



POLICY APPROACHES TO POST-SECONDARY STUDENT MENTAL HEALTH

A SCAN OF CURRENT PRACTICE

OCAD U and Ryerson University Campus
Mental Health Partnership Project

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ABOUT THE OCAD U & RYERSON UNIVERSITY CAMPUS MENTAL HEALTH PARTNERSHIP PROJECT

OCAD University and Ryerson University have committed to working together in collaboration around the strategic development of campus wide mental health initiatives. The project has a special focus on postsecondary mental health policy development, service and system design approaches to student-centered care, and the application of design and visual thinking to campus mental health. This project is funded by the Ontario Ministry of Training, Colleges and Universities, Mental Health Innovation Fund.

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INTRODUCTION

Background and purpose

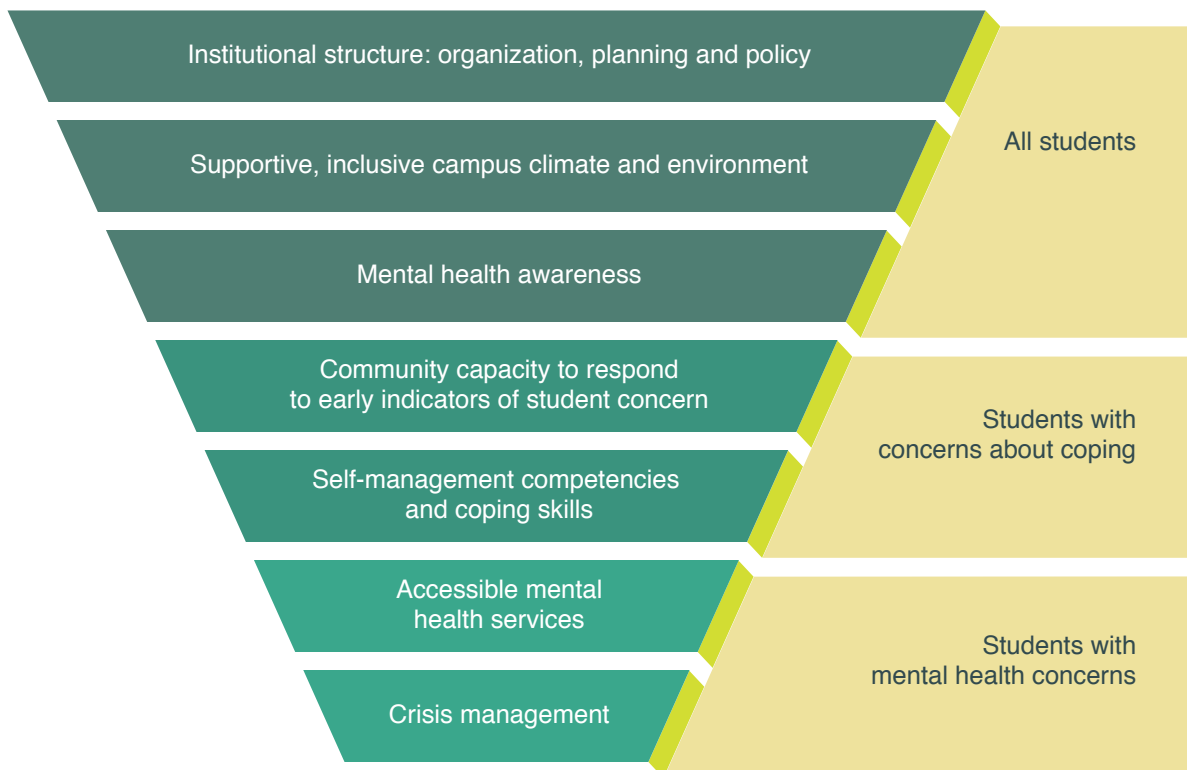
There is a growing interest among post-secondary institutions in developing systematic approaches to student mental health (CACUSS & CMHA, 2013). This systematic approach entails a shift in focus from treating individuals to promoting positive mental health at a community and population level (MacKean, 2011). A systematic approach to campus mental health sees the whole campus environment as the site for intervention, and seeks to foster a supportive environment for mental health and learning. The toolbox for a systemic approach includes individual-level interventions (such as promoting coping strategies, mental health awareness, treatment, training, and skill-building), but also entails more structural interventions to affect upstream determinants of mental well being such as institutional structure, campus environment, organizational structure, policies and practices (see Figure 1).

The Canadian Association of College & University Student Services (CACUSS) and Canadian Mental

Health Association (CMHA) identify institutional policy as a key component of a systems wide approach to campus mental health. Institutional policies shape campus environments by reinforcing or promoting certain beliefs, values and behaviours, while discouraging others (CACUSS & CMHA, 2013). Policies can enable or inhibit certain ways of learning, connecting and thriving within an institution in ways that have a real impact on student well being. While institutional policy affects the mental health of all students, it is probably the area of intervention least understood in the campus mental health literature (MacKean, 2011). The dearth of information on policy approaches to supporting and fostering student mental health limits schools' ability to take action at this higher level of the systematic response since it is not clear what strategies are possible and what promising practices may guide action.

This report aims to support institutional policy development and review around student mental

Figure 1: Framework for Post-Secondary Student Mental Health (Adapted from CACUSS & CMHA, 2013)



health by providing a scan of policy approaches in post-secondary institutions across Canada and the United Kingdom. The report is intended for a wide variety of administrators and practitioners working in the field of campus mental health, though it may also be useful for student groups that are currently engaged with campus mental health organizing and advocacy.

Definitions

In this document, **“policy”** will be used to refer to official institutional directives approved by Senate or other relevant governing bodies that:

- Set out guiding principles for institutional activities
- Establish responsibilities and requirements for various actors
- Articulate or advance institutional missions or mandates
- Seek to reduce institutional risks
- Ensure compliance with applicable laws

In contrast, **“procedure”** is used to refer to the way in which policy is operationalized within the institution, including specific guides or directives that identify roles and responsibilities within various measures. When procedure comes in the form of a specific set of guidelines that are expected to be followed in word and spirit by members of the institution, it may be referred to as a “protocol.”

A **“mental health strategy”** sets out the principles, framework, and goals for mental health promotion and protection on campus. Policies are one set of tools institutions have in working towards these goals, but a mental health strategy typically includes a range of initiatives including health promotion, training, and service provision.

“Mental health” is a multi-faceted concept, which is defined in this report as “the capacities of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of

emotional and spiritual well being that respects the importance of culture, equity, social justice, interconnections and personal dignity.” (Public Health Agency of Canada, 2006). It is important to note that mental health is not the absence of mental illness. Rather, mental health and mental illness can be thought of as two separate continuums. Corey Keyes (2002) conceptualizes mental health as a state of “flourishing” which one may experience even when living with mental illness. Relatedly, poor mental health can be understood as a state of “languishing” which can be experienced by people who show no symptoms of mental illness.

Student mental health policy: A conceptual framework

The links between institutional policies and student wellness are not always self-evident. To illuminate the ways in which policy may impact student wellness, this review has developed a conceptual framework for understanding the types of policies that have implications on mental wellness. This conceptual framework is built around the idea of two spectrums. The first of these spectrums (see Figure 2) captures how policies may vary in their approach: Some are focused on supporting individual students, while others take a more universal approach.

Policies on the individual side of the spectrum tend to be more reactive in nature, and concentrated on individual needs. They encompass policies that specifically support students experiencing mental health concerns, such as:

- Accessibility and accommodation policy
- Medical leave and re-entry policy
- Privacy and confidentiality policy
- Policy frameworks for supporting a student in distress or crisis
- Responses to “at-risk” behaviour

In contrast, policies on the universal side of this spectrum establish broader institutional processes, rules and structures that support *all* students in thriving academically and emotionally. These

policies tend to be more proactive in nature, with the ultimate goal of creating a health promoting environment. These policies may broadly enable or promote positive mental health by:

- Creating fair and flexible processes for grading and conflict resolution (e.g., academic policies, student code of conduct)
- Providing clear directions for navigating institutional processes and systems, or limiting any barriers within these systems
- Promoting inclusive curriculum and pedagogy (e.g., academic policies)
- Institutionalizing an anti-discriminatory and anti-stigma perspective (e.g., diversity and equity policy)

These more universal policies apply to all students, regardless of disability or mental health status, and tend to align well with universal design principles which aim to make environments usable to the broadest range of people (Smith & Buchannan, 2012).

Figure 2: Spectrum of types of mental health policies



A second spectrum (see Figure 3) elucidates the range of ways in which mental health policy may be designed, implemented and evaluated. Some post-secondary institutions approach mental health policy in a more **consolidated** fashion by bringing together, perhaps in one written document, all policy and procedure that pertains to student mental health. As will be discussed later, this approach is popular in the UK where consolidated mental health policy documents are common. On the other hand, post-secondary institutions may want to adopt a more **mainstreamed** approach by creating mechanisms to mainstream a mental health or wellness lens into all institutional policy. This mainstreamed approach may entail the creation of a commission or senate committee that reviews existing policies from a mental health/

wellness perspective and works to mobilize policy change in various policy areas.

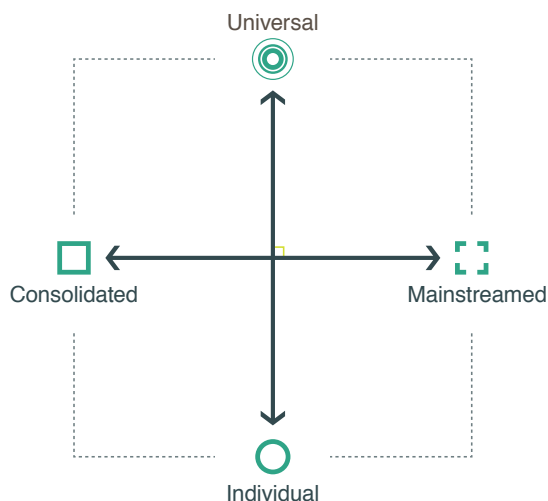
Figure 3: Spectrum of approaches to policy development



These two spectrums are not mutually exclusive but rather can be conceptualized as intersecting to create four theoretical types of policy approaches (see Figure 4):

- Consolidated & Universal:** A consolidated policy document that prioritizes universal approaches to campus mental health
- Consolidated & Individual:** A consolidated policy document that prioritizes individual approaches to campus mental health (e.g., policies for supporting students in distress)
- Mainstreamed & Individual:** Incorporation of a mental health lens into policies that take an individual approach (e.g., accommodation policies, student discipline policies)
- Mainstreamed & Universal:** Incorporation of a mental health lens into policy that is more universal in scope (e.g., inclusive design in grading policy)

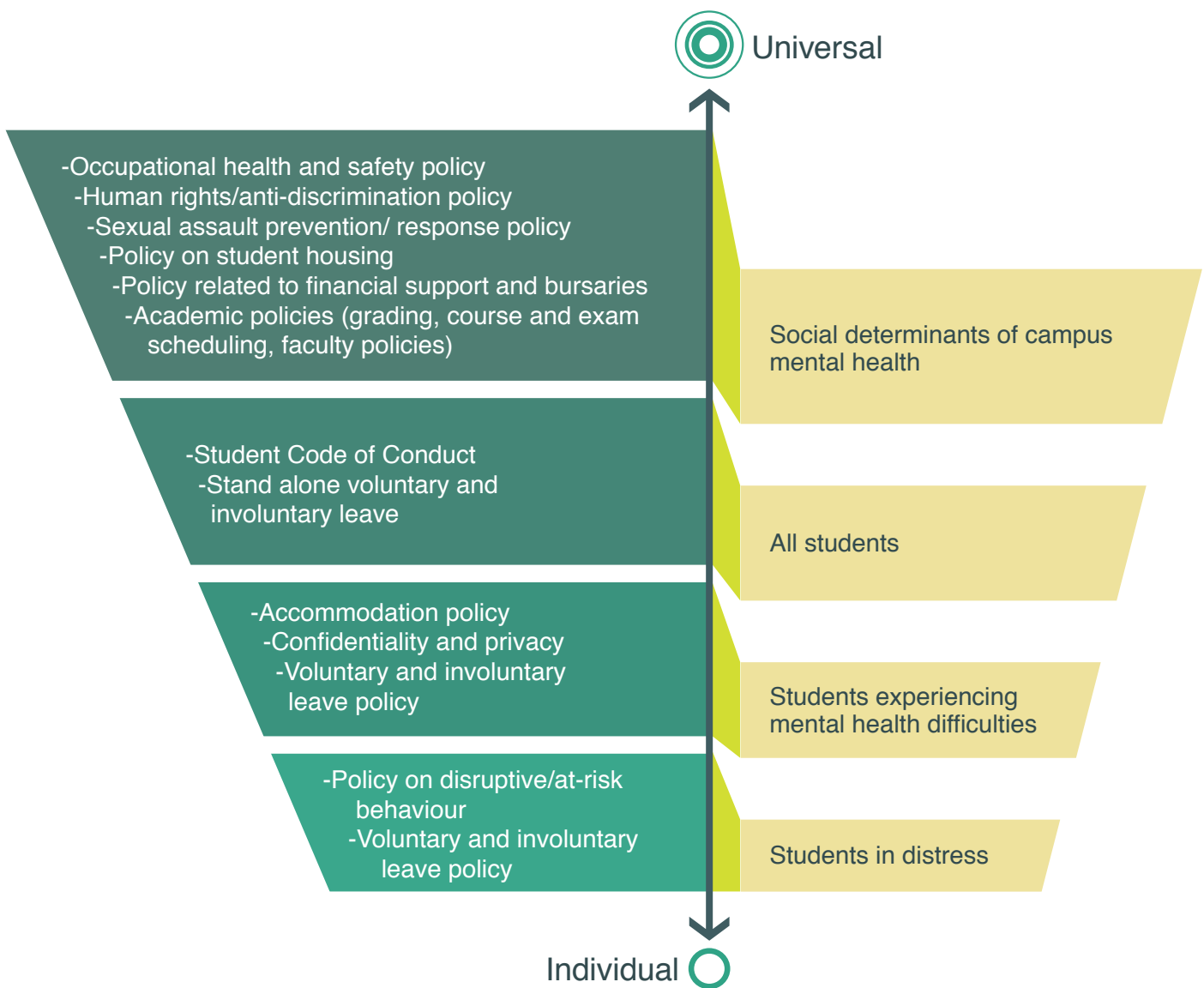
Figure 4: Dual Continuum of Policy Approaches to Campus Mental Health



The figure below provides one last visual aid in conceptualizing the spectrum of policy approaches to campus mental health. At the highest level of the pyramid (representing the most universal approaches) are policies that seek to promote and support student mental health by addressing the social determinants of mental health (such as freedom from violence and discrimination, social inclusion, financial security and housing conditions, etc.). These policies are often not at the forefront

of discussions about mental health policy, but can have a powerful impact on campus well being. The levels below represent increasingly more narrow and individualized policy approaches. As will be discussed later, voluntary and involuntary leave policy appears in three levels, since its scope depends on how it is drafted. It is also important to note that there is a great deal more fluidity between the different levels than what the pyramid is able to capture.

Figure 5: Spectrum of Campus Mental Health Policies



Objectives

The main objectives of this policy scan are:

- To better understand the scope and content of policies related to post-secondary student mental health in the United Kingdom (UK) and Canada
- To explore how the larger social and legal context informs policy development
- To identify common challenges and debates underlying the development of student mental health policies
- To identify promising practices in post-secondary policy development and review for student mental health

Methods

The research for this report was conducted over the span of three months (October to December 2013). To understand the breadth of policies currently in place or under development, research strategies included:

REVIEW OF ACADEMIC & GREY LITERATURE

Searches were conducted on Medline, ERIC, PubMed, Scopus and EBSCO using the search terms: university; post-secondary; higher education; college; policy; accommodation; universal design; disability; mental*; mental health; mental illness; and psychiatric. As anticipated, the number of relevant articles in the published literature was limited and largely from the UK. The articles retrieved nonetheless helped to identify some key issues and ideas, as well as some policy examples from the UK.

A search of the grey literature through Google using similar search terms yielded many examples of mental health policies from the UK and Canada. The search strategy was expanded to include “mental health strategies,” which were then reviewed for any mention of policy. Through these searches, 11 UK mental health policies were retrieved from 11 different schools: University of Bath, the University of Brighton, University of Cumbria, University of Edinburgh, Heriot-Watt University, Leeds University, Oxford University, Plymouth University,

University of Sussex, University College London, and University of York.

INSTITUTIONAL POLICY REVIEW

To understand overall trends in policy development around mental health policy, an initial scan was conducted that included 21 Canadian post-secondary institutions. Since the goal of the scan was to identify promising or innovative practices, the first sample of post-secondary institutions included those who were actively involved in a mental health initiative or strategy (8 institutions) and other large English institutions (7 institutions). Additional institutions were added to the list at the recommendation of key informants to reach a sample of 24 Canadian institutions. Specific policies were retrieved through searches of the policy section of post-secondary institutions’ websites. The post-secondary institutions reviewed included:

Acadia University
Carleton University
Concordia University
Dalhousie University
Durham College
Emily Carr University of Art + Design
University of Guelph
McGill University
McMaster University
Mount Royal University
NSCAD University
University of Ottawa
Queen’s University
Ryerson University
Simon Fraser University
University of Alberta
University of Western Ontario
University of British Columbia
University of Manitoba
University of Ontario Institute of Technology
University of Toronto
University of Windsor
Wilfred Laurier University
York University

KEY INFORMANT DISCUSSIONS

To supplement information available online, conversations were held with 6 key informants working in post-secondary student services to learn more about various policy initiatives. The

key informants included 3 directors of health and counselling services, 1 director of student accessibility, a student advocate/organizer, and a mental health case manager. Informants discussed the process of policy development and review within their home institutions and offered recommendations for promising practices. The key informants also assisted in tracking down additional resources.

Structure of the document

This review focuses on policies in the United Kingdom and Canada. The United Kingdom was selected as a comparison country given similarities in the education system. The considerable activity around mental health policy in the past decade also makes the United Kingdom an interesting case study. The sections on the United Kingdom and Canada are structured to include information on:

- **The social and legal context:** An overview of the relevant legislation that shapes institutional policy development
- **Trends in approach, scope and content of policies:** A broad overview and synthesis of the main trends within existing mental health policy development
- **Key issues and debates:** An exploration of particular questions or issues related to policy development

In addition to this content, case studies of promising practices are highlighted in grey boxes throughout the document to provide practical examples of how some institutions have approached policy development and review.

SCAN OF CURRENT PRACTICE: THE UNITED KINGDOM

The social and legal context

Mental health policy development within UK Higher Education Institutions (HEIs) has accelerated in the past decade.¹ Universities UK and the Standing Committee of Presidents (SCOP) have undertaken surveys of HEI mental health policies between 2004 and 2008. These surveys indicate that between 2003 and 2008, the proportion of institutions with a mental health policy in place increased from 28% to 52% (Grant, 2005). Grant (2005) found that policy development was predominantly led by heads of student services, but occasionally fell under the responsibility of institutional committees. Moreover, institutions with an overarching mental health policy were more also more likely to have developed assessment procedures for accommodating mental health difficulties, protocols around student death and return to study policies.

Mental health policymaking in UK institutions is both catalyzed and shaped by legal obligations

under The Equality Act (2010) as well as Duty of Care obligations under tort law. The Equality Act (2010) amalgamates all previous discrimination laws (including the Disability Discrimination Act of 1995) and requires public bodies to promote equality of opportunity for people with disabilities. Under the Equality Act (2010), HEIs must “make reasonable adjustments” for students with disabilities and take measures to prevent four types of discrimination:

- Direct discrimination: Treating a person with a protected characteristic less favorably than others
- Harassment: Unwanted behavior linked to a protected characteristic that violates a person’s dignity or creates an offensive environment for her/him
- Harassment: Unwanted behavior linked to a protected characteristic that violates a person’s dignity or creates an offensive environment for her/him

¹ In this section the term Higher Education Institution (HEI) is used to refer to colleges and universities, which is the common terminology in the UK.

- Victimization: Treating a person unfairly because she/he has complained about discrimination or harassment (Government of the United Kingdom, 2013)

In addition to these obligations under the Disability Discrimination Act, HEIs have a larger Duty of Care towards all students, which has been interpreted by some HEIs to include the duty to promote emotional and mental well being of all students.

Trends in approach, scope and content of policies

A scan of the grey literature retrieved 11 student mental health policies from UK HEIs. These documents were reviewed for trends in approach, scope and content. In terms of approach, mental health policy development in the UK is characterized by a **consolidated approach**. Accordingly, post-secondary institutions prepare an overarching student mental health policy that identifies various roles and responsibilities in supporting students with mental health difficulties and promoting positive mental well being. In terms of content, UK mental health policies are predominantly concerned with support for students with mental health difficulties, with an emphasis on establishing clear roles, responsibilities and procedures for responding to students' mental health needs. While focused on supporting students with mental health difficulties, these policies may also be congruent with other strategic objectives such as promoting a culture of diversity and equality, improving student retention and promoting attainment (Warwick et al., 2008). Overall, the trend is to offer support individually on the basis of medical disability.

This section highlights some common features within the policy documents: Aims and purposes; legal framework; definitions; roles and responsibilities; support at pre-entry, admission, and induction; support during studies; disclosure and confidentiality; procedures for supporting students in distress or crisis; disciplinary policy; and taking time out of studies.

AIMS & PURPOSES

Nearly all of the policies reviewed contained an 'aims' or 'purposes' section in which the objectives of the policy were defined. Some aims articulated

in these policies were to:

- Provide a consistent approach for responding to mental health needs/management of students experiencing difficulties
- Coordinate an approach to mental health promotion
- Establish clear roles and responsibilities of staff towards students experiencing mental health difficulties
- Support a culture in which mental health problems are recognized and disclosed, but not stigmatized
- Assist students in identifying mental health supports
- Set out guidance for supporting or referring students experiencing mental health difficulties
- Provide a framework for engaging with external partners

LEGAL FRAMEWORK

Most of the policies also contained a legal framework section which identified the HEIs responsibilities in relation to the Disability Discrimination Act and the Equality Act.

DEFINITIONS

The policies varied considerably in the definitions provided for mental health and mental health difficulties. *Disability* was often defined according to the Disability Discrimination Act as a physical or mental impairment that has an effect (substantial, adverse and long-term in nature) on the individual's ability to carry out normal day-to-day activities.

HEIs typically adopted a holistic definition of mental health which emphasized resources and resilience to thrive, such as:

- "the emotional and spiritual resilience which enable us to enjoy life and to survive pain, disappointment and sadness" (University of Leeds, 2013, p. 5)

- “the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles which life presents.” (University of Brighton, 2013, p. 28)

Only one HEI preferred mental “well being” as a term, defining it as “a healthy positive state of mind” (University of York, 2013, p. 2).

Policies tended to use the term *mental health difficulties* to refer to longer term illnesses, emerging mental health problems or temporary mental health conditions (University of Leeds,

2013, p. 4). The University of Brighton saw these difficulties as existing on a spectrum ranging from “students who seem depressed and unhappy” to “students who appear to have significant mental health difficulties” (University of Brighton, 2013, p. 8)

ROLES & RESPONSIBILITIES

While most policies contained a distinct roles and responsibilities section, the articulation of roles and responsibilities were often integrated throughout the whole document (e.g., specifying who does what and when). An example of the roles and responsibilities described in the policies are provided in Table 1 below.

Table 1: Roles and responsibilities by campus actor

Actor	Responsibilities
Higher Education Institution	<ul style="list-style-type: none"> • Reviewing policy • Making staff aware of policy • Encouraging students to declare mental health difficulties • Maintaining and coordinating existing processes to support students with mental health difficulties
Schools and Faculties	<ul style="list-style-type: none"> • Making reasonable adjustments for students with disabilities • Providing clear information about courses and assessment procedures • Providing clear information about accessing supports • Taking anti-discrimination measures • Maintaining internal systems to ensure students with mental health difficulties are not unduly penalized • Providing clear information about “fitness to practice”: The skills, knowledge and other competencies required to practice one’s profession safely and effectively (Health and Care Professions Council, 2013)
Individual Staff and Faculty Members	<ul style="list-style-type: none"> • Expectation of pastoral role towards students, within boundaries (e.g., social and moral support) • Respecting students’ rights to confidentiality and ensuring full consent before sharing personal health information • Recognizing when emergency situations require breach of confidentiality • Contributing to a non-stigmatizing community
Students	<ul style="list-style-type: none"> • Responsibility to disclose concerns and seek services • Notifying school when mental health difficulties are detrimentally impacting their ability to fulfill course requirements • Responsibilities over their own conduct and behaviour
Support Services	<ul style="list-style-type: none"> • Offering available guidance and advice to students and staff, including those who are supporting other students • Carrying out assessments and coordinating with external services

SUPPORT AT PRE-ENTRY, ADMISSION & INDUCTION

In their mental health policies, a few HEIs expressed a commitment to supporting students with mental health conditions or problems *at the point of application*. This entailed a commitment to:

- Encouraging disclosure during the application process in order to make an assessment about support options early on
- Creating non-discriminatory admissions practices
- Providing information about fitness to practice requirements for professional degrees
- Ensuring that institutional materials sent out to enrollees outline available supports

Only a couple HEIs specified a commitment to activities at the point of induction (e.g., orientation events). The main responsibility identified at this stage was for schools and faculties to make information about mental health services available to students electronically and on paper.

SUPPORT FOR STUDENTS DURING THE COURSE OF THEIR STUDIES

All of the policies outlined the nature of supports available to students during the course of their studies. The right to support was predicated on a medical model of mental illness, with students required to demonstrate medical verification of mental illness in accessing accommodations. The following processes (see Table 2) were outlined in the policies for students with a mental health diagnosis.

DISCLOSURE & CONFIDENTIALITY

Managing confidentiality was a key element in most of the policies. Information on confidentiality typically highlighted:

- The rights of students to confidentiality about mental health information, and the importance of informed consent (e.g., what information will be disclosed and to whom)
- The institution's obligations under the Data Protection Act
- Situations in which confidentiality should not be offered or guaranteed (e.g., when students are at risk to themselves or others)

Table 2: Processes for supporting students during the course of their studies

Process	Description
Impact assessments	The process for determining individual support needs and accommodation measures
Procedures for mitigating circumstances	What students can do when mitigating circumstances impact their ability to fulfill course requirements including exams and other graded work
Counselling support	Information on services available and guidance on how to refer a student to counselling
Learning supports	Procedures for examination and assessment, fieldwork, careers advice, accommodation, financial support, and student support services

PROCEDURES FOR STUDENTS DURING CRISIS

Many, but not all, of the policies included procedures for responding to emergency and non-emergency situations where a student is in emotional distress or crisis. In some cases, the policy referenced a particular guide that should be reviewed by staff members, rather than detailing the whole procedure in the policy itself.

DISCIPLINARY POLICY

Another common element of mental health policies were sections outlining how sensitivity to mental health difficulties would be incorporated into disciplinary proceedings related to academic or non-academic misconduct. The HEIs varied in how they balanced the rights and needs of individuals with their responsibilities to the larger campus community in terms of conduct. Some examples include:

- “If disciplinary action is being considered, the student should be given the opportunity to raise issues around his or her support needs.” (University of Leeds, 2013, p. 11)
- “The fact that a student has mental health difficulties in no way lessens the duty of care to other students.” (University of Brighton, 2013, p. 23)
- “There may be individual circumstances where formal disciplinary action would be suspended so that we can offer guidance and support to assist you in moderating your behaviour or minimizing its impact on your colleagues.” (Plymouth University, 2011, p. 11)

TAKING TIME OFF/INTERRUPTION OF STUDIES

Many of the policies acknowledge that taking a break from studies may be necessary for students experiencing mental health difficulties. In this regard, sections on interruption of studies outline: Procedures for requesting a voluntary leave, procedures for an involuntary leave, and the conditions under which a student may return to study. Often, these processes required medical evidence to confirm that the student is able to cope with academic demands. In addition, students may be required to undertake assessment by a disability

team. In addition, professional schools will have their own guidelines about “fitness to practice” that the student will have to meet.

It is important to note that most of the policy surrounding “return to study” is built around a medical model of mental illness in which students must deliver medical evidence that they are fit to study.

Key issues and debates

CONSOLIDATED POLICY

The UK mental health policies reviewed in this section reflect a consolidated approach to policy-making around student mental health. The advantages of this approach is that it:

- Establishes a clear institutional commitment to accommodating and supporting the mental health of students
- Clarifies responsibilities and limits of roles for various stakeholders
- Provides transparency to systems and procedures which may or may not be in place
- May provide a framework for engaging internal and external partners
- Raises the profile of mental health and well being issues
- Can incorporate regular reviews to keep policy and procedure up-to-date

A consolidated mental health policy, however, does not necessarily ensure that a health promoting lens informs the broader planning and policy system of an HEI (Healthy Universities, 2011a). Most of the policies reviewed were limited in scope to counselling and accommodation responses. Embedding a mental health or wellness lens into existing policies through a mainstreamed approach may be a more effective way to achieve meaningful engagement across the campus (Healthy Universities, 2011a).

PROMISING PRACTICE: CONSOLIDATED POLICY

University of Brighton Student Mental Health Policy

For colleges and universities that are considering developing a consolidated policy document on student mental health, the University of Brighton Student Mental Health Policy is a promising example to consider in the Canadian context. Of the all the UK policies reviewed, University of Brighton's policy stood out in terms of its robust content and scope. In the policy, the university recognizes a commitment to promoting mental health and supporting students experiencing mental health difficulties, and outlines action items for actualizing this commitment. The document provides a comprehensive groundwork for roles and responsibilities of various actors, and includes guidelines around pre-admission and admission support, determining fitness to practice, accommodation and other supports, assessment for accommodation, the referral process and confidentiality. The policy further outlines procedures pertaining to emergencies, crisis response procedure intervention, suspension of a student, return to study, data protection issues, and response to behaviour causing concern. An appendix to the policy includes additional guidance notes for staff and faculty concerning referral, documentation standards, and managing a crisis situation.

While the sheer length of the policy document is somewhat cumbersome, it nonetheless provides a robust example of transferable or adaptable procedures and protocols that Canadian institutions may want to incorporate into their own mental health policies.

SCAN OF CURRENT PRACTICE: CANADA

The social and legal context

Anti-discrimination laws have shaped the framework for policy development around student mental health in Canada. Educational institutions' obligations to students are shaped by the Canadian Charter of Rights and Freedoms (1982), which prohibits discrimination on various grounds, including mental disability. The Charter sets limits on how far the institution must go to accommodate an individual, stipulating that duty holders may withhold accommodation where there is a bona fide occupational requirement or justification. Institutional policy is also shaped by quasi-constitutional federal, provincial and territorial human rights laws which promote substantive equality. These laws stipulate that post-secondary institutions are obligated to account for difference and historical disadvantage and take steps to address discriminatory effects of any policies or initiatives (Barnett et al., 2012).

Policies pertaining to student confidentiality and disclosure are shaped by provincial privacy acts, such as Ontario's Freedom of Information and Protection of Privacy Act (1990) (FIPPA)

and Personal Health Information Protection Act (PHIPA) (2004). While the content of these privacy laws differ across provinces, they do not prohibit the disclosure of personal health information by educational institutions to parents or others in circumstances where there is a significant risk of serious bodily harm to a person or group of persons (Loukidelis & Cavoukian, 2008).

In addition, Canadian universities and colleges, as employers, are governed by provincial occupational health and safety laws, which mandate the development of policies, programs and procedures to minimize risk of illness, injury and harassment of employees. In some cases, these policies and procedures have implications on the way in which institutions respond to students in distress, particularly when their behaviour is deemed a potential risk to others. The Ontario Occupational Health and Safety Act (1990), for example, was recently amended under Bill 168 to expand employer obligations in preventing workplace harassment and violence. Enforced in June 2010, the amendment requires employers

and supervisors to provide information, including personal information, about persons with “a history of violent behaviour” to those people who may encounter the individual in the course of their work (Occupational Health and Safety Act, 2011, p. 11). No further guidance is provided on the parameters for “history of violent behaviour” nor what kind of information might be disclosed, to whom, and how. The interpretation of this act, as such, may have implications on the confidentiality of students’ personal health information in certain circumstances.

Trends in approach, scope and content of policy

The overwhelming majority of policy documents retrieved for this scan fell under the domain of disability and accommodation policy. All of the institutions reviewed had some policy in place stating a commitment to provide reasonable accommodations for students with mental health disabilities. These policies set the framework for individual accommodation measures for those students who can demonstrate having a mental or psychiatric disability. A handful of other institutions had developed policy and procedure around responding to at-risk or disruptive behaviour (e.g., Carleton University, University of Alberta, University of British Columbia and York University). While the prevailing focus of policy is on accommodation, a growing number of institutions are considering policy that more broadly aims to create supportive environments for positive mental health. In particular, a number of institutions are developing processes to mainstream a mental health or wellness perspective into broader domains of policy review and development (e.g., Mount Royal University, Queen’s University, Simon Fraser University, University of Alberta, University of British Columbia, Ryerson University, and York University).

Key issues and debates

Underscoring the push for policy development and review are a number of core issues and debates. This section highlights some key issues and identifies some promising practices for addressing these issues. The scope is limited to five areas that featured prominently in key informant conversations and the existing literature: (1) Accommodation, (2)

voluntary and involuntary leave, (3) Student Code of Conduct, (4) confidentiality and privacy, and (5) mainstreaming a mental health lens into all policy. It is important to acknowledge that some important policy domains, such as alcohol and substance use policy, do not receive attention in this section but may have implications on student mental health.

1. ACCOMMODATION POLICY

Academic accommodation policy sets out the guidelines for academic accommodation of students with disabilities, meaning a planned modification in the ways a student receives course materials, participates in class activities and receives evaluation or assessment. This type of policy outlines the principles underscoring accommodation, identifies legal obligations, sets out roles and responsibilities and establishes procedures for developing accommodation plans. Academic accommodation policy is directly related to student mental health in that it establishes the possibilities for academic accommodation for students experiencing mental health problems or living with psycho-social disabilities.

Underpinning most accommodation policy in Canada is the legal and moral obligation of institutions to provide “reasonable accommodation.” Reasonable accommodation encompasses accommodations that address inequality without creating unfair advantage or contributing undue hardship onto the institution (Barnett et al., 2012). The goal of reasonable accommodation is to provide more equitable ways for students with disabilities to meet course and program requirements, without compromising the *bona fide* academic requirements of a particular program.

During the course of studies, mental health difficulties or extenuating circumstances will interfere with some students’ abilities to meet course requirements; not all of these students will have a diagnosed mental health condition. A key issue in the domain of accommodation policy is how to provide support and accommodation options for students who are experiencing mental health difficulties, but do not have a diagnosis. Accommodation services across Canada are almost universally built on a medical model of disability, where individual accommodation

measures are available to students who can demonstrate having a disability (typically through medical documentation). This medical disability model faces limitations in meeting the needs of students experiencing mental health problems in that anyone can experience poor mental health, which may be situational or episodic in nature rather than reflecting an underlying mental health condition. Students with mental health difficulties may not see themselves as disabled. Moreover, diagnosing a mental health condition takes time, and students may require interim support before they receive a diagnosis.

Nonetheless, there is evidence of growing utilization of disability services among students with mental health conditions. At the University

of Manitoba, the proportion of students registered with “invisible disabilities” increased from 62% to 72% between the 2009/10 and 2010/11 terms (Queen’s Principal Commission on Student Mental Health, 2012a). Queen’s University notes an overall increase of 243% between 1998 and 2013 in exam accommodations organized through the Disability Services Office and Counselling services (Queen’s Commission on Student Mental Health, 2012a). This pattern is characteristic with changes observed by post-secondary institutions across Canada. The dramatic rise in disability service utilization has drawn into question the sustainability of the traditional “accommodation model” and inspired calls for paradigm shifts towards more universal approaches.

PROMISING PRACTICES: ACCOMMODATION POLICY

Provide interim accommodation measures

Many students begin post-secondary education without the proper documentation to receive accommodation. Recognizing that accommodation may be required while students undergo assessment, some colleges and universities provide interim accommodations to some students. This interim accommodation may be particularly helpful for students who are experiencing mental health difficulties but do not see themselves as potential clients of disability services. The advantages of interim supports are that they facilitate accommodation over a temporary period while students engage in seeking mental health care. The limitation of this approach is that it nonetheless operates within the parameters of a medical model of disability in which individual students must demonstrate learning “deficits” in order to receive accommodation.

Make program expectations and bona fide requirements clear

One challenge in developing and implementing “reasonable accommodation” is striking a balance between program integrity and student support needs. The balance depends on the student’s support needs, but also the nature of the program being pursued. A commission on accommodation at the University of Manitoba found that accommodation requests were most likely to be denied on the grounds of them compromising bona fide requirements of the program, particularly in professional programs (University of Manitoba, 2012). The commission recommended that where academic programs are subject to external accreditation of approval, they should submit a document to senate that outlines the essential skills and technical abilities that compose the bona fide requirements of the program. These documents provide transparency to students about program expectations and illuminate what accommodations can be provided within the framework of essential program standards. These program documents, which already exist for programs such as the Faculty of Medicine, should help facilitate conversations about accommodations. The next step along this path is to have all academic programs specify academic requirements for greater fairness and transparency.

Continued on next page

Develop protocol for accommodating mental health issues

One strategy to improve accommodation is to specifically develop protocol for accommodating students with mental health issues. Queen's University and St. Lawrence College are currently partnering on a project funded through the Ontario Ministry of Training, Colleges and Universities to review documentation standards and guidelines for academic accommodation of students with mental health disabilities (Ontario Ministry of Training, Colleges and Universities, 2013). The project will entail focus groups and online surveys with students, instructors, counsellors, administrators and physicians. The project will inform the development of recommendations for documentation and accommodation standards around mental health issues. In addition, the project will result in the creation of a Student Mental Health Handbook by Fall 2014 that will provide information for students on student rights and responsibilities, the accommodation process, and available resources. It will also include training modules that will enable students to learn about academic accommodations process from different roles and perspectives such as disability counsellors, administrators, and faculty.

2. VOLUNTARY AND INVOLUNTARY LEAVE POLICY

Policy pertaining to voluntary leave sets out the conditions under which a student may temporarily take a leave of absence from studies, outlines the procedures for requesting a leave of absence, specifies the permissible length of leave and outlines which services students may or may not have access to while on their leave. Policies pertaining to involuntary leave often fall under the realm of student conduct and discipline, and set out the procedures for a leave of absence during circumstances in which a student is not able or unwilling to request a leave. Re-admission or re-entry policy may outline the process for re-entering school after a leave of absence, typically with different procedures depending on whether the leave was voluntary or involuntary. Leave of absence and re-admission policy is related to student mental health in that it shapes when and how students can take leaves for mental health reasons, as well as what supports are available to them during this leave.

Students may need to take a break from their studies at some point for mental health reasons. A key issue is how to develop policies that support students in these situations, allowing them to take leaves when needed and coordinating supports to facilitate a successful return to studies. The advantage of developing policy pertaining to leave of absence and re-entry is that it normalizes leave-taking, promoting it as a viable option and

making the process itself less intimidating (The JED Foundation, 2006).

The JED Foundation (2006) identifies the following pertinent issues to consider when developing a leave of absence and re-entry protocol. Although developed in an American context, these questions are also useful for guiding policy development in Canada:

- What are the positive and negative consequences for the student taking a leave of absence for mental health reasons?
- What is the structure of your leave of absence process?
- In determining whether an involuntary leave of absence is in the best interests of the student, how do you balance his/her desire to stay in school with what services and support your college is able to provide?
- What is the structure of your re-entry process?
- How do you communicate with the student, emergency contact, and other campus personnel about a leave of absence?

Hicks Morley (2011) identifies three approaches to voluntary or involuntary withdrawal:

1. Provide for voluntary/involuntary withdrawal within the student code of conduct

Several institutions include procedure for voluntary and involuntary withdrawal as an aspect of their student code of conduct, which limits its application to cases of misconduct. This approach has limited application and may promote use of involuntary withdrawal as a punishment, rather than as a remedial response.

2. Provide for voluntary/involuntary withdrawal within a “student at risk” protocol

Voluntary/involuntary withdrawal has also been incorporated into some institutions’ protocols for responding to students-at-risk. While more broadly applicable than withdrawal procedures outlined in student codes of conduct, this approach nonetheless limits availability of withdrawal to situations where students are deemed to represent a risk to themselves, educational processes, or other members of the campus community. These policies are more likely to refer students to multi-disciplinary teams for assessment and are better equipped to develop coordinated responses in which voluntary/involuntary withdrawal is only one of many responses along a continuum of alternatives.

3. Develop a standalone policy for voluntary/involuntary withdrawal

Another less common option is to develop a standalone policy for voluntary/involuntary withdrawal that has applicability beyond “students-of-concern” or “students at risk.” The senate student committee at the University of Windsor has proposed one such policy that would be broadly applicable to all students who feel unable to engage in required program activities, and not only those who are deemed to be “students-at-risk” (University of Windsor Student Committee, 2011). Under this policy, all students would be able to apply for a voluntary withdrawal, while involuntary withdrawal is invoked in situations where assessment has ruled out other possible responses (e.g., a behavioural contract, modified course load, etc.)

Hicks Morley recommends approaches 2 and 3 as best practices for post-secondary institutions, while acknowledging that what constitutes “best practice” depends on the institutions’ defined goals for voluntary/involuntary withdrawal policy.

While some Canadian colleges and universities have policies outlining the conditions and procedures through which students may be voluntarily or involuntarily withdrawn from studies (e.g., as a section of the Student Code of Conduct), few have developed policies aimed at facilitating reintegration and return-to-study. Concordia University’s involuntary leave policy, described in the promising practice box below, is innovative for its focus on post-leave management and return-to-campus procedures that aim to successfully re-integrate students (Shiller, 2012).

PROMISING PRACTICE: LEAVE OF ABSENCE POLICY

Concordia University—Policy On Student Involuntary Leave of Absence (POSILA)

Officially adopted in 2011, POSILA was created as a framework to respond and support students in need (i.e., “students of concern”) (Concordia University, 2011). The policy defines “students of concern” as those whose perceived physical and/or mental state or related conduct has become a threat to themselves, the educational process, or others in the campus community. The policy is only invoked in extraordinary circumstances, and details a procedure for assessing whether a voluntary or involuntary leave is necessary. The policy clearly outlines roles and responsibilities of various stakeholders, and sets clear timelines for requesting a return to study and negotiating a “return to campus management plan.”

The policy outlines a procedure through which concerned faculty, staff or students can issue a written report about a “student of concern” to a multi-disciplinary case team. The case team then uses a set criterion for assessing threat level and determining the appropriate procedure that will be the case team’s response. In nearly all cases, voluntary leave or referral to support services is attempted before proceeding to involuntary leave process. Where an involuntary leave is deemed necessary, students have the right to a hearing and appeal. If the process results in a voluntary or involuntary leave is, efforts are made to reduce any undue financial penalty against students for taking a leave.

The policy further outlines procedure for students returning to campus after voluntary or involuntary leave of absence. It specifies clear deadlines for re-application before each of the three semesters, and outlines how students can demonstrate readiness to return. Students are supported in returning to studies through a “return to campus management plan” that outlines the terms and conditions by which student may return, as well as support services that will help the student to thrive upon return.

The policy adopts an incremental approach that prioritizes student recovery and re-integration. The involuntary withdrawal seems to be rarely enacted. In 2011/2012, only 4 out of 19 reported students of concern cases actually required POSILA to be invoked, leading to either a voluntary or involuntary leave. Among these 4 POSILA cases, 1 student had successfully returned to school within the year (Shiller, 2012). POSILA creates tight links between administration and support services in supporting students who would benefit from a leave. Moreover it establishes clear procedures, roles and responsibilities that may reduce the stress or anxiety associated with the process.

3. STUDENT CODE OF CONDUCT

Beyond its inclusion of voluntary/involuntary withdrawal measures, institutions’ Student Code of Conduct has implications on student mental health. A student code of conduct sets out the expectations for student behaviour while at the institution and it usually details a system for disciplinary measures that is complementary to civil or criminal codes regulating behaviour. The code describes the range of sanctions for student misconduct, student rights and appeals, and jurisdictional power. A code of conduct may also outline the procedures for reporting, investigating and assessing cases of misconduct.

The Student Code of Conduct may be considered a policy associated with mental health in as much as students with mental health issues can exhibit behaviours that are disruptive and potentially threatening. A pertinent question is whether the code is sensitive to mental health concerns: How do you balance appropriate conduct and performance standards in the classroom and the needs of those who require accommodation, accessibility and flexibility? While there are no cookie-cutter answers to this question, some universities and colleges have responded by incorporating considerations for health status into their student code of conduct.

PROMISING PRACTICE: STUDENT CODE OF CONDUCT

McMaster University

In early 2013, McMaster University introduced revisions to its Student Code of Conduct that create new processes for students whose breach of the code is thought to be primarily health related (McMaster University, 2013). In circumstances where student behaviour is primarily related to a health condition, the Dean of Students may divert the student to a different set of procedures. While many of the same procedures apply, the student attends a review meeting rather than a formal hearing. If the behaviour in question is determined to be primarily related to a health condition, the university commits to making “reasonable efforts” to enable the student to continue their studies, including provision of accommodations. In some cases, the student may be asked or required to temporarily discontinue studies until certain conditions are met or a certain amount of time has passed. The diversionary approach of McMaster’s student code of conduct may be a promising practice in that it enables flexible and supportive responses to students whose mental health difficulties have led to a breach of the student code of conduct.

4. CONFIDENTIALITY AND PRIVACY

Confidentiality and privacy policy is directly related to student mental health as it specifies the circumstances in which information about an individual’s mental health problem or illness may or may not be disclosed to persons internal and external to the campus community. Confidentiality and privacy policy must operate within the parameters of provincial privacy laws such as FIPPA and PHIPA.

While disability and counselling services operate with established processes concerning confidentiality, the roles and responsibilities of staff and faculty with regard to confidentiality are often more ambiguous. To address this ambiguity, some post-secondary institutions have developed policies or procedures which clarify the roles and responsibilities of faculty and staff concerning confidentiality. Within these policies, efforts to protect privacy must be balanced with institutions’ obligations to act during an emergency situation where the health and safety of the individual or others is at risk. Under provincial legislation, health and safety trump privacy in circumstances where individuals pose a risk to themselves or others.

Policies pertaining to confidentiality will ideally address the following issues:

- In what circumstances is disclosure of an individual’s health status to internal or external third parties necessary? What does the decision-making process look like?
- What are the procedures for documenting or reporting concerns about a student? What information about an encounter should be documented in an incident report? What precautions should be taken to maintain confidentiality?
- Who sees the report(s) of concern about an individual?
- Where and for how long are records kept about a specific incident or concern?

Confidentiality and privacy considerations are particularly pertinent to the development of protocols for responding to students experiencing mental health difficulties because of the potential for stigma and discrimination associated with mental health issues.

PROMISING PRACTICE: CONFIDENTIALITY AND PRIVACY

Carleton University Student Mental Health Framework

In 2009, Carleton University released a guide for supporting students in distress titled the Student Mental Health Framework (Carleton University, 2009). The framework was the culmination of an 8 month process that began when the Associate Vice-President, Students and Enrolment, formally established a Student Mental Health Advisory Committee composed of stakeholders from across the university. The committee was tasked with developing a comprehensive framework for responding to and supporting students of concern. The committee drew from the JED Foundation (2006) framework to identify any policy or procedure gaps in responding to students in distress. As it relates to confidentiality, the framework establishes protocols for (1) creating and maintaining confidential files about students of concern, (2) ensuring security of files, and (3) guidelines around retaining records.

The framework sets out roles, responsibilities and procedures for reporting a concern about a student. It identifies the procedure by which staff and faculty may submit an online “care report” (renamed from the more pejorative “incident report”) to Student Affairs when concerned about a student. The framework provides clear instructions about precautions to take when creating files related to a particular circumstance or students and recommends that records should be kept no longer than necessary (typically when a student departs from a program). The framework provides a transparent, clear and consistent approach for documentation and reporting of concerns that aims to maximize confidentiality and privacy of information.

5. MAINSTREAMING A MENTAL HEALTH OR WELLNESS LENS INTO ALL POLICIES

The bulk of policy measures currently in place tend to focus on individual support and accommodation. While these policies are important, they do not necessarily address the larger determinants of student mental health: Education, employment and working conditions, housing, food security, racism and discrimination, income and student debt, social inclusion, social support, and freedom from violence—issues that can affect all students. As such, policies with the greatest implications for student mental health are likely outside the domains of what are traditionally considered student mental health policies. An emerging approach in campus mental health is to develop formal mechanisms or process through which to understand the mental health impact of policies related to the social determinants of mental health. This section highlights some key considerations when developing such a policy review and identifies some emerging practices.

1. What is the goal?

A policy review may engage a diverse group of stakeholders, each bringing their own professional and personal goals for the project. One consideration in developing a policy review is how to articulate the intended goal of the review, since this will likely influence which policies are reviewed, how they are reviewed, and by whom. Most commonly, the goal has been articulated from a mental health lens as an effort to promote positive mental health among students and/or provide supportive environments for people experiencing mental health difficulties. Other post-secondary institutions have defined the goal more broadly in terms of promoting overall wellness and student success (Dhaliwal et al., 2013). The choice to focus on wellness rather than mental health reflects the perspective that a wellness focus will benefit everyone, and encompass a wider range of policies (Hanlon, 2012). The advantage of the wellness approach is that it may engage a wider variety of stakeholders. On the other hand, a mental wellness lens may be beneficial for providing a more targeted approach and raise issues that might otherwise be overlooked.

2. What principles will be “mainstreamed” into policy?

Principles are the fundamental assumptions or propositions that underscore the policy review; they constitute a value-based standard for good practice. In mainstreaming a mental health or wellness lens into policy, some principles behind supportive mental health policy might be:

- Fairness, flexibility and equity
- Transparency of institutional processes and systems
- Clarity of roles and responsibilities
- Anti-discriminatory and anti-stigma stance
- Universal design and accessibility
- Compassionate and collaborative problem resolution

3. What criterion or questions will guide the review?

There is great benefit in considering the social determinants of health, including the pathways through which these factors impact student mental health, in a policy review. This framework in turn informs the development of a set of questions or criterion with which to evaluate the mental health implications of a policy.

In developing a set of criterion or questions for policy review, post-secondary institutions may wish to draw from pre-existing mental health impact assessments. Mental Health Impact Assessments (MHIA) are a form of health impact assessment, a “combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within a population” (European Centre for Health Policy, 1999, p. 4). The MHIA is an evidence-based approach to assessing the impact of an existing or proposed policy on mental health and well being that could be adapted for the post-secondary setting.

The UK Care Services Improvement Partnership (2007) developed a useful resource guide for agencies on conducting a MHIA. Through their review of mental health literature and pre-existing MHIAs, they identify a number of protective factors which may form the basis of assessment criterion. They include:

- Enhancing control: How does this policy impact sense of agency, mastery, autonomy or self-efficacy at the individual or collective level?
- Increasing resilience and community assets: How does this policy impact individual resilience, as well as social relationships and engagement more broadly?
- Facilitating participation: How does this policy facilitate or inhibit students’ ability to connect with others and feel valued and useful?
- Promoting inclusion: To what extent does this policy enable or inhibit social inclusion of individuals and groups within the campus? How does it impact social networks? The ability to access opportunities?

4. How will you collect and analyze evidence about a policy’s impact?

The UK Care Services Improvement Partnership (2007) identifies three methods of collecting evidence about the impact of a policy on student mental health:

- Community profiling: Collecting demographic and health status information about the population
- Secondary Research: Reviewing the published and grey literature for any impacts of policy on mental well being, or on protective factors
- Experience of stakeholder and key informants: Collecting information through original field work (e.g., interviews, workshops, site visits, and participatory techniques)

5. How to implement a mainstreamed approach?

Institutions which have started developing a mainstreamed approach have done so in a variety of ways. One option is to create a commission or task force that can consult with the larger campus community, review current policies, and make recommendations to the senate. The advantage of this approach is that commissions or task forces can consult with a wide range of staff, students and faculty, diversifying the perspectives at the table. The challenge of this approach is ensuring that the mainstreamed approach continues beyond the project's time frame.

Another option is to establish an ongoing senate committee tasked with reviewing existing and proposed policy from a mental health or wellness perspective. The advantage of this approach is that the mainstreamed approach is "built in" into policy planning and development for many years to follow.

6. What are some priority areas for policy review?

It may not be feasible to review all institutional policies from a mental health lens, and institutions undertaking review may need to prioritize certain policies. Based on the conversations with key informants, some examples of priority areas for policy review include:

- Withdrawal and leave policy
- Academic policy (e.g., grading, registration, exam scheduling)
- Reward or disciplinary proceedings (e.g., tenure policy, Student Code of Conduct)

7. What are some examples of current practice?

Most universities and colleges are still in early stages of consideration or development of a mainstreamed approach. In some cases, a review has been recommended as part of a mental health strategy, but has not yet been launched. Table 3 provides some examples of post-secondary institutions currently considering developing a policy review that would mainstream a mental health or wellness lens into institutional policy.

Table 3: A select list of institutions considering or undertaking policy review

	Mainstreaming Goal	Approach	Progress
University of Alberta	<p>To create a campus that supports mental health</p> <p>To foster and maintain student mental health and wellness</p>	<p>Review Recommended (by provost fellow, Student Mental Health):</p> <ul style="list-style-type: none"> Expand mandate of academic Policy and Process Review Task Force to review policy from mental health lens Faculties, non-teaching and service units encouraged to review policies and procedures from health and wellness lens 	<p>Recommendations made in summer 2013 (Everall, 2013)t</p>
University of British Columbia	<p>To reinforce values and behaviours that support learning and well being</p> <p>To align policies and practices with goals of transforming student learning and interaction</p>	<p>Review under consideration:</p> <ul style="list-style-type: none"> Potential creation of an internal sub-committee housed in the senate to conduct a policy review Senate committee will include faculty, student, and student services representation 	<p>Under development</p>
Mount Royal University	<p>To support the mental health and wellness of Mount Royal students and respond well to mental health issues and concerns</p>	<p>Review Recommended (by President’s Task Force):</p> <ul style="list-style-type: none"> To develop criteria for new and revised policies to be reviewed from a “mental health lens” Review code of student conduct policy through a mental health lens Identify key policies that impact student wellbeing (e.g., academic policies) and develop a list of prioritized policies to be reviewed through a mental health lens 	<p>Recommendations made in August 2013 (Mount Royal Presidential Task Force, 2013)</p>
Queen’s University	<p>To foster a safe, supportive, inclusive and engaging community (Pillar of the 2011 Academic plan)</p>	<p>Review conducted as part of Commission:</p> <ul style="list-style-type: none"> Principal’s commission established to review policy and process at university from a mental health lens Report of the principal’s commission outlines a number of recommendations for policy development Recommends that value and goal of a healthy community be affirmed in vision and mandate of university and policy statements of board of trustees, university council, and senate 	<p>2011: Commission established to review policy and processes with a mental health lens (Queen’s University, 2011)</p> <p>November 2012: Report released with recommended policy changes (e.g., Withdrawal and readmission policies; policy pertaining to false academic starts) (Queen’s Principal’s Commission on Mental Health, 2012b)</p>
Ryerson University	<p>To create an environment that is supportive of mental well being</p>	<p>Review under development:</p> <ul style="list-style-type: none"> Drafted a statement of commitment to mental well being that outlines a list of policy principles that policies should uphold Recommends regular review of policies and provides guidelines for consideration when reviewing policy from a mental well being lens 	<p>Draft of statement of commitment to mental well being developed in June 2013</p>

DISCUSSION & SUMMARY

Returning to the conceptual framework presented at the beginning of this paper, it is evident that the majority of policies developed to date in the UK and Canada assume a more individual approach to supporting student mental health. A key area of divergence is that the UK has adopted a more consolidated approach to developing policy, with a growing number of institutions having student mental health policies that outline various stakeholders' roles and responsibilities. This approach is not common practice in Canada, and the authors were not able to find one example of a consolidated policy. However, an overarching commitment to various policy considerations could be found in some mental health strategies.

This report has also highlighted some key issues within the domain of student mental health policy, and provided promising examples of how some Canadian and UK institutions are addressing these issues. At the heart of these debates are difficult questions about the nature of mental health/illness and the obligations of post-secondary institutions to student well being. A growing number of institutions are recognizing a duty to support, preserve and promote student mental health that goes beyond the parameters of legal requirements. In light of this focus, three relevant questions are:

How can existing policies be revised to better support student mental health and emotional well being?

How can future policies consider their impact on student mental health?

And, what are the policy gaps?

In terms of **existing policy**, the dominant model for **accommodation policy** (based on medical disability) demonstrates limitations in meeting the needs of students experiencing mental health difficulties, and may not be sustainable in the long run. There is an opportunity to explore other avenues for promoting inclusive learning environments through policy that promotes inclusive design (e.g., faculty policy pertaining to curriculum, clearer program requirements, and/or protocols for accommodating mental health). Relatedly, institutional **student codes of conducts** could be revised to better incorporate mental health sensitivities, including tighter linkages to counselling and health services when a behavioural concern may be related to mental health issues.

The scan of current practice suggests that there are currently **policy gaps** related to **leave/withdrawal policy**. Students experiencing mental health difficulties may benefit from a temporary leave, yet there are often many institutional barriers to taking this leave and/or returning to study following a leave. Voluntary and/or Involuntary leave policy may help facilitate this process, although the impact of the policy will depend on how it is framed and situated (e.g., as a stand-alone policy, a part of the student code of conduct or as a part of a protocol for responding to students in distress). A second policy gap relates to **procedures for protecting student confidentiality around health information**. While a policy framework exists for the protection of student health information in the form of provincial legislation, it is not often clear what this means in practice for staff or faculty who are concerned about a student. Established procedure for reporting incidents of concern, such as the one developed by Carleton University, may help clarify the roles and responsibilities of faculty, staff or service providers concerning confidentiality.

An emerging trend identified by the scan is an interest in developing policy strategies that address the broader social determinants of campus mental health, such as freedom from violence and discrimination, social inclusion, financial and housing

security that can affect all students. This approach entails incorporating a mental health *lens* into those policy domains that may affect these social determinants such as academics, finances, anti-discrimination measures and workplace safety. It is important to note that this approach is not mutually exclusive from developing a consolidated policy document that lays out institutions' commitment to supporting student mental health. Developing a consolidated policy document may in fact lay the groundwork for ongoing mainstreaming of a mental health lens into other areas of policy.

The purpose of this report has been to provide a broad overview of policy approaches in the UK and Canada, with a select number of promising practices identified. Given the methodology employed for this project, there are many post-secondary institutions that were not included in the review, particularly colleges. While the content is biased towards the experiences of larger universities, we believe that many of the issues are applicable to colleges. Another limitation of this review is that the "how-to" elements of advancing policy change and development were outside the scope of this project. Various stakeholders in student services have articulated a desire for knowledge and guidance on advancing policy change such as policy templates, advice on navigating the policy environment, and guidance on starting a policy review. It is hoped that this document will set the foundation for future development of such resources.

ADDITIONAL RESOURCES

Toolkits, Models, Examples and Guidance Packages

1. Designing a consolidated mental health policy

Resource	Prepared by	Description	Link
Student mental health planning, guidance and training	Student Services, Lancaster University	A document that provides guidance on planning policies and procedures to support students with mental health difficulties and promote positive well being	http://www.studentmentalhealth.org.uk/index.htm
Developing a holistic and joint approach to mental well being	Healthy Universities UK	A document that provides guidance and background information on promoting mental health in universities, as well as suggestions on policy/procedures development, areas for consultation, and internal/external partners	http://www.healthyuniversities.ac.uk/toolkit/uploads/files/developing_an_holistic_and_joined_up_approach_to_mental_wellbeing.pdf
Supporting students: A model policy for colleges and universities	Bazelon Centre for Mental Health Law	Provides a model mental health policy for colleges and universities, with a focus on how to respond when a student is in crisis because of a mental health problem	http://www.sprc.org/library_resources/items/supporting-students-model-policy-colleges-and-universities
Integrating a commitment to health and well being within the university's policy and planning process	UK Healthy Universities	This guidance package outlines external and internal processes involved in policy planning, examples of ways to integrate health into policy, an explanation of health impact assessments, and discussion around measuring impact	http://www.healthyuniversities.ac.uk/toolkit/uploads/files/policy_and_planning_guidance_package_new.pdf
Guidelines on student mental health policies and procedures for higher education	Council of Vice-Chancellors and Principals of the Universities of the United Kingdom	A support document for higher education institutions that presents an overview of key issues for consideration in development of policies and procedures	Not available online

2. Developing a mainstreamed policy review

Resource	Prepared by	Description	Link
Integrating a commitment to health and well being within the university's policy and planning process	UK Healthy Universities	This guidance package outlines external and internal processes involved in policy planning, examples of ways to integrate health into policy, an explanation of health impact assessments, and discussion around measuring impact	http://www.healthyuniversities.ac.uk/toolkit/uploads/files/policy_and_planning_guidance_package_new.pdf
Mental well being impact assessment: A toolkit	Care Services Improvement Partnership	This toolkit provides an evidence-based framework for improving mental wellness through an impact assessment. The toolkit includes various resources to assist the assessment process.	http://www.mhpf.org.uk/resources/toolkits/mental-well-being-impact-assessment-toolkit
Mental well being impact assessment: A primer	The Wellesley Institute	A basic introduction to mental wellbeing impact assessment with suggested readings and resources	http://www.wellesleyinstitute.com/wp-content/uploads/2011/02/MWIA_Lalani.pdf
Using policy to promote mental health and well being: An introduction for policy makers	Victorian Government Initiative	This guide seeks to enable policy-makers to systematically consider the social and environmental determinants of mental health when developing or reviewing policy or programs; contains many resources for undertaking a review	http://docs.health.vic.gov.au/docs/doc/Using-policy-to-promote-mental-health-and-wellbeing:-a-guide-for-policy-makers

3. Other policy development related to mental health

Resource	Prepared by	Description	Link
Practice for exercising discretion: Emergency disclosure of personal information by universities, colleges and other educational institutions (2008)	Office of the Information & Privacy Commissioner of Ontario; Office of the Information & Privacy Commissioner for British Columbia	Details the privacy obligations of post-secondary institutions under FIPPA in British Columbia and Ontario; includes tips for developing related policy.	http://www.ipc.on.ca/images/Resources/ipc-bc-disclosure-edu_826594762500.pdf
Framework for developing institutional protocols for the acutely distressed or suicidal college students	The JED Foundation	A tool for institutions in developing or revising protocols for supporting distressed or suicidal students. Includes a section on developing a safety protocol, emergency contract notification protocol, and leave and re-entry protocol.	http://www.jedfoundation.org/assets/Programs/Program_downloads/Framework_color.pdf
Mental health protocols	Hicks Morley	This document was prepared for the Council of Ontario Universities and Colleges Ontario, and outlines a number of issues to consider when developing protocols for post-secondary students experiencing mental health issues. Notably, the document highlights best practices for voluntary and involuntary withdrawal policy and provides model templates for related forms.	Not available online

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