Framework for Setting up Campus-wide Mental Health Strategies – a digest of ideas from the PSSMH 2013

Post-Secondary Student Mental Health: Guide to a Systemic Approach
Canadian Mental Health Association and the Canadian College and University Student Service

This guide outlines a framework for addressing student mental health in post-secondary institutions. It is the result of a commitment undertaken by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA) to strengthen student mental health. The entire article can be accessed at http://www.cacuss.ca/_Library/documents/PSSMH_Guide_To_Systemic_Approach_-_CACUSS-CMHA_-_2013.pdf

Ideas and examples are from the PSSMH Guide

1. Institutional Structure: Organization, Planning, and Policy
   a. Institutional vision, mission and strategic goals that reflect the importance of student mental health.
   b. A reward system for educators that reinforces curriculum and pedagogy that enhance student mental health.
   c. A process that reviews campus policies and procedures with a mental health lens and is informed by established principles such as accessibility, student autonomy, flexibility, and equity.
   d. Established processes for program evaluation and continuous improvement of offices, departments, services and resources.
   e. Built in accountabilities for staff and faculty to support student mental health.
   f. Policies and practices that effectively address disruptive and threatening behavior in a manner that is sensitive to mental health concerns.
   g. Campus policies and practices that operationalize legislation related to the accommodation of students with mental health issues.
   h. Campus policies and practices that address the role of faculty and mental health services in academic accommodation with regards to mental health difficulties and documentation required.

2. Supportive, Inclusive Campus Climate and Environment
   a. Warm, welcoming, and safe spaces for students to gather, socialize, and connect.
   b. Resources for educators to ensure their curriculum do not perpetuate mental health stigma, prejudice, and discrimination.
   c. Mentorship and student life programs that encourage multiple ways for students to connect within the community.
   d. Information about and access to spiritual communities.
   e. Academic programs that integrate opportunities for meaningful engagement and learning both in and outside the classroom.
   f. Processes that recognize and mitigate barriers for students with mental health disabilities, such as informing students about their rights against prejudice and discrimination and choice of mental health resources and supports.
g. Developing and implementing universal design concepts for accessibility so there are less requirements for individual accommodations.

h. Resources for students, staff and faculty to address systemic barriers to participation (i.e. offices with responsibility for addressing issues such as equity, discrimination and harassment).

i. A shift in culture that recognizes that the entire post-secondary community is responsible for the mental health of its members and that mental health affects learning.

3. Mental Health Awareness includes a wide variety of topics such as:
   a. Campus factors that affect student mental health and the nature of their impact (e.g. social sustainability and safety, as well as campus systems, structures, policies, practices, spaces, and learning environments).
   b. The social determinants of health and their impact on student mental wellbeing.
   c. How mental health impacts academic performance.
   d. How to maintain mental health (build resilience, a balanced lifestyle, self-management /self-care).
   e. Early indications of difficulties as well as indicators of poor mental health.
   f. Strategies for maintaining and addressing mental health concerns.
   g. Help-seeking as a normal and legitimate strategy.
   h. When to seek professional help.
   i. What mental health supports and resources are available on campus and how to access these.
   j. What process students can expect when they access mental health services
   k. How to reach out to support someone you’re concerned about.
   l. Understanding the recovery process for students with lived experience of mental health difficulties.
   m. The role of accommodation and the right to accommodation for students with mental health issues.
   n. Stigma, prejudice, and discrimination: what it looks like and how it impacts student mental well-being.
   o. The kinds of concrete actions that can be taken by various stakeholders across campus to foster student well-being.
   p. The benefits of peer programs and the ways in which they strengthen a systemic approach to student mental health.

4. Community Capacity to Respond to Early Indications of Student Concern
   a. Early alert systems that build faculty and staff capacity to notice early indications of students’ concerns and connect them with supports and resources.
   b. Provide training for all student employee and leaders; and peer volunteer groups in noticing early indicators of student concerns as well as options for responding within the scope of the peer program (notifying supervisor, reaching out, and/or facilitating referral).
   c. Online self-screening questionnaire that helps students recognize that they may be struggling and offers resource information.
   d. Are training/educational programs in place to support faculty, staff and students to recognize students who may be experiencing difficulties? Are more in-depth levels of
training available for faculty, staff and students with specialized and/or front line roles (e.g. academic advisors, security staff, student residence staff, peer advisors, etc.)?

e. Are training/educational programs grounded in students’ mental health experiences?

f. Are mechanisms/practices/programs in place to facilitate outreach to students experiencing difficulties and connection to appropriate supportive services and resources?

g. Are faculty/staff/students aware of resources and student services available to assist students who may be struggling?

h. To what degree are faculty and staff comfortable with their role in noticing early indicators and facilitating outreach? What needs to be done to increase their comfort level (i.e. Is there adequate training and education provided regarding faculty/staff roles and boundaries in enabling early identification and outreach? Are there other considerations such as faculty/staff time and resources that need to be addressed?)?

i. Are student peer services sustainable and adequately supported (i.e. peer advising services, student mental health clubs and networks, etc.)?

5. **Self-Management Competences and Coping Skills**

a. Prepare students for transition to post-secondary experience by providing orientation and adaptation skills.

b. Training for staff/faculty/students on developmental theory relevant to young adult population.

c. Structured peer helper programs to provide support in self-management skill development including programs operated by trained and supported peers with lived experience of mental health concerns.

d. Provide opportunities for students to engage outside the classroom that encourage personal development and acknowledge them as learning outcomes in co-curricular learning

e. Courses and workshops on relationship building and emotional management.

6. **Accessible Mental Health Services**

a. Streamlined and coordinated across services to ensure that students are linked to the appropriate level of care depending on nature and severity of presenting concerns

b. Accessible, offering timely access to services and programs including: Counselling services providing individual and group psychotherapy

c. Medical services well versed in student mental health issues

d. Access to psychiatric services

e. Commitment to evidence based practice across all aspects of mental health service delivery.

f. Established links to resources in the community for students requiring specialized care that is not available within campus mental health services.

g. Effective liaison with local hospitals to ensure coordinated discharge planning for students who have been hospitalized.

h. Streamlined referral processes between mental health services and other campus resources and offices (e.g. academic advising, disability services, student advocacy, student conduct, etc.).

i. Timely consultation to administration, faculty, and staff regarding specific student concerns as well as unique needs arising from an academic program.
j. Responsive to the changing needs and perspectives of students.
k. Sensitive and responsive to the diverse needs and perspectives of students.
l. Compliance with established professional standards and qualifications for mental health care providers

7. Crisis Management
   a. Campus-wide dissemination of city and provincial crisis hotlines as well as the National Suicide Hotline, (1-800-SUICIDE).
   b. Faculty and staff awareness of the types of situations and circumstances that require crisis management, what the protocols are and what their role is within these. This involves also understanding how an institution’s policies, provincial legislation and professional guidelines inform decisions related to what information are shared and when to notify authorities when the safety of the individual or others is involved.
   c. Effective communication and coordination processes to support students with serious ongoing mental health concerns including options available for mental health leave as well as re-entry processes to support transition back to academic programs.
   d. Postvention programming to support students, faculty and staff following the death of a student by suicide.

8. Campus Engagement, Planning and Action
   a. Assess student mental health and how it impacts student success. Collect multi-modal data for the campus community to show the importance or relevance of issues.
   b. Build broad based buy-in from all community members including senior administration.
   c. Establish a cross campus committee from multiple diverse stakeholders tasked with championing the development and implementation of a student mental health strategic plan.
   d. Ensure that dedicated resources are allocated for planning, implementation and evaluation
   e. Conduct an environmental scan of practices, strategies and resources that promote student mental wellbeing. Assess strengths, gaps, and priorities for action
   f. Develop a strategic plan for promoting student mental health. Identify immediate and ongoing priorities for action, best practices approaches, resources required and responsibilities.
   g. Implement a campus strategic plan for promoting student mental health.
   h. Evaluate, measure, and share results with stakeholders.
   i. Celebrate progress toward goals and recognize champions.
   j. Engage in a process of continuous improvement based on ongoing evaluation, sharing, and knowledge exchange within mental health/ post-secondary communities.