

# President's Advisory Committee on Student Mental Health (PAC- SMH) **Student Services Panel**

FINAL REPORT

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PAC-SMH – Student Services Panel

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## 1. Executive Summary

Following the initial introduction to the President's Advisory Council – Student Mental Health, the Student Services Panel reconvened to determine its approach to the mandated questions. Working groups were assigned to address each question, and an analysis was conducted to identify: a) what peer services/programs currently exist on campus, b) what digital resources were promoted, and c) what literature exists on this topic and what work other institutions are doing on the topic of Student Mental Health.

An online survey was distributed to student-focused services to understand what additional supports were being requested by staff, and to better understand what level of training the peer volunteers should receive on mental health. Informational interviews were conducted with Student Services representatives to identify their level of understanding with the mandated questions. A focus group was held with undergraduate students to learn if and how they feel supported by Student Services regarding their mental health.

The participants of the Student focus group identified reasons they believed mental health services were used on campus (i.e. transition, intensity of program, identity, etc.) and what services they viewed as contributing to their well-being. They also shared their experiences with formal and informal mental health services around campus and in the community. Students suggested many preferences regarding how mental health messages are shared with them.

An increased need for training was a common theme that emerged during staff conversations. A challenge they frequently face is knowing what training and resources are available to them and to students. Staff indicated that there should be mandated training that is in relation to their specific roles and to have one point of contact mediating the referrals to students. While Counselling Services does offer mental health training to staff, Counselling Services is primarily funded for student programming; its offerings for staff are limited. In terms of student training, the Peer Mentorship Coordinator provides support to the variety of peer-to-peer groups on campus. Their role manages and supports the Peer Mentorship Training program.

Specific mental health training is not included in these modules but there are related topics that help support the wellbeing of a student (i.e. students are directed to Counselling Services for further resources, if required). Additionally, peers are referred to SafeTalk or More Feet on the Ground for further mental health training. Since Peer Mentorship Training is not mandatory, the level of specific mental health training varies across peer groups, often depending on their target audience.

The University of Waterloo has not always clearly communicated its commitment to care and compassion. A community development model is recommended to encourage a more upstream approach. Student mental health should be considered in future

decision making, policy creation and process development. Moreover, it has been determined that having a common definition of what “resiliency” and “failure” means to the university as a whole would help provide a framework for how student services function. Through analysis of space on campus, it is evident that there is a continued demand to consider combining locations with the needs of the students, particularly making sure there is space for each student in areas of academic study, social support, and fitness.

Overall, Student Services collaborate well together but there is room for further integration, particularly in the need for single point of contact, as can be seen throughout the recommendations of the panel. Four main recommendations are offered by this Panel for the PAC-SMH’s consideration.

Significantly, in reviewing other Panels’ recommendations, it is our understanding that common themes with the Student Services Panel include: clearer processes and accountability; multiple accesses to mental health support services (every door is the right door); enhanced coordination amongst services; a culture of competition vs. compassion; enhanced training for staff and faculty; review of academic programming; enhanced awareness/education and communication on mental health.

## **2. Overview of Panel Mandate**

Mandate: to examine how student support services work together and whether more cross campus training is needed.

- How well are student services working together to provide a comprehensive mental health response? (e.g. Housing, Campus Wellness, Student Success Office, AccessAbility, Athletics, Academic Advising)
- How integrated are peer-to-peer services? (e.g. UW MATES and Campus Response Team)
- What additional supports are needed to ensure an adequate level of mental health awareness across student services?
- How do we encourage investments in wellness/recreational space and programming?
- What additional training can be beneficial?
- How can student services empower students to be more resilient and overcome failure?

During the initial meetings of the panel, it was determined that all of the mandate questions resonated with the group and should be addressed. Rather than responding to the questions all together as a group, the panel took the approach of breaking into six working groups that were then responsible for researching and making recommendations for each mandate question. Panel members were encouraged to

provide feedback or suggestions for each mandate question, even if they were not part of that working group.

### **3. Methodology**

To address the mandate questions, one of the primary focus areas of this panel was to determine the current and future state of student services on campus in order to facilitate a gap analysis. As a starting point, an inventory of existing peer services and programs at the University of Waterloo was conducted through a digital scan of university service, department, and faculty websites and Facebook. This inventory was supplemented with the expertise of the Coordinator, Peer Mentorship program within the Student Success Office. To determine the existing initiatives of other institutions, an environmental scan of relevant mental health initiatives in other Canadian universities and colleges was completed. A brief review of existing literature within social science databases and grey literature sources took place where gaps in the environmental scan existed.

Each Working Group used quantitative and/or qualitative data collection methods to address its respective mandate question. An online survey was used to determine what mental health training is currently offered and what training staff would like to see implemented. Responses were collected from over 20 student focused services (e.g. Student Success Office, AccessAbility Services, Counselling Services, Student Union services, etc.). Survey questions aimed to further understand what additional supports are needed to ensure an adequate level of mental health awareness across student services, including the training peer volunteers receive.

Qualitative data collection methods included interviews and a focus group. Semi-structured interviews were also conducted with key informants from the University of Waterloo. A semi-structured interview format was used to allow for respondents to answer in detail, and have an opportunity to clarify their responses (Neuman, 2011). Interview questions addressed mental health awareness, training, resiliency, recreational spaces, and a comprehensive mental health response. One focus group was conducted with undergraduate students by the Student Success Office. Students were asked 13 questions to further understand student perspectives and knowledge about mental health services (on and off campus), the need for additional mental health services on campus and how information about services should be shared with students.

The following groups / stakeholders were consulted:

- AccessAbility Services
- Arts Undergraduate Office
- Athletics and Recreation
- Campus Wellness, including Counselling Services

- Centre for Career Action
- Environmental Undergraduate Office
- Food Services
- Housing and Residences
- Institutional Analysis and Planning
- Math Undergraduate Office
- Organizational Human Development
- Occupational Health
- Retail Services
- Safety Office
- Science Undergraduate Office
- Space Planning (Office of the Associate Provost, Resources)
- Student Success Office
- Undergraduate students

#### **4. Observations / Findings**

The observations and findings below are outlined below in seven areas:

- Student Perspectives, Knowledge, and Use of Mental Health Services
- Sharing Information with Students
- Mental Health Training for Staff and Students
- Access to Mental Health Services
- Peer Services
- Resiliency
- Recreational and Wellness Spaces

##### ***Student Perspectives, Knowledge, and Use of Mental Health Services***

Focus group participants indicated that mental health services were used for: first-year transition stresses, intensity of program, financial problems, balancing co-op and school, lack of belonging, high academic expectations, issues specific to being an international student, relationship problems, gender identity and sexual orientation, chronic mental illness, personal struggles and uncertainty in the person's life.

Students indicated that they sought formal and informal mental health services. Formal services included receiving immediate interventions with Counselling Services on campus, but described experiencing difficulties obtaining ongoing help. Students had also described using off-campus resources as wait times on campus were indicated to be too long. Informal mental health services included talking to a friend or asking a university employee, professor or advisor they trusted. However, not all of these individuals were trained in mental first aid.

The following services were also indicated as helpful in maintaining well-being: gym facilities, therapy dogs, campus events, peer-to-peer counselling programs, Federation of Students' programs and services (including those run by Faculty Student Societies), faculty mentorship programs, Health Services, Counselling Services, AccessAbility Services, Student Success Office and Good to Talk.

### ***Sharing Information with Students***

Students indicated that messages about mental health should be shared during the first week of the term, co-op applications, midterms, finals and during the holidays. There were also concerns about the stigma surrounding mental health, and about the exposure aspects of approaching such programs in front of others.

The following communication ideas were shared by focus group participants:

- Increasing the number of booths by the services in the Student Life Centre marketplace
- Listing services on LEARN (since every student accesses it on a regular basis)
- Having professors participate in the conversation more. For example, professors wear orange shirts during Mental Health Wellness Day, but some professors address their students awkwardly. It would be beneficial to have professors actively bring up mental health every few weeks in their class, rather than once a year.
- Displaying University of Waterloo stickers with help numbers and resources on each computer
- Including resources on the back of the WatCard: Good2Talk, Counselling Services
- Sending out emails with formatting to ensure each student is addressed by name, rather than a generic format

### ***Mental Health Training for Staff and Students***

From the staff perspective, a strong emphasis on the need for increased training was pervasive throughout all consultations. Over 76% of survey respondents stated that they had dealt with a student on some level who had expressed a mental health concern; approximately 50% felt that they have not received enough mental health training in their role; 41% felt that they knew where to refer a student with a mental health concern; and 87% indicated that they felt mental health training should be mandatory. This information demonstrates that the current challenge is a lack of knowledge around what training is currently offered, what resources are available on campus for staff to refer students, and that mandatory staff training needs to be improved.

Identifying these challenges creates an opportunity for a review of onboard training for staff, and new mandatory training options. This allows for a better understanding across departments regarding to mental health awareness and response, as well as the need

for consistent referrals and messaging when communicating with students regarding what is available to help them on campus should a mental health concern arise.

Consultations with staff also indicated that training should be mandated at a content level that matches specific roles, and effective communication of why staff are receiving certain training (versus other) would potentially alleviate the anxiety of staff who feel they need to (or should be doing) more. Some units have activated their own response through assigning/creating internal unit roles with specific accountabilities to share key mental health information (i.e. schedule of training, new initiatives, key pieces of research/messaging) to ensure their unit was up-to-date. (The WLU Blue Book initiative for staff was noted as an example). Most units where there are advisors, counsellors, coaches or customer service roles, indicated a strong desire for one point-of-contact to help triage their requests/collect information in a rapid way (on-call resource for non-urgent needs, sharing of resources, etc.). The Student Success Office Community of Advisors were identified as a key group for connecting with students.

Counselling Services currently offers a variety of mental health training options to students, faculty and staff. Training is mostly accessed by students, peer leaders, and staff; with fewer faculty members attending compared to the other groups. Most training is accessed based on personal interest, however some are referred by their department to take the training (such as Teaching Assistants, Residence Life Dons and specific staff departments).

Most training options are run by facilitators within Counselling Services (with the exception of two other staff members who are trained in Mental Health First Aid and SafeTalk). However, there is limited capacity among Counselling Services staff to provide a variety of training while also managing the increased number of students requiring their services. Since certification is required for almost all training sessions offered for Mental Health Education, and Campus Wellness/Counselling Services are the only departments who would be able to offer such training at this time, there is limited availability and scheduling regular training is difficult. Training sessions are normally scheduled to take place once a month, however if a training group of 30 or more people (from one department, for example) sign up, this will take the monthly slot, and there are not enough facilitators to add additional training courses within the same month.

### ***Access to Mental Health Services***

The immediacy of care for students can vary due to inconsistent reception at Health and Counselling Services. Although students in emotional distress were identified easily and early in a variety of settings (Undergraduate Offices, SSO, AccessAbility appointments, various residential settings, student employment settings), access to Counselling and/or Health Services may not be provided depending on timing, circumstances, and

sometimes perceived mood of staff and caregivers. For students in crisis, this gap in service provision can result in not having their mental health needs met.

Without an institutional mental health framework in place, the commitment to care and a culture of compassion has not been clearly articulated by the University of Waterloo. A service delivery model where students are identified in crisis, provided a reactive response to intake/professional care, and offered a resolution has limited capacity. A community development model encourages a more upstream approach, where mental health is built into policies, decision-making, and processes.

The community development model can shift academic culture towards success, compassion, and collaboration between different units. Adjusting the time of day when assignments are due, addressing competing interests of course material and intellectual property rights, adjusting co-op expectations during new student recruitment to align messages with reasonable co-op outcomes, and student accommodation were a few suggested examples of change.

### ***Peer Services***

There is currently a Peer Mentorship Coordinator within the Student Success Office (Catherine Chan). This full-time permanent role is responsible for the training and support of peer-to-peer groups on campus. Catherine's inventory identified 65 peer-to-peer groups on campus, which differed from the panel's findings of 33 active peer-to-peer groups within their digital scan. Catherine is currently working with one third of these groups, and that the other two thirds were likely not aware of her role or were coordinated intermittently without the support/direction of a full-time staff person to help administer the program.

Part of the Peer Mentorship Coordinator's role is the management and facilitation of the Peer Mentorship Training program. The Peer Mentorship Training program consists of four modules, offered over a 1 day (6 hour period):

- Mentoring Relationships
- Resources: Being, Referring and Seeking
- Effective Communication in Your Relationships
- University of Waterloo's Principles of Inclusivity

While the training does not include specific mental health training, participants in Peer Mentorship Training are referred to SafeTalk or More Feet on the Ground for additional mental health training.

## ***Resiliency***

There are a number of programs and resources available on campus to students that are meant to help build upon their skills, providing a safe place to talk or get help and many programs that help to build community. These include but are not limited to: the Peer Health Educators teams including, Burst Your Bubble, Healthy Minds, Stand Up to Stigma; Counseling Services' Coping Skills workshops; MATES program; Student Success Office workshops; the services offered by the Federation of Students / Societies; programs offered through Housing and Residences; Athletics and Recreation programs, as well as programs run within each faculty. Transitional programs (Faculty 101 Days and Orientation) for incoming students have worked to build growth mindset into the programming and messaging to students and their parents and families.

While the words “resilience” and “failure” are being used more frequently, there is no clear, shared definition of what they mean for everyone at the University of Waterloo, including an acknowledgment that most students cannot understand how to cope with failure until they live the experience.

The *size of the campus* and *decentralization* of student services are the predominant barriers for students to recognize services and support structures available to them and for staff to be able to promote the broad spectrum of options to students that they are unaware of. Despite these cross-campus efforts, there is room for improvement in order to help students be more resilient and successful, both in their health and their studies.

## ***Recreational and Wellness Spaces***

There is an opportunity to encourage mental wellness by aligning space planning with the broader campus wellness strategy and designing built environments that are supportive of mental health. The Student Life Centre/Physical Activities Complex (SLC/PAC) Expansion Project demonstrates an institutional response to addressing the need for more social, study, dining, and recreation space (University of Waterloo, n.d.). The process used to secure investment for this project engaged the following stakeholder groups:

- Federation of Students (Feds) and the Graduate Student Association (GSA): Engaging the larger student population through student unions led to a passed referendum, and input into space features for meeting, dining, studying, and lounging.
- b.University of Waterloo Administration: There was demonstrated alignment with the 2018 Goals/Objectives listed in the Strategic Plan Theme of the “Vibrant Student Experience” (University of Waterloo, n.d.).
- Donors and Alumni: Communicating with alumni and stewarding donors with a case for support was facilitated with messaging around the rationale of the existing priority and investments that had already been made.

Despite existing investments in expanding space on campus, there remains a gap in meeting the capacity demands for all students according to industry metrics (e.g. the square footage required for study and fitness for each student). Using this three-pronged approach for stakeholder buy-in, as well as demonstrating the impact of initial investments in recreational space on student mental wellness, can enable future space investments on campus.

## **5. Analysis**

### ***Mental Health Training for Staff and Students***

The panel identified a consistent theme of staff desire for greater mental health training. Staff felt ill-equipped to assist or refer students to the appropriate parties or resources across campus when a mental health concern was presented. They also felt as though identifying a mental health concern may be difficult, or may go unnoticed due to lack of training.

Many departments on campus are willing to work together to create a plan for mandatory online or in-person training for staff (e.g. Organizational and Human Development, Safety Office, Counselling Services, and Occupational Health). There was agreement to leveraging the current online training program “More Feet on the Ground” as an initial mandatory training program for all student service staff. A roll out of more in-depth training such as Mental Health First Aid and Question, Persuade, Refer (QPR) could subsequently take place for specific staff who would like additional training in these areas to support their department. There was a suggestion for all staff to take the online general training, and a small number of staff from each department to be trained in Mental Health First Aid or QPR. The individuals with a greater level of competency would be “Mental Health Ambassadors” that could triage crisis situations, and provide more specialized advice for staff who may need assistance or direction.

### ***Consistent Messaging for Addressing Mental Health***

There is a lack of consistent messaging for addressing mental health issues or referrals for students. This gap may result in students being referred to various departments before their issue is addressed, or students not being communicated to about their mental health concerns if the department has had little or no training on mental health responses.

An example of where mental health training would be beneficial for consistent messaging would be within the Registrar’s Office when students are petitioning a term. If the student’s petition is denied, there currently is no mention of resources available to help students cope with potential mental health concerns that may arise or be exacerbated due to the decision regarding their petition (even if mental health concerns were addressed within their petition documentation). It would be beneficial for all departments who deal with sensitive subjects to have consistent messaging when

communicating sensitive or potentially negative information to students, and to proactively offer assistance.

### **Access to Mental Health Services**

Students experience challenges accessing mental health services and information due to a lack of integration of care. Student services work well together, but there is room for significant integration and optimization of services. It may be necessary to consider a significant paradigm shift in the care of student mental health from a service delivery model to a community development model. The latter would triage needs according to those units most suited to meet them (e.g. need for connectedness by Housing; need for counselling by Counselling Services), thereby optimizing all of our resources and more importantly building a stronger sense of community and common purpose at the University of Waterloo.

A systemic approach for enhancing and maintaining the mental health of community members will require a framework that enables a comprehensive mental health response. The University of Waterloo has an opportunity to leverage the framework for post-secondary student mental health by the Canadian Association of College and University Student Services (CACUSS) and Canadian Mental Health Association (CMHA) (2013). This strategy would align with Simon Fraser University's Healthy Campus Community initiative and the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges.

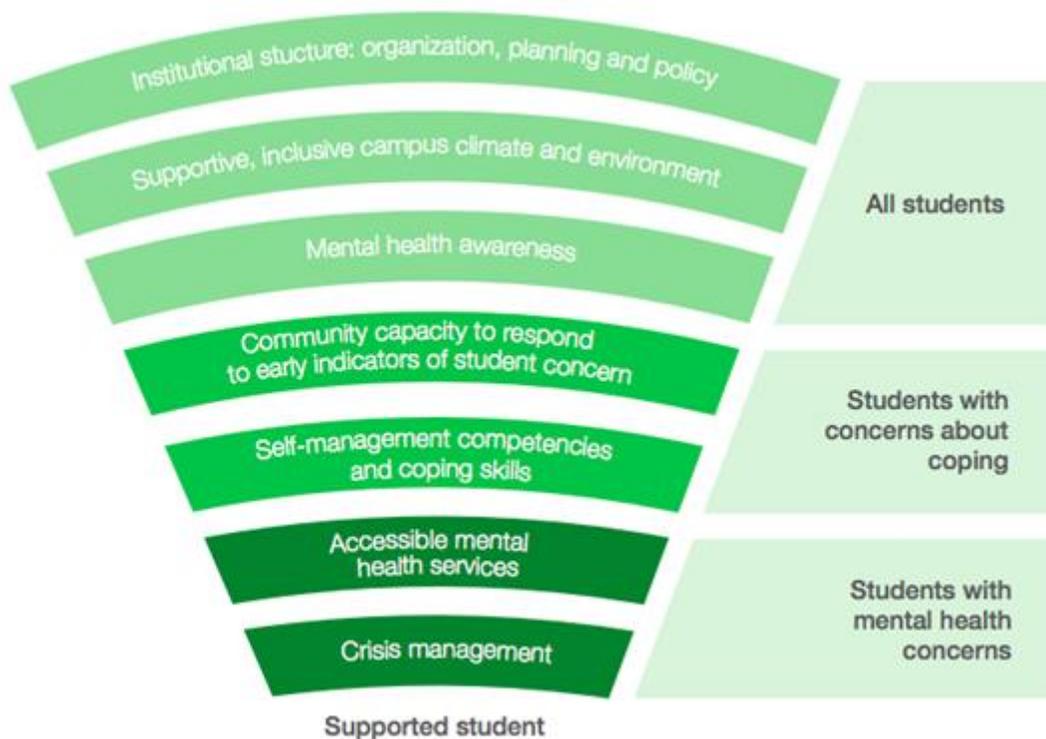


Figure 1: Framework for Student Mental Health, CACUSS and CMHA, 2013.

## **Peer Services**

There are two distinct types of peer-to-peer groups on campus: (1) Groups that have department/service/faculty support, often with paid coordinator positions; and (2) Grassroots peer-led initiatives, driven and facilitated entirely by students. When discussing collaboration, unified training, consistent expectations and support, this report primarily considers the former of these two groups.

Twelve (12) out of the thirty-three (33) contacted groups responded to the panel's questions. All of the groups commented that they had very little contact or opportunities to collaborate with other groups on campus, but that they would be interested in doing so in the future although it is unclear on what topics/themes they should be collaborating. The Student Success Office is considering a peer mentorship "Community of Practice" to help identify existing support, resources, and staff available for peer mentorship and peer-to-peer programs.

There appear to be strong partnerships between some peer-to-peer groups and the Student Success Office, as the support and training available by the Student Success Office is substantial. However, there is a lack of awareness regarding what is offered by the Student Success Office, and it is not clear how to most effectively share this information with all peer-to-peer groups. There may also be peer-to-peer groups with similar objectives; groups may be replicating existing resources without tapping into what is already available.

Further, volunteers with each of the peer-to-peer groups all receive varying degrees of training in providing mental health resources to campus. Of the 12 groups the panel connected with, all identified sharing hard-copy resources, such as brochures or pamphlets, with students.

## **Resiliency**

There were varying interpretations of resilience. The University of British Columbia uses the American Psychological Association's guide, *The Road to Resilience* definition: *Resilience is the process of adapting well in the face of adversity, trauma, tragedy and other significant sources of stress... Having strong resiliency skills doesn't remove challenging or distressed feelings altogether, but rather can help reduce the time it takes to return to 'normal' everyday functioning. Luckily, resilience involves behaviours, thoughts, actions and skills that can be learned and developed.*" When researching further into how resilience was defined, "The 7 Cs: The Essential Building Blocks of Resilience" provided an outline to consider when looking at what resiliency could mean on the University of Waterloo campus and the resulting education for staff, faculty and students.

Higher education institutions are determining long-term programs that can help students build skills in relation to resilience, and not just looking at overcoming academic failure. Great West Life's Centre for Mental Health in the Workplace has created a plan for Resilience, with a recently launched student version. This plan has students analyze the different areas they may feel negative stressors exist in their health, family, relationships, finances and academics. They are then helped to understand the impact of these stressors, followed by developing strategies to employ when they are aware of the early warning signs of these stressors. Similarly, Ryerson University has developed a curriculum for their new students to go through with the intent to "to help students feel a sense of support on campus, to better appreciate the connections between academic success and other elements of a healthy lifestyle, and, primarily, to help students develop capacities for well-being that will serve them throughout their lives" (Ryerson University, 2017). Students receive a workbook with weekly exercises and program options. Since the program is still in its infancy, the long term impact has not yet been evaluated.

### ***Recreational and Wellness Spaces***

There are a growing number of Canadian universities that have recognized that physical space and the built environment have an impact on the health and mental health of those who use the facilities. One notable example includes Simon Fraser University's (Burnaby, British Columbia) principles for enhancing well-being through physical spaces (Simon Fraser University, 2014). These principles were developed as part of SFU's Healthy Campus Community initiative, and include the following design guidelines for well-being:

- provide opportunities for social connection and collaboration;
- enhance access and connection to nature;
- provide flexibility and adaptability;
- support and promote healthy living;
- enhance physical and mental comfort;
- ensure inclusion and appreciation of diversity;
- and align with SFU's sustainability goals.

It is therefore important to explore how wellness and recreational space/programming contribute to student mental health at the University of Waterloo. Understanding the impact of the built environment on students will help higher education administrators, instructors, and staff explore strategies on how to encourage investment in space design.

It is noteworthy that UW's Feds has developed Policy 31 on Student Space which was recently updated to be consistent with Ontario University Student Alliance (OUSA).

## **6. Recommendations**

Based on the observations and analysis of the Student Services Panel, the following four recommendations were developed to address student mental health at the University of Waterloo; one or more includes sub-areas. These recommendations are intended to align with those developed by the other President Advisory Committee – Student Mental Health panels.

***Recommendation #1: Establish a Student Mental Health Collaborative Body***

**a. Create a Student Mental Health collaborative body to operationalize the university initiative on student mental health.**

The mandate of the collaborative body should be established at the senior administration level (e.g. Executive Council), and leverage the expertise of direct service providers, managers, and student leaders for implementation considerations. The collaborative body's mandate should aim to answer questions regarding service availability, direct service provider practice, mental health metrics, and incident report follow-up. A clear escalation and reporting path should be outlined and communicated, such that anyone on campus would know, within the scope of their responsibilities, how to report and address a concern, an event or an incident, and how to escalate it to the next level, if necessary.

**b. Develop a coordinated, university-wide framework for mental health, which fits into a greater Campus Wellness Strategy.**

The University of Waterloo should develop an institutional framework for mental health that enables data-gathering and reporting for self-reported needs/perspectives on mental health, incidents of mental health crisis, and mental health service access. Existing frameworks from other higher education institutions (e.g. Simon Fraser University, University of Calgary, etc.) should be leveraged. There should be shared aspirations across campus that include health equity principles, and considerations for vulnerable groups such as international students. A Campus Wellness Strategy should incorporate dimensions of wellness beyond, but contributing to, mental health. For example, a mind, body, spirit approach.

*Recommendation #2: Increase Mental Health Training and Support for University of Waterloo staff*

**a. Provide online mandatory training for all staff (student service related or otherwise) through the Human Resources portal (myHRinfo).**

Incorporating mandatory mental health training for all current staff and faculty, and the on-boarding of faculty and staff through the Human Resources portal could enable baseline knowledge development. Similar to the required training for Workplace Hazardous Materials Information System (WHMIS) and workplace harassment, this platform can provide training in an accessible format and ensure that staff have completed the training online. The “More Feet on the Ground” online training program can be leveraged, and adapted with the assistance of Information Systems and Technology.

Further research is required to determine what type of training is required by role, as some of the broader information people required directly relates to students’ mental health but is not ‘typical’ mental health training (e.g. cultural competency training for interactions with students; messaging to students in the classroom, etc.).

**b. Establish Mental Health Ambassadors within departments to act as main points of contact for other staff members.**

Mental Health Ambassadors would include a number of staff from each student service department that have been trained in Mental Health First Aid or Question, Persuade, Refer (QPR). They would act as a main point of contact for other staff members should an issue arise, and act a liaison to the appropriate resource(s). Mental Health Ambassadors can provide immediate assistance in directing crisis situations, or appropriate referrals can be made within each department while giving students consistent messaging and referrals across campus. Departments should consider allocating funding for staff training and certification. These Ambassadors would not

function as mental health counsellors, but rather as points of contact for staff for referrals or suggestions on how to best respond or communicate with a student who has been identified as requiring further assistance or referrals on campus.

**c. Invest in a dedicated full-time resource for mental health training.**

Hiring a Mental Health Training Coordinator can enable the implementation of maintaining, coordinating, and offering of training to all staff, faculty, students, and the above mentioned Mental Health Ambassadors. This individual would be responsible for conducting workshops, liaising with training programs from external organizations, acting as a main point of contact for departments to schedule training for their staff. Coordinators would also be able to work closely with the Organizational and Human Development office to develop workshops for staff on campus as well. Shifting these responsibilities away from Counselling Services staff would make a difference in staff's capacity to meet the increasing demands of student need.

**d. Encourage capacity building through a train-the-trainer approach.**

As Counselling Services are currently one of the only departments with staff certified to administer mental health training, there are limited spaces and availability. To increase access to training session offerings, staff outside of Counselling Services should be able to be certified to facilitate Mental Health First Aid and QPR training sessions for other staff.

***Recommendation #3: Improve Awareness of Peer Services and Increase Student Resilience***

**a. Develop a comprehensive list of all peer-to-peer groups on campus, and provide opportunities for knowledge sharing.**

A comprehensive list of all peer-to-peer groups on campus should be compiled and shared to improve awareness of these programs among student services, faculty, staff, and other peer-to-peer groups (e.g. on the resource page on LEARN or one location with all services or service knowledge for students to access). There should also be efforts to inform students of services throughout the year through outreach emails, rather than occasionally or only at Orientation. Working with Student Societies (such as EngSoc and SciSoc who prioritize mental health messaging) and the Federation of Students can enhance awareness of differences in services, how to access services, and enable grassroots promotion of general resources availability.

A peer mentorship "Community of Practice" should also be developed to identify existing support, resources, and staff available for peer mentorship and peer-to-peer programs. To evaluate the progress of this resource promotion, a survey should be conducted to determine which peer-to-peer groups students access, are familiar with,

and would be comfortable accessing in the future. Further exploration and articulation about the value of peer mentorship and their collaboration, the role peer mentorship plays in building campus community, and the consequential impact this has on mental health is vital to augmenting the student experience.

**b. Support resiliency building among students.**

A common definition of “resiliency” should be developed for the University of Waterloo, and shared broadly with all campus departments. This definition can be incorporated into campus culture through the onboarding of new staff, and furthering an understanding of how resilience applies to the students being served and how to normalize experiences of failure. Panic, Anxiety, Stress, Stress Support (PASS) kits should be provided to students as a supplementary way of referring students to programs and services. Further research should be conducted to determine the plausibility of incorporating resilience-building programs into the school year.

***Recommendation #4: Invest in Recreational and Wellness Spaces***

**a. Invest in interdisciplinary and informal learning spaces that create opportunities for community building.**

Developing recreational and wellness spaces that are accessible to students from all faculties can encourage casual interactions that help reinforce student engagement, and a sense of connection to the campus community. Informal learning spaces can include, but are limited to, multi-purpose meeting rooms, dining spaces, lounges, green spaces, quiet rooms, gaming spaces, fitness centres, and prayer rooms. Student leaders have been advocating for these kinds of spaces for many years.

**b. Align the demand and opportunity for new wellness and recreational spaces by engaging students (e.g. Feds/Student Societies, GSA), administration, alumni, and donors in allocating dedicated resources.**

Determining the current use and satisfaction of recreational and wellness space by students can help address space limitations. This data can be an input for sustaining engagement and investment by students, administration, alumni, and donors. Developing and communicating a future vision for space planning with wellness in mind can continue making physical spaces a priority.

**c. Develop principles and guidelines for physical spaces that promote mental health within informal learning spaces.**

A collaborative process should be used with multiple stakeholders on and off campus to develop principles and guidelines that increase awareness and use of health promotion

principles in the built environment. Features such as light, temperature, air quality, furniture, nature, colours, single/group settings (social connection), and inclusivity should be considered when planning, repurposing, or renovating facilities (Simon Fraser University, 2014). The planning of spaces, programs, and services should also align with the universal design philosophy (National Disability Authority, 2012). Ensuring the design and renovation of university spaces incorporates these universal design principles will enable inclusive, accessible, and flexible spaces for people of all abilities.

## 7. Future Considerations

Throughout the panel's investigation of mental health supports, initiatives, and access to services, a number of future considerations were identified. Ultimately, further exploration related to the student experience beyond our typical three pillars -- co-operative education, entrepreneurship, and research-intensive experiences -- is valuable. Ongoing engagement in the process of building community was another identified layer that was integral to ensuring a safe, inclusive, positive environment at University of Waterloo.

Engagement of, and by, staff, faculty, and students towards building a stronger sense of community at Waterloo will have a ripple effect across campus: further promote upper-year retention rates and satisfaction; an increased "sense" of care by students; support resiliency; direct fruitful discussions related to overcoming obstacles (policy, resources); further support a circle of care for students regardless if the challenges are social, academic or personal. These ripple effects directly affect our students' mental health.

There are references throughout this report highlighting the community's desire for *more training*. While training is helpful, and needed, the larger systemic picture must also include a plan that supports the institution's (in)ability to moderate issues that cause students undue stress. For example:

- Adjusting the time of day when assignments are due;
- Student accommodations related to mental health;
- Class scheduling system which doesn't support students who are caregivers, work part-time, etc.;
- Internal transfer policies;
- "Tone" of automated emails that are delivered to students who are at risk.

These examples of systemic administrative hurdles are directly linked to a student's sense of (lack of) support.

Further alignment with the Student Experience Panel may also suggest the need to explore the challenges faced by different student populations related to conversations about, and delivery of mental health and wellness issues. Our students are not a homogenous group and our service delivery model must take this into account. For

instance, international students, graduate students, transfer students, students who live on campus versus off campus, online community, etc. all have varying needs.

A key element to building community is students' engagement with their peers. Our exploration of some peer-to-peer services was incomplete given the data sets and information available. What is true is the need for increased exploration of the promotion of services, coordinated initiatives, and a community-wide understanding of the value of these networks. Further work in partnership with key Waterloo staff (staff and student-staff) who are actively and consistently engaged in this work would help tackle this question.

Finally, as we examine the community development model further it is clear that the dedication to providing a healthy, positive, inclusive environment relies on *all* Waterloo stakeholders to be involved *inside and outside* of the classroom. Faculty members need the support to understand the role they play in building a vibrant community and how their role, their work, and their approach may need to vary in support of student mental health and wellness. Identification of key messages, work-flow, critical timing within a term and tools for success in the classroom were identified.

*The panel members greatly appreciate the opportunity to contribute to the PAC-SMH's work and look forward to University of Waterloo's continued focus in this area.*

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## Final Reports of Working Groups

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## ***A. How well are student services working together to provide a comprehensive mental health response?***

Date: 10 November 2017  
To: Co-Chairs, PAC-SMH Student Services Panel  
From: Randy Dauphin, Ed Janzen, Melinda Meng, Alice Raynard  
Subject: Report of Collaboration from a Working Group to the Student Services Panel

This report aims at answering the following question: How well are student services working together to provide a comprehensive mental health response? Student services include, for instance, Housing, Campus Wellness, SSO, AccessAbility, Athletics, Academic Advising.

### **1. Method**

Based on our own knowledge of services available on campus, a list of potential informants was elaborated. Informants were then reached either by email or in person. The informants reported being part of one of the following services: Food Services, Student Success Office, Retail Services, Housing and Residences, Arts Undergraduate Office, Science Undergraduate Office, Math Undergraduate Office,

Environment Undergraduate Office, Campus Wellness, Athletics and Recreation, and AccessAbility Services.

The following questions were asked of the informants:

- a. Which department do you work for on campus?
- b. Does your department work together with any of the following student services to provide mental health response? [The proposed list was: Housing, Retail Services, Campus wellness, Food Services, SSO, AccessAbility, Athletics, Academic Advising, Feds, Other student Services]
- c. Please answer the following questions for each of the service that you selected “Yes” above.
  - Service name;
  - Who (which position) do you contact regarding mental health concerns?
  - How do you contact them? And what is the best approach for contacting them?
  - What information do you exchange currently? What information should be exchanged if current practice is not enough and why?
  - Any recommendations that have not been mentioned above to provide better integrated mental health support?
  - Any barriers that is currently or might be a concern for the integrated mental health support? And possible solution?
- d. Please answer the following questions for each of the service that you selected “No” above if applicable.
  - Service name;

- If current integration does not exist, is it helpful or necessary to start working together with this student service to provide mental health responses?
- Who (which position) in this service should be contacted regarding mental health concerns?
- What information should be exchanged?
- Any recommendations that have not been mentioned above to provide better integrated mental health support?
- Any barriers that might be a concern for the integrated mental health support? And possible solution?

## 2. Observations

The following themes emerged:

- Academic issues involved as barriers to collaboration between different units, including:
  - Attitude and mindset are needed to work toward success and care;
  - Simple logistical tweaks could be done, e.g., time of day when assignments are due;
  - Competing interests should be better addressed, e.g., intellectual property rights of course material vs. student accommodation.
- Training and best practices
  - Pockets of training expertise are distributed unevenly among various units (SSO, Counselling, Athletics); this looks like inconsistent distribution of resources;
  - Access to training is inconsistent;
  - Expectations of training are inconsistent; is there a UW expectation of training level?
  - Information levels and program commitments between units is inconsistent.
- Immediacy of care
  - Emotional distress is identified easily and early in a variety of settings (Undergrad Offices, SSO, AccessAbility appointments, various residential settings, student employment settings);
  - Accompanying support is offered regularly from these various offices, usually to Counselling and/or Health Services;
  - There can be inconsistent reception at these places, dependent on timing and circumstances, sometimes mood of caregivers.
- Integration of care
  - UW seems inarticulate on commitment to care and culture of compassion; definitions and expectations of care need careful specification;
  - Many units share a large desire to improve and contribute to making things better;
  - Collaboration flows better in a relational network; we need to get to know each other;
  - UW experienced in a silo manner, 6 cities (faculties) in one city.
- Common assumptions of the 'route' of care, including:
  - 'Route': Identification/awareness of crisis → immediate empathy response → solution planning/accompaniment → intake/professional care → resolution;
  - This is a service delivery model, not a community development model;
  - There are inherent capacity limitations in the service delivery model; this 'route of care' has very narrow or limited capacity;
  - It may be that the most significant mental health management issues occur pre-delivery of service in development of multi-unit attitude, intentionality and capacity.

### 3. Analysis

As indicated in the Observations section, the following themes emerged:

- a. Academic issues involved as barriers to collaboration between different units;
- b. Training and best practices;
- c. Immediacy of care;
- d. Integration of care;
- e. Common assumptions of the 'route' of care.

Our analysis conducted us to determine that, in response to the question “How well are student services working together to provide a comprehensive mental health response?”, student services work well together but there is room for significant integration and optimization of services. It may be necessary to consider a significant paradigm shift in the care of student mental health from a service delivery model to a community development model. The latter would triage need according to those units most suited to meet it (ex. need for connectedness by Housing; need for counselling by Counselling Services), thereby optimizing all of our resources and more importantly building a stronger sense of community and common purpose at UW.

### 4. Recommendations

Based on the data collected and the analysis that ensued, the working group makes the general recommendation that the University of Waterloo develop and nurture an ongoing agenda of mental health.

To this end, we make the following specific recommendations:

- a. That the University of Waterloo work on a “community defragmentation”, which should include the development of :
  - UW core identity and values, unity of one body before faculty tribalization;
  - A culture of care and compassion in a multi-unit way.
- b. That a collaborative body on student mental health be created:
  - The mandate should be established at the senior administration level (e.g. Executive Council or up, but not necessarily at the university-level, which would normally require a university-wide policy) but with the experience benefit of direct service providers, acknowledging that the work is likely to be pushed forward at the Manager level;
  - The collaborative body should be advisory and report, for instance, to the President or to the Vice-President Academic & Provost (VPAP);
  - There should be a matter-of-fact commitment to training like WHMIS or anti-harassment training;
  - A unit should likely be created or a coordinator appointed (e.g., same as the sexual violence coordinator), in order to support the collaborative body’s mandate and the operationalization of the university initiative on student mental health;
  - Keeping in mind the observation about moving to a community development model (see above), a clear escalation and reporting path should be outlined and communicated; anybody on campus should know, within the scope of their responsibilities, how to report and address a concern, an event or an incident, and how to escalate it to the next level, if necessary.
- c. That the collaborative body’s mandate include looking at ongoing questions, such as:
  - How often are services not available?
  - How often do various direct service providers ‘walk students over,’ help them find care?
  - What are the metrics of good mental health and do we measure them?

- How do we do trend-spotting and mental health nurture?
- How are incident reports utilized? Incident reports need follow-up study to determine outcomes – favourable or unfavourable.

## ***B. How integrated are peer-to-peer services? (e.g. MATES and CRT)?***

Date: 16 November 2017  
 To: Co-Chairs, PAC-SMH Student Services Panel  
 From: Emma Collington, Donna Rheams  
 Subject: Report of Collaboration from a Working Group to the Student Services Panel

### **1. Method**

We began with an effort to create an inventory of all peer to peer services and programs at the University of Waterloo. We did a digital scan of university services, departments, and faculties, looking to identify any peer to peer support groups, as well as a scan on Facebook to identify student lead and run support programs. We also worked with Catherine Chan, Coordinator: Peer Mentorship programs with the Student Success Office, to identify peer to peer programs. Once identified, we contacted the groups and asked each of them to provide a brief description of their service, as well as responses to the following questions:

- Is the support group associated with a faculty or other campus group?
- Do peer volunteers require any training related to mental health, and resources available on campus?
- Do peer volunteers share any information with students related to mental health services and resources available on campus?
- Do volunteers collaborate with other peer support groups on campus? If no, would they be interested in doing so in the future?

### **2. Observations**

From our digital scan, we were able to identify 33 active peer to peer groups.

In the meeting with Catherine Chan, she identified her role as a support for peer to peer groups on campus. The Coordinator: Peer Mentorship position within the Student Success Office is a full-time permanent role responsible for the training and support of peer to peer groups on campus. She shared with us her inventory that identified 65 peer to peer groups on campus. She noted that she is currently only working with one third of these groups, and noted that the other two thirds were likely not aware of her role and the support she might provide.

Part of the Coordinator: the role of Peer Mentorship is the management and facilitation of the Peer Mentorship Training program. The Peer Mentorship Training program consists of 4 modules, offered over a 1 day, 6 hour period. The training does not include specific mental health training but does include related and valuable topics such as: mentoring relationships,

effective communication skills, available resources for students on campus (including how to refer), as well as the University of Waterloo's Principles of Inclusivity. Participants in Peer Mentorship Training are referred to SafeTalk or More Feet on the Ground for additional mental health training. The Student Success Office is currently investigating an online model with a face to face component for Peer Mentorship Training in the future.

In an effort to increase awareness, Chan has begun to more actively seek out peer to peer programs to inform them of what she does and the support available to them. There are also three *Faculty Relations Managers* working directly with faculty to relay everything happening in the Student Success Office and a *Manager, Student Experience* working closely with other Student Services, making connections and working to improve collaborations.

### **3. Analysis**

We had a great deal of difficulty creating an inventory of peer to peer groups on campus. Our inventory was constantly being adjusted: we were constantly finding new groups that had to be added, and identifying old groups that needed to be removed.

After our analysis, there appear to be two distinct types of peer to peer groups on campus:

- Groups that have department/service/faculty support, often with paid coordinator positions
- Grass roots peer lead initiatives, driven and facilitated entirely by students.

When discussing collaboration, unified training, consistent expectations and support, we are primarily considering the former of these two groups.

Of the 33 groups we contacted, 12 responded to us. All of the groups commented that they had very little contact or opportunities to collaborate with other groups on campus, but that they'd be interested in doing so in the future.

There appears to be strong partnerships between some peer to peer groups and the Student Success Office, as the support and training available by the Student Success Office is substantial. But there is a concerning lack of awareness regarding what is available by the Student Success Office, and it is not clear how to most effectively share this information with all peer to peer groups. There also appears to be a number of peer to peer groups with similar objectives, and groups may be replicating existing resources without tapping into what is already available.

Further, volunteers with each of the peer to peer groups all receive varying degrees of training in providing mental health resources to campus. Of the 12 groups we connected with, all identified sharing hard resources, such as brochures or pamphlets, with students.

### **4. Recommendations**

- a. We recommend that a comprehensive list of all peer to peer groups on campus be compiled and shared to improve awareness of these programs. This would be beneficial to student services, faculty, staff, and other peer to peer groups.
- b. We recommend establishing a peer mentorship 'community of practice' that identifies the existing support, resources, and staff available for peer mentorship and peer to peer groups.
- c. We recommend further investigation into how integrated peer to peer services are to campus life in general. A survey be conducted of students, asking which peer to peer groups they access, are familiar with, or would be comfortable accessing in the future. Further

exploration and articulation about the value of peer mentorship, and the value of their collaboration is also necessary.

### ***C. What additional supports are needed to ensure an adequate level of mental health awareness across student services?***

Date: 16 November 2017  
To: Co-Chairs, PAC-SMH Student Services Panel  
From: Saad Ahmad, Awn Duqoum, Madeline Keltie, Joyce Lu, Kate McCrae Bristol, Seneca Velling  
Subject: Report of Collaboration from a Working Group to the Student Services Panel

#### ***Background***

As a working group we decided to divide the proposed question into two different challenges and subsequently have broken our work into two separate work paths.

1. What additional supports are needed to ensure Faculty and staff have an adequate understanding of the mental health services across campus (for referrals and student support)?
2. What additional supports are needed to ensure students have an adequate understanding of the mental health services across campus that are available to them?

#### **Question #1: What additional supports are needed to ensure *Faculty and staff* have an adequate understanding of the mental health services across campus (for referrals and student support)?**

##### **1. Method**

We endeavored to collect feedback from a wide range of campus partners, advisors, services, student-facing staff and students. Through interviews and a survey to staff we gathered the recommendations below as it related to Question #1 above.

##### **2. Observations**

From the staff perspective, a strong emphasis on need for increased training was pervasive throughout all consultations. It should dually be noted that this training should be mandated at a content level that matches specific roles. Effective communication of why staff are getting certain training (versus other) would also potentially alleviate the anxiety of staff who feel they need (or should be doing) more.

Some units have activated their own response through assigning/creating internal unit roles with specific accountabilities to share key mental health information (i.e. schedule of training, new initiatives, key pieces of research) to ensure their unit is up-to-date

Most units where there were advisors, counsellors, coaches or customer service roles indicated a strong desire for 1-point of contact to help triage their requests/collect information in a rapid way (on-call resource for non-urgent needs – instead sharing of resources, etc.)

SSO Community of Advisors is a KEY group for connecting with students and they need relevant information/training more frequently. (faculty, departmental, coop, career advisors)

### 3. Analysis

Student Service units who are actively staying on top of student trends/needs feel more equipped to deal with student mental health issues. Whereas units/roles that are not seen as a typical “student affairs” unit exponentially feel they need more support (i.e. retail services customer service staff, call center staff in CEL, etc.)

### 4. Recommendations

- a. Ensuring Assoc. Dean/Director/Manager have up to date information (scripts) to share student mental health information *termly* with their units (training schedules, key contacts, new information, upcoming initiatives, FAQ's);
- a. It was CLEARLY stated that it should be via email AND hard copy
- b. Creating a Resource page or one (1) point of contact for staff/faculty to address ongoing, immediate support to questions, resources, etc.
- a. Consider reformatting the Daily Bulletin to attract/highlight staff opportunities to encourage engagement in future MH initiatives
- c. Creating Resource bulletins about campus to highlight the services and resources available.
- d. Including content into the UW HR Onboarding Sessions as part of a mandatory MH training (More Feet on the Ground) so that everyone develops a baseline knowledge;
- e. Further research is required to determine what type of training is required by role – notably some of the information people are in need of directly relates to a student's mental health but is not ‘typical’ mental health training.
- f. For example, interactions with staff/faculty on campus with limited training/customer service savvy perhaps further Inter-generational and cultural competency training is needed.

**Question #2: What additional supports are needed to ensure *students* have an adequate understanding of the mental health services across campus that are available to them?**

#### 1. Method

Question #2 focused entirely on gathering information about students and their needs. To gather this data, we formulated a Consultation/Focus group. Our working group created 13 questions with the objective to obtain understanding of student perspectives and knowledge about mental health services (on and off campus), determine a need for additional mental health services on campus and how information about the services should be shared with students. The Consultation/Focus group was then conducted by the Student Success Office, so that there would be appropriate gathering of information.

#### 2. Observations

- Understand Student Perspectives, Knowledge and Use of Mental Health Services:
  - o Mental health services are used for: first-year transition stresses, intensity of program, financial problems, balancing co-op and school, lack of belonging, high academic expectations,

issues specific to being an international student, relationship problems, gender identity and sexual orientation, chronic mental illness, personal struggles and uncertainty in the person's life.

- o Following services could be helpful in maintaining wellbeing: gym facilities, therapy dogs, campus events, peer-to-peer counselling programs, Feds programs and services, faculty mentorship programs, Health Services, Counselling Services, AccessAbility Services, Student Success Office and Good to Talk.
- o Seek out services by talking to a friend or asking a university employee, professor or advisor they trusted.
- o Not all people/friends have been trained in mental health first aid.
- o Students use off-campus resources as wait times on campus are indicated to be too long (All students indicated that Counselling Services has a long wait time).
- o Counselling Services responds with immediate intervention, but hard to receive ongoing help from the service.

· Need for Additional Mental Health Services on Campus:

- o Generic drop box monitored by staff who are trained on the resources to point the students to.
  - o Heard many other ideas about services, but those already excited on campus (shows that students do not know about the services available).
- § Suggested improving the services already on campus rather than creating new initiatives.

· How Information Should be Shared with Students:

- o Key times messages about mental health should be shared are during the first week of the term, co-op applications, midterms, finals and during the holidays
- o Labeling something with "mental health" makes it awkward for people to approach it in front of others.
- o Other communication ideas included:
  - § More boothing by the services in the SLC marketplace.
  - § Put services on LEARN because every student accesses it on a regular basis.
  - § Have professors participate in the conversation more. For example, professors wear orange shirts during Mental Health Wellness Day, but some professors address their students awkwardly. It would be beneficial to have professors actively bring up mental health every few weeks in their class rather than once a year.
  - § Display UWaterloo stickers with help numbers and resources on each computer.
  - § Include resources on the back of the WATcard: Good2Talk, Counselling Services
  - § Send out emails with formatting to ensure each student is addressed by name, rather than a generic format.
- o Students do not want to be constantly reminded of information, but would like it to be easily accessible.

### **3. Analysis**

- Long wait times for services and difficult to receive ongoing care
- Services are not easily accessible (i.e. difficulty finding information)
- Students seek out services by asking their peers, University staff, professors or advisors (who lack the appropriate training and knowledge of mental health and mental health services)

### **4. Recommendations**

1. Increase overall awareness of resources and the differences in services offered by consolidating resource promotion and social/website platforms. (i.e. resource

page on LEARN or one location with all services or service knowledge for students to access)

2. Work more closely with Student Societies and the Federation of Students to ensure students are aware of the differences in services and how to access the services.
3. Increase access to information and promotion of resources at Orientation and through outreach emails sent to students throughout the year rather than occasionally.
4. Involve University professors, staff and advisors in the mental health conversation on campus. Train them in to be knowledgeable of the services available so they may be able to point students to the correct services.

Additionally, MH training for members of University staff would be beneficial as they interact directly with students.

1. Key message about mental health should come from the University level to be outreached to the services. This allows for one coordinated movement for

#### **D. How do we encourage investments in wellness/recreational space and programming?**

Date: 12 November 2017

To: Co-Chairs, PAC-SMH Student Services Panel

From: Yuna Chen, Mark Womack

Subject: Report of Collaboration from a Working Group to the Student Services Panel

#### **1. Method**

A brief review of existing literature was performed in social science databases and grey literature sources. An environmental scan of relevant initiatives in other universities and colleges in Canada and United States was also conducted. Pertinent journal articles were then individually examined for quality and relevant data/references.

Semi-structured interviews were conducted with key informants from the University of Waterloo. A semi-structured interview format was used in order for the respondent to answer in detail, and have an opportunity to clarify responses (Neuman, 2011). An interview guide was developed with questions that aim to further understand how the President's Advisory Committee-Student Mental Health could encourage investments in wellness/recreational space and programming. The length of the telephone and face-to-face interviews were approximately one hour. One face-to-face interview took place on the University of Waterloo campus. After the interviews, analytic memos were written to describe initial hunches about key issues and emergent themes.

## 2. Observations

The Student Life Centre/Physical Activities Complex (SLC/PAC) Expansion Project demonstrates an institutional response to addressing the need for more social, study, dining, and recreation space (University of Waterloo, n.d.). The process used to secure investment for this project engaged the following stakeholder groups:

- Federation of Students (Feds) and the Graduate Student Association (GSA): Engaging the larger student population through student unions led to a passed referendum, and input into space features for meeting, dining, studying, and lounging.
- University of Waterloo Administration: There was demonstrated alignment with the 2018 Goals/Objectives listed in the Strategic Plan Theme of the “Vibrant Student Experience” (University of Waterloo, n.d.).
- Donors and Alumni: Communicating with alumni and stewarding donors with a case for support was facilitated with messaging around the rationale of the existing priority and investments that had already been made.

Using this three-pronged approach for stakeholder buy-in, and demonstrating the impact of initial investments in recreational space on student mental wellness, can enable future space investments on campus. Despite this new space addition, there remains a gap in meeting the capacity demands for all students according to industry metrics (e.g. the square footage required for study and fitness for each student).

<p><b>Strengths</b></p> <ul style="list-style-type: none"><li>• UW has already made a significant investment in expanding student space (e.g. PAC-SLC expansion, North Campus)</li></ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"><li>• Despite existing investments in expanding space on campus, meeting industry metrics for study and fitness space for students remains a gap</li><li>• Council of Ontario Universities (COU) codes currently do not currently identify dedicated student mental wellness spaces</li></ul>
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<p>Opportunities</p> <ul style="list-style-type: none"> <li>· Collaborate with student organizations and engage students in encouraging mental wellness through spaces</li> <li>· Cultivate relationships with alumni and stewarding donors</li> <li>· Align with the broader campus wellness strategy using a programmatic approach</li> <li>· Design spaces and facilities that are supportive of mental health</li> <li>· Develop an inventory of dedicated student mental wellness spaces</li> </ul>	<p>Threats</p> <ul style="list-style-type: none"> <li>· Sustainability of campus engagement and investment for wellness/recreational space and programming</li> </ul>
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**3. Analysis**

The built environment plays a role in mental and physical well-being (Butterworth, 2000). Supportive and appealing conditions have demonstrated stress-reducing effects within healthcare settings, work environments, and education settings (Andrade, Lima, Devlin, and Hernandez, 2014; Schweitzer, Gilpin, and Frampton; 2004; Hill and Epps, 2010). Within higher education settings, physical environments and their space features impact student performance, satisfaction, and mental health (Hill & Epps, 2010; Black, Dhaliwal, Stanton and Hutchinson, 2014).

The individual-environment interaction within universities enables structures and policies within the organizational setting to influence health-related behaviours of individuals (Brofenbrenner, 1979; McLeroy et al., 1988; Turner, Scott-Young, Holdsworth, 2017). Informal learning spaces (e.g. recreational, wellness space) are one type of university setting that can impact a student’s ability to develop and maintain support networks. Strong social support networks are an essential component of building resilience (American Psychological Association 2010, Windle 2011, Winwood et al. 2013), and universities can enable the development opportunities for social connection by investing in wellness and recreational spaces/programing.

There are a growing number of Canadian universities that have recognized that physical space and the built environment have an impact on the health and mental health of those who use the facilities (Camosun College, 2015; Queens University, 2012; Mount Royal University, 2013; Simon Fraser University, 2014; University of Alberta, 2015; University of British Columbia, 2013; University of Calgary, n.d.; University of Manitoba, 2014). One notable example includes Simon Fraser University’s (Burnaby, British Columbia) principles for enhancing well-being through physical spaces (Simon Fraser University [SFU], 2014). These principles were developed as part of SFU’s Healthy Campus Community initiative, and include the following design guidelines for well-being: provide opportunities for social connection and collaboration; enhance access and connection to nature; provide flexibility and adaptability; support and promote healthy living; enhance physical and mental comfort; ensure inclusion and appreciation of diversity; and align with SFU’s sustainability goals. It is therefore important to explore how wellness and

recreational space/programming contribute to student mental health. Understanding the impact of the built environment on students will help higher education administrators, instructors, and staff explore strategies on how to encourage investment in space design. The following recommendations will serve as a starting point for further study and attention.

#### 4. Recommendations

1. Invest in interdisciplinary and informal learning spaces that create opportunities for community building.

Developing recreational and wellness spaces that are accessible to students from all faculties can encourage casual interactions that help reinforce student engagement, and a sense of connection to the campus community. Informal learning spaces can include, but are limited to, multi-purpose meeting rooms, dining spaces, lounges, green spaces, quiet rooms, gaming spaces, fitness centres, and prayer rooms.

1. Align the demand and opportunity for new wellness and recreational spaces by engaging students (e.g. Feds/Student Societies, GSA), administration, alumni, and donors in allocating dedicated resources.

Determining the current use and satisfaction of recreational and wellness space by students can help address space limitations. This data can be an input for sustaining engagement and investment by students, administration, alumni, and donors. Developing and communicating a future vision for space planning can continue making physical spaces a priority.

1. Develop principles and guidelines for physical spaces that promote mental health within informal learning spaces.

A collaborative process should be used with multiple stakeholders on and off campus to develop principles and guidelines that increase awareness and use of health promotion principles in the built environment. Features such as light, temperature, air quality, furniture, nature, colours, single/group settings (social connection), and inclusivity should be considered when planning, repurposing, or renovating facilities (SFU, 2014). The planning of spaces, programs, and services should also align with the universal design philosophy (National Disability Authority, 2012). Ensuring the design and renovation of university spaces incorporates the universal design principles will enable inclusive, accessible, and flexible spaces for people of all abilities.

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### ***E. What additional training can be beneficial?***

Date: 12 November 2017

To: Co-Chairs, PAC-SMH Student Services Panel

From: Krista Soble

Subject: Report of Collaboration from a Working Group to the Student Services Panel

### **1. Method**

The method used to collect data and information regarding what training is currently offered, and what training staff would like to see implemented was a survey that was submitted to over

20 different student focused services (Ex. RO, SSO, GSO, Athletics, AccessAbility Services, Counselling Services, Health Services, etc.)

I have also conducted in-person interviews with individuals from Organizational Human Development, Occupational Health, Counselling Services and the Safety Office to determine what training is currently offered for staff, how we can making training more available and accessible, and what steps we need to take to make training mandatory or more accessible for customer service staff.

## **2. Observations**

After conducting the survey that was sent to over 20 different customer service type departments on campus, it was very clear that staff felt that:

- They have not received enough mental health training (over 50% said that they did not receive enough mental health training in their role)
- They do not know the proper information to refer a student in need (only 41% of respondents felt that they knew where to refer a student with a mental health concern)
- That mental health training should be mandatory for staff on campus (over 87% of respondents states that this should be a mandatory training across campus)

This information shows that the current challenge that the campus is facing is a lack of knowledge around what training is currently offered, what resources are available on campus for staff to refer students, and that mandatory staff training needs to be improved. Identifying these challenges creates a great opportunity for a review of orientation training for staff, and new mandatory training options. This allows for a better understanding across departments in regards to mental health awareness and response, as well as the need for consistent referrals and messaging when communicating with students regarding what is available to help them on campus should a mental health concern arise.

## **3. Analysis**

A consistent theme in my research has shown that staff want *more* when it comes to mental health. Staff feel ill-equipped to help or refer students to appropriate resources when a mental health concern is presented. They also feel as though identifying a mental health concern may be difficult, or may go unnoticed due to lack of training.

Across campus, we do not have consistent messaging for addressing mental health issues or referrals when dealing with students – which may mean that students are getting tossed around from department to department before their issue is addressed, or may even mean that students are not being communicated at all with in regards to their mental health concerns if the department has had little or no training on mental health responses.

- Over 76% of survey respondents stated that they had dealt with a student on some level that had expressed some mental health concerns. Approximately 50% of respondents felt that they have not received enough mental health training in their role, with over 87% of respondents indicating that they felt that mental health training should be mandatory.
- An example of where mental health training would be beneficial for consistent messaging would be within the Registrar's Office when students are petitioning a term. If the student's petition is denied, there currently is no mention of resources available to help students cope with potential mental health concerns that may arise or inflate due to the decision of the petition (even if mental health concerns were addressed within their petition documentation). It would be beneficial for all departments who may be dealing with sensitive subjects to have consistent messaging when communicating sensitive or potentially negative information to the student to proactively offer assistance.

Counselling Services currently offers a variety of mental health training options to students, faculty and staff. Most training options are run by facilitators within Counselling Services (with the exception of two other staff members who are trained in 1) Mental Health First Aid 2) SafeTalk). As Counselling Services deals with most training, this limits what training would be available as Counselling Services is already dealing with large wait lists with a variety of students requiring their services. Training is mostly accessed by students, peer leaders, and staff. Faculty members also access these services, but less so than other groups. Most training is accessed based on personal interest, however some are referred by their department to take the training (such as TA's, Don's and specific staff departments). Certification is required for almost all training sessions offered for Mental Health Education – therefore Campus Wellness/Counselling Services are the only departments who would be able to offer such training at this time. Again, this limits availability and makes regular training difficult. Training sessions are normally scheduled to take place once a month, however if a training group of 30+ people (from one department, for example) sign up, this will take the monthly slot, as there are not enough people to add additional training courses within the same month.

Many departments on campus are willing to work together to create a plan for mandatory online or in person training for staff. As mentioned already in this report, we have the support of many of the departments who would be involved in making this happen (OHD, Safety Office, Counselling Services, and Occupational Health). A discussion has taken place about using the current online training program “More Feet on the Ground” as our initial mandatory training program to initiate as soon as possible for all student service staff. We can then look at other options for more in depth training such as Mental Health First Aid, QPR (Question, Persuade, Refer) etc. For specific staff who would like additional training in these areas to support their department. It has been suggested that all staff will take the online general training, and each department would have a small number of staff involved in Mental Health First Aid or QPR (much like regular First Aid training within departments) so that there are a number of individuals properly trained as “Mental Health Ambassadors” to deal with any crisis situations, or for more specialized advice for other staff who may need assistance or direction.

Included in this report is the survey results that was handed out to Student Service staff, and was conducted for the purposes of determining what staff already knows about mental health, and what their training expectations are. This will include the questions and answers from the survey to help determine what areas need to be focused on.

#### **4. Recommendations**

a. Mandatory online training – one of the biggest recommendations that has been brought forward through this research, is to provide ALL staff (student service related or otherwise) with mandatory online training for mental health (much like how we have mandatory training for WHMIS and workplace harassment). As there is already an online training program available; More Feet on the Ground, this should be a simple way to incorporate this mandatory training for all current and on-boarding staff.

- It would be suggested that Human Resources administer the online training through the HR portal to monitor/ensure that staff have completed the training online. IST would also have to be involved to make the training accessible and able to be monitored through the HR portal.

b. Mental Health Ambassadors within departments - We would also recommend that a number of staff in each student service department have Mental Health First Aid Training or QPR training to be a main point of contact for other staff members should an issue arise. This way, immediate assistance can be given in crisis situations, or appropriate referrals can be

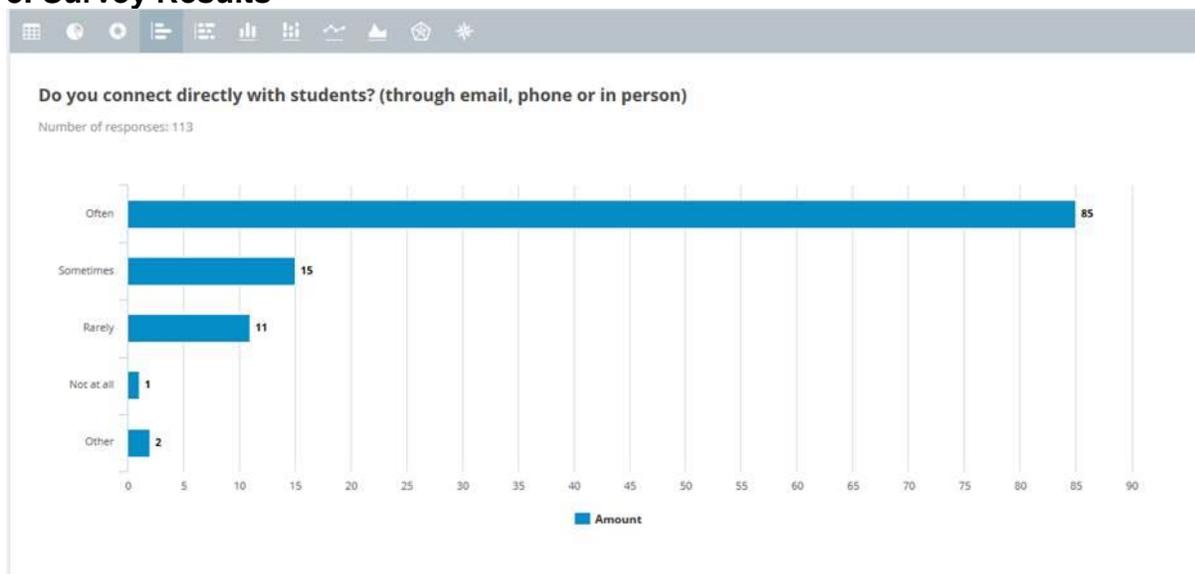
made within each department while giving students consistent messaging and referrals across campus.

- Each department would need to be approved to allow staff to take the time to become certified, and department budgets may need to be adjusted to allow for this training to take place.

c. Training the trainer – To allow for more accessible training for staff and to allow for additional staff to be trained in a timely manner, it is suggested that more staff should be certified in being able to train for programs such as QPR and Mental Health First Aid. This would allow for more training sessions to be offered to staff (refer to point 4.b.). As Counselling Services currently is one of the only departments with staff certified to administer training, there are limited spaces and availability, as their office is already very busy.

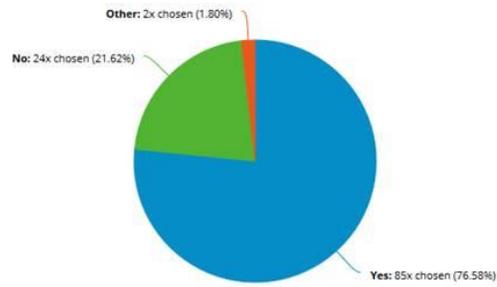
d. Hire a Mental Health Training Coordinator - By hiring a Mental Health Training Coordinator, the responsibility of maintaining, coordinating and offering training to all staff, faculty and students would be the responsibility of the Mental Health Training Coordinator, instead of Counselling Services (which is already overworked and dealing with a heavy workload). This would be a vital role in making Mental Health a focus for all of the University of Waterloo as a whole, and would prove to be essential in our goal towards a happy, healthy campus. Having a Mental Health Training Coordinator would also allow the university to access potential training from external organizations and to provide additional workshops on mental wellness for students, staff and faculty to be able to access more regularly. If we will be implementing more mental health training for departments, it would be beneficial to have a coordinator as a main point of contact for all departments to schedule training sessions as well. If it is decided that the University of Waterloo develop their own mental health training for staff – the Mental Health Coordinator will be able to work closely with Organizational Human Development to develop workshops for staff on campus as well.

## 5. Survey Results



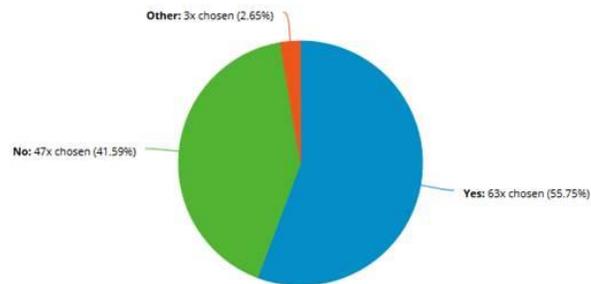
**Have you ever had to deal with a student who has expressed some level of personal mental health issues?**

Number of responses: 111



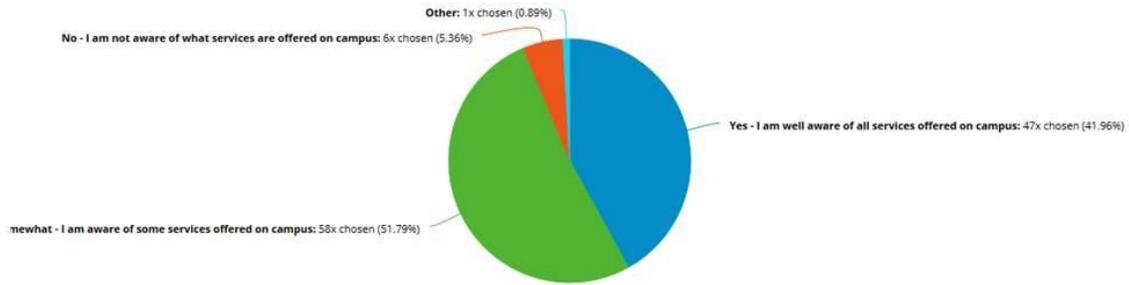
**Have you ever had to refer a student to a mental health service offered on campus?**

Number of responses: 113



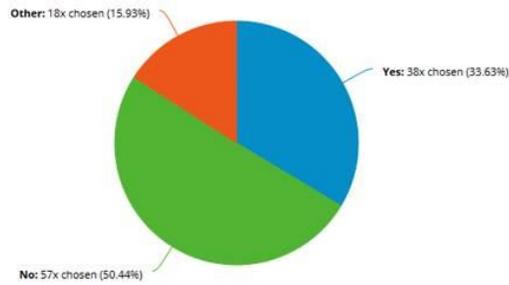
**Do you feel fully equipped to refer students to mental health services on campus?**

Number of responses: 112



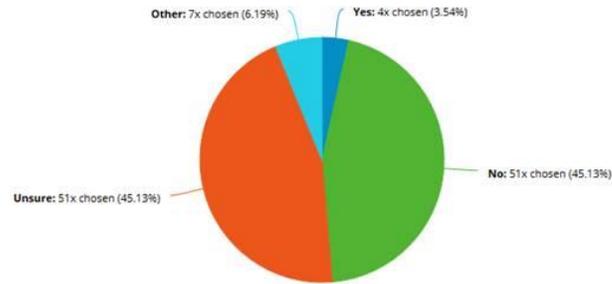
**Do you feel like you have received enough training within your role to handle/refer a student OR staff member with a mental health crisis?**

Number of responses: 113



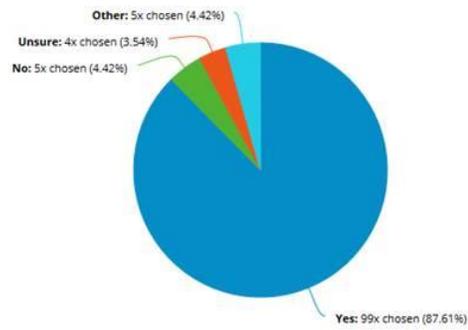
**Do you feel that student services on campus receive enough mental health training?**

Number of responses: 113



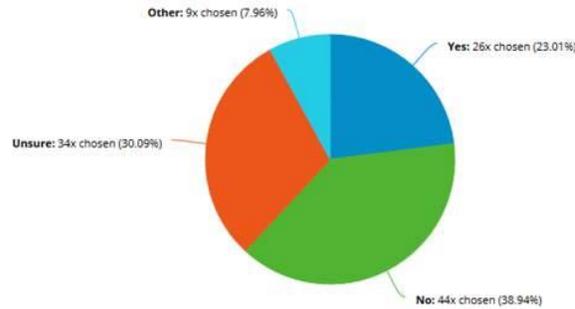
**Do you feel mental health training should be mandatory for staff working in student services?**

Number of responses: 113



**Do you feel that there are enough services on campus for students, faculty and staff to access should they have mental health concerns?**

Number of responses: 113



The Residence Dons should have plenty of mental health training. I don't know what they receive now, but it definitely needs to be more. We need more resources on campus, which means more money from the University to create more resources. We definitely do not have the necessary resources here to help all of the students that need help.

Ensure all staff/faculty are trained on mental health and how to deal with situations that may arise regarding this.

A one stop shop for all needs. Greater online presence and ease for signing up for appointments. Smaller communities so that people do not feel disjointed or out of touch.

Continue to remove the stigmas associated with mental health and let people know it's 'okay' to have feelings of anxiety, depression, fear of failure, etc. Very often our international students also need to overcome cultural barriers when asking for assistance. In my role I interact daily with many of the students. I can often 'tell' when they are struggling emotionally, others come quite easily and share both good and bad events in their lives. Having a friendly person for them to come to is an essential line of support and it's equally important that front line person is well trained on how best to 'forward' those needing further counseling.

Not necessarily training, but I believe there are things we can do to make our physical plant more inspiring for students. Things such as, inspirational quotes in tunnels and key spots/walls on campus; create more outside space for students to gather and support each other; fountains on campus with seating space – water is very calming. Make the offices that offer support and counseling more visible so they stand out for students. More visible and comfortable inside spaces for students to gather.

I think every student in 1st year should have to enroll in a mandatory mental training course that recognizes signs of mental health issues and outlines supports available on and off campus in the community.

Make services more available for students and if you can't, make sure you can refer students to a place that is affordable and close by.

Maybe during orientation, we should have a mental health professional come in and give a small talk about how to refer someone in need of these services. How to properly and in a professional manner direct someone and help them out.

I think a key issue right now is lack of awareness of what we do have, and (like always) the stigma around mental health. I'm new in this role (I'm a co-op student) and had no idea of all the services the school had to offer. They are there and students need an easier way to find them, especially first year students. Yes, it can all be easily found through google, but from my experience in this role, having things online is now always enough. I frequently need to link students to resources that can be found easily online, because navigating through everything online can be too much for them, or they just want support through their process (and that's ok).

In addition, it's also hard for students to reach out once they find what service they're looking for. If there were a group of peers that volunteer to act as a liaison between those seeking mental health help, and the services we have, I think it could make a big difference. It can be very intimidating reaching out to a large help service where you can't put a name to a face, whereas reaching out to a peer could be less intimidating. Just a suggestion :)

mandatory training for faculty  
more mental health nurses  
intro course during orientation for mental health and success as a student

I feel that the need for help is greater than the staff and resources that are available.

no

I personally had a great experience with Mental Health Services but I feel like most other do not feel the same way. I would suggest advertising more about what mental health services does on campus and how they can provide support to student. Also as for staff training I think a module or workshop on how to talk about mental health issues would be a great starting place.

When I answered yes I feel there are adequate resources on campus, I feel logistically the resources are adequate, although they need more staff to meet the demand of the student. So yes, are there enough resources, yes there are; are they adequately staffed to meet the demands of the students? No.

advertise more....maybe something on the daily bulletin. Signs in all buildings....something large and eye catching, not just a memo on a bulletin board.

We need to have a way of accounting for the peak stress times inherent in University education (i.e. increase hours, staff, etc. during mid-terms and exams)  
We need to ramp up our capability for methods of service besides traditional 1:1 counselling (internet-based therapy, group-based, peer support).  
We need to educate students re: the variety of service options that can be helpful.

Make the a basic course mandatory as WHMIS for new employees.

A mandatory on line training course similar to WHIMIS and Workplace Violence would be a great step towards a unified approach.

I believe that training is available to the staff in Campus Wellness. I am not sure about other departments on Campus

- establish a complex care Team with Case managers to support those who have most serious and complex MH needs
- hire more counselors to provide urgent, walk-in, and short term (4-5 appointments/year) counselling support
- increase roles and opportunities for student and professional volunteers to provide short term, urgent and single session MH support
- reconsider (i.e. stop) allowing failed grades to be included in calculating major and overall gpa
- consider increasing MH coverage in student Health Insurance Plan

Ideas:

More proactive services for the first and second year populations. Transferring students. International student population etc.

The University 101 course ( I helped develop) could easily evolve into a Campus readiness program for new students in the summer months, involving life skills, coping skills, university success strategies and resources. We... the University are still programming for a student population that has changed significantly since the 'double cohort' arrived = changes in high school and life skill preparation. Many students are arriving simply without primary skills sets for academic and personal success. Consequently mental health issues can become abundant and capsize already strained services.

More health promotion and campus wellness information for the campus population during important points in the term, beginning, middle and prior to finals. Provide our student population with a clearer expectation of our services and availability. More work with the FEDS please.

Mental Health Training for all new employees. ie. QPR - suicide prevention, mental health first aid etc.

More Counsellors/Psychologists hired, more group programming.

More holiday and PD time off for direct service Clinicians/ Counsellors. The level of demand on the clinical staff requires longer breaks from this degree of work to avoid burnout, support retention and keeping a healthy team to provide the best service possible. Minimum 6 weeks per year would make a big difference.

Thanks for listening....it's a great place to work with many fantastic people! Go Warriors!

I think there should be training about what services this campus offers and how accessible they are, where they can get accurate information about those services. I think staff should be trained to deal with customers that may be working through mental health illness, or at least know to call police services if they are concerned about someone. This could include but not be limited to anxiety attacks, panic episodes or psychotic episodes (which I have all seen in my department), but also depression, suicidal ideation. Training should also include how to approach someone you're concerned about. As a staff member, it can be hard to approach a stranger that you're concerned about.

Offer as many workshops to students as possible to help manage anxiety and stress. In particular, any workshops teaching skills and expectations for emotion regulation are helpful. ("It's healthy and appropriate to feel anxious or upset when..." "I can handle or regulate my uncomfortable emotions by doing..." "It's a sign that I need more help with my emotions and feelings if ...")

Academic program advisers could benefit from mental health/sensitivity/communication skills training.

I think it's more about advertising the trainings that are available that would help.

I think there should be full-time trainers so that all student-facing staff on campus can be trained on an on-going basis (through Health Promotion in Campus Wellness - there is a new Associate Director, Jennifer McCorrison). Right now counselors take time out of their regular schedules of seeing students to do staff trainings.

I think it's mostly about communication. There are lots of services, but people don't always know about them / don't know enough about them to know what's right for them. As well, there isn't consistent training and messaging to staff so we're all pointing people in the same direction.

I think this is an area that could be improved across campus. This is something that everyone who interacts with students should be trained to respond appropriately to if the need arises.

\*If a student is simply seeking information on mental (or any) health resources, many want to have all the information first before they commit their name, face and time to a formal support system. There should be more online information for staff in any department to reference to students as groups (they shouldn't have to ask for it) Details should include what sort of personal information will need to be provided, make it clear that the integrity of the resources (i.e. they may not want their department to know they're accessing this) is protected. How flexible the schedules are, how trained are the staff - not just in counselling mental health issues but can they help guide a student with big ticket items? Finances and study are two things that are very difficult for anyone to manage - let alone young kids away from home not wanting their usual support systems (parents) to worry - Can the health services counsellor help to provide information and even hand holding when it comes to sourcing available resources (scholarships, tutors, landlord/tenant /roommate issues etc.) They should be at least familiar with contacts in the multiple departments across campus that provide student support.

As for the departments ourselves, at least one person on staff should have full training on de-escalation, police services etc.

Ensure that students have a voice in the decisions being made regarding mental health. What are their priorities?

Include this training in TA, Post-Doc, and Lecturer training. Make staff aware of easy use reference material online (i.e. websites that could help a staff member walk through step by step what they could do to aid anyone in need).

It would be helpful to have centralized/concise information about mental health services or mental health training on campus that can be readily shared with students

- 1) Mandatory suicide intervention skills training/mental health service referral training for student facing staff.
- 2) Better distinction between what's available and when- What are the 9 to 5 options? What are the late night options? What are the hot lines? Who can take advantage of what?
- 3) Tools/items student facing staff can have on their desks/in their wallets when they are having important conversations

There are many mental health training possibilities out there - challenging to assess what would be beneficial for the large variety of roles and student interaction.

Although I have had some mental health training before, it was at least a few years ago. I think mental health for students (and staff) is so important that anyone in a student-facing role should have a training update once a year including emergency/intervention procedures specific to their role/department. A friend of mine (off campus) committed suicide on Tuesday this week and it was definitely a wake-up call on how much I need to refresh my understanding of the sort of situations our students may be in. I know we were trained to confront people who we suspect may have thoughts of suicide, but there also needs to be support for coping mechanisms (e.g. when a person shows no signs of mental illness) when you blame yourself for not knowing in advance to take action. I know staff that have dealt directly with student suicide issues and seem traumatized by wishing there were better ways to prevent it. I think more training is always helpful for such important issues.

Mental health training and services should be available to all Faculty, Staff and Students. There should be a hotline available to Faculty and Staff to use when they are confronted with a crisis situation that they may not be comfortable in handling. Faculty and Staff should not be required or expected to counsel students in a mental health situation. The expectation should only be that the resources are available to them to get the help that is required by the person in need and be able to direct the person to the proper counselling. As this may already be available, better communication directly to Faculty and Staff would be helpful. Continue to encourage all members of the UW Community to be involved and helpful when they can be.

I think we need training, and I think we need alternatives other than what is provided. When someone is in distress, they feel they need help immediately, and if we are going to go down this path, then we better provide immediate 24/7 service to our students.

Making mental health training mandatory for staff in certain positions.

More psychiatrists and mental health counselors should be hired to meet the demand. More mental health and wellness sessions should be available to students and should be mandatory.

There is definitely not enough mental health professionals to cater our students. I have heard a lot of frustration from students that I directed to counseling services about the long line up time. Sometimes by the time student gets their appointment it is late and they are facing consequences.

Even though services exist, there is not enough to meet the demand. This is also true in the community outside of Waterloo, especially free services, or those with minimal costs. Does Waterloo offer a walk-in counselling service to students like KW Counselling or Carleton/Front Door do 1-2 days per week? This will help service those with an urgent need who can't wait weeks or months until an appointment becomes available. Also, I personally have found meditation to be incredibly helpful in calming my stress and anxiety levels -- and I've only been doing it for a few weeks. The app/website Calm.com offers a 'college program' where students are allowed free access to its various services. I would strongly recommend that Waterloo consider this option. You can find more information at <https://www.calm.com/college>.

Clearly-defined university-wide expectations for support services staff/faculty -- website, documentation. Mandatory online training modules during onboarding process. Refresher training yearly (if you don't practice, it doesn't stick).  
List of resources distributed to all staff/faculty (magnet or laminated card -- something they could reference quickly)

1. Need training to recognize signs that student/employee may be immediately dangerous to themselves or others, 2) Needs to be a protocol in place where a mental health professional can come to the student/employee and usher them somewhere they can receive assistance. I feel that many of the students that we recommend go to counselling never actually go there.

Please reach out the Faculties in terms of their Ambassadors, to help train them on the services available. They are student themselves - so not only would it benefit them directly (if they weren't already aware) but it will help them to communicate the supports available to prospective students. The more awareness there is, the better.

I believe we all should have training to be more equipped to be able to help or assist when necessary.

Similar to the OHD workshops, perhaps formulating mandatory Mental Health workshops.

Creating more help for student in a critical situation, as they have too much waiting time as is now before getting help.  
Maybe a help center??

## ***F. How can student services empower students to be more resilient and overcome failure?***

Date: 17 November 2017  
To: Co-Chairs, PAC-SMH Student Services Panel  
From: Jenna Hampshire, Annette McNicol  
Subject: Report of Collaboration from a Working Group to the Student Services Panel

### **1. Method**

Mental Health and resiliency are two topics that are being discussed at educational institutions across the country. In approaching this research question, one of the primary focuses of this panel was to investigate what research was already presented around this topic and what other institutions were providing in terms of education, awareness and programming. Particular focus was directed at University of British Columbia, Ryerson University and Centre for Mental Health and the resources that were provided to staff and students. The panel reviewed what was already in place at University of Waterloo and had informal student interviews and medical professionals on campus to understand their knowledge and awareness of these offerings and to hear their observations.

### **2. Observations**

There are a large amount of programs and resources that are available on campus to students that are meant to help build upon their skills, providing a safe place to talk or get help and many programs that help to build community. These include but are not limited to, the Peer Health Educators Burst Your Bubble, Healthy Minds, Stand Up to Stigma; Counseling Services' coping skills workshops and MATES program, Student Success Office workshops, Athletics and Recreation programs as well as programs run within each faculty. Transitional programs (Faculty 101 Days and Orientation) for incoming students have worked to build growth mindset into the programming and messaging to students. While the words resiliency and failure are being brought up more often, there is not a clear definition of what this means for everyone at the University of Waterloo.

The size of the campus and decentralized student services make it hard for students to recognize what is available to them and for staff to be able to promote the broad spectrum of options to students and they themselves often do not know about them. This means that although there is a lot of work being done all around campus, there is room for improvement and changes in order to help students be more resilient and successful at the University, both in their health and their studies.

### **3. Analysis**

One of the challenges the panel faced with this mandate question was that it had many different interpretations. "What does resiliency actually mean?" was commonly brought up. University of British Columbia uses the American Psychological Association's guide, *The Road to Resilience* definition, "Resilience is the process of adapting well in the face of adversity, trauma, tragedy and other significant sources of stress... Having strong resiliency skills doesn't remove

challenging or distressed feelings altogether, but rather can help reduce the time it takes to return to “normal” everyday functioning. Luckily, resilience involves behaviours, thoughts, actions and skills that can be learned and developed.” When researching further into how resiliency is defined, “The 7 Cs: The Essential Building Blocks of Resilience” providing an outline to consider when looking at what resiliency could mean on the University of Waterloo campus and the resulting education to the staff, faculty and students.

One of the trends that did come up through the research was that institutions are looking at what long term programs could be run in order to help students build skills in relation to resiliency, and not just looking at overcoming failure in terms of academics. Great West Life’s Centre for Mental Health in the workplace has created a plan for Resilience, with a recently launched student version. This plan has students analyze the different areas that they could feel negative stressors exist in their health, family, relationships, finances and academics before helping them understand the impact of these stressors and then developing strategies to employ when these stressors start to exist. Similarly, Ryerson University has developed a curriculum for their new students to go through with the intent to “to help students feel a sense of support on campus, to better appreciate the connections between academic success and other elements of a healthy lifestyle, and, primarily, to help students develop capacities for well-being that will serve them throughout their lives” (Ryerson University, 2017). Students receive a workbook with weekly exercises and program options. The program is still relatively new and the long term impact cannot yet be interpreted.

#### **4. Recommendations**

For the campus community to move forward, the following is recommended:

- a. It is recommended that a common definition of “resiliency” for the University of Waterloo is formed, shared broadly with all campus departments and incorporated into the campus culture. Consider how to incorporate this definition into onboarding of all new staff to the university so they understand how it applies to the students being served.
- b. It is recommended that further research is done on the plausibility of incorporating resiliency building programs into the school year.
- c. It is recommended that there is a consistent resource sharing location for programs and services being run across campus for easy referrals for staff. Consider using PASS kits as a supplementary way of referring student to programs and services.
- d. Recommend reviewing orientation programs to see how the messaging of resilience and failure are being conveyed. Consider Single and Sexy and other mandatory programs this may include.
- e. Recommend reviewing information parents are receiving to help support their student
- f. Recommend that since Professors are the ones that see the students the most- review how they are being informed about information and resources on campus and how they are sharing this with their students. (βthis one we may have to leave to the faculty specific panel?)
- g. Recommend the VIF process be reviewed (is this us or the mental health professionals panel?)

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