

(10 – 15 pages)

President's Advisory Committee on Student Mental Health (PAC-SMH)
Student Experience Panel

FINAL REPORT

Panel Members

Danielle Brandow	Graduate Student, Masters, AHS, Public Health & Health Systems (Chair)
Yao Chen	Graduate Student, PhD, Engineering, Electrical & Computing
Adele Chui	Undergraduate Student, Engineering, Systems Design
Oriana Coburn	Undergraduate Student, Engineering, Management
Arun Eswaran	Undergraduate Student, Arts, Psychology
Josh King	Undergraduate Student, Math, Accounting
Kaitlyn Kraatz	Staff, Co-op Education & Career Action
Megan Lambe	Staff, Housing & Residences
Emma McKay	Graduate Student, Masters, Math, Applied Math
Diana Moreno Ojeda	Graduate Student, Masters, Arts, English
Craig Nickel	Staff, Athletics & Recreation
Jessica Siew	Undergrad Student, Accounting
Stephie-Lee Tabujara	Undergraduate Student, Arts, Legal Studies
Madison Van Dyk	Undergraduate Student, Math, Applied Math
Bailee Walls-Guertin	Undergraduate Student, AHS, Health Studies
Mark Welshman	Staff, Custodial Services
Jada Wong	Undergraduate Student, Arts, Legal Studies
Shaowei Xu	Staff and Alumni, ITC Project Research Scientist, Psychology
Matthew Yao	Undergraduate Student, Engineering, Mechanical
Hannah Beckett	Undergraduate Student, Arts, Political Science

December 15, 2017

Table of Contents

- 1. Executive Summary**
- 2. Overview of Panel Mandate**
- 3. Methodology**
- 4. Observations/Findings**
- 5. Analysis**
- 6. Recommendations**
- 7. Future Considerations**

1. Executive Summary

The President's Advisory Committee on Student Mental Health (PAC-SMH), Student Experience Panel was selected to include 20 members and encompass a broad representation from the university. Our panel includes representation from key student groups including undergraduate and graduate, co-op and regular, international and domestic, as well as, staff members from various departments across campus. Our panel consists of members that are passionate and devoted to making change to the current concerns that surround student mental health and wellness at the University of Waterloo.

The PAC-SMH committee and five panels including the Student Experience panel, were formed after a number of student suicides occurred on our campus community in the past year. A student-led petition brought forward student concerns about student mental health and wellness at the University of Waterloo. Concerns around student mental health are not unique to the University of Waterloo, and must be addressed at a system-wide, Ontario post-secondary level. The *In It Together* report - written by the Council of Ontario Universities (COU), the Ontario Undergraduate Student Alliance (OUSA), Colleges Ontario (CO), and the College Student Alliance (CSA) - cite the Spring 2016 National College Health Survey that collects information and stats (see below) that illustrate the landscape of mental health concerns across Ontario's postsecondary sector. Below we compare five metrics - provincial averages, as cited in the *In It Together*, report versus University of Waterloo's specific numbers from the Spring 2016 National College Health Survey.

- 1) "**46 percent** of students reported feeling so depressed in the previous year it was difficult to function (increased from 40 percent in 2013);"
 - a. University of Waterloo: **44.5 percent** of students felt so depressed it was difficult to function.
- 2) "**65 percent** of students reported experiencing overwhelming anxiety in the previous year (up 58 percent in 2013);"
 - a. University of Waterloo: **60.8 percent** of students experienced overwhelming anxiety in the past 12 months.
- 3) "**14 percent** had seriously considered suicide in the previous year (up from 11 percent in 2013);"
 - a. University of Waterloo: **14 percent** had seriously considered suicide in the past 12 months.
- 4) "**2.2 percent** of students reported a suicide attempt within the previous year (up from 1.5 percent in 2013);"
 - a. University of Waterloo: **1.9 percent** of students attempted suicide in the previous year
- 5) "**9 percent** had indicated that they had attempted suicide, but not in the previous year."
 - a. University of Waterloo: **7.5 percent** attempted suicide, but not in the previous year.

As illustrated above, the University of Waterloo's numbers specific to these five key indicators is either below or at the provincial average. It reaffirms the fact that mental health concerns on campus can't be addressed alone at an institutional level, but require a system-wide sector, public health, and provincial-facing approach. As a result, our panel recommends the University of Waterloo endorse and actively advocate to the provincial government, using its government affairs/relations apparatus, to implement the 26 recommendations in the *In It Together* report. The report and its recommendations outline sector-wide consensus of the role of the provincial government has to play in order to address mental health concerns in postsecondary campuses.

The fact that the University of Waterloo is at, or below the provincial average when looking at the five key indicators mentioned above, does not lessen the epidemic and severity of mental health concerns on campus nor the responsibility that the institution has to address these concerns. We might compare relatively well to our counterparts across the province; however, our low rankings in student experience/satisfaction suggests our efforts are falling short and more can be done. According to Maclean's 2018 University Rankings, the University of Waterloo ranked 12th out of 15 in student satisfaction, this ranking encompasses both academic and mental health supports available to students on campus. Our recommendations aim at addressing student satisfaction/experience within a University of Waterloo context.

Our recommendations are listed below under five categories: 1) Research 2) Training 3) Services 4) University Health Plan Coverage and 5) Culture and Environment. The recommendations are informed by the work of the panel's three working groups: i) Research ii) Survey and iii) Interview.

Our recommendations in the "research" section look to improve the way we collect and disseminate data that accurately captures the mental health and wellness environment on campus. It also looks to validate the experiences students whose demographics may disproportionately and uniquely affect their mental health on campus. It is known that international student's tuition is higher than domestic students, and until last year, was largely unpredictable year-over-year. Often times, the university validates its reasoning by expressing that there are services specifically designed to meet the needs of international students that are being funded through their tuition. This is why our panel recommends the dissemination of a climate survey on the experience and perceptions of supports, specifically designed to meet the needs of international students. We want to know whether or not these services are adequately meeting their needs, while assessing whether the additional financial burden is impacting their mental health.

In the "training" section, we offer recommendations around training that address service gaps of mental health supports on campus - particularly for students who are uniquely and disproportionately affected by mental illness or mental health concerns (those demographics of students are identified further down in this report). One of our recommendation specifically recommends that the University of Waterloo invest and develop a multi-year plan that ensures all counsellors and health care providers in campus wellness are trained and equipped to address the mental health needs of all UW students, and especially those students who may be disproportionately affected by mental illness. We focus specifically on Trans and non-binary students, and students that have experienced sexual violence.

Under the “services” section, our panel addresses service gaps for students trying to seek mental health supports and resources - on and off campus, while also making sure that we are addressing unmet needs for populations that are disproportionately affected by mental health concerns (i.e. Counselling Services should connect with Waterloo’s Aboriginal Education Centre (WAEC) to build and provide culturally sensitive support services that address mental health concerns and needs unique to Indigenous students). We recommend that the University of Waterloo’s Counselling Services look into partnerships and funding opportunities to create increased access to mental health services during peak demand times of the term and outside of the customary 8:30am-4:30pm hours of operation. One such model that we cite, and the university can mirror is the Western-London model. The Project in London is a collaboration between the Canadian Mental Health Association (CMHA), Middlesex, and Western University (Student Health Services, University Students’ Council and the Society of Graduate Students), King’s University College and Fanshawe College. All these stakeholders came together and were granted nearly a quarter of a million dollars to fund a project that ensures undergraduate, graduate, and college students have access to CMHA crisis counsellors with peer-support volunteers. This year, in its first year, it operated Tuesday, Wednesday and Thursday evenings during the end of the term where campus services see an increased demand (Nov. 21 -Dec.14). This example illustrates what a community approach could encapture.

Our fourth “university health plan coverage” section addresses some financial and geographical barriers students have in accessing mental health supports as a University of Waterloo student - while on campus or off-campus when a student is in co-op. Our recommendations in this section are geared towards solutions that can be implemented through the University’s Health Insurance Plan. Similar to our recommendation above, one of our recommendations in this section acknowledges that mental health concerns and mental illness do not adhere the standard 8:30am-4:30pm hours of operation. Following the lead of the University of British Columbia and their student association (UBC-AMS), we recommend that the University of Waterloo work with the Federation of Students (Feds) and the Graduate Student Association (GSA) to implement a system similar to UBC’s *Empower me*. The service would allow for 24/7 mental health service offering counselling by telephone, by video-counselling, or by e-counselling.

Finally, our last section “culture and environment” looks at mental health and wellness on the University of Waterloo campus, and in the postsecondary sector. Beyond recommending the university to endorse and actively advocate for the 26 recommendations in the *In It Together* report to the provincial government, our panel offers solutions that restore student trust in the institution and how to communicate to students the institutions’ responsibility in delivering service provision related to mental and physical health. For example, with increased internationalization being one of the three I’s in the upcoming strategic plan cycle, the University of Waterloo should communicate to students the extent of the institution’s responsibility to connect students to mental health support services while out of the country.

2. Overview of Panel Mandate

The Student Experience Panel Mandate addressed questions regarding the culture and experience of students at the University of Waterloo. The sample mandate questions that are shown below were discussed thoroughly at our panel meetings and were tailored to each specific method used by the Student Experience panel. Therefore, in addition to the questions

below, much effort was taken to incorporate the lived experiences of minority groups on campus including LGBTQ+, racialized folks, and students who have experienced sexual violence.

Sample mandate questions:

- *What do students wish to say about:*
 - *The culture of the University?*
 - *Their expectations and reasons for expectations of services?*
 - *What does it take to stay motivated?*
- *What ideas do students have about communication and adaptation of services to meet their needs?*
- *What unique experiences of international students do we need to address in our mental health promotion efforts?*
- *How do we address the unique needs of the university's diverse population? (i.e. international students and marginalized groups)*
- *How do we communicate with students about mental health and wellness and the services offered to address them?*

When meeting with the panel, we felt as though the above questions were very broad. Although these questions do touch on important information that we believe is critical to developing a mental health and wellness plan at the University of Waterloo, we also felt that we must delve deeper into the issue of access to care, knowledge of care services, and the feeling of community here at the University of Waterloo. Below are some of the questions that were asked in our survey and interviews.

Sample questions from our survey/interview groups:

- *How informed do you feel about mental health supports and services on campus?*
- *What mental health services and supports do you feel are critical to your mental wellbeing at UW?*
- *Do students sense a feeling of belonging at the University of Waterloo?*
- *When you first came here, what sort of things were you not prepared for? What things made you feel overwhelmed?*

3. Methodology

As mentioned above, the student experience panel formed three working groups to conduct and execute its work, i) Research ii) Survey and iii) Interview. Panel members self-selected subgroups based on interest.

Group 1: *The Research working group* conducted a literature review around best practices on addressing mental health concerns in the post-secondary sector through the student experience lens. The research collected through the literature review was used to inform our group's institutional-facing recommendations and addressed the questions:

- 1) What barriers do students face in trying to access services to address their mental health concerns?
- 2) Are there segments of the student population that are uniquely and disproportionately affected by mental illness? How is the institution addressing and serving their needs? Are there any proactive prevention programs that look to mitigate the factors that disproportionately affect negatively the mental health of these students? In addition, how does that compare to other institutions?
- 3) How many students are coming to UW and other post-secondary institutions with pre-existing history of mental illness or mental health concerns? What are some factors that contribute or cause students to experience mental illness or encounter concerns around their mental health while in the post-secondary environment?

Group 2: *The Interview working group* collected individual student stories and perspectives of the culture and experience at the University of Waterloo. These participants helped to gather data on their lived experiences at the University of Waterloo. The interview working group identified concerns about a perceived need for Research Ethics approval after exploring ways in which our interviews would take place. The interview working group felt that conducting interviews and gathering personal stories regarding mental illness and experiences could bring up vulnerable and difficult times in the participants life. And, as a group, we were not equipped with the proper credentials to deal with the potential trauma that could be inflicted by the interviews. We also felt that the project timeline was restrictive, which provided challenges to meet deadlines for ethics approval. As a result, the recruitment of participants for the interviews narrowed to interviews with panel members of the Student Experience Panel. We believed that our panel could provide a voice for several groups on campus, and panel members may be more comfortable sharing their personal experiences with known peers.

The subgroup designed interview questions with advisement from Dr. Rose Marie Jaco, professor emeritus of King's College School of Social Work. Panel members who felt capable and comfortable to administer interviews were asked to volunteer to conduct in-person conversations. A low turnout of only two panel members for in-person conversations led to an additional online format. The online form was shared with the Student Experience Panel via e-mail and was encouraged to members to participate if they felt comfortable sharing their stories. Four responses were received via the online submissions method. We gathered stories from: undergraduate students, graduate students, staff, racialized folks, LGBTQ+ folks, and students who have experienced sexual violence.

Group 3: *The Survey working group* created and administered a survey that addressed the university culture and student experiences with mental health and wellness at UW. The Student Experience Survey was used to gather quantitative data.

The six members of the survey working group met online or in person biweekly to develop the survey. They created a simple, effective, easy-to-follow survey with a completion time of under 10 minutes.

The questions were broken down into four sections: demographics, opinions on mental health support services, personal experiences at UW, and recommendations. These questions were developed based on public mental health surveys such as: World Health Organization (WHO) World Mental Health (WMH) Survey (Kessler et al., 2009), the 2014 School Mental Health Surveys (Ontario Child Health Study, 2014), the National Alliance on Mental Illness College Student Mental Health Survey (National Alliance on Mental Health, 2012), and Danielle Brandow's (Chair of Student Experience Panel) undergrad thesis (Influences of Culture and Ethnicity on Mental Health Service Seeking Behaviour, 2016). Our survey used multiple choice, Likert scale, and long answer question types in order to engage participants.

The Student Experience survey was administered using SurveyMonkey, using personal electronic devices, on students' personal time. The survey took about 8 minutes for participants to complete.

Panel members explored distribution for this survey through the Registrar's Office; however, proof of approval from the Survey Advisory Board and clearance from the Office of Research Ethics (ORE) were required for distribution through this channel. Timeline for approval was a concern. While permissions were potentially available to expedite the process and "opt out" of these levels of approval, the Survey subgroup felt strongly that these approvals were important and should not be circumnavigated to expedite the process. For these reasons, the survey was not distributed through the Registrar's Office.

Given these parameters and concerns, the Survey Subgroup sought as much feedback and critical input as feasible. The final survey was thoroughly reviewed by Student Experience Panel. In addition, the Survey Subgroup sought consultation and advisement from Danielle Burt, Project Manager, Strategic Analysis and Initiatives (Housing). This survey was distributed through Counselling Services Facebook page (central link for sharing) and shared across multiple on-campus sources including:

- Housing and Residences Facebook pages (undergrad and grad)
- University Bulletin
- GSA
- AHS undergrad student groups
- Personal networks/pages within faculties
- School of Accounting and Finance staff members
- Class of 2020/2021 Facebook group
- Volunteers within the MATES program
- SSO
- Engineering Society's Facebook Group
- All sports teams (as well as coaches to encourage participation)

4. Observations/Findings

Group 1: The Research working group

In our findings, we have found service gaps for student demographics that are disproportionately affected by mental illness:

- International students

- First year students
- Racialized students
- Indigenous Students
- LGBTQ + folks
- Folks who have experienced sexual violence (cisgender women and Trans-folk are overrepresented)

Note: At times these identities and demographics intersect.

While there is no concrete and comprehensive data about the number of students entering post-secondary institutions with pre-existing mental health conditions, there is clear evidence indicating that the university environment is fraught with factors that aggravate and can spark the emergence of mental illness within students. Key factors like the transitory nature of postsecondary, increasing university population and financial pressure, as well as, reducing career security mean that students are experiencing more complex stressors than ever before.

First, university is a major transition from high school, with students often leaving home and pre-established support networks for the first time. A larger number of students are entering postsecondary than before, meaning that a university degree is no longer a guaranteed choice for a stable career post-graduation. Finally, financial pressures are only increasing, and as more and more students enter university from differing economic backgrounds and can no longer count on a secure career after, the anxieties related to both paying for school and making enough money for university to be worth the investment are major pressures on students today.

Many students obtain information about available services during orientation week or wellness weeks run through the Federation of Students.

A study done on knowledge of available mental health services for graduate students indicates the most common methods of services. The school website, orientation week, and through flyers around the school were overrepresented methods. A few other methods that students have used to learn about services is through platforms such as Reddit, through friends, and from university staff. The University of Guelph has taken the promotion and awareness of services a step farther. University of Guelph staff have taken initiative and gone door to door in residences to check-in on students. This gesture was proven to demonstrate that continued support is available to them.

It is known, and argued that it is difficult for Universities to provide sufficient mental health support for students; this is why often University student mental health services relies heavily on off-campus supports. While many students are well-informed of mental health supports on and off campuses, a large proportion believes that these supports are not sufficient. Some students are also frustrated with the lack of support for accessing off-campus services, or difficulties gaining continued support at their school.

One source suggests that off-campus support should be given space on campus at times so that students become more aware of the additional resources, and have easier access to them. Additionally, it is suggested that University counsellors help students book their first appointment with off-campus support.

Group 2: The Interview working group

In the context of our interviews, participants noted that the transition to University from High school is difficult. For many participants, the start of their studies at the University of Waterloo corresponds with their first experience living away from home, and possibly their first experience of academic failure. One participant expressed transition between cultural contexts and/or linguistic contexts particularly for international students, is especially difficult. Participants noted that coming to university with pre-existing mental health issues added additional concerns, as transitioning into the University of Waterloo's care is often difficult and/or confusing.

Two participants shared positive reports of accessing care through individual counseling. One participant spoke highly of the referrals obtained through an individual counselor to other relevant on-campus supports. Participants largely accessed counseling services in response to acute issues. Participants also noted care between service types and between individual practitioners within the same service type is often varied. They reported receiving negative service experiences from reception staff in health services and counseling services. Walk-in clinicians were cited twice as having been so unhelpful that the experience discouraged students from seeking additional care. Multiple participants noted that the time to access a student or peer mentor support may be shorter than one-on-one work with a counselor, but requires more transition between care providers due to the nature of the service.

Two participants shared their experiences with sexual violence on campus. These experiences led to a higher need for support services, and were accompanied by minimal perceived access to appropriate health care as survivors of sexual violence.

Additionally, participants discussed the response to student suicides on campus in Winter 2017, participants were unhappy with the way that these situations were handled by the University. A clear gap in communication about student suicide therefore promotes hearsay.

Participants noted personal connections and bonding within class groups as sources of resiliency. Participants who accessed one-on-one counseling on campus cited this as a source of resiliency. One participant noted that although their one-on-one counselling has provided resiliency and success in their wellbeing, that starting up again with the current wait-list to access this service is extremely daunting.

One participant highlighted that seeking accommodations through AccessAbilities can be associated with increased stigma for students. According to this participant, reducing their course load is one of the primary accommodations that is made available to students; however, this resolution is often seen as failure, and can be difficult as it is visible to other students in cohort programs due to tight and rigid class schedules.

Participants also commented on administrative barriers to accessing services at the University of Waterloo. Wait times for counseling appointments were a recurring theme, and participants

noted additional issues like intake forms and in-person bookings for initial appointments as barriers to care.

Group 3: The Survey working group

Our Student Experience Survey generated 1297 responses. The results and major themes from the survey are shown below.

Table 1: Demographics

Faculty Representation	<p>Engineering: 37.38%</p> <p>Arts: 24%</p> <p>Science:15%</p> <p>AHS: 14%</p> <p>Math: 6%</p>
Year of Studies	<p>1st year: 11.6%</p> <p>2nd year: 16.8%</p> <p>3rd year: 23.2%</p> <p>4th year: 28.4%</p> <p>5th year: 9.5%</p> <p>Master’s Student: 7.4%</p> <p>PhD Student: 3.2%</p>
<p>Gender Identity</p> <p>Total respondents: 1,159</p>	<p>Female: 63.7%</p> <ul style="list-style-type: none"> ➤ Female ➤ Woman ➤ F ➤ girl <p>Male: 35.3%</p> <ul style="list-style-type: none"> ➤ Male ➤ Man ➤ M ➤ Trans Man ➤ He/Him <p>Non-Binary: 0.6%</p> <p>Gender Fluid: (2)</p> <p>Agender: (2)</p> <p>Gender Queer: (1)</p> <p>Demi-boy: (1)</p> <p>Gender Neutral: (1)</p> <p>Gender questioning: (1)</p> <p>Dualgender: (1)</p>

Sexual Identity Total respondents: 1,140	Straight: 72.3% Bisexual: 7.83% Queer: 2.23% Gay: 1.76% Asexual: 1.67% Lesbian: 1.44% Pansexual: 1.03% Mostly straight: (4) Questioning: (3) Bi-curious: (1) Confused: (1) Unknown: (1) Demi-sexual: (1)
---	--

This table demonstrates that the highest proportion of students were from the faculty of Engineering, followed by the Arts faculty. It also shows that the highest representation was close to 30% from third year students. The majority of participants identified as female; however, we had representation from male students, non-binary, gender fluid, and agender folks. Lastly, we can note that 72% of participants identified themselves as straight. The remaining 28% identified themselves as bisexual, queer, gay, lesbian, asexual to name a few.

Table 2: Survey Responses for Personal Mental Health Experiences and Services

Mental Health Crises	<i>Have you experienced a MH crisis at UW?</i> Yes: 55.3% No: 44.7%
Mental Health Services Awareness	<i>How informed do you feel about MH services available on campus?</i> Not informed at all: 5.26% Poorly informed: 25.26% Slightly informed: 46.32% Very informed: 23.16% <i>I am aware of these services:</i> Counselling & Health Services: 90% UW Police Services: 75% AccessAbilities: 66% GLOW: 59% SSO: 59% MATES: 52% Feds: 49% <i>How were you informed of these services?</i> On campus event: 52.6% Peer/friend: 47.4% Residence Life Don/Staff: 40%

	University website & Personal research: 36.8% On-campus advertising: 30.5% Faculty or staff: 28.4% Campus based club: 15.8% Student health center: 11.6%
Critical Services	<i>Which of the following services do you feel are critical to your wellbeing at UW?</i> Counselling Services: 71.3% Walk-in student health center: 70.2% 24 hour call-in service for MH concerns: 50% Mental health crisis services: 50%
Rate Mental Health Services	<i>How would you rate UW's mental health services?</i> Poor: 26.9% Fair: 49.5% Good: 18.3% Excellent: 1.1%

This table demonstrates that the majority of students are “very informed” or “slightly informed” about mental health support services, and were often told by friends, Resident Life Don’s or staff and the university website. Services such as counselling, and the walk-in student health center are perceived as critical to the participants wellbeing. We can also note that under 20% of participants rated the University of Waterloo’s mental health support services as “Good” or “Excellent”.

Table 3: Mental Health Training

Mental Health Service Training	<i>I am not aware of any training: 78.6%</i> <i>I am interested but do not know how to access training: 21.3%</i>
--------------------------------	--

This table demonstrates that many students are unaware of mental health support trainings that are available through the University of Waterloo. We can also see that there is an interest in over 20% of these participants to pursue a mental health support training.

Table 4: Culture at UW

Describing University of Waterloo	<i>How much do you agree or disagree with the below statements:</i> <i>Faculty/staff have <u>realistic</u> expectations about workload:</i> Strongly agree: 3.2%
-----------------------------------	---

	Agree: 19% Somewhat agree: 28.42% Somewhat disagree: 23.16% Disagree: 19% Strongly disagree: 7.4%
--	---

This table has an example of a question that was asked in order to evaluate the culture at the University of Waterloo. We can see that nearly 50% of students “somewhat disagree”, “disagree”, or “strongly disagree” that faculty/staff have realistic expectations about workload.

5. Recommendations

Based on our literature review, surveys, and interviews, the SE Panel has identified some areas that we believe are exceptionally important for the University of Waterloo to take into consideration when deciding next steps of action for the President’s Advisory Committee on Student Mental Health.

Our recommendations have been broken down into five sections: 1) Research, 2) Training, 3) Services, 4) University Health Plan Coverage, and 5) Culture and Environment. These five sections address major concerns that arose in our meetings with our devoted panel members who continued to invest their time and effort for the past five months into creating this report. These recommendations come from a panel that has a strong majority of student members, each student joined the panel with a unique experience, and perspective with student mental health here at the University of Waterloo. This uniqueness helped our panel delve deep into the Student Experience on campus, and come up with the below recommendations.

Research Recommendations:

Rec#1: The University of Waterloo should invest in developing a multi-year research project to investigate the unique and ongoing needs of students at UW.

Sub-Rec: This project should be a longitudinal study with full human research ethics and should include thorough quantitative and qualitative analyses (including but not limited to: surveys, interviews, focus groups) in order to better understand and meet students’ mental health and wellness needs.

Rec #2: The University of Waterloo’s Campus Wellness department should develop evidence-based, informative public health campaigns about:

- Prevention and promotion in mental health
 - Discrimination, Stigma, Help-Seeking Behaviours, and Mental Health Care Access
- Suicide Prevention
- The impact of trauma and sexual violence
- The effects of racial injustice
- The effects of transphobia
- Harm reduction approaches to substance abuse

Rec#3: The University of Waterloo should implement and ensure the equity office has the resources needed to collect demographic data about marginalized students and their experiences on campus; and

Rec #4: The University of Waterloo's Student Success Office (SSO), the Renison English Language Centre, Cooperative and Experiential Education, and the Equity Office should conduct a climate survey on the experience and perceptions of supports specifically designed to meet the needs of international students; and

Rec #5: Cooperative and Experiential Education should investigate mental health supports in major cities or areas that students frequent during their co-op terms; and

Rec #6: Cooperative and Experiential Education should explore the creation of a widget on WaterlooWorks and/or Student Portal that connects students to community mental health supports in cities and regions where they are employed.

Training Recommendations:

Rec 1#: The University of Waterloo should invest and develop a multi-year plan that ensures all counsellors and health care providers in campus wellness are trained and equipped to address the mental health needs of all UW students, and especially those students who may be disproportionately affected by mental illness. This includes:

- Training to ensure that all healthcare providers are knowledgeable and properly equipped in providing care to Trans and non-binary folks. This training could include:
 - prescribing hormone replacement therapy safely and efficiently,
 - discussing the safe use of binders,
 - knowledgeable discussion of surgical procedures and referral to surgeons, and
 - gender-and transition-related counselling.
- Training to ensure that healthcare providers are knowledgeable and properly equipped to deal with students who have been affected by sexual violence.
 - **Sub-Rec:** the sexual violence response coordinator could provide training to other healthcare workers related to sexual violence, including
 - validation of students' experience with sexual violence,
 - knowledge of the impacts of experiencing sexual violence on health, both mental and physical, and
 - offer services such as support groups for survivors and workshops in implementing or accessing restorative justice.
- Training to ensure that healthcare providers are knowledgeable and properly equipped to providing proper care to folks who may experience racial injustice, including
 - validation of students' experience with racism,
 - knowledge of the impacts of experiencing racism on health, both mental and physical, and

- offer services such as support groups for people who experience racial injustice and workshops on responding. This could be implemented through one or a few new student services (potentially hosted under the Equity Office), especially a service for Black students.

Rec 2#: The University of Waterloo should invest in training staff **including** receptionists at Health Services, faculty, support staff, and student staff on dealing with students struggling with mental illness, and suicidal ideation.

Rec 3#: The University of Waterloo should mandate and implement disclosure and reporting training of sexual violence for all faculty and student staff; and

Rec #4: The University of Waterloo's Student Success Office should implement bystander intervention training into first-year orientation leader training.

Rec 5#: The University of Waterloo should implement an opt-in information sharing and transition programming during orientation for incoming students living with mental illness in need of unique supports and accommodations on campus.

Services Recommendations:

Rec 1#: The University of Waterloo should embed counsellors within each faculty and residence buildings including:

- 1) Each UW residence
- 2) Each college affiliate residence
- 3) Each faculty

****Sub-Recommendation: We believe students, regardless of faculty, should have access to same level of mental health supports, thus, the University of Waterloo and its deans should develop a standard, cross-campus mental health service provision with a uniform funding model.***

Rec 2#: The University of Waterloo should assess the current implementation of requests from AccessAbility Services.

Sub-Rec: Any and all forms that are requested from AccessAbilities should be honoured and respected by faculty and staff with no questions.

Rec #3: The University of Waterloo should develop robust referral channels to community support services and implement an online appointment booking system that removes barriers for appointment bookings on campus and facilitates access to community services when campus services are saturated.

- University counseling staff should book a first off-campus appointment for students when campus services are saturated

Rec #4: The University of Waterloo's Counselling Services should look for partnerships and funding opportunities to create increased access to mental health services during peak demand

times of the term and outside of the customary 8:30am-4:30pm hours of operation (similar to the Western-London model).

Rec 5#: The University of Waterloo's Counselling Services should connect with Waterloo's Aboriginal Education Centre (WAEC) to build and provide culturally sensitive support services that address mental health concerns and needs unique to Indigenous students in the postsecondary environment.

Rec 6#: The University of Waterloo should shift the mandate of the equity office away from compliance to individualized service delivery – particularly services that address the unique and trauma-informed challenges students who have experienced sexual violence, racialized students, and LGBTQ+ students face on campus.

Rec 7#: The University of Waterloo's Department of Athletics and Recreation should create physical and leisure recreational programming and spaces that are inclusive, accessible, and meet the needs of students who participate in non-physical forms of wellness.

University Health Plan Coverage Recommendations:

Rec 1#: The University of Waterloo, the Graduate Student Association (GSA), and the Federation of Students (Feds) should conduct a transparent review of the current University Health Plan to implement and fund – through the student health and dental plan – a mental health service offering 24/7 counselling by telephone, by video-counselling, or by e-counselling;

Sub-Rec:

- o Extend the drug list of the University Health Insurance Plan to include a wider range of psychiatric medications.
- o Implement modified care provisions for people with chronic and severe illness, e.g. coverage for frequent access to psychiatric care on or off campus and assistance in accessing care like personal support workers.

Rec 2#: The University of Waterloo, the Graduate Student Association (GSA), and the Federation of Students should work together to make sure students completing their co-ops out-of-province or out-of-country have financed access to mental health supports through the travel insurance portion of the student dental and health plan.

Sub-Rec: With an increased focus on internationalization, the University of Waterloo should communicate to students the extent of the institution's responsibility to connect students to mental health support services while out of the country.

Culture and Environment Recommendations:

Rec 1#: The University of Waterloo should identify avenues to reduce pressure on students to achieve individual success, including but not limited to:

- Removing engineering rankings from the process of getting onto the Dean's List
- Instituting alternate marking schemes in classes
- Investigating midterm and final weightings

Rec 2#: The University of Waterloo should normalize conversations surrounding mental health and wellbeing in order to reduce stigma. This can include:

- Having online forums for students to connect to others in similar situations.
- Having people in high positions discuss their experiences with mental health and mental illness
- Having an open dialogue about mental illness, mental health and wellness all year, not just when a tragedy happens.

Rec 3#: The University of Waterloo should make the discovery and accessibility of resources, services, events, and supports more readily available and easy to find online.

- Implement **one** platform to access services and supports
- Integrate and promote the use of UW Portal to advertise these services and supports.

Rec 4#: The University of Waterloo should move toward transparency in the administration of counseling and health service staff and capacity of their respective services, and communicate their ongoing work on Student Mental Health in public forums.

Sub-Rec: We further recommend that the university identify and implement processes to discuss student suicides as openly and compassionately as possible within the limitations of privacy and confidentiality policies.

Rec 5#: The President and the university's government relations should actively endorse and advocate for the 26 recommendations in the "In it Together" Report.

Rec #6: With an increased focus on internationalization, the University of Waterloo should communicate to students the extent of the institution's responsibility to connect students to mental health support services while out of the country.

6. Future Considerations

It is worth noting that the student experience panel felt strongly about the lack of Research Ethics Approval for this project. Had the project been allocated more time, our panel would have accessed research ethics approval in order to perform data collection that was approved by the Office of Research Ethics. Additional time would have allowed for a more thorough data collection of interviews and potentially a follow-up survey to gather information that was received through the long answer questions.

List of Sources Consulted

Brown, J. (2016). Mental Health Matters: A Growing Challenge. *BU Today*. Retrieved from <http://www.bu.edu/today/2016/mental-health-college-students/>

Bueckert, K. (2017). More counsellors needed to address mental health on campus, student advocate says. *CBC News Kitchener-Waterloo*. Retrieved from <http://www.cbc.ca/news/canada/kitchener-waterloo/university-college-student-suicide-mental-health-1.4043647>

Burns. (2017). 'Sharp rise' in student mental illness tests universities. *BBC News*. Retrieved from <http://www.bbc.com/news/education-41148704>

Cribb, R. (2017, May 29). Demand for youth mental health services is exploding. How universities and business are scrambling to react. Retrieved October 15, 2017 from <https://www.thestar.com/news/canada/2017/05/29/youth-mental-health-demand-is-exploding-how-universities-and-business-are-scrambling-to-react.html>

Collaboration launches after-hour crisis counselling for Western University Students (2017, November 9). In *Media Relations University of Western Ontario*. Retrieved December 7, 2017, from <https://mediarelations.uwo.ca/2017/11/09/collaboration-launches-hours-crisis-counselling-western-university-students/>

Gani, A. (2016). Tuition fees 'have led to surge in students seeking counselling'. *The Guardian*. Retrieved from <https://www.theguardian.com/education/2016/mar/13/tuition-fees-have-led-to-surge-in-students-seeking-counselling>

Gurney-Read, J. (2016). One in four university students suffer from mental health problems. *The Telegraph*. Retrieved from <http://www.telegraph.co.uk/education/2016/08/11/one-in-four-university-students-suffer-from-mental-health-proble/>

Goffin, P. (2017, August 12). How many Ontario post-secondary students die by suicide each year? No one knows for sure. Retrieved October 13, 2017, from <https://www.thestar.com/news/qta/2017/08/12/how-many-ontario-post-secondary-students-die-by-suicide-each-year-no-one-knows-for-sure.html>

Goffin, P. (2017). 'We're not a treatment facility': The struggle for campuses to provide students mental health care. *Toronto Star*. [online] Available at: <https://www.thestar.com/news/qta/2017/08/13/were-not-a-treatment-facility-the-struggle-for-campus-to-provide-students-mental-health-care.html>

Hyun, J. K., Quinn, B. C., Madon, T., & Lustig, S. (2006). Graduate student mental health: Needs assessment and utilization of counseling services. *Journal of College Student Development*, 47(3), 247-266.

<http://ai2-s2->

[pdfs.s3.amazonaws.com/ee75/cf43bd77cd1deb67dae3b0ed86b75391d3a0.pdf](https://s3.amazonaws.com/ee75/cf43bd77cd1deb67dae3b0ed86b75391d3a0.pdf)

Irwin, J., & Blazina, T. (2015). *Mental Health Support for Postsecondary Students: Projects*. Ontario Newsroom. Retrieved 26 October 2017, from

<https://news.ontario.ca/maesd/en/2015/01/mental-health-support-for-postsecondary-students-projects.html>

In it Together: Taking Action On Student Mental (2017, October). In *Council of Ontario Universities*. Retrieved December 1, 2017, from [http://cou.on.ca/wp-content/uploads/2017/11/In-](http://cou.on.ca/wp-content/uploads/2017/11/In-It-Together-PSE-Mental-Health-Action-Plan.pdf)

[It-Together-PSE-Mental-Health-Action-Plan.pdf](http://cou.on.ca/wp-content/uploads/2017/11/In-It-Together-PSE-Mental-Health-Action-Plan.pdf)

The Facts about Sexual Assault and Harassment,” Canadian Women’s Foundation, accessed October 20, 2016, <http://www.canadianwomen.org/facts-sexual-assault-sexual-harassment>. CMHA, “Lesbian, Gay, Bisexual, Trans & Queer Identified People and Mental Health.

Kessler, R., Aguilar-Gaxiola, S., Alonso, J., Chatterji, S., Lee, S. and Bedirhan Üstün, T. (2009). The WHO World Mental Health (WMH) Surveys. National Institutes for Health, [online] 6(1), pp.5-9. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995950/pdf/nihms96041.pdf>.

National Alliance on Mental Health (2012). A Survey Report On Mental Health. College Students Speak: A Survey Report on Mental Health. [online] Arlington: National Alliance on Mental Illness (NAMI). Available at: https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf [Accessed 20 Dec. 2017].

News, C. (2017, October 01). Mental health house calls new student strategy at University of Guelph. Retrieved October 13, 2017, from <http://www.cbc.ca/news/canada/kitchener-waterloo/university-guelph-housecalls-student-mental-health-1.4314147>

Nunes, M., Walker, J. R., Syed, T., De Jong, M., Stewart, D. W., Provencher, M. D., ... & Furer, P. (2014). A national survey of student extended health insurance programs in postsecondary institutions in Canada: Limited support for students with mental health problems. *Canadian Psychology/Psychologie canadienne*, 55(2), 101.

Ontario Child Health Study. (2014). 2014 Ontario Child Health Study. [online] Available at: <http://ontariochildhealthstudy.ca/wp-content/uploads/SMHS-Student-6-12-Questionnaire.pdf?25e353> [Accessed 17 Dec. 2017].

Student Minds. (2016). Student Living: collaborating to support mental health in university

accommodation. Retrieved October 15, 2017 from <http://upp-foundation.org/wp-content/uploads/2017/04/1653-Student-Minds-Foundation-Booklet-digital-2.pdf>

University Rankings 2018: Canada's top comprehensive schools (2017, October 11). In *Maclean's*. Retrieved December 14, 2017, from <http://www.macleans.ca/education/university-rankings/comprehensive-universities/>

University of Waterloo Spring 2016: National College Health Assessment II (2016). In *University of Waterloo Institutional Planning and Analysis*. Retrieved December 5, 2017, from https://uwaterloo.ca/institutional-analysis-planning/sites/ca.institutional-analysis-planning/files/uploads/files/ncha-ii_spring_2016_university_of_waterloo_executive_summary_data_report.pdf