

Student Mental Health at the **University of Alberta**

AN OVERVIEW

Revised October 2015

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INTRODUCTION

The desire to enhance and improve the way the University of Alberta approaches and deals with student mental health and wellness is rooted in the institution's ongoing dedication to fostering student success and student retention. One needs to look no further than the integral commitment made by our founding president Henry Marshall Tory, that the University of Alberta would serve to 'uplifting the whole people.' Indeed, president Samarasakera recast this promise in individual terms, stating that "we begin by uplifting the whole person, one person at a time" (speech, March 15, 2013). This pledge is infused into the Dare to Deliver, Academic Plan, 2011-2015: "It is also important...that students have the range of effective and appropriate supports that allow them to fully realize their potential during their time at the University of Alberta. ...When we focus on our students, we consider the student holistically."

In alignment with the University of Alberta's initiative to enhance the student experience, my appointment as Provost Fellow, Student Mental Health was created in January, 2012 to examine services available to our students dealing with mental health issues. This initiative aligns with the increased public scrutiny of North American post-secondary institutions to ensure that adequate mental health services are available to their students. It also correlates with increased attention on mental health issues in the public sphere. The creation of the Alberta Lieutenant Governor's Circle on Mental Health and Addiction is just one example of the focus on the impact of poor mental health on society at large.

The importance of mental health issues and their impact upon student engagement and academic success is receiving increasing attention in post-secondary institutions across North America. The academic experience occurs in the larger context of a student's life that has increasingly complex demands and pressures. Personal expectations, interpersonal challenges, academic demands, and life transitions, represent psychosocial or environmental stressors that may impact academic success. Although traditionally mental health issues in post-secondary populations were undervalued and an often dismissed influence upon academic achievement, there is growing consensus in the research community that these issues are becoming more complex, chronic, and severe. In a report completed by the Canadian University Survey Consortium (2011), more than 1% of Canadian undergraduate students identified themselves as having a learning or mental health disability that created obstacles to academic success and 18% reported using student counselling services that were available on campus. It is not a stretch to surmise that for some students already struggling with mental health issues, academic demands may negatively impact their mental health over the course of their academic careers. Because of the breadth and severity of documented student mental health challenges, post-secondary institutions have a seemingly overwhelming task of providing adequate services to their students and providing support structures that facilitate academic success. For a university as large and complex as the University of Alberta, this is a critical issue that requires careful scrutiny and strategic planning and constant assessment.

In order to fulfill the mandate assigned by the Provost to investigate student mental health services, the following questions were asked:

- How does the University of Alberta provide relevant, responsive and highly accessible mental health services to its students?
- Is there a need to increase capacity and offerings for the delivery of mental health services?
- How does the U of A increase its capacity to provide adequate mental health services to its' students?

To answer these questions, it was necessary to: identify the landscape of mental health services on our campuses to determine if there were overlaps or gaps in services; develop a model or models to enhance service availability; and propose a strategy to enhance support and mental health services for students. To ensure that perspectives from a spectrum of stakeholders had input into the report, senior administrators, faculty members, APOs, sessional and contract staff, support staff, mental health specialists, graduate students, undergraduate students, and external stakeholders were consulted. What follows includes: the results of an examination of the University of Alberta's current mental health services and delivery models, recent modifications to services based upon these findings, and recommendations for further improvement on our campuses.

To identify best practices suitable for the University of Alberta, the search needed to be completed with institutions that are comparable in structure, mandate, and size. A one-size-fits-all model is not appropriate for our large, research and teaching intensive university, therefore it was important to think creatively about how to best meet student mental health needs in our complex institution. Institutions large and small are challenged to develop strategic plans that will guide student service initiatives within the contexts of the size and nature of the institution and its access to sustainable

funding sources. The emphasis on mental health grows as a burgeoning body of research provides evidence that meeting student service needs creates a safe and supportive learning environment in which students thrive and succeed in their personal and academic endeavors. Health - physical, spiritual, emotional, and mental - are integral to realizing one's potential and achieving one's goals. Moving the University's initiatives forward requires insight into the connections between student mental health, learning and academic achievement, and student engagement as a constellation of factors that contribute to student success. In 2003, the Healthiest Campus Taskforce was created to make recommendations on moving toward a cultural shift. In 2009, the Provost's Advisory Task Team on Student Engagement built upon previous reports and made specific recommendations that would enhance the student experience and forge strong connections between student communities and our university. With this in mind, examining mental health and institutional best practice cannot be investigated in isolation.

WHY NOW?

The revelation that mental health impacts student learning and success is not new. In fact, the 1911, the Joint Committee on Health Problems in Education identified health education, health services, and a healthy environment as the three components required to support student mental health (Silverman, Underhile, and Keeling, 2008). More recently, following tragic incidents on university campuses that were perpetrated by students with mental health difficulties, the importance of the issue has again been highlighted and high profile incidents in other countries have garnered considerable attention. While fewer in number, significant incidents closer to home have increased attention and raised concerns about mental illness, particularly the relationship with harm to self and to others, on campuses across the country. With increasing evidence that mental health has a significant impact upon on students' learning, discovery and citizenship, universities are responding to the new reality and more demanding expectations from students, parents, and society.

Mental Health, Mental Illness and Mental Wellness

The terms 'mental health' and 'mental illness' are often used interchangeably and often call to mind those individuals who are suffering from severe and incapacitating disorders. Likewise, within post-secondary institutional contexts, the concepts of 'mental health' and

'well-being' are frequently disconnected. The World Health Organization (2011), however, connects the concepts of mental health and mental wellness closely by defining mental health as "a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community." The Mental Health Commission of Canada (2011) clarifies the definition by stating that "'mental health problems and illnesses' refer to the full range of patterns of behaviour, thinking or emotions that bring some level of distress, suffering or impairment in areas such as school, work, social and family interactions or the ability to live independently." More generally, mental wellness refers to proactive, supportive environments with approaches that are fundamentally more community-based. These definitions emphasize how the environment influences mental health within the context of everyday experiences and events. Clearly then, individual, systemic, community, and social factors influence mental health, for better or for worse. By extension, the responsibility for mental health does not fit directly into the jurisdiction of any one sector or service, but rather is a responsibility of all who participate in a community. Within the PSE context, an institutional commitment to the promotion of mental health and wellness requires cohesion between policies, procedures, organizational structures, and services.

Academic Success and Mental Health

The simple fact is that learning, academic achievement, and mental health are intertwined. An emerging body of research demonstrates relationships between mental illness, mental health, academic

problems, and academic success (e.g., Heiligenstein & Guenther, 1996; Hunt, Eisenberg, & Kilbourne, 2010). In response to the increased understanding about these interactions, Canadian and American post-secondary organizations have developed compelling plans that are designed to maximize student mental health initiatives in an academic environment and tie the plans to how they facilitate student success (Canadian Association of College and University Student Services (CACUSS), 2012; American College Health Association (ACHA), 2012). Not surprisingly, comprehensive strategies closely link individual mental health and wellness with the environment in which students function and emphasize that piecemeal, predominantly reactive strategies lack the power to build healthy campuses. The CACUSS (2012) conceptual guide to student mental health is based upon the premise that mental health is an essential component for student academic success and engagement; these are symbiotic relationships. There will be minimal success in improving student engagement and success in the campus community if mental health issues are overlooked. Therefore, mental health and wellness strategies and plans need to include every level and each individual of the institution. Post-secondary wellness frameworks encompass programs that benefit all who attend an institution by building a strong foundation that supports engagement, community involvement, support for success, personal growth, and academic achievement. Whether institution-specific or more global, services, supports, and opportunities influence the full community. The intent is to make a large campus feel small enough to be engaging and for each student to find a place where they feel they fit and belong. Post-secondary institutions are charged with strengthening all students through opportunities to be involved in

peer programming and support, undergraduate and graduate clubs and interest groups, cohorts within specific programs, a learning environment that provides a sense of identify and multiple methods of engagement with the institution, and opportunities for involvement in research such as those supported by the Undergraduate Research Initiative. Every student should be able to find a niche to be “more active and engaged with the Academy” (Dare to Deliver, 2011-2015).

Changing demographics and mandates

Over the past ten years, societies have begun to acknowledge the prevalence and impact of mental health issues. With the increasing number of societal initiatives to de-stigmatize mental health issues, when speaking to the Canadian Mental Health Association, Dr. John Kirby contended that universities have a “moral obligation” to attend to the mental health needs of their students (Tamburri, 2012). Rising to the challenge, post-secondary institutions are acting proactively and systemically to meet the emerging mental health needs on campuses rather than solely reacting to critical incidents.

On top of this, the 15-24 age range is the single largest group of Canadians who face mental health challenges (Mental Health Commission of Canada, 2011; Eisenberg, Gollust, Golberstein & Hefner, 2007). This is an age when many mental health issues begin to emerge and are most malleable to intervention and amelioration. However, while the post-secondary demographic is the most likely to develop disorders, it is the least likely to seek help. The good

news is that parents, faculty, staff and students on campus are increasingly aware of the indicators of mental health issues and are acknowledging students' struggles when they are observed. By raising the profile of mental health in the society at large, there is an increased acknowledgement of the significant impact of mental health on performance, persistence, and the ability to contribute to society overall. Thus, there is a perception that mental health issues are more prevalent now than in past generations. Simply put, with growing awareness comes growing demand for services. It is incumbent upon the University and post-secondary institutions to provide these services to ensure that students are able to meet their goals, successfully complete their programs of study, and become contributing members of society.

The demography of today's student population is in flux, changing as it draws from a broader population than ever before. Kitzrow (2009), Zivin, Eisenberg, Gollust & Golberstein (2009), the American College Health Association (ACHA, 2012), the Canadian Association of College and University Support Services (2012) and the Royal College of Psychiatrists (2011) concur that the changing composition of the student body has a dramatic impact upon a university community. The major forces of change include student characteristics, parental expectations and oversight, and increasing numbers of international and non-traditional students, and an increasingly complex world. The environmental impact of financial concerns, developmental challenges, family responsibilities, psychological distress, as well as academic pressures affect the learning experiences of many students.

All post-secondary institutions are grappling with the responsibility to ensure that they are providing safe environments for students and staff to learn, develop, and grow. As such, they face the challenge

of determining the extent to which student mental health issues are accommodated in policies and procedures. The University of Alberta, through its *Dare to Discover* and *Dare to Deliver* documents, clearly made student health and wellness a priority of the institution. The organizational structure of student mental health, welfare and wellness services must reflect the philosophy of a focus on student success. The vision and mission of each faculty, department, and unit must align with the institutional mission: the value of its students. The U of A is dedicated to fostering an institutional culture based upon a shared commitment to student health, wellness, and success.

Student Expectations

For most students, pursuing post-secondary studies is far more than obtaining just academic credentials. Students come to campus expecting to become members of a community in which they grow academically, developmentally, and personally. Rodolfa (2008) states "The goal of a campus community that cares is to develop an environment where students feel welcome, feel that they can reach their potential in a healthy supportive environment, and feel they can come to a greater understanding of who they are, who they want to be with, and where they are headed in life." The University of Alberta addressed the aspirations of students in *Dare to Deliver 2011-2015*: "When we focus on our students, we consider the student holistically... How will we know we are making progress? Students report they have the tools and support they need to succeed, including a more student-friendly bureaucracy."

As the diversity of undergraduate and graduate students increases, it is incumbent upon the academy to adapt and deliver services that

will contribute to meaningful student engagement and academic opportunities for all. Wellness services, the structures for providing services, and a diversity of available resources are required to keep pace with the changing demographics of our student population. The contemporary challenge is to recognize and accommodate the individual as well as the common aspects of our students. At the U of A we want to create spaces for learning and inquiry that allow our students to feel comfortable in being themselves as well as identifying as U of A students. In striving for this balance, we improve the quality of the university experience while harnessing the full benefit of diversity in our community.

Our programs and services need to be delivered in a coordinated and consistent fashion that meet the needs of all students, avoids duplication and is not sequestered into silos of administrative units. When one becomes a U of A student, her/his individual background comes as well, and this diversity enriches our community. Students need to believe that their culture, religion, gender, and/or ethnic backgrounds are valued and that our institution strives to provide meaningful services that are easily navigable for all students. Fracturing services based upon student status or background creates inadvertent barriers or fosters the perception that mental health support or academic success services are differentially available. This appears to be particularly true for international students who feel disconnected from this institution.

The U of A Reality

In Spring 2011 and again in 2013, the University of Alberta completed the National College Health Assessment (NCHA). The NCHA is a research-based student survey that was developed in 2000 and has since been used by major American and Canadian universities to determine and track changes in student mental health, as well as

to identify factors that impact student performance, engagement, and success. The survey asked respondents about their alcohol, tobacco, and other drug use, sexual health, weight, nutrition, exercise, mental health, personal safety, and violence. In 2001, this was the first comprehensive snapshot the University of Alberta had obtained to understand the breadth and depth of mental health issues that our students contend with.

NCHA data, 2013

Students experienced the following issues within the 12 months prior to the survey:

	U of A Spring 2013	Alberta Cohort 2013	Canadian Reference Group, 2013	U of A Students (39,500) - survey data extrapolated to a campus statistic
Felt overwhelmed by all you had to do	86.9%	89.8%	89.3%	34,326
Felt exhausted (not from physical activity)	85.9%	88.1%	86.9%	33,931
Felt very lonely	62.5%	63.9%	63.9%	24,688
Felt very sad	67.7%	68.5%	68.5%	26,742
Felt so depressed it was difficult to function	36.6%	36.1%	37.5%	14,457
Felt overwhelming anxiety	54.7%	56.9%	56.5%	21,607
Felt overwhelming anger	39.0%	42.3%	42.2%	15,405
Seriously considered suicide	8.5%	8.4%	9.5%	3,358
Attempted suicide	1.4%	1.1%	1.3%	553
Intentionally cut, burned, bruised or otherwise injured yourself	5.5%	5.6%	6.6%	2,173
Felt things were hopeless	50.2%	51.6%	53.8%	19,829

Within 12 months prior to survey, students were diagnosed or treated by a professional for the following:

	U of A Spring 2013	Alberta Cohort 2013	Canadian Reference Group, 2013	U of A Students (39,500) – survey data extrapolated to a campus statistic
Anxiety	9.3%	10.7%	12.3%	3,674
Attention Deficit and Hyperactivity Disorder	1.5%	3.7%	2.8%	593
Depression	9.1%	9.7%	10.0%	3,595
Insomnia	3.5%	4.1%	4.1%	1,383
Panic Attacks	5.4%	5.3%	5.8%	2,133
Substance Abuse or Addiction	0.7%	0.9%	0.8%	277

These statistics are concerning given that depression and anxiety have been shown to be associated with academic impairment and are related to drop-out rates and lower GPA (Eisenberg, Golberstein & Hunt, 2009).

The National Survey of Student Engagement (NSSE) is conducted yearly to measure the level of student engagement and to track the impact of institutional initiatives that foster engagement at the University of Alberta. “Students perform better and are more satisfied at colleges that are committed to their success and cultivate positive working and social relations among different groups on campus.” (NSSE, 2011). The student engagement category is comprised on responses to the following statements:

- Campus environment provides the support you need to help you succeed academically
- Campus environment helps you cope with your non-academic responsibilities (work, family, etc.)
- Campus environment provides the support you need to thrive socially
- Quality of relationships with other students
- Quality of relationships with faculty members
- Quality of relationships with administrative personnel and offices

The National Survey of Student Engagement

Agreement that the U of A is a Supportive Campus Environment

Degree Completion	2008	2011
Year One	52.6%	55.1%
Year Four	47.4%	51.3%

The National College Health Assessment

	Affirmative response	Negative response
The University has a sincere interest in students’ health and wellbeing	61%	39%
Experience a sense of belonging to the U of A	66%	34%

The results demonstrate that the ongoing efforts and new initiatives taken to improve student supports and engagement have resulted in improvements in the campus culture. Taken together with the NCHA data, these surveys provide us with the evidence that enhancing student services and supports is critical to the student experience.

Whether students are at a crisis point or getting through the ups and downs of student life, the means and methods by which they access or receive information from the University can have a dramatic effect: on their wellbeing as well as their academic success. Students need to be able to find help when they need it and in many cases, before they need it. They need to be able to readily access the information and/or assistance required to take action to mitigate the situation in which they find themselves.

Some initiatives such as Student Connect within the Registrar's Office are moving toward organizing and offering services as defined by the students' points of view and needs. For instance, current and future cohorts of students expect websites to be functional and mobile, to provide useful and up-to-date information, and to be relevant, engaging and accurate. They expect the U of A programs and services, whether online or face-to-face, to be effective, accessible and coordinated.

In order to be successful, effective communication with students requires an ongoing commitment that works in coordination with all aspects of health and wellness programs and services and continually adapts to the newest technologies and communication methods. While communication efforts need to be targeted to increasing mental health and wellness, they must also include the other programs and services that we offer including the physical, spiritual, academic and social.

University Structure and Commitment

To be truly effective, post-secondary mental health initiatives require an ongoing commitment from the institution. This requires:

- a sustained focus on the impact of health and wellness on academic achievement
- identification of institution-wide priorities
- flexibility to address constituent needs as they evolve
- adequate resource allocations
- appropriate delivery models
- and active oversight of outcomes

Universities must adapt as evidence increasingly supports the impact of mental health and wellness upon retention rates, student engagement, learning and development, and ultimately academic success. 'Silos' create artificial barriers for students to overcome and navigate. Mental health and wellness initiatives must be championed at all levels of the institution, including senior administrators and the topmost echelon. A sustained initiative needs to be visible to faculty members, APOs, support staff, sessional, and contract workers as well as by undergraduate and graduate students. Student groups, the Students' Union and the Graduate Students Association have peer credibility that can create momentum for action that reaches out to all students on campus.

Like many universities, student services at the U of A have historically been organized along the traditional stand-alone structures of independent service units that are loosely affiliated at best. Whether services are in Faculties, departments, under the Dean of Students' portfolio of University Student Services, or some other 'central' unit, there have been few opportunities for collaborative initiatives, comprehensive intervention strategies, or coordinated programs.

It is critical we keep in mind that students expect and require seamless transitions between University services for the learning environment to be truly supportive. Consolidation of services is not necessarily required, but carefully designed communication, consultation, and collaborative processes will expand our ability to support and enrich the learning experiences of all students on campus. Recognizing that students require continuity and cohesive services, initiatives have been started to foster links through communication between units, a shared vision, and explore strategic re-alignments. The University continues to build an infrastructure in which students are able to more easily find, access, and engage in the supports that they need, whether professional or informal, academic or behavioural, personal or collective.

Initiatives such as the creation of the Community Social Work Team, extending psychological services beyond the borders of Counselling and Clinical Services, augmenting the Helping Individuals at Risk program to include academic as well as behavioural risk indicators, are all examples of innovative changes that support student wellness beyond the traditional 'silos.'

THE WAY FORWARD

In 2003, the University of Alberta Senate Task Force on Wellness was created to make recommendations that would guide future initiatives to create a healthy and vibrant community. In 2005, the Senate Task Force on Student Engagement built upon the Wellness report and made specific recommendations to enhance the student experience and student connection with U of A campus communities. The U of A Comprehensive Institutional Plan (2012) reinforces

In 2003, the University of Alberta Senate Task Force on Wellness was created to make recommendations that would guide future initiatives to create a healthy and vibrant community. In 2005, the Senate Task Force on Student Engagement built upon the Wellness report and made specific recommendations to enhance the student experience and student connection with U of A campus communities. The U of A Comprehensive Institutional Plan (2012) reinforces the institution's commitment to ensuring that student experiences remain forefront in the institution's initiatives. The groundwork has been laid, and it's time to seize the opportunity and build the mentally healthy, well University that we want and need.

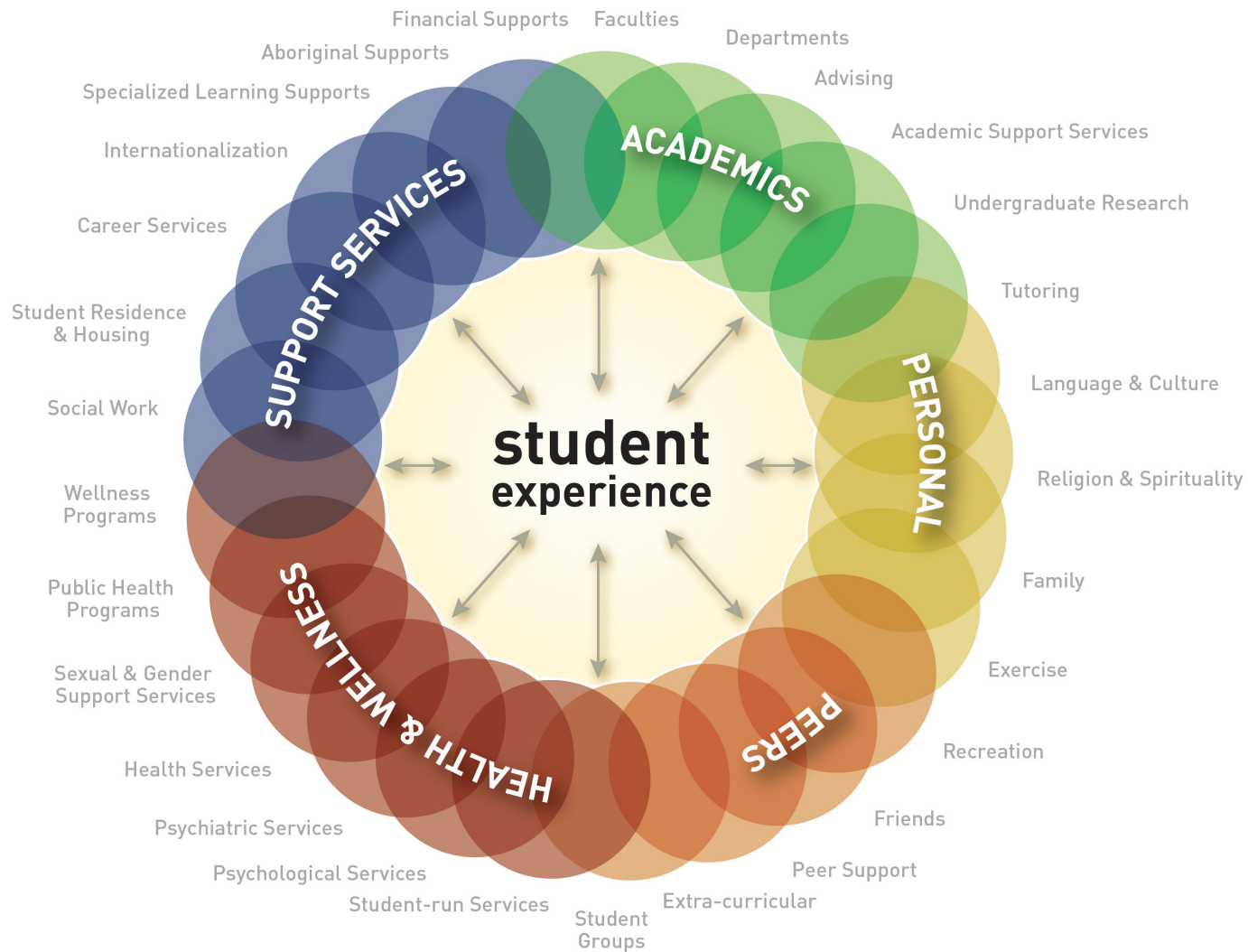
Progress has been made, and there are a lot of the right pieces of the puzzle in place. However, we need more, much more. The U of A's priority and commitment to student wellness must be made more visible, both within our institution and to community stakeholders. There are any number of negative impacts on post-secondary institutions that are unresponsive and inflexible to students' needs, or are seen to be, particularly in a time when public expectations regarding both mental health and universities are rapidly changing. Providing support services that enhance students' ability to be successful sends an important message in a competitive market; at no time has there been a greater need to maintain our appeal to prospective and current students.

While clinical, counselling, and other acute care services on campus are necessary, they alone are not sufficient. No one unit or service holds the key to ensuring students are mentally healthy and well. Demonstrating our commitment to a high quality student experience requires holistic planning and strategic management more than predominantly reactive responses to crisis. Creating a campus that supports mental health and wellness requires an institution-wide, community-based network of supports and services that has

multiple points of entry for students. It also requires an environment that considers student wellness integrally in the design of policy, procedures, and decision-making on campus. It is not

overstating to say that the success of all students at the U of A requires a renewed commitment to support students as they strive to meet their personal and academic goals.

IT TAKES A CAMPUS TO SUPPORT A STUDENT



THE U OF A LANDSCAPE: RESOURCE ALLOCATIONS

Counselling and Clinical Services (CCS)

Counselling and Clinical Services (CCS) has adopted a new philosophy regarding how to provide effective and efficient services to students on the main campus. In 2010, psychiatrists that worked in the University Health Centre were amalgamated into the Mental Health Centre that had previously housed psychologists alone. Integration of the two professions into a single unit was intended to facilitate consultation, collaboration, and seamless service provision. A psychiatric nurse, hired in 2011, bridges the gap between psychological and psychiatric services by providing clinical support to students with psychiatric illnesses. A triage intake process is available four hours per day to assess students' levels of need and appropriate service requirements. In addition, CCS is an important training site for graduate students pursuing advanced degrees in counselling psychology and clinical psychology. Doctoral interns are required to be enrolled in accredited programs.

Resources as of December 31, 2012

Counselling and Clinical Services is located centrally on the main campus. The Centre is comprised of:

- 7 full-time psychologists
- 2.5 full-time contract psychologists
- 2 full-time psychology interns
- 3 full-time psychology interns (on 8 month contracts)
- 1 full-time psychiatric nurse
- 7 part-time psychiatrists (2.5 FTE)

Community Social Work Team

In January, 2012, two social workers were housed within student services. One was affiliated with the Student Success Centre and the other was utilized as a resource for students who required intermittent support services as well as being responsible for the implementation of the Community Helpers initiative. There is less stigma associated with the social work profession than psychologists and psychiatrists, thereby making them more appealing to many students seeking help. In fact, most students who currently use the services of the social workers on campus are unaware of their professional designation.

In October, 2012, two additional social worker positions were created and all four positions were reorganized to create a single unit reporting directly to the Office of the Dean of Students. The role of the social work team was grounded in preventative action that supports resiliency and fosters a sense of connection to strengthen capacity, provide bridges to resources, and advocate for greater inclusivity on our campuses. The team's work is focused within the contexts of Community Education, Community Building, Community Outreach and Resources, and Community Advocacy. With the restructuring, their roles expanded across the U of A campuses.

The revised team mandate:

- Provides mental health training and workshops across campus
- Delivers the Community Helpers program
- Links students to university and community resources
- Provides informal services to students rather than rigidly scheduled, formalized services
- Collaborates with the Peer Support Centre to guide content and delivery of volunteer training programs.

- Ensures consistency of training year over year through the development of a comprehensive, mental health component for student volunteers
- Provides training to residence coordinators and residence assistants across campus
- Delivers workshops to faculty and staff about student mental health and intervention strategies
- Works closely with international students in the International Centre. Engaged social workers facilitate stronger relationships for students in difficulty who are unwilling to seek out or access formalized professional services.

Resources as of December 31, 2012

- 4 community social workers (4.0 FTE)

Institute of Sexual Minority Studies and Services (iSMSS)

The Institute of Sexual Minority Studies and Services was created in 2008 and absorbed other sexual and gender minority youth programs on the U of A campus. The institute provides a framework for a network of programs and services that support sexual-minority students. Through its work, students have access to specialized psychological support and advocacy including Sideright, a student residence support group and Inside/OUT. It provides numerous outreach educational programs across campus. Under its banner, research, community service, and equity programs are offered. In the past year, a part time psychologist has been added to the compliment of employees to provide confidential services to students, faculty and staff. The Institute also spearheads the Safe Spaces initiative that, in combination with lectures and workshops, educates the campus community to create an inclusive campus climate.

This places the U of A in an enviable position as a recent study found that only 30% of campus counselling websites mentioned individual counselling for sexual and gender minority students (Ontario Undergraduate Student Alliance, 2012). Even fewer (12%) had personnel trained to provide services to this specialized population.

Resources as of December 31, 2012

- 1.0 FTE psychologist: provides services to the campus and City of Edmonton communities

Aboriginal Student Services Centre (ASSC)

Aboriginal students require a unique set of supports to facilitate enhanced academic engagement and student experience. With the focus on ensuring that aboriginal students have access to appropriate services, it is increasingly important that tailored mental health services be available. The ASSC offers culturally appropriate student advising, social and emotional support services, access to community elders, study space, and social and cultural events that are inclusive to the campus community.

Resources as of December 31, 2012

- A psychologist from the MHC provides service in the Centre three hours per week.

Aboriginal Students Office

Augustana Campus has an Aboriginal Students Office that provides similar culturally appropriate services, academic advising and social events. They also offer an Aboriginal Student Mentor Program, pairing senior level aboriginal students with new incoming aboriginal students to assist with the adjustment to university life.

Sexual Assault Centre

The Sexual Assault Centre (SAC) was the first free-standing independent institution-supported centre at a university in Canada. Other universities are using it as a model in the design of sexual assault centres at their own institutions. The SAC currently offers crisis intervention and short-term counselling to students, staff and faculty who have been impacted by sexual violence, harassment, and stalking. The SAC is active in innovative education and awareness programs across campus including Yoga for Healing, education workshops for classes or student groups, 'Don't Be That Guy' campaign, @You, a program for aboriginal students, safe house access, and informal community support workshops. They spearhead activities and information campaigns during the campus-wide Sexual Assault Awareness Week. The SAC delivers training workshops and seminars to student support units, student groups, as well as undergraduate classes across campus. Their student volunteers reach into the university community, deliver training sessions across campus to faculty and students, and provide support to those impacted by sexual violence.

Resources as of December 31, 2013

- 1 counsellor (1.0 FTE)

Faculty In-House Mental Health Support

Four faculties provide in-house student psychological services that extend beyond student advising services. The psychologists are well versed in the issues relevant to their specific student body and faculty programs, thus enabling them to tailor services.

Campus St Jean

- .8 counsellor/psychologist counselling services in French and English (650 students)
- Psychiatric services in French available in the community

Augustana Campus

- .8 FTE registered psychologists (1000 students)
- Psychiatric services are available in Camrose

Medicine/Dentistry

- .4 FTE counselling services available in the Learner Advocacy and Wellness Department

Faculty of Education

- 1.0 FTE registered psychologist provides services to undergraduate students

Healthy Campus Unit (HCU)

The Healthy Campus Unit (HCU) supports student public health initiatives. The team oversees the Unwind Your Mind initiative implemented with a number of campus partners, such as the university's libraries, during final examination periods. They have run Heroes for Health, a competitive student program that provides funding for outstanding student-initiated projects to foster wellness on campus, as well administering the Wellness Project grants, which support grass-roots wellness programs driven by students and staff. The team also collaborates with the Students' Union and the Office of the Dean of Students in the Furry Friends pet-assisted stress relief program. The HCU team is also responsible for the organization, distribution, and analysis of the bi-annual National College Health Association student survey.

ADDITIONAL RESOURCE ALLOCATIONS IN 2013

Counselling and Clinical Services (CCS)

Supplementary government funding provided the opportunity to revise the delivery model for student mental health services. CCS will be able to increase its ability to meet the needs of previously underserved students by offering more flexible hours, four additional locations and types of interactions with students and staff that reduce barriers inherent in our current service structure. In October, 2012, a proposal was presented to the Vice Provost Council that outlined a change in the CCS delivery model for the main campus. The recommendation was based upon the philosophy that the U of A needs to put services where the students are most apt to access them. The revised model includes satellite offices that are located in large faculties and units thereby expanding access of mental health services to multiple locations across campus. In addition to making the services more easily accessible and visible to the student body, placement within faculties or centres provides the opportunity to develop collaborative relationships between faculty members and service providers and to tailor services to specific student groups. The hours of operation would be extended to enhance access.

With additional resources, the following additions are underway:

Four new satellite offices are being created.

- 3 satellite offices will be placed in faculties with large undergraduate populations
- 1 satellite office will be created for graduate student access

Additional mental health providers:

- 4 full-time psychologists will be located in satellite offices
- 2 psychiatric nurses will conduct intake interviews throughout the day which will increase available counselling hours for psychologists
- Service hours in the Centre will be extended two evenings per week

With the acquisition of the Government of Alberta \$3,000,000 grant announced in January, 2013, new psychologists will be hired to work in the satellite offices that will be located in the three largest faculties on campus: Arts, Science, and Engineering. The fourth largest faculty, Education, has had a full-time on-site psychologist since 1996. The Graduate Student Association has indicated the need for services tailored to graduate students who comprise approximately 19% of the clientele currently served at the MHC. To accommodate this need, a fourth satellite office will be placed in Triffo Hall.

Community Social Work Team

With additional resources, the following additions to services are underway:

Additional mental health providers:

- 1 clinical social worker (.4 FTE)

Aboriginal students have been identified as a group in need of additional mental health support therefore clinical social worker services will be extended into the ASSC on a part-time basis. International students have also been identified as a group in need and the appropriate services are currently being evaluated.

Sexual Assault Centre

With additional resources, the following additions to services are underway:

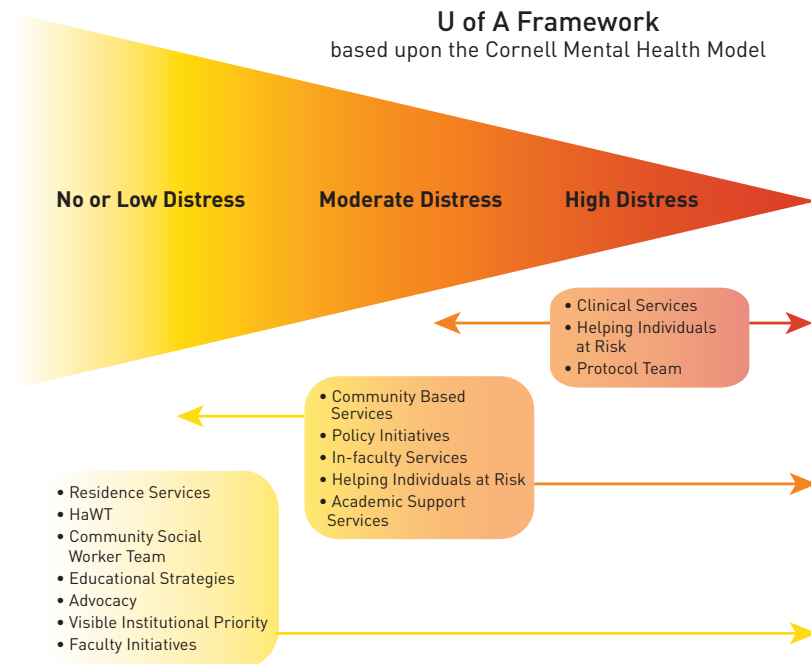
Additional mental health provider:

- 1 psychologist (.75 FTE)

Government funding has provided the financial resources to hire a part-time psychologist for a three year period, beginning September, 2013. The current counselling program will be revised to include on-going individual counselling and group counselling.

THE MODEL

A model developed by Cornell University provides a useful framework for developing and implementing student services and information delivery that includes engagement at all levels of the campus community. Historically, student mental health and wellness services have been approached from the perspective of providing mental health interventions by clinicians and medical facilities and have functioned within silos (Eisenberg, Golberstein, & Hunt, 2009). Operating parallel or uncoordinated services lacks efficiency, risks duplication of resource allocations, and impedes the delivery of impactful programs and services. With a health-promoting approach, the totality of students will be impacted by an emphasis on promoting, maintaining or regaining their mental health. Creating an environment that is intentionally designed with a breadth of services and avenues of access “foster[s], support[s] and sustain[s] a campus culture in which students’ growth, resiliency



Based on Campus Mental Health Action Planning [CampusMHAP]
www.jedfoundation.org/assets/Webinars/BuildingMomentum/CampusMHAP_1_Slides.pdf

and learning are fostered.” (p. 9, Silverman, Underhile & Keeling, 2008).

The right side of the triangle represents those students who require direct clinical support services from doctors, psychologists, psychiatrists, and psychiatric nurses in the Mental Health Centre, community social workers and existing in-faculty psychological services. These are the students that are forefront in people’s minds when conversing about student mental health occur.

The middle segment of the triangle encompasses access to services by students who require a variety of non-clinical supports

to facilitate their academic success. It focuses upon providing targeted interventions for non-traditional and academically struggling students on campus and enhancing the ability to access the breadth of student support services. Non-traditional groups include First Nations, Metis and Inuit students, second career students, international students, and gay-lesbian-bisexual-transgender students, while more-at-risk groups include first year and transfer students. At the U of A, the existing Helping Individuals at Risk (HIAR) program can be extended to identify students with declining mental health and/or academic difficulties in order to facilitate early intervention and access to support resources. Developing institutional awareness of the link between student mental health and learning and academic success could be facilitated by designing workshops that provide faculty, staff, and administrators with awareness training to assist them in identifying and responding to distressed students. Awareness of the available support services on campus needs to be enhanced. A focus upon mental health and wellness issues during student orientations could be incorporated in such a way as to encourage resilience and adaptation to the UofA.

The left side of the model focuses on the quality of the culture and learning climate of the institution, and the level of student engagement. Given that the U of A is committed to the development of citizenship, its institutional commitment to personal growth and development as well as academic success should be visible to the campus community and community at large. While the following statements by the Senate Task Force for Student Engagement are framed within that context, the power of feeling valued and belonging is critical to fostering and maintaining student health and wellness.

There can be an extraordinary value in a single positive encounter with another person in such a large and diverse campus community. Feedback from focus groups suggests that front line campus personnel play a central role in ensuring that students are not only informed, they are also valued as contributing members of the campus community. ...

Each encounter with a student is an opportunity to promote and support student engagement in social and academic campus life. Students who want to get involved and search for resources are also in the process of defining their role in the university community. Students are not just seeking information - they are also seeking a sense of place and a sense of belonging.” (2005, p. 43)

As institutional policies and procedures are developed, their impacts upon mental health and wellness cannot be discounted. Importantly, peer-to-peer support has been shown to be highly effective for assisting students with overcoming personal challenges and therefore plays a crucial role in fostering a healthy and supportive campus.

Given the insight and usefulness of the model in both range and scope, the recommendations that follow in later in this report have been developed based upon the Cornell framework.

RECOMMENDATIONS

MAKE OUR COMMITMENT VISIBLE

1. Student mental health issues must be a visible priority of the University of Alberta
2. Ensure that the U of A community recognizes the importance of student mental health on learning, academic success, academic persistence and program completion
3. Review policies and procedures to ensure they are consistent with mental health initiative
4. Encourage faculties, non-teaching, and student service units to review their policies and procedures to ensure that they align with the larger institutional initiatives
5. Reconsider student services across the University from the students' point of view.

EXPAND WELLNESS INITIATIVES AND RAISE THEIR PROFILE

6. Rename the Mental Health Centre
7. Develop and deliver addictions and substance abuse student services and support groups on campus

8. Promote health and wellness for all students
9. Student groups should be encouraged and provided with support mechanisms by the university.
10. Promote peer-to-peer mentoring and support services
11. Expand Health and Wellness Team (HaWT) involvement in student health initiatives

ALLOCATE DEDICATED RESOURCES

12. Align an increase in required physical space with the increased demand for services
13. Ensure sustainable funding
14. Allocate necessary resources to support the growing demand for support services
15. Office of Advancement should engage in fundraising initiatives that support student mental health and wellness services

MOVE TOWARDS COHESIVE MENTAL HEALTH & WELLNESS PROGRAMMING

16. Reduce the fragmentation and “siloeing” of student mental health services

17. Recognize the roles that the Specialized Support and Disability Services (SSDS) and the Student Success Centre (SSC) have in addressing student mental health issues

18. Enhance the profile of the chaplains and acknowledge the value of spiritual support

19. Dedicated prayer and meeting spaces should be made available to the campus community

20. Profile wellness programs across campus

ENGAGE OUR COMMUNITY

21. Provide regularly updated comprehensive information about student services to all faculty and staff

22. Develop orientation and refresher sessions for faculty, APOs, and staff that focus on the student landscape

23. Increase and improve online resources for faculty and staff

24. Adopt a modified Mental Health First Aid program

25. All faculty and staff should participate in revised Mental Health First Aid (MHFA) training

26. Provide resource information and handbooks for parents, students, and staff

27. Develop resources for sessional instructors

ENHANCE STUDENT-CENTRED COMMUNICATIONS STRATEGIES

28. Fundamentally reconsider the way student services are marketed and communicated at the U of A from a student's point of view

29. Renovate the online space for current students at the U of A

30. Implement a university-wide approach to increasing awareness of student services

31. Conduct a University-wide communications campaign emphasizing mental health

CREATE INSTITUTION-WIDE INFRASTRUCTURE

32. Create a University Health and Wellness Committee (UHWC)

33. Create a Student Health Advisory Committee

34. Develop a Crisis Counselling Team

35. Create an outreach protocol to students directly impacted by a crisis

36. The Helping Individuals at Risk (HIAR) policy and program should be augmented to include a more comprehensive early intervention program

37. HIAR training must be provided in a systematic way to the university community

38. Consider Implementing a voluntary/involuntary leave policy, developed by members of the HIAR and Article 91 Protocol Teams

39. Encourage the Graduate Student Association (GSA) to complete a cost/benefit analysis of the supplementary counselling contract.

40. Evaluate programming effectiveness and impact regularly

REVIEW AND ENHANCE ORIENTATION

41. Orientations should be re-designed to adequately orient students to our complex institution.

42. Design orientations for students transitioning from other institutions

43. Design culturally meaningful orientations

44. Coordinate schedules and examine content of student orientations delivered across campus

45. Make orientation information accessible throughout the year

SERVE THE NEEDS OF INTERNATIONAL STUDENTS

46. Integrate international services within the larger university community

47. Expand institutional involvement with international students

48. Re-design acculturation workshops

49. Encourage help seeking in the international student body

50. Expand social interaction and support structures for international students

51. Create opportunities for community participation during extended holiday periods

52. Provide routinely scheduled acculturation opportunities with alumni, faculty, and staff

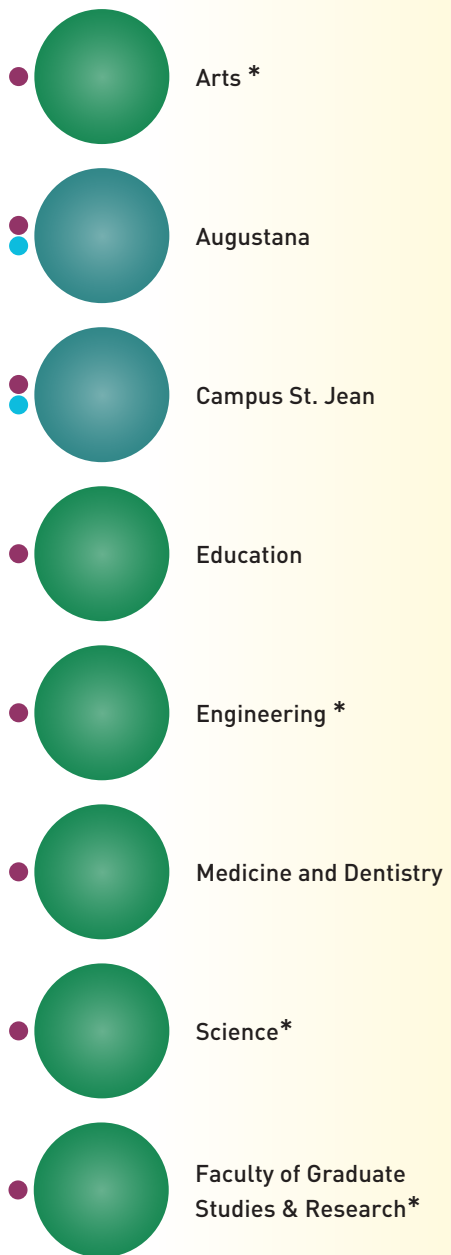
ENHANCE OUTREACH INITIATIVES

53. Engage alumni in supporting mental health initiatives on campus

54. Explore a Memorandum of Understanding between Alberta Health Services and the University

APPENDIX A MENTAL HEALTH SUPPORTS AT THE UNIVERSITY OF ALBERTA

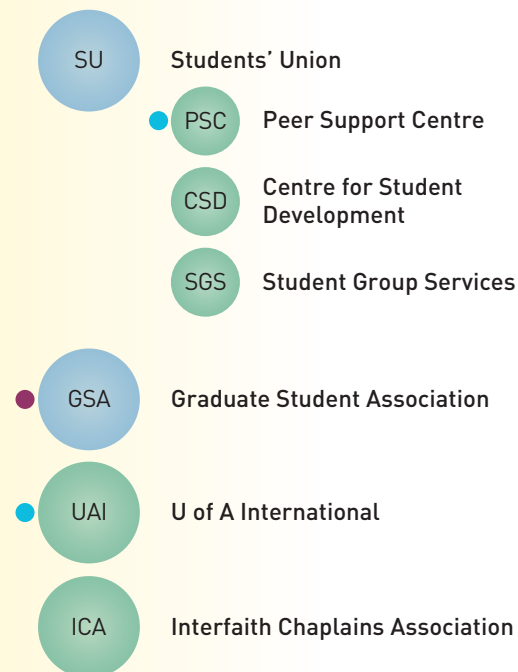
UNIVERSITY COMMUNITY - FACULTIES AND CAMPUSES



DEAN OF STUDENTS PORTFOLIO



UNIVERSITY COMMUNITY - STUDENT SERVICES AND ASSOCIATIONS

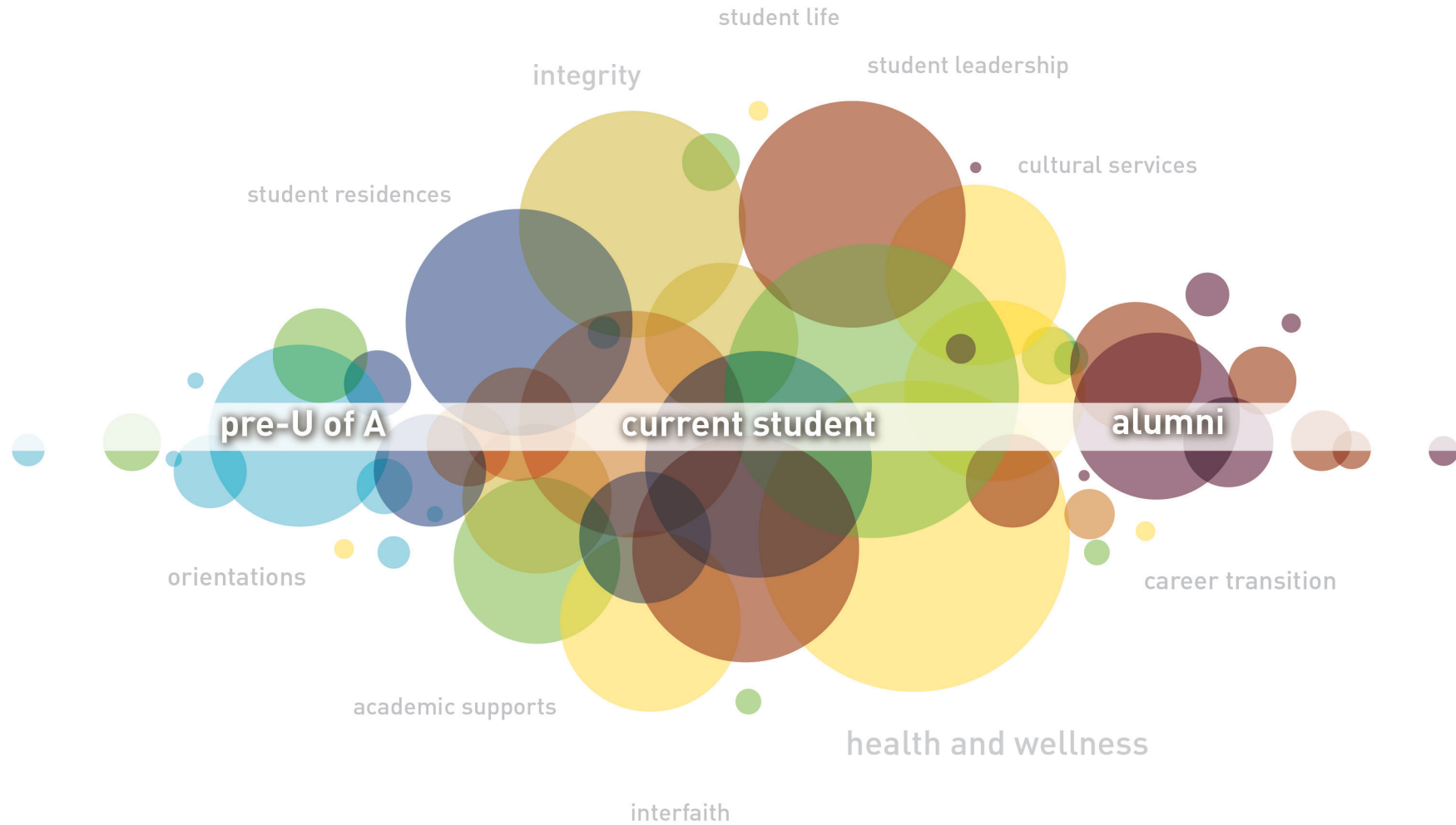


Legend

- Psychologist/Counsellor services
- Community Social Work Team involved
- Association
- Student Service
- Dean of Students Portfolio Unit
- Faculty
- Faculty and Campus
- * CCS Satellite Counselling

APPENDIX B

THE STUDENT EXPERIENCE, FROM START TO FINISH



CONSULTATIONS

Over the term of my appointment, I regularly consulted with, and/or interviewed, service providers and stakeholders, both individually and collectively. This included graduate student and undergraduate student focus groups; the Graduate Student Association Executive and Graduate Association Council; individual graduate students; Student's Union Executive and Student's Union Council; University Wellness administrators; Mental Health Centre psychologists, psychiatrists and psychiatric nurse; Director of Student and Residence Services, Augustana; Campus St. Jean, faculty and mental health counsellors; International Centre administration and advisors; social workers; Peer Support Centre directors; Student Success Centre personnel, Sexual Assault Centre personnel, Aboriginal Student Services Centre personnel; social workers; Health and Wellness Team members; Helping Individuals at Risk coordinator; Office of Safe Disclosure and Human Rights; International Centre personnel; international graduate students; Residence Services including the Director, Associate Director, Residence Coordinators and residence administrators; Institute for Sexual Minority Studies and Services personnel; senior university administrators; support staff in the Dean of Students office; support staff from across the University; Ombudservice; HPaWs; the Office of Sustainability personnel; Associate Deans; Deans; Vice-Provosts; Chairs; and in-faculty mental health service providers.

The external stakeholders that were consulted included personnel from Alberta Health Services; hospital administrators; Canadian Mental Health Association; Canadian Association of Colleges and University Student Services directors; American College Health Association members; and senior administrators, service providers, and students from national and international post-secondary institutions.

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