UBC VANCOUVER MENTAL HEALTH AND WELLBEING DISCUSSION PAPER

INTRODUCTION

UBC has recently developed a draft Mental Health and Wellbeing Strategy (Appendix 1). The strategy represents a significant evolution in UBC's approach to addressing the mental health challenges of UBC students, and is being brought to the Board of Governors for information and discussion.

This paper will present the following:

1. The post-secondary mental health challenge and rationale for institutional action
2. The scope of the challenge at UBC
3. Guidance from the literature, best practices research and key organizations on the components of a successful campus mental health strategy
4. Overview of the draft UBC Mental Health and Wellbeing Strategy
5. Discussion of current mental health initiatives at UBC
6. Discussion of priority actions and next steps under the UBC Mental Health and Wellbeing strategy

THE POST-SECONDARY MENTAL HEALTH CHALLENGE

Post-secondary students' mental health has become a critical topic of discussion at campuses across Canada and internationally:

- nationally, both the Association of Universities and Colleges of Canada (AUCC) and Association of Canadian Community Colleges (ACCC) have provided guidance to their members on approaches to address mental health issues;
- in British Columbia, there has been the launch of the Healthy Mind/Healthy Campuses initiative in collaboration with post-secondary institutions, the Canadian Mental Health Association (BC Division), Ministry of Health and the Vancouver Foundation;
- the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA) have partnered to undertake research and develop a systemic model to support planning and action;
- the National Association of Student Personnel Administrators (NASPA) and Canadian Council of Learning (CCL) working with ACCC have developed models to address campus mental health issues.

There are two key reasons for this interest in addressing the mental health issues of post-secondary students:

1. Post-secondary students have high rates of mental health challenges, and the rates are increasing

The post-secondary population shows high rates of mental health challenges. The National College Health Assessment is the primary comparative benchmark for campus health issues. In 2009, 18% of student respondents in the NCHA Reference Group (34,000 respondents from 57 post-secondary institutions) reported being diagnosed or treated for mental health issues over the previous 12 months, and feelings of hopelessness, depression and anxiety were widespread.

Table 1: NCHA Reference Group 2009 Responses: % of respondents reporting

Diagnosed or treated by a professional for a mental health issues (in the last 12 months)	18%
So depressed it is difficult to function (last 12 months)	30%
Overwhelming anxiety (last 12 months)	47%
Felt things were hopeless (last 12 months)	46%

These high rates are driven primarily by two factors:

1. The 15-25 age cohort is a natural age of onset of many mental disorders (CACUSS 2011). This population is also the most likely to report mood disorders and substance dependence problems (Ontario College Health Association, 2009).
2. The post-secondary environment has particular stressors related to perceived competition and substantial life stressors such as leaving home and transitioning from secondary school (CACUSS 2011).

In fact, there is some evidence to suggest that post-secondary students may be more likely than their non-student counterparts to have mental health issues: the Canadian Campus Survey report found that Ontario university students are more likely than their non-university counterparts to report elevated distress (42% of Ontario students compared to 17% of Ontario adults aged 18-29) (Adlaf 2005).

There is also evidence that student mental health issues are increasing and putting greater pressure on services on campus. Counselling directors, counsellors, and administrators across Canada and the United States are reporting increased prevalence and severity of mental health issues among student (Canadian University and College Counselling Association, 2005; Center for Collegiate Mental Health, 2010; Gallagher, 2010)[1].

2. There is a strong link between mental health issues and academic outcomes

In the 2009 National College Health Assessment (NCHA) survey, concerns related to mental health are reported by students to have the greatest negative impact on their academic performance, ranging from lower exam or course grades to dropping out or having a significant disruption to their thesis.

Four of the top seven issues affecting academic performance were mental health related (see Table 2). These are significant challenges: more than one quarter of all respondents from the NCHA Reference Group (n=34,208 from 57 institutions) identify that stress has impacted their academic performance over the past year, and one in 10 student respondents identify depression as impacting academic performance.

---

[1]While these are primarily self-reported data from counsellors and administrators, there are studies that suggest that these perceptions are a reflection of reality (Storrie, K. 2010; Benton, S. et al. 2003).

Table 2: Top issues affecting academic performance: % of respondents reporting academic impacts due to various factors over previous 12 months, NCHA 2009 Reference Group

Factors	% of Respondents who reported academic impact due to factor
Stress	28%
Sleep difficulties	20%
Cold/Flu/Sore throat	19%
Anxiety	19%
Work	14%
Internet use/computer games	13%
Depression	11%

There is also a body of research that directly links academic performance to specific types of mental health issues. For example:

- Depression has a particularly negative effect on academic success. Depression has been found to be a significant predictor of lower GPA (Eisenberg, Golbertstein and Hunt, 2009; Hysenbegasi, Hass and Roland, 2005; Andrews and Wilding, 2004; Deroma, Leach and Leverett 2009);
- Students with high stress levels are more likely to have a lower GPA (Pritchard, 2003).

While there are many factors that drive academic success, the evidence suggests that addressing mental health issues will have a positive impact on the academic success of post-secondary students.

While the campus mental health challenge is felt at all post-secondary institutions, UBC faces some particular challenges. In the 2009 National Collegiate Health Assessment (NCHA) survey (the last year that UBC participated) UBC student respondents reported greater challenges than the reference group of institutions, in two key ways:

1. **UBCV student respondents show greater incidence of mental health symptoms such as feeling hopeless and overwhelmed, sad, lonely, depressed and anxious than students at other institutions**

Table 3 compares UBC student responses to the findings from the NCHA Reference Group[2] and finds that the domestic undergraduate and international student respondents at UBC are more likely to say that they have had feelings of depression, overwhelming anxiety or hopelessness than the NCHA reference group, while UBC graduate student respondents have similar or slightly lower rates than the NCHA reference group. Some of this difference is because the NCHA data combines undergraduate and graduate responses; however, if UBC had the same distribution of undergraduate and graduate students as the NCHA reference group, UBC's rates would still be higher.

Interestingly, UBC Domestic Undergraduate student respondents are much less likely to report that they have been diagnosed or treated for mental health issues over the past 12 months, even though they are reporting higher levels of depression, anxiety and hopelessness.

Table 3: % of respondents reporting issues over the past 12 months: responses by UBC student type and NCHA Reference Group

	UBC Domestic Undergraduate	UBC International Undergraduate	UBC Graduate	All UBC Respondents (unweighted)	NCHA Reference Group
Diagnosed or treated by a professional for a mental health issues	13%	16%	16%	14%	18%
So depressed it is difficult to function	34%	47%	28%	34%	30%
Overwhelming anxiety	53%	52%	45%	51%	47%
Felt things were hopeless	53%	57%	42%	51%	46%

---

[2] Includes data from 34,208 respondents from 57 post-secondary institutions, primarily in the United States

2. **UBCV student respondents report more negative academic impact from mental health concerns**

UBC undergraduate and international student respondents also report greater academic impacts than students in the NCHA 2009 Reference Group across the major categories of mental health challenges.[3]

Table 4: % of respondents reporting academic impacts due to various factors over the previous 12 months, by UBC Student Respondent Type and NCHA 2009 Reference Group

	UBC Domestic Undergraduate	UBC International Undergraduate	UBC Graduate	All UBC Respondents (unweighted)	NCHA Reference Group
Anxiety	26%	26%	16%	24%	19%
Depression	15%	20%	9%	14%	11%
Stress	40%	40%	23%	36%	28%
Sleep difficulties	27%	27%	14%	24%	20%

These are substantial numbers: for example, approximately 2 out of 5 UBC undergraduate and international undergraduate student respondents reported stress had had a negative impact on their academic performance, one in four UBC undergraduate and international student respondents reported anxiety had a negative impact, and approximately one in five international student respondents reported that depression had had a negative academic impact.   While the numbers for graduate student respondents are lower, they are still substantial: approximately one in four reported stress having a negative academic impact, and one in six UBC graduate student respondents reported negative academic impacts from anxiety.

While 2009 is the last year for comparable NCHA data, in 2012, UBC undertook the Undergraduate Experience Survey, which had some similar questions to the 2009 NCHA questions on academic impact of mental health issues. While the findings are not directly comparable to the NCHA data, some of the findings highlight the ongoing challenge that mental health issues pose to students' academic success. For example, depending on what year they were in,

- between 53% and 63% of undergraduate student respondents reported that stress impacted their academic performance
- between 42% and 50% of undergraduate student respondents reported anxiety impacted their academic performance
- 28-33% of undergraduate student respondents reported depression impacted their academic performance.

Other UBC data supports the challenge faced by UBC: both the UBC survey of International Student Attrition in 2006-2007 and the 2009 follow-up survey of New and Incoming Students indicate that mental health problems are prevalent and impact negatively on students' experience.

---

[3]Some of this difference is because the NCHA data combines undergraduate and graduate responses; however, if UBC had the same distribution of undergraduate and graduate students as the NCHA reference group, UBC's rates would still be higher.

Mental health challenges are felt in all areas of the campus, but there are important distinctions.

The mental health challenges are felt across the UBC campus: all demographic groups (e.g. domestic/international, graduate/undergraduate, male/female) and all faculties show some level of mental health challenge.

However, the mental health challenge is not felt *equally* across campus. Some groups are reporting greater challenges than others. This section will highlight some of the nuances to the mental health challenge at UBC.

Mental health challenges greater among undergraduates than graduates

Across almost all measures, there is a substantial difference between graduate and undergraduate students. For example, as can be seen in the table above, stress has a much greater reported impact on academic performance for undergraduates (40%) than graduate students (23%). Undergraduate respondents were also more likely to feel overwhelming anxiety (53% compared to 45% of graduates) and more likely to report it having an impact on their academic performance (26% compared to 16% of graduate students).

Differences by year of the undergraduate program

UBC's own surveys show that there are different levels of mental health challenges depending on which year of an undergraduate program a student is in. Across many categories of mental health, the percentage of students responding that mental health issues had an academic impact increased between first and second year respondents, but often decreased between 2nd and 4th year.

Felt more by female students than male students

Female student respondents were more likely to report both incidence of mental health issues, and academic impacts of mental health issues than male students.

International students and permanent residents

International and permanent residents undergraduate respondents are more likely to report that they have been so depressed it is difficult to function than other UBC undergraduate students and respondents were more likely to report that depression impacted their academic performance.

By Faculty

There is some evidence from the NCHA and Undergraduate Experience Survey that there are important differences between faculties in both the rate of reported mental health issues, the effect of those mental health issues on academic performance, and how students in those faculties address mental health challenges. However, given constraints in terms of sample size, more work and research is needed to better understand what is happening.

Next steps in understanding the mental health challenge at UBC

UBC will be participating in the NCHA survey again in early 2013, which will update the statistics, provide a new benchmark relative to other institutions, and provide a chance to probe some of the nuances identified above. UBC is also planning on undertaking additional research through UBC-specific surveys and data analysis in order to better understand the experience of students at UBC, in order to inform targeted supports and initiatives to address key areas of concern.

Given the scope of the challenge at UBC, and the impact it has on students as members of the UBC community, and on their academic outcomes, addressing the mental health challenge at UBC is vital to achieving UBC`s strategic goals.

Link to Place and Promise

A mental health strategy supports UBC`s *Place and Promise* strategic plan both directly and as a foundational piece for other measures.

Place and Promise directly identifies student well-being as a key component of the Student Learning Commitment. Goal 3 under this commitment is to:

> "Support student well-being, personal development and positive affiliation with UBC through outstanding campus life programs and service excellence"

However, addressing mental health is also a foundational piece for other *Place and Promise* goals. Mental health is a requirement for students to be fully engaged in learning, research, community engagement, and other *Place and Promise* commitments. Without successfully addressing UBC's mental health challenges, it will be difficult for UBC to meet the full potential of the Place and Promise goals.

Links to other strategic initiatives

The importance of addressing mental health issues at UBC was also identified in 2009 by Richard Keeling and Associates in a strategic planning project with UBCV Student Development & Services and Enrolment Services to address student advising. In that process, student mental health was identified as one of several key priorities.

In early 2010, a cross-functional committee was tasked with review of student data as well as literature on strategies and approaches and the development of recommendations to address student mental health. The result of that process was the *UBC Mental Health and Wellbeing Strategy.*

In the same way that the Mental Health and Wellbeing Strategy is foundational to achievement of the *Place and Promise* goals, it is also linked to other strategic initiatives that UBC is undertaking. A key example is the initiatives to increase the international student population at UBC: given the evidence suggesting they face additional mental health challenges, more work is needed to understand their mental health needs in order to ensure that they are well-supported for success at UBC.

The following section will outline the guidance from best practices research, the literature and key organizations in developing campus mental health strategies.

Over the past few years, there has been increasing attention paid to the challenges of student mental health, and the best ways to operationally address the challenge. Major initiatives and reports have been launched by key post-secondary groups (such as the Association of Universities and Colleges of Canada (AUCC), Association of Canadian Community Colleges (ACCC); National Association of Student Personnel Administrators and Canadian Association of College and University Student Services), and there has been considerable interest in the academic literature as well. This section will outline some of the key principles that have been identified in these works that informed the development of UBC's mental health strategy.

1. Multilevel responses, from foundational to intensive, are needed to address the mental health challenge

One of the key shifts in addressing mental health issues in the post-secondary context is the need to have a multilevel approach that encompasses both a range of supports to individuals and initiatives to address issues at a group, campus and community/society level (CACUSS 2011).

At the individual level, the range of interventions should reflect that there are a variety of needs and a variety of levels of intervention required. Interventions can range from awareness-raising and education through skill development to more clinical supports such as counselling.

However, the key to the multilevel approach is that it recognizes the broader context for mental health that individuals exist in (such as group interactions, the stigma of mental health issues, campus social environment and institutional policies) and helps to identify initiatives at the group, campus and community society level that can affect mental health challenges.

Taking a multilevel approach is important for three reasons. First, it shifts the focus from being solely on the individual, and recognizes the importance and interconnectedness of group, campus and community issues on mental health, leading to more holistic and effective interventions.

Second, a multi-level approach supports the development of better mechanisms for early interventions. By engaging more members of the group, campus and community, there are more mechanisms to identify at-risk individuals and support them before their challenges become a major problem.

Third, it supports more proactive approaches to address the contextual factors that can affect mental health and wellbeing. By looking more broadly at these issues, interventions can be focused on initiatives that can reduce the potential incidence or severity of mental health issues, such as building more supportive environments, reducing environmental stressors, and addressing underlying campus and community issues.

2. Importance of a systemic response

Given the diversity of needs, and the interrelatedness of those needs, the literature and best practices strongly support the need for a comprehensive and systemic approach to promoting student wellbeing.

Models of prevention and intervention such as the *Campus Population Health Promotion Model* (ACCC 2008), *NASPA Health Education and Leadership Program's* ecological approach (NASPA 2004), and the *Health Promoting Universities* report (World Health Organization, 1998) are based on a number of key assumptions including the interrelatedness of health, learning and campus structure/culture; interdependence of social, emotional, physical, spiritual health and learning; and the importance of collective responsibility and campus-wide involvement in creating a campus environment that is conducive to student mental health and academic success.

A systemic response requires not just that there are multiple levels and types of initiatives, but that they are working in coordination and cooperation. A strategic framework can provide a guide to a systemic response, but it requires ownership and leadership at all levels of the institution for a systemic response to be effective.

3. Not just health services: the need for ownership by all members of the institution

A key message in the literature and guidance from organizations is that campus mental health cannot be addressed by health and counselling services alone (CACUSS 2011). While these clinical supports play a crucial role, by themselves they will not be sufficient to address the mental health issues of the campus community.

There is a need for a wider ownership of the issue of mental health, including the integration of mental health issues into all into all facets of the institution through policy and practices (Warwick 2008; CACUSS 2011; AUCC 2012; NASPA 2004; Keeling 2008, ACHA 2010) and providing a wider range of supports and mental health activities than just counselling services (ACCC 2008; CACUSS 2011; Keeling 2008, ACHA 2010). This includes looking at opportunities to address some of the underlying stressors, supports to increase the capacity of students to manage, and identifying cross-departmental approaches to build more cohesive supports for students.

4. The crucial role of leadership

Building a systemic response that has broad ownership across the organization requires leadership at all levels of the institution.

Leadership at the departmental and faculty level can improve understanding of the mental health challenge, support the development of policies and practices at the local level, and improve buy-in by staff and faculty.

Leadership at the senior level can raise awareness across the institution, send clear messages to students and stakeholders about the importance the institution places on mental health issues, promote internal and external partnerships to leverage expertise and resources, establish institutional policies that address mental health concerns, and support buy-in at the departmental and faculty levels (AUCC 2012).

Crucially, leadership at the senior level can help to bridge some of the organizational silos that often are a barrier to the implementation of systemic responses (CACUSS 2011; Keeling 2008).

The *UBC Mental Health and Wellbeing Strategy* is based on the principles identified in the literature and best practices and was developed in consultation with key stakeholders across campus from various faculties and service units. The Alma Mater Society (AMS) Executive, which has made student mental health a key priority for this year, was also deeply engaged to ensure that the Strategy works for students.

The *Strategy* is a comprehensive, multilevel, systemic approach to addressing the mental health challenges at UBC that builds off the strengths of existing programs and services, and identifies key areas for future action. This section will provide an overview of the Strategy – please see Figure 1 for a graphic overview. The full strategy document can be found in Appendix 1.

Principle 1: A multi-level approach that effectively addresses the range of needs of students

The *Strategy* identifies key strategies at three different levels that reflect the needs of different student groups, builds institutional capacity and supports effective interventions to address those needs.

- **All Students**

  Initiatives at this level build the foundation for a comprehensive mental health strategy that will address the needs of all students and an environment wherein all students can flourish at UBC. The three key strategies for all students are:
  1. Develop and implement ***Institutional policies and practices*** that align with goals of mental health strategy and transforming student learning and interaction
  2. Create a ***supportive environment*** that promotes student engagement and connection to the campus community
  3. ***Increase mental health awareness and self-management skills*** among students to help maintain wellness and prevent mental health difficulties

- **Students wanting/needing skill development to address mental health issues**

  Initiatives at this level build off of the foundation for all students to include more targeted interventions to support students who may want or need to strengthen self-management skills and enhance their resilience to support learning and wellbeing. The two key strategies for this group are:

  1. ***Increase mental health awareness and self-management skills*** among students to help maintain wellbeing and prevent mental health difficulties
  2. ***Early identification of students needing assistance and connection to appropriate resources*** through a coordinated, campus-wide system to support earlier, effective interventions

- **Students in need of professional care**

   Some students will face issues that are not manageable through self-management. Initiatives at this level provide the targeted care required for students with significant mental health issues. The two key strategies at this level are:

   1. Provide ***adequate, timely mental health services***, including timely access to an initial assessment and referral to the most appropriate level of professional intervention
   2. Implement ***case management and risk mitigation protocols*** to address more complex student concerns that require a level of coordinated response which is beyond the capacity of individual departments or units.

Principle 2: A systemic, cohesive approach

The *Strategy* recognizes that effectively addressing mental health challenges at UBC requires going beyond the traditional reactive clinical health and counselling services model. The *Strategy* proposes a proactive systemic approach that has broad ownership and responsibilities across the campus.

The *Strategy* aims to embed mental health considerations into the policies and procedures of UBC, at the institutional, faculty and services levels. The *Strategy* looks for opportunities to develop more cohesive, cross-organizational approaches to address student mental health challenges and develop a more supportive campus environment for all students.

Principle 3: Leadership and ownership at all levels of the institution

The *Strategy* provides a basis for broad leadership and ownership of the mental health challenge. The strategy identifies who will be responsible for each of the key activities and priorities of the *Strategy* which will help to support local leadership and ownership.
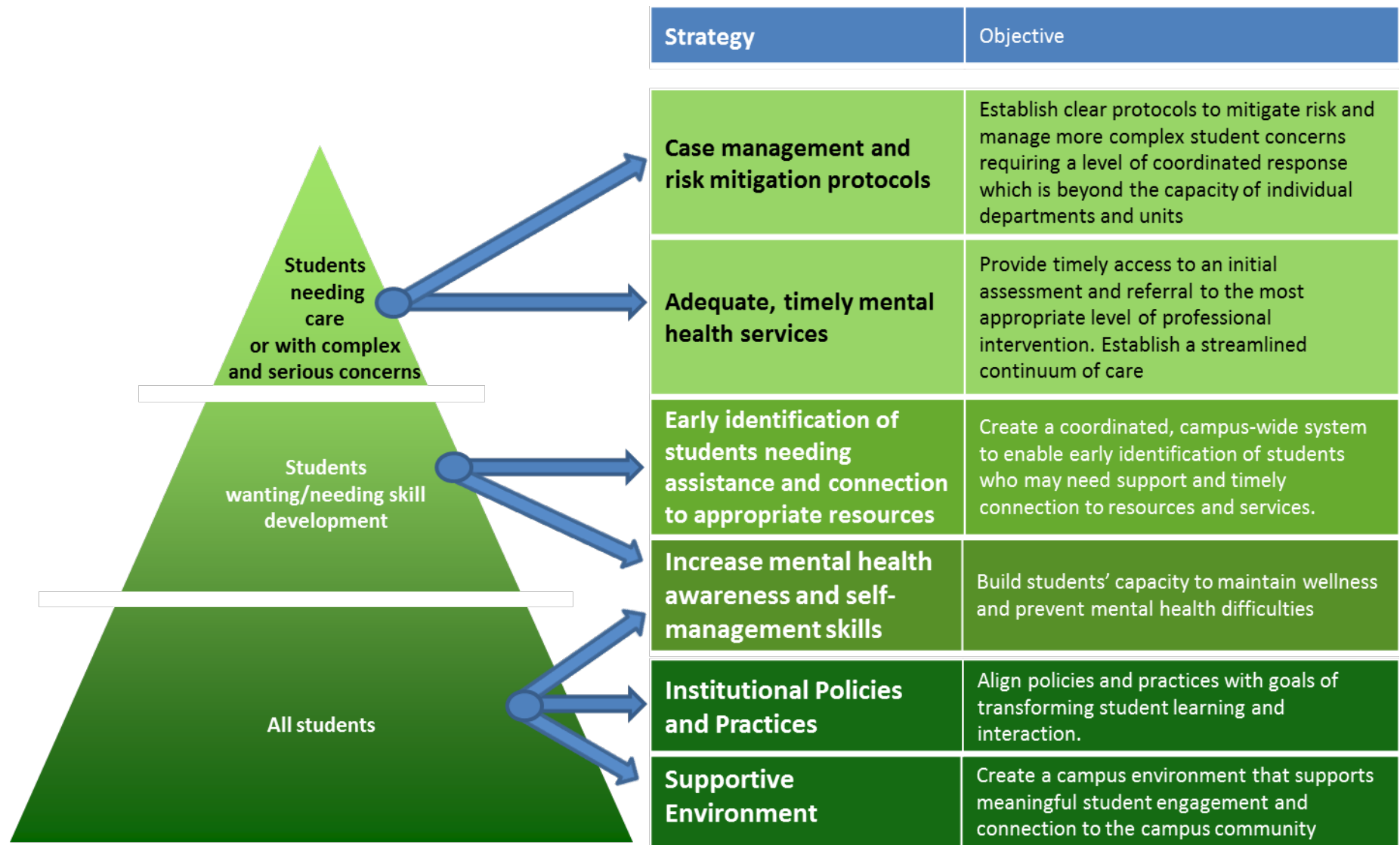
Principle 4: Build off of UBC's strengths

The *Strategy* recognizes that UBC is not starting from scratch – there have been significant investments made, and innovative approaches undertaken, in order to address mental health.

However, there are still significant challenges at UBC. In order to address these challenges, the *Strategy* builds off of these strengths, and identifies the key priorities and areas for action moving forward, in order to support a more systemic, multi-level and effective strategic approach.

The next section will provide an overview of the current UBC mental health initiatives, as well as priorities for moving forward.

Figure 1: Overview of the UBC Mental Health and Wellbeing Strategy

Strategy	Objective
Case management and risk mitigation protocols	Establish clear protocols to mitigate risk and manage more complex student concerns requiring a level of coordinated response which is beyond the capacity of individual departments and units
Adequate, timely mental health services	Provide timely access to an initial assessment and referral to the most appropriate level of professional intervention. Establish a streamlined continuum of care
Early identification of students needing assistance and connection to appropriate resources	Create a coordinated, campus-wide system to enable early identification of students who may need support and timely connection to resources and services.
Increase mental health awareness and self-management skills	Build students' capacity to maintain wellness and prevent mental health difficulties
Institutional Policies and Practices	Align policies and practices with goals of transforming student learning and interaction.
Supportive Environment	Create a campus environment that supports meaningful student engagement and connection to the campus community

Students needing care or with complex and serious concerns

Students wanting/needing skill development

All students

The *Mental Health and Wellbeing Strategy* is building from a strong foundation, and has made considerable progress in the past 18 months. The *Strategy* identifies the strengths of the current system and recent initiatives, and identifies key priority actions to build off that foundation to develop the broad systemic, multilevel approach that will effectively address UBC`s mental health challenges.

Current System

1. Overview of counselling services, health services and the wellness centre, core funding levels

Last year, there were 8.77 FTE counsellors, 4.83 FTE post-doctoral and pre-doctoral interns, and 1.6 students providing service funded by a GPO budget of $1,185,868. There were 7131 appointment hours serving 2539 students. 33% of the clients are male, 60.5% 23 or younger, and 80% studying full time. The top three presenting concerns were depression, anxiety, and stress. Additionally counsellors spend time supporting colleagues across campus in managing individual cases.

Student Health Service consists of a primary care clinic and a Wellness Centre funded by $566, 600 GPOF and a grant from the Ministry of Health Alternate Payment Program of $1.71 million dollars. The total staff complement includes: 7 FTE MDs, 3.5 Registered nurses, 7.4 clerical staff, an office manager and 2 Wellness personnel. In 2011-12 fiscal year, there were 32,989 direct visits and 6715 non face to face contacts with students by SHS Family physicians and 4424 direct visits by psychiatrists. (There are 3.3 FTE of psychiatrists operating fee for service within the clinic). 100% of psychiatry visits were for mental health issues and 17% of the family physician visits were for anxiety of depression.

The Wellness Centre provides peer-to-peer information and referrals on mental and physical health and there was a 40% increase in service last year. There were 2288 visits to the Wellness Centre and an additional 4663 students attended events, fairs, workshops and informational booths to learn strategies and seek new information to support their mental and physical well-being. Thrive 2011, a week focused on mental health awareness, engaged students and staff in over 40 educational activities. Additional online outreach for Suicide Awareness Day and through the Healthy Minds at UBC Blog saw more than 4000 unique visitors to learn about mental health topics. Moreover, student initiatives have blossomed with the formation of a new Mental Health Network to facilitate connections between undergrad societies and student-led mental health groups and clubs.

2. Connection to the Alma Mater Society

The current AMS Executive has identified student mental health as one of their key priorities for the current term, and has provided strong support to date on the development of the *Strategy,* and is committed to fully participating in its implementation and leading on key initiatives.

Recent initiatives

Over the past few years, UBC has made significant changes to its approach to the mental health challenges at UBC, which lay a good foundation for moving forward with the implementation of the *Strategy*. Recent initiatives include:

1. Early Alert initiative to improve early intervention

Launched in January 2012, Early Alert supports early identification of student concerns and timely intervention to help students maintain wellness and academic performance. This involves building faculty and staff capacity to identify early indicators of student concerns, on-line entry of concerns into a secure database, and an Early Alert Team of trained advisors who, develop a support plan, facilitate timely connection to resources, and monitor ongoing concerns. For a video and more information, see: earlyalert.ubc.ca. (Note: Early Alert is not a programme that is designed exclusively for mental health concerns but rather for all concerns that impact student success.)

In the first six months, the first phase of campus-wide training and adoption involved ~300 staff advisors from a range of advising centres across campus (i.e. academic, housing, career, enrollment, etc). To date over 600 concerns have been entered into Early Alert and approximately 22% of these concerns have resulted in an outreach to students. Of the 22% of students who received a reach out, 94% accepted the offer to come in and speak with an advisor.

In October of 2012, the second phase of campus-wide training and adoption began and is targeting faculty members and TA's. Between October 2012 and March 2013, the plan is to provide direct training to as many faculty members and TA's as possible with the goal of reaching a critical mass ~75% of the approximately 3800 who have been identified as within scope.

2. New Triage model to improve access to screening and supports

Counselling Services implemented a new triage model to provide access to initial screening within 24 hours and rapid matching to services and resources. More than twice as many students have been seen in initial screening this September so far as compared to the same time period last year.

3. Awareness and self-management skills campaigns

 A number of awareness and skill building programs and resources are being implemented at UBC. An ongoing awareness campaign, "Healthy Minds at UBC" developed in 2009, increases students' awareness of the relationship between mental and physical wellbeing and academic success, how to maintain wellbeing, signs and symptoms, strategies to get back on track, and when to seek professional help. The "Suicide Awareness Campaign" which has been running annually since 2005, focuses on increasing students' awareness of signs and symptoms of suicidality, reducing stigma, and providing information on resources and services available to help students cope.

A new website, "Live Well Learn Well" was launched by Student Health Service and Counselling Services in time for the start of the 2010 academic year. With its focus on building awareness and skills to maintain wellbeing as

central to academic success, this site offers anytime, anywhere access to valuable information, skills toolkits, and resources to help students thrive at UBC. http://www.students.ubc.ca/livewelllearnwell/index.cfm

4. Increased outreach to aboriginal population

Access to counselling has been increased for Aboriginal students by extending services to onsite counselling at First Nations House of Learning, three half days each week with streamlined referral processes for aboriginal student advisors and coordinators.

5. Coordinated Depression Screening

Student Health Services and Counselling Services approach depression screening commonly and proactively with students using the evidence based BC Guidelines for assessment and management of depression and anxiety.

6. Additional time with a Physician for Mental Health Issues

Student Health Service physicians provide 30 minute appointments (rather than traditional 15 minute appointment times) for students seeking consultation and support for mental health concerns.

7. Community Nursing Outreach

The Nurse on Campus programme provides a registered nurse from SHS weekly at Chapman Learning Commons, FNHL, and three residence areas to provide advice and education on common student health issues and offer triage to appropriate campus resources.

8. Partnerships with Vancouver Coastal Health Authority (VCHA)

Through Student Health Services there is a significant and growing partnership with the Vancouver Coastal Health Authority including a project to improve access to mental health and psychiatric services in the community for our students.

Building from the foundation of the current system and recent initiatives, the *Strategy* identifies key priorities for action across all identified goals (see Appendix 1 for the Draft Strategy and full list of priority activities).

While the Strategy highlights specific priority actions to be taken across all the goals, there are two major themes in the priorities:

Improve the foundation for supporting mental health and wellbeing: policies and practices, and institutional ownership

While considerable work is currently being done to ensure that there are effective services and supports for all UBC students, there is a need to address some of the institution-level issues that can impact student mental health.

From a policy and practice perspective, this work includes reviewing UBC's policies and practices in the light of mental health considerations, and ensuring consistent and effective policies and practices across campus.

It is equally important for there to be clear signals from the leadership at UBC to students that mental health is a UBC institutional priority. This is key to building a supportive environment where UBC as an institution and community is seen to care about mental health and wellbeing issues. This can also help to increase outreach to students, and reduce the stigma attached to mental health issues that may hinder students from seeking help when they need it.

Building a more systemic approach, based on partnership and shared ownership across campus

To date, while there has been some uptake across campus, much of the work to address mental health has been done from the traditional service units on campus. A more strategic, cohesive and comprehensive approach, that draws on the strengths of all UBC partners is needed to increase ownership and builds effective approaches that address the needs of all students.

Implementing a strategic, comprehensive approach requires:

1. Shared commitment to common approaches that increase outreach and effectiveness.

    While many mental health initiatives originate in one of the central service units (e.g. Counselling Services or Student Health Services), there is a need for partnerships that leverage local resources and on-the-ground connection to students in order to get effective outreach into all corners of UBC.

    A key example of this is the Early Alert initiative, which provides a common mechanism and training for staff and faculty to identify students who may be in need of assistance. The central service units can support those students once they are identified, but the local partnership and local ownership is necessary for those early identifications to be made.

2. Local ownership and activities that build off of common resources and partnerships

Standardized approaches alone will not be sufficient to address the diversity of students and faculty contexts at UBC: each faculty or department has a different context, with different challenges, and a specific client group that has particular needs.

Faculties and staff are in a unique position of being on the ground with students, and understanding the contexts that their students are operating in. Coupling this local knowledge with the expertise and common resources that comes from the central service units will help to build effective local interventions that meet the needs of all students, but minimize duplication of effort.

Next steps

1. **Communicating strategy**

   The Mental Health and Wellbeing Strategy is a working document to strategically guide our actions. Following dialogue with student groups and governments, the faculties, Board, and Senate the document will be communicated to the campus community.

2. **Implementation of priorities**

   The priority actions identified under the Strategy will be implemented over the coming months and prioritized dependent upon resources and partnerships formed with campus community partners and Faculties.

3. **Monitor impacts of implementation, including review of recent initiatives and level of investment, and identify future strategies**

   A performance management and evaluation framework is being developed to monitor implementation, usage and evaluate the impact of these initiatives. This framework will help to ensure progress is made, but also to provide a foundation of evidence for developing future strategies and resource needs.

4. **Linking to broader Health and Wellness strategy being developed by VPS**

   The Vice President, Students Office is developing a broader strategy to address a fuller range of health and wellbeing at UBC, including work related to 'reimagining' the Athletics and Recreation department. The Mental Health and Wellbeing Strategy will fit into that broader umbrella strategy; however, given the pressing nature of the mental health challenge at UBC, the Mental Health and Wellbeing Strategy will move forward before the broader strategy is finalized.

Works Cited

ACHA (2010). *American College Health Association Considerations for Integration of Counseling and Health Services on College and University Campuses* (2010). Linthicum, MD: American College Health Association.

Andrews, B., J.M. Wilding (2004). ``The Relation of Depression and Anxiety to Life-Stress and Achievement in Students`` *British Journal of Psychology,*95(4), 509-521

Association of Canadian Community Colleges; Patterson, P. and Kline,T. (2008). *Report on Post-Secondary Institutions as Healthy Settings: The Pivotal Role of Student Services.* Health and Learning Knowledge Centre, Canadian Council on Learning: Victoria, B.C., Canada

Benton, S. et al. "Changes in Counseling Center Client Problems Across 13 Years" *Professional Psychology: Research and Practice* v.34 #1 pp. 66-72

Canadian Association of College and University Support Services, G. MacKean (2011). *Mental Health and Wellbeing in Post-Secondary Education Settings.* Retrieved October 20, 2012 from http://www.tgao.ca/assets/pdfs/CACUSS.MHCC-Student-Mental-Health-Jun19.2.pdf

Center for Collegiate Mental Health (2010) *2010 Annual Report* Penn State University: Pennsylvania

Crozier, S. and N. Willihnganz (2006) Canadian Counselling Centre Survey 2004/05. Canadian University and College Counselling Association Retrieved October 19, 2012 from www.cacuss.ca/content/documents/Link/CUCCA_ACCUC/cucca/Resources/SurveyResultsFeb05.pdf;

Deroma, V., J. Leach and J. Leverett " The relationship between depression and college academic performance" *College Student Journal* Jun 2009 v. 43 #2 pp. 325-334.

Eisenberg, D., E. Golberstein, and J. B. Hunt (2009) "Mental Health and Academic Success in College," The B.E. Journal of Economic Analysis & Policy: Vol. 9: Iss. 1 (Contributions),Article 40;

Gallagher, R. (2010) *National Survey of Counseling Center Directors 2010*.American College Counselling Association. Retrieved October 19, 2012 from http://www.iacsinc.org/NSCCD%202010.pdf

Hysenbegasi, A., Hass, S. L., & Rowland, C. R. (2005). The Impact of Depression on the Academic Productivity of University Students.*The Journal of Mental Health Policy and Economics,* 8(3), 145-151;;

Pritchard, M. (2003) "Using emotional and social factors to predict student success" *Journal of College Student Devleopment* v. 44 Number 1 pp. 18-28

Storrie, K., K. Ehern, and A. Tucket (2010) "A systematic review: Students with Mental Health Problems – a growing problem" *International Journal of Nursing Practice*Vol 16: 1-6.

World Health Organization (1998). *Health Promoting Universities: Concept, experience and*

framework for action. Ed: Dooris, M. et al. Retrieved October 15, 2012
from: http://www.euro.who.int/__data/assets/pdf_file/0012/101640/E60163.pdf

Mental Health & Well-being Strategy

Working Document

Student Development & Services | 2012
UBC Vancouver

Student mental health and well-being
is instrumental in students' academic engagement and success, and recognizing its importance is fundamental to student life at UBC.

UBC's focus on people, undergraduate and graduate student experiences, and the development of a vibrant intellectual community is strengthened significantly through a commitment to enhancing student mental health and well-being.

Student learning goals

1. Enhance the quality and impact of teaching for all students.

2. Expand educational enrichment opportunities, including research, a first year small class experience, international learning, community service learning, and co-op / practicum / internship opportunities.

3. Support student well-being, personal development, and positive affiliation with UBC through outstanding campus life programs and service excellence.

Place and Promise: *The UBC Plan*

Levels

LEVELS OF INTERVENTION, STRATEGIES, & TABLE OF CONTENTS
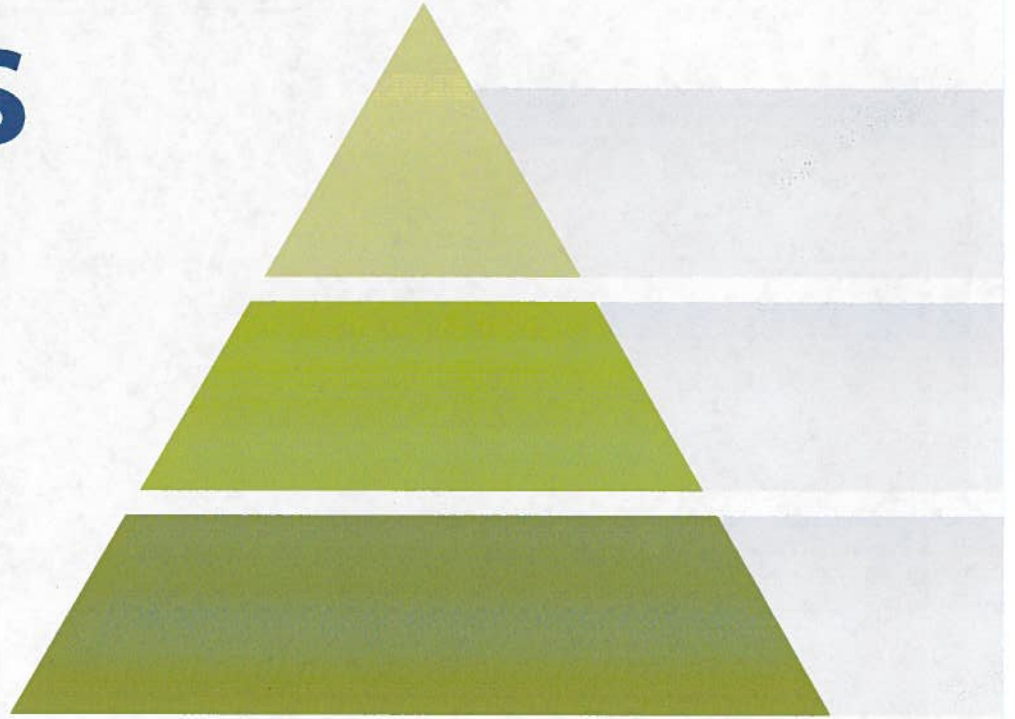
While it is important to focus on students in need of professional intervention and care, without a more integrated approach to mental health and well-being we will not structurally and systemically impact our community in ways that broadly support mental health and well-being for all students.
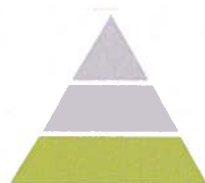
LEVELS

STRATEGIES

LEVELS OF INTERVENTION, STRATEGIES, & TABLE OF CONTENTS

3 Students needing professional intervention / care.
Students with more complex and serious concerns.

2 Students wanting / needing skill development.

1 All students.

1

1&2

2

3

Intervention Pyramid adapted from: US Department of Education Approach for School Health Grants Continuum of Services.

1

ALL STUDENTS
Policies & practices

Policies & practices

Institutional policies and practices can have a significant impact on student mental well-being. They reinforce certain values and behaviours which in turn affect student experience.

Objective

Align policies and practices with goals of transforming student learning and interaction. Review, revise, and/or develop policies and practices to reinforce values and behaviours that support student learning and well-being.

POLICIES & PRACTICES

Priority Areas	Current Progress	Opportunities / Action Items	Responsible
Policy Review		Review policy through the lens of how it impacts on student mental health and well-being. The Faculty of Graduate Studies will review graduate student specific policies and practices. !	Faculties
Policy 14: Response to At-Risk Behaviour	The revised policy, "Response to At-Risk Behaviour", extends scope to include threat of harm to self and clarifies who is responsible for responding	Further clarification of protocol/procedure related to notification and response to threat of self-harm and harm to others is underway.	Vice President Students Office
Academic Concessions Policy & Practice	A draft plan to guide concessions practice has been developed by a subcommittee of Associate Deans, Counselling Services and Student Health Service and some aspects of the draft plan have been incorporated into the last revision of the Concessions Policy. However, the ongoing practice of granting concessions continues to rely heavily on health professional's documentation. Not only is this problematic in cases where a student has not visited a health care profession for the concern in question, it misses the opportunity to engage a student in identifying barriers to academic success and developing and implementing strategies to address these. Ongoing practice also continues to be inconsistent across academic programs.	Develop consistent, clear guidelines and practices regarding the granting of concessions within and across faculties to reinforce student accountability and self-management and to facilitate more transformative student interactions within academic advising and support services. Bring greater consistency within and across academic programs to criteria for granting concessions. Revised policy also needs to address the specifics of graduate students' experience. Currently, graduate students request academic concessions both within coursework and with regard to non-course-based academic milestones such as comprehensive exams and advancing to candidacy. !	Faculties
Policy 73: Academic Accommodations for Students with Disabilities.	Practice of referral to Access and Diversity regarding accommodations for students with chronic, ongoing mental health problems is inconsistent across academic programs.	Develop clear expectations/criteria for referral to Access and Diversity regarding academic accommodations for students with chronic, ongoing mental health problems to enable more consistent implementation of Policy 73 across faculties and student services. Consider the way in which the cost of assessment for certain disabilities may act as a barrier.	Student Services, Faculties
Student Learning Plan	Identified as a key strategy recommendation in the Excellence in Advising Report and Assist BPR as a means of facilitating transformative student interactions with faculty and staff. Enables more proactive identification of potential barriers to academic success and the development of self-management skills to optimize all dimensions of students' experience (learning, well-being, career development, etc.). Learning plans are being piloted in Arts and Science., and Kinesiology.	Complete development of a common student learning plan and implement as a framework informing all advising work across faculties and student services. Determine how the Learning Plan can be applied to the graduate student context. Determine what kind of training this might require for student services, undergraduate, and graduate advisors. !	Faculties & Student Services, VPA

! = priority faculty action item.

1

ALL STUDENTS
Supportive environment

Supportive environment

Student engagement and connection/belonging to the campus community has a positive impact on student mental health.

Objective

Create a campus environment that supports meaningful student engagement and connection to the campus community.

SUPPORTIVE ENVIRONMENT

Priority Areas	Current Progress	Opportunities / Action Items	Responsible
Reward & Recognition	The following are examples of alignment of UBC's rewards & recognition systems with initiatives that promote student engagement and positive affiliation with the campus: • CABSD Awards • Student Leadership and Peer Program reward and recognition events. • Deans Reception for graduating student leaders, Faculty of Arts	Continue to look for opportunities to reward engagement promoting initiatives. Graduate student recognition might include: • Encouraging students to engage in the three-minute thesis. • Graduate student intellectual community development funds (under consideration).	
Space Development	The following are examples of spaces that have been intentionally developed to support student engagement and to foster a sense of connectedness/positive affiliation with the university: • Residences • Centre for Student Involvement • Global Lounge • Abdul Ladha Science Student Centre	Develop standards for space development that reinforce student engagement and positive affiliation. The following offer opportunities to foster enriched learning experience through the creation of space: • SUB space re-development to include a focus on student wellness • Collegiums • Develop opportunities for both graduate as well as undergraduate students to come together to promote connectedness.	Faculties & Student Services
Create Small Communities	Examples of the creation of smaller communities within the campus community to reduce students' isolation and enhance their sense of belonging include the following orientation, peer, leadership, mentorship, & first year student programs: • Undergraduate Societies • SCI Team, Science Mentoring Program, First-Year Seminar in Science • Arts One, CAPS, Meekison Lounge, Arts Mentoring programs • APSC Reading Rooms and Study Space • Jump Start for international and aboriginal students • Grad Student on-line forum; "Winter Connections" for new international students beginning Term 2; St. Johns and Green Colleges.	Look for opportunities to extend and integrate peer and student leadership training and development across student services, faculties and student organizations. Graduate student peer and leadership programming might include: • Graduate student peer writing groups • Research Commons • Development of local (dept. and faculty) based societies by graduate students. • Enhanced peer orientation, possibly funded through the Teaching Learning Enhancement Fund (TLEF).	Faculties & Student Services
Enhance Student Advising	The Excellence in Student Advising report outlines a range of recommendations for strengthening student advising to facilitate transformative student interactions between students and faculty/staff across the campus community. The Student Interaction Transformation Project has been established as a means of acting on these recommendations and consists of a number of specific initiatives including: • Advising Standards and Philosophy • Online Advising Management System (OAMS) • Knowledge Base System	Integration of Advising Standards and Philosophy throughout faculty and student services advising interactions with students. Determine applicability of the OAMS for graduate student advising (preliminary discussion has been held between the OAMS project group and the Faculty of Graduate Studies). The Faculty of Graduate Studies is expanding supervisor training with both online materials and department visits. Partner with Counselling Services/Student Health Service to develop and deliver resources specifically to graduate student supervisors for supporting student mental health and responding to student mental health difficulties.	Faculties & Student Services

1&2

ALL STUDENTS & STUDENTS WANTING/ NEEDING SKILL DEVELOPMENT

Increase mental health awareness & self-management skills

Increase mental health awareness & self-management skills

Builds students' capacity to maintain wellness and prevent mental health difficulties.

Objective

Increase students' awareness of the impact of mental health on academic success, how to maintain mental health, early signs of poor coping and strategies, resources and services to help regain mental well-being.

INCREASE MENTAL HEALTH AWARENESS
& SELF-MANAGEMENT SKILLS

Priority Areas	Current Progress		Opportunities / Action Items	Responsible
Awareness & Skill Development	**Resources:** The following are examples of resources currently being implemented to build students' awareness of the impact of mental health on academic success. They are also aimed at building students' capacity to understand signs and symptoms of poor coping and to intervene on their own behalf in a more timely way to prevent the onset of more serious mental health difficulties:		Faculty have full shared ownership of mental health promotion to reinforce its value as integral to academic success and to influence behaviour. This involves adopting and integrating key messages regarding the importance of mental well-being for academic success through existing student information sources within faculties. A short statement in course syllabi offers significant opportunities to reinforce the importance of maintaining mental well-being. ❗	Faculties
	Annual Awareness Campaigns: • Healthy Minds at UBC • Suicide Awareness Campaign focusing on reducing stigma and building awareness of signs/symptoms of suicidality, and resources/services available.			
	Comprehensive Web Resources: • Live Well Learn Well launched in 2010 • Programs offered through the Learning Commons		Student Roles and Responsibilities Statement: Integrate key messages regarding responsibility for maintaining well-being as well as regarding reaching out when a friend and/or peer is in distress.	Student Services
	Programs & Services: A number of programs and services, including peer programs, operate across student services, faculties, and student groups. These offer a range of support including information, advising, coaching and advocacy. The following are examples of current programs and services that build capacity through skills development and supportive resources: • Science Peer Academic Coaches, Science mentoring programs • Learning Commons • Centre for Professional Skills Development , APSC • Jump Start for international and aboriginal students • Faculty of Graduate Studies integrates information about well-being resources into orientation events. GPS offers sessions on time/stress management, "Getting Back on Track", conflict resolution, etc.		Reinforce mental health awareness through the development of a credit elective course, open to all students on maintaining mental health and well-being. Determine applicability to graduate student experience (possibly part of GPS).	Faculties
			Collaborate with student led programs and initiatives to maximize impact where possible	Faculties; Student Services

2

STUDENTS WANTING/ NEEDING SKILL DEVELOPMENT

Early identification of students needing assistance and connection to appropriate resources

Early identification of students needing assistance and connection to appropriate resources

Objective

Create a coordinated, campus-wide system to enable early identification of students who may need support and timely connection to resources and services.

EARLY IDENTIFICATION OF STUDENTS NEEDING ASSISTANCE AND CONNECTION TO APPROPRIATE RESOURCES

Priority Areas	Current Progress	Opportunities / Action Items	Responsible
Early Alert System	An early alert system is being rolled out that creates a centralized, coordinated approach to identifying students who may be in need of assistance and connecting them to resources and services to address any concerns in a timely manner. Enables a caring, coordinated and holistic approach. Maximizes the potential for helping a student address any concerns before they become barriers to academic success and minimizes the possibility of students falling through the cracks. This is a multifaceted program that involves: • Training faculty, staff and students in indicators of concern and how to report this to the early alert system. • Creating a centralized database capable of tracking student concerns, actions taken, and follow-up. • Developing clear protocols for assessment, and response to student concerns.	Promote the Early Alert System within Faculties; establish clear expectations and supports for participation. ❗	Faculties, Student Services
		Promote the three-hour, "Responding with Respect" program offered through UBC Human Resources, Health Promotions Program, for all faculty and staff.	UBC Human Resources, Health Promotions Program; Faculties; Student Services
		Provide Mental Health First Aid training for academic and student services advisors who work directly with students in need of assistance, including graduate advisors and graduate secretaries. In addition to the direct benefit these programs have for faculty and staff well-being, they also benefit student well-being by supporting identification and referral of students with mental health concerns.	

❗ = priority faculty action item.

3

STUDENTS NEEDING PROFESSIONAL INTERVENTION / CARE

Adequate, timely mental health services

Adequate, timely mental health services

Objective

Provide timely access to an initial assessment and referral to the most appropriate level of professional intervention. Establish a streamlined continuum of care.

ADEQUATE, TIMELY
MENTAL HEALTH SERVICES

Priority Areas	Current Progress	Opportunities / Action Items	Responsible
Triage System	Implemented in 2010, the Triage System provides access to initial assessment within 24 hours and rapid matching to services and resources. This functions as the initial point of contact for admitted and registered students needing professional mental health care.	Continue to evaluate and strengthen the program as indicated.	Counselling Services
Point of Contact & Continuum Of Care	Counselling Services and Student Health Service function as the initial point of contact for mental health and physical health concerns respectively. These units operate a collaborative shared care approach to the treatment of depression consistent with stepped care provincial guidelines and apply this general approach to the full range of mental health concerns. As such, irrespective of which office a student accesses initially, they will be assessed and referred to the most appropriate level of treatment/office, including referral to community resources, depending on the nature and severity of their presenting concerns.	Clarify referral/access points for services with faculty advising offices, faculty, and staff.	Counselling Services, Student Health, Faculties
Emergency Appointments	Both Counselling Services and Student Health Service provide same-day appointments for emergencies and urgent concerns.		Counselling Services, Student Health Service

3

STUDENTS WITH MORE COMPLEX AND SERIOUS CONCERNS

Case management and risk mitigation protocols

Case management and risk mitigation protocols

Objective

Establish clear protocols to mitigate risk and manage more complex student concerns requiring a level of coordinated response which is beyond the capacity of individual departments and units.

CASE MANAGEMENT AND RISK MITIGATION PROTOCOLS

Priority Areas	Current Progress	Opportunities / Action Items	Responsible
Case Management and Risk Mitigation Approach	Protocols within this approach are designed to: • Support students with mental health difficulties whose academic status is in jeopardy. • Facilitate more extensive liaison with community resources where necessary. • Effectively balance student and university needs in cases of significant ongoing risk to self or others and/or behaviors that significantly impact other's ability to learn/teach. The following are key areas of protocol development: • Timely notification of concern regarding academic jeopardy, clarification of expectations, identification of options to support student academic success and well-being. • Behavioral contracts • Mandated psychological assessment • Voluntary and involuntary leave • Re-entry process.	Establish consistency across faculties regarding implementation of protocols to provide greater clarity and guidance for faculty and to reinforce implementation of an institutional approach to more complex, serious student concerns. The Faculty of Graduate Studies has developed an internal team to track and discuss complex student cases, including those with mental health considerations. The case management approach in combination with the early alert system will enable aggregation of data relating to student concerns across departments and facilitate a coordinated response to the broad range and severity of student concerns. Ongoing full partnership in collaborative efforts to promote student mental well-being. **(!)**	Student Services, Faculties
Case Manager Position	A Case Manager has been hired to facilitate the case management approach. The Case Manager also plays a central role in the Early Alert System.		Student Development and Services
Mental Health Advisory Committee	A Mental Health Advisory Committee has been established to provide consultation support to the Case Manager in the implementation of case management protocols and to determine the most appropriate course of action in all cases involving significant ongoing risk to self or others and/or behaviors that significantly impact other's ability to learn/teach.		

(!) = priority faculty action item.