



CONCORDIA  
**UNIVERSITY**  
OF **EDMONTON**

# **MENTAL HEALTH STRATEGY**

2017





## Acknowledgements

The University of Calgary, York University, University of British Columbia and Simon Fraser University are acknowledged for their work on campus mental health, and their willingness to serve as a guide for Concordia University of Edmonton (CUE) as we developed our Mental Health Strategy.



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## Statement of Purpose

To develop a mental health strategy for CUE that supports a flourishing, resilient and healthy campus community.

## Vision

CUE is a community that cares for one another, researches and discusses mental health and wellness, provides support as needed, employs quality resources when required, and realizes its potential collectively.

The vision will be achieved by:

- Promoting strategies and programs for mental health and wellness;
- Reducing stigma through awareness, education, and dialogue;
- Developing early recognition systems for mental illness;
- Aligning policies and procedures with the vision for promoting campus-wide mental health;
- Developing sustainable processes and structures to manage issues related to mental illness; and
- Providing direct service and support with individuals suffering from mental illness.





## The Okanagan Charter: A Guiding Framework for Flourishing at CUE

In June 2015, the International Conference on Health Promoting Universities and Colleges was hosted at the UBC Okanagan campus. The key outcome was the development of the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges. The Okanagan Charter was developed in collaboration with participants from 45 countries representing both educational institutions and health organizations, including the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization. (UNESCO).

The Okanagan Charter provides institutions with a common language and framework for campus-wide health and wellbeing promotion, and outlines two calls to action:

- To embed health into all aspects of campus culture, across the administration, operations and academic mandates, and
- To lead health promotion action and collaboration locally and globally.

According to the Okanagan Charter, “health promoting universities and colleges transform the health and sustainability of our current and future societies, strengthen communities, and contribute to the wellbeing of people, places and the planet.” Following consultation and buy-in from the campus community, CUE will adopt the Okanagan Charter in 2017 and participate in ongoing efforts to encourage an international movement of institutions of higher education to adopt the calls to action.

### Executive Summary

Concordia University of Edmonton, Canada’s pre-eminent small university, has looked over Edmonton’s beautiful river valley since 1921, and has a long history of student-centred learning and leadership. CUE is a supportive institution that cares about the health and success of its student body with robust support services that promote mental health wellness and responds to mental health issues as they arise. Recent trends suggest that the prevalence of mental health issues is on the rise among university-aged adults, and more students are entering university with pre-existing mental health issues. Ultimately, more students are seeking help, and are often facing complex and multi-faceted issues.

In 2015, CUE created a Mental Health Action Team (MHAT) made up of key stakeholders responsible for addressing mental health on campus. The MHAT focuses on mental health more broadly than merely the absence of mental illness, such as how to build and sustain mental wellness and flourishing. The MHAT, a coalition of diverse academic, student, staff and alumni members, guided and participated in a strategic planning process in 2016, and is overseeing the ongoing program efforts.



CUE's Mental Health Strategy was developed using the Social Ecological Model (SEM). The SEM is a theory-based framework for understanding the multi-faceted and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioural and organizational leverage points and intermediaries for health promotion within organizations. There are five nested, hierarchical levels of the SEM: individual; interpersonal; community; organizational; and policy/enabling environment (see Figure 1). The most effective approach to public health prevention and control employs a combination of interventions at all levels of the model.

CUE's Mental Health Strategy:

- promotes the health and wellness of students, faculty, and staff as a foundation for academic, work, and life success;
- considers an environment that sustains good health; and
- acknowledges that all members of the campus community have a role to play in changing the conditions and dialogue around mental health.

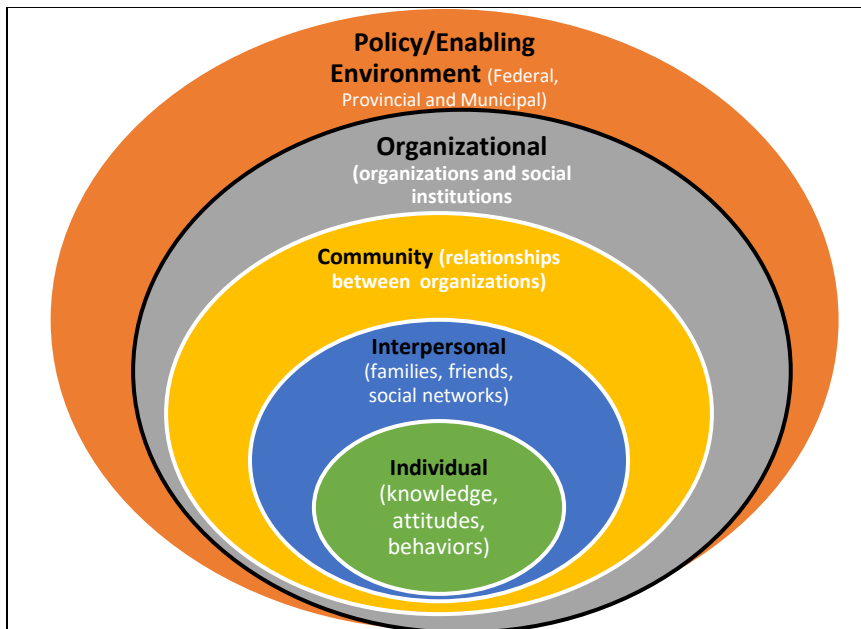


Figure 1. The Social Ecological Model

The SEM approach encourages the development of comprehensive, multi-faceted and sustainable initiatives to promote mental health and wellness. The promotion of mental health and wellness is important for all who learn, work and live at CUE.

CUE takes pride in being a socially responsible institution – one where people matter. Human rights, social justice, and equity are woven into the fabric of the university campus. Our values underscore openness, inclusivity, and respect in all we do. In short, CUE cares deeply about our





community. Demonstrating a commitment to care, CUE has mobilized resources to provide an inclusive and supportive environment that promotes positive mental health and wellness among all stakeholders, and provides appropriate supports to those who experience mental health challenges. We want our students, faculty, and staff to flourish. This document provides an overview of CUE’s commitment and approach to advancing a mentally healthy campus, and illustrates the intended actions and initiatives to date, and for the future.

The MHAT created a vision and framework to optimize mental health at CUE. Our vision – to be a community that cares for one another, researches and discusses mental health and wellness, provides support as needed, employs quality resources when required, and realizes it’s potential collectively is aspirational and appealing. The vision will place mental health in its rightful place – as an institutional priority. The framework is evidence-based, and comprises the following six interconnected strategic focus areas:

- Promoting strategies and programs for mental health and wellness;
- Reducing stigma through awareness, education, and dialogue;
- Developing early recognition systems for mental illness;
- Aligning policies and procedures with the vision for promoting campus-wide mental health;
- Developing sustainable processes and structures to manage issues related to mental illness; and
- Providing direct service and support with individuals suffering from mental illness.

To inform the vision and framework, the MHAT reviewed current campus activities related to mental health, and completed a brief literature review examining student and employee mental health challenges and solutions. The MHAT also conducted a gap analysis to compare the needs of the campus community with the services that are currently provided.

Through the work of the MHAT, 25 action-oriented recommendations were generated to address expansion, enhancement or development of initiatives in each of the six strategic focus areas previously discussed. Through this Strategy, CUE will commit to fostering a campus culture where students, faculty and staff are supported, valued, included, connected and flourishing.

## Defining Mental Health

Mental health can be defined as “the capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity,



social justice, interconnections, and personal dignity” (Government of Canada, 2006). This definition of mental health is aligned with concepts of mental health identified by the World Health Organization (2001) as well as Corey Keyes’ (2002) description of flourishing. Keyes conceptualizes health and illness as separate continuums wherein a student with mental illness may flourish and conversely, someone without mental illness may languish with less than optimal health (see Figure 2).

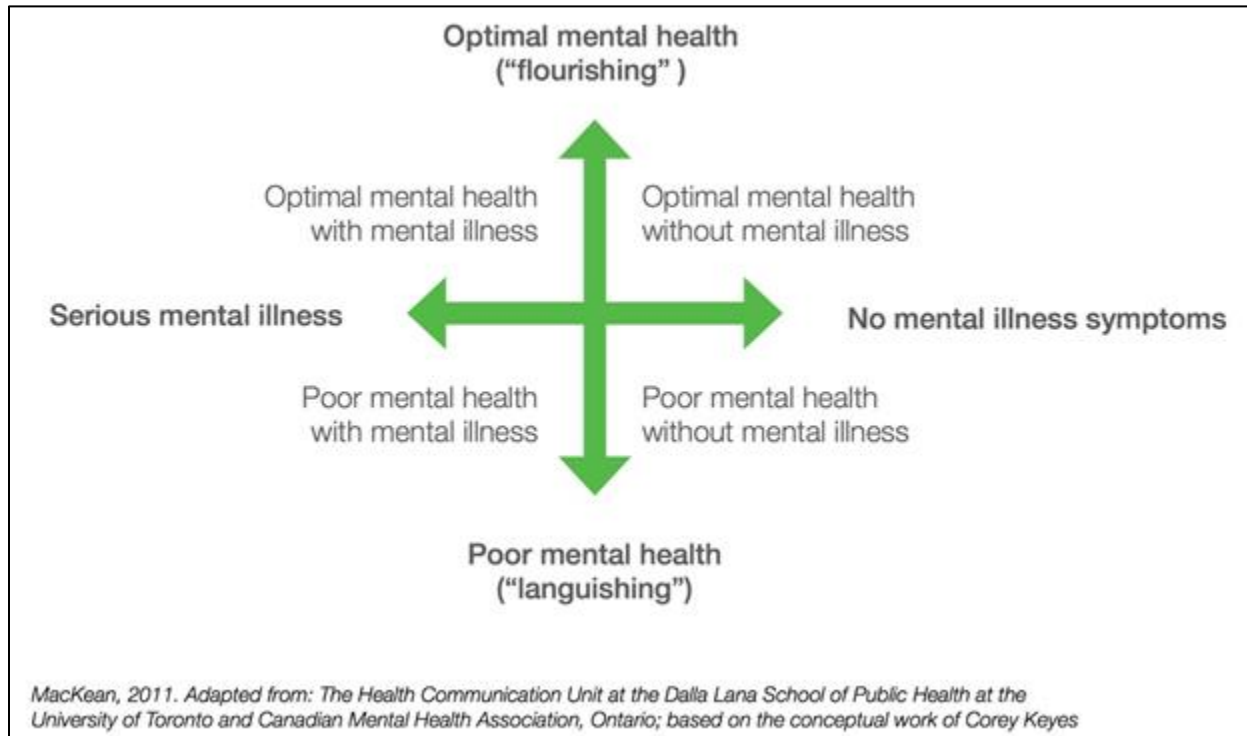


Figure 2. Dual Continuum Model of Mental Health and Mental Illness

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

Mental health awareness initiatives strive to improve student mental wellness by increasing knowledge and understanding of the determinants, nature, impact, prevention and management of mental health issues. Increased knowledge and understanding builds resilience and capacity to maintain wellness. For example, resilience factors such as awareness of signs of stress, knowledge of coping strategies and belief in ability to cope are associated with



decreased symptoms of depression in university students (Sawatsky et al., 2010). Increased mental health awareness also plays an important role in the de-stigmatization of mental health issues. Stigma, prejudice, and discrimination have a significant impact on mental health by impacting one's sense of self-worth and commitment to self-care as well as making it more difficult to reach out for help. In addition, a supportive campus environment requires that all community members recognize their responsibility to others as well as themselves. Raising mental health awareness helps encourage community members' commitment to act to promote student mental health at the campus level as well as to care for themselves and others.

The following conceptual framework is drawn from the Canadian Association of College and University Student Services (CACUSS) Post-Secondary Student Mental Health: Guide to a Systemic Approach, though it is expanded here to reference all members of the campus community. The model illustrates the broad areas of a systemic approach to post-secondary mental health identified for three target populations: all members; members with concerns about coping in this demanding context; and members with other mental health concerns. In addition to the areas of action covered in the model, campus engagement, planning and action are essential to promoting campus mental health.



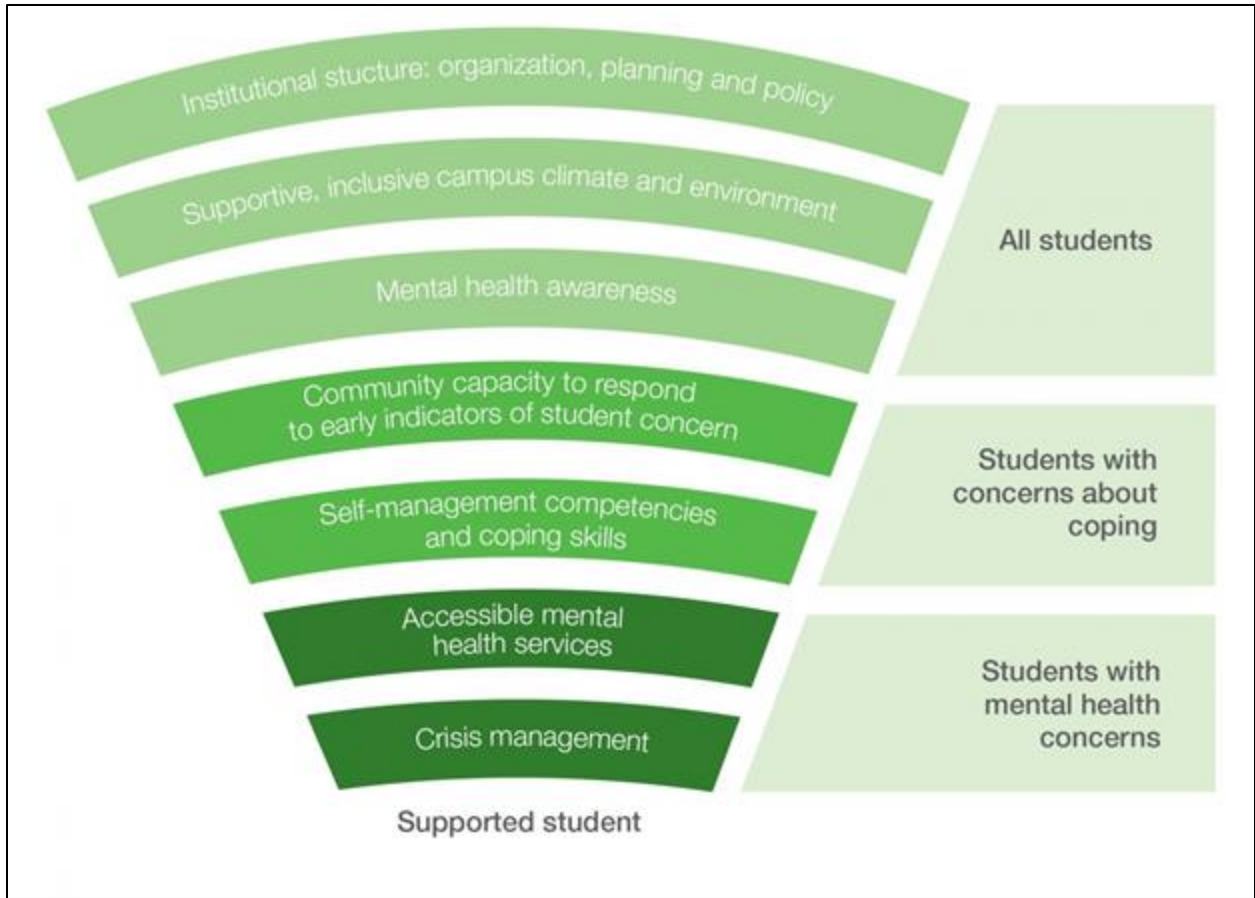


Figure 3. Framework for Post-Secondary Student Mental Health





## Literature Review

### Why Focus on Student Mental Health?

Mental health is becoming a widely recognized priority on college and university campuses in Canada and in many international jurisdictions (Centre for Innovations in Campus Mental Health, 2015; Ibrahim, Kelly, Adams, & Glazebrook, 2013; MacKean, 2011; Reavley & Jorm, 2010). Reviews of the growing body of grey and peer-reviewed literature focusing on campus mental health offer a sound rationale for CUE's commitment to investing in student mental health and wellness. The most salient points extracted from the reviewed literature are provided in the subsequent sections.

### Prevalence and Onset of Mental Health Issues

A high prevalence of mental health issues among post-secondary students has been well documented (American College Health Association, 2016a; Heck Jaworska & DeSomma, 2014; Ibrahim, et al., 2013; Jaworska, De Somma, Fonseka, Heck, & MacQueen, 2016) with some studies indicating the prevalence of mental disorders to be on the rise (Hunt & Eisenberg, 2010; Mental Health Commission of Canada, 2013, 2015). The age at which most young people are in higher education is the age of peak onset for mental illnesses and substance use disorders (Reavley, & Jorm, 2010). More than 28 percent of people, aged 20-29, experience a mental illness in a given year (MHCC, 2013). The annual number of people living with a mental illness is highest among young adults ages 20-30, the ages that also have the highest rates of mood and anxiety disorders (MHCC, 2013).

Suicide remains the second leading cause of death among college/university students and Canadians between the ages of 10 and 24 (Statistics Canada, 2009). Suicide accounts for 24 percent of all deaths among 15-24 year olds and 16 percent among 16-44 year olds. People with a mental illness, Indigenous peoples, youth, and those who have previously attempted suicide are populations at a higher risk of suicide (Statistics Canada, 2009).

More young people are entering college/university with a diagnosed mental illness than before and many of these young people are on psychotropic medications (CICMH, 2015). Many students are reporting high levels of psychological distress, emotional difficulties, substance misuse and suicidal ideations, as well as mental health problems such as anxiety, depression, and loneliness (MacKean, 2011). Not surprisingly, more students are coming into contact with campus health services, particularly counselling services (Reetz, Bershada, LeViness, & Whitlock, 2016). Presently, it is unclear whether these trends can be attributed to more health issues or to an increased willingness of students to seek help for mental health symptoms. In any case, anxiety (50.6%) and depression rates (41.2%) continue to be the most predominant and increasing concern among college/university students seeking counselling services throughout



the world (Heck, Jaworska, & DeSomma, 2014); Hunt & Eisenberg, 2010, Ibrahim et al., 2013; Reetz, et al., 2016).

## Student Stressors

Post-secondary education is a time when many students experience significant developmental change, explore their identity and make important life choices. Stressors of transitioning to university, academic expectations, creating new social networks, family pressures, financial stressors and unemployment uncertainty add to an already stressful student experience. Stress remains the most frequently cited reason for academic performance being negatively impacted (Versaevel, 2015). For those who begin their university experience with mental health diagnoses, stress can exacerbate symptoms over time. Literature suggests that the most common stressors among post-secondary students include academic overload, pressure to succeed, competition with peers, financial burdens, concerns for the future and relationship concerns (Mackean, 2011; Versaevel, 2015). Students who have a mental health diagnosis or a disability, female students, Indigenous students and international student groups experience elevated stress and are at a higher risk of drop-out and or poor academic performance (Versaevel, 2015). Many students get stuck in the vicious cycle where stress leads to lower academic performance and poor academics leads to increased stress (Versaevel, 2015).

## Impact of Mental Health Issues

The consequences of these mental health and addiction issues have significant impact on the student experience in post-secondary education. Mental health and addiction issues can lead to student dropout, isolation, increased substance use, poor sleep quality and thoughts of suicide (Eisenberg, Golberstein, & Hunt, 2009; Reavley & Jorm, 2010; Alberta-Post-secondary Addiction Framework, 2015). Mental health issues have been shown to affect both learning and higher education dropout rates. Mental health illnesses are found to be strong predictors of academic failure (Kessler et al., 2007) with depression being identified as a significant predictor of a lower grade point average (GPA) and higher dropout rates (CICMH, 2015). Studies have shown that stress and poor mental health are significant contributors for the 30 percent of university students who drop out before completing a degree (Radcliffe & Lester, 2003; Versaevel, 2015), with an estimated 86 percent of individuals who have a psychiatric disorder withdrawing from college/university prior to completion (Reavley & Jorm, 2010). Poor educational attainment reduces the likelihood of finding a good job, leading to mostly negative economic and health consequences. Educational attainment was also a major determinant in the ability of an individual with a mental health illness to find work (Government of Canada, 2006). The great majority of young people with depression and related disorders either do not seek or delay seeking professional help. It is estimated that from the 1.2 million children and youth in Canada who are affected by mental health illness, less than 20 percent will receive appropriate treatment (MHCC, 2017). In place of professional help, they will often use self-help



methods, but these are often potentially harmful methods such as alcohol or other substances (Reavley, & Jorm, 2010).

## Opportunity to Make a Difference

There are well-defined links between academic success and student mental health. Evidence shows that access to high quality student services (e.g., disability, health, counselling) can help young people improve their learning and academic performance, stay in school and complete their degree/diploma (MacKean, 2011). There is also increased evidence that students with mental health issues who receive appropriate support are: successful in postsecondary education; experience decreased hospitalisation rates; and have increased levels of self-confidence, self- efficiency and empowerment (MacKean, 2011). Research has indicated that student services, when accessed by students, can help them to succeed in their college/university education (MacKean, 2011). Personal counselling has been found to help maintain or improve academic performance (CICMH, 2015; Reetz, et al., 2016). Canadian first-year students who engage in personal counselling have a significantly higher retention rate compared to the first-year student population as a whole (Porter, 2011). This is in spite of the fact that most students come to counselling centers for other reasons.

Not surprisingly, post-secondary institutions are recognized as important sites for addressing the mental health needs of students (CACUSS & CMHA, 2013; DiPlacito-DeRango, 2016; MacKean, 2011). Canadian college/universities can offer an accessible, familiar, informed, safe, and cost-effective environment for the provision of support and are well-positioned for early assessment and intervention of mental health issues which can prevent the development of more severe issues and improve long-term outcomes (DiPlacito-DeRango, 2016). Hence, the post-secondary environment is recognized as a place not only for education, but also as a resource for developing healthy and engaged people.

With increased recognition of post-secondary institutions as locations of accessible support, Canadian governments and organizations have put forth great efforts to improve student mental health support structures in colleges/universities. These efforts have encouraged post-secondary teaching faculty, curriculum developers, policy makers, and academic staff to consider the mental health needs of students more closely. Within the provincial context, Alberta's Addiction and Mental Health Strategy (2011) has provided a framework to comprehensive, systematic and Alberta-specific ideas for the creation of healthy, inclusive and resilient campus communities. Taking a systemic approach to promoting mental health and wellness is widely considered to have the greatest impact for all students (Alberta's Addiction and Mental Health Strategy 2011; CACUSS & CMHA, 2013). Post-secondary institutions can be designed and structured to have a positive impact on student mental health and wellness of students (CACUSS & CMHA, 2013; MacKean, 2011).





Mental health is becoming a widely recognized priority on college and university campuses in Canada and in many international jurisdictions (Centre for Innovations in Campus Mental Health, 2015; Ibrahim, Kelly, Adams, & Glazebrook, 2013; MacKean, 2011; Reavley & Jorm, 2010). Reviews of the growing body of grey and peer-reviewed literature focusing on campus mental health offer a sound rationale for CUE’s commitment to investing in student mental health and wellness. The most salient points extracted from the reviewed literature are provided in the subsequent sections.

## CUE’s Context

<b>Profile of Students: Fall 2016 - 1959 total student enrolment</b>	
1631 undergraduate students	145 graduate students
189 visa students	58 non-visa students from out of province

CUE students’ behaviours, habits and perceptions of mental health and illness are assessed by the National College Health Assessment (NCHA) surveys. Completed in Spring of 2016, the data contributes to the current profile of CUE’s students when it comes to suicide risk factors (see Table 1) and mental health and learning related diagnosis and treatment (see Table 2). Based on this survey, 16.6 percent of CUE’s student population have reported to have a learning disability or ADHD, 5.4 percent to have a psychiatric condition and 10.2 percent to have a physical disability (e.g., speech, sightedness, hearing loss, mobility). Moreover, the students reported the following ‘Top 5’ factors affecting their academic performance within the last year: stress (42.0%); anxiety (39.5%); sleep difficulties (33.7%), depression (23.8%); concern for a troubled friend or family member (17.5%) (ACHA, 2016a). Anxiety and stress are consistently the greatest factors affecting academic performance nationally and provincially (ACHA, 2016a; 2016b; 2016c). Another recent survey of student mental and physical wellness suggests an even higher prevalence of mental health conditions among the CUE student population (30% of students surveyed) according to Bradford and van Ingen (in press).



Table 1. National College Health Assessment (NCHA) Statistics on Student Mental Health - Spring 2016

<b>% of Students Reported Experiencing the Following Any Time Within last 12 Months:</b>	<b>Concordia University of Edmonton<sup>1</sup></b>	<b>Alberta Student Population<sup>2</sup></b>	<b>National Student Population<sup>3</sup></b>
Felt overwhelmed by all they had to do	92.8	90.2	89.5
Felt exhausted (not from physical activity)	89.9	88.8	88.2
Felt very lonely	70.4	65.0	66.2
Felt very sad	77.8	72.2	73.7
Felt things were hopeless	66.3	57.5	59.6
Felt overwhelming anxiety	71.2	63.7	64.5
Felt overwhelming anger	53.6	45.8	47.3
Felt so depressed it was difficult to function	51.9	42.1	44.4
Seriously considered suicide	12.6	13.1	13.0
Attempted suicide	1.9	2.1	1.4
Intentionally self-harmed	9.3	8.8	8.7
Experienced tremendous stress	17.8	14.1	14.4

Table 2. NCHA Statistics on Student Mental Health - Spring 2016

<b>% of Students Reported Being Diagnosed or Treated Within last 12 Months:</b>	<b>Concordia University of Edmonton</b>	<b>Alberta Student Population</b>	<b>National Student Population</b>
ADHD or learning disability	16.6	13.3	10.8
Physical disability (speech, sightedness, hearing loss, mobility)	10.2	7.1	6.4
Psychiatric condition	5.4	6.9	7.4

Approximately 7.1 percent of CUE's students accessed counselling services (n=140), 6.9 percent accessed learning accommodation services (LAS) (n=135) and 7.4 percent of students accessed My Wellness online resources for mental health through their health benefits (n=144) during the 2016/2017 academic year. MyWellness statistics for 2016/17 illustrated an increase of over 250% in use of online mental health resources compared to the previous year (Gallivan & Associates, 2016). 86 percent of students who employed MyWellness (n=253) were at a diagnostic risk for one or more mental health conditions, most prevalent being depression, and sleep disorder, and anxiety

<sup>1</sup> Based on results of the ACHA-NCHA II Survey Spring 2016 for the Concordia University of Edmonton consisting of 208 student responders (12% response rate).

<sup>2</sup> Based on results of the ACHA-NCHA II Spring 2016 survey for the Alberta Consortium Reference Groups consisting of 7240 respondents (19 % response rate).

<sup>3</sup> Based on results of the ACHA-NCHA II Spring 2016 survey for the Canadian Consortium Reference Groups consisting of 43,780 respondents (19 % response rate).



disorders (Gallivan & Associates, 2017). In the same year, 7.4 percent of staff utilized the Employee Assistance Program (EAP) services in 2016 with the top three presenting issues being for emotional wellness, legal and financial concerns, 75 percent of those cases utilized were for EAP counselling services (P. Farnham, personal communication, May 10, 2017). Significantly more visits were made to EAP LifeWorks English Online website (n=139) in order to access information of topics such as Personal Issues, Couples, For Managers and Health Habits.

## Conclusion

A large body of literature suggests that mental health issues are a real concern on post-secondary campuses. CUE, along with other post-secondary institutions, is well positioned to promote mental health and wellness amongst its students, faculty, and staff members. Creating holistic, inclusive institutional policies targeting campus-wide mental health helps establish and nurture a supportive campus environment, which is a major contributor to student mental health and wellness.





ROBERT TEGLER  
STUDENT CENTRE

## Task Force Members

Vice-President Student Life and Learning (Chair)  
CSA President, or designate  
CSA Vice-President Student Life  
CSA Mental Health Coordinator  
GSA President, or designate  
Student Life Counsellor  
Director of Custodial Services and Security  
Athletics Director  
Learning Accommodation Services Advisor  
Support Staff Representative  
Director of Human Resources  
Arts Faculty Member  
Education Faculty Member  
Science Faculty Member  
Management Faculty Member  
Canadian Mental Health Association Representative

## Review Process

A system-wide approach to mental health considers how best to create conditions which promote flourishing for all CUE community members. To this end, a review considered CUE's organizational structure, policies, and practices with the goal of determining how these elements support Concordia community members with and without mental illness. Excellent services and supports are currently in place, but there are also gaps and areas that require attention and development. Throughout the process of developing the Mental Health Strategy, the MHAT consulted broadly, both internally and externally.

The systemic approach and the adoption of health promotion principles is a good fit with Keyes' (2002) concept of flourishing, which is recognized internationally as the foundation for mental health system reform. Health promotion ultimately is about enabling people to take control over their own health and wellness.





## Strategic Focus Area

### 1. Raising Awareness and Promoting Wellness

Wellness initiatives enhance understanding and change perceptions of mental health issues. They are critical to reducing stigma and promoting early help seeking. Promoting wellness increases skills and knowledge for practicing self-care and healthy behaviours.

Opportunities and Gap Analysis:

- Some students, faculty, and staff lack awareness of existing campus resources, programs and services related to mental health and wellness.
- Enhanced anti-stigma programs would support our mental health promotion strategies.
- Mental health programs on campus have increased in recent years; they involve multiple partners and multiple activities. Aligning offerings, communications and evaluation would enhance the efficiency, long-term sustainability and impact of the programs.

Expand What We Offer

- 1.1. Mental health literacy programs should be expanded to include diverse, vulnerable, and at-risk populations, including Indigenous and LGBTQ+ community members.
- 1.2. Improve the website to provide efficient and effective access to mental health information for students, faculty, and staff. Incorporate on-campus champions in programming, planning and marketing initiatives.

Enhance What We Do

- 1.3. Develop anti-stigma initiatives, utilizing internally and externally developed resources, such as peer support resources.
- 1.4. Develop a robust evaluation strategy to measure the long-term impact and sustainability of the collective mental health and wellness initiatives. Develop new initiatives for the campus community
- 1.5. Create a strategy to promote responsible alcohol use, accessing the experience of internal and external community members.

### 2. Developing Personal Resilience and Self-Management

Self-management competencies and coping skills strengthen student, faculty, and staff resilience and their ability to manage the multiple demands in their lives.



### *Opportunities and Gap Analysis:*

- There is an opportunity to promote a broader range of strategies to support resilience and enhance mental health on campus, consulting with community partners.
- There are campus initiatives that can be leveraged to promote interpersonal competence and personal resilience.
- Transitional points for students, faculty, and staff can strain coping strategies and diminish mental health. With support, transitions may provide opportunities to build awareness and personal management skills. Integrating family support during the transition to university can be strengthened.

### *Current Campus Initiatives*

- Intrapersonal Development
- Counselling Services
- Motivation Mondays
- Wellness Wednesdays
- Fitness Fridays
- Intramurals
- Student Orientation
- Staff and Faculty Onboarding
- Online Mental Health, Wellness, Self-Assessment, and Life Change resources and tool kits available through CSA Benefit Plan and Employee Assistance Plan
- Career Counselling/Advising
- Flip the Script
- Bounce Back Program
- Health Checks (e.g., immunization clinics)

### *Recommendations*

#### Expand What We Offer

- 2.1. Increase availability of programming and training for students, faculty, and staff to build personal resilience and wellness, and to promote academic and professional success.
- 2.2. Increase engagement in a full range of holistic health promoting activities.

#### Enhance What We Do

- 2.3. Enhance support during critical transition times for all members of the campus community. Develop new initiatives for the campus community.





### 3. Enhancing Early Identification and Response

It is important that community members recognize and respond to early signs of distress. Those who interact with students, faculty, and staff during the day are in the best position to notice early indications of concern.

#### *Opportunities and Gap Analysis:*

- Self-screening options are not readily available on campus to support early identification of mental health concerns.
- Students, faculty, and staff may lack knowledge or skills to recognize and respond to early indicators of distress.
- While many campus and community resources exist, members of the campus community are not always aware of these resources.

#### *Current Campus Initiatives*

Increase ability to recognize early indicators of distress as well as indicators of more serious distress.

- Behavioural Support and Intervention Team
- Early Alert Program
- Bystander Intervention Program
- Counselling Services
- Employee and Family Assistance Program

#### *Recommendations*

Expand What We Offer

- 3.1. Increase educational programming to enable students, faculty, and staff to identify signs of mental distress in both self and others. Ensure programming and online resources are easily accessible to families.
- 3.2. Increase awareness of the early alert program for students who are academically at-risk.
- 3.3. Promote web-based self-screening programs for students, faculty, and staff.

Enhance What We Do

- 3.4. Enhance and promote a student case management strategy to ensure individual needs are being met and concerns are monitored. Develop new initiatives for the campus community



- 3.5. Establish supportive response mechanisms to check-in with students, faculty, or staff in cases of concern or unreported absences.

#### 4. Providing Direct Support and Service

Mental health services support student, faculty, and staff through the full range of mental health issues and the recovery process, as well as provide specialized programs to meet the needs of specific populations.

##### *Opportunities and Gap Analysis:*

- There is a need to be flexible in responding to peak demand times to ensure capacity for addressing mental health issues.
- There are subgroups of students who may benefit from targeted initiatives, including peer support and mental health resources.
- Coordination among providers on and off campus is important to ensure the needs of students, faculty, and staff are met.
- Service location and hours may create an access barrier for students, faculty, and staff.
- Stigma is a barrier to help seeking.
- Crisis management protocols and training for the campus community are important.

##### *Current Campus Initiatives*

- Confidential, Accessible Counselling Services
- Ralph King Athletics Centre
- Student, Faculty, and Staff Health and Dental Plans
- Employee Assistance Plan (EAP)
- Counselling and Telephone Assistance,
- Crisis Intervention and Management Services
- Behavioural Support and Intervention Team
- Campus Security
- Freshman Challenge
- Supports through the International Office
- Professional Networks (facilitation of referral protocols to specialized services)
- Early Alert Program
- Personal and Community-based Support
- Academic Strategies

##### *Recommendations*

###### Expand What We Offer

- 4.1. Work with external partner organizations to expand support through various modalities and hours of services including the provision of 24-hour access to mental health resources on campus and within the community.



- 4.2. Strengthen targeted mental health supports for vulnerable populations or at-risk subgroups, considering specific mental health issues at key transition points.

#### Enhance What We Do

- 4.3. Optimize referral protocols in counselling and case management systems.
- 4.4. Enhance training in crisis management for managers and campus leaders. Develop new initiatives for the campus community.
- 4.5. Develop inter-cultural competence in mental health promotion and in-service delivery, working with internal and external partners.

### 5. Aligning Institutional Policies, Processes and Procedures

The structure of a post-secondary institution and its strategic goals, policies, and practices influence student, faculty, and staff mental health.

#### *Opportunities and Gap Analysis:*

- As change is a stressor, we need to consider how change is communicated and managed.
- There is an opportunity to consider mental health in the regular review of policies, procedures, and processes.
- The university has a duty to accommodate and therefore ensure there are appropriate policies, guidelines, and training in place for accommodations and return-to-work/school processes.

#### *Current Campus Initiatives*

- Apply a mental health lens to campus policies, processes, and procedures.
- University policies, units, and initiatives help to protect the health and wellness of campus community members (e.g., Student Non-Academic Misconduct Policy; Code of Conduct; Sexual Violence Policy; Harassment, Discrimination and Inclusion Policy; Student Accommodation Policy; Alcohol Use Policy; University Vision, Mission and Strategic Goals).
- Academic Plan and Research Plan
- Comprehensive Institutional Plan
- Programming and Support for Academic Success (e.g., Bounce Back Program, Academic Strategies)
- Learning Accommodation Services
- Faculty Tenure and Promotions Processes



## Recommendations

### Expand What We Offer

- 5.1. Promote integrated response options and supportive change management processes including expanded consultation and feedback mechanisms for new processes.
- 5.2. Continue the strong work of the MHAT

### Enhance What We Do

- 5.3. Promote broad-based training and provide guidance on compliance with policy and legislative requirements. Develop new initiatives for the campus community,
- 5.4. Develop a process to ensure that relevant campus policies and processes are supportive of mental health.

## 6. Creating and Sustaining a Supportive and Collaborative Campus Environment

A supportive and collaborative campus enhances engagement and positively impacts academic success, faculty, and staff performance, and overall satisfaction. The literature review highlighted the importance of creating physical spaces that promote positive interactions between students, faculty, and staff; create a positive sense of community; minimize stressors; and encourage a healthy lifestyle. Factors such as civility, respect, and recognition along with safe, healthy, and welcoming physical spaces help create a supportive campus.

### *Opportunities and Gap Analysis:*

- There are opportunities for collaboration with the academic community to implement and evaluate campus mental health initiatives.
- There may be opportunities to design spaces and facilities that support mental health.
- Student Life and Learning programming is an integral component of creating a supportive campus environment for students.
- Curriculum and instructional design, campus design, including physical spaces and built environment, impact student mental health and wellness.
- Design of the Student Success Centre, Centre for Science, Innovation and Research, and the Library Learning Commons will increase natural light to office and academic space and encourage casual interactions to help promote a sense of community.
- New residence buildings — including intentional design for living and learning communities
- Design new spaces involving participants who will be working and studying in those spaces
- Social environment, including robust Student Life and Learning programs and opportunities for the campus community to connect.
- Space to support social interactions



- Student leadership and personal development opportunities
- Faculty and staff initiatives
- Respectful, warm, and welcoming learning and working environments
- New Student Orientation
- Faculty and Staff onboarding and orientation
- Recognition and reward programs for students, faculty, and staff
- Long-term service awards
- Professional development support



## *Recommendations*

### Expand What We Offer

- 6.1. Expand conditions for meaningful participation in the campus community by promoting mentorship and peer support programs, building community inside and outside the classroom/ workplace, and providing spaces to build connections.

### Enhance What We Do

- 6.2. Ensure that design standards are in place when creating formal and informal learning and working spaces to consider the impact of the built environment on mental health.
- 6.3. Promote teaching and learning practices that integrate inclusive curriculum and andragogy and that include concepts of mental health and wellness. Develop new initiatives for the campus community.



## Next Steps

By implementing the CUE Mental Health Strategy, a culture of a shared responsibility to promote and protect mental health and wellness will be evident. It is a foundational document that will guide the development of a dynamic environment that enables and supports mental health and wellness within a resilient and flourishing community. The Mental Health Strategy builds upon many existing programs, services and external partnerships, and will serve as a platform to deepen our partnerships with supporting organizations. The MHAT will establish priorities, oversee progress, and continuously evaluate strategy performance employing rigorous metrics that are aligned with emerging standards. A review of the CUE Mental Health Strategy and implementation will be provided annually to the General Faculties Council and Board of Governors.









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