

**Report of the
University of Waterloo
Student Mental Health Project**

Office of the Associate Provost, Students

University of Waterloo

Project Sponsor: Bud Walker, Associate Provost, Students

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Project Team: Chris Read, University Housing Officer (Project Lead); Dr. Mario Coniglio, Associate Dean Undergraduate Studies, Science; Dr. Stephen Chris, Health Services; Dave Mackay, Counselling Services

EXECUTIVE SUMMARY

This report describes and summarizes the process and outcomes of a project designed to review and assess the mental health and related services provided to students at uWaterloo. A primary focus of the review was the programs and services of three uWaterloo departments: Counselling Services (CS), Health Services (HS) and the Office for Persons with Disabilities (OPD).

Project Mandate:

“...project team, (was) tasked with determining and understanding the mandates, operations, programs, processes, structure and outcomes of the primary wellness units. The project will identify current strengths of existing services as well as make realistic and implementable recommendations that improve support.”

(Project Charter; Office of the Associate Provost, Students; June 1st, 2011)

All recommendations which emerged from this project complement a key aspiration stated in the uWaterloo Sixth Decade Plan of a commitment to “the highest quality teaching, research, scholarship and services which support the academic enterprise” and that the Institution will “excel in service to students (i.e., provide “one-stop service” to students where possible)”.

Background/Context

Mental Health Needs of Students – a Crucial Challenge in Higher Education

Providing adequate and appropriate support for students with mental health concerns in the college and university contexts has become a significant challenge in higher education across North America. Both the number and severity of mental health concerns presenting at campus mental health services have increased. More students now enter university already with a mental illness diagnosis and under or needing psychiatric care or professional counseling (Gallagher, 2011). Data from a Canadian sample of a recent American College Health Association National College Health (ASHA-NCHA) survey, suggests that of 33,747 total students enrolled in September 2011, 337 students (i.e., approximately 1%, conservatively) will have made a suicide attempt during the academic year and 2,024 students (i.e., 6% conservatively) may have “seriously considered” suicide during the year. Suicide prevention and support for students in crisis is a central component of the mandate and responsibility of any campus mental health plan – the data is unsettling.

The institutional burden related to the mental health of students in higher education includes considerations associated with risk management, ethics, responsibility and accountability, service delivery approach, confidentiality and privacy issues, and cost of support in the context of ever more

limited resources. Our university is presented with all of these challenges with an added set of complicating factors relating to the diversity of our student population and our co-operative education program.

Higher education in Canada is responding. Recently, a group of university presidents formed a working group that will examine the mental health needs of students. Their report to the Association of Universities and Colleges of Canada will be designed to assist universities and colleges in responding to mental health issues of students in post-secondary education.

The Relationship among the Service Providers and Administration on Campus

A recent report of the Ontario College Health Association¹ cogently delineates the many issues and challenges associated with the organizational structure of mental health service delivery on campus:

Although a number of mental health services are located on each campus, the degree of coordination and collaboration between these services varies greatly due to a number of potential barriers that exist. These include physical, departmental, and professional barriers, as well as the lack of time, resources, or will required to overcome these barriers and foster relationships. Physical distance between services prevents spontaneous communication that could occur if people work in the same space. Departmental barriers exist due to reporting structures and cultures that keep colleagues apart. Professional barriers are the most invisible and potentially the most significant obstruction to providing seamless care. They stem from differences in training, professional language, theories, expectations, status, power, and compensation. Communication and trust are vital when professionals share the responsibility of caring for vulnerable individuals with mental health problems. (OCHA, 2009)

Our report clearly indicates that uWaterloo has not avoided the organizational barriers to ideal mental health service delivery as cited above. The Project Team recognizes that significant elements of this report challenge the status quo and will demand creative approaches to addressing the issues.

Campus Consultation: Data Collection/Methodology

Process

The Project Team held regular weekly to bi-weekly 1-2 hour meetings from June 2011 through February 2012. During this time span, the Project Team compiled and consulted a variety of publications related to mental health issues on campus. The Team conducted structured interviews of the three departmental directors, interviewed selected “key informants” from both within and outside the campus, and conducted focus groups with the majority of the staff of the three departments. The Team also conducted a student survey with a focus on mental health programs and services. 1097 uWaterloo students responded to the survey. The Project Team also attended an Undergraduate Operations Committee meeting where input from Associate Deans across campus was obtained. Many individuals who have contributed to this report have been candid in delineating our unique challenges and concerns while expressing a genuine yearning to work together effectively for the benefit of our students.

¹ Ontario College Health Association (2009). *Towards a Comprehensive Mental Health Strategy: The Crucial Role of Colleges and Universities as Partners*. Retrieved December, 2009 from: http://www.oucha.ca/pdf/mental_health/2009_12_OUCHA_Mental_Health_Report.pdf

Findings from the Campus Consultation

Results of the Stakeholder Focus Groups

Data from the focus groups was analyzed and coded for themes and patterns. Six themes emerged that guided data interpretation. The six themes, in order of the priority given them by the participants, are the following:

1. **Breaking down service delivery silos:** This theme includes suggestions that advocate for greater collaboration, enhanced communication and structural integration of mental health service delivery.
2. **Prevention and early identification/intervention:** Responses in this category encourage the campus mental health services and the university as an institution to be proactive in considering earlier interventions for students and to identify sources in the campus context that may present preventable distress for students.
3. **Enhanced student access to mental health services:** This theme focuses on the need to enhance ease of accessibility to mental health services on campus. This category also includes considerations related to the stigma associated with students' willingness to access services, such as potential cultural perceptions in accessing and utilizing mental health services.
4. **Staff/caregiver well being:** Responses included in this theme reflect the need to be aware of, accept and address the reality of caregiver burnout and the need to address increased demands for service from an increasingly diverse and challenging client population.
5. **Staff development and Education:** This theme captures suggestions regarding the need for education and staff development aimed at incorporating best practices.
6. **Recognition of gaps in services:** This category of responses includes observations related to gaps in the campus mental health service delivery system.

Key Results of the Student Survey

1. The top five aspects of the university experience that have been difficult for students in descending order of degree of difficulty experienced are: managing time effectively; getting enough sleep; managing academics; managing anxiety related to academic success and managing life stressors.
2. When asked what is most important to uWaterloo students, the top six responses in descending order of degree of perceived importance are: programs or advice on managing stress; learning strategies to help manage depressed moods; support during a personal crisis; financial counseling; programs that help students connect with other students who have similar interests; support programs that are sensitive and user-friendly to a student's unique culture and language.
3. Students generally had good awareness of the existence of the primary wellness units but a limited awareness of the scope of their services. What is even more significant, however, is that not all students are aware of the existence of these services. In practical terms, approximately 1 in 10 students (i.e., CS – 11%, HS – 5%, OPD – 15%) are unaware that these support services are available to them.
4. When asked in the qualitative section of the survey to comment on what each of the three departments should “stop” and “start” in order to improve the campus mental health support system, the most frequent comments related to wait times for initial and subsequent appointments at CS and concerns expressed regarding availability of appointments and waiting while in the clinic at HS. At OPD, the most frequent comments expressed concerns regarding office procedures such as intake, efficiency and organization of the office.

Overall Conclusions and Interpretations

The results of the campus consultation and sources of professional literature were used in deriving conclusions and interpretations leading to the project's recommendations, from which a number of key strategies should emerge related to the following: organizing mental health services to work together smoothly; enhancing efficient access to services for students; recognizing the diversity of the student body in facilitating access to mental health services; considering the needs of students with mental health concerns in the OPD context; promoting staff development and education for best practices; providing resources to address staff wellness and care for the caregiver; and encouraging proactive approaches to mental wellness, including prevention and health promotion.

Selected Important Recommendations (of 47)

1. A new position should be created – Director, Campus Wellness (DCW) – that reports to the Associate Provost, Students and oversees all aspects of student wellness and is reported to directly by the Director, Counselling and Psychological Services and the Director, Health Services.
2. The Director, Counselling and Psychological Services (DCPS) will have responsibility for the full range of mental health supports on campus. The DCPS will be primarily located in the Health Services building.
 - counselling psychotherapy
 - psychological, psychiatric, and psycho-educational assessment
 - development and management of programs for addictions and substance abuse support (The Director will develop and recommend implementation details)
 - collaboration with the Director, Health Services to ensure seamless delivery of service
 - adherence to administrative processes as assigned by the DCW or designate.
3. The Director, Health Services (DHS) will have responsibility for medical services, including:
 - assessment and treatment provided by Physician contractors
 - clinical services provided by Nurses and Dieticians
 - Occupational Health services
 - collaboration with the DCPS to ensure seamless delivery of service
 - adherence to administrative processes as assigned by the DCW or designate.
4. The Office for Persons with Disabilities will evolve to an Accessibility and Accommodations Office and should be shifted to the Office of Student Success, with the head of this area reporting to the Director, Student Success.
5. The DCPS will create a satellite operation in the Health Services building, with the following services located there: intake for students with mental health concerns, assessment, psychological intervention, and crisis intervention.
6. The AP, Students will initiate a review of all wellness related committees and determine an overarching committee structure that promotes campus-wide engagement in supporting mental health of students.
7. The DCPS with the DHS will develop and implement a model of service delivery that is student-centered, integrated and seamless, is based on best clinical practice and research and is evaluated formally and regularly with both staff and student input.

- 8.** The DCPS, with the DHS will develop and implement an intake and triage system for mental health needs that is a single coherent system integrated across Counselling and Psychological Services, Health Services and the Accessibility and Accommodations Office.
- 9.** The DCW will establish a working stakeholder group tasked with determining the special concerns related to mental health and mental health services of international students.
- 10.** The DCW will work with the Director, Co-operative Education and Career Services to identify and assess the mental health service delivery needed for students who are on co-op placement in off-campus settings.
- 11.** With the goal of no waiting list for student mental health services, the DCPS will undertake a review to establish standards regarding how staff time can be used most efficiently, effectively and with consideration for staff stress levels.
- 12.** The DCPS will create a staff development plan with an outcome of implementing the best evidence-based mental health interventions including consideration of psychotherapeutic, psycho-pharmacological, and psycho-educational interventions.
- 13.** The DCW will review the relationship that the campus mental health service system has with faculty and administration.
- 14.** The DCW will develop a public health approach to address mental health on campus, with the goal of establishing a community that is designed to prevent mental health problems and suicide and to promote mental health for all members of the university population (students, staff, and faculty).
- 15.** The DCPS will review the existing approach to managing students who are in crisis (especially, those students assessed as at risk of suicide) in all units and across the campus community.

INTRODUCTION

This report describes and summarizes the process and outcomes of a project designed to review and assess the mental health and related services provided to students at uWaterloo. In order to meet the project's objectives, a

"...project team, (was) tasked with determining and understanding the mandates, operations, programs, processes, structure and outcomes of the primary wellness units. The project will identify current strengths of existing services as well as make realistic and implementable recommendations that improve support." (Project Charter; Office of the Associate Provost, Students; June 1st, 2011)

The project was conceived and carried out as an operational planning review rather than an academic research undertaking. With limited time and resources, the Project Team took a very deliberate and rational approach to assembling relevant data and information as well as consulting in some depth with key stakeholders. The approach to the procedures and data analyses of the stakeholder focus groups, the interviews with key informants and the survey of students followed, as much as possible, the accepted practice for this type of project.

BACKGROUND/CONTEXT

Mental Health Needs of Students – a Crucial Challenge in Higher Education

Providing adequate and appropriate support for students with mental health concerns in the college and university contexts has become a significant challenge in higher education across North America. Both the number and severity of mental health concerns presenting at campus mental health services have increased. More students now enter university already with a mental illness diagnosis and under or needing psychiatric care or professional counselling (Gallagher, 2011). Students who would not have been able to cope with the demands of post-secondary education in the past are now enrolling with the assistance of better psychotropic medications (Blom & Beckley, 2005). Gallagher's (2011) survey, the National Survey of Counselling Directors, is a longstanding (i.e., since 1981) annual survey of both Canadian and American Counselling Services directors. In the most recent report, which surveyed 228 directors, Gallagher (2011) summarizes the status regarding this trend towards greater number of students with severe psychological problems:

"Ninety-one percent of directors report that the recent trend toward greater number of students with severe psychological problems continues to be true on their campuses. In addition, over the past five years, the following percentage of directors has noted increases in the following problems:

- 78% Crises requiring immediate response
- 77% Psychiatric medication issues
- 62% Learning disabilities
- 49% Illicit drug use (other than alcohol)
- 42% Self-injury issues (e.g. cutting to relieve anxiety)
- 42% Alcohol abuse
- 30% Problems related to earlier sexual abuse
- 24% Eating disorders
- 23% Sexual assault concerns (on campus)"

In addition Gallagher (2011) relates that directors report 37.4% of their clients have severe psychological problems and that 5.9% of these have impairment, so serious that they cannot remain in school or can only do so with extensive psychological/psychiatric help. Also, 97% of Counselling Services hospitalized an average of 9.4 students per school for psychological reasons per year, which is triple the percentage of students hospitalized in 1994.

While there is little uncertainty that more students are presenting to campus mental health services for assistance, what remains unclear is whether there is a true increase in prevalence of mental health concerns or whether students have an increased willingness to seek help on campus (MacKean, 2011).

Another poignant example of the challenge to universities is the data from a Canadian sample of a recent American College Health Association National College Health (ASHA-NCHA) survey, which suggests that of 33,747 total students enrolled in September 2011, 337 students (i.e., approximately 1%, conservatively) will have made a suicide attempt during the academic year and 2,024 (i.e., 6% conservatively) students may have “seriously considered” suicide during the year. As a central component of the mandate or responsibility of any campus mental health plan is suicide prevention and support for students in crisis, this data is unsettling.

The ACHA-NCHA spring 2011 survey with 100,000+ university student respondents yields several noteworthy indicators of the distress students experience and the presumptive need for supportive and/or mental health interventions. Such indicators from the survey include the following:

- 86% of students report that they “have felt overwhelmed by all they had to do” within last 12 months – 51% within the last 2 weeks.
- 57% of students maintain that they have “felt very lonely” within the last 12 months – 22% within the last 2 weeks.
- 45% “felt things were hopeless” with the last 12 months – 15% within the last 2 weeks.
- 61% endorse that they “felt very sad” within the last 12 months – 23% within the last two weeks.
- 31% maintain that “they felt so depressed that it was difficult to function” within the last 12 months – 9% in the last two weeks.
- 51% “felt overwhelming anxiety” within the last 12 months – 19% in the last two weeks.
- 6.4 % seriously considered suicide and 1.1 % endorse that they attempted suicide within the last 12 months.

Note: (6-9% seriously considered suicide in the last 12 months in the comparable survey of 6 Canadian universities).

The institutional burden related to the mental health of students on higher education includes considerations associated with risk management, ethics, responsibility and accountability, service delivery approach, confidentiality and privacy issues, and cost of support in the context of ever more limited resources. Our university is presented with all of these challenges with an added set of complicating factors relating to the diversity of our student population and our cooperative education program. The diversity of our student community includes racial, ethnic, cultural, religious and language characteristics. Our students have roots in 117 different countries. Our diversity also includes part- and full-time student status, mature learners, students who are married or single, students who live very close to home and those whose roots are literally on the other side of the globe. In addition, the many students who participate in the co-op program often work away from convenient access to campus support and services. Our mission as an inclusive institution that reaches out and partners with its

community through our co-op program and is dedicated to academic excellence provides significant challenges related to how mental health services are provided.

Higher education in Canada is responding to the challenges outlined above. Recently, a group of university presidents formed a working group that will examine the mental health needs of students. Their report to the Association of Universities and Colleges of Canada will be designed to assist universities and colleges in responding to mental health issues of students in post-secondary education.

The Relationship among the Service Providers and Administration on Campus

A recent report of the Ontario College Health Association (2009) cogently delineates the many issues and challenges associated with the organizational structure of mental health service delivery on campus:

“Although a number of mental health services are located on each campus, the degree of coordination and collaboration between these services varies greatly due to a number of potential barriers that exist. These include physical, departmental, and professional barriers, as well as the lack of time, resources, or will required to overcome these barriers and foster relationships. Physical distance between services prevents spontaneous communication that could occur if people work in the same space. Departmental barriers exist due to reporting structures and cultures that keep colleagues apart. Professional barriers are the most invisible and potentially the most significant obstruction to providing seamless care. They stem from differences in training, professional language, theories, expectations, status, power, and compensation. Communication and trust are vital when professionals share the responsibility of caring for vulnerable individuals with mental health problems.” (OCHA, 2009)

The Project Team recognized that our institution has not avoided the organizational barriers to ideal mental health service delivery cited above. Many individuals who have contributed to this report have been candid in delineating our unique challenges and concerns while expressing a genuine yearning to work together effectively for the benefit of our students.

The Educational Advisory Board (EAB) Report: Structuring and Delivering Mental Health Services

The Project Team in association with the Office of the Associate Provost, Students requested a “custom research brief” through an organization that uWaterloo consults with for various institutional research reports. In this case, the request to EAB was for a “brief” summarizing the institutional issues associated with student mental health service delivery (EAB, 2012). The report surveys 7 universities all within the U.S. context but with similar (i.e., to uWaterloo) total enrollments and Carnegie classification. The report dealt with several issues relevant to this project including questions related to organizational structure, approaches to service collaboration and qualifications for effective campus mental health services leadership.

Key observations in the EAB Report include the following:

- At almost all contact institutions, both the student health center and the counselling center are housed (i.e., organizationally) in the student affairs office.
- Most counselling center and student health center directors meet regularly to ensure that patient care is coordinated between the two centers; informal collaboration occurs when physicians refer students between the counselling and student health centers.

- In addition to counsellors and psychologists, physicians, psychiatrists, social workers, and case managers contribute to the treatment of students with mental health issues. At some contact institutions, psychiatric services are delivered through the student health center and at other institutions; psychiatric services are provided by the counselling center.
- Contacts (i.e., at the various institutions) stress that an effective counselling center director must have a professional mental health care license, formal education in mental health care, strong managerial and communication skills, and experience treating students.

The EAB brief makes it evident that at least within the context of these institutions there are ongoing challenges similar to those that prompted this project at uWaterloo, notably professional culture and philosophical differences associated with treatment, dilemmas regarding reporting structure for medical and non-medical personnel, and protection of student privacy issues when two centers are managing records. Importantly, there does not seem to be a “one size fits all” approach to these service delivery questions, therefore our report examines these issues in a way that is appropriate to the needs of our students and the culture of our university.

Analysis of the Mandates, Programs/Services and Potential Programs

As part of the background to the project consultation, the three program directors were asked to describe the mandate, programs and services, and potential programs for their respective units – CS, HS and OPD. The exercise was meant to clarify mission and mandate while also exploring for gaps and overlaps in programs and service delivery. The following is a list of the observations made by the Project Team associated with this presentation by the three directors.

Mandate/Mission:

- All three units articulate some emphasis on supporting the academic mission of the university by offering interventions directed at students’ academic success.
- All three units use words that speak to an effort to “empower” students.
- Noteworthy wording unique to a unit and perhaps speaking to organizational values and emphasis include the following:
 - ▶ “inclusive, non-judgmental, and confidential” (CS)
 - ▶ “to intervene in times of crisis” (CS)
 - ▶ “CS is a team of professionals” (CS)
 - ▶ “as a collaborative team” (HS)
 - ▶ “evidence-based best practices” (HS)
 - ▶ “holistic” (HS)
 - ▶ “create an equitable environment and promote access” (OPD)
 - ▶ “direct improvements to the environment” (OPD)
- The mission statements overlap with one another in some areas but do not conflict inordinately.
- There is a different focus among the three units in terms of their client base. CS is both individual and group, whereas HS and OPD are more individual-based. Both HS and OPD have group-focused programs, but these programs do not seem to be a prominent part of their activity.
- The client base for CS is students, staff and faculty. For HS, there is only mention of students. OPD is also student-based but there is a role in educating faculty to help with needed accommodations.

Programs Services:

- All three units present themselves as offering to students what students might perceive as “counselling”, while the nuance of the wording of “counselling-like” support is different in each case. Thus,
 - ▶ Counselling Services: *“counselling, personal counselling, career counselling”*
 - ▶ Health Services: *“nurse counselling, nutrition counselling, psychiatric consultation, psychological interventions, sleep health consultations, skills-based consultations”*
 - ▶ Office for Persons with Disabilities: *“advisors, co-ordinate support, coaching, brief counselling support, peer support groups”*
- Only HS and OPD (not CS) make reference to “assessment” services.
 - ▶ Health Services: *“psycho-diagnosis, psychological assessments, sleep health assessments”*
 - ▶ Office for Persons with Disabilities: *“assessment of learning profile, screening and referral for psychological and psycho-educational assessments”*
- All three units mention community liaison as a function.
- Both HS and CS mention services provided as “urgent” or as “crisis intervention”.
- Only HS mentioned “case management” as a service.
- All three units, but particularly HS and CS offer students “educational outreach” with somewhat overlapping themes.
- There is only one reference to the “substance abuse” needs of our students in the programs and services offered section (“Health promotion-education programs focused on substance abuse” (HS)). This may reflect our lack of comprehensive program and service options for our students in this area. Given that abuse of substances, especially alcohol, is implicated as a risk factor in all of the events associated with morbidity and mortality (e.g., suicide, sexual assault and homicide) we should be compelled to conduct a thorough review of what the mental health service providers on campus are doing in this critical area.
- With all three areas overlapping some services/programs, we need to understand how students decipher who they go to for what.
- CS plays a more visible role in the faculties, for example through involvement in petition committees or special seminars and workshops, than either HS or OPD.
- CS mentions many training components to their role, whereas OPD and HS have minimal.
- All three units make opportunities available for internship and practicum placements.

Potential Programs and Services (as desired by the 3 units):

- The lists of potential programs/services from each unit are mostly unique, with only a few overlaps.
- HS and OPD emphasize the need for enhanced co-ordination and collaboration among services.
- All three units emphasize the needs of our diverse population of international students.
- There seems to be consensus regarding the need for an improved triage/intake system. CS wishes to expand their triage hours. HS is concerned about co-ordination around crisis intervention and OPD states their wish more completely as: “We could offer one joint referral structure, one coordinated consent form and one support person/advisor that co-ordinates community outreach.”
 - HS’ “wish list” emphasizes specifically the needs of students who may have more severe mental health challenges.
 - The need for graduate student support is on all lists.
 - HS and OPD mentioned the need for enhanced co-ordination with community resources (e.g. Grand River Hospital).

CAMPUS CONSULTATION: DATA COLLECTION/METHODOLOGY

Process

The Project Team held regular weekly to bi-weekly 1-2 hour meetings from June 29th, 2011 through February 13th, 2012. During this time span, the task force compiled and consulted a variety of publications related to mental health issues on campus and made them accessible on a secure SharePoint site. A list of sources is provided in the references section of this report. These various sources helped shape task force discussions as well as the questions informing the consultation process.

The campus consultation and research consisted of the following:

Interviews

1. Interviews with the directors of the three units being examined in this report (Health Services – Dr. Barbara Schumacher, Counselling Services – Dr. Tom Ruttan, OPD – Rose Padacz). Prior to the interviews, each director was asked to provide a written description of their area's mandates, organizational structures and services offered. These were analysed by the Project Team and used to develop a question set for the interviews.
2. Individual interviews with other select staff within these units included David Mackay, counsellor at CS; Dr. Johan Reiss, psychologist at HS; Dr. David Wright, psychiatrist at HS; and Dr. John Heintzman, psychiatrist at HS .
3. Individual interviews with Dr. John Heintzman in his capacity as Chief of Psychiatry at Grand River Hospital and Dr. Walter Mittelstaedt , Director, uWaterloo Centre for Mental Health Research.

Phone interviews were also conducted with individuals in other post-secondary institutions where initiatives related to mental health services were recently completed or are in the process of being assessed or implemented.

1. Dr. Sharon Mitchell, Director of the Counselling Center and Chairperson of the Campus Wellness Team, University of Buffalo, Buffalo, NY (November 30, 2011)
2. Dr. Debra Nifakis, Director of Counselling Services, McMaster University, Hamilton (November 22, 2011)
3. Dr. Ann Tierney, Vice-Provost and Dean of Student Affairs, Queen's University, Kingston (December 21, 2011)

Focus Groups

Prior to conducting the focus groups, the Project Team introduced team members at staff meetings in each of Health Services, Counselling Services and OPD, and also solicited views and reactions from staff on specific questions that were sent by email and anonymous hard copy. In an effort to capture as much input as possible from staff, we held focus groups open to all staff from each of the 3 units. The purpose of the focus groups was to gather as much input as possible from staff in an open, comfortable environment through a facilitated discussion. The focus group methodology employed was the Nominal Group procedure (Delbecq & VandeVen, 1971).

Focus groups took place in September and involved a total of 52 staff participants (Counselling Services, Sept. 13, n=13; Health Services in two groups on Sept. 14, n=17+17; OPD, Sept. 21, n=5). Each person was provided with a personal worksheet asking the following question:

“What does the University of Waterloo need to do to improve the campus community’s mental health support system?”

Participants were asked to respond to the above question by responding to the following:

“What should the University stop doing and/or what isn’t working well?”

“What should the University start or begin to do?”

“What should the University continue to do and/or what is working well?”

The facilitators used a roundtable format to give each person the opportunity to share with the larger group one point they felt strongly about. Each person had the opportunity to provide at least one item without interruption. All comments were recorded. Each participant then had the opportunity to indicate up to 6 items they felt most strongly about by “voting”. The Project Team combed through the large data set that emerged, including all personal worksheets (i.e., staff were encouraged to submit their worksheets to the Team, either with or without their name) and identified and ranked the prevailing themes.

Discussion with Undergraduate Operations Committee

The Project Team also attended an Undergraduate Operations Committee meeting (October 24, 2011) where input from Associate Deans across campus was obtained.

Student Survey

University of Waterloo students were invited to participate in an online (i.e., utilizing Survey Monkey) “Student Support Survey” with a focus “on the various student services at uWaterloo that relate to mental health including Counselling Services, Health Services and the Office for Persons with Disabilities”. The students were informed that the Mental Health Review Project “wants to hear from all students at uWaterloo including both those who have and have not used these services” and that “The information gathered will be used to improve uWaterloo’s ability to deliver timely, accessible and effective mental health services to all of our students”.

Characteristics of respondents to the student survey include the following:

- There were 1097 respondents with good representation from all faculties
- 30% of respondents were 1st year undergraduates
- 19% were 2nd year undergraduates
- 17% were graduate students
- 64% of respondents were female
- 23% of respondents were first generation Canadians

FINDINGS FROM THE CAMPUS CONSULTATION

The findings of the project team are presented here under three headings:

1. Results of the stakeholder focus groups
2. Results of the student survey (quantitative and qualitative)
3. Results of the interviews with key informants

Results of the Stakeholder Focus Groups

The focus group method (i.e., the nominal group technique) has been described above. All responses were publicly recorded as close to verbatim as possible. Participants could offer responses until they felt they had exhausted their ideas. The Project Team used conventional qualitative analysis technique to analyze and interpret the data from the focus groups. Data were analyzed and coded for themes and patterns. Six meta-themes emerged that were deemed informative in interpreting the data.

The six themes are the following:

1. **Breaking down service delivery silos:** This theme includes suggestions that advocate for greater collaboration, enhanced communication and structural integration of mental health service delivery.
2. **Prevention and early identification/intervention:** Responses in this category encourage the campus mental health services and the university as an institution to be proactive in considering earlier interventions for students and to identify sources in the campus context that may present preventable distress for students.
3. **Enhanced student access to mental health services:** This theme focuses on the need to enhance ease of accessibility to mental health services on campus. This category also includes considerations related to the stigma associated with students' willingness to access mental health services, such as potential cultural perceptions in accessing and utilizing mental health services.
4. **Staff/care giver well being:** Responses included in this theme reflect the need to be aware of, accept and address the reality of care giver burnout and the need to address increased demands for service from an increasingly diverse and challenging client population.
5. **Staff development and education:** This theme captures suggestions regarding the need for education and staff development aimed at incorporating best practices.
6. **Recognition of gaps in services:** This category of responses includes observations related to gaps in the campus mental health service delivery system.

Themes are presented with representative responses for each of the four focus groups. The themes are presented in order of the number of "votes" received.

Counselling Services Group (16 participants)

Theme and Representative Responses

- Breaking down service delivery silos (43 votes)

"CS needs more streamlining of access to a psychiatrist as well as more direct communication between counsellor and psychiatrist."

"We need to institute a process for collaboration within the services and programs. This should be ongoing with a goal of less overlap and less confusion."

"There is a need for increased collaboration between HS + CS around crises."

"One suggestion...a part time psychiatrist right in CS."

- Enhanced student access: (17)

"Wait times for first appointments and follow up appointments can be too long."

"We could personalize access to services with a student self-questionnaire that spits out "services that fit you."

"We should change the "mental health" label related to services to something like "psychological" or "emotional".

- Staff/care giver well being: (13)

"With regard to intake and client assignment, we should analyze and create a plan for continued increase in volume of student-clients. This would help us deal with staff burnout. "

- Prevention and early identification/intervention: (6)

"We need to continue our proactive work based on the student development model. Our proactive work is at risk if crises continue to increase. We need to remember that "prevention" and "health promotion" are two important services too."

- Recognition of gaps in services: (1)

"CS should continue services to couples and even potentially expand this service."

- Staff development and education: (0)

Health Services Group 1 (17 participants)

Theme and Representative Responses

- Breaking down service delivery silos (32 votes)

"I see a merger of Psychological Services (at HS) and Counselling Services with one psychological services director that oversees both."

"Stop the overlap of services and the hoops that students have to jump through to get the right provider."

"We need to nurture inter-departmental relationships in aim towards improving dialogue, communication and collaborative care for benefit of service delivery to students with MH issues. (e.g., this may include meetings, gatherings, shared trainings etc.)"

"The University needs to consider its management structure and its role in mental health issues."

"We should consider improved communication and documentation inter-departmentally including shared-medical records."

- Enhanced student access: (27)

"We should keep up access to ongoing counselling by a psychologist. Ensure there's no limit to the number of sessions. Also, we need to continue to support every day access to crisis intervention roles. Crises do not happen just 1-2 days per week."

"We should compile a list of services (both on and off campus) and make it available to students. The list should be regularly updated. Also, there should be promotion around the 24 hour crisis services available in the community."

- Prevention and early identification/intervention: (25)

"The University should look at different ways students are evaluated academically considering students with mental health issues. That is, accommodations could help prevent crises and/or worsening MH issues. We could consider the MIT model (i.e., all students can have exam accommodation with no time constraints on final exams."

"We should educate the faculty and faculty supports staff about what to do to help student including some emphasis on the awareness of what students are bringing from their home context and culture."

"We need to create an early identification tool."

- Staff development and education: (5)

"We should have ongoing training for staff and faculty regarding multicultural issues. (One example is the trauma experienced by some students.) and multicultural service needs."

- Staff/care giver well being: (0)

- Recognition of gaps in services: (0)

Health Services Group 2 (17 participants)

Theme and Representative Responses

- Breaking down service delivery silos (38 votes)

"We need improved communication between OPD/ HS/ CSHS including shared record keeping."

"We need one service with one director. This would include one service for intake and direct to one or all of our services. It is important that we work as a team and avoid bouncing student around."

"We should create a formal mandatory intake for every mental health issue that everyone on that student's case sees. This will stop fragmentation of service to students."

"Use e-records and communication as an approach to solve the fragmentation problem."

"OPD should have a clinical supervisor for their staff for support/advice etc."

- Prevention and early identification/intervention: (19)

"We should look into medical pre-screening so we know if students are 'ready' and able when they arrive. (Learn more about screening and forms HS provides to students going to other clinics.)"

"The University needs more resources for proactive work in mental health (prevention), one staff per 30k students is not enough to do effective work."

- Enhanced student access: (18)

"We need to increase the access to support for international students. We are missing cultural differences in language and unique sensitivities."

"We need a transition process for students who are both returning to campus and leaving campus in order to ensure access to mental health supports that are in place."

"Improve marketing of what services are available and where they are."

- Staff/care giver well being: (15)

"The nursing shortage needs addressing. We have lost 4 nurses and they have not been replaced."

"We should be supporting the Dons in residences with crisis intervention (24hours)."

- Staff development and education: (8)

"Doctors (and nurses etc.) need clear protocols and best practices to know where/how to support students"

"We should be having more frequent meetings and training involving all HS/CSHS/OPD staff."

- Recognition of gaps in services: (5 votes)

"The lack of addiction treatment provision on campus is a real concern."

Office for Persons with Disabilities Group (5 participants)

Theme and Representative Responses

- Enhanced student access: (13 votes)

"An idea to enhance access for some students to services...have a small team of case managers that can see the students with very high needs where they are (i.e. at home). This would be a focused outreach program and possibly a transitional program for some students."

"The students need a central campus phone number that can be used for crises."

"In order to increase access to services for some students we need to hire specific diversity staff (i.e., include sexual, cultural, racial diversity concerns etc. These staff could help train other staff as well as support students. Also, we need a Mandarin speaking counsellor and/or support staff."

- Recognition of gaps in services: (5)

"Mental Health Services on the campus needs a financial services counsellor to help students with applications, regulations, and budgeting and help students deal with financial stresses that can be related to mental health stressors."

"Greater attention is needed on campus for students with addictions."

- Breaking down service delivery silos (5)

"We should continue the Counselling Services satellite model. Maybe there could be CS satellites in OPD and Health Services."

"We all need a better consent form and it should be the same or very similar across all the MH services with confidentiality explained and a student's emergency contact person included."

"The three services (OPD, CS, and HS) need to be better connected to the new Student Success Office."

- Prevention and early identification/intervention: (4)

“Why is faculty waiting until after the final marks to identify students at risk?”

“Continue the Personal Best health promotion program at H.S (i.e., Andrea’s Program).”

- Staff/care giver well being: (3 votes)

“More staff and time for students is needed.”

- Staff development and education: (0 votes)

Key Observations Derived from the Focus Groups

The most apparent finding of the stakeholder focus groups is the emphasis placed by participants in all four groups on the concerns related to what we have described as “breaking down service delivery silos”. With the exception of OPD, three of the four focus groups endorsed these concerns as their top priority through their “votes” in the nominal group process. The category can be deconstructed somewhat, revealing a continuum of suggestions for addressing the “silo” concern. Suggestions range with wording such as the need for “improved communication” among the three service units, to the need for “increased collaboration” and structural/organizational recommendation such as:

“I see a merger of Psychological Services (at HS) and Counselling Services with one psychological services director that oversees both.”

and

“We need one service with one director”.

There seems to be a clear and unanimous recognition, perhaps even some alarm that the services associated with student mental health are not working well together and that this potentially and in some cases, actually compromises student welfare. The Counselling Services group made a specific reference to their concern that access to psychiatric services be “streamlined” or actually added to their unit. Also, some participants extended this concern regarding the need for greater interconnectedness of mental health services to the campus as a community and recognized the Student Success Office, the “management structure” of the university, residence dons and the faculty as important points of collaboration. The OPD staff group ranked these concerns as second when considering “votes” in the process.

Concerns related to the themes “prevention and early identification/intervention” and “enhanced student access” were second when ranked by votes received. There was an emphasis on proactive or preventive methods, especially in both Health Services groups. For instance, a suggestion in a Health Services group that uWaterloo should consider a model that removes time constraints on final exams for all students and not just students identified as “disabled” drew 8 votes. Also, in the same group a suggestion advocating early intervention and partnering with faculty through:

“...educating the faculty and faculty support staff about what to do to help students including some emphasis on the awareness of what students are bringing from their home context and culture”.

Another Health Services comment urged “more resources for proactive work in mental health”. The Counselling Services group advocated “continuing the proactive work” and emphasized that “prevention and health promotion are two important services”.

All four groups emphasized the need for an enhanced and less complicated access to services for students. The Counselling Services group ranked this concern second and seemed to recognize this with comments such as:

“Wait times for first appointments and follow up appointments are too long.”

Both Health Services groups emphasized the access to services concern and made specific suggestions related to making access to services easier, such as developing strategies to improve accessibility for international students, improved marketing and promotion of services and access to crisis services.

The access to services theme received the highest number of votes in the OPD group. Their comments complemented the Health Services groups’ recognition that ease of access for students could be improved. This group emphasized case management outreach, the hiring of staff to address specific needs of a diverse student population and centralizing access to crisis services.

Advocacy for consideration of the wellness needs of staff as caregivers was emphasized in both the Counselling Services group and in a Health Services group. Shortages in staff resource and the need to create efficiencies in service delivery methods were among their suggestions.

Results of the Student Survey

Quantitative Data

The following summary points present the noteworthy features of the quantitative data from the survey. “Noteworthiness” in this context relates to student mental health concerns.

The top five aspects of the university experience that have been difficult for students are:

- Managing time effectively (78% stated somewhat difficult through extremely difficult with 11% extremely difficult)
- Getting enough sleep (77% stated somewhat difficult through extremely difficult with 12 % extremely difficult)
- Managing academics (75% stated somewhat difficult through extremely difficult with 7% extremely difficult)
- Managing anxiety related to academic success (73% stated somewhat through extremely difficult with 10% extremely difficult)
- Managing life stressors (73% stated somewhat through extremely difficult with 8% extremely difficult)

For the uWaterloo students who responded to the survey 8.2% stated that “handling the use of alcohol or drugs” was somewhat through extremely difficult with 0.7% indicating that it was “extremely difficult”. This compares with the ACHA-NCHA data mentioned earlier where 6.2% of this much larger sample of students in higher education responded that alcohol or drug use was negatively affecting their academic performance. Students’ perceptions regarding the deleterious use of alcohol or drugs on themselves, conflicts, for instance, with data that show that among young adults aged 18 to 25 in 2010, the rate of binge drinking was 40.6%, and the rate of heavy drinking was 13.6% (Substance Abuse and Mental Health Services Administration, 2011 national survey).

Table 1 presents a display of the complete results of students responses to the survey question: **How difficult has each of the following been for you at University?** (Value in %)

Answer Options	A) Extremely difficult	B) Very difficult	C) Somewhat difficult	A+B+C	Not difficult	Very easy	Not applicable	Response Count
Getting enough sleep	12.2	23.4	41.8	77.5	17.4	4.9	0.3	1092
Managing anxiety related to academic success	9.9	23.8	39.1	72.9	21.4	5.3	0.4	1091
Managing academics	7.1	20.6	48.0	75.7	21.1	3.0	0.2	1085
Managing life stressors	8.0	20.7	43.3	72.0	22.1	5.1	0.8	1089
Managing depressed mood	9.7	17.2	31.4	58.3	26.3	11.1	4.3	1090
Managing time effectively	11.2	24.1	42.6	77.8	17.0	4.5	0.6	1088
Dealing with homesickness	2.6	6.0	18.2	26.8	28.0	33.7	11.5	1081
Managing finances	7.1	10.9	30.8	48.9	32.5	15.6	3.0	1087
Finding people you get along with, making friends	5.7	9.2	26.4	41.2	33.0	24.3	1.5	1091
Fitting in with others at uWaterloo	4.2	9.6	23.8	37.6	38.2	22.7	1.5	1087
Meeting family's expectations	4.5	9.3	20.5	34.3	32.8	27.0	5.9	1087
Being able to maintain spiritual and religious values	2.8	4.5	10.6	17.8	23.5	20.4	38.3	1089
Planning for the future (e.g. career planning, future studies)	7.8	15.7	36.7	60.1	28.0	8.7	3.2	1091
Dealing with difficulties in an intimate relationship	5.7	10.2	22.7	38.5	23.0	8.8	29.6	1090
Dealing with illness or death of a friend or family member	6.1	7.3	15.3	28.7	12.9	2.8	55.6	1079
Dealing with concerns over personal appearance	4.5	7.7	21.4	33.7	35.6	21.6	9.1	1087
Dealing with personal health issues	4.8	9.1	24.9	38.8	32.2	13.9	15.2	1082
Handling use of alcohol and drugs	0.7	1.7	5.8	8.2	25.3	32.0	34.5	1084
Dealing with overuse of internet or computer games	5.6	12.6	27.3	45.5	25.9	15.2	13.4	1090

1. Forty-five % of the respondents stated that dealing with overuse of internet or computer games was somewhat through extremely difficult with 5.6% stating this was “extremely difficult”
2. When asked what is most important to uWaterloo students the top six responses were:
 - a. Programs or advice on managing stress (92% stated this was somewhat important through extremely important with 29% stating this was “extremely important”)
 - b. Learning strategies to help manage depressed moods (94% stated somewhat through extremely important with 27% stating this was “extremely important”)
 - c. Support during a personal crisis (93% of stated this was somewhat important, through extremely important with 27% stating this was “extremely important”)
 - d. Financial counselling (87% stated this was somewhat important through extremely important with 21% stating this was “extremely important”)
 - e. Programs that help students connect with other students who have similar interests (88% stated this was somewhat through extremely important with 18% stating this was “extremely important”)
 - f. Support programs that are sensitive and user-friendly to a student’s unique culture and language (86% stated that this was somewhat through extremely important with 18% stating this was “extremely important”)
3. The responses to the substance abuse question as presented in Table 2 are interesting in that when asked what is important to uWaterloo students (i.e., not specifically referencing themselves) 76% state that “programs and services related to alcohol and drugs” are somewhat through extremely important with fully 42% endorsing that such programs are very through extremely important.

- There is good awareness of HS (95% were aware of services), CS (89% were aware of services), OPD (85% were aware of services) overall. Direct experience with the wellness units varies – 29% of responses have used CS, 60% have used HS, and 10% have used OPD.

Table 2 presents a display of the complete results of students’ responses to the survey question: **Speaking on behalf of students at uWaterloo, please rate all of the options below in terms of their importance to uWaterloo students.** (Value in %)

Answer Options	A) Extremely important	B) Very important	C) Somewhat important	A+B+C	Not very important	Not at all important	Response Count
Learning skills that will help in relationships	13.6	32.2	39.2	85.0	13.2	1.8	1073
Support during a personal crisis	27.1	44.4	21.7	93.1	6.1	0.8	1071
Learning strategies to help manage depressed moods	26.8	42.1	24.8	93.7	5.3	1.0	1072
Programs or advice on managing stress	28.8	43.1	22.1	93.9	5.1	0.9	1070
Support services that are sensitive and user-friendly to a student's unique culture and language	18.5	37.2	30.7	86.4	10.0	3.6	1067
Programs or advice on getting the proper amount and quality of sleep	16.6	34.2	31.6	82.5	13.9	3.6	1072
Financial counselling	21.3	35.9	31.4	88.6	8.9	2.5	1068
Advice for dealing with homesickness	6.2	22.3	38.5	67.0	27.1	5.9	1069
Programs that help students make friends	15.3	28.2	37.8	81.2	15.6	3.2	1061
Programs that help students connect with other students who have similar interests	18.4	35.6	34.3	88.3	9.9	1.8	1072
Support for maintaining religious and spiritual values	10.2	23.0	38.5	71.7	17.2	11.2	1067
Programs and services related to use of alcohol and drugs	13.2	28.8	34.2	76.2	17.7	6.1	1069
Programs and services related to overuse of the internet or computer games	14.2	26.4	33.8	74.3	18.9	6.8	1066

- Top two modes of awareness of student services include uWaterloo websites and Student Orientation. Word of mouth is a close third. It is interesting to note that 1st year and domestic (non-international) students felt that a central place to go to ask questions is the least effective way but graduate students and international students felt that a central place to go to ask questions was the most or 2nd most effective way after websites and SL101.
- There is a very even awareness of the CS main services with the workshops (study skills, stress management etc.) being the best known. Surprisingly, graduate students were less aware of crisis supports (61% of graduate student responses only knew a little bit or not at all) and were less aware of personal and relationship difficulties supports (24% of graduate student responses were not at all aware).
- OPD is best known for their alternate exam arrangements and note taking services. Graduate students were more aware of the exam arrangements than other respondents (48% of graduate student respondents knew quite a bit or a great deal).
- HS is best known for psychiatric consultation and medication prescription, crisis supports, and their psychological diagnostic and assessment work. Interestingly, international students were

more aware of the psychiatric consultation and medication prescription than non-international students (29% knew some).

5. Questions were asked about service location, convenience of hours, timeliness of first appointment, timeliness of subsequent appointment and how beneficial the service was.
6. The wording/format of the question didn't allow for accurate interpretation. For all of the above questions, the majority answered 'about what I expected' with an even number below and above expected. However, when responding on how beneficial the HS services were – there were more that responded that it met above their expectation than those that responded that it was below.
7. Of the 25% that has used more than 1 of the services, when asked how satisfied they were with the co-ordination – 6% were unsatisfied and very unsatisfied. 16% were neutral. 13% were satisfied and very satisfied. Many stated that they didn't know co-ordination happened.
8. 8% of respondents use or have used off-campus counselling services. The main reasons for using off-campus services include: perception of poor service quality, long waits for appointments and the perceived need for more specialized counselling.
9. 33% of respondents use or have used off-campus health services. The main reasons for using the off-campus services center on convenience, and perceived need for specialty knowledge.

Key Observations Derived from the Quantitative Data

- The responses by uWaterloo students to the substance abuse questions are interesting when compared to other representative data. For the uWaterloo students who responded to the survey 8.2% stated that “handling the use of alcohol or drugs” was somewhat through extremely difficult with 0.7% indicating that it was “extremely difficult”. (Note: This compares well with the ACHA-NCHA data mentioned earlier where 6.2% of this much larger sample of students (i.e., 100,000+) in higher education responded that alcohol or drug use was negatively affecting their academic performance.
- Top concerns identified by Waterloo students based on their experience were: (1) time management, (2) sleep, (3) managing academic issues, (4) anxiety related to academics, and (5) managing life stressors.
- Our survey of UW students mirrors the prominent mental health concerns identified by students in the 2011 ACHA survey (American College Health Association National College Health Assessment). For instance, the top ranked factors perceived as negatively affecting academics in the ACHA-NCHA study were: stress, sleep difficulties, anxiety, internet use and computer games and depression.
- Students express strong support for the delivering of programs and services that are sensitive to the cultures and languages of the diverse uWaterloo student population.
- Students also articulated clearly the importance of having supports in place for personal crises, depression and stress management.

- Students generally had good awareness of the existence of CS, HS and OPD, but a limited awareness of the scope of their services. What is even more significant, however, is that not all students are aware of the existence of these services. In practical terms, approximately 1 in 10 students (i.e., CS – 11%, HS – 5%, OPD – 15%) are unaware that important support services are available to them that may result in them participating in their post-secondary education on a more level playing field.

Student Survey Qualitative Data (“Stop, Start, and Continue”)

The qualitative data portion of the survey invited the students to indicate what they thought should be stopped, started or continued in Counselling Services, Health Services and Office for Persons with Disabilities. Space was provided in the survey template to record comments for all three service units. Students who had not used a particular service were asked to skip to the next question.

The procedure for data analysis was similar to that used for the focus group data with categories of responses (themes) established in order to guide interpretation of the responses. The “stop” and “start” answer options were collapsed and analyzed together for all three service units because respondents uniformly used the “start” and “stop” answer options in order to express concern or suggested changes to service. The “continue” answer option was analyzed separately as respondents uniformly used this answer option to express appreciation or respond positively regarding programs, services or personnel. The following is a summary of this qualitative data. The themes are presented, defined and then ranked for each service unit according to the number of comments for each theme.

Counselling Services

Top concerns expressed by students in the “stop/start” sections include the following:

1. Excessive wait times for services (26% of responses)
2. Quality of services at CS. This category of responses refers to respondents’ perceptions that services of CS were not helpful or respondents’ suggestions for improvements in service or staffing (19%)
3. Advocating for increasing the number of counsellors (14%)
4. Excessive wait times for students when in a perceived crisis (11%)
5. Advocating increased health promotion workshops, education and outreach (7%)
6. Location of CS at Needles Hall (4%)

Note: Comments that are relevant to students’ concerns regarding access to services at CS (i.e., excessive wait times or comments advocating more counsellors) account for 55% of analyzed responses in the “stop and start” sections.

In the “continue” section, students indicated the following:

1. General positive feelings for CS (32% of responses)
2. Quality of service and programs responses that were specific and positive (15%)
3. Appreciation of the positive “customer relations” at the counselling reception desk (9%)
4. Appreciation of health promotion and education programming (9%)
5. Appreciation of ease of access to services (8%)
6. Appreciation of marketing efforts of CS (6%)
7. Appreciation of reminder e-mails for counselling appointments (5%)

Health Services

Top concerns expressed by students in the “stop/start” sections include the following:

1. There is a need for longer clinic hours and availability of appointment times (21% of responses)
2. Long wait times to see a student’s health care provider upon arrival for an appointment (18%)
3. “Customer relations” concerns related to perceived discourteous or disrespectful treatment by Health Services staff (i.e., at reception and/or with professional staff) (16%).
4. Specific service concerns related to the need for specific kinds of services (e.g., x-ray on site) or to particular procedures (e.g., PAP smear before birth control). The category is necessarily somewhat heterogeneous in content. (9%)
5. Miscellaneous comments regarding access to services at HS (6%)
6. The need for more clinical staff in order to enhance access to services (6%).

Note: Comments that are relevant to students’ concerns regarding access to services or complications with access such as wait times when at the clinic account for 51% of analyzed responses in the “stop and start’ sections. A significant number of students expressed the concern that wait times for HS and especially CS are unacceptably long, which may create the unintended result of their not seeking help, or receiving help when an earlier small problem has transformed to a significant large problem, with the attendant and sometimes undoable academic damage now being part of their record.

In the “continue” section, students indicated the following:

1. General positive feelings for HS (31% of responses)
2. Appreciation of HS staff and positive feelings when interacting with staff at HS (21%)
3. Access to services – students appreciated on-time appointments, the availability of walk in appointments and extended hours of service (18%)
4. Appreciation for specific aspects of health service at HS, such as flu shots/vaccinations, offering a drop-in birth control dispensary for students and spouses and an on-site blood testing and wart clinic (16%)

Office for Persons with Disabilities

Top concerns expressed by students in the “stop/start” sections include the following:

1. Existing practices around various office procedures such as intake, other paperwork, efficiency and organization of office (36% of responses)
2. Concerns or suggestions regarding the need for improved orientation to or education about OPD (15%)
3. Customer relations concerns which included comments expressed regarding perceived negative interaction with or non-helpfulness of staff (12%)
4. The need for more outreach to staff, faculty and students regarding students with disabilities and/or the nature of the work of OPD (8%)
5. The need for increased access to services through more staff or longer hours of service (8%)

In the “continue” section, students indicated the following:

1. General positive feelings for OPD services and staff (56% of responses)
2. Appreciation of the helpfulness of OPD staff (19%)
3. Appreciation Of the value of exam accommodation (19%)

Results of the Interviews with Key Informants

“Key informants” were selected on the basis as to whether these individuals could “add value” to our findings through their depth of insight. Transcripts of the interviews with key informants were analyzed using the same theme categories that emerged from the results of the focus groups, allowing the Project Team to validate or “triangulate” to other data. Interviews with the directors of the three service units were particularly instructive as a means of penetrating and viewing from within each unit as well as understanding the relationship among the three service units. Individual professional staff interviewed provided similarly meaningful and candid observations, ideas, opinions, and important proposals. Three individuals from other universities comparable to uWaterloo were also interviewed. These institutions were similar to uWaterloo in that they had recently embarked on a comprehensive review of their campus mental health services. References to the key informant interviews appear throughout the “Overall Conclusions and Interpretation” section below.

OVERALL CONCLUSIONS AND INTERPRETATIONS

The following section presents the Project Team’s conclusions and interpretations resulting from our campus consultation and research. Special weight was given to the voices of uWaterloo students, staff and faculty who participated in the process.

A Need for Clarity of Mission and Service Focus

The task group performed an analysis of the mandates, organizational structures and services of the three wellness units on campus. From this analysis it is evident that there is overlap in their focus of service, especially in the areas providing “counselling” support, outreach to the community, and educational/health promotion programming. While this overlap is not necessarily undesirable, it does suggest the need to review the mission/mandate in all three areas. Our consultations have confirmed that overlap in role and function may lead to confusion for all members of the campus community with unnecessary and negative consequences for ease of access to services.

Organizing Mental Health Services to Work Together Smoothly

All staff from the 3 wellness service delivery units were invited to attend the stakeholder focus groups. Most staff members participated in one of 4 groups. The question posed to the focus groups was:

“What does the University of Waterloo need to do to improve the campus communities’ mental health support system”?

By a significant margin the most frequent response expressed in the focus groups as well as in the key informant interviews were comments that reflected an almost unanimous concern that mental health programs and services on campus were not working well together. There was concern around lack of smooth and seamless functioning which could lead to confusion and complications of access and delivery for students, staff and faculty.

An evident conclusion from this finding is the pressing need for a structure having compatible operational processes that ensure that goal of “seamlessness” of mental health programs and service delivery to our students, staff, and faculty is not merely an empty aspiration. Included in the challenges to fostering student access to mental health services is the stigma associated with even considering access. The organizational structure for mental health programs and services should not be a fundamental barrier to our students receiving the support they need.

Our consultation with the staff in the three wellness units of service delivery uncovered what can be interpreted as feelings of resentment associated with the recent emergence of the “psychological services” team at Health Services. There is a view to varying degrees in all three units that strengthening mental health services at HS was counterproductive to the harmonious functioning of services advocated so strongly in our consultation. Another perspective on these issues emerged during a Project Team conversation when one of our Team members offered the insight that HS and particularly the HS Director “was the only one who started down the path that we needed to go down” when she led the development of what she termed a “comprehensive circle of care” at HS. Thus, as so strongly advocated by staff when they expressed anxiety about students “falling between the cracks” or receiving fragmented care, it appears that HS was striving to develop a seamless service delivery system including appropriate assessment, crisis management and treatment components. However, as the HS Director herself contends in her interview with the Team, creating the full service circle of care with a complete mental health component is not sustainable at HS largely because the funding and staff resources are not available. As it is in most Higher Education institutions, the primary source of mental health staffing is at CS.

Our organizational challenge is to create the “circle of care” that spans the entire campus community. An aspect of this challenge of nurturing closer professional relationships was highlighted in another interview when a respondent noted the disincentive for physicians to meet in groups with professional colleagues as there is no clear capacity for billing such meeting time. Another professional in an interview speaking to the issue of the need for closer working professional relationships around mental health noted that physicians were not readily engaged and integrated with the service delivery network and the campus community. He advocated exploring for incentives that would encourage physician engagement and enhanced identification with the institution.

Complementing these concerns about service delivery organization was the observation by some that where the leadership for managing mental health services resides is ambiguous. One campus professional offered the insight that:

“Optimally it (i.e., the leader) would be a mental health director under the Associate Provost Students with organizational management experience who should be able to speak authoritatively ...and who creates a continuum of mental health services including health promotion, education and peer support”.

A primary leader for the campus mental health services needs to be established. This person can become the point person for bringing a team together, managing change and focusing on the vision for a “circle of care”.

The EAB Report referenced earlier, is instructive regarding leadership of campus mental health services. The professionals contacted for their report stressed that an effective director of services must have:

“a professional mental health care license, formal education in mental health care, strong managerial and communication skills, and experience treating students.”

They note that there are many additional roles for an effective primary leader including: student advocacy, participating in all aspects of the campus community, and effectively being known by all key campus personnel. One Institution referred to in the report makes a point of noting that the Director of their Counselling Center has a limited case load in order to accommodate the many aspects of the leadership role.

In the final analysis, our consultation has convinced the Team that the goal of a smoothly functioning “circle of care” with an appropriate mental health component is achievable within our campus community. This is a goal, incidentally, as corroborated by our key informants from other institutions, that is currently the aspiration for most health and mental health care providers in higher education. It is the Project Team’s contention that this goal is achievable within our campus when the mental health organizational structure includes:

- a clear and focused mission for service delivery
- the capacity to support physicians at HS in a timely and trustworthy fashion especially when students are in crisis
- structured linkages to facilitate true collaboration especially with all units whose primary mission involves student mental health support but also with those providing academic support
- operational procedures and policies that facilitate smooth working together of the mental health service delivery units (e.g., intake and triage procedures, appropriate and ethical records sharing)
- the capacity to assess students for severity of concern and the potential need for medical intervention at the outset of a student’s contact with the delivery system

and when the organizational structure has:

- unambiguous, singular, authoritative leadership from a professional who is credentialed in the mental health field
- a leader with close working relationships with all stakeholders but particularly with the Health Services’ professional staff

The Need for Enhancing Efficient Access to Services

As suggested above, smooth access to programs and services can be compromised by organizational and structural factors. Many in the staff focus groups, the students in the survey and the key informants mentioned concerns about access to the primary service offered at Counselling Services, individual mental health counselling. In fact, many of the counsellors at CS acknowledge and were very uneasy about the time students must wait for both initial and follow up appointments. Summarizing this concern succinctly is a comment that received priority support from the Counselling Services staff focus group:

“Wait times for first appointments and follow up appointments can be too long.”

And, a comment from one staff member when interviewed illuminates the potential for delay and complication of access at a student’s initial contact with CS:

“A student, who has never been to CS before goes to a computer and fills out a form, then waits for an intake. This process may take up to two hours and then, in the client assignment process, the student may wait up to three weeks for an appointment.”

Perhaps the strongest indication of the validity of concern regarding wait times and access to counselling appointments were comments by the students themselves in the survey. Over 50% of the comments referred to complications with access to appointments or wait times. The following comments capture much of their distress concerning access to counselling services:

“Start hiring more counsellors because I always have to wait such a long time for my next appointment.”

and

“I think that they should have shorter wait times for counselling. My friend who was using the service was having severe emotional instability and he was going to have to wait about a month to have a proper counselling session. He never went to his appointment after the initial assessment because of this delay.”

The possibility that access to services is compromised in any way for students at CS is worrisome. This is especially true when students present in a crisis. Specific measures are in place to do appropriate risk screening and give immediate attention when students first present at CS. But the apparent difficulty in getting easy access to appointments as acknowledged by the majority of those consulted must be recognized especially as it relates to times of peak service delivery demand. One counsellor related his observation that the majority of suicides on campus happen in the winter term. He was concerned that counsellors may be overwhelmed at the very time when students are at most risk. Are any of these winter suicides a reflection of unmet needs of students in crisis at the time of peak service demand when, for instance, grades come out in the early winter? Moreover, when uWaterloo students were asked in our survey to speak “on behalf of uWaterloo students” and rate the importance of various support service delivery components 93% viewed “support during a personal crisis” as at least “somewhat important” with 72% stating that it was “very” to “extremely” important. Interestingly, “support in a personal crisis” ranked with “learning strategies to help manage depression” as the highest in importance for the students of the service delivery components presented to them.

The two focus groups at HS also gave priority to their concern about student access to mental health services. These groups did not specifically reference the wait times at CS. The HS groups seemed to be implying that access to mental health services would be the least difficult for students if more of these services were offered in the Health Services building. The following comment exemplifies this and the particular anxiety concerning access to services when students are in crisis.

“We (i.e., HS) should keep up access to ongoing counselling by a psychologist. Ensure there’s no limit to the number of sessions. Also, we need to continue to support every day access to crisis intervention roles. Crises do not happen just 1-2 days per week.”

One HS staff member when interviewed did mention specifically the waiting list at CS. He stated with some frustration that a potential of a six week wait list at CS is “very problematical” and urged a “re-examination of internal (i.e., at CS) practices especially at peak demand times”.

The student survey shows access to services or wait times takes on a different form in the HS context. It should be noted that very few (only 4 responses of 548 responses analyzed) student comments referenced mental health services specifically when they were considering their perspective on HS. Most salient for them were the other medical services received at HS. HS, through the physicians, nurses and other staff remains a primary access point for referral to campus mental health services and many of the physicians offer mental health interventions. As noted in the “Findings”, the students’ comments both of appreciation and concern focused almost exclusively on access to services at HS. As with the student concerns expressed about CS, the students expressed a need for more available staff or extended appointment hours for medical services (i.e., 20% of concerns expressed).

Typical of their comments in the survey are:

“Start providing more hours of services with more flexible hours of service.”; “Start having more appointments, availability and longer hours for walk-ins. Students get sick and off campus walk-in clinics are not accommodating.”

Another predominant concern associated with ease of access to HS services (i.e. 13% of concern comments) was the perception that the wait times upon arrival for a medical appointment, especially doctor's appointments were too long. The following comment summarizes these concerns:

"Start the doctors running on time. If I have an appointment I shouldn't have to wait for an hour after that time to see a doctor."

The goal for the institution's student support system, especially our mental health service delivery system and should be easy, timely and stigma-free access to support, especially in times of personal crisis. We should be giving high priority to exploring in greater depth and with appropriate targeted assessment and research the student access to support and mental health services issue.

Diversity of the Student Body and Access to Mental Health Services

All four focus groups recognized the added complications related to access to services presented by our diverse student population and especially by those who are very far from home.

"We need to increase the access to support for international students. We are missing cultural differences in language and unique sensitivities." (Health Services)

"In order to increase access to services for some students we need to hire specific diversity staff. These staff could help train other staff as well as support students. Also, we need a Mandarin speaking counsellor or support staff." (OPD)

The internationalizing of uWaterloo student population provides special challenges to both student access to services and the delivery of mental health services. The following observation is supportive of these concerns:

"The acknowledgement or recognition of the symptoms of a mental illness may be difficult for a student from a country where depression is considered a moral weakness, and academic struggles to be a sign of laziness." (Fauman and Hopkinson, 2010, p. 250)

Curiously, there were very few (4) comments in the section of qualitative data from the student survey that was analyzed for this report reflecting concerns about cultural/language sensitivity. However, when the students were given the opportunity to "speak on behalf of uWaterloo students" and rank service delivery options that were "the most important to uWaterloo students", 86% indicated that "support services that are sensitive and user-friendly to a student's unique culture and language" were at least "somewhat important". It is noteworthy that 56% of the students indicated that culturally sensitive services were "very" to "extremely" important. Apparently, these issues are not very salient to students when asked open-ended questions probing for improvements to service delivery. The important issue of cultural and language sensitivity in the delivery of services becomes salient to students only when probed directly such as with a specific survey question. There may be real need to engage a fully representative group of our students in conversation concerning the issue of culturally sensitive service delivery. The goal of this dialogue and study would be enhancements to programs and services as well as enhanced access to same.

The voices of concern and advocacy regarding the complications of serving a culturally diverse population were heard the strongest in our interviews with staff. One of our professional staff passionately emphasized how far from home and without family and familiar social support many of our international students are. He pointed out that the stigma associated with mental health services encompasses both the client and the service provider. As this same professional suggested even the

words used to market and brand service (mental health/illness etc.) need to be examined carefully as a possible hindrance to accessing service.

One individual expressed his frustration regarding the issue with a rhetorical question:

“Where is our multi-cultural approach to a diverse client group?”

The question implores answers which are complex but which must be pursued with resources available through faculty, staff and students. The campus mental health team should provide leadership in this area.

Concerns Expressed by Students Related to “Customer Relations”

The term “customer relations” used in the analysis to refer to respondents’ comments that reflected their perception that when encountering staff (i.e., at reception and/or with professional staff) they were related to in a discourteous or disrespectful manner. There were concerns relating to all 3 service units in the qualitative data section of the student survey. For CS the number of concern statements associated with customer relations was 4%. For OPD the number was 12%. In the context of HS 12% of students’ statements of concern could be classified as customer relations in nature. All staff positions (i.e., front line, nurses, doctors and counsellors) across all three service delivery units received negative attention from some students. Importantly, to place this finding in context, all three services also received very articulate plaudits from the students. For instance, in the Health Services section 34% of all comments made were statements of appreciation. And even more to the point, some appreciation statements specifically contradicted the customer relations concern. It is our conjecture that it is relevant and appropriate to consider students’ apparent frustrations with wait times for counselling appointments and time awaiting the doctor at a visit to HS in the same context as these customer relations concerns. The variation in opinion apparent when students state their appreciation on the one hand and frustration on the other may very well reflect services received at different times of the year or term.

The Team concludes that at the least each unit should be placing special emphasis in an ongoing way to formally assessing these issues and determining, for instance, if there are ways of directly eliciting the patience and understanding of students at high demand times of the term.

Students with Mental Health Concerns in the OPD context: A Service Delivery Dilemma

The interview with the Director of the Office for Persons with Disabilities was informative in several important ways. She emphasized that OPD currently serves 380 students formally or diagnostically identified as having mental health issues. This may be the largest single group of students with significant mental health challenges served by any of the 3 wellness units. The Director states that “Students come with all of the diagnoses from clinical depression and PTSD to schizophrenia”. The primary mandate of OPD services outlined by the Director is “to support those who are identified or suspected of having learning challenges and to remove barriers” to their academic success and graduation. The largest single “barrier” removed is accommodating for identified students’ needs for special arrangements on exams. The Director relates that demand on her office and staff for exam accommodation has increased dramatically. In 2003 there were 3,000 exams accommodated compared with 9,000 in 2011. Another important awareness stemming from the interview, involves the role of OPD staff with students and the students’ probable view of that role. The students know their OPD contact as an “advisor” and according to the Director the “advisor” meets with the assigned students “throughout their whole university experience”. There have been comments made by individuals

consulted for this report expressing concern about the use of the term “counselling” associated with the advisor role at OPD services and speaking to their uneasiness that “non-credentialed” staff may be providing mental health services. The concern is expressed especially strongly regarding interventions that involve assessment of risk or managing mental health crises. A potential dilemma arises with important consequences for the welfare of students. The reader is invited to imagine the experience of the student receiving services at OPD. These students may perceive their OPD advisor as their primary source of assistance on campus. It may follow that these students will prefer to reach out to their OPD advisor in a crisis as their most trusted source of support and counsel. The crisis management and suicide prevention literature advocates training in risk assessment, initial support and referral strategy for the likely points of initial contact for those in acute distress. Certainly, the advisor role at OPD is a potential front line contact point for distressed students. Just as certainly, there is a potential for institutional liability associated with non-credentialed staff providing what undiscerning students could perceive as counselling from a qualified counsellor.

The challenge is to work with OPD and its staff with genuine respect for the importance of the advisor role in the support of those with mental health diagnoses while recognizing that the university should mandate that these students have very easy (i.e., immediate when necessary) access to qualified counselling and psychological/psychiatric services and assessment.

Staff Development and Education

The Team has identified two particular areas where attention should be given to staff development. The first is the area of crisis management and suicide prevention. In the foregoing section we alluded to the importance of strengthening the advisor role at OPD as a front line point of contact for their students when in crisis. Of course there are many other front line points of contact for the student in crisis. These front line interventions need to be consistent and cutting-edge across all 3 units and at other points of front line support at uWaterloo. The suicide prevention efforts led by the Director of CS and using the protocols and procedures of the QPR suicide prevention workshop should continue as a priority ongoing approach to developing the knowledge and skills of staff, faculty and students.

A further issue that we would suggest can be appropriately linked to staff development involves differences in perceptions concerning what constitutes best practice in psychotherapy and mental health interventions in general. One of our consultants, familiar with the campus mental health service delivery, but from outside the three wellness units offered the observation, corroborated by others, that two models or philosophies of service exist within CS and HS. This individual used the terms “humanistic perspective” (i.e., at CS) and “medical model” (i.e., at HS) to describe the potentially different paradigms of service delivery to students. This report is not the place for full discussion of the similarities and differences among, or the strengths and weakness of differing perspectives on mental health/illness. The EAB and Ontario College Health Association reports referenced earlier are two sources of confirmation that these differences of perspective pervade and confound the conversation about mental health service delivery in universities throughout North America. In fact, in our consultation, these differences in perspective have been identified as systemic barriers to smooth and seamless service delivery. The Project Team has concluded that the area of staff development can be a crucial point of collaborative effort among all of those staff, faculty and students who are dedicated to implementing the most effective approaches to mental health service delivery.

Furthermore, Health Services and Counselling Services especially should join in an ongoing collaborative effort to stay on top of best practice and to measuring in a continuous way the efficacy of their services.

Gaps in Services

Many individuals commented on gaps in mental health services or programs at uWaterloo in addition to advocacy in a general sense for enhancements to health promotion and prevention programming. Two of the staff focus groups and several of the interviews of key informants identified the need for substance abuse programs and related services. One professional staff expressed his anxiety about the potential ramifications of less than adequate alcohol abuse programs and services noting that “alcohol abuse is a huge factor in completed suicides”. The Director of HS supported the need for enhanced substance abuse programming making reference to programs that are available on campus but may be underutilized (e.g., “Drink Wise” and “Leave the Pack Behind”).

The OPD focus group gave priority to their concern about the lack of programming for students’ financial distress and stated their concern this way:

“Mental Health Services on the campus needs a financial services counsellor to help students with applications, regulations, and budgeting and help students deal with financial stresses that can be related to mental health stressors.”

One staff member strongly advocated for special consideration of students with Obsessive-Compulsive Disorder (OCD) since it was his observation that this problem is particularly prevalent and debilitating in the uWaterloo population with its focus on striving for academic excellence.

Others mentioned the particular need and special opportunities (i.e., collaborative opportunities between HS and CS) for eating disorder programs and services.

The students in our survey rating the aspects of university that are the most difficult for them implied the need for enhancements to programs and services related to time and stress management, sleep health, and academic anxiety.

Many identifiable groups have very unique needs for mental health programs and services. We should explore to a greater extent than we have been able to in this project whether there are particular groups that require very special consideration. Several in our consultation have identified the LGBT community as having special support needs. We have already addressed the pressing need to address international students as a group with unique concerns. Other groups who have unique concerns may include: university athletes, the mentally or physically challenged, students with Asperger’s Syndrome, mature or returning students and graduate students. Further assessment of these and other potential gaps in services at uWaterloo is warranted.

Staff Wellness and Care for the Caregiver

Many in our consultation in the focus groups and individual interviews shared their awareness and understanding that those providing the care in the “circle” are under tremendous, and the best evidence would suggest, ever increasing stress while they support our students. Counsellors, physicians, nurses, support staff, dons in the residence halls among many others have as their primary responsibility providing caring support for the academic and personal welfare of students. A career that involves the day-to-day caring for others who are sometimes in acute distress or crisis is uniquely difficult. We are very aware that our report may lead to enhanced expectations and potentially add further stress especially for our mental health service providers. The Project Team’s consultation has emphasized the need to enhance and reinforce the potential for mutual support among campus service providers. Our emphasis on increasing the intensity of collaboration among the service delivery units is meant as a means of reinforcing the service delivery system to students as well as increasing the potential for team

development and team support. We have heard appeals for more staff to assist with increasing workload but interestingly these requests were most frequent and strong from the student/client group. For instance, in the student survey 10% of the concern statements associated with access to Counselling Services made specific reference to and advocated for more counsellors. Similarly, 15% of students made specific reference to the need for more staff when commenting on access to services concerns at Health Services.

Germaine to the appropriate level of staffing is Gallagher's (2011) report cited earlier when he summarizes the data from 228 counselling services and notes "A full time counsellor whose primary responsibility is counselling, schedules, on average, 24 hours for one-on-one counselling, 5 hours for other direct services to students (group work, workshops, classroom talks etc.), and 11 hours for other tasks (staff meetings, supervision, clinical notes, contact with faculty/parents, staff development etc.)."

The spirit of what the team has in mind with reference to thoughtful understanding and support for our campus caregivers is captured best in words from the CS focus group.

"With regard to intake and client assignment, we should analyze and create a plan for continued increase in volume of student-clients. This would help us deal with staff burnout."

Examining procedures and protocols across the campus mental health service delivery system and collaboratively making appropriate adjustments and modifications can "help us deal with staff burnout".

Proactive Approaches a Priority: Prevention, Health Promotion and Early Intervention

The emphasis and advocacy for proactive, preventive and educational approaches to the mental health of students came through clearly and as a high priority in the focus group consultations. The following are representative of the staff's thoughts and feelings.

"We need to continue our proactive work based on the student development model. Our proactive work is at risk if crises continue to increase. We need to remember that "prevention" and "health promotion" are two important services too."

"We should educate the faculty and faculty support staff about what to do to help students including some emphasis on the awareness of what students are bringing from their home context and culture."

"The University needs more resources for proactive work in mental health (prevention), one staff per 30k students is not enough to do effective work."

Both Health Services and Counselling Services advocated not losing sight of the empowering force of self-knowledge and the importance of learning personal coping skills. The health promotion and educational approach may be especially suited to the academic community where the principal paradigm is learning and education.

The results of the student survey have important implications for health promotion and education programs. When uWaterloo students were asked to identify the stressors that are the most difficult for them, stressors that were ranked highest were ranked in the following descending order: managing time effectively, getting enough sleep, managing academics, managing anxiety related to academics, and managing life stressors.

When students were asked to “speak on behalf of students at uWaterloo”, and rate options for program and service delivery in terms of their “importance to uWaterloo students” “support during a personal crisis” “learning skills to help me manage depressed moods”, and “programs and advice to help me manage stress” were ranked the highest and were endorsed as “somewhat” to “extremely” important to uWaterloo students by over 93% of the students. It is noteworthy that students apparently recognize that crisis intervention and health promotion or education strategies rank together at the top of their list of important ways to support students with mental health concerns.

The above data provide clear guidance for choosing themes for health promotion programming related to mental health issues. It follows that the mental health and education programming include strategies and skills associated with managing depression, anxiety and particularly academic/performance anxiety, sleep health, time management and stress management. The Team is aware that excellent work is ongoing in this area at uWaterloo. However, our consultation suggests that as with other mental health programming on campus, mental health promotion and education programming could benefit from better coordination.

Two of the stressors that the uWaterloo students ranked as most difficult for them were getting enough sleep and managing anxiety related to academics. There is evidence that poor sleep health can contribute to lowered grades (e.g., Trockel, Barnes & Egget, 2000; Kelly, Kelly & Clanton, 2001; Gaultney, 2010) and test anxiety can have similarly negative effects (e.g., Cassady & Johnson, 2002; Chapell, Blanding, Silverstein et al., 2005). Importantly, focused clinical and educational interventions have been shown to be effective in assisting with sleep health concerns (e.g., Brown, Buboltz & Soper, 2006; Taylor & Roane, 2010) and test anxiety (e.g., Orbach & Grey, 2007; Nelson & Knight, 2010; Damer & Melendres, 2011). Our intent here is not to review the efficacy of interventions associated with mental health and academic success but rather to highlight that our students’ perceptions of what interferes with their academic success are corroborated by solid evidence-based research into these factors. Moreover, good intervention studies should be leading us to the best educational and clinical approaches to enhancing the personal and academic success of our students.

We suggest that a continuum of mental health services is the ideal and that includes programs and services aimed at empowering students with skills and encouraging help-seeking behaviours, thus strengthening their inherent resiliency.

But what are the contextual and environmental factors that students are challenged to cope with and that lead to “anxiety related to academics”? There seemed to be a solid recognition in our consultation that there are contextual factors for the student that can and should be assessed and “diagnosed” as well when “treating” student distress. As a relevant example, one focus group member urged our institution to consider giving all students, (i.e., not just those designated as having a disability) the opportunity for extended time on exams. His suggestion included the rationale that such an approach might ameliorate test anxiety for all students and eliminate the potential stigma of special privilege. It goes without saying that any changes to academic policy and procedures cannot be implemented without the full participation of uWaterloo faculty and administration. One of our key stakeholder respondents expressed this articulately when he advised us “not to forget the faculty as our fourth partner” in a search for collaborative associates. The Project Team suggests that the staff, faculty, and students engage in a campus-wide conversation on the very important matter of finding the specific and avoidable stressors in the campus and academic environment with special reference to academic assessment practices.

Gail McKean writing a background paper commissioned for the pre-conference to the recent Canadian Association of College and University Student Services conference (Student Mental Health: A Call to Action; June, 2011) and assembling the knowledge and research related to the current status of mental health services in universities states the following in the context of her conclusion:

“There is an increasing realization in the college/university sector that taking an approach to student mental health that primarily focuses on ‘treating’ individuals experiencing mental health problems is neither the most effective way to go nor is it sustainable in the long term.” (McKean, 2011)

Her conclusion rests on the need for a well-integrated full range of approaches to the well-being of university students including a focus on campus community development, empowerment of students through health promotion, prevention and best practices in mental health treatment.

In searching for a framework for planning and development she suggests an appropriate set of goals to base future transformation of campus mental health services for students. These are the goals of Mental Health Commission of Canada’s document *Toward Recovery and Well-being: A framework for mental health in Canada* (2009).

The seven goals for a transformed mental health system are:

1. People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.
2. Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.
3. The mental health system responds to the diverse needs of all people living in Canada.
4. The role of families in promoting well-being and providing care is recognized, and their needs are supported.
5. People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs.
6. Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.
7. People living with mental health problems and illnesses are fully included as valued members of society.

The Project Team suggests that these goals with their emphasis on diversity considerations, health promotion and prevention, inclusiveness, accessibility of services, and seamless integration of a full range of services are appropriate as a planning guide to the future transformation of mental health services in the uWaterloo campus community. We anticipate that the reader will find something of relevance to each of the seven goals within this document and particularly in the “Recommendations” section.

RECOMMENDATIONS

The recommendations in this report emerge primarily from our findings of our consultations with staff, faculty, and students. They are also informed by other sources of consultation and research on higher education in Canada and the United States. Importantly, our recommended actions have been vetted through a review team including the Directors of the three service units and other important stakeholders. Three fundamental themes or considerations have emerged from our consultations with campus stakeholders. Significantly, all stakeholders hold similar perspectives on these considerations as important priorities.

1. The pressing need for smoother working together of all mental health and support services on the uWaterloo campus(es).
2. Staff and particularly students' persuasive comments that there is a need for enhanced access to and availability of best practice mental health services.
3. The need to give special attention to prevention and early intervention regarding the distress of students.

The recommendations below are grounded in the three priorities. However, we also include ideas and proposals emerging from the whole review process that may have been stated from a minority position or discovered in sources other than this consultation. All recommendations complement an aspiration stated in the uWaterloo Sixth Decade Plan of a commitment to “the highest quality teaching, research, scholarship and services which support the academic enterprise and that the Institution will excel in service to students...providing “one-stop service to students where possible”.

Implementation Process

1. A group designated by the AP, Students will meet as soon as possible to determine steps in developing an implementation plan with specific goals, objectives and timelines for the recommendations in this report. While there is some urgency associated with, for instance, implementing organizational and congruent procedural changes, many of the following recommendations require some study. The University should consider using all available resources (e.g., academic departmental and faculty-based resources, uWaterloo's Centre for Mental Health Research, appropriate graduate programs at Wilfrid Laurier and uWaterloo) to study in depth some of the questions that our review raises.

Organizational Development

2. A new position should be created – Director, Campus Wellness (DCW) – that reports to the AP, Students and oversees all aspects of student wellness through the following direct reports:
 - Director, Counselling and Psychological Services (DCPS)
 - Director, Health Services (DHS)
 - Director, Wellness Education and Programs
 - Director, Wellness Administration
3. The DCW will establish a set of on-going face-to-face meetings of service providers to ensure appropriate communication and collaboration are maintained related to mental health service provision.

4. The DCPS will have responsibility for the full range of mental health supports on campus:
 - counselling psychotherapy
 - psychological, psychiatric, and psycho-educational assessment
 - development and management of programs for addictions and substance abuse support (The DCPS will develop and recommend implementation details)
 - collaboration with the DHS to ensure seamless delivery of service
 - adherence to administrative processes as assigned by the DCW or designate.
5. The DHS will have responsibility for medical services, including:
 - assessment and treatment provided by Physician contractors
 - clinical services provided by Nurses and Dieticians
 - Occupational Health services
 - collaboration with the DCPS to ensure seamless delivery of service
 - adherence to administrative processes as assigned by the DCW or designate.
6. The DCW will establish a working group to create a position description and set of key accountabilities for a Director, Wellness Administration, that has responsibility for:
 - “front desk staff” in all locations
 - scheduling
 - records management/oversight
 - billing
7. The DCW will establish a working group to create a position description and set of accountabilities for a Director, Wellness Education and Programs, that has responsibility for:
 - increasing overall student health through strategic development of educational tools
 - program development
 - program delivery
8. The Office for Persons with Disabilities Department will evolve to an Accessibility and Accommodations Office.
9. The Accessibility and Accommodations Office should be shifted to the Office of Student Success, with the head of this area reporting to Director, Student Success.
10. The Director, OPD and the Director, Student Success Office, will recommend and document a process for:
 - receiving referrals from Counselling and Psychological Services/Health Services
 - referring to Counselling and Psychological Services/Health Services students who present potential mental health issues
 - creating protocols to ensure students with potential/diagnosed mental health issues are referred to and supported by appropriate (credentialed) professionals in (or approved by) the Counselling and Psychological Services area
11. The Director, OPD, with the Director, Student Success Office will prepare and recommend a model for providing support to faculty/staff through a satellite model.
12. The DCPS will be primarily located in the Health Services building.

13. The DCPS will create a satellite operation in the Health Services building, with the following services located there:
 - intake for students with mental health concerns
 - assessment
 - psychological intervention
 - crisis intervention
14. The AP, Students will initiate a review of all wellness related committees and determine an overarching committee structure that promotes campus-wide engagement in supporting mental health of students.
15. The DCPS together with appropriate faculty and/or administrative staff will establish and implement a campus-wide role of Coordinator for Training and Supervision of Masters and PhD students from Psychology and Social Work programs. This project will be coordinated with the Centre for Mental Health Research (CMHR). This plan will mandate ongoing staff development with a purpose of ensuring that uWaterloo students are receiving best practice mental health support and treatment.

Operational and Procedural

16. The DCW will work with the DCPS to establish the appropriate distribution of the DCPS's time across her/his various responsibilities.
17. The DHS and DCPS will research and establish a means to hire a psychiatrist into a regular, on-going staff position in the most cost-effective manner possible.
18. The DHS and DCPS will develop and implement a model of service delivery that:
 - is student-centered
 - is integrated and seamless
 - is based on best clinical practice and research
 - is evaluated formally and regularly with both staff and student input in terms of its effectiveness in meeting stated objectives (e.g., regarding accessibility, ease of student use, effectiveness in terms of assessing students at risk etc.)
19. The DCW will develop a public health approach to address mental health on campus, with the goal of establishing a community that is designed to prevent mental health problems and suicide and to promote mental health for all members of the University population (students, staff, and faculty).

20. The DCPS, with the DHS will develop and implement an intake and triage system for mental health needs that:
- is a single coherent system integrated across Counselling and Psychological Services, Health Services and the Accessibility and Accommodations Office
 - is able to discern appropriately and accurately level of risk of harm of presenting students
 - uses identical intake interview and assessment of risk paperwork in all intake settings and by all staff doing intake-triage
 - is coordinated with Health Services intake and triage processes,
 - is easily accessible to all students, staff and faculty
 - is based on best clinical practice and research
 - is student user-friendly and timely to students' needs
 - is evaluated formally and regularly with both staff and student input in terms of its effectiveness in meeting stated objectives (e.g., regarding accessibility, ease of student use, effectiveness in terms of assessing students at risk etc.)
21. The DCPS will review the existing approach to managing students who are in crisis (i.e., especially, those students assessed as at risk of suicide) in all units and across the campus community. Based on this review, the DCPS will develop and implement an approach to responding to these students at risk that at all times makes available immediate attention (especially at the three wellness units) by qualified clinical responders. For instance, and specifically at Health Services when a student is identified as at risk of suicide there will at all times be mental health staff available to support physicians and nurses who have identified such students during their general health care interviews. Similar procedures and processes should be in place in all relevant units of service including, for instance the student residences.
22. The DCW will assess/evaluate student needs, opinions and satisfaction with respect to mental health related services by identifying and creating a cross-functional working group to guide this work. The group will:
- review all current methods and instruments
 - make recommendations regarding the coordination and management of these student assessment functions
 - consider recommending the ongoing and/or periodic use at uWaterloo of appropriate standardized instruments with a focus on health, student mental health, and wellness (e.g., the ACHA-NCHA Survey)
23. The DCPS will address the access to and provision of psychological and psycho-educational assessment on campus with a view to establishing efficient and cost effective referral processes and services for students. The Director will specifically address the role and function of the Mobile Assessment Team (MAT) in the provision of these services and whether this MAT service can be delivered in the campus context by appropriately certified psychologists.

Prevention and Health Promotion

24. The DCW will ensure the existence of interventions (i.e. policies, practices, services) concerned with mental health promotion, the prevention of mental health problems and illnesses, treatment, and maintenance/accommodation.

25. To ensure maximum support for students, the DCW will review (and make subsequent recommendations regarding) all notifications to students related to a negative academic status. To do so, the Director will strike a task force that includes the following as well as others as appropriate:
 - Director, Counselling and Psychological Services
 - Director, Health Services
 - Director, Student Success (or designate)
 - Registrar (or designate)
 - an Associate Dean, Undergraduate Studies (as designated by the Undergraduate Operations Committee)
26. The DCW will oversee the development of processes to identify risk and protective factors on individual, interpersonal, institutional, and community/societal levels associated with mental health, suicide, and mental health problems/disorders on campus.
27. The student survey conducted as part of this review will be reviewed by the DCW and the working group. The results of the student survey will be used to inform campus mental health programs and services and health promotion programs. For example, specific consideration will be given to the finding in the study that a significant number of students experience anxiety associated with academics (e.g., test and performance anxiety), have unhealthy sleep behaviours that interfere with academic success, or have concerns associated with overuse of internet or computer games.
28. With the goal of no waiting list for student mental health services the DCPS will develop and implement a psychological skills-based “stress management” group for students who are given the opportunity at intake to participate while waiting for (or as a chosen replacement for) individual psychotherapy.
29. Residency rotations will be offered to senior trainees in psychiatry and adolescent psychiatry.

Review and Development

30. The AP, Students will initiate a review of all academic support programs currently offered by HS, CS and OPD in an effort to determine:
 - what programs should be continued
 - what, if any, programs should be altered
 - what, if any, programs should be discontinued
 - who should be responsible for program delivery
 - what, if any, additional resources are required to effectively deliver programs
31. The DCW in collaboration with the DHS, the DCPS and other campus stakeholders and Grand River Hospital will review and evaluate policies and procedures related to the transportation to hospital for students when in a risk of harm crisis.
32. The DCW in collaboration with the DHS, the DCPS and other campus stakeholders and GRH will review and evaluate policies and procedures related to students’ return from hospital.
33. The DCW will initiate a review of existing practices related to campus emergency response and recommend changes, if required.

34. The DCW will establish a working stakeholder group tasked with determining the special concerns related to mental health and mental health services of international students. It is recommended that the group have latitude to determine its scope of work, but will necessarily include examination of the stigma around mental health. The possibilities for study and research in this area could include inviting participation of the uWaterloo CMHR and other appropriate researchers (e.g., Wilfrid Laurier's Community Psychology Ph.D. Program) to conduct community-based action research initiatives at the uWaterloo campus. These initiatives would focus on the cultural underpinnings of the stigma associated with reaching out for mental health support. Students could help identify the extant social support in their various communities and could provide advice for preventing suicide, for example.
35. The DCW will work with the Director, Co-operative Education and Career Services to identify and assess the special mental health service delivery needs of students who are on co-op placement.
36. The DCPS, in collaboration with the DHS, will develop and implement comprehensive uWaterloo-based substance abuse programs and services. This could be accomplished through the mechanism of a task force similar in scope and process to this review.
37. With the goal of no waiting list for student mental health services the DCPS will undertake a review to establish standards regarding how staff time can be used most efficiently, effectively and with consideration for staff stress levels. The review will include assessing the wait times for initial and subsequent appointments, the number of appointments available to students and the wait times for students who perceive that they are in crisis. This study will use industry standard benchmarks wherever possible, and will include the Director, counsellors and administrative staff.
38. The DHS will review the students' wait times when in the Health Services clinic awaiting the attention of a physician or nurse and implement appropriate changes required for improvement.
39. The DCPS, in collaboration with the DHS, will establish a working group with the purpose of integrating and rendering into an appropriate electronic form the records of students who are served by Health Services and Counselling and Psychological Services.
40. The DCPS will create a staff development plan with an outcome of implementing the best evidence-based mental health interventions including consideration of psychotherapeutic, psycho-pharmacological , and psycho-educational interventions. This plan will mandate ongoing staff development with a purpose of ensuring that uWaterloo students are receiving best practice mental health support and treatment and it will be coordinated with uWaterloo's Center for Mental Health Research (CMHR).
41. The DCPS will establish and implement practicums/internships for:
 - counselling/psychotherapy (psychology and social work)
 - psychological assessment (psychology)
 - community development (social work and community psychology)
42. The DCPS will develop the means to offer paid Canadian Psychological Association (CPA) accredited internships for post-doctoral psychology trainees.

43. The DCPS will explore the possibility of non-counselling/psychotherapy practicum placements for Bachelor of Social Work students from the School of Social Work at Renison University College.
44. With the goal of increasing student access to services and recognizing that significant numbers of students may lack adequate awareness of campus services the DCW will undertake a review to determine best practices of marketing and communicating programs/services and supports to the uWaterloo community. This review will include consideration of the following:
 - web-based resources
 - social media
 - a public health approach to wellness and the mental health of students, staff and faculty
 - consideration of integrating into service provision web-based tools for self-assessment
45. The DCW will review current practices around students “exiting” the uWaterloo support system and recommend revised processes to ensure effective “hand-off” to external supports.
46. The DCW will review the relationship that the campus mental health service system has with faculty and administration. This review will include assessing and making recommendations related to:
 - education of faculty and administration related to student mental health concerns
 - feasible ways of engaging faculty and administration in ongoing exploration of the ways in which the campus community can be an asset in protecting students from mental health crises
 - feasible ways in which this important partnership can be sustained in the interest of the welfare and success of uWaterloo students
47. The DCW will work with the DHS, the DCPS and the Director of the Accessibility Accommodations Office to establish a plan for the institution of “case management functions” on campus. A case management approach to students may be utilized for students when the most efficient and effective approach to service delivery is an emphasis on co-ordination among service providers.

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