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

FINAL REPORT

February 16, 2018

UNIVERSITY OF
WATERLOO

LETTER FROM THE CHAIR

February 16, 2018

Dear members of the University of Waterloo community:

The winter 2017 semester was expected to unfold as others had in previous years. This included the predictable times of challenge associated with the milestones of the academic calendar: course introductions, assignments, mid-term examinations, and the final examination period. Interspersed with these events would be the normal stresses associated with transitions such as preparations for co-op or graduation. Unfortunately, that semester brought with it much more than those predictable sources of discomfort as two members of our student community tragically ended their lives. The sadness, grief and anger about these deaths by suicide was palpable for many months, finding expression in numerous gatherings on social and mainstream media. We acknowledge the pain and sorrow that remains with loved ones. As is the case with such tragedies, we may never know the exact circumstances that led to the students' deaths. In the winter of 2017, it became clear that further action should be taken at the University of Waterloo to mitigate against such tragedy in the future.

It has been an honour and a privilege to be part of our University's strong commitment to understand and improve the mental health and wellness of our students. With President Feridun Hamdullahpur's leadership, the President's Advisory Committee on Student Mental Health (PAC-SMH) enacted an aggressive timeline to thoroughly explore the multiple facets that relate to student mental health on campus. Members of the community demonstrated the best of the University's compassion for students throughout this entire process. We acknowledge the significant contribution of undergraduate and graduate students, staff, faculty members, alumni, parents and community members. The interest in this project was evident early on as many individuals volunteered their ideas, time and talent. That energy was sustained throughout the process and in the face of some difficult timelines.

I wish to thank the PAC-SMH members for their commitment, from the first call to action through to completion of the final report that we are presenting today. The more than 100 volunteers who made up the supporting panels deserve special acknowledgement; in particular, the numerous panel chairs. I was deeply impressed by the quality and detail of the reports that came from these groups in a relatively short time period. Appreciation is also due to people who made individual submissions to the PAC-SMH. Thank you for your thoughtful contributions.

Finally, a project of this scope requires the focus and steady hand of individuals whose contributions are not always visible. Thank you to all who supported this project behind the scenes as well as those that enabled the PAC-SMH members to dedicate the time and effort required.

We recognize that the completion of this report is not the end of our project, but just the end of this phase. The PAC-SMH members believe we have created a set of recommendations that balance our institutional pursuit of academic excellence with our deepest commitment to support students' wellness.

Walter Mittelstaedt | Chair, PAC-SM**H**

ACKNOWLEDGEMENTS

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a. **Executive Summary**

The mental health of students at post-secondary institutions has become a prominent topic of discussion inside the University of Waterloo and in the general community. Observers are alarmed to discover the high rates of psychological distress among students reported in surveys such as the National College Health Assessment (NCHA-II).

A comprehensive review involving many campus constituents was conducted in 2011-12. The review led to some significant revisions in the organization of mental health services on campus. Counselling Services and Health Services now plan and deliver mental health services in a more integrated manner under the umbrella of Campus Wellness.

The review resulted in greater attention to health promotion and prevention. There were increases to mental health staff resources, including new positions created for counsellors and psychologists, and funding for enhanced psychiatric services. In addition, improvements were made in how students access mental health services, ensuring that the most urgent concerns are addressed in a timely matter.

The changes emanating from the 2012 review helped the University to ensure that mental health services were keeping up with the steady growth and demand of the student population. Currently, a wide range of responses exists for students who arrive on campus with a history of mental illness, and for those who develop symptoms or concerns while attending the University. These responses include formal services as well as a network of peer-led support services.

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

Despite the attention to students' mental health and the development of a robust service system, a series of events in winter 2017 alarmed the campus community. In response to community expression of concern about two student deaths by suicide, the University President signalled the need for an in-depth conversation regarding student mental health.

The PAC-SMH was formed with a terms of reference that called for the collection of information considering "…the UW student body and the larger societal context." The committee was further tasked with advising "…on the status of the progress of mental health initiatives across the campus."

The PAC-SMH met regularly through summer and fall of 2017, gathering information from a variety of sources, both on-campus and from the general post-secondary environment.

Analysis was generated by five supporting panels, each covering a dimension of mental health, including academic, community partners, mental health experts, student experience, and student services panels. Reports were provided by each.

The PAC-SMH Report and Key Theme Areas

The final report, which includes a synthesis of independent submissions to the committee and the panel reports, is organized along the lines of a model of the post-secondary mental health response offered by the Canadian Association of College and University Student Services (CACUSS).

The CACUSS model recognizes different levels of required response ranging from the creation or adjustment of university policies, availability of less intrusive options for individuals who are starting to

experience psychological distress, and development of an appropriate mental health service system for individuals with clear mental health concerns.

Campus Policies and Practices

The PAC-SMH report recognizes that there is an opportunity to look at all of University of Waterloo's policies and policy development through the lens of student wellness. Some highlighted areas include the impact of the current process of obtaining academic accommodations, noting inconsistencies across faculties and services. The report also identifies that some academic policies may lead to undue and unnecessary stress. A series of recommendations suggests a path forward.

Social Support

The report on social support at the University of Waterloo highlights the role of positive interpersonal relationships in preventing psychological distress. This analysis, on one hand, recognizes the importance of friends and family, but also notes the emerging importance of on-campus relationships with peers, staff and faculty.

There are some groups on campus that experience more isolation than others due to their identification as international, racialized or LGBTQ students. The report speaks to opportunities to build on various mentoring initiatives to ensure that as many students as possible will benefit from being part of a social support network.

The report further addresses instances of negative interactions that occur in the academic environment, providing some recommendations for instructional approaches that mitigate these experiences.

Mental Health Awareness

Increasing the awareness about mental health and mental illness was highlighted as a theme during the PAC-SMH process. The report notes some of the current approaches for mental health promotion, including efforts to educate students about services.

Although these efforts have increased, corresponding with the increase of awareness of mental health in Canadian society, there are potential areas of improvement.

In particular, there may be opportunities to provide important information about mental health and services as part of the normal interactions between students, faculty, and staff.

Faculty and staff may need additional training and support to be equipped to provide the most helpful information to students. Some of this training already exists on campus, but in a limited capacity. The corresponding recommendation regarding this gap is for growth in the capacity for training and improved coordination of training efforts.

Early Intervention and Skills Building

The CACUSS model identifies that there are times when students experience psychological distress and a mental illness has not yet developed. During these periods of discomfort, students can benefit from early intervention strategies, many of which can be introduced in educational workshops or with digital applications.

The report addresses the need for a strong emphasis on developing resilience as a skill area for our students.

Service Levels and Duty of Care

The current mental health service delivery system is reviewed with some detail in the PAC-SMH report. A fundamental question that this report asks is, "How far can or should the post-secondary institution go in providing treatment for mental illness?" This question is considered in the context of the capacity of the local service system in the community.

The report notes that the local system may not have capacity to provide the range of services required by university students and, as such, on-campus services need to be prepared for the spectrum of mental health concerns represented by the student population.

At the same time, the report identifies opportunities for improved partnerships with community agencies, with an emphasis on ensuring that accurate information is available to students about services and providing improved referral processes.

Service Improvements

With respect to campus services, the report identified some areas of student dissatisfaction. Most significantly, students were concerned about the availability of services when needed.

Despite the growth in mental health resources in the past five years, there were instances in which people were not able to access appointments in a timely way. The mental health/counselling staff-to-student ratio is addressed in this report, with a recommendation that this ratio be increased to one staff member for each 1,000 students.

Growth in clinical staff also needs to take into account the expected outcomes of plans to improve mental health promotion and prevention. That is, the PAC-SMH hopes to detect a decrease in the need for formal services as more upstream approaches are introduced.

In addition to questions of capacity, the recommendations regarding services also touch on the readiness of mental health staff to address diverse needs of the student population including transgender, indigenous, and racialized students.

Recommendations are also provided regarding emerging models of clinical care including the stepped-care approach and therapist-assisted online therapy.

Campus-Wide Recommendations

The final set of summary recommendations are provided to direct attention to some of the broader implications of the PAC-SMH report.

First, it will be important to create a mechanism of accountability for implementation of the report's recommendations. The concept of an ongoing student mental health and wellness committee is proposed. Related to this, a recommendation is made for the University to adopt the Okanagan Charter as a framework for the implementation of the recommendations.

The report invites consideration of a collaborative research program, as a way for our campus to develop knowledge about the topics addressed in this report, and provide leadership among Canadian post-secondary institutions.

The report concludes with a recommendation that University of Waterloo join provincial advocacy efforts regarding the growing concern about student mental health.

University of Waterloo has an opportunity to attend to an important campus and societal issue: mental health. The PAC-SMH report offers a cross-sectional analysis of aspects of the University that influence the mental health and wellness of students as well as a summary of the current response.

The report represents a foundation for building a campus community where our students can flourish in all areas of their lives.

b. Introduction

a. Current Student Mental Health Context

Post-secondary student mental health is a topic that has captivated the attention of students, faculty, staff and administrators across North American institutions. Now commonly cited, the National College Health Assessment (NCHA-II) survey results for 2016 for Canadian post-secondary institutions estimated that 44% of students actively "felt so depressed it was difficult to function" while 64% "felt overwhelming anxiety" and 13% had considered suicide in the year prior to completion of the survey. For most institutions, the 2016 results suggest that students were struggling more in a range of areas as compared to the 2013 NCHA-II survey. That pattern held true for the University of Waterloo's students. These important survey results highlight the prominent mental health concerns among students, and point toward a trend of increased concern.

Survey results are one way to take the temperature of current concerns. Some researchers have examined trends in mental health using objective measures of symptoms and comparing the results over several years. Using this methodology, mental health concerns of post-secondary students tend to be more stable, with little variation over a 10-year period (Schwartz, 2015). Xiao, Carney, et al. (2017) found similar trends, but noted that the help-seeking behaviour of post-secondary students has changed significantly, with more students attending formal mental health services. They attribute this change to increased efforts to reduce the stigma associated with experiencing mental health problems.

The current interest in student mental health has led some to speculate that there is a "mental health crisis" on some post-secondary campuses, suggesting perhaps that the psychological presentation of post-secondary students is different than the non-post-secondary cohort. Blanco, Okuda and Wright (2008) found that when using psychometrically valid assessments, the rate of psychiatric disorder in the post-secondary population was no different than non-post-secondary youth. However, Stallman (2010) found that the level of psychological distress was higher among university students than that of their age-mates in the general population. Thus, although post-secondary youth may experience more stress than other youth, this experience is not always indicative of mental disorder.

The Mental Health Commission of Canada (MHCC) (2015) has identified "emerging adults" as a significant population as it concerns mental health. In particular, the MHCC report highlights the 16-25 age bracket, which encompasses most post-secondary students, as a period of transition both in personal development and in institutional responsibility — from the child and youth health system to the adult health system. During this period, it is estimated that 75% of mental disorders emerge (MHCC, 2015). The MHCC does not make a distinction between post-secondary and non-post-secondary youth, instead noting that the planning of supports needs to recognize the tremendous period of change of *all* emerging adults. The overarching question that could be asked is: are post-secondary institutions, whose primary mandates are associated with research and education, well prepared to provide support to the emergence of these mental health disorders?

A recent report, *In It Together – Taking Action on Student Mental Health,* prepared by a coalition of the Council of Ontario Universities (COU), the Ontario Undergraduate Student Alliance (OUSA), Colleges Ontario (CO) and the College Student Alliance (CSA), noted that some students in Ontario "…register for courses at colleges and universities for the primary purpose of getting access to mental health care" (page 2). Although there is currently no data to indicate how prevalent this scenario is, attending post-secondary institutions for the sake of getting support for mental health challenges needs to be further explored.

b. **2012 Mental Health Review**

Concerns about the mental health of our student population have previously been brought forward at the University of Waterloo. About eight years ago, after several deaths of students by suicide, the community rallied to begin asking the same type of questions that are being currently examined about the University's response to student distress and mental health. In 2011, a review of the University's central structures, approaches and processes for addressing student mental health challenges began and was completed in 2012. Through that analysis of stakeholder focus groups, a student survey (N= over 1000), professional literature review and key informant interviews, more than 40 recommendations were put forward for consideration. This review was a significant catalyst for change in the planning and delivery of services on campus.

A primary focus of the review was the programs and services of three University of Waterloo departments: Counselling Services Health Services and the Office for Persons with Disabilities. Since that review, the implementation of the key recommendations has been a top priority.

Three of the overall findings included:

- There is a pressing need for smoother collaboration of all mental health and support services on the University of Waterloo campus(es).
- Staff, and particularly students', expressed a persuasive need for enhanced access to and availability of best-practice mental health services.
- There is a need to give special attention to prevention and early intervention regarding the distress of students.

Many of the themes that emerged from the 2012 review continue to be relevant and many of the recommendations are still in progress. The following is an overview of key recommendations and progress:

- Organizational Restructuring:
  - A Director, Campus Wellness was hired in 2014 and reorganized Counselling Services and Health Services to be under one Campus Wellness (CW) umbrella. This development of single leadership has created a more collaborative relationship that is fostered through everyday connections between staff working in Counselling Services and Health Services. It has advanced further through the development of cross-functional teams and joint staff meetings. Three significant teams that meet regularly are the Collaborative Mental Health Operations Team, Quality Assurance and Program Evaluation Team, and the Joint Senior Management Team. Recently, Campus Wellness has initiated a cross-functional Health Promotion Team as well as a Healthy Workplace Team. Other areas of improved collaboration are with the introduction of a shared clinical record in which physicians, nurses and mental health professionals access the same information (with the client's consent), improving the ability for joint clinical planning where students have contacts with both services. The re-aligned Campus Wellness organization is addressed in a later section of this report.
  - All administrative responsibilities of Counselling Services and Health Services were realigned under one position: the Manager, Wellness Administration. This position was created in 2012 to bring together administrative functions related to all service provision. A central administrative function for Campus Wellness allows for a common experience for students when interacting with various service providers. It also allowed for the development of

common customer service standards and consistent support for the professionals providing these services.

- o The Office for Persons with Disabilities has evolved into AccessAbility Services (AAS) in 2013 and now reports to the Student Success Office. This shift has permitted a stronger connection between AAS and academic units. The working relationship between AAS and Campus Wellness remains strong at a service level.

- Health Promotion Focus:
  - o Developing strategies across campus for promoting health and the prevention of mental illness has been a focus for another key hire of the Associate Director, Health Promotion. Since the hiring of this position in July of this year, attention has been given to a range of health issues, in particular those identified in the recent NCHA-II survey results. There have been several active health education initiatives on campus for many years, including several peer educator teams focusing on mental health. The health promotion emphasis has permitted expanded attention on a variety of risk factors known for this population (i.e. sleep, diet, health-seeking behaviour, sexual health). With the establishment of this position, there are increased opportunities to address risk factors unique to the University of Waterloo, including academic policies that are seen to be a barrier to mental health.

- Service Delivery Improvements:
  - o A comprehensive, "seamless" range of services is now available, which includes an integrated intake process. This shift allows for Counselling Services and Health Services to essentially have no wait list for critical cases. As presented currently, students self-identify their level of acuity. Those who express significant risk, either through declaration of suicidal intent or other significant psychological symptoms, are prioritized for same-day assessment. The data shows that most are seen within two hours. The intake process further clarifies the level of acuity, with some individuals receiving assessment within a three-day period, and others with less immediate needs placed on a wait list for the next available mental health professional. While waiting for their appointment, students have access to a variety of options such as workshops and seminars, walk-in appointments, or single-session appointments. This approach parallels services offered in the community and ensures that safety concerns are addressed in a timely manner. Other improvements in the continuum of service coming about as a result of the 2012 student mental health review are the enhancements of psychiatric services. Currently, the equivalent of two full-time psychiatrists are available for students, based on referrals from family doctors. The work of psychiatrists is supported by a mental health nurse, as well as collaborations with other mental health staff. In the past five years, there has been an increase of 7.0 full-time equivalents in mental health staff representing a variety of specialities. A summary of available mental health services and supports at the University of Waterloo is provided in Appendix H.
  - o The crisis response has been enhanced with the creation of Counselling Services' flexible appointments to ensure that students facing mental health emergencies have access to professional help. These crisis appointments have varied from being regular staff protecting time for "immediate response" or, more recently, the hiring of dedicated staff for crisis appointments. In recent years, an on-call system has been piloted, allowing campus police and/or housing staff to call for counselling support.

Overall, it should be understood that there have been significant movements in how mental health services are conceptualized and delivered at the University of Waterloo since the pivotal 2012 Student Mental Health review.

There were some recommendations in the report that have not been completed and remain relevant to the current review (including substance abuse services and a comprehensive response to international students). The Campus Wellness leadership understands, however, that the field is dynamic and needs to constantly review the opportunities for improvement.

c.   **Cross-section of Mental Health Services at the University of Waterloo**

Mental health services on campus are delivered in both Counselling Services and Health Services. Counselling Services has approximately 22.0 full-time equivalent (FTE) counselling staff and 5.0 FTE management level staff who routinely provide clinical supervision and care as part of their roles. They represent a variety of disciplines, including psychology, social work and psychotherapy. Most of these staff are located centrally at Needles Hall or Health Services for some or all of their time. Several staff have assignments in satellite offices, which might include faculty administrative offices or at programs/schools located off main campus.

Counselling Services staff provide a range of services including psychological assessments, intake assessments, immediate (crisis) response sessions, individual psychotherapy, walk-in sessions, single sessions, workshops and skills building/therapy groups. The mix of these assignments varies by semester depending on the most pressing needs and the availability of other staff. As noted earlier, the details of the range of services are listed in Appendix H.

In 2016/17, Counselling Services provided 19,500 hours of service to nearly 4,000 unique[1] students. The number of appointments represents an 11.4 % increase from the previous year. The trend in the past five years has been a steady increase in demand for counselling, leading to additions in staffing as listed above. Counselling Services management has, at the same time, been adjusting the service model to ensure that students are matched with the most appropriate service based on their requests and clinical assessment. As noted in the previous section, the adjustments have included changes in intake procedures, inclusion of more pre-treatment educational options, and the introduction of walk-in and single-session options.

Health Services staff also provides a range of mental health services. Nurses conduct triage assessments to determine the level of urgency. Physicians provide assessment and treatment, some of which is medical and some of which is physician psychotherapy. In 2016/17, Health Services provided 71,000 appointments for approximately 15,500 unique individuals. Of these, it is estimated that 20% (14,200) were mental health appointments. Health Services report that some appointments may be initiated for a physical, but after assessment, a mental health intervention may be indicated. As is the case for Counselling Services, the number of appointments has increased each year for most of the past five years. Physicians often make referrals to other mental health providers, including Counselling Services or psychiatry. In 2016/17, psychiatrists provided nearly 3,000 appointments for 570 individuals. Several of the individuals seen by the psychiatrists are also being supported by a mental health nurse. They are generally students who require support to return to campus after hospitalization.

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[1] A unique student (individual) refers to each student who attended the service (Counselling or Health) on at least one occasion during a given time period, in this case a fiscal year.

This listing of service availability outlines a vibrant set of mental health services at the University of Waterloo. Not listed here are informal supports such as MATES, the Glow Centre and the Women's Centre available to students through peer support programs. Informal analysis of services offered at other campuses suggests that Waterloo has as much or more service available than most post-secondary institutions in Canada. However, it is also known that many campuses are aware of the increasing expectations for on-campus services. Accordingly, it is likely that many are increasing their resources to address the newest demands.

d. **Winter 2017 Precipitating Events**

In the winter of 2017, a series of events further alerted the University of Waterloo community to the well-being of the student population. First, several tragic suicides at a nearby institution were reported widely and debated on local, national and social media. In the midst of the heightened attention, two University of Waterloo students died by suicide in a period of about three months. More individuals became engaged in expressions of grief and sadness on behalf of the victims and their families, as well as frustration and anger at Waterloo's response. The community was provided with the opportunity to communicate their reactions using a petition, formally delivered to University leaders during a vigil ceremony. It became evident that all community members — students, faculty, staff, alumni and others in the local community — were looking to expand the conversation about student mental health and youth suicide.

e. **Creation of the President's Advisory Committee on Student Mental Health**

In response to evident concern, President Feridun Hamdullahpur convened the President's Advisory Committee on Student Mental Health (PAC-SMH), in April 2017. It was:

> "…tasked with ensuring the collection of a broad set of information on student mental health considering both the UW student body and the larger societal context. It will review the data and information collected and advise on the status of the progress of mental health initiatives across the university. It will examine root causes of student stress, anxiety and depression, and how to mitigate them proactively instead of reactively."

The complete Terms of Reference are included as Appendix B.

The committee's name, as well as the terms of reference, dictated that the primary focus would be on students. We recognized early, however, that discussion of the well-being of students would inevitably touch on the well-being of other members of the community — namely, staff and faculty. The PAC-SMH clarified that the committee's work could be seen as a starting point for a conversation on campus mental health, and that it would be desirable for some of the analysis and recommendations to touch on the broader community, perhaps leading to future integration of efforts with ongoing employee wellness initiatives.

The PAC-SMH Steering Committee, made up of undergraduate and graduate students, faculty members, student service leaders and senior administration, planned to carry out its mandate over a relatively short period of time, eventually committing to submit a report to the President in January 2018. Members were appointed to the committee based on familiarity with and/or expertise regarding the emerging concerns of community members about the mental health of students. The committee is comprised of eight members (half students/half non-student members) plus a chair as appointed by the President. The committee was supported by a full-time project coordinator.

PAC-SMH membership:

Walter Mittelstaedt	Director, Campus Wellness (Chair)
Beth Keleher	Graduate Student, Psychology
Chris Read	Associate Provost, Students
James Rush	Dean, Applied Health Studies
Nikki St. Clair	Undergraduate Student, Political Science
Paul Ward	Associate Professor, Electrical and Computer Engineering
Antonio Brieva	Federation of Students Representative
Vanessa Lam	Graduate Students Association Representative
Alex Piticco	Associate Director, Student Development and Residence Life, Housing & Residences

Since its first meeting on May 24, 2017, the committee has met bi-weekly. Early meetings were organized to provide members with up-to-date information about the post-secondary environment with a focus on student mental health. In addition, the committee reviewed summaries of informal submissions by community members that were being collected on the PAC-SMH website. The next stage of the process was to design a process of engagement for the University of Waterloo campus community. Supporting panels were developed (described below), each with a focus on a particular sub-topic. As these supporting panels conducted their analyses, the committee met with representatives of groups that provide support and services to students to gain an understanding of day-to-day interactions among students and support staff. Staff from the following areas were interviewed:

- Counselling Services
- Health Services
- Health Promotion
- Housing and Residences
- AccessAbility Services
- Student Success Office (specifically focused on: International Students Experience, Faculty Relations/Academic Advising)

Additional written submissions were received from several undergraduate academic advisors, as well as individual students.

In the latter part of the PAC-SMH mandate, discussions focused on the best ways to compile the information collected through these various channels, to advise the President and apprise the community of findings and recommendations. Communication with the chairs of the supporting panel was important throughout the PAC-SMH meeting period.

There was much engagement of the community through submissions to the President's Office, as well as to the PAC-SMH chair. It became clear that many individuals on campus were eager to participate and had been reflecting on student mental health for some time. We considered it a great advantage for the mandate to bring as many voices as possible into the conversation.

After some deliberation, five supporting panels (essentially working groups) were created, each with a set of mandate questions. We provided the panels with guidelines to assist in the process of data collection and report preparation. The panels covered the following topics:

- Academic
  - How do we understand the relationship between academic stress and mental health?
  - What is a reasonable level of demand in terms of academic load, scheduling and other planning required by students (i.e. co-op)?
  - What is the utility of comparing students against students? How do we balance a culture of wellness and a culture of competition?
  - How do we support instructors and their efforts to embed wellness into their pedagogy and the curriculum?
  - Are there exemplars of programs and/or instructors that represent a good balance between academic rigour and mental wellness? Can we learn from these?
  - How do we eliminate barriers to academic accommodations for students who need mental health supports and/or are experiencing symptoms of mental illness, but have not been diagnosed?

- Community Partners
  - How do we currently characterize the relationship of the University Counselling Service with community agencies? How do we communicate this network of services?
  - What services and supports can the University reasonably expect from community agencies and vice versa?
  - How can the University assist the community in advocating for appropriate level of resources for specialty services (i.e. first episode psychosis, eating disorders, substance abuse)?
  - How can off-campus housing providers/landlords address the needs of student tenants in a way that contributes positively to their mental health?

- Mental Health Experts
  - What are the conditions needed to promote mental health on campus?
  - What should we be doing or emphasizing proactively to enhance mental wellness?
  - Are the clinical approaches we are using the most appropriate?
  - How far can/should an organization like the University go in providing treatment for mental illness?
  - What are other institutions doing to deal with demands on front-line services? To address the need for wellness space and programming?
  - Why are students not reaching out to access mental health supports?

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

- Student Services
  - How well are student services working together to provide a comprehensive mental health response? (Housing, Campus Wellness, Student Success Office, AccessAbility, Athletics, Academic Advising)
  - How integrated are peer-to-peer services? (e.g. MATES and CRT)
  - 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?

Note that some groups expanded the list of questions based on their early deliberations. Executive summaries from each of the panels are included in this report as Appendices C-G. The full reports of supporting panels will be posted on the PAC-SMH website upon public release of this report.
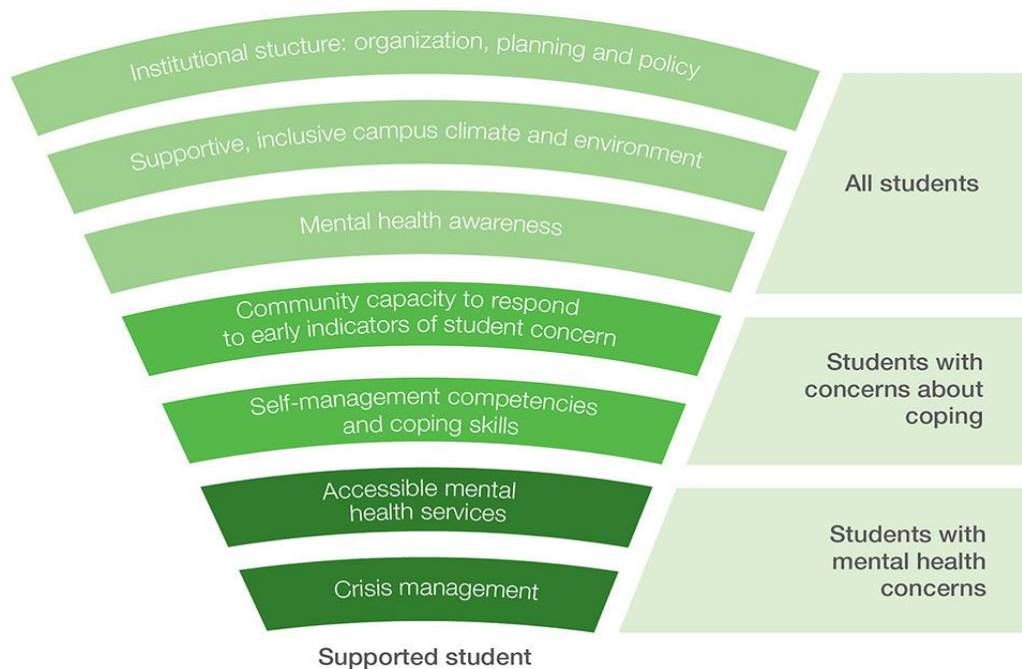
Panel members were recruited by using an online expression of interest. Within the two-week deadline, we had nearly 300 applicants including students, staff, faculty, community members and alumni. The PAC-SMH selected the eventual membership of the panels using information from the application including expertise, experience, diversity of stated interests and role with respect to the university. The overall final mix ensured that about half the members were students. Chairs and co-chairs were appointed from each of the panels.

Panels first met on July 27, 2017. The morning session was a plenary including membership from all panels. In the afternoon, each group began studying mandate questions and planning. A member of the PAC-SMH steering committee served as a liaison for each of the supporting panels. On October 24, 2017, the panels met again and provided progress reports and received questions from members from other panels. The progress report presentations were available to the university community through live-streaming.

c. Final Report Compiling Methodology

The remainder of this report aims to summarize the findings, analysis and recommendations of the PAC-SMH including sources listed above and external research. Common themes emerged as the work of the PAC-SMH panels began, research from other institution's mental health work was analyzed, and all was reviewed through a lens of qualitative analysis and community engagement.

A second method of compilation has been to overlay the collected information with a known organizational scheme. Several of the panels referenced the Canadian Association of College and University Student Services (CACUSS, 2013) model of post-secondary mental health response for students. The model is well-suited to address both the PAC-SMH Terms of Reference and the panel mandate questions. The following is a graphic depiction of the CACUSS model.

Model of Post-secondary Mental Health Response (CACUSS, 2013)

The CACUSS model conceptualizes a spectrum of ways that post-secondary institutions can respond to mental health issues. For example, the top three categories are population-based approaches for health promotion to keep the entire study body mentally well and flourishing (e.g. policy, campus culture and environmental supports). Moving toward the middle of the model, strategies focus on mental health disease prevention and early intervention, which includes building the capacity of the system to respond to student needs and promoting self-management and coping skills. Finally, the bottom strategies focus on the smaller percentage of students struggling with mental health concerns or illness and who need access to comprehensive services and crisis management.

The five supporting panels each generated final reports with recommendations for PAC-SMH to consider. In total, approximately 170 recommendations were put forward. Upon review of the individual reports, much overlap was found and it is likely that the recommendations put forward in the present report represent some of this overlap. Some recommendations were not included in this report but many of these areas are worthy of continued study. For example, there were some areas for which the PAC-SMH did not have the knowledge to fully assess the feasibility of the recommendation. If these exclusions are deemed important to a future implementation committee, they can be reconsidered. The panel reports, with the extended recommendations, will thus be helpful as part of the implementation process. These reports will be posted at the time of public release of this final report.

d. **Findings and Recommendations**

a. **Campus Policies and Practices**

This section addresses the part of the CACUSS model that potentially applies to all students. In our report, we note that university policies are made to have positive impacts on all aspects of university life, including academic achievement, but sometimes they may inadvertently have negative effects on mental health and wellness. Our ultimate aim is to review the pertinent policies through a wellness lens to ensure they do not negatively contribute to health outcomes or serve to increase inequities on campus.

Several of the panels considered the general topic of "university policy" as it relates to mental health. The Mental Health Experts Panel addressed the question, "What are the conditions needed to promote mental health on campus?" by drawing attention to the importance of creating a culture that is conducive to positive mental health. Speaking specifically about mental health staff, they noted that culture is related to morale and turnover, and that this has impact on clinical care. Presumably, there is an analogous effect with other student-facing relationships. The Mental Health Experts recommended that future review of formal University policy include a lens of mental health; in other words, whether a given policy is likely to adversely affect the mental health of students.

The current policy regarding academic accommodations for mental health concerns was discussed by several panels and subject to many submissions to the PAC-SMH website. It was noted that there are several difficulties with the current Verification of Illness (VIF) process, ranging from inconsistent application across faculties to inconsistent fee procedures. There have been some innovative on-campus approaches, including the use of tracking systems of VIFs to ensure that students who are not otherwise identified as struggling will be noticed in the academic system. Some campuses have implemented self-declaration of short-term illness reporting by students along with tracking systems to encourage responsible self-management of illness and disability behaviour such as is expected in the workforce.

The academic panel additionally drew attention to several academic policy areas. It recognized that there are significant differences across and within faculties. In addition, it highlighted that there are aspects of post-secondary education that are inherently stressful and aspects of academic policy that create undue stress. Further along these lines, the group noted that a stressful academic environment might be experienced as challenging for many students. This stress might push individuals with pre-existing mental illness into a "red zone" in which they are unable to function. It is for this reason that the University needs to have a robust and consistently applied system of accommodations. Indeed, there are likely students on campus living with mental illness who are able to complete their education with the effective use of these accommodations. The academic panel also made reference to course design features (known as Universal Design) that allow for successful learning outcomes for diverse learners, including those with mental illness.

Several panels commented on various situations in which students might experience stress beyond what is reasonable given the academic context. The academic panel highlighted that there are preventable stresses related to the scheduling of exams. In many areas, students don't know exam schedules until well into the semester. The emphasis on examinations being the dominant approach to assessment was also raised. Submissions from the academic and student experience panels called for consideration of alternative methods of determining student outcomes, recognizing that this will not be consistently possible across the institution. Student groups, as well as panel members, also highlighted that certain co-op configurations, in which students are applying for co-op positions in their first semester, create difficulties in adjusting to the university experience. The academic panel suggests that these areas be examined further to minimize stress and promote student wellness through these key adjustment periods.

Features of the educational experience for some faculties and programs may not be conducive to student wellness. The Academic Panel noted that in areas where competition among students is prominent, the wellness of some students can be compromised. The panel made a distinction between the use of rankings as an extrinsic motivator for success versus intrinsic motivation for growth, noting that both forms of motivation can be helpful in education. Some alternatives to strict ranking are presented in the panel report.

General Policies and Practices

Recommendation #1:
- The University should facilitate a wellness and mental health analysis when new academic programming is proposed.
- The University should develop a mental health framework for use when writing new, or reviewing existing, policies and procedures.

Accommodation Policies and Recourse Procedures

Recommendation #2:
- Equip AccessAbility Services with the capacity to review mental health-related accommodation requests on campus while maintaining the confidentiality of the student.

Recommendation #3:
- Develop a centralized physical and online system for submitting Verification of Illness Forms that notifies all students' instructors while maintaining confidentiality of students' medical conditions and history.

Recommendation #4:
- The University should develop proper recourse mechanisms for students who allege staff or faculty have violated an approved accommodation request related to mental health.

Academic Policies and Practices

Recommendation #5:
- Strike a working group that recommends implementable best practices around exam and evaluations with a wellness viewpoint in mind. This includes but is not limited to an examination of:
  - Final exam schedules and availability of the exam schedule during the course enrollment period.
  - Weighting and overall number and type of evaluation/assessment in courses.
  - A more efficient system for deferred exams.
  - Confidentiality around communication of grades to students to ensure practices aren't promoting an unhealthy competitive environment (e.g. rankings).

Recommendation #6:
- Academic programs should review for unnecessary stress sequences where students acquire their first co-op position in the second term. The PAC-SMH recommends that a committee be struck to investigate how to reduce the stress levels associated with this sequence.

Recommendation #7:
- Consider universal instructional design as a valuable perspective that can be used to improve course delivery. Consider a collaborative effort between the Centre for Teaching Excellence and faculties to include universal instructional design in existing and new courses.
- Develop an online resource to record good practices for embedding universal instructional design and mental wellness into teaching.

Openness and Transparency

Recommendation #8:
- Openly communicate the process the University undertakes when communicating about student deaths on campus.

Recommendation #9:
- Develop a protocol to include community partners when communicating adverse events that involve a member of the community, while ensuring that support services are available to those impacted by the event.

b. Inclusive and Supportive Campus Culture

Similar to the above section, this section speaks to University features that affect all members. The CACUSS model identifies the need to examine the level of inclusivity and support that is experienced by members of the community. The experience of a supportive community is expected to be conducive to positive mental health and wellness.

A strong body of research, some of it documented in our panel reports, bears out the centrality of social support as a factor in positive mental health (Barry, 2009). The mental health experts panel spoke of this in terms of "social capital" defined as "… the network of relationships that an individual maintains to support one's goals and well-being" (mental health experts final report, page 18). The panel report further specified sources of social support deriving from family, faculty and peers, all having important functions for students as they navigate the transitions and daily stress of university life. The student services panel similarly referred to a "community development" model emphasizing an "…engagement of staff, faculty and students toward building a stronger sense of community at Waterloo…" (student service panel final report, page 19). These comments resonate with findings of the NCHA-II 2016 survey results, which suggest that nearly a third of students reported feelings of loneliness in the weeks prior to completing the survey. Clearly, there are individuals who do not experience the campus as a supportive community, and as a result, are not benefitting from the protective advantage of social support.

Some of the panels identified groups on campus that might be considered vulnerable with respect to the experience of being included and supported. The student experience panel, for example, identified that international, indigenous and LGBTQ communities may be over-represented in the group of students requiring mental health supports. Although the focus of these reports was on adjusting services to ensure that these groups are welcomed and appropriately supported, there were also observations suggesting that individuals represented by these groups experience the additional stress of not feeling fully included in the community experience, and as such, experience distress that may lead to mental health symptoms.

In response to this recognition that some students are not benefitting from the advantages of a social support network, several panels and direct submissions to the PAC-SMH highlighted the need to build on the strength of formal and informal peer mentoring opportunities. Within some faculties, peer mentoring is offered to incoming students. Senior students make themselves available to more junior students to assist with basic information about all aspects of the university experience. In some cases, these peer connections are more specifically targeted for students potentially struggling with mental health concerns (i.e. MATES). Overall, however, there is recognition that enhancing peer connections through deliberate efforts by staff and faculty can be an important antidote to the experience of isolation for many students.

Discussion of teaching approaches among the academic panel brought forward several known examples of interactions between faculty and students that were identified as sources of undue stress. The group expressed concern that these negative interactions, although relatively rare, could have an impact on the mental health of affected students. They noted that students often feel powerless in their relationships with some faculty. Recognizing that most interactions between students and faculty are positive and professional, the possibility of these few exceptions needs to

be taken seriously, and consistently applied methods of redress may need to be developed to support or supplant the current Policy 33 - Ethical Behaviour.

Some groups highlighted the contribution of "built environment" as a mediator of mental wellness and social support. Specifically, we heard about some limitations related to space that may directly affect the mood of students (i.e. lighting, condition of facilities). Further work needs to be done to understand the impact of environments on social interaction. The student service panel drew attention to the potentially positive impact of developing spaces that encourage activity. Some of these developments are under way (upgrading of the Physical Activities Complex and connection with an expanded Student Life Centre, proposed expansion of the Columbia Ice Fields and development of the Field House), while other opportunities for enhancement of space that encourages activity and social interaction are under consideration.

Finally, we heard about opportunities to employ a more general health promotion strategy aimed at creating a stronger inclusive and supportive culture at the University of Waterloo. Several groups pointed to frameworks such as the *Okanagan Charter* (Okanagan Charter: An International Charter for Health Promoting Universities and Colleges, 2015)as a way to promote actions that increase the sense of community for all members. Several of our panels recommended adopting the Charter, and with this commitment in hand, developing a health promotion strategy that crosses all levels of faculties and student service groups.

Shared Responsibility Amongst All Community Members for Wellness
Recommendation #10:
- All academic programs and student service departments should include peer mentorship activities in the delivery of their mission for the purpose of:
    - Improving the frequency of connection and collaboration between students, faculty and staff.
    - Developing a greater sense of belonging and community at Waterloo for all students.
    - Increasing cross-campus support and advocacy for student wellness.

Diversity, Equity and Inclusivity Considerations Regarding Student Wellness
Recommendation #11:
- A committee should be struck to develop and implement a cultural competency strategy for the University regarding health promotion and student wellness. The committee would review campus policies, procedures and practices in consideration of race, ethnicity, faith, gender, sexual orientation, gender identity, and socioeconomic status.

Faculty and Staff Roles
Recommendation #12:
- Expand the range of options for students who are having challenges in interactions with their supervisors or instructors. For example, consider the model of an ombudsperson employed at some institutions with functions such as support, advocacy, and tracking data/patterns.

Intentional Design and Planning of Student Space
Recommendation #13:
- Identify and implement University facilities and infrastructure standards and best practices into the design, planning and rejuvenation activities for all campus physical spaces to promote and enhance student wellness and supportive learning environments.

c. **Mental Health Awareness and Communication**

Corresponding with a similarly labeled category in the CACUSS model, this section again addresses the whole of campus as it speaks to the way mental health and wellness and mental illness are discussed across campus. As noted below, there have been improvements in society's comfort level with these topics, but there are opportunities for further development.

Mental health awareness in Canada has improved significantly in the past 10 years. The establishment of the Mental Health Commission of Canada, and all its associated projects, indicates that there is developing recognition of the importance of mental health as a public health concern, as well as a potential risk factor for many citizens. Similarly, we could surmise that the establishment of the PAC-SMH, and the robust response from all areas of the University of Waterloo community, indicates that the nationally recognized concern is shared at our institution.

For the past decade, the University of Waterloo has organized a Mental Health Wellness Day as a way of bringing awareness about mental illness, wellness and services. Several of the groups spoke positively about this initiative but would like to see a more consistent effort for mental health promotion year round; in other words, expanding the campaign so that the issues brought forward stay top of mind in the university population. Some examples of how to improve mental health communication include the use of online forums as well as more ongoing, open forums such as discussions during classes or town halls rather than only in response to tragic events (Student Experience report, page 18). The academic panel and many student submissions raised the possibility that some of this information can be promoted as part of the regular interactions between faculty and students. Recognizing that courses often have very focused content delivered in a limited timeframe, there may still be opportunities to insert "reminders" of services or other wellness-related information. We became aware that some faculty members are already including this content in their interactions with students, and there may be opportunities to disseminate best practices using the expertise of support units such as the Centre for Teaching Excellence (CTE).

The dissemination of information during student orientation was another common theme mentioned by many. This period of time, typically occurring just prior to the start of the fall semester, focuses on transferring information about the institution, services, policies and health promotion (among many other topics). It is noted that orientation activities occur for some students in the winter term and require similar attention. Many commented that it is difficult for incoming students to absorb all the information presented. For example, students may hear repeated references to Counselling Services or Campus Wellness during Orientation, but they may feel it is irrelevant at the time of receiving that information.

A suggestion that consistently emerged was the need to develop curricula early on in a student's career with concepts of wellness, including mental health, and this being the focus of a credit course. We are aware that such a course is offered in the Applied Health Sciences (AHS) faculty with the following description: "...course will introduce the student to the basics of health, wellness and disease, with an emphasis on assessing and evaluating the student's own lifestyle and health risk, and committing to a plan to begin or maintain a healthy lifestyle across the life course" (AHS 100 description). The course is available to other students, but the uptake outside the AHS faculty has thus far been limited. The mental health experts panel, in particular, raised the concept of "mental health literacy," speaking to a student's general knowledge about mental disorders and potential early intervention approaches.

Along with this general enhancement in interest and awareness, our panels and other submissions noted some gaps in knowledge about student mental health. Many noted that the profile of mental health service remains somewhat limited. From the mental health experts panel, "...the University

of Waterloo has a very rich inventory of services that are central to the maintenance of well-being, including athletic, recreational and social activities, a food bank, academic peer supports such as MATES, the Glow Centre, the Women's Centre, workshops and supports for academic achievement such as the Student Success Office, Accessibility Services and the Writing Centre, and online and in-person workshops and supports through campus wellness" (page 22). This group noted, as did others, the importance of increasing awareness of the opportunities available for students to improve their wellness.

There was wide consensus among our panels and presenters that all faculty and staff could benefit from further education about mental health and mental illness. Many of the student-facing university staff recognize intuitively when a student has crossed the threshold from normal stress to a mental health crisis. However, at this juncture, several respondents indicated that they are uncertain how best to respond. Those who have obtained some of the training that is available have expressed appreciation for this exposure. We heard from some sources that appropriate training is difficult to acquire. Counselling Services staff are able to provide some of this training, but the interest and demand far exceeds the capacity of the staff. In addition, our respondents noted that different levels of training may be needed for different faculty/staff, depending on the kind of contact with students. It appears from our discussions that there is an appetite for further development of a systemic training approach as it relates to student mental health.

Reducing Stigma
Recommendation #14:
- Open a continuous dialogue with students, staff, faculty, and the wider community about mental health and well-being, including online forums for discussion of:
  - Prevention of mental health issues and promotion of mental health-care strategies.
  - Suicide prevention.
  - Impact of trauma and sexual violence.
  - Effects of racial injustice.
  - Effects of transphobia.
  - Harm reduction approaches to substance use.

Curriculum Availability
Recommendation #15:
- Encourage faculty to integrate curriculum focused on mental health, resilience, and support resources and to develop courses in ways that promote mental wellness.

Mental Health Training
Recommendation #16:
- Support the professional development of faculty, including the following:
  - Explore ways to share existing best practices between instructors on an ongoing basis, particularly in an online format.
  - Encourage faculty involvement in teaching-related professional development by recognizing these efforts in their merit reviews. Go beyond numbers generated by the student survey. Acknowledge and value up-to-date course assessments, participation in CTE workshops, and pedagogical conferences.

Recommendation #17:
- Ensure that faculty have appropriate and timely information to support students through the following means:

- Make mental health training part of the on-boarding process for new faculty.
- Strongly encourage mental health training in existing faculty.
- Provide clear guidelines to instructors regarding who they can contact when they have concerns about a student's welfare, even if he or she does not yet require interventions.

Recommendation #18:
- The Sexual Violence Response Coordinator should provide training related to sexual violence to other healthcare workers on campus.

Information about Resources
Recommendation #19:
- Develop an integrated marketing and communications plan to inform students about all the available support options, including the following:
  - Implement opt-in information sharing and transition programming during orientation for incoming students living with mental illness.
- Create a centrally maintained database of available supports for students. Allow on-campus departments to contribute their own initiatives.

Recommendation #20:
- Make information and resources about mental health easy to find, including but not limited to the following:
  - Implement one platform to access services and supports.
  - Develop a comprehensive list of peer supports on campus and provide opportunities for knowledge sharing.
  - Enhance existing peer support resources.
  - Clearly describe available mental health resources in the Region.

d. **Prevention and Early Intervention**

In this section of our report, we collapse two categories of the CACUSS model. Our conception of "prevention and early intervention" encompasses the needs of those students who have begun to notice and/or express concerns with their coping ability. We note that at any given time there will be a proportion of the student population coping well with the challenges of their education, there will be those who recognize that their distress is temporary — perhaps relating to situational pressures — and there will be those who are ready to seek assistance to cope better. The CACUSS model categorizes these areas as "community capacity to respond to early indicators of student concern" and "self-management competencies and coping skills."

For some years, Counselling Services has offered a series of workshops designed to assist students with self-management and coping. Counselling Services offers the following seminars and/or workshops:
- Managing Emotions
- Cultivating Resiliency
- Challenging Thinking
- Strengthening Motivation
- Calming the Panic
- Developing the Compassionate Mind
- Mindfulness Meditation
- Preventing Depression Relapse

These supports are available on an ongoing basis and are designed to provide students with tools they can use to address low levels of stress or mental health symptoms. It has been a challenge for Counselling Services staff to provide as many workshops and seminars as are requested. Providing more of the current programs and adding other topics is likely a necessary next step in this area.

In recent months, some of these seminars have become available online. Some respondents encouraged the expansion of this kind of self-management activity with the exploration of additional applications developed specifically for this population. It is likely that the use of mental health apps and websites will continue to grow. It is estimated that nearly 300,000 such apps have been created and new ones are being developed at a rate of 80,000 per year (Hatcher, 2017 – Centre for Innovation in Campus Mental Health conference).

The topic of resiliency deserves special attention as it was a common theme discussed by all panel groups and presenters. The student service panel used a definition provided by the American Psychological Association: "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" (as cited in the student service panel report, page 14). It is important to note in this definition that resilience is not being conceptualized as a fixed trait that individuals either possess or don't possess; rather, it is a set of skills that can be acquired. Multiple submissions observed that resilience is lower in today's students compared to past years. Recognizing the applicability to the post-secondary environment, several institutions have invested heavily in training programs. Furthermore, the development of these skills prior to attendance at university or college has been the pre-occupation of some high school and middle school educators. The *In it Together* report (referred to earlier) made a strong recommendation that governments invest further in this curricula beginning in primary grades and extending through high school. Our groups have thus joined the chorus of voices supporting a stronger investment in programs that help students become more resilient.

Recommendation #21:
- Develop a campus-wide training program in resiliency.
    - Ensure that a common definition of resiliency is used across all program delivery platforms and training providers.

Recommendation #22:
- Implement a comprehensive education and training strategy to increase mental health literacy among students, staff, and faculty. Create situational mental health training based on role and/or faculty and make it available to all.
    - Ensure training is offered for receptionists and student staff who may deal with students struggling with mental illness and suicidal ideation. Invest in a dedicated full-time resource for mental health training.
- Invest in a dedicated full-time resource for mental health training.
- Stagger or reiterate orientation presentations throughout the year.
- Encourage capacity building through a train-the-trainer approach.
- Ensure all staff and faculty are aware of the supports for students that already exist both on campus and off campus and what to do in case of an emergency or when they suspect a student is in need of additional support.

- Distribute the Do You Need Help poster detailing what people should do in particular situations to all Waterloo campuses, faculties, schools, departments, etc. so they know where to find help in the event of a crisis.

Self-Assessment and Digital Applications as Early Intervention
Recommendation #23:
- Use research on best practices and review opportunities for self-assessment/self-management and early intervention through digital applications.

Coordination of Peer-to-Peer Activities
Recommendation #24:
- Assess the current level of coordination of peer support networks. Create a mechanism for coordination and knowledge sharing.

Mental Health and Harm Reduction
Recommendation #25:
- University of Waterloo should join the Canadian Centre on Substance Use and Addiction Postsecondary Education Partnership — Alcohol Harms, a partnership that other universities across Canada have joined. It focuses on:
    - Reducing harm associated with drugs and alcohol.
    - Developing an institutional implementation and measurement plan based off the framework.

Training and Education Programs
Recommendation #26:
- Develop new training programs in the following areas:
    - How parents can support their students.
    - Strategies to prevent sexual violence.
    - Bystander intervention training in orientation leader training.

e. **Service Access and Delivery**

In this final section of observations, analysis, and recommendations, we bring together the two categories of information listed in the CACUSS model that pertain to students with mental health concerns. It is likely that when people refer to student mental health, they may be thinking first of "accessible mental health services" or "crisis management." We wish to give these important facets of the model proper attention with the view to contextualizing the services in the broader model as listed above.

As discussed earlier in this report, the University of Waterloo provides a range of formal and informal supports in its Counselling and Health Services, more recently presented as an integrated Campus Wellness response. Members of the PAC-SMH were provided information about the services through summary reports and through detailed discussions with service providers. From these reviews, we recognized that there are many services available, ranging from peer support efforts to formal treatment services provided by highly trained professionals. Panel presentations suggested that there may be a disconnect between students' awareness or perceptions of what is available and the actual availability of services. If this is the case, it will be important to continue to develop effective communication about mental health services along the lines discussed in earlier sections of this report. For example, students need to have ongoing exposure to information about on-campus and off-campus options so that during times of acute need, the path to an appropriate service is accessible.

Mental health services delivered on campus exist in the broader context of local services. One of the significant questions that the mental health experts panel addressed was: "How far can/should an organization like the University go in providing treatment for mental illness?" They took the position that the University needs to provide a comprehensive range of treatment, recognizing that the local (regional) mental health system, including hospitals, other publicly funded health organizations and counselling agencies, may not have sufficient capacity to provide all the necessary services for students. It is not clear whether local health planning fully takes into account the significant influx of students and the service requirements that they represent.

A recent document created by a collaborative of student groups and post-secondary leaders in Ontario, *In It Together: Taking Action on Student Mental Health*, spoke of a "whole of community" approach in which post-secondary students are considered a priority group in health services planning. With this approach, there may be an opportunity for better integration between community services and campus-based services. The report also recognizes that there are significant gaps in funding for mental health services in the community at large, and that as a result, post-secondary institutions are under significant pressure to create comprehensive services.

> "Over the past several years, the increase in mental health issues among students has put increasing pressure on post-secondary institutions to move beyond their academic counselling role to providing ongoing mental health treatment. Acute and long-term support of this nature rightfully falls within the mandate of health-care providers and community agencies. A distinction must be made between the triage role of post-secondary institutions to direct students with serious or complex needs to appropriate care and the acute and long-term service provision role of health and community service agencies. Clear boundaries for each institution, coupled with an integrated approach to service delivery, mean students will obtain faster access to mental health and social services." (*In It Together, page 3)*

Clearly, there needs to be ongoing discussion about the roles of campus service providers and the community. Locally, this may require the development of an understanding of what the capacities and expectations are of each respective provider, followed by the development of protocols to ensure collaboration.

Through the process of the PAC-SMH, some promising areas of discussion were opened. The community partner panel provides some examples of how the University of Waterloo can benefit from connections with various agencies. The group noted that additional efforts could be made to ensure students have accurate and full information about services in the community. Further, the panel saw opportunities for ongoing information exchange between on-campus and off-campus providers in community forums that address mental health. The community partners and student experience panels noted that some concrete steps might be taken to facilitate referrals to agencies such as having intake staff help the student make a first call. The PAC-SMH sees these and other community-oriented recommendations as a potential "re-set" in relationships that will benefit students' access to service going forward.

An important point of discussion given the context of this report is students' satisfaction with campus mental health services. The student experience panel collected data from students and also referenced the external *Maclean's* annual survey. About three quarters of the survey sample rated Waterloo's mental health services as "fair" or "poor." They also noted that the services rank among the lowest in student satisfaction (including services and academics) in the recent *Maclean's*

survey. It is not clear whether the survey ratings are specific to individuals who actively use mental health services, or whether these ratings reflect the general perceptions of services on campus. In contrast, for example, the most recent satisfaction ratings taken by Counselling Services of students who received service suggest that 94% "agree" or "strongly agree" that they were satisfied with the service they received. In any case, these results draw attention to how the University of Waterloo's services are viewed by a significant number of students. As noted by the student experience panel, they point us in the direction of more consistent and rigorous data collection to ensure that we better understand how consumers of the services view them, and that we adopt strategies to improve all areas of practice.

With respect to the services themselves, there were several areas of analysis provided by the mental health experts panel that may lead to further study or action. Although not directly stated, a common theme — and one of the drivers of the current review — focuses on questions about capacity in mental health services. Students, staff and faculty expressed their frustration and disappointment with reported difficulties accessing mental health services when they were needed. The general topics of capacity and adequacy of on-campus services was one of the most frequent areas of comment in submissions to the PAC-SMH website. These issues were also raised in other public forums, as well as in interviews with service provider staff.

It is a difficult step for many individuals to decide to seek help for their psychological distress. The comments about dissatisfaction with access indicate that University of Waterloo services (Health Services and Counselling Services) have not met the expectations of some students that reach out for help. The service providers in response have tried to understand the nature of the barriers to access.

A recent study prepared by the Campus Wellness Quality Assurance and Program Evaluation Committee for the University's Institutional Analysis and Planning (IAP) department, suggests there has been movement in how wait lists for mental health services are addressed. In the past three years, Counselling Services adjusted standards for wait times based on the level of urgency of the request for service. For emergency referrals, the standard requires a same-day response, and this standard was met 97% of the time in the 2016-17 year. For urgent referrals, the standard was for an appointment within three business days; this standard was met 85% of the time. For brief individual counselling, the standard for a first appointment is 3-5 weeks; this was met 92% of the time. All these results represented significant improvements from the first reporting period of 2013-14. Although any period of waiting may not present an ideal scenario for students requesting help, the study documented a steady improvement in responses. It also confirmed that not all students seeking services are looking for an immediate response and that a response can be tailored to individual needs. It will be important to continue documenting the waiting periods, and perhaps more importantly, communicating this to the larger campus community.

Any discussion of service capacity logically leads to the examination of human resources. The mental health experts panel addressed this from several angles. Questions were raised about the adequacy of the numbers of staff available to serve the student population, as well as what kinds of professionals were needed. The panel also provided an analysis of recent organizational changes in Counselling Services, concluding that an external review should be conducted to assess the utility of the new structure. In addition, the PAC-SMH heard presentations from Counselling Services and Health Services staff to understand the workflow of these services as well as the experience of clinical staff. It was heard that staff working in these areas often feel over-taxed by the volume of the work, as well as the complexity of the clinical situations that they face. More will be said later about the impact of this work on the staff themselves. One proposed solution was to adjust the overall student-to-counselor ratio, thereby increasing significantly the human resources devoted to

mental health. The position of the PAC-SMH, in light of this submission, is that the increase of human resources is likely required, but exactly how much is needed and how additional resources should be deployed needs to be examined further. We acknowledge the recommendation that staffing needs to increase to a ratio of one mental health staff for each 1,000 students. The accrediting body for post-secondary counselling centres, the International Association of Counseling Services (IACS; 2013), states that "…every effort should be made to maintain minimum staffing ratios of one F.T.E professional staff member (excluding trainees) for every 1,000 to 1,500 students, depending on services offered and other campus mental health agencies." Using the IACS ratio that includes dedicated counseling staff and counseling/administration staff, the University of Waterloo is on the high end of this ratio (1:1,370). This does not include the mental health service provided by Health Services staff (noted below). This point further needs to consider the following:

- The counselling staff-to-student ratio requires situational analysis. For example, the Centre for Innovation in Campus Mental Health (2015) provided a ratio of 1:3,000 students as acceptable in counselling centres in which professional staff are not required to provide academic-related counselling. Using this analysis, Waterloo exceeds this standard. This discrepancy suggests that when making blanket recommendations about staffing, we need to examine the comparability of our services to reference groups.
- In the University of Waterloo context, mental health services are provided by various professionals, including physicians, nurses and nurse practitioners. It is not clear if the ratio as recommended takes into account the contributions of these professionals and the efforts of integration of mental and physical health at Waterloo since the 2012 review.
- Several discussions and presentations throughout the PAC-SMH process acknowledged capacity limitations and access difficulties for students while at the same time raising questions about whether a significant increase in mental health staff is the best answer. Previous sections of this report argued for significant changes in the institution that presumably will reduce the need for direct service. To summarize, the changes could be in some academic policy areas, university culture to promote mental wellness, improved social support, and improved and enhanced efforts to prevent the occurrence of the most serious of mental health outcomes.
- Through this process, many participants have expressed a desire to create a campus environment in which fewer students come to the point of needing specialized professional help. Although it might be easy to assume that "pushing back" on recommendations to increase professional staff is tantamount to an effort to reduce expenditures, we may need to look beyond the cost of professional staff as we develop an ideal system of care.
- The mental health experts panel correctly noted that the actual capacity of mental health services can be significantly influenced by the numbers of staff on leave, and that the current budget model does not permit backfill for the first year of leave. The impact of leaves needs to be better addressed in the future.

These points of reflection are included here to ensure that recommendations for additional resources consider the totality of the analysis — in particular, considering "upstream" resources that the University of Waterloo may have thus far de-emphasized. Having stated these qualifications, the consistently expressed concern about accessibility to formal mental health services requires attention, and it is likely that some human resource enhancement will help remove what the mental health experts panel has appropriately called a "barrier" to students receiving appropriate help.

Concerns regarding capacity are a key facet in the analysis of service. There were other important discussions brought forward leading to recommendations. The student experience panel looked at the opportunities associated with "embedded" counselors. The University of Waterloo has been a

pioneer in locating dedicated staff in faculties or schools, some of which are located away from the main campus (i.e. Cambridge, Stratford). This approach has resulted in convenience for students, particularly those in programs that are more tightly scheduled, and it has also permitted some counselling staff to become more specialized in addressing the unique challenges of faculties, schools or locations. A review of the current situation suggests a decided unevenness in how these embedded positions are implemented. The student experience panel and others on the PAC-SMH noted that this could be perceived as an inequity, as faculties with more available resources and space have been able to arrange for enhanced local service than others with more limited resources. It is clear that the "embedded" model benefits students as a service option. However, it appears that it lacks a full systemic analysis, including the establishment of criteria for what constitutes a legitimate need and therefore should be centrally funded.

Several groups highlighted the demand for better response to the diverse needs of the student population. Specifically noted were the needs of international students, both in terms of the unique stresses they experience and because of the impact of religious or cultural beliefs on their adjustment to a Canadian post-secondary context. The unique needs of indigenous students were noted, as well, with the question of whether or not mental health services available on campus provide culturally sensitive supports. The student experience panel emphasized in its report that training for mental health staff needs to improve the response to individuals who are disproportionately represented in the population of those seeking mental health services. Specifically noted were transgender and non-binary students, students who have experienced sexual assault, and racialized students, specifically those who have experienced racial discrimination while on campus. At present, Campus Wellness staff are recruited and trained in a manner that ensures sensitivity to these matters of diversity. The reports of the student experience panel, as well as some individual submissions, have indicated that the current approaches have not been sufficient for all.

Previous sections of this report addressed some of the informal services that are in place and made statements about further areas of development. In particular, on-campus groups (such as MATES, Glow, the Women's Centre and the Off Campus group) provide important supports to students. These elements of service need continued support and connection with the formal service system.

Elements of the formal mental health system at the University of Waterloo and in the community were addressed with some detail in the mental health experts and community partners panel reports. They were also the topic of representations of staff as well as submissions to the PAC-SMH online, speaking to the kinds of services being offered and how they are organized to serve the intended population. We need to acknowledge that the nature of mental health services has undergone significant transition since the 2012 Student Mental Health Review. Without repeating the milestone changes, it should be stated that Campus Wellness, including Counselling and Health Services, has adopted a mindset of continuous improvement. We acknowledge that similar thinking characterizes the planning and operations of other student services. Within Housing and Residences, the Student Success Office (including AccessAbility Services) and Athletics and Recreation, we observe thoughtful analysis of changes in the student population and corresponding adjustment in service. In all these areas (as well as others around campus), there is strong evidence of activity designed to promote student wellness, including collaboration between units.

A significant challenge for Counselling Services and Health Services has been to ensure that students requesting a service are matched with the appropriate level of care. In both these services, matching students with appropriate service options depends on a well-done assessment. Over the last several years, there have been adjustments to the assessment approach. Although none of the panel groups explicitly reviewed the current assessment process, there were some

recommendations regarding the importance of basing "intake" decisions on a reliable and valid assessment. Several options were reviewed. One approach that was not mentioned was the Counselling Centre Assessment of Psychological Symptoms (CCAPS). CCAPS implementation has been under way since 2013, but has thus far not achieved consistent use. In discussing standardized assessment, we need to understand the barriers to implementation of CCAPS and determine the benefits/risks of continuing with this measure as opposed to implementing other similar approaches. In any case, the suggestion of improvements in assessment needs to be pursued further.

Using appropriate assessment data, the mental health experts panel recommended that students can be engaged in a "stepped care" process, ultimately resulting in matches of students to appropriate level of care. It should be noted that a version of stepped care has been in practice at Counselling Services, and to a lesser extent at Health Services. Students self-indicate the level of urgency of their request, and based on this report, they are streamed into "emergency", "urgent" or "standard" streams. The helpful addition of a standardized assessment is a further check into the students self-declared level of urgency.

Other aspects of a stepped-care approach that exist include the option for a less intrusive level of care based on need. There are "pre-treatment" options that are deemed sufficient for some students, including seminars and workshops, both in-person and online, as well as connection with a peer-support approach. It should be noted that in this regard, many students coming to a mental health professional may expect that the best intervention will be a one-to-one interaction with a counselor, psychologist or physician. The stepped care or levels of care approach advances the idea that there are several options for service and that an appropriate assessment and care plan will be influential in determining the best option for each individual.

A relatively new adjustment in service approaches at the University of Waterloo that falls in line with the stepped-care approach is the introduction of walk-in or single session mental health services. The introduction of this service in the fall of 2015 was influenced by the work of other local (Waterloo Region) providers including a study (Stalker, Horton, and Cait, 2012) that showed some promise as a service option. The use of "just-in-time" mental health service is further support by the observation that the modal number of counselling sessions used by students is one (1). Students requesting mental health services on campus are given this option along with the option to pursue the above-named informal resources or other more intensive services. As relatively new additions to the mental health services continuum, walk-in and single session counselling are the subjects of program evaluation, and the results of these evaluations will continue to inform ongoing applicability.

Several of our panels and submissions noted the contribution of technology to potential service improvements. Earlier in this report, we referenced the growth of apps designed to support self-management and coping skills. Similarly, there has been growth in the use of therapist-assisted online therapy (TAO). Both the mental health experts panel and the student experience panel encouraged further examination of these approaches with a specific focus on after-hours availability. Some universities (i.e. Memorial University), have explicitly included various apps and TAO options in their stepped-care offerings. We should also note that during the course of this review, several informal submissions were made to the chair and other members about possible products to be considered. Fortunately, there is also a growing body of research, partially documented in the mental health experts panel report that supports the efficacy of TAO. There are, therefore, compelling reasons to explore the applicability of these innovations in the University of Waterloo continuum of services.

In recent years, Campus Wellness at Waterloo has established a Collaborative Mental Health Operation Team (CHMOT) with the primary purpose of ensuring ongoing collaboration in the delivery of mental health services among key partners. Currently, there is representation from Counselling Services, Health Services, and AccessAbility Services (AAS). Among the topics being addressed by the group is an analysis of patterns of service usage by a group of individuals who have frequent contact with one or all these providers. Supported by research conducted by the senior psychiatrist, a recommendation was made to develop a Collaborative Complex Care (CCC) team, similar to that being employed in some American colleges. The team will develop care plans for individuals on campus who present with serious mental illness. The recipients of these team-based services will receive a more integrated response involving multiple professionals and will be supported by a case manager(s) whose role is to help the student with follow-up on recommendations of the care plan. Planning for the team is actively under way. This development was supported by the mental health experts panel as a necessary addition to the continuum of services. As CCC evolves, it will be important to establish robust connections with other case management-like services on campus (i.e. Housing and Residences, AAS) and in the community (Canadian Mental Health Association – Grand River Branch).

Individuals working in the mental health field are exposed on a regular basis to difficult emotions. The clients of mental health professionals seek support for difficult personal dilemmas, sometimes seemingly hopeless prospects and challenging relationships. In many cases, diagnosable mental illness is the realm in which our professionals work on a daily, even hourly basis. Staff in this area, no doubt, cherish the opportunity to work with students throughout their challenges and until they are in a more healthy state. However, this "success" is not always evident at the time of the intervention.

 A significant aspect of mental health professionals' training is to be comfortable maintaining perspective or "boundaries" while in the throes of these difficult interactions. What we have heard through our discussions with service providers is that staff, at times, may have difficulty protecting their own wellness. The response for some may be the use of some of the same strategies that the helping professional prescribes for their clients. These could include techniques such as mindfulness or cognitive restructuring, or ensuring a healthy work/life balance. Others emphasize the need for professionals to have ample opportunity to connect with peers, either for emotional support or professional consultation. The increase of opportunities for connections with peers and supervisors was a main impetus of the organizational changes in Counselling Services, ensuring that staff would not be isolated in conducting this difficult role. However, we accept that the organizational model is not a preferred approach for some. Organizational models should be reviewed regularly to ensure that the clients of the service receive the best possible outcome.

With respect to the PAC-SMH process, we heard from some individuals that the current opportunities to emphasize staff wellness have not been adequate. This is a concern. The basis of a strong student mental health service is a staff system in which individual staff members remain energized and fully prepared for their role. Some spoke specifically of the requirement of five clinical hours per day as being taxing, while others noted that being at full capacity all year is more difficult compared to other post-secondary institutions that don't work on a three-semester system. These are areas that should be the subject of further investigation with the result of all mental health service providers experiencing the support they need to respond to the range of concerns brought in by the students daily.

Human Resources
Recommendation #27:
- Review staffing practices and plans in Counselling Services, with an emphasis on the following:
    - An external review to determine whether a recent reorganization, as well as the existing on-call system, has achieved its purpose.
    - Investigate the utility of embedding counsellors within each faculty and residence.
    - Within cost constraints, implement the recommended ratio of 1 counsellor/psychologist FTE for every 1,000 students (36.67 FTE), taking into account counsellor leave and other absences. Further ensure there are additional resources to meet increased demand during peak periods (e.g. exam time).

Services for Disproportionately Affected Students
Recommendation #28:
- Invest in training and research for underserved/ disproportionately affected populations.
    - Ensure counsellor training is kept up to date and relevant to student needs (with a specific focus on cultural competence).
    - Conduct a climate survey on the experience and perception of supports specifically designed to meet the needs of international students.

Extended Health Care Funding
Recommendation #29:
- Update and promote available funding for mental health services on and off campus.
    - In light of the recent government change in funding of prescription drugs, use any surplus from the Student Health Plan toward mental health (including off-campus services).
    - Inform students about the funding and services available to receive mental health services off-campus.
    - Review the feasibility of funding a 24/7 service providing counselling by telephone, video-counselling, or internet-based counselling.
    - Review the need for expanding services on campus relating to substance abuse.

Recommendation #30:
- Mental health supports and resources for student's off-campus (e.g. international placements, co-op placements) should be developed and the level of support available should be clearly communicated.

Community Partnerships
Recommendation #31:
- Engage with off-campus mental health services and community partners (e.g. Connectivity KW4 and Here 24/7) to better support students, particularly during peak times.
    - Develop a protocol to connect students from an on-campus wellness service to an off-campus service (e.g. have a Campus Wellness staff member connect via phone directly with an off-campus service provider with the student present to arrange ongoing/additional supports).
    - Organize outreach sessions with local community partners (e.g. high school teachers) to explore innovative ways to serve student mental health needs.

Services for Individuals with Complex Needs
Recommendation #32:
- Tailor the level of mental and physical health care provision to the needs of the individual.
    - Continue to develop a complex care team to respond to students with more complex mental health issues.
    - Continue to develop and implement a stepped-care approach within Health Services and Counselling Services.

f. Summary/Broad Recommendations

This report has laid out several observations and recommendations regarding actions that the University of Waterloo should consider to enhance its response to concerns expressed about student mental health. A review of the recommendations will likely lead to the conclusion that this is an ambitious agenda. Additionally, there are a series of recommendations made by panel groups that have thus far not been listed in this report but deserve further attention. The following set of recommendations are stated to ensure that mechanisms are in place to continue the process initiated by the PAC-SMH. As noted, the timeframes for completion of this analysis were compressed. However, many of the respondents, including panel members and staff contributors, noted that the University needs to commit to ongoing review and action concerning the mental health of its students (and the community in general).

Implementation Committee
Recommendation #33:
- A committee should be established to oversee implementation of the recommendations of this report, as well as to provide consistent feedback and advice regarding the strengths and limitations of the University response to the mental health and wellness of students. In the Implementation Committee's early deliberations, the PAC-SMH recommends that the committee determine priorities and classify proposed actions based on what is needed from the University (e.g. statement of commitment, financial commitment, human resources, standing committee, or working group) to move forward.
- Make the full collection of recommendations, strategies, and ideas brought forward through the PAC-SMH process to the implementation committee for ongoing consideration.

Adoption of the Okanagan Charter
Recommendation #34:
- Undertake a full adoption and promotion of the Charter. A significant transition for the University will be the movement from a perspective in which mental health and wellness is the responsibility of a few professionals to an environment in which a healthy campus becomes the business of all stakeholders. The Okanagan Charter affords an opportunity to support this transition.

Research on Student Mental Health and Wellness
Recommendation #35:
- Further exploration of the development of a research institute or speciality area in student mental health and wellness. It was evident that there is a strong base of expertise relevant to the topic of student mental health in our institution, including researchers in Applied Health Sciences faculty and the Centre for Mental Health Research (Psychology). There are some examples of institutions that have marshalled this expertise to create a research institute dedicated to addressing questions that are, so far, difficult to answer. These might relate to our population of students, to the range of service options, or the most effective promotion, prevention and intervention options.

Provincial Advocacy
Recommendation #36:
- The PAC-SMH recommends University of Waterloo endorse and actively advocate to the provincial government, using its government affairs/relations apparatus, to implement the 26 recommendations in the *In It Together* report. The report and its recommendations outline sector-wide consensus of the role of the provincial government has to play in order to address mental health concerns in post-secondary campuses.

e. **Appendices**

a. **COMPILED FINAL RECOMMENDATIONS**

Campus Policies and Practices

Recommendation #1:

- The University should facilitate a wellness and mental health analysis when new academic programming is proposed.
- The University should develop a mental health framework for use when writing new, or reviewing existing, policies and procedures.

Accommodation Policies and Recourse Procedures
Recommendation #2:
- Equip AccessAbility Services with the capacity to review mental health-related accommodation requests on campus, while maintaining the confidentiality of the student.

Recommendation #3:

- Develop a centralized physical and online system for submitting Verification of Illness Forms that notifies all students' instructors while maintaining confidentiality of students' medical conditions and history.

Recommendation #4:

- The University should develop proper recourse mechanisms for students who allege staff or faculty have violated an approved accommodation request related to mental health.

Academic Policies and Practices

Recommendation #5:

- Strike a working group that recommends implementable best practices around exam and evaluations with a wellness viewpoint in mind. This includes but is not limited to:
  - Final exam schedules and availability of the exam schedule during the course enrollment period.
  - Weighting and overall number and type of evaluation/assessment in courses.
  - A more efficient system for deferred exams.
  - Confidentiality around communication of grades to students to ensure practices aren't promoting an unhealthy competitive environment (e.g. rankings).

Recommendation #6:

- Academic programs should review for unnecessary stress those sequences in which students acquire their first co-op position in the second term. The PAC-SMH recommends that a committee be struck to investigate how to reduce the stress levels associated with this sequence.

Recommendation #7:

- Consider universal instructional design as a valuable perspective that can be used to improve course delivery. Consider a collaborative effort between CTE and faculties to include universal instructional design in existing and new courses.

- Develop an online resource to record good practices for embedding universal instructional design and mental wellness into teaching.

Openness and Transparency
Recommendation #8:

- Openly communicate the process the University undertakes when communicating about student deaths on campus.

Recommendation #9:

Develop a protocol to include community partners when communicating adverse events that involve a member of the community, while ensuring that support services are available to those impacted by the event.

Inclusive and Supportive Campus Culture

Shared Responsibility Amongst All Community Members for Wellness

Recommendation #10:

- All academic programs and student service departments should include peer mentorship activities in the delivery of their mission for the purpose of:
  - Improving the frequency of connection and collaboration between students, faculty and staff.
  - Developing a greater sense of belonging and community at Waterloo for all students.
  - Increasing cross-campus support and advocacy for student wellness.

Diversity, Equity and Inclusivity Considerations Regarding Student Wellness

Recommendation #11:

- A committee should be struck to develop and implement a cultural competency strategy for the University regarding health promotion and student wellness. The committee would review campus policies, procedures and practices in consideration of race, ethnicity, faith, gender, sexual orientation, gender identity, and socioeconomic status.

Faculty and Staff Roles

Recommendation #12:

- Expand the range of options for students who are having challenges in interactions with their supervisors or instructors. For example, consider the model of an ombudsperson employed at some institutions with functions such as support, advocacy, and tracking data/patterns.

Intentional Design and Planning of Student Space

Recommendation #13:

Identify and implement University facilities and infrastructure standards and best practices into the design, planning, and rejuvenation activities for all campus physical spaces to promote and enhance student wellness and supportive learning environments.

Mental Health Awareness and Communication

Reducing Stigma

Recommendation #14:

- Open a continuous dialogue with students, staff, faculty, and the wider community about mental health and well-being, including online forums for discussion of:
    - Prevention of mental health issues and promotion of mental health-care strategies.
    - Suicide prevention.
    - Impact of trauma and sexual violence.
    - Effects of racial injustice.
    - Effects of transphobia.
    - Harm reduction approaches to substance use.

Curriculum Availability

Recommendation #15:

- Encourage faculty to integrate curriculum focused on mental health, resilience, and support resources and to develop courses in ways that promote mental wellness.

Mental Health Training

Recommendation #16:

- Support the professional development of faculty, including the following:
    - Explore ways to share existing best practices between instructors on an ongoing basis, particularly in an online format.
    - Encourage faculty involvement in teaching-related professional development by recognizing these efforts in their merit reviews. Go beyond numbers generated by the student survey. Acknowledge and value up-to-date course assessments, participation in CTE workshops, and pedagogical conferences.

Recommendation #17:

- Ensure that faculty have appropriate and timely information to support students, through the following means:
    - Make mental health training part of the on-boarding process for new faculty.
    - Strongly encourage mental health training in existing faculty.
    - Provide clear guidelines to instructors regarding who they can contact when they have concerns about a student's welfare, even if he or she does not yet require interventions.

Recommendation #18:

- The Sexual Violence Response Coordinator should provide training related to sexual violence to other healthcare workers on campus.

Information about Resources

Recommendation #19:

- Develop an integrated marketing and communications plan to inform students about all the available support options, including the following:

- Implement opt-in information sharing and transition programming during orientation for incoming students living with mental illness.
- Create a centrally maintained database of available supports for students. Allow on-campus departments to contribute their own initiatives.

Recommendation #20:

- Make information and resources about mental health easy to find, including but not limited to the following:
    - Implement one platform to access services and supports.
    - Develop a comprehensive list of peer supports on campus and provide opportunities for knowledge sharing.
    - Enhance existing peer support resources.
    - Clearly describe available mental health resources in the Region.

Prevention and Early Intervention

Recommendation #21:

- Develop a campus-wide training program in resiliency.

    - Ensure that a common definition of resiliency is used across all program delivery platforms and training providers.

Recommendation #22:

- Implement a comprehensive education and training strategy to increase mental health literacy among students, staff, and faculty. Create situational mental health training based on role and/or faculty and make it available to all.
    - Ensure training is offered for receptionists and student staff who may deal with students struggling with mental illness and suicidal ideation. Invest in a dedicated full-time resource for mental health training.
- Invest in a dedicated full-time resource for mental health training.
- Stagger or reiterate orientation presentations throughout the year.
- Encourage capacity building through a train-the-trainer approach.
- Ensure all staff and faculty are aware of the supports for students that already exist both on campus and off campus and what to do in case of an emergency or when they suspect a student is in need of additional support.
- Distribute the Do You Need Help poster detailing what people should do in particular situations to all Waterloo campuses, faculties, schools, departments, etc. so they know where to find help in the event of a crisis.

Self-Assessment and Digital Applications as Early Intervention

Recommendation #23:

- Use research on best practices and review opportunities for self-assessment/self-management and early intervention through digital applications.

Coordination of Peer-to-Peer Activities

Recommendation #24:

- Assess the current level of coordination of peer support networks. Create a mechanism for coordination and knowledge sharing.

Mental Health and Harm Reduction

Recommendation #25:

- University of Waterloo should join the Canadian Centre on Substance Use and Addiction Postsecondary Education Partnership — Alcohol Harms, a partnership that other universities across Canada have joined. It focuses on:
    - Reducing harm associated with drugs and alcohol.
    - Developing an institutional implementation and measurement plan based off the framework.

Training and Education Programs

Recommendation #26:

- Develop new training programs in the following areas:
    - How parents can support their students.
    - Strategies to prevent sexual violence.
    Bystander intervention training in orientation leader training.

Service Access and Delivery

Human Resources

Recommendation #27:

- Review staffing practices and plans in Counselling Services, with an emphasis on the following:
    - An external review to determine whether a recent reorganization, as well as the existing on-call system, has achieved its purpose.
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b. **PAC-SMH Terms of Reference**

Given that:

The World Health Organization (WHO, 1946) definition: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity; and

The Council for the Advancement of Standards (CAS) in Higher Education has guidelines for student health and counselling services that promote a healthy learning environment within the academic institution; and

The University of Waterloo has an enrolment of 36,000 students and a diverse student population; and

Many students at the University of Waterloo experience stress that, at least in part, is associated with a competitive academic environment, high expectations that can be difficult to meet, and demanding features of cooperative education; and

The University of Waterloo Mental Health Review in 2012 made recommendations to establish a long-term strategy for student mental health, then…

The President's Advisory Committee on Student Mental Health is tasked with ensuring the collection of a broad set of information on student mental health considering both the University of Waterloo student body and the larger societal context. It will review the data and information collected and advise on the status of the progress of mental health initiatives across the university. It will examine root causes of student stress, anxiety and depression, and how to mitigate them proactively instead of reactively.
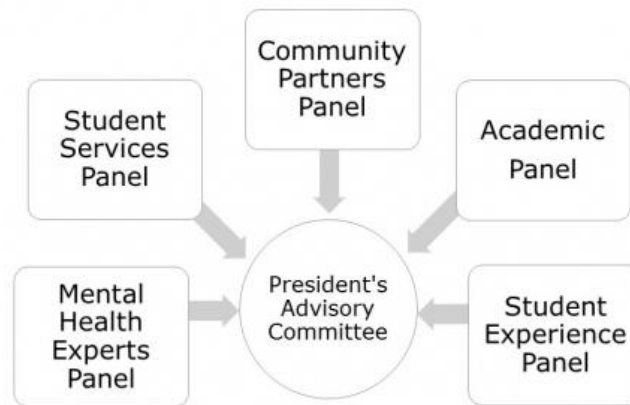
The committee will:
- Ensure comprehensive information and data collection
- Utilize National College Health Assessment (NCHA) and other related analysis and research
- Make observations/recommendations to the President in the areas of:
    - The general state of student mental health and the University's current response to student need
    - Support, education and policy that have been found to be effective
    - Barriers or gaps in support, education/policy related to student mental health
    - Resource assessment relative to the identified priorities
    - Effectiveness of service integration across the University
    - Opportunities that may exist to strengthen University/community/industry partnerships
    - Opportunities to use evidence-based research and campus expertise
    - Identify innovative and effective practices that could be considered at the University

Structure and process
The President's Advisory Committee (PAC-SMH) will be positioned as a central information collection, analysis and recommendation body. The PAC-SMH will provide mandate questions (see Appendix A) for several topical expert panels and will support these groups to provide information needed to compile a final report. The panel groups and the PAC-SMH will gather information using methods such as research of current literature, interviews with key informants, focus groups and surveys.
The range of topics to be covered and membership of the panels will be determined in the early stages of the PAC-SMH's mandate.

Proposed structure – PAC-SMH

- Chaired by Director, Campus Wellness
- 8-10 members (students, faculty, staff, alumni, parents, researchers, etc.) – to be selected by the President
- Informed by five panels:
    - Mental health experts
    - Student services
    - Community partners
    - Academics
    - Student experience

Membership

President's Advisory Committee

The eight- to 10-member committee will be appointed by the president based on expertise, stakeholder representation and expressions of interest. Student representation, consultation and participation is critical, and will be prioritized in the work of the committee. The Director, Campus Wellness, will chair the committee, which may include representation from the following stakeholders:

- Students (undergraduate and graduate)
- Faculty
- Staff
- Alumni
- Researchers in relevant fields
- Expertise in related clinical fields
- Ex-officio support roles to be determined (e.g., research, communications, etc.)
- Additional individuals/groups may be called upon from time to time to join the group for a specific number of meeting

Supporting Panel Groups

The membership parameters for the proposed panel groups will be finalized by the PAC-SMH early in its mandate. Membership will be invited through an online application process using the PAC-SMH website.

Meetings

The committee will meet initially in the spring of 2017 and determine an appropriate meeting schedule to ensure completion of deliverable by the end of fall 2017.

The committee will then recommend the optimal advisory committee format to ensure an effective, campus-wide and integrated strategy is being supported at the University of Waterloo.

Expected outcomes

The committee will establish a variety of in-person and online mechanisms to engage with the campus community and to solicit input.

The committee will issue an interim update and is expected to present a full report in the fall of 2017.

c. Mental Health Experts Panel – Executive Summary

Panel participants:

Chris Perlman	Assistant Prof, School of Public Health and Health Systems (Co-Chair)
Tracy Morgan	Staff, Counselling Services (Co-Chair)
Weizhen Dong	Faculty, Arts, Sociology and Legal Studies
Sue Fraser	Staff, Counselling Services
Kalpita Gaitonde	Staff, School of Public Health and Health Systems
Margaret McBeath	Graduate Student, PhD, AHS, Public Health
Raquel Miller	Staff, AccessAbility Services
Ian Nicholson	Staff, Psychology (co-chair from July to Sept)
Jonathan Oakman	Faculty, Psychology
Angela Pereira	Alumni
Dana Quinn	Physician, Health Services
Danielle Rice,	Alumni, PhD Student McGill University
Nasim Shojayi	Staff, Student Success Office - Learning Services
Alaaddin Sidahmed	Undergraduate Student, Applied Health Sciences
John Snelgrove	Psychiatrist, Health Services
Ryan Yeung	Graduate Student, Master's, Psychology
Jennifer Yuen	Staff, Counselling Services

Executive summary:

The mandate of the mental health experts panel (MH Panel) was to investigate the current services on campus and determine if the current approaches are appropriate. The panel extended this mandate to examine concepts of mental health promotion on campus. Broadly speaking, the panel primarily focused on addressing two key questions: 1) What are the conditions needed to promote mental health on campus? 2) How far can/should an organization like the University go in providing treatment for mental illness?

Additional questions helped guide the responses to these questions, relating to issues of mental health promotions, barriers to service use, and approaches to service provision. To address these questions the panel met every two weeks to engage in detailed discussion of issues, developed working groups for mental health promotion and clinical services, and reviewed an extensive literature of research, practice-based, and University student mental health reports.

A large number of opportunities exist for student mental health promotion. One key condition for promoting mental health is O*rganizing, planning, and policy at the institutional level*. Within this process, the importance of enhancing constructive organizational cultures and climates was emphasized across all departments and units of the campus. A second condition relates to having a *supportive, inclusive campus climate and environment,* recognizing the importance of built environment, resilience, social capital, as well as inclusivity and equity for student mental health.

Several areas for enhancing mental wellness were identified by the panel. These include the development of a detailed health promotion framework that considers all aspects of wellness, using the Okanagan Charter for Health Promotion. A strategy related to substance use is also needed, both in terms of prevention of the problematic use of alcohol and substances as well as further fostering connections with community partners for treatment. A large area of emphasis relates to enhancing mental health literacy on campus, including for staff, faculty and students. Mental health literacy involves knowing the signs and symptoms of mental health challenges, strategies for mitigating such challenges, and resources and supports available.

The panel takes the position that the University should provide comprehensive mental health services for people with serious mental health issues by providing stepped care and supports, comprehensive counselling and case management strategies, integrated mental health support in family physicians, and appropriate integration with community partners. This includes a review of the human resource capacity for counselling and health services, such as having appropriate skills and expertise, psychologists' roles, and mitigating stressors identified by counsellors and psychologists. Several additional models of service delivery are also reviewed, including collaborative complex care teams, stepped care, support from peers with lived experience, screening and assessment processes, walk-in and single sessions, and group counselling.

d. **Academic Panel - Executive Summary**

Panel participants:

Heidi Engelhardt	Faculty, Biology (Co-Chair)
Janice Cooke	Staff, Centre for Extended Learning (Co-Chair)
Wendi Adair	Faculty, Psychology
Bilal Akhtar	Undergraduate Student, Software Engineering
Clark Baldwin	Staff, Medical Director, Health Services
Katie Damphouse	Staff, Faculty Association
Maureen Drysdale	Faculty, St. Jerome's University
Allegra Friesen	Graduate Student, Masters, Architecture
Jasmin Habib	Faculty, Political Science
Craig Hardiman	Faculty, Classical Studies
Patrick Lam	Faculty, Electrical and Computer Engineering
Jerrica Little	Graduate Student, PhD, Applied Health Sciences
Denise Marigold	Faculty, Renison University College
Kristine Meier	Staff, Counselling Services
Francis Poulin	Faculty, Math
Stephen Prentice	Faculty, Kinesiology
Franco Solimano	Staff, Education & Career Action
Zhongchao Tan	Faculty, Mechanical & Mechatronics Engineering
Hamid Reza Tizhoosh	Faculty, Systems Design Engineering
Maya Venters	Undergraduate Student, Arts, Political Science
Alexander Wray	Undergraduate Student, Environment, Planning

Executive summary:

The academic panel had good representation from the University of Waterloo community, faculty, staff and students who volunteered their time and expertise to be part of this very important discussion. We began with the mandate questions provided:

- How do we understand the relationship between academic stress and mental health?
- What is a reasonable level of demand in terms of academic load, scheduling and other planning required by students?
- What is the utility of comparing students against students? How do we balance a culture of wellness and a culture of competition?
- How do we support instructors and their efforts to embed wellness into their pedagogy and the curriculum?
- Are there exemplars of programs and instructors that represent a good balance between academic rigour and mental wellness? Can we learn from these?
- How do we eliminate barriers to academic accommodations for students who need mental health supports and/or are experiencing symptoms of mental illness, but have not been diagnosed?

We met regularly beginning in August 2017 and early on we expanded our mandate questions to a broader question set, as shown on the following page. We used several different methodologies to investigate the questions and develop our recommendations.

We found that there are many great things happening on campus that address mental health issues directly and indirectly, but in many cases awareness and participation rates are low. We also found many areas in which we had recommendations for improvements or additional research.

Our recommendations address issues surrounding course design, competitiveness, co-op scheduling, assessments, midterms and final examinations, verification of illness processes, mental health training, raising awareness of existing programs, student and instructor supports, and more.

We hope to see this initiative continue into the future and build on the momentum that has been created by the committee and panel members.

e. **Community Partners Panel – Executive Summary**

Panel participants:

Tom Ruttan	Director, Counselling Services, UWaterloo (Co-Chair)
Bonnie Taylor	AccessAbility Services, UWaterloo (Co-Chair)
Alison Burnet	Director, Student Wellness, University of Guelph
Sarah Chen	Community Social Worker
Hsiao d'Ailly	Faculty, Renison University College
Lynn Ferguson	Grand River Hospital
Siddong Fu	Undergrad Student, Psychology
Alison Kernoghan	School of Public Health & Health Systems, UWaterloo
Kimberly Kuntz	Institute of Quantum Computing, UWaterloo
Laura Libralto	Community Partner/Educator & Parent
Erm Lombardi	Parent
Tana Nash	Executive Director, Waterloo Region Suicide Prevention Council
Karen Ostrander	Director, Student Wellness Centre, Wilfrid Laurier University
Prabhjot Sangha	Undergrad Student, Applied Health Sciences, Public Health
Rachel Thorburn	Undergrad Student, Arts and Business
Wanda Wagler-Martin	Executive Director, Shalom Counselling Services
Breana Walker	School of Accounting & Finance; Bereaved Families of Ontario
Meredith Gardiner	Canadian Mental Health Association, Grand River branch

Executive summary:

Panel members from a wide range of both on- and off-campus resources (e.g. University of Waterloo, Renison University College, Wilfrid Laurier University, University of Guelph, parents, community agencies) met on numerous occasions throughout the fall 2017 academic term to discuss mental health resources available to students.

These meetings resulted in clear and frank discussions of available resources, current working relationships between the University and off-campus mental health resources, gaps in services, strategies for enhancing the working relationships, as well as resources and recommendations the panel believed were important for the benefit of student mental health. Discussions were augmented by presentations to and from community resources not directly represented on the panel, including crisis supports and community wraparound services.

The recommendations that flowed from the panel's meetings were separated into three main categories:

- Enhance collaborative partnerships
- Develop and implement formalized protocols
- Improved communication, education & training

The panel also looked specifically at the available on- and off-campus resources as existing within a concept of "one community" and not within what was perceived by the panel as a false dichotomy of on- and off-campus resources. It was believed that students access mental health resources both on and off campus and thus, the panel viewed all resources as occurring within one larger community.

In addition, although the panel remained entirely aware of the primary focus of the mandate being student mental health, the importance of addressing the mental health needs of the entire University of Waterloo community (students, staff and faculty) was also strongly encouraged. Student mental health

can only be aided and improved if the mental health of faculty and staff are a primary focus for the university as well.

There was a strong desire by the panel for the working relationships amongst members to continue past the mandated end of the panel, as the panel has already begun to open new doors into partnerships and mutual supports with the community agencies. Steps will be taken by the panel to further enhance collaboration among all members in the future.

f. Student Experience Panel – Executive Summary

Panel participants:

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

Executive summary:

The student experience panel was selected to include 20 members and encompass a broad representation from the University of Waterloo. Our panel includes representation from key student groups including undergraduate and graduate, co-op and regular, international and domestic, as well as staff members from various departments across campus. Our panel consists of members who are passionate and devoted to making change to address concerns about student mental health and wellness at the University of Waterloo.

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

1) "*46 percent* of students reported feeling so depressed in the previous year it was difficult to function (increased from 40 percent in 2013);"

- University of Waterloo: *44.5 percent* of students felt so depressed it was difficult to function.

2) "*65 percent* of students reported experiencing overwhelming anxiety in the previous year (up 58 percent in 2013);"
    - University of Waterloo: *60.8 percent* of students experienced overwhelming anxiety in the past 12 months.

3) "*14 percent* had seriously considered suicide in the previous year (up from 11 percent in 2013);"
    - University of Waterloo: *14 percent* had seriously considered suicide in the past 12 months.

4) "*2.2 percent* of students reported a suicide attempt within the previous year (up from 1.5 percent in 2013);"
    - University of Waterloo: *1.9 percent* of students attempted suicide in the previous year

5) "*9 percent* had indicated that they had attempted suicide, but not in the previous year."
    - University of Waterloo: *7.5 percent* attempted suicide, but not in the previous year.

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

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

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

Our recommendations in the research section look to improve the way we collect and disseminate data that accurately captures the mental health and wellness environment on campus. It also looks to validate the experiences of students whose demographics may disproportionately and uniquely affect their mental health on campus. It is known that international student's tuition is higher than domestic students, and until last year, was largely unpredictable year-over-year. Often times, the University validates its reasoning by expressing that there are services specifically designed to meet the needs of international students that are being funded through their tuition. This is why our panel recommends the dissemination of a climate survey on the experience and perceptions of support specifically designed

to meet the needs of international students. We want to know whether these services are adequately meeting their needs, while assessing whether the additional financial burden is impacting their mental health.

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

Under the services section, our panel addresses service gaps for students seeking mental health supports and resources —both on and off campus — while also making sure that we are addressing unmet needs for people who are disproportionately affected by mental health concerns (i.e. Counselling Services should connect with Waterloo's Aboriginal Education Centre (WAEC) to build and provide culturally sensitive support services that address mental health concerns and needs unique to Indigenous students).

We recommend that the University of Waterloo's Counselling Services look into partnerships and funding opportunities to improve access to mental health services during peak demand times of the term and outside the customary 8:30am-4:30pm hours of operation. One such model that we cite and the university can mirror is the Western-London model. The Project in London is a collaboration between the Canadian Mental Health Association (CMHA), Middlesex and Western University (Student Health Services, University Students' Council and the Society of Graduate Students), King's University College and Fanshawe College. All these stakeholders came together and were granted nearly a quarter of a million dollars to fund a project that ensures undergraduate, graduate and college students have access to CMHA crisis counsellors with peer-support volunteers. This year, in its first year, it operated Tuesday, Wednesday and Thursday evenings during the end of the term when campus services can see an increased demand (Nov. 21 -Dec.14). This example illustrates what a community approach could achieve.

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

Finally, our culture and environment section looks at mental health and wellness on the University of Waterloo campus and in the post-secondary sector. Beyond recommending the University to endorse and advocate for the 26 recommendations in the *In It Together* report to the provincial government, our panel offers solutions that will help restore student trust in the institution and communicate to students

the institutions' responsibility in delivering services related to mental and physical health. For example, with increased internationalization being one of the three I's in the upcoming strategic plan cycle, the University of Waterloo should communicate to students the extent of the institution's responsibility to connect students to mental health support services while out of the country.

g. Student Services Panel – Executive Summary

Panel participants:

Donna Rheams	Athletics & Recreation (Co-Chair)
Jeanette Gascho	Campus Wellness (Co-Chair)
Saad Ahmad	Undergraduate Student, AHS, Health Studies
Yuna Chen	Alumni, AHS, Health Studies
Emma Collington	Undergraduate Student, Science, Biomedical
Randy Dauphin	Staff, UW Bookstore
Awn Duqoum	Undergraduate Student, Engineering, Mechatronics
Jenna Hampshire	Staff, Student Success Office
Rev. Ed Janzen	Staff, Mennonite Chaplain
Madeline Keltie	Undergraduate Student, Arts, Psychology/SMF
Joyce Lu	Undergraduate Student, Arts, Accounting and Finance
Kate McCrae Bristol	Staff, Student Success Office
Annette McNicol	Staff, Health Services
Melinda Meng	Staff, Dean of Science Office
Alice Raynard	Staff, Secretariat Office
Krista Soble	Staff, Student Awards and Financial Aid
Seneca Jackson Velling	Undergraduate Student, Science, Materials & Nanosciences
Mark Womack	Staff, Mathematics

Executive summary:

Following the initial introduction to the President's Advisory Council, 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 to improve 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 in 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 relevant to their specific roles and that there should be one point of contact mediating the referrals to students. Although Counselling Services does offer mental health training to staff, it is primarily funded for student programming and 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 well-being of a student e.g. 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 students 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 collaborates well but there is room for further integration, particularly in the need for a 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.

h. **University of Waterloo Outreach Initiatives**
    - pulled from *Foundations: Mental Health and Well-Being Initiatives (2017)*

Health Promotion and Awareness
- Student volunteers (within departments, faculties, undergraduate and graduate student unions) organize activities promoting mental health awareness and stress reduction: Burst Your Bubble; Healthy Minds; Glow Centre for Sexual and Gender Diversity; The Women's Centre; Wrap Up Week (events encouraging wellness prior to exams); and frequent campus visits from service/therapy dogs, helping students de-stress.
- Mental Health Wellness Day (in its ninth year) raises awareness of campus services and supports those community members struggling with mental health issues.
- Single & Sexy (a play written and performed by University of Waterloo students during Orientation Week) addresses various situations faced by first-year students living on their own, including homesickness, abusive relationships, sexuality and shifting values.
- Move Your Mind, initiated by Health Services and Athletics and Recreation, pairs participants and student volunteers in healthy exercises to combat mental health fears.
- The Campus Wellness website blog and other social media vehicles provide information to help students with stress and mental health concerns.

Skill Building
- Counselling Services offers many skill-building seminars and workshops (in person and online). Coping Skills consists of four one-hour seminars focus on cultivating resilience, challenging thinking, managing emotions and changing behaviour.
- The University's Housing & Residences department provides a wide range of skill-building workshops on managing academics, test anxiety and wellness habits. In their Living-Learning Communities, peer leaders, entrepreneurs in residence and alumni in residence provide workshops and training in recognizing academic and personal stress.
- Workshops in the Student Success Office help improve study and life skills, while Peer Success Coaches can help develop personalized actions plans. University 101 helps students who did not meet their program requirements after their first year of study by developing personal wellness strategies that support their academic skills.
- Athletics and Recreation offers several programs, including Warrior Habits and Workout Buddies, designed to keep students active, healthy and happy.
- AHS 107: Sociology of Activity, Health, and Well-being (a required course for all first-year Applied Health Sciences students) focuses on social and cultural factors influencing leisure, activity, health and well-being within diverse settings and different populations.

Anti-Stigma
- The preceding groups, programs and events, supplemented by other student-led initiatives and campus clubs, aim to break down barriers, reduce the stigma associated with mental health and promote well-being.

Counselling and Specialized Services
- Counselling Services' team of professionals delivers free programming and services to all University of Waterloo students currently registered or on a co-op term. With a secure, private, confidential and supportive environment for students of all orientations and backgrounds, Counselling Services provides emergency support, urgent support, walk-in appointments, single session, intake, brief individual appointment, and group therapy — all to help students lead healthy and balanced lives.

- UW MATES (Mentor Assistance Through Education and Support), a counselling-based, one-to-one peer support program offered by the Federation of Students and Counselling Services, helps students who are experiencing social difficulties, mental health challenges and transitional challenges adapting to university life or different cultures.
- Health Services has a range of student mental health supports: walk-in appointments with a physician/nurse practitioner, nurse triage to assess acuity of mental health concerns, mental health nurses who provide ongoing support, counselling and medication monitoring, and psychiatry (via consultation) with physicians, psychiatric assessments and ongoing treatment.
- Housing and Residences offer both a dedicated Counsellor in Residence and a dedicated Case Support Coordinator. Residence Life Dons receive extensive training in responding to critical incidents and also provide weekly and monthly programs and meetings to connect and build community.
- The Employee & Family Assistance Program (EFAP), provided by Homewood Health (effective September 2016), is a University of Waterloo-driven, no-cost benefit for eligible employees and their family members, providing 24/7/365 access to confidential, short term counselling services, and is available in person, online or by telephone.
- Organizational and Human Development (OHD) and Occupational Health offer assessments and workshops in Psychological Health and Safety in the Workplace.
- AccessAbility Services provide academic support for students with both permanent and temporary disabilities.
- The Equity Office has expertise on substantive equality, diversity and inclusion matters.
- The Sexual Violence Response Coordinator is a central resource person who provides guidance on where to find support, available options, and such steps as safety planning and navigating university procedures.
- The Chaplain Offices represent 11 different faith traditions, provide ritual space and moments, offering intentional and compassionate spiritual responses in times of crisis.
- The Waterloo Aboriginal Education Centre provides culturally relevant Indigenous information and support services to the university community, including Aboriginal and non-Aboriginal students, staff and faculty.
- University of Waterloo Police, in partnership with the campus community, works to provide a safe and secure environment. As first responders to campus incidents, they coordinate crisis management and responses to student emergencies as well as directing referrals to campus and community resources.

Community Partnerships
- The University of Waterloo has strong partnerships with many community resources and can assist with referrals. These partnerships include:
    - Off Campus Counselling, including Delton Glebe, KW Counselling, Carizon Family and Community Services, and Shalom Counselling.
    - Crisis Lines, including HERE 24SEVEN and Good 2 Talk
    - Off Campus After-Hours Clinics, including a list of walk-in community clinics and hospitals for after-hours care during peak times each term when walk-in visits are unavailable on campus at the end of the day.
    - Sexual Violence Community Resources, including St. Mary's Sexual Assault and Domestic Violence (immediate crisis support and counselling), Sexual Assault Support Centre, Community Justice Initiatives (support groups for the victim and offender) and The Women's Centre (peer support and resources)

- Domestic Violence Community Resources, including Women's Crisis Services of Waterloo Region, Carizon – Family Violence Project, Assaulted Women's Helpline, and Healing of the Seven Generations.

Governance and Policy

- The President's Advisory Committee on Student Mental Health (PAC-SMH) will collect data on student mental health (considering both the Waterloo student body and the larger societal context), review the information collected, advise on the progress of mental health initiatives across the university, examine root causes of student stress, anxiety and depression, and suggest how to mitigate them proactively instead of reactively.

- The President appoints a PAC-SMH Chair and eight members, based on expertise, stakeholder representation, and expression of interest, with students comprising 50 percent of the committee's representation. Five topical expert panels, each comprised of 15-20 members (students, staff, faculty, alumni, community partners, and parents) support the committee, and are focused on a range of topics including student services, community partnerships, academics, mental health experts and the student experience.

Training and Professional Development

- Counselling Services offers a broad range of suicide intervention and mental health training programs, raising mental health awareness, reducing stigmas and supporting early intervention for those in need on campus. Training includes: QPR, SafeTalk, More Feet on the Ground (online and in person), Mental Health First Aid, and Asist.

Research

- On campus, The Centre for Mental Health Research (CMHR), a state-of-the-art-facility in the Department of Psychology offers accessible, effective mental health services to the public. Federal and provincial funding allows faculty and students at the CMHR to not only provide comprehensive clinical training but also to conduct highly productive programs of research in such areas as the development, persistence and treatment of anxiety problems; factors associated with atypical cognitive development in children; innovations in understanding and treating eating disorders;, the impact of cognitive decline on relationship functioning; and interpersonal processes in psychological treatment.

- The School of Public Health and Health Systems has multiple health policy and health systems researchers with a special interest in mental health, such as interRAI Canada, a research, education and knowledge exchange cluster focusing on promoting innovations in data, evidence and application systems for the health and social service sectors. This collaborative network of researchers in 32 countries is committed to improving services for vulnerable populations including those affected by mental illness.

- The Mental Health and School-to-Work Transitions Research Lab, located in the Department of Psychology at St. Jerome's University, focuses on the mental health of emerging adults and the psychological variables that underlie success in post- secondary/tertiary education and subsequent school-to-work transitions.

- The Centre for Community, Clinical and Applied Research Excellence's multidisciplinary team (researchers, clinical experts and staff) strives to improve the overall health of individuals in the community through advanced research, educational opportunities, and progressive outreach programs, helping to advance our knowledge in preventing and managing illness and injury while optimizing health.

Conferences and Seminars

- During the year, various staff, students and faculty host, develop and attend conferences, research events, colloquiums and forums for mental health. Highlights include: graduate student representation at the Conference of the Canadian Association of Cognitive & Behavioural Therapies; sessions at the annual staff conference hosted by Organizational & Human Development; and presentations by clinical graduate students at the Annual Convention of the Canadian Psychological.

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