, it is possible to eradicate services that are no longer necessary and coordinate other more popular services to meet student demand without using extra budget dollars. This is also a step towards ensuring all identities are represented in the mental healthcare at Western – for example, it will allow people of different genders, races, sexual orientation etc. share their satisfaction with Western resources which can influence future strategic decisions in terms of what services to offer to cater to all students. All data collected should be amalgamated and stored to build a database of student behaviour to better predict what services are necessary and the effectiveness of such services.

Finally, it is imperative that the university work in conjunction with student leaders to more efficiently work towards comprehensive mental health. There are individual and sporadic promotional campaigns mounted by student groups about mental health topics, but it is recommended that by providing an open forum where staff and students can collaborate, valuable resources such as time and money will be saved. This would enable cross-pollination between groups and optimize use of resources (e.g. if one council has more money but a certain soph team has more social leverage, they can come together to create a very successful event or initiative together, rather than two separate moderately successful events). This could be done by several meetings a year, as well as in a venue as simple as a forum in OWL or on Facebook. In the same vein, it is recommended that campus groups are educated on mental health issues in a standardized program in order to ensure consistency across mental health inquiries across campus. By hosting a training session for a half or full day for student groups such as club executives and student councils that explains what resources are available at Western, how to access them, and how to handle sensitive topics, it would contribute towards the centralized approach to mental healthcare.

Education & Communication

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

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

CONCERN: There are limited metrics measuring the effectiveness of educational or promotional materials. (body: thus it is unclear whether any of the current tactics are making a difference and can indicate inefficient use of budget dollars)

CONCERN: Promotional and educational materials only serve certain populations.

CONCERN: There still exists a stigma about seeking help, especially for oneself.

CONCERN: Students may not understand their symptoms as a mental health issue.

RECOMMENDATION: When collecting data for students seeking mental health, solicit information about what brought them to Western's services to gauge what promotional materials are effective. Continue most effective campaigns and discontinue those that are ineffective.

RECOMMENDATION: Utilize academic counsellors as a way to connect with students. This includes providing academic counsellors with mental health information to send to students likely in the form of emails or conversation if students visit the office in person.

RECOMMENDATION: Assess current Orientation Program's treatment of mental health and whether it has an effect on students' knowledge of resources and symptoms using surveys.

RECOMMENDATION: Standardize mental health educational residence/Off-Campus visits.

RECOMMENDATION: Educate Western's educators: informing staff and faculty about services; solidify further through teaching support training (e.g. staff and faculty shall be mandated to complete the mental health learning module through OWL)

RECOMMENDATION: Review the current staff and student OWL mental health modules to allow for efficiency and effectiveness through interactive learning

RECOMMENDATION: Improve online presence by including more educational resources on Mental Wellbeing webpage.

Despite a cultural shift regarding mental wellbeing, barriers such as stigma, low mental health literacy, socio-economic status and geographic location still impact individuals' likeliness to access mental health supports.[8] Moreover, the Centers for Disease Control and Prevention finds that while "57% of adults

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[8] Tanya Halsall , Christine Garinger & Tanya Forneris (2014) mindyourmind: An Overview and Evaluation of a Web-Facilitated Mental Health Program that Applies Empowerment Strategies for Youth, Journal of Consumer Health On the Internet, 18:4, 337-356, DOI: 10.1080/15398285.2014.952998

without mental health symptoms believed that people are caring and sympathetic to persons with mental illness", only "25% of adults with mental health symptoms believed that people are caring and sympathetic to persons with mental illness"[9]. This statistic clearly shows how much work is left to be done in the area of mental illness stigma in order for those affected to feel truly comfortable accessing services. Another study conducted in 2014 found that 66% of student respondents who were at elevated risk for suicide felt that treatment simply was not needed.[10] In order to supplement Western's efforts to provide services, it is crucial to provide effective educational materials so that students are likely to actually access them.

London-based not-for-profit *mindyourmind* has established an online presence consisting of content such as youth-created magazines ("zines") and blogs. *mindyourmind* uses this approach under the assumption that mental health issues are of a sensitive nature, therefore the internet is an ideal venue for confidential educational resources. Moreover, the Internet has been presented as a useful resource for assessment, self-screening, mental health literacy, prevention and as a first point of entry into services.[11] When *mindyourmind* conducted a survey on their website, it was found that repeat users who have a mental health issue were likely to be accessing help: 65% had accessed professional help and 36% accessed professional help because of *mindyourmind.ca.* These findings support the intuitive belief that education is a powerful tool in facilitating access to mental health resources, as well as the importance of tracking data showing the usefulness of educational and promotional methods.

Given the finding that barriers still exist, it is important to launch promotional and educational campaigns that look to break down stigma, encourage mental health knowledge and reach individuals who may not be as likely to view the material.

In terms of education, standardizing psychologist or educator visits to residence and off-campus events would expose students to mental health literacy early on in the university journey. Incentivize attendance through refreshments and prizes, as it is reasonable to assume that first year is the time when students are most likely to attend. Education can be furthered through updating and maintaining the Mental Wellbeing webpage. Without even creating content, the webpage could link to information by organizations such as *mindyourmind*, where education is presented in the form of art such as zines. Additionally, it is recommended that Orientation Week is re-evaluated in terms of mental health education. This may be in the form of student surveys, in order to gauge how useful students find the education during O-Week. Additionally, training programs for residence staff should be reviewed to ensure that staff are knowledgeable in campus resources year-round. If it is found to be unsatisfactory, this should be reformed, potentially in collaboration with a resource such as *mindyourmind* or the Middlesex Health Unit.

In terms of outreach, it is recommended to leverage academic counselling. In the context of Western, issues such as socioeconomic status and the geographic location where a student was raised would influence mental health education (as noted by the findings). However, it is reasonable to assume that

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[9] Stigma and Mental Illness, Centers for Disease Control and Prevention, 2015
https://www.cdc.gov/mentalhealth/basics/stigma-illness.htm
[10] Czyz, E.K., A.G. Horwitz, D. Eisenburg, A. Kramer, C.A. King, Self reported barriers to Professional Help Seeking Among College Students at Elevated Risk for Suicide, 2013, J Am Coll Health,
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3788673/
[11] Tanya Halsall , Christine Garinger & Tanya Forneris (2014) mindyourmind: An Overview and Evaluation of a Web-Facilitated Mental Health Program that Applies Empowerment Strategies for Youth, Journal of Consumer Health On the Internet, 18:4, 337-356, DOI: 10.1080/15398285.2014.952998

factors such as involvement level and even academic program may influence what educational materials are seen. For example, students who are on a faculty students' council may have access to more information than those who are not. To resolve this, it is recommended that academic counsellors provide information to students through mass emails as well as one-on-one visits. It is likely that less-involved students would still be relatively comfortable and familiar with academic counselling. An example to alleviate stress and anxiety while in an academic counselling office would be to provide relievers such as stress balls.

Another tactic for reach includes educating professors and instructors on mental health literacy. All students, regardless of socioeconomic status, race, gender, ability, involvement level, etc. will interact with a professor throughout their university career. Therefore, professors should be a main point of contact for mental health resources in order to maximize educational reach. Additionally, if professors are aware of mental health and wellness and it becomes a more widely discussed topic, this may decrease stigma.

It is recommended that the university include questions about educational and promotional methods when students access mental health services in order to track relative effectiveness of different campaigns. Questions to include on intake forms include:

- How did you find out about this resource?
- Do you feel stigmatized for accessing help?
- How would you rate your education on mental health?
- Which promotional or educational campaigns launched by Western have you seen?
- Which promotional or educational campaigns resonated with you?

This data should be aggregated with the information collected from Services/Prevention to gain a holistic picture of how well the systems are functioning together.