# Focus on Mental Health

## October 2012

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# Introduction

*"There might be a moment where you can save a life."*

*– Valerie Pringle*

One of the most challenging issues post-secondary campuses face today is mental health. Unlike most other health issues, mental illness still has a stigma attached to it, so the temptation is to cover up the problem — but this can lead to serious, and sometimes tragic, consequences.

Addressing this challenge is a priority for colleges and universities, whose leaders are committed to providing help for everyone who needs it. While much has been done to more effectively deliver these services, there is still more to do. This task is particularly important at post-secondary institutions, since young people age 15 to 24 are the least likely to seek assistance.

**"This group really feels the need for help," says Dr. David Goldbloom, chair of the Mental Health Commission of Canada. "By maintaining our silence, we maintain the stigma."**

The good news is that campaigns to raise awareness about mental health are working. Growing numbers of young people are coming forward. So colleges and universities must make sure effective supports and services are in place.

On May 17, 2012, more than 270 people — college and university experts, student leaders, health-care providers, government officials and others — united in Toronto for Focus on Mental Health. It was an opportunity to explore this challenge in a candid, detailed and thoughtful manner.
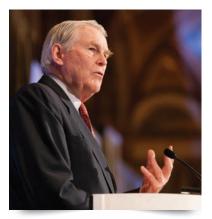
Organized by Colleges Ontario, the Council of Ontario Universities, the College Student Alliance and the Ontario Undergraduate Student Alliance, the event allowed participants to discuss the issue in depth and share many perspectives on the challenges facing educational institutions in facilitating effective mental health services for students.

The conference featured addresses by people with expertise in this area: Goldbloom, who is the chair of the Mental Health Commission of Canada, also the senior medical advisor at the Centre for Addiction and Mental Health (CAMH) in Toronto, and a professor of psychiatry at the University of Toronto; the Honourable Michael Wilson, a former finance minister and a mental health advocate; and TV personality Valerie Pringle and her daughter, Catherine, who have together dealt with Catherine's anxiety disorder.

The conference breakout sessions included first-hand accounts from students who have struggled with mental illness, expert panels on issues such as eliminating stigma and taking proactive approaches to health and wellness, and much more.

This report is a summary of that conference — the insights learned that day, and the recommendations for moving forward to create healthy campuses throughout Ontario.

# Remarks by the Honourable Michael Wilson

The Honourable Michael Wilson opened the conference with some powerful messages. He shared with the audience many poignant and difficult stories from constituents who had reached out to him for help to access the mental health system. He shared his personal tragedy of his son committing suicide at the age of 29, and his decision to dedicate his life to fighting against mental health stigma after leaving politics.

Wilson said besides the common challenges young people face as they strive to meet their potential, many also deal with addiction and mental illness. In addition, they must also face the negative reactions and judgments of others.

The numbers Wilson provided tell a troubling story about mental health problems in Canada and worldwide. One in five Canadians will experience mental illness or addiction. It costs the economy more than $50 billion, causes 500,000 Canadians to miss work, and is a major cause of disability. The World Health Organization predicts that by 2020, depression will be the second-most common health problem in the world.

Statistics reflect the seriousness of this problem among young people:
- Suicide is the second-leading cause of death among youth.
- Youth suicide is five to seven times higher among aboriginal youth.
- Less than 24 per cent of young people suffering from mental illness or addiction receive treatment.
- Seventy per cent of adults with mental health problems experienced their first symptoms by age 18.
- Adults with substance abuse problems typically start drinking or using at a young age.

A great deal of research has been conducted into the transition year between high school and post-secondary education. Wilson said the problems young people experience are exacerbated by the difficulty of changing from a relatively small and protective high school environment to a college or university. Once at post-secondary school, they face not only academic pressures but, in many cases, financial and social challenges. Some students also struggle with cultural and language diversity on campuses. International students have even more difficulties to overcome. All these factors contribute to more frequent and severe instances of mental illness among youth. Making things worse is the ever-present stigma that forces many young people to stay silent about their struggles.

Wilson said progress has been made in facilitating care for those with mental illness. Twenty years ago, societal attitudes towards mental health problems were reflected in the physical institutions used to address them. Toronto's old "asylum" at 999 Queen St. W., for example, was surrounded by high walls to keep patients out of sight. Today, the new buildings, which are well integrated into the broader community, signal a modern, innovative model for mental health care.

There is a need to speak out, Wilson said, arguing that talking publically about mental illness can have an enormous impact on others. One example of such an effort is Transforming Lives, a Centre for Addiction and Mental Health (CAMH) awareness campaign profiling well-known Canadians to help combat stigma and encourage people to ask for help. As well, Bell Canada is a leading private-sector advocate through its Let's Talk campaign with Olympian Clara Hughes, who has experienced depression.

As Wilson concluded, he asked a simple question: What can colleges and universities do? He said conference participants had already started making headway by creating a safe place to talk about mental illness and addiction. Wilson encouraged audience members to equip staff with resources, listen to the experts, and support initiatives aimed at addressing these issues. He said all of us have a responsibility to ensure post-secondary institutions are healthy places to learn and work.

## Remarks by Dr. David Goldbloom



Dr. David Goldbloom is the chair of the Mental Health Commission of Canada, and co-author of the recently launched report, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*.

Like Wilson, Goldbloom said the youth demographic in particular needs our attention when it comes to mental health. Young people age 15 to 24 are the single biggest group of Canadians affected by mental illness, but they are also the least likely to seek help. The following mental illnesses and addictions most often emerge during the teen years and young adulthood, and can result in self-harm behaviours such as cutting or burning:

- Anxiety disorders (social phobia, painful shyness).
- Substance abuse (the most lethal ones are alcohol and tobacco).
- Depression (often inexplicable and therefore it leads to feelings of guilt).
- Eating disorders (mostly occur in females, but it can also also affect males).
- Bipolar disorder (affects about one per cent of the population).
- Personality disorders (formally diagnosed only once a person turns 18).

The CAMH-sponsored 2009 Ontario Student Drug Use and Health Survey of more than 9,000 Grade 7 and 9 students across the province found that in the past year:

- One-third had not seen a medical doctor.
- Twenty-four per cent reported seeing a mental health professional, which was up from 21 per cent in 2007 — a growth in awareness may be a factor in this increase.
- Three per cent were receiving medication for attention deficit hyperactivity disorder.
- Three per cent were receiving medication for anxiety or depression.
- Twelve per cent rated their mental health as "poor" — this finding was most common among females with depression.
- Ten per cent reported having thoughts of suicide, and three per cent said they had attempted suicide.

**Each year, 4,000 people in Canada commit suicide. Worldwide, suicide is the leading cause of violent death.**

Mental illness is unique in that it affects the way a person thinks, feels and acts. These activities are what make us human, which makes it difficult for us to distinguish the disease from the person, and can lead to rushed judgments and discrimination. Popular culture often presents mental illness as frightening (e.g., in television crime shows) or trivializes it to "defang the danger" (e.g., humorous cartoon graphics that feature a stereotypical psychiatrist with a patient on the couch).

The stigma associated with mental illness and addiction is a barrier to funding, and to people accessing services and support when they need it most. The word "stigma" comes from Greek and means a "blemished person" and "someone to be avoided." The term springs from the need for individuals to describe themselves in contrast to others; in the case of mental illness, it is a way to make us feel better about ourselves.

Mental illness starts at an early age, as young as three years old. As a child grows, he or she becomes aware that mentally ill people are viewed as unstable, dangerous and bad. These messages are heard and reinforced at home and at school. This negates the experiences and compromises the recovery of people with mental health problems.

In a 2008 Ipsos-Reid survey, 58 per cent of people said they would socialize with someone with mental illness, 31 per cent said they would hire a landscaper with mental illness and 11 per cent would go to a doctor with mental illness. The lack of gift shops in most mental health facilities reflects the isolation from family and friends many people with mental illness experience.

Education doesn't necessarily change behaviour, Goldbloom said; the most potent way to confront the stigmatization of mental illness, as supported by the research of Dr. Heather Stuart of Queen's University, is by "humanizing" it through direct contact with people who have mental illness.

To most effectively mitigate stigma, we need to address the issue among children and youth as their perceptions and attitudes are forming. Reducing stigmatizing practices in the health professions is also a high priority; discriminatory decisions by practitioners, for example, can result in people with schizophrenia being much less likely to receive heart surgery if they need it.

The good news is that more individuals with mental illness are acknowledging they have problems and are seeking help. The challenge is to increase available services to meet the needs of the greater number of people expecting to receive help from schools and health institutions.

Making services accessible is an important part of addressing the needs of youth with mental illness. At post-secondary institutions, demand for self-help and counselling services will only continue to grow. We need to push these services into schools, where young people are, since the traditional model of "waiting for them to come to us" doesn't work.

To overcome the stigma and address the needs of those affected, every citizen needs to take responsibility for speaking out on this issue. Parents need to talk to their children about relatives who have suffered from mental illness. We need to become more proficient at recognizing early signs and symptoms — for example, a sudden decline in academic marks — and how to make appropriate referrals to help agents. By making it a regular part of our conversation at home and at school, we can help spread knowledge and compassion about mental illness and addiction.

## Featured speakers — Valerie and Catherine Pringle



Canadian journalist and broadcaster Valerie Pringle has never had mental illness, but she knows many of its effects first-hand. Her daughter, Catherine, has struggled for many years with anxiety and panic attacks. Valerie and her daughter now advocate for better acceptance of mental health issues.

A number of Valerie's relatives have suffered from mental illness, but it was not until Catherine was a young adult that she and her husband recognized the signs in her. Catherine described an early memory of preparing for a figure-skating test at age six or seven and having a panic attack. In high school, debilitating anxiety over a math test caused painful back spasms. In university, her symptoms worsened; she would spend weeks and weeks crying, wondering why she couldn't cope with pressures her friends could handle successfully. Finally, when Catherine was 23, Valerie witnessed her disproportionate emotional responses — hyperventilating, excessive crying — to the demands of her job, and the unrealistic expectations she had of herself.

Valerie then realized Catherine was suffering and needed help beyond the soothing parental words of "you'll be fine." Through professional assistance, Catherine began taking medication and participating in cognitive behavioural therapy. She finally learned why her body was reacting the way it was, and she began to feel "slightly less crazy."

Catherine returned to work after a month away. She hesitantly admitted the reason for her absence to her boss, and was relieved at his reaction — his wife struggled with similar problems.

Most psychiatric problems begin during youth. One in five young people will have a mental health or addiction problem; many do not get the help they need. This can lead to self-harming behaviours such as cutting, burning, self-medication and suicide. Families often feel helpless and don't know how to cope. One source of help is the "Jack Project" at Kids Help Phone, which promotes mental health for 15 to 20 year olds. Through the initiative, the organization offers information and support to youths as they move from high school to post-secondary education and/or independent living. They also help families and educators as they try to support these young people.

Catherine and Valerie left the audience with these key messages:
- There is no shame in mental illness.
- If you need help, get it. This takes courage, but is the only way to improve things.
- There is hope — treatment works.
- Everyone is affected by mental illness and addiction; we all have a stake in improving how we address these problems.

Catherine has come a long way. She has her MBA and is about to get married. She looks forward to the day when saying you have visited a psychiatrist has the same emotional impact as saying you have seen your dentist.

## Concurrent session 1 — Student experience panel

**Panellists:**
- **Jeannie Morreale, Mohawk College**
- **Chris Parker, Sheridan College**
- **Leif Erickson, Wilfrid Laurier University**
- **Alicia Raimundo, University of Waterloo**

Each panel member spoke about how services at their post-secondary institution helped them overcome their particular difficulties with mental illness, and allowed them to grow and competently function in their endeavours.

Jeannie Morreale described her first semester at college as "shaky." She initially pursued a nursing program, but unexpected panic attacks and test anxiety caused major problems. An understanding instructor encouraged her to return, and helped her complete her first semester in the Personal Support Worker program with a bare pass. By the time she returned for her next semester, Morreale was aware of, and benefited from, services at the college, which included:

- Accommodations that allowed her to take 40 per cent of a full course load and provided flexibility on deadlines for submitting assignments.
- One-on-one help from a learning strategist, who helped her organize her studying resources.
- A peer tutor, who taught her how to break down assignments into manageable parts.

Morreale graduated in June 2012, and says her success began when she learned about the college's disability services. She advocates for information on these services to be routinely included in college orientation for new students.

For Chris Parker, a Human Resource Management student at Sheridan College, physical mobility issues made it difficult for him to cope with a full course load at college. A team of helpers — teachers, counsellors, recreational school therapists and external partners — contributed to his ability to adapt to the demands of post-secondary life.

Parker initially attempted a full course load, and got mixed results. Sheridan's disability services helped him realistically assess what he could manage, and he subsequently proceeded with four courses at a time. Staff connected him with other services at the college, as well as with the student union. Parker emphasized that it is critical to include a student in developing his or her own learning plan so he or she feels in control and responsible.

Lief Erickson's ability to cope with school was severely affected by a series of concussions he received playing hockey in high school. During his first year at university, his symptoms — severe headaches, nausea, inability to concentrate, falling asleep in class — significantly interfered with his ability to cope. He was eventually diagnosed with post-traumatic concussion syndrome. He was irritable, depressed and anxious. He dropped out of school, and his emotions and behaviour became erratic. The medication he was taking to combat his brain injury amplified his mental illness symptoms. He credits the Kids Help Phone's 24-hour counselling service for helping him through those dark times.

Erickson was eventually able to return to school with significant help from the university's disability assistance resources. He is now doing very well and getting good marks. One of the key factors in his successful re-entry was the support of a learning assistant, who listened to him, helped him come up with a plan and made special technical resources available.

Alicia Raimundo is in her fifth year at university. She had experienced suicidal thoughts in her early teens, and was depressed when she started post-secondary education. The sudden loneliness of campus life, combined with the fact that her mother was seriously ill, made things even more difficult and led her to become suicidal. The most helpful doctors and therapists were those who listened to her and let her guide the discussions.

From being very quiet and uncommunicative in high school, Raimundo has become a strong advocate of suicide prevention initiatives geared towards youth. Two years ago, she started speaking out about depression and suicide, and how universities could better address these issues. She now frequently talks about these issues publicly on TV and at conferences.

During general discussion, it was noted that students don't read pamphlets, and a better way to reach them is online — one Internet initiative cited was Mind your Mind, an interactive site for youth by youth — and Twitter. Another suggestion was to have students dealing with mental illness represented on student unions. Some recurring themes raised by all the speakers were "listen to the kids" and "recognition of mental illness and help needs to start as early as possible, at all grade levels."

## Concurrent session 2 — Building a healthy workplace

**Panellists:**
- **Karla Thorpe, Director, Leadership and Human Resources, Conference Board of Canada**
- **Christine Hildebrand, Director, National Disability Claim Services, Great-West Life Assurance Company**
- **Mary Ann Baynton, Principal, Mary Ann Baynton & Associates Consulting**

Karla Thorpe, of the Conference Board of Canada, spoke about a 2011 national survey of employees and managers that asked whether they promote mental well-being at their workplaces. The project aimed to provide organizations with information to manage employee mental health and wellness, and to give suggestions for making workplaces supportive, healthy and high performing.

A mentally healthy workplace was defined by the following characteristics:
- Workload — workloads are monitored and overtime is compensated.
- Work Scheduling — flexible work arrangements exist.
- Work-Life Balance — balance is promoted, employees are encouraged to take vacations and are not expected to respond to e-mail 24/7.
- Work Environment — people are friendly and supportive; bullying and discrimination are not tolerated; not a high-stress, hostile or conflict-filled environment.
- Management Style — managers are well trained, good people managers; they are not autocratic, controlling or aggressive; employees are not blamed or punished for mistakes.
- Communication — open communication takes place between managers and employees; human resources staff are approachable and keep discussions confidential.

Overall, 46 per cent of employees thought their employers promoted a mentally healthy environment. However, this varied significantly by the employee's role and level within the organization, with senior managers having a much more positive view than the rest of employees. Almost half of managers said they received no training on mental health, and would welcome help with recognizing signs and symptoms, information on community supports, and guidance on how to create an inclusive work environment.

The report recommended to employers the following strategies for creating positive change at their organizations:

- Focus on education and communication to reduce fear, stigma and discrimination.
- Create a culture conducive to good mental health.
- Demonstrate leadership at the top.
- Provide tools and training to support managers in their role.

Christine Hildebrand of Great-West Life Assurance Company spoke about Guarding Minds @ Work, a free tool for employers to assess the psychological health of their workforce. It was commissioned by the Great-West Life Centre for Mental Health in the Workplace and funded by Great-West Life. It produces a scorecard of 12 risk factors and provides data on the number of employees suffering from mental illness, and those facing harassment or discrimination. It also suggests approaches to address risk areas.

Great-West Life used this tool to assess its own organization and shared the results with employees in follow-up sessions. The company held focus groups and individual discussions, and performed additional surveys to identify areas of concern and potential solutions. It also created a leader's guide with references and tips. The company's development and implementation of mental health strategies is ongoing.

The lessons Great-West Life staff learned from that initiative included:

- The process is as important as the outcomes; the ongoing dialogue between managers and staff has many benefits for the business and its people.
- The initiative took a significant amount of time and required a strong organizational commitment from employers.
- Employees need to be able to trust leaders/managers in order to bring forward concerns.
- Communication is key; ongoing dialogue with staff is needed.
- Leaders need to develop a better understanding of the mental health aspects of the workplace.
- Corporate values must be put into training and practice.
- Strong leadership is fundamental to implementing mental health strategies in the workplace.

The emotional cost of managing people with mental illness can be high. To demonstrate this fact, Mary Ann Baynton shared the story of a supervisor at a workplace where the policies and practices regarding mental illness contributed to devastating results for both employees and their managers: The supervisor of an employee exhibiting signs of mental illness approached the company's human resources department for assistance. The supervisor was told to document the employee's behaviour, with the intention to progress to disciplinary action and, ultimately, termination, if the behaviour did not change or worsened. The work environment was described as being unsupportive and, in that particular situation, punitive towards the employee with mental illness, and unhelpful to the supervisor trying to manage the situation. The supervisor eventually witnessed the employee's attempted suicide at work, which led to serious consequences for the supervisor's own mental health.

Companies need to support managers so they can effectively handle and support mentally ill employees. As well, support is needed to help managers with situations that escalate beyond their capacity and require more intensive interventions. Managers need to hear from those with experience and expertise in this field, and should be trained on how to have a productive and non-punitive conversation with employees who may be mentally ill. Managers also need to take care of their own mental health, and learn how to handle situations where employees and/or other managers are emotionally distressed.

Employers face the challenge of determining how to accommodate people with mental illness in the workplace, and providing them with the supports they need to function, while avoiding support for inappropriate behaviour. Establishing workplace values that promote mental health is a first step. All employees need to understand how these values are operationalized, and management needs to ensure these protocols are enforced. It is important to include all levels of staff when discussing strategies to achieve these values.

Baynton gives workshops to help managers address mental health issues in the workplace. Another tool that will help managers is the National Standard on Psychological Health and Safety in the Workplace, a voluntary national standard being developed by the Mental Health Commission of Canada with federal funding . Due out later this year, it was created in consultation with employers, and will provide organizations with ways to achieve measurable improvement in mental health and safety for Canadian employees.

# Concurrent session 3 — Health and wellness: Proactive approaches

**Panellists:**
- **Kim Elkas, Director, Student Affairs, George Brown College**
- **Brenda Whiteside, Associate Vice-President (Student Affairs) and Acting Director, Human Rights and Equity Office, University of Guelph**

In this interactive session, a college and a university representative reviewed issues and best practices related to policies and resources for creating a healthy, supportive school environment for students.

Good mental health is foundational for learning, so colleges and universities need to provide supports to ensure students can reach their full potential. Institutions need to move to a systemic model that involves a formal campus commitment. Building a supportive campus requires a comprehensive approach that includes awareness and education, training, support programs, and supportive policies and procedures. These approaches to promoting mental well-being on campus were discussed in small groups, with members working with a scenario of a young woman diagnosed with depression and anxiety who is struggling over three semesters at a post-secondary institution.

## Awareness and education

People with mental illness experience inequality in education, work and housing, as well as losses of friends, family and self-esteem. Stigma is a powerful barrier that prevents people from getting the help they need. Anti-stigma workshops and campaigns have had a significant positive effect. Best practices include the University of Guelph's Mental Health Awareness website and the joint George Brown College/CAMH campus mental health conferences.

## Training and support for faculty and staff

Faculty and staff need training and tools to enable them to meet their responsibilities to appropriately support and refer students. Best practices include Queen's University's efforts to have all faculty and staff take mental health first aid training, and George Brown College's suicide prevention training by ASIST (Applied Suicide Intervention Skills Training) for Student Affairs staff.

## Support programs

Examples of programs that support students with mental health issues include McMaster University's Health and Counselling Centres, which feature a triage function; online resources such as Feeling Better Now and Student Health 101; and the University of British Columbia's Early Alert identification and intervention program.

**Policies**

Universities and colleges need to review policies to ensure a comprehensive approach is being taken to address stress on campus. Exam schedules, workload, flexible time accommodations, and withdrawal and return-to-school policies for students coping with mental health difficulties should all be considered. Most importantly, policies must be coordinated as part of a framework, rather than stand-alone efforts.

## Concurrent session 4 — Eliminating stigma and removing barriers to access

**Panellists:**

- **Heather Stuart, Bell Mental Health and Anti-Stigma Research Chair, Queen's University**
- **Donna Duncan, President and CEO, Hincks-Dellcrest Centre**
- **Aseefa Sarang, Executive Director, Across Boundaries**

Stigma is a growing national and international public health concern. International organizations such as the World Psychiatric Association, the World Association for Social Psychiatry, and the World Health Organization have recognized the effects of stigma, and have sponsored initiatives to counter it. In Canada, efforts include the Mental Health Commission of Canada's Opening Minds campaign, and Bell Canada's Mental Health Program.

Stigma is a powerful social process that uses stereotyping, prejudice, discrimination and a power imbalance to socially oppress people based on their membership in a group. It is resistant to change and requires forceful and continual efforts to combat it. Stigma features four intertwined components: cognitive (e.g., labelling), emotional (e.g., general negativity), behavioural (e.g., unfair treatment), and structural (e.g., acts of omission or commission). To be effective, programs that aim to fight stigma must address these multiple components.

Stigma is a human rights issue that has serious implications for health care and mental health. It causes inequities in policies and funding for mental health initiatives, and results in inadequate medical care for people with these diseases. Stigma related to mental illness ultimately causes poor social and health outcomes, including disrupted education and careers, poverty, social exclusion and avoidance of treatment. In the long run, it leads to increased sickness, disability and death from suicide or other untreated conditions.

**Two solitudes — transition-age youth**

Society's response to adult mental health and addictions is rooted in the Mental Health Act, and services are funded by the Ministry of Health and Long-Term Care and are available to individuals age 18 and up. While challenges remain, there is some good news: Anti-stigma campaigns are beginning to have an impact; services for concurrent disorders are increasing, as is collaboration among service providers. Mental health services for children up to age 18 are rooted in the Child and Family Services Act and funded by the Ministry of Children and Youth Services. Addiction supports are not funded and services are highly fragmented. While one in five children will have a mental illness problem, four out of five will not get the mental health services they need. "Transition-age" youth, such as college and university students, are the most marginalized when it comes to accessing mental health services. Addressing the needs of youth will take much greater collaboration and cross-sectorial approaches. The Hinks-Dellcrest Centre is working to develop a program model for an innovative, holistic treatment approach that can be used across Canada. By creating Stella's Place, partners are breaking down barriers and building an age-appropriate, non-stigmatized environment with shared accountability across sectors. The model will bring together students, post-secondary institutions, community providers, hospitals, researchers and the private sector.

**Race and mental health**

In Toronto, 52 per cent of the population are identified as visible minorities and the Department of Canadian Heritage projects that 75 per cent of newcomers to Canada by 2017 will live in Toronto, Montreal or Vancouver. Given the prevalence of mental illness among the general youth population, the lack of research on services for these particular students is a noticeable gap. A demographic profile is needed, as are data on the effectiveness of current services and data on how services are impacted by racism and other forms of discrimination. Potential impacts of inappropriate services for these students include misdiagnosis, improper treatment, delayed intervention, prolonged illness and dropping out of school.

To move forward, it is important to acknowledge the current gaps in information, needs assessments for programming, funder support and partner collaboration. Several recommendations from the Mental Health Strategy of Canada encourage filling these gaps, including:

- Strengthen data and research to develop a better understanding of the mental health needs and strengths of diverse population groups.
- Develop and implement mental health plans in all jurisdictions to address those needs.

# Concurrent session 5 —
# Creating communities of practice

<u>Panellists:</u>

- **Jonny Morris, Acting Director, Mental Health Promotion, Canadian Mental Health Association, B.C. Division**
- **Dr. Su-Ting Teo, Director, Student Health and Wellness, Ryerson University**
- **Jim Lees, Coordinator, Student Success Centre, Confederation College**



The University of Victoria, Centre for Addictions Research and the Canadian Mental Health Association, B.C. Division, have collaborated to create *Community of Practice — Healthy Minds/Healthy Campuses*, a provincewide initiative to promote wellness on campus. Coordinated by Jonny Morris since 2008, this initiative features a community of students, faculty, campus professionals, administrators, government, researchers and local citizens.

Communities of practice are self-governed, harness the expertise and energies of individuals with a shared passion and a shared interest in challenges, thrive on regular interaction, and involve members learning from and with each other. Communities of practice use the community as a site for learning and are based on collaborative problem solving.

*Healthy Minds/Healthy Campuses* is linked to *Healthy Minds, Healthy People*, British Columbia's 10-year plan to address mental health and substance abuse with a focus on prevention, early intervention and sustainability. The plan came with new funding and a strong emphasis on children and families.

With the participation of more than 20 colleges, universities and other institutions, the community of practice has helped British Columbia keep up with the pace of change in the field of mental health at post-secondary institutions. For example, faculty members now meet new students and build a personal relationship with them as part of an early-alert system to detect signs of mental health problems. Faculty members and administrators devise policies to promote mental health, such as spreading out dates to complete assignments and write tests in order to reduce stress. Three *Healthy Minds/Healthy Campuses* provincial summits have been held to date, and quarterly webinars and ongoing online discussions also take place. Funds have also been distributed to increase capacity on campuses to address mental health and substance abuse.

After explaining British Columbia's approach, Morris led a discussion with the other two panellists regarding developing an Ontario community of practice.

Dr. Su-Ting Teo and Jim Lees each spoke of the energy they felt from their participation with counsellors and other health promoters in the preceding day's event. Teo felt that communicating with others and hearing their ideas will help make her own work more sustainable by breaking down feelings of isolation in her day-to-day work. Lees pointed out that the webinars and continual online presence of the partners provide more ongoing support than a one-off conference; they offer a cost-effective way to talk to other institutions — colleges and universities — for possible solutions to try at one's home institute.

Noting that half the participants in British Columbia were students, Teo stressed the need to ensure students play a big part in Ontario's efforts, so that programs and initiatives are achieved in partnership with — rather than done to — students. Lees saw opportunities for potential links between the mental health research skills of the Ontario Institute for Studies in Education (OISE) and the relationships and personal counselling skills of college and university staff.

Ontario's complex post-secondary system currently has many resources aimed at helping students — but they are all working in isolation. Building a community of practice in Ontario would bring a collective intelligence to problem solving and implementing better mental health service strategies for young people.

## Concurrent session 6 — Leading change: One institution's experience

**Panellists:**
- **Ryan Flannagan, Director, Student Affairs, Carleton University**
- **Larry McCloskey, Director, Paul Menton Centre, Carleton University**
- **John Meissner, Psychologist, Paul Menton Centre, Carleton University**
- **Maureen Murdock, Director, Health and Counselling Services, Carleton University**

Over a 15-month period that began in 2008, Carleton transformed an ad-hoc, compartmentalized approach to mental health for students at risk into a systematic approach. It began by identifying a champion within senior management, and hiring a health executive to lead the process. A pan-university committee was established, with the associate vice-president leading regular meetings, and ongoing e-mail updates sent to the broader university community.

The core elements of the plan included an overall Student and Mental Health Framework; a communications strategy aimed at all faculty, staff and students; a comprehensive multi-year training strategy; and a range of outreach, support and "upstream" initiatives.

The objectives of the framework were to ensure consistent campus-wide approaches to identifying and managing risk, and to provide guidance regarding appropriate responses and referrals. Raising awareness about student mental health issues and addressing emerging needs were other key aims of the framework.

Complementary initiatives to support students with mental health challenges included a university-led orientation program, a student alliance for mental health, 24-hour access to urgent counselling and various mentor programs.

From Intention to Action (FIT: Action) is a student support and retention program for students who are not meeting the program requirements they need to graduate. Carleton began developing the program after longitudinal research revealed that 91 per cent of learning-disabled students who received academic support graduated from post-secondary programs. FIT: Action was designed to see if students who are struggling academically could benefit from similar attention.

The program is aimed at helping students dealing with situations that interfere with their academic achievements and their ability to adjust to university, such as significant life stress, high levels of anxiety, major psychological disorders and substance abuse. It provides a blueprint and follow-through support, including assessment, collaborative goal setting, weekly meetings with coordinators, counselling, a learning strategy and tutorial support. It was started two years ago and approximately 100 students have participated in a pilot study this year.

Exit interviews and anonymous feedback on questionnaires indicated that students who participated in the pilot felt more successful due to the concrete help they received from the program, having a "go-to" person when over-challenged, and acquiring a new awareness of their strengths and weaknesses. Test/re-test measures showed significant improvements in students' time-management skills, study habits, motivation, concentration and test-writing strategies.

Research into ways to improve the program continues, and Carleton anticipates it will yield a significant positive impact on the university's student retention rate.

### Outcomes and next steps

Carleton has been experiencing a year-by-year increase in its NSSE (National Student Survey of Engagement) results for a supportive campus environment. Faculty and staff say they are less stressed and have more confidence in assisting students with counselling and referral. More than 4,000 faculty, staff and training assistants have received training.

The next steps for Carleton include participating in the U.S. National Mental Health Student Survey, and focusing on creating a strategy to help students dealing with alcohol addiction. The framework will be evaluated in 2014, and the university hopes to identify resources to make its efforts sustainable.

# Armchair discussion — Where do we go from here?

**Moderator:**

Jonny Morris, Acting Director, Mental Health Promotion, Canadian Mental Health Association, B.C. Division

**Presenters:**
- **Sam Andrey, Executive Director, Ontario Undergraduate Student Alliance**
- **Jim Robeson, Director of Advocacy, College Student Alliance**
- **Daniel R. Woolf, Principal and Vice-Chancellor, Professor, Department of History, Queen's University**
- **Cathie Auger, Vice-President of Student Services, Fanshawe College**

At the closing plenary session, panel members talked about their personal commitment to the topic of mental health.

Daniel Wolf, of Queen's University, expressed the obligation of post-secondary schools to live up to the trust parents place in them by protecting their children's mental health as well as their physical health and safety. Both Sam Andrey and Jim Robeson from the students' organizations spoke of the importance of the mental illness from a student's perspective. Robeson said that while more students are coming forward for help, many on campus still are unaware of the issue. Cathie Auger, of Fanshawe College, sees colleges as having the opportunity and mandate to play a large role in identifying and meeting the mental health needs of the wide range of diverse students seeking to access learning and the workplace.

Panellists discussed what currently is working that we can build on and identified some gaps that need to be addressed. All commented on the positive and inspiring feelings coming out of the day's proceedings. Campuses are the sites of a wide range of mental illness, from relatively minor symptoms up to anorexia and bipolar disorder. While universities and colleges can and must promote mental health, they are not treatment facilities and must learn to coordinate with community health resources to help students get access to treatment. As well, Ontario needs to start focusing on mental health earlier in youth; by the time the students come to college or university, they often are in crisis.

To keep post-secondary institutions focused on action, ongoing efforts should be expanded to educate students, faculty and staff and to "humanize" mental illness through hearing from people directly. Creating an online resource of best practices for use by institutions through a single portal would counter "issue fatigue" through publicizing concrete actions to create a culture of healthy campuses.

A mentally healthy campus would be characterized by students talking openly about their problems. At such a campus, everyone in the institution takes ownership of student success. However, colleges and universities have to be careful to maintain academic integrity and rigour, enabling healthy competition for success.

Panellists saw government commitment and resources as one of the key ingredients for success. Governments are becoming aware that this critical problem will only get worse if it is not addressed. Recent government commitments — last year's Ontario mental health and addiction strategy, *Open Minds, Healthy Minds*, and this year's national health strategy, *Changing Directions, Changing Lives* – provide a solid foundation for the associations and institutions to build on. By showing that colleges and universities are all moving in the same direction, it will be possible to keep the issue alive and continue making progress.