



Student Mental Health and Wellness

FRAMEWORK AND RECOMMENDATIONS FOR A COMPREHENSIVE STRATEGY

Report of the Principal's Commission on Mental Health
QUEEN'S UNIVERSITY, NOVEMBER 2012

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Introduction

The members of the Principal's Commission on Mental Health are pleased to submit their final report to Principal Daniel Woolf.

This report is the result of a year-long process embedded in comprehensive input from the Queen's and broader communities. Commissioners Lynann Clapham, Roy Jahchan, Jennifer Medves, Ann Tierney and David Walker (Chair) heard from students, faculty, staff, parents, alumni, mental health professionals and community members, all of whom generously gave their time to provide valuable insight and expertise.

Following the release of a discussion paper in June 2012, extensive feedback was received, for which commission members were most grateful. This input has been integrated into this final report.

Background

Queen's University has provided on-campus health and counselling services since the late 1960's, reflecting the university's recognition of the importance of supporting the health and well-being of its students.

The university's [Mental Health Working Group](#) (MHWG) has developed policies, programs, services and informational resources for the Queen's community. The group also helps promote the availability of mental health services on campus and in the community, develops on-campus mental health awareness programs and supports mental health crisis management and response.

In 2010 and 2011, the Queen's community suffered a number of tragic student deaths. One of the students was Jack Windeler, who was in first-year and died by suicide in March 2010. [The Jack Project](#) is his legacy. The Jack Project provides information and support to young people, online and in school, as they transition from high school to university, college or independent living. It also aims to equip parents, family members and educators with the knowledge they need to support the young people in their lives. Queen's continues to participate in The Jack Project initiatives.

The Commission on Mental Health was established by Principal Daniel Woolf in September 2011 to assist the university in its ongoing efforts to be a proactive and responsive community that promotes the well-being and success of every undergraduate, graduate and professional student from the day they arrive on campus through to graduation. In response to the need for continued attention on student health and wellness, including mental health and mental illness, the commission's terms of reference were to:

1. Consider national and international trends in mental health issues among post-secondary aged students;
2. Explore best practices for addressing mental health issues on university campuses;
3. Examine how the mental health needs of students are currently being addressed at Queen's; and
4. Make recommendations to the Principal on the establishment of a mental health strategy that will address:
 - How Queen's can promote a healthy, inclusive and supportive environment;
 - How Queen's can promote mental health awareness on campus and provide the required level of support for students facing mental health challenges;

- How Queen's can support a campus environment that reduces the risk of harm associated with mental health issues; and
- What resources are required to support the mental health strategy.

The range of issues, concerns and challenges is broad and reflective of society as a whole, but made the more immediate by a variety of factors. For university students, the transition from home to university, the normal adjustment processes of this phase of life, expectations of success, as well as financial, personal and cultural pressures are added to the dynamic milieu of a new environment. Furthermore, mental illness is most likely to present itself in this age group. In addition, [many more students with a pre-existing diagnosis of mental illness now attend university](#) than before.

[Suicide is the second leading cause of death in this age group](#) after accidents. Suicide rates among university-aged students have remained relatively static for several decades. While recognizing the need to take all steps possible to promote a culture of health and wellness at university, it is similarly important that we openly and effectively recognize and address the burden of serious and chronic mental illness.

Impeding meaningful change is the stigma associated with mental illness. Individuals and societies have long distanced themselves from those with mental illness, due to fear, misunderstanding, ignorance and bias. Stigmatizing the vulnerable leads to discrimination and degradation (*Dr. David Goldbloom, chair, Mental Health Commission of Canada, speech to Providence Care Foundation, Kingston, Spring 2012*). Reducing stigma is exceptionally challenging, whether within a university community or across society. However, the steps taken in implementing a mental health strategy may lay the groundwork for a more friendly, equitable and stigma-free environment, one which would hopefully extend beyond the walls of the university in due course.

The commission's mandate is to make recommendations to the Principal and the university community that will inform a comprehensive mental health strategy and positively affect all students – undergraduate, graduate and professional, those who come to university with a pre-diagnosed mental illness, those who develop an illness while they are at Queen's and those who need tools and systems to help them cope with the stress that is inherent in the life of a university student.

While the commission's mandate is focused on students, the commission acknowledges that faculty and staff are not immune to stress and mental illness. Experts, faculty and staff have talked about the pressures, expectations and deadlines that can take a toll. Mental health is a growing issue in all Canadian workplaces. Mental health claims, especially ones for depression and anxiety, have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada (*CMH submission, Shannon Hill, Queen's Human Resources (HR)*). The university's [Employee Assistance Program](#) provides comprehensive support, and the increasing numbers of faculty and staff participating in health and wellness programs offered

by Athletics and Recreation and HR reflect a growing awareness of the need to strive for work-life balance. It is anticipated that some of the commission's recommendations will assist all members of the university community, even if they are positioned as being targeted to help students.

THE UNIVERSITY'S ACADEMIC PLAN

The university's [academic plan](#) has four pillars, one of which is "Health, Wellness and the Community."

As the plan states, "the first requisite for students to have a successful and fulfilling academic experience is a safe, supportive, inclusive and engaging community" (pg 46). The mental and physical health and wellness of students is paramount in ensuring they are able to learn and participate in campus life. The plan outlines formal and informal strategies for building awareness and increasing access to available resources. These include academic supports – both at the departmental level and through centralized services – faith-based spaces, financial support, and affordable day-care, health and dental care, housing and effective transportation. The plan recognizes the need to provide and promote physical health services, and suggests a more integrated health and wellness framework to guide the university and coordinate efforts across health and wellness sectors. For example, when planning curricula, the plan encourages departments to ensure that students have time to participate in other activities, and to engage in a holistically healthy lifestyle.

The plan also says Queen's should encourage new initiatives for educating students about physical and mental health issues that may affect them and their peers and giving them tools to help themselves and support each other.

Good health – physical and mental – is an inextricable precondition for optimal academic and social success. The university community has a duty, obligation and an underlying commitment to promote and support student success.

The commission's final report aligns with the academic plan, as well as [the university's strategic research plan](#) and the Principal's position paper on the past, present and future of Queen's called [The Third Juncture](#).

Context

NATIONAL CONTEXT

The student-aged population falls into the highest-risk age group for mental illnesses. This age range is also the peak developmental period for the onset of most psychiatric disorders, including major depression (*Statistics Canada, 2009*).

- Youth, ages 15-24, are the most likely to suffer from selected mental disorders;
- Almost 1 in 5 report symptoms of substance abuse and mood and anxiety disorders;
- Suicide is the leading cause of death in Canadian youth, ages 10-24, after motor vehicle accidents;
- In the 15-19-year age group, the suicide rate is 9 per 100,000 (12 for males, 5 for females);
- In the 20-24-year age group, the suicide rate is 12 per 100,000 (19 for males, 5 for females). While the overall rate is not changing, the rate for females is rising slightly.

A 2007 national online survey conducted for a [report of the Mental Health Commission of Canada on stigma and discrimination](#) found they are a “very real, acute and enormous problem.”

Queen's is fortunate to have among its faculty, an international expert on mental health stigma. Dr. Heather Stuart is the [Bell Mental Health and Anti-Stigma Research Chair](#), a world-first. This Chair allows Dr. Stuart to continue her multi-disciplinary work developing and disseminating best practices in stigma reduction, expand her applied research collaborations around the world and raise awareness about the significance of mental health and mental health research. She recently spoke at the Canadian Mental Health Commission's fifth international stigma conference, [Together Against Stigma: Changing how we see mental illness](#), held in Ottawa.

PROVINCIAL CONTEXT

A [2009 student survey at six Ontario post-secondary institutions](#) found:

- Approximately 4% of students have a diagnosed psychiatric condition;
- Approximately 15% of students have been treated by a professional for one or more mental health problems;
- The three more common factors identified by students as affecting their academic performance are stress (38%), sleep difficulties (26%), and anxiety (26%);
- Approximately 53% of students indicated they felt overwhelmed by anxiety; and
- 36% felt so depressed they said it was difficult to function.

QUEEN'S CONTEXT

Student health and wellness survey

In spring 2012, Queen's conducted a student health and wellness survey, to which there was a 23% response rate – 3/5ths undergraduate and 2/5ths graduate.

A preliminary analysis of the data indicates that while the vast majority of Queen's students report good, very good or excellent physical and mental health, a significant number describe their physical and mental health as "fair" or "poor." Ten per cent of respondents rated their mental health as poor.

- 75% of respondents reported good, very good or excellent physical health;
- 65% reported good, very good or excellent mental health;
- The predominant lifetime diagnoses reported were depression (16%) and anxiety (14%) followed by eating disorders (5%);
- 4% of respondents had considered suicide at some point in the previous term and 10% at some time before that;
- 10% of those surveyed had received counselling through HCDS, 0.9% from the AMS Peer Support Centre, 0.4% from the SGPS Student Advisor Program; and
- 6% of those surveyed said they had a disability related to chronic mental illness.
 - Of this group, 40% stated they did not need accommodation and 22% said they did not need support;
 - 21% of this group did not know that accommodation was possible at Queen's, and 13% did not know that support was available.

- Just over 30% of students who responded reported average stress levels, 40% reported above average levels, and 20% said their stress level was “tremendous.” The reported consequences of this stress included:
 - Mental health problems (62%);
 - Decreased academic performance (60%);
 - Ill health (57%); and
 - Missed school or work (48%).
- In reporting the amount of stress experienced, 50% of respondents identified a bit, 30% quite a bit and 5% extreme. The sources of this reported stress were:
 - Academic pressures (73%);
 - Not enough time for academics (63%);
 - Future/career (61%);
 - Finances (41%);
 - Not enough time (other) (40%).
- Regarding their ability to manage stress, 35% of students surveyed stated it was good, 20% reported very good and 8% excellent.

Strategies to manage stress included:

- Talking to friends/family (74%);
- Distractions (64%);
- Getting enough sleep (57%);
- Regular physical activity (57%);
- Setting priorities (56%);
- Eating a healthy diet (51%); and
- Using time management (43%).

The importance of social connections in helping to mitigate stress and anxiety can be seen in the following:

Source	Agree/strongly agree
Have made friends at Queen's	93%
Feel close enough to at least one person to talk about important information	86%
Believe they fit in at Queen's	75%
Involved in meaningful and enjoyable activities	66%

The survey also addressed alcohol use. 84.6% of all students who responded said they had consumed alcohol in the fall 2011 term. Nearly 40% of respondents had 5 or more drinks, 1-2 times, over the two weeks preceding the survey. Approximately 50% had not had that much to drink in one sitting over that time.

The commission recognizes that alcohol use and abuse is a significant issue within the Queen's community. Conclusions drawn from the 2012 student survey must be interpreted in the light of a 23% response rate. However, it is recognized that when alcohol is used as a coping mechanism, it is clearly maladaptive and destructive. The commissioners recognize that alcohol use and culture play an important role in the realm of mental health and illness.

Data provided by the Department of Psychology

Data gathered by Queen's Department of Psychology over the last eight years among first year students, enrolled in Psychology 100, indicates that 7% report depressive symptoms severe enough to meet criteria for Major Depressive Disorder.

Data provided by Health, Counselling and Disability Services (HCDS)

HCDS reports that demand for counselling over several years has increased so that the service's primary focus – as at other schools – is crisis intervention and short term counselling, with referrals made to professionals in the community for longer-term support.

Across Canada, 92% of university counselling centre directors report increases in the number of students presenting with severe psychological issues; 89% of centres have reported that the severity of issues has increased and 97% have reported an increase in clients taking medications (*Canadian Counselling Centre Survey, 2004-05*).

University and college student health services are also seeing a rise in mental health-related visits. Physicians at Queen's Student Health Services (SHS) note an increase in the number of students they are seeing with mental health issues. The creation of a mental health nurse position in Summer 2011 is helping SHS respond more effectively to students in need.

The Disability Services Office (DSO), which provides accommodation planning for students with disabilities, reports that the number of students with mental health issues registered with the office has more than doubled since 2003 and now represents the largest percentage (32%) of its caseload.

CONCLUSION

Mental health is clearly an issue among young adults in Canada. Across the post-secondary education sector, most institutions, including Queen's, are reporting an increase in the number of students with mental health concerns. Indeed, in Canadian society, in any given year, 1 in 5 people will experience a mental health problem (*MHCC Strategy, April 2012*). As well, a significant proportion of students – at Queen's and across Canada – find themselves challenged by stress, distress and illness to a degree that impairs their optimal personal and academic development and achievement. As the submission from the Disability and Mental Health Club notes: "...anyone can have a disability or mental health issue: doctors, lawyers, teachers, engineers, dancers, writers, actors, professors, students etc." Mental illness can strike anyone at any time. This report aims to support Queen's in developing a strategy to address these realities and help those in need.

SUMMARY OF THE COMMISSION'S ACTIVITIES

The commission members held weekly meetings between September 2011 and May 2012 and between August and October 2012. They met with individual students and with student representatives, parents, faculty members, staff, alumni, experts, and community members. Correspondence from individuals was received from across the Queen's and broader communities. Commissioners attended University Senate's January 2012 meeting and toured HCDS.

The commission also held two open forums in March 2012, one on main campus and one on west campus, and a third forum in October 2012 to engage the broader community in its discussions.

Commission members have been encouraged by the extent of the thoughtful, creative and productive work and advice that has been provided to them and by the personal courage of those who have shared their stories and insights.

The commission has maintained a [website](#) that has been updated regularly and includes meeting summaries, the guest list, resources, events, campus news and links to campus services and information.

In its first meetings, and as the commission looked at external benchmarks, it was influenced by [the ongoing work at Cornell University](#), including the framework of its mental health strategy. The Cornell experience has informed the proposed approach for Queen's described below.

A PYRAMIDAL APPROACH

The commission has developed a four-level pyramid to house a mental health strategy for Queen's. While recognizing the importance of promoting a healthy community, we can not escape the priority and absolute necessity of ensuring appropriate human and other resources to support students with serious mental illness.

Corresponding to the levels of the pyramid, the goals of the strategy are to:

1. promote a healthy community and a culture of health and wellness, inclusivity, understanding and helpfulness;
2. facilitate the inherent transitions and adjustments to university life and foster resilience, coping and other life skills;
3. actively encourage help-seeking and helping behaviours such that students in difficulty may receive the assistance, accommodation and treatment they require; and
4. provide accessible, high-quality health services, both on campus and, as appropriate, with tight linkages to the academic, health sciences and community sectors.

The order of the topics and recommendations within each level of the pyramid does not reflect priority or any assigned level of importance.



Pyramid level 1 – Promoting a healthy community

1.0 Expression of the value of a healthy community

Queen's must promote a healthy, inclusive and supportive environment that maximizes wellness, decreases stress and fosters a strong and supportive community for all students.

- The commission recommends that affirmation of the value and goal of a healthy community be expressed at the highest levels, including as part of the vision and mandate of the university and in the policy statements of the Board of Trustees, University Council, Senate, the AMS, the SGPS and all operational and functional units.
- The commission recommends the university's Health and Wellness Steering Committee consider the development of an integrated framework based on established health promotion principles (See [*Standards of Practice for Health Promotion in Higher Education – 3rd Edition, May 2012*](#) by the American College Health Association (ACHA) as well as the theoretical grounding and strategies of the [*Healthy Minds/Healthy Campuses*](#) initiative of the British Columbia CMHA and the Centre for Addictions Research of BC.)

The effect of human kindness and face-to-face interaction and support cannot be overvalued. The commission heard repeatedly how the “small things” can make an enormous difference in the lives of students in any situation. Building an empathetic, friendlier community is a basic element in reducing unnecessary systemic stressors for students. We all have a role to play to help every student, faculty or staff member feel connected to the Queen's community and supported in their pursuits. This can be as simple as offering to provide directions or ensuring friendly service or an empathetic response when students reach out for assistance. The commission encourages all members of the Queen's community to support each other with respect, compassion and dignity at all times.

ACADEMIC PROGRAM-RELATED RECOMMENDATIONS

The commission heard about inconsistencies and structural issues across university operations that present inadvertent academic-related obstacles resulting in unnecessary stress and distress and can impede student success.

1.1 Accommodations for exams, midterms, tests

The number of requests for accommodated exams through the Office of the University Registrar (OUR) (Examinations) has grown significantly in recent years. In December 2011, 1,817 exam accommodations for 603 students were made based on referrals from the Disability Services Office (DSO) and Counselling Services. This is an increase of 243% since December 1998 (530 accommodations) and an increase of 25% since December 2007 (1,448 accommodations). The commission is not aware of any statistics about accommodated tests or midterms, but it can be assumed these are on the rise as well.

There is substantial growth in the number of DSO-registered students who require exam and other academic accommodations. The university is legally obligated under the Accessibility for Ontarians with Disabilities Act, 2005, and [Senate Policy](#) to provide reasonable accommodation. In addition, many students request exam or test deferrals or other academic accommodations for a variety of unanticipated health-related (or other) reasons.

While there is a process in place to accommodate students registered with the DSO, there is no policy or process to guide professors, staff and students for non-DSO cases. The decision to accommodate students is currently at the faculty member's discretion and the commission recognizes that it can be difficult for faculty members to determine how best to accommodate a student, be flexible and responsive, while maintaining the university's high academic standards. It has been suggested that instructors and supervisors would benefit from more support and guidance. There should be consistency and faculty members should be able to rely on campus-wide resources and guidelines.

- The commission recommends the creation of an advisory committee on academic accommodations, that includes faculty and student representatives that would:
 - support the DSO in helping to create reasonable, consistent, and effective accommodations for its registered students with established disabilities (The SGS has a policy for accommodating graduate students with disabilities, which would be a useful reference);
 - develop a university-wide policy and process for accommodations for exams, midterms, tests and research papers, including requests that arise suddenly from extenuating circumstances. These policies and processes must be effectively disseminated to students, staff, faculty and parents, including consistently including them in course syllabi.

1.2 Exam Centre

Many accommodations for midterms, tests and some exams are organized by individual faculty members, which is not the most effective use of their time.

- The commission recommends the university establish an Exam Centre that would be open year-round and would manage and host all accommodated midterms, tests and exams. This would normalize accommodations and ease the resource-intensive burden on individual professors and departments of finding space, time and proctors to facilitate the writing of accommodated evaluations. The centre could also provide a venue for practice exams and offer sessions on exam-writing and dealing with exam-related anxiety.

1.3 Academic support services

The university has a range of academic support services, but some students may not be aware of all of them. In addition, some faculty and staff don't know how to refer students effectively.

- The commission recommends the university work to increase student awareness of its academic support services that include The Writing Centre, Learning Strategies and Queen's Learning Commons, as well as academic rules and regulations around appeals. This could be done through an in-class session for all first-years and by increasing awareness among faculty and staff to facilitate effective referrals. The commission notes that increased awareness will lead to increased demand for service and these units must be resourced to respond effectively.
- The commission further recommends the university consider how to integrate additional academic supports into a Student Success Centre. This Centre could include strong links to academic advising and centralized mentoring/tutoring programs and referrals.

The Centre could also centralize existing programs that support students who may require support and advice in applying to graduate or professional school and for major external awards or programs. A "Scholar's Academy" and a Student Success Centre are listed as priorities of the university's ongoing Initiative campaign.

1.4 False academic starts

Some students arrive on campus unprepared or unable to manage the intensity of the first term or first year of academic work. The result may be a mark or marks that do not reflect true academic ability. False academic starts are common, but can have significant impact on a student's record and future success.

- The commission recommends the university look at options for students who have had a false academic start, e.g. dropping a mark that could have a long-term impact on their transcript and their confidence. The university could review [McGill's approach](#) to this issue.

1.5 Academic scheduling

The commission heard repeatedly that Queen's programs are academically intense with insufficient "breathing space," especially for first-year students in the fall, as they adapt to university life.

- The commission recommends Queen's consider the advantages and disadvantages of adopting a 13-week fall term (as at most other institutions). If implemented, this could allow some front-end overlap with orientation activities and could present key transition opportunities. It would also help smooth out the workload across a term, decompress the intensity of the first term and its exam schedule and provide the opportunity for a fall break without the burden of upcoming midterms.
- The commission recommends the university consider more 12-month learning opportunities to provide academic flexibility and enable students to "catch up" in spring or summer term. This would also help "ease the load" relating to timetabling, accommodations, tutoring and advising.
- The commission recommends the university consider day-to-day academic scheduling (class and exam) to respond to:
 - compressed and close-to-conflicting exam schedules that may impose unreasonable pressures on students, especially in first-year; and
 - the need to ensure students have breaks throughout the day for meals/exercise/downtime. The results of the 2012 Student Health & Wellness survey indicate that a lack of time is a consistent reason students do not engage in healthy lifestyle practices.

The commission recognizes that exam scheduling has many factors that would affect the quality of the exam timetable. These include the number of:

- program option levels sharing the same courses as a requirement;
- degree program option choices;
- combined degree programs;
- course combination options, and
- a student's ability to take courses that are out of sync with their program level.

These complexities would need to be considered by the university as it attempts to provide students with more balanced exam schedules.

1.6 Course design

Courses should be designed in a way that intensity is built appropriately to avoid:

- a) large amounts of content in the first few weeks of the year, and/or
- b) overwhelming students with course content and assignments at the end of a course close to the exam period.

The commission also heard that 100% finals can be a significant source of stress, particularly for students who require accommodations.

- The commission recommends faculty members designing courses should consider student workload consistency and the balancing of assignments, particularly in first-year.

The commission recognizes the [Centre for Teaching and Learning](#) as an excellent resource for assisting the community in developing effective pedagogy.

1.7 Course information

The commission heard about the benefits of work and study plans that can help students manage their time and their studies. However, students may not have all of the information they need to set themselves up for success.

- The commission recommends the university do more to help students understand the academic requirements and expectations for their particular courses. Beyond the course outlines required by Senate, faculty members would be encouraged to provide a consistent “topography” of each course so students know what to expect over the term/year. This topography could identify all assignments, their weight and due dates and where there may be flexibility. The commission notes that [QUQAP](#) requirements for defined learning outcomes may assist faculty members in defining essential degree requirements and help identify where there may be flexibility.

1.8 Expectation setting

Many Queen’s students would self-identify as successful, ambitious, dedicated, competitive and committed to trying to “do it all,” despite the toll this may take on their physical and mental health. When they find themselves in difficulty, they may believe they are the only one in this situation and they may not want to admit they are struggling. We heard of the need to continually assure students: “You are not alone. Many others feel this way. Help is available and it is ok to ask for it.”

- The commission recommends the university strongly encourage teaching faculty, staff, TAs, dons and student leaders to repeatedly acknowledge the normality of stress, encourage feedback and provide information about the academic and non-academic resources available to students.

1.9 Dual degrees

Undergraduate dual degrees (doing two separate degrees at the same time) can pose particular challenges to students. The commission recognizes that the number of dual degrees offered by the university has decreased over the past year. Second (subsequent) degree opportunities are now promoted as an alternative. With appropriate advising and planning, a second degree can be achieved one additional year after a primary degree.

The university has several dual degrees at the graduate/professional level and offers some concurrent undergraduate/professional programs. The commission recognizes the value of these programs. They assist students who enter university with a clear career path, but these students should have some flexibility to obtain one degree if their plans change.

- The commission recommends the university review the planning and delivery of dual degree programs, specifically:
 - The faculties involved should review each program with a view to streamlining requirements, reducing conflicts in exams and assignments, increasing coordination of orientation activities to build community and promoting contextual academic advising and career counselling.
 - The university could consider assigning a liaison/advisor/coordinator for each dual degree program to facilitate horizontal communication between each line-program.

1.10 Academic advising

Effective academic advising can have a large effect on student success. Academic advisor staff at Queen's are talented and dedicated individuals who have an enormous impact on the lives of the students they support. The commission met with more than 25 academic advisors on campus, who described their successes and their challenges.

- The commission recommends the university increase the promotion and benefits of academic advising.
- The commission recommends the university provide online degree audit tools to allow students to track their academic progress to ensure they complete all degree requirements within their desired timeframe. The university might explore the possibility of doing this through SOLUS and incorporate annual progress reports, which would be particularly effective for graduate students and programs, especially those that don't require courses (PhD level).
- The commission recommends the university consider ways to better connect students to academic advising staff. For example, undergraduate students could be assigned to an advisor for their full four years with a minimum 1x/ term requirement to check in (in-person/phone/email/Skype etc.). This may require additional advising staff who could provide timely and effective feedback and advice.

- The commission recommends the university take steps to ensure that all academic advisors make students aware, during course selection, of:
 - the program requirements for the completion of their degree;
 - how and when they will be evaluated;
 - how their exam timetable will look; and
 - how the course will support program/career goals.
- The commission recommends the university create an Academic Advising Network to support advisors across the university.

This group would share information and tools and could work to increase communications and coordination among academic advisors and HCDS counsellors, with appropriate confidentiality provisions.

- The commission recommends all academic advisors complete the 2-day Mental Health First Aid certificate program offered through HCDS.

1.11 Tutor programs

At Queen's, there are [various tutoring programs](#) offered by faculties, units and student organizations. The commission recognizes the benefits of these programs, in which academically and personally qualified upper-year students assist lower-year students in studying, learning and exam preparation. The Faculty of Law coordinates a popular program and strongly encourages all students to participate. It is not positioned or viewed as remedial; rather it is accepted and embraced as helpful coaching. Queen's Learning Commons also runs workshops and provides opportunities for students to work with peer learning strategists.

- The commission recommends faculties and schools continue to work with Queen's Learning Commons to ensure tutor programs are available and well-promoted.

Some students may confuse the role of tutors with the role of professional counsellors.

- The commission recommends the university develop guidelines for tutor programs so the students who access the support of tutors at Queen's understand the scope and purpose of these valuable programs.

1.12 Academic activity in Student Mental Health

The field of mental health research and education, as it pertains to students, is one that provides great opportunities for further collaboration and development.

Many members of the Queen's community make significant academic contributions in this area, but there is currently no specific structure that encourages potential collaborations. The following recommendations would be consistent with the university's [strategic research plan](#).

- The commission recommends the Faculty of Health Sciences consider creating a Division of Student Mental Health and Addictions within the Department of Psychiatry, as proposed by Department Head Dr. Rouman Milev, to provide a focus for clinical services for students, research and education.
- The commission further recommends the university explore the creation of an Academic Centre for Student Mental Health. This virtual centre would provide for the academic clustering and collaboration of multiple disciplines with a research interest in student and related mental health. This could unite individuals from Psychology, Psychiatry, Primary Care, Neuroscience, Nursing, Rehabilitation Therapy and Education. The centre might consider strategic alliances with St. Lawrence College and the Royal Military College of Canada with a view to creating a centre of excellence. The Centre could be developed as a model for collaborative approaches to research funding, the review, analysis and promulgation of best practices, and the development of evaluative tools to assess the efficacy of programs and interventions that may be initiated in this or other institutions. Funding could also be provided for graduate student internships, post-graduate medical opportunities and post-doctoral fellowships.

NON-ACADEMIC PROGRAM-RELATED RECOMMENDATIONS

1.13 Mental health education and literacy

It is intuitive that education helps to increase awareness, sensitivity, understanding and effective responses to mental health issues. The goals of Queen's mental health strategy must include doing all we can to ensure our community is aware of and understands the spectrum of mental illness, being supportive of those living with mental health challenges or illness and knowing what to do if we suspect a student or colleague is in difficulty. This can help destigmatize help-seeking behaviour.

More than 3,000 campus community members have participated in mental health training over the past year. Faculty members, staff and students are eager to learn what they can do to help. The university should consider what more can be done to ensure all faculty members and staff have the information they need to effectively respond to a student in distress and make effective and timely referrals.

- The commission recommends the systematic education of all faculty members, TAs, staff, student leaders and as many students as possible in mental health awareness and response, and stigma reduction.
 - Programs and communications initiatives to support them should be implemented on an established annual cycle that aligns with the academic terms and the natural flow of the academic year.

- The programs should be oriented so that everyone knows how to identify and refer a friend/peer/colleague in need.
- The red flags that identify issues that require professional intervention should be clearly and repeatedly identified.
- These programs should be implemented in many ways, including face-to-face sessions, online tools, social media, etc.
- Expert advice on program development and evaluation should be sought from members of the department of Psychology, who have offered help in these areas. Ongoing program evaluation is also then required, which would necessitate resources being identified.
- The commission recommends all new and current faculty members, TAs and staff participate in mental health awareness sessions.
- The commission recommends all faculty members, staff and TAs be provided with resources to help them respond to a student in distress and make appropriate referrals. One tool is a resources/contact/tips “folder” that explains how to identify and refer students in difficulty. A “green folder” has been developed by the Mental Health Working Group – based on [McMaster’s document](#) – and was distributed to all faculty, staff and TAs in early Fall 2012. The working group should consider how this tool could be adapted for students.
- The commission recommends the university, faculty and staff associations and unions consider a program in which trained and identified faculty/TA/staff contacts exist in each department to assist their colleagues (like First Aid/Occupational Health and Safety/Equity).
- The commission recommends the university consider establishing a “[Community Helpers Program](#),” a community capacity and development initiative of the Public Health Agency of Canada. This program responds to the fact that in every community, there are “natural helpers” from all walks of life and all ages. These individuals on campus could be identified and provided with additional support and resources to enhance their natural role as helpers.
- The commission recommends the university, faculty and staff associations and unions consider ways to maximize participation rates in mental health awareness programs.
- The commission recommends the university work with the Council of Ontario Universities (COU) and other institutions to support the development of province-wide/shared options for faculty and staff education and training.

1.14 Student Health and Wellness Centre

Student health and wellness must be supported through a range of non-academic services and facilities.

The Athletics and Recreation Centre (ARC) provides comprehensive fitness and athletic facilities and programs for students, faculty, staff and community members. It provides a welcoming and inclusive environment for students to focus on their fitness and physical well-being. The ARC is connected to the Student Life Centre, which houses food outlets, a grocery store, a pharmacy, common spaces and student club space.

The pharmacy, in particular, adds an element to the provision of on-campus health services that merits exploration and integration. Pharmacists are accessible and registered health care professionals who can serve as health promoters, information providers, transition assisters, and identifiers of those in difficulty.

- The commission recommends the role of the pharmacists and pharmacy on campus be recognized as highly-useful resources that should be integrated into a mental health strategy and in health services planning and deployment on campus. The physical space resources at the pharmacy offer additional opportunities for student support, service and counselling.

HCDS is located in the Lasalle Building, separate and across campus from the Student Life Centre. Lasalle is a stand-alone building – there is no reason for a student to go there unless they are accessing one of these key services. In addition, the layout of the building constrains the university's ability to integrate HCDS services to an optimal extent.

- The commission recommends integrating student health and counselling services in a Student Health and Wellness Centre in a central and visible campus location, in the same way that the ARC is central. The goal would be to de-stigmatize the need for, and improve access to, all health-related services, including athletics and recreation. The commission notes that a Health and Wellness Centre is listed as a priority as part of the university's ongoing Initiative Campaign.

1.15 Health promotion

The university has a vast array of health promotion programs run by Athletics and Recreation, HCDS, the AMS and the SGPS, among others. These activities are key to helping students reduce their stress levels and maximize their participation in university life. Engagement in extra-curricular activities of any kind – from athletic teams to interest clubs and everything in between – promotes balance and health.

- The commission recommends the university increase the profile of all health promotion programs, including peer-provided initiatives, that emphasize the importance of adequate sleep, exercise, nutrition, responsible alcohol use and physical activity through integrated and targeted communications to students. This could be the work of the Health and Wellness Steering Committee or a sub-committee of this group.

1.16 Faith-based support

The commission recognizes that religion and faith are important elements in the lives of many Queen's students. A large body of research demonstrates clear connections between positive mental health and spirituality. As mentioned in the Academic Plan, "the support of one's religious community can be essential in overcoming times of stress, struggle, and tragedy" (pg 47). At Queen's, there are many faith-based groups that nurture a positive religiosity and spirituality. These could help promote a holistic experience of health.

Campus faith and spiritual groups can also provide deep levels of community support and connectedness to help avoid alienation and facilitate the transition to the university environment.

- The commission recommends faith and spirituality resources and their associated communities be incorporated into the range of overall health and wellness options promoted to Queen's students. Currently, many religious groups are present on the campus and these are making vital contributions to the overall well-being of students. Faith-based connections and resources should be key components of the spectrum of support services promoted by the university. For example, it is recommended that a list of faith-based communities and resources be made available within the health and wellness promotion literature.
- The commission recommends consideration be given to making physical space available for faith and spiritual purposes. This could include dedicated prayer rooms, faith-based meeting spaces, as well as a chaplaincy presence in a Student Health and Wellness Centre.
- The commission recommends consideration be given to raising the profile of those trained, professional, religious leaders involved with the university, and connecting these leaders more closely with the campus community. An enhanced relationship with these professionals could provide the university with a tremendous service, both in recognizing students with potential mental health concerns and as a referral service for students seeking answers to spiritual questions. It is recommended that these religious professionals be provided with the mental health first aid training offered by Queen's.

1.17 The role of students – peer-based programs

Queen's University has from its very beginnings, by structure, design and policy, involved its students in the life of the university. Today, students continue to play key roles in the governance and management of the university. In the realm of student health and wellness, the commission acknowledges the remarkable role played by students, collectively, individually and through student organizations such as the AMS, SGPS, student societies and other groups.

The commission believes student creativity and innovation in addressing health and wellness should be applauded and encouraged. Individuals and groups should continue to speak out and student organizations should continue to provide programs and initiatives to address and support issues related to mental health and mental illness on campus.

- The commission recommends the university continue to support students who have ideas and projects that can make a difference in promoting health and well-being on campus. The Division of Student Affairs should consider targeting a portion of its [Student Initiative Fund](#) to such projects, provided eligibility criteria are met.

The commission is convinced of the effectiveness of peer-based programs. The influence of peers and ongoing peer-to-peer communication is effective. A healthy community is one in which peers look out for each other and provide support, referrals and advocacy.

However, while advice from a sensitive listener can only be helpful, recognizing the often subtle signs of serious illness can be difficult even in professional hands.

The [Peer Support Centre of the AMS](#) and the [Student Advisor Program of the SGPS](#) are established valuable and important programs.

- The commission recommends the AMS's Peer Support Centre and the SGPS' Student Advisor Program be supported with ongoing expert input, advice and regular evaluation for effectiveness and safety. This should take the form of a formal advisory committee. Regular professional development programming should also be built in to this support. This could be implemented in the form of an annual symposium.

It is important to distinguish between the role of peers and the expertise provided by professionals at the university and in the community.

The commission recognizes that friends and peers helping students in distress may carry significant emotional burdens, which may put themselves at risk. The system, and individuals within in – students, staff, faculty and parents – need to anticipate and respond to this reality to ensure that peer caregivers don't take on too much responsibility for those in need. Education, access to resources and support, are critical to help protect the health and well-being of these caring individuals.

Peer learning assistants in Queen's Learning Commons and peer educators who promote health and wellness in HCDS are other examples of successful and effective programs, in which trained students work under the guidance of university professionals to deliver health and wellness-related education and support to peers.

The [Peer Mentoring Program](#) in the DSO was established to provide course-specific academic skills to students with disabilities. It has increased its scope and reach and now provides academic and personal skill-development to students referred by either Counselling Services or the DSO. It has evoked strong support as an effective resource.

- The commission recommends the Peer Mentoring Program be sustained in conjunction with services provided by professional staff.

1.18 Buddy programs

Faculty and school-based buddy programs foster relationships between students and senior peers who can provide advice and support based on a shared academic or non-academic interest or skill.

- The commission recommends each program, school and faculty actively consider the feasibility of an upper-year buddy program that is coordinated by the faculty or school.

Varsity athletics has a robust and effective program that could serve as a model.

Complementing a peer buddy program could be a faculty/staff "Committee of Advisors" program, in which faculty or staff members would volunteer to advise three or four first-year students from any faculty. A training session and checklist could guide interactions with students. This kind of program would give students the opportunity to foster mentor relationships with a range of faculty members and professionals at the university.

1.19 The role of dons

The commission acknowledges the vitally important role and dedication of residence dons in both promoting positive healthy behaviours and in the early identification of first-year students who may be experiencing difficulties. The commission appreciates the extensive training dons receive and the time commitment and responsibility they each undertake to support first-year students.

- The commission recommends residence staff and dons continue to work together and collaboratively with other units on campus to enhance the programs and supports for students in their care.

1.20 International students

The commission heard about the important role that the [Queen's University International Centre \(QUIC\)](#) plays in community-building and promoting health and wellness among both international students and those who travel and study abroad during their time at Queen's. This is a unit that should continue to be nourished to provide meaningful support to international students. It is anticipated there will be increasing numbers of these students coming and going in the future.

- The commission recommends the programs and resources of QUIC evolve to meet the needs of an increasing population of international and exchange students.

1.21 Community support

There are many people in Kingston – including retirees of Queen's, alumni and community members, who could provide great assistance to students in a variety of ways – as mentors, volunteers, friends and general supporters.

- The commission recommends the university engage with the Retirees Association of Queen's (RAQ), the Queen's University Alumni Association (QUAA) and interested community organizations to explore the connections that could be made between their members and Queen's students.

The commission appreciates the local community's commitment to welcoming and supporting students while they are in Kingston.

- The commission recommends the university should consider encouraging, introducing or expanding:
 - adopt a grandma/grandpa;
 - adopt a student;
 - street/neighbourhood BBQs;
 - pet walking or pet therapy programs;
 - the long-standing QUIC-based program where local families host students who are alone for a holiday dinner; and
 - late-night snack tables in the library during exams staffed by community volunteers.

1.22 Recruitment materials

Even before students arrive on campus, they can experience anticipatory stress about fitting in and being successful. Queen's is known for the excellence of its programs, student experience and community, but some students can and do feel disconnected, isolated or "different."

- The commission recommends the university continue to make specific efforts to reflect the inclusivity and openness of the campus in materials to prospective and incoming students.

Pyramid level 2 – Transitions and resilience

TRANSITIONS

The literature, our guests and experience tell us that university life is composed of a number of transitions that can pose particular challenges to students. A mental health strategy must identify these transitions and their elements and employ specific initiatives to address their inherent challenges.

TRANSITION FROM HIGH SCHOOL TO UNIVERSITY

Attending university or college is a major life change for most students. This transition can be very stressful and it is crucial for the university to provide supports and services that aim to smooth out what can be a period of significant challenge.

2.0 Promoting Queen's resources to prospective students and the incoming class

The first-year undergraduate class at Queen's is currently comprised of approximately 3,800 students. Over 90% are under the age of 19 and some are as young as 16; 40% are from the GTA and many come from across Canada. Most are living away from home for the first time. Nearly all first-year students live in residence and the many existing programs and supports that address this huge life transition are residence-based.

Materials for, and discussions with, prospective students and their families include information about all of the supports and services available to students at Queen's.

During Campus tours, Fall Preview, March Break Open House, at recruiting fairs and visits, and in the Viewbook, it will continue to be important to emphasize the availability of these resources.

- The commission recommends in these critical interactions with prospective students and their families, and in materials for both prospective and incoming students, those programs and services that may become crucial to student success continue to be highlighted.

After a student accepts an offer from Queen's, the university should ensure that communications to incoming students and their families encourage those with physical or mental health conditions to connect with the appropriate services.

- The commission recommends the OUR and Residences continue to highlight supports and resources in the months leading up to arrival on campus.
- The commission recommends the university consider how information about health and wellness resources could be included in course syllabi, along with any accommodation policies.

2.1 Materials for parents

Parents are often the greatest sources of support for students and can play a critical role in assisting their children through the transition from high school student to independent young adult. Parents need to be aware of how the university works and where and how their sons and daughters can seek help if they need it. Residences provides a large amount of information to parents through its [website](#) and a subscription-based newsletter. The Queen's website also includes [general information for, and advice to, parents](#).

- The commission recommends the university consider the development of more specific faculty-based parent manuals to support first-year students. The Faculty of Engineering and Applied Science has developed a parent guide called [EngParent](#) that outlines expectations, timelines and the support services that are available.

2.2 Summer orientation

The new [Summer Orientation to Academics and Resources](#) (SOAR) program (July 2012) for incoming first-year students is a positive step in supporting the transition to university. This program gives the incoming class and their families an opportunity to visit campus and learn about many parts of university life including transition-related issues, academic expectations, support services, registration/enrolment/fees, timetabling, course selection, and work opportunities. There are some sessions specifically for families, as one of the goals of SOAR is to help teach resilience.

- The commission recommends this program continue to be championed.
- The commission recommends the university provide optional organized tours of HCDS (by HCDS staff to ensure accuracy and consistency), Queen's Learning Commons, Athletics and Recreation and other health and wellness spaces during SOAR, by request, or at other times, so that any first visit by a student during the academic year is more comfortable. This could include considering the feasibility of visits by groups of students (e.g. residence floors and their don) after-hours in the fall. The commission recognizes that such tours may have resource implications.

SOAR provides an opportunity for students and their families to stay overnight in residence.

- The commission recommends this opportunity for incoming students be considered more broadly (e.g. stay for a few days in their assigned room in August) if it may support a student's transition to campus life.

2.3 Early arrival

The university heard that some students – including those coming to university by themselves, from afar, from overseas and with pre-existing mental health issues – find the busyness of arrival day particularly stressful.

- The commission recommends the university explore whether it is feasible – in addition to accommodating students based on medical advice – to allow some students to move into their residence room a day or two early if this would help reduce the stress of the first days of transition.

The commission notes the recent introduction of [early move-in for aboriginal students](#) that helps create community by welcoming incoming Aboriginal students and meaningfully connecting them to the [Four Directions Aboriginal Student Centre](#), its staff and all of the resources and services available at Queen's.

2.4 Academic prep programs

The commission heard that some students arrive at Queen's with self-declared academic needs or deficits that could be addressed by a pre-first-term preparatory academic program of brief and defined length. Some universities provide such programs for those entering certain graduate programs. These programs would most effectively be faculty-specific, although some, such as ESL or writing skills, could be generally applicable. There are some examples of this kind of initiative at the graduate level – in the School of Urban and Regional Planning and Queen's School of Business.

- The commission recommends faculties and schools consider the utility of academic prep programs in ensuring incoming students are optimally prepared.

2.5 Orientation Week

Orientation Week is a critical opportunity for all first-year students to make connections and begin the transition to university life.

Students spend their first few days in residence-based orientation, which helps them with the social, cultural and academic transitions to living and learning at Queen's. While over 90% of the incoming class live on campus, this orientation includes, where appropriate, the first year cohort not living in Residences (FYNIRS). All first-year students then participate in a four-day faculty-based orientation.

The commission heard a lot about Orientation Week – its strengths and some potential downsides that can impact the health and well-being of first year students.

- The commission strongly recommends all Orientation Week activities continue to be alcohol-free. The commission supports alcohol-free residences during Orientation Week and recommends its continuation to help build community without any pressure to drink.
- The commission recommends the university examine how Orientation Week could more effectively assist students in understanding and preparing for the transition to university life, including:
 - adding more academic-related components – like this fall’s new [Common Reading Program](#) – and academic information;
 - adding more university/faculty/academic events (e.g. Faculty BBQs, “Frosh-Prof” dinners);
 - giving students some flexibility to take a break/opt-out of events and get adequate sleep and rest;
 - increasing the wellness lifestyle components of Orientation Week programming, including the safe and responsible use of alcohol, drug education, healthy relationships, sexual health, and the benefits of sleep and exercise. Key information should be available in a variety of formats, including social media, and should be evaluated for effectiveness. Care should be taken to ensure there is no duplication or overlap in the delivery of this information by the various groups involved in Orientation Week;
 - seeking the input of QUIC to identify any gaps for international students and create programming to supplement existing initiatives, as required;
 - introducing “booster” sessions throughout the academic year – for example, through meetings/workshops that could be part of residence programming with dons that could focus on exam preparation or stress management and direct students to available resources. These could build on the sessions run by QUIC in January for incoming international students.

2.6 “Q-Success”

The commission has heard there is insufficient opportunity to learn how to to be “a successful university student.” Some students become overwhelmed because they have not developed the skills to manage their academic requirements, while learning the life skills they need as they transition from youth to adulthood.

- The commission recommends the creation of a University 101-type program called “Q-Success” for undergraduates. It would provide individuals with opportunities to achieve competencies that are essential for both academic and personal success as a university student.

Academic-related components could include:

- organizational skills;
- project management;
- exam-writing skills and how to cope with exam anxiety;
- how to use the course selection and registration system;
- how to select courses to meet academic and career goals (academic navigation);
- how to use the library systems (real and virtual) including the university's information systems;
- writing, revising and editing skills;
- note-taking;
- academic integrity; and
- critical thinking.

Non-academic components could include:

- time-management;
- financial management;
- stress management;
- mental health helping skills;
- healthy eating;
- the benefits of daily physical activity;
- the importance of sleep;
- cross-cultural competencies/literacy and principles of equity;
- accessibility for persons with disabilities; and
- university student services and resources.

The program might be constructed in various ways, that may include online components, and might be provided intermittently, with booster elements over time.

There are similar programs for undergraduates at Canadian universities, including the [eXcel](#) program at St Francis Xavier University and a non-credit, tuition-free course that is part of McMaster's social sciences program called [Introduction to University Through Experiential Learning](#) that "presents activities to assist with the transition into university."

- The commission recommends the university establish an ad hoc committee, including student representatives, to develop detailed recommendations for a "Q-Success" program for undergraduate students and that the program be evaluated annually. Consideration would need to be given to whether the program should be optional or mandatory, uniform or with some faculty-based streams, at cost or free. One suggestion is that completing Q-Success could be accompanied by a partial fee credit.

Queen's School of Graduate Studies (SGS) offers a popular workshop program called [Expanding Horizons](#). Topics include getting published, networking, teaching, writing, project

management, mental health helping skills, managing presentation anxiety, time management, job searching, and working in a diverse workforce.

- The commission recommends the SGS continue to offer and evaluate this program and ensure it meets the needs of graduate students. The commission notes that student requests for sessions on mental health and on communicating with supervisors are being addressed.

2.7 The Residences community

The commission recognizes the critical role that dons and Residence Life staff play in supporting first year students. Dons may be among the first to recognize changes in a student's behaviour or mood that could indicate distress.

- The commission recommends all dons continue to be provided with ongoing education and training, including anti-stigma and mental health first aid, to help them respond to students in distress and be open and available to providing effective support and referrals.

It was suggested that all dons do regular check-ins with every student on their floor.

2.8 FYNIRS outreach

Although the university reaches out to FYNIRS during orientation, this small group of first-year students is not as easily accessible throughout the year as the cohort in Residences.

- The commission recommends the Division of Student Affairs work with the AMS to ensure ongoing outreach to FYNIRS.

2.9 Extra-curricular activities

Extra-curricular activities are proven to help boost health and well-being. One of the hallmarks of the Queen's experience is the incredible array of extra-curricular opportunities that exist that promote student engagement and success. From Orientation Week onwards, students should continue to be actively encouraged to get involved in activities of interest, particularly those that include physical activity and positive social connections. The commission heard about the popularity of intramural sports and recreational programs across the student population and the demand for gym space.

- The commission recommends the university take steps to ensure there are adequate opportunities and facilities to meet student recreational activity needs.
- The commission recommends student clubs continue to actively encourage membership.

TRANSITION FROM RESIDENCE TO COMMUNITY LIVING

Most upper year students live in the community and the vast majority of students live within a 15-minute walk from campus. This is the first time many students are living “on their own” in a community. Queen’s, the AMS and the City of Kingston have many services and resources to help students make this transition effectively and they have been working very collaboratively and successfully to support student living.

Dons who spoke with the commission identified the social stress of securing roommates and houses/apartments as “a big deal” starting as early as November in first year, when students haven’t necessarily made lots of close friends yet. Support for students planning to live in the community is provided by [Community Housing](#) and the [Town Gown Office](#) of Student Affairs. Sessions are held in residences to inform students of their options and provide advice about finding a house/housemates for the following year. It is important that this potential stressor continues to be recognized and addressed.

2.10 Transition support

The commission heard about some of the challenges that many students face when they move into the community.

- The commission recommends the university, working with the AMS, the SGPS and the City of Kingston, continue to develop regular education and communications programs to support this aspect of student life. The work of the Town Gown Office, in particular, already plays an important role in easing the transition and providing support.

A range of open workshops/sessions should be offered to students on an ongoing basis.

These could include:

- managing money;
- landlord/tenant relations;
- community by-laws, including noise, garbage and recycling;
- community standards;
- fire safety;
- crime prevention and safety;
- fridge management and nutrition;
- being a good housemate; and
- being a good neighbour.

2.11 “Community dons”

The value and impact of dons in residence is critical to student success, but this formalized support isn’t available in upper years. Providing upper-year students with access to a don-like, older peer advisor could positively impact the upper year student experience.

- The commission recommends the university consider expanding the residence don model by instituting a “neighbourhood advisors” program in which third, fourth or graduate students are linked to certain houses/groups of students living in the community. These “community dons” would be responsible for reaching out to these students and providing advice about a range of community living issues. This role would be primarily supportive.

TRANSITION AMONG NEW UPPER-YEAR STUDENTS

The commission identifies students who have spent their first year at the Bader International Study Centre (BISC) and who arrive on campus at the start of their second year, as well as new, exchange and transfer students as a group that may require specific support.

2.12 BISC student re-orientation

BISC students do come to Kingston for a day the summer before they go to “the Castle”, when Kingston and BISC-based staff assist them with course selection and help them prepare for their year abroad.

They then participate in the [NEWTS](#) (New, Exchange, Woo-hoo Transfer Students [and Castle Kids, too!]) orientation program when they start their second year in Kingston, along with new-to-Queen’s upper year students.

- The commission recommends past BISC students and new upper year students be surveyed and that the Division of Student Affairs’ Student Experience Unit work with the International Programs Office (IPO), BISC and the AMS to ensure specific transition issues, including those pertaining to reverse culture shock and health and wellness, are addressed. This could include inviting students to SOAR before they go to BISC or on exchange, by increasing communications from the IPO, and by enhancing the NEWTS program.

TRANSITION FROM UNDERGRADUATE TO GRADUATE

2.13 Addressing graduate student issues

Graduate students, as a population, are strikingly different from the average undergraduate. Almost 20% are international students, many have families and many are employed in a variety of ways at the university or in the community. Graduate students, particularly those pursuing research degrees (i.e. a thesis component) follow tailored, full-time, year-round programs that require a significant amount of self-directed study and independent work. The relationship between the student and his/her supervisor and the mentorship provided is important in

defining the scope and nature of the research and assisting in its progress to timely completion. The supervisor also, in many cases, provides financial support to students under his/her supervision. The commission heard from the SGPS and graduate students about a range of graduate student-specific sources of stress and challenges. One consistent concern was the impact of the student-supervisor relationship. Graduate student-specific issues include:

- the need for more mentorship programs;
 - the need for more consistent outreach and coordination;
 - inconsistent supervisory approaches among faculty;
 - the impact of conflict with one's supervisor;
 - the inadequacy of some graduate student office space;
 - the need for graduate-student-specific counselling;
 - the consequences of studying part-time or taking a leave of absence, medical or otherwise;
 - the utility of education and awareness programs for graduate student supervisors about how to optimize the effectiveness of this critical relationship;
 - inconsistent TA training on how to teach, grade, advise and evaluate, although this may be addressed through the collective agreements for graduate TAs;
 - career anxiety;
 - "imposter syndrome" – performance anxiety regarding the graduate student role.
- The commission recommends the university's Mental Health Working Group strike a sub-committee to identify issues and make recommendations pertaining to the graduate student population at Queen's.

TRANSITION FROM UNIVERSITY TO THE WORKING WORLD

2.14 Career supports for students

The recent Student Health and Wellness survey reported that 61% of respondents are stressed about their future and their careers. Queen's has a role in supporting students as they prepare for the transition from university to post-university life. [Career Services](#) offers a wide range of services to all students. Faculty-specific programs are likely to be more developed in professional schools.

- The commission recommends the university consider, where these do not already exist:
 - in-class discussions regarding career services and post-grad job market expectations;
 - expanded promotion of Career Services;
 - faculty-based career counselling as part of academic advising;

- proactive communication to all undergraduate fourth years;
- alumni buddy/mentorship programs. For example, the university could explore the possibility of expanding the role of the Queen's Student Alumni Association, the Queen's University Alumni Association and University Council in providing advice and support to current students; and
- specialized career-related advisory services for students with mental health issues and disabilities who may require employment accommodation.

RESILIENCE

2.15 Resilience

The commission heard a lot about resilience – or lack thereof – among the current generation of students. Developing resilience can support a healthy approach to life, as well as assist individuals in living with stress and mental illness. Some people believe that many of today's students aren't emotionally equipped to manage through the typical ups and downs of independent life. Other people spoke about the inspiring fortitude that some students have shown in the face of significant issues and challenges.

The years spent at university represent those in which significant adjustment and human development occur. The acquisition of life skills, in conjunction with academic and career development, prepare young people for independent living. Critical in this process is the ability to manage adversity – to be resilient – and the university environment should be a crucible for such development.

- The commission recommends formal and informal programs be encouraged and developed in recognition of the need to foster resilience, so that students become equipped to address the various challenges that are inevitable during, and beyond, this stage of their lives.

Peers, mentors, buddies, staff, faculty, departments, clubs, teams and other structured supports are important in minimizing isolation and building confidence. The opportunity to fail in a safe and supportive environment and the provision of tools that support success should be components of all of our programs.

Pyramid level 3 – Encouraging help-seeking and helping behaviour

HELP-SEEKING

3.0 Stigma

Stigma can inhibit help-seeking behaviour among individuals experiencing mental health issues. Stigma reduction must be sought, but as Professor Heather Stuart told the commission, education and stigma reduction are not necessarily the same thing.

The Oxford Concise Dictionary defines stigma as follows:

stigma |'stigmə|

noun (pl. stigmata or esp. in sense 2 stigmata |stig'mätə, 'stigmətə|)

1. a mark of disgrace associated with a particular circumstance, quality, or person: the stigma of mental disorder | to be a nonreader carries a social stigma.
 2. (stigmata) (in Christian tradition) marks corresponding to those left on Jesus' body by the Crucifixion, said to have been impressed by divine favor on the bodies of St. Francis of Assisi and others...
 3. Medicine a visible sign or characteristic of a disease – a mark or spot on the skin.
 4. Botany (in a flower) the part of a pistil that receives the pollen during pollination.
- ORIGIN late 16th cent. (denoting a mark made by pricking or branding): via Latin from Greek stigma 'a mark made by a pointed instrument, a dot'; related to stick 1.

The [Mental Health Commission of Canada defines stigma](#) as:

"...negative and unfavorable attitudes, and negative behaviours that result from those attitudes. People living with a mental illness often experience stigma through:

- Inequality in employment, housing, educational and other opportunities which the rest of us take for granted;
- Loss of friends and family members (the social and support network);
- Self-stigma created when someone with a mental illness believes the negative messages."

Human society has stigmatized those who are different since time began, perhaps as an evolutionary defence mechanism. Those with physical ailments, such as epilepsy, were once thought to be possessed by the devil, as were individuals who were psychotic – they were spurned, and often killed.

When a difference is visible, stigma is perhaps more understandable; when the difference is in those characteristics that make us human – thought, expression, behaviour, and is due to mental illness – the reaction of individuals and societies is more profound and is based on ignorance, fear and bias.

Stigma is a complex cognitive and emotional process, sustained by societal attitudes and processes. Reversing it is also complex and requires patience, fortitude and vision. No one approach will produce this change. It is by the multiplicity of approaches, tangible and subtle, in our programs and our understanding, that we can affect change over time.

We do know from Dr. Stuart's work, and the commission heard from individuals living with mental illness, that exposure to the "lived experience" is proven to be a most effective strategy in stigma reduction. It is important that the university embed anti-stigma programs and initiatives throughout the Queen's student experience.

- The commission recommends the implementation of 'lived experience' initiatives across campus. These could include workshops, seminars and other collective approaches where those who have experienced or live with mental illness share their thoughts and experiences. Canada's Mental Health Commission, in its "[Opening Minds](#)" initiative, identifies a number of programs directed at stigma reduction. The commission notes that the Health Promotion Unit in HCDS is developing a program that uses lived experiences in partnership with BeWell Peer Health educators, the AMS Mental Health Awareness Committee, the AMS Peer Support Centre and Student Counselling Services.

Current research continues to identify best practices in reducing societal and institutional stigmatization of mental illness. The research disseminated at the "[Together against Stigma](#)" [Conference recently organized by the Mental Health Commission of Canada and the World Psychiatric Association Scientific Section on Stigma and Mental Illness](#) offers many best practices that could be implemented on a university campus.

- The commission recommends the Mental Health Working Group continually review anti-stigma literature and consider implementation of best practices at Queen's.

It is in the transparent acceptance of the realities and challenges of mental illness as they exist in a community or institution, in that community's actions to address those challenges, and in its success, that stigma and its associated discrimination will be reduced.

3.1 Pre-arrival

Incoming students with established physical or mental illnesses or disabilities are encouraged to register with the DSO in materials that are sent to the incoming class over the summer.

- The commission recommends this process be expanded to encourage more individuals, who may need a transfer of care from a professional in their home community to a university or Kingston-based professional, to self-identify prior to arrival to allow for a seamless transition of care. This would help implement accommodations as early as possible.

3.2 Setting expectations

Normalizing stress and seeking assistance are key to encouraging students to take that first step to find the help they need. The commission heard from the Disability and Mental Health law club and agree with its statement: "Seeking help is not a call for attention or a weakness-but a normal human occurrence. In fact, looking after one's mental health and seeking assistance with a personal concern or struggle is a smart thing to do."

- The commission recommends starting on move-in day and in welcomes from dons, Deans and the Principal, through orientation activities and over the first days of classes, all students should hear that seeking help is normal and to be encouraged.

In the faculties of law and medicine, for example, students are told by faculty members, upper year students and staff that they will feel stressed and overwhelmed at times. Students are introduced physically (and repeatedly) to the individual to whom they can and should turn when that occurs.

- The commission recommends all departments consider ways to normalize the expectation of stress among students and ensure clear pathways to help.

3.3 Self-identification

Screening tools are an identified best practice to facilitate self-identification among students.

- The commission recommends the university create a variety of tools that provide a mechanism for students to recognize when they are in difficulty and provide access routes to care. These tools could be promoted through HCDS visits and current communications channels (e.g. websites, e-newsletters, posters, [Be Well-Do Well](#) outreach and social media) at higher stress times of the year. These tools should also be promoted by faculty members, staff and peers.
- The commission recommends over the course of the academic year, Health Promotion in HCDS should work with faculties and schools to distribute "referral information"

slides that could be shown before classes on a regular basis. These slides would list the resources available and remind students, faculty members and TAs that help is there when it is needed.

- The commission recommends the use of “real people” and real stories in communications materials about Queen’s resources. This aligns with anti-stigma research and can help drive home the message that reaching out can have a tangible impact on one’s mental health and well-being. One related idea is that HCDS create more videos about their facilities and services to provide students with a view of the experience of visiting HCDS. The commission notes that the Health Promotion unit is working on a series of Frequently Asked Questions videos with staff from all departments at HCDS.

3.4 Transfer students

The commission heard that students who transfer to Queen’s may expect that their files from their previous institution are shared, but in fact they are not. This can create gaps in support.

- The commission recommends the university review the information it may receive from other universities when students transfer to Queen’s to ensure all files – including counselling files – are sent to the appropriate offices (e.g. HCDS), with confidentiality protected as required.

3.5 Financial obstacles to help-seeking behaviour

Students may be discouraged from seeking help because their loans/grants/funding may be contingent on continual study and may not allow even medically-approved breaks. This is equally critical for graduate students; depending on their source of funding, there may be very limited flexibility.

- The commission recommends the university work with other institutions, the Council of Ontario Universities (COU) and the Association of Universities and Colleges of Canada (AUCC) to lobby provincial and federal governments for more flexibility with OSAP and graduate student funding/grants so that individuals can take breaks, if they need to, without the risk of losing their funding/financial aid.

3.6 Academic appeal fee

The commission heard there is \$50 fee associated with filing an academic appeal at the undergraduate level. In some cases, this fee creates a disincentive for a student to seek a review of a mark that may have been impacted by a personal crisis. The commission fully recognizes the resource implications of such appeals as well as the potential for abuse. However,

- The commission recommends the university consider whether a compassionate waiver process for the academic appeal fee could be developed with strict and standardized criteria that would be applied consistently across the university.

A HELPING COMMUNITY

3.7 Vulnerable populations

There are specific socially-marginalized populations of students with members who are at higher risk of stress and distress and who may benefit from targeted outreach and programming. These include:

- international students;
- racially minoritized students;
- students who identify as lesbian, gay, bisexual, transgender and two-spirited;
- domestic students for whom English is not their first language;
- aboriginal students;
- students with pre-existing illnesses;
- students with disabilities and differences;
- first generation students; and
- lower income students.

In considering how best to help students, the university should pay particular attention to these groups.

The commission wishes to acknowledge the expertise and positive impact the university's Cross-Cultural Counsellor, Dr. Arunima Khanna, has had on the lives of hundreds of students over the past decade. Dr. Khanna is on staff at HCDS and works with QUIC. She provides assistance to students related to cultural issues that affect those adapting to the Queen's environment and those returning from a study/work/travel abroad experience.

- The commission recommends:
 - education programs for staff and faculty include intercultural awareness and training;
 - the university ensure spaces across campus are safe, welcoming and inclusive, with attention to distinct places and services for marginalized students;
 - the university consider ways to increase coordination and information flow and proactive communications among faculties and schools, the OUR, HCDS, Queen's Learning Commons, QUIC, the Four Directions Aboriginal Student Centre, The Ban Righ Centre and Grad Forums, among others, for effective referrals to help identify students who may benefit from outreach. This could be part of the Health and Wellness Steering Committee's framework; and

- the university continue to ensure there are specific resources directed to vulnerable populations. This should include providing student organizations that represent marginalized groups with easy access to expertise.

3.8 Counselling services

The commission discussed the structure of, and access to, counselling services at Queen's. The provision of adequate crisis and short-term counselling services on campus is clearly critical, with timely and effective referrals to the community to help meet students' longer-term needs.

A recurring suggestion is a move to a "hub-and-spoke" counselling model, wherein all faculties would have dedicated counsellors who would be housed in the faculty, and who would be a part of HCDS. HCDS would be responsible for coordination and professional development.

The rationale is that faculty-based counsellors would be able to fully understand the academic context, expectations, goals, strengths and weaknesses of the program, as well as the specific culture and the people. They would also have easier and direct access to faculty and staff. Students would see a professional "in house," which could be more efficient and less intimidating than going to a new and unfamiliar building.

Queen's has started to move to this model, but not strategically or systematically. There are counsellors based in Residences and in the JDUC; the Commerce program has an in-house counsellor and both the Faculty of Law and the School of Medicine have a staff member who is dedicated to facilitating support for students, both academic (e.g. running a tutor program) and non-academic (e.g. referring students to HCDS).

In addition, the AMS' Peer Support Centre recently opened a satellite office in Beamish Munro Hall to increase access to its services by students in the Faculty of Engineering and Applied Science.

- The commission recommends the hub-and-spoke counselling model be expanded to all faculties, paying particular attention to implementation across the Faculty of Arts and Science. Consideration should also be given to resourcing a counsellor for graduate students, a counsellor based in QUIC and a counsellor based at west campus to serve students in residence and Queen's Community Housing there, as well as the Faculty of Education. One advantage to this model is that it would increase the likelihood that students would see the same counsellor consistently. This was a preference expressed by many students.

3.9 After-hours support

There is a need for more awareness and communication about after-hours services. Students who encounter crises or are overwhelmed outside of regular business hours need to know

how to access the resources available. For example, [Frontenac Community Mental Health and Addiction Services](#) (FCMHS) has a mobile crisis team on until midnight and a 24-hour call line. [HCDS](#) has a lot of excellent information on its website about multiple community resources.

- The commission recommends the university work to ensure appropriate links are made to community-based after-hours and referral services so that the university can ensure the provision of appropriate follow up and facilitation of a care plan.
- The commission recommends a communications strategy for HCDS be developed that works to ensure that all students can easily access information about where to call for help any time, any day and that this information is proactively distributed on a regular basis to maximum effect. This strategy would need to employ a variety of tactics that reach students, including social media.

3.10 Counselling resources

The commission recognizes that additional resources have been provided to Counselling Services and that the model of care has been changed to improve response and effectiveness in crisis situations and to meet short-term needs.

In addition, HCDS and the Department of Psychiatry offer on-campus, tailored, group counselling programs that are recognized as the most effective means of delivering this support to the student population – integrating students with community members at a downtown location didn't work. The commission acknowledges the success of these programs and the time and commitment of those who have developed and modified the model of care to best serve students.

Beyond these services, many students will need ongoing, longer-term support. Community resources are best placed to provide this continuity of care, as they do for physical illnesses. Community means health professional resources not provided on campus, i.e. health professionals within the various clinical departments of the academic health sciences centre and in the local community.

Student Health Services is not expected to provide a full range of medical or surgical specialty care. They depend on tight linkages with professionals in the Faculty of Health Sciences and local hospitals.

- The commission recommends a community liaison committee be formed for Counselling Services. This would allow for the creation of policies and procedures that would better integrate HCDS and community-based resources. Membership could include community professionals, community organizations, hospital representatives, campus security and student representatives/student organizations.

3.11 Access

A well functioning student health system should be accessible, sensitive, and triage-oriented. Beyond that, referral protocols should exist to appropriate secondary and tertiary care. Access to these services, whether for one-time or on-going consultation, should not be precluded by financial considerations.

While “medically necessary” services are covered by provincial health plans, the services of a number of health providers (including community-based psychologists, counsellors and social workers) are not covered. The AMS and the SGPS have health plans but they may well not adequately cover all student needs.

Family employment benefit packages can cover many of these services, but would require students telling their parents they need help, which some students may be hesitant to do. Other students do not have this option and choice.

- The commission recommends the university, the AMS and the SGPS explore the creation of an enhanced insured benefits package for services not currently covered by provincial health plans, and consult with other post secondary institutions to maximize cost-effectiveness.

It may take time to consider and move forward with this recommendation. Other forms of funding for those who need additional monies to cover the services they require should be explored. These sources could include donations, optional student fees, endowments and fundraising initiatives.

3.12 Red-flagging

There is a lack of systematic or consistent recognition of, and outreach to, students who could potentially be in difficulty, as manifested by a failing grade or a missed assignment, class(es) or exam. Many universities have early intervention protocols that allow them to take a proactive and preemptive approach.

Carleton University has a program in which an email is sent to every first-year undergraduate student whose average is less than 60% in their first semester. They are invited to join the [Bounceback](#) program that pairs them with an upper-year facilitator. The facilitators work with participants to help them identify the source(s) of their academic hardship and set goals and strategies over the winter semester. The three students who achieve the greatest academic improvement (their GPA at the conclusion of the fall semester compared with their GPA at the end of the academic year) and meet the program’s participation requirements each receive a \$750 tuition credit.

There are existing instruments at Queen’s that could be used to trigger red flags, such as the student information system.

- The commission recommends Queen's explore the establishment of an early intervention protocol that would trigger various units and programs to respond in a coordinated way to student academic or personal issues or communications of concern. These concerns could be initially identified by professors, coaches, dons, parents, friends or the student themselves.
- The commission recommends schools and faculties with first year students develop systems that identify those in academic difficulty early, using red flags or other self-declared indicators, and establish a program to remediate and promote success.
- The commission recommends the university consider imposing a mandatory meeting between a staff academic advisor and all students who fail a first term midterm.

3.13 Disclosure

The commission heard that sometimes, faculty, staff or students may hesitate in communicating their concerns about a student's well-being to others on campus (e.g. an Associate Dean, a colleague, HCDS) because of perceived legal privacy constraints.

- The commission recommends a committee be formed, including the university's legal counsel, Student Affairs, the HCDS director, a student representative and others, as appropriate, to review existing policies and processes and develop a communications strategy to assist faculty and staff in ensuring they understand the legal framework that guides these critical decisions and actions.

The Ontario Information and Privacy Commissioner has developed a practice tool, [Emergency Disclosure of Personal Information by Universities, Colleges and other Educational Institutions](#), that should be reviewed by the committee, as Queen's follows this guideline.

Pyramid level 4 – Providing effective response, service and care

4.0 Health, Counselling and Disability Services (HCDS)

The role of Queen's HCDS has changed over time. The assessment and treatment of students who are ill has been supplemented by the development of outreach, education, health promotion and disease prevention programs across the university community. The provision of significant expertise in counselling, in-house psychiatry and the addition of a mental health nurse have improved access, assessment, intervention and care.

It is recognized that increasing numbers of students with established mental illness are attending universities and require ongoing and specific services, alongside those students who need help at any given time.

The commission is impressed by the numerous steps taken by HCDS, its staff, its director, Dr. Mike Condra and medical director Dr. Suzanne Billing, in addressing the diverse and growing needs of the student population. Increased outreach and the success of the many education and health promotion activities have been remarkable. In addition, the care and compassion shown to students in crisis and those living with mental illness has been repeatedly drawn to the commissioners' attention and described as having a profound impact.

Much of the work of HCDS staff occurs behind the scenes (as it should), after-hours, at night and on weekends and is usually largely invisible, other than to those in need and their families and friends. The commission wishes to applaud the hard work of these dedicated and often unsung heroes.

With a student population of approximately 21,000 it would be impossible to provide a full range of comprehensive health services on site. As with physical illness or injury, while Student Health Service provides primary diagnostic and therapeutic care, secondary and tertiary care is provided by specialists offsite. These are most commonly professionals who, although academically based in the Faculty of Health Sciences, are physically located in the teaching hospitals and the community. The same must be true in mental health.

HCDS should provide rapid access, evaluation and immediate care for all but true emergencies, as well as short term counselling and psychiatric care, but will always depend on partnerships with professionals offsite for ongoing or specialty care.

Members of the commission have visited HCDS and wish to thank the staff for their attention and welcome. It is immediately apparent that the effectiveness of the various functions within HCDS is significantly constrained and dictated by the structure of the Lasalle building at 146 Stuart Street. In this instance, function follows form. Innovative and optimal programs to address the health needs of students would be best served by a new facility.

- The commission recommends HCDS:
 - consider a revised triage model in Student Health Services, with an experienced nurse as the initial triage officer, who would determine the urgency and particular needs of a presenting student. Under certain circumstances, particularly related to mental distress, asking students to gauge the urgency of their situation may be inappropriate and may deter them from seeking help.
 - create one or more integrated intake teams, comprising a physician, nurse or registered practical nurse and a psychologist, to which students with undifferentiated or complex presenting symptoms would be directed by the triage officer.
 - pursue the ultimate goal of integrating the health and counselling functions, eventually in a new facility, but initially by creating formal structures for communications, sharing expertise, and a common electronic health record. In the short term, HCDS should consider creating integrated health teams, as above, on both floors of the current facility.
 - create a formal relationship with the on-campus pharmacy to more effectively leverage pharmacy resources (human and space) and ensure optimal integration for this important component of health care provision.
 - establish a case management approach to support students of concern who may include students with mental illnesses, students who may be experiencing mental distress, and students who are in academic difficulty and may be heading toward a crisis.
 - review hours of operation to optimally meet student needs, including after-hours support and walk-in counselling.
 - increase the FTE complement of psychiatrists to assist students with more serious mental illnesses.
 - continue to reflect the evolving policy approach that recognizes health services and counselling as primarily an assessment and short-term intervention function, with referral of those with longer term needs or complex problems to experts in the various disciplines available within the academic clinical departments or the community.
 - formalize relationships with local hospitals and community resources to share student information, with consent, carefully and discreetly, to ensure appropriate follow up by key professional staff. For example, an MOU could be developed with FCMHS to outline how the two organizations' services could be integrated.

- develop a protocol with local hospitals that guides requests for a student's permission to release information to the university. This protocol would include the notification process of specified university staff by the hospital that would trigger a chain of follow-up and support mechanisms. The university may also wish to consider developing a peer/buddy system for students leaving hospital, as the commission heard about the comfort this can provide.
- create a standing HCDS-hospital-health sciences-community liaison committee with representatives from HCDS, all hospitals, Queen's Departments of Family Medicine, Psychiatry and Psychology, the campus pharmacy, FCMHS and other community agencies, as appropriate. This committee would meet regularly to oversee, coordinate and integrate services, and develop protocols for resource-sharing and the flow of patients across the full spectrum of student mental health supports, whether these are provided in HCDS, in a specialty clinic, in hospital or in a community practice. This committee could, for example, develop a case management model for certain high risk areas, including eating disorders.
- establish a process to design and find new facilities for the various functions within HCDS to address the deficiencies and limitations of the current physical space. The physical structure of 146 Stuart Street is an obstacle to the introduction of preferred models of care. The potential co-location of disability services with an adaptive technology centre and exam centre in its own space should be considered.
- develop a protocol for incident management that reflects current occupational health and safety standards in health facilities, in coordination with Campus Security.
- create more web-based videos to put faces to the free services that are provided by HCDS and help students understand what a first visit would be like.
- develop performance targets for HCDS services with metrics and reporting mechanisms. Tools should include client satisfaction surveys, including opportunities for students to provide anonymous feedback.

4.1 HCDS review

It is customary in the world of health sciences to undertake a thorough review of a functional unit on a regular basis or at the time of leadership change.

This review would allow for an in-depth consideration of the present state and future prospects of the unit, its strategic plan, how it is meeting standard expectations of performance, its utilization of best practices, its resources (human, financial, physical) and the identification of particular successes and challenges.

- The commission recommends a comprehensive internal/external review of HCDS. The review should result in recommendations relating to:
 - best practices in student health (e.g. integrated intake and case management approaches);
 - the exploration of alternative and more effective funding models for Student Health Services, in partnership with other Ontario institutions;
 - the consideration of offering health and counselling services to the families of students. In the case of graduate students and their families, including children, this would allow a year-round optimal use of existing facilities with sunk costs;
 - the consideration of offering HCDS human and other resources to assist community programs during low volume periods such as summer, just as HCDS requires community support during high volume/needs periods;
 - the consideration of sharing physical and human resources with outside practices. For example, hosting a Family Health Team walk-in clinic on weekends as a cost recovery option;
 - the consideration of integrating Student Health Services within the Queen's Family Health Team of the Department of Family Medicine and the advisability of HCDS becoming a teaching health unit;
 - the advisability of formal links with clinical academic departments and units in the Faculty of Health Sciences;
 - the advisability of the creation of an HCDS advisory committee that would assist and support the operation, and
 - the resource balance in the perennial dilemma between health promotion/disease prevention and care provision for those in need.

4.2 Crisis intervention on campus

For circumstances involving a perceived threat of violence by a student, the university has an effective threat assessment response system and process. However, Queen's currently does not have a process for responding to situations in which a student:

- may represent an ongoing threat to him/herself;
 - may be engaging in behaviour that is disruptive, but does not represent a risk to themselves or others;
 - is clearly unable to meet the academic requirements of their programs because of a health condition, but is not willing or capable of addressing it.
- The commission recommends an incident management approach be applied to students who may pose a threat to themselves that is modeled on the university's threat assessment process. The key players should be involved to ensure effective and timely coordination. These could include legal counsel, HCDS, Student Affairs, a representative from the student's Faculty, and a residences representative (if applicable).

Campus Security is the 24/7 access point for emergency situations, including those involving health and safety. Staff receive extensive and comprehensive training that gives them the skills and sensitivity to respond to mental health-related crises. For this reason, the commission does not believe any parallel 24-hour response service is needed. The commission recognizes the availability of FCMHS programs and resources and the opportunity for enhanced supports through formal links with Campus Security to foster collaborative responses, as appropriate.

- The commission recommends establishing formal processes to guide after-hours responses by the university and community resources.
- The commission recommends the name of Campus Security be changed to Campus Security and Emergency Services to reflect the range of services it provides to students and the campus and off-campus communities. In addition, for some in acute distress, calling “security” may be a barrier to seeking help.

4.3 Crisis follow-up

A crisis is likely to trigger a sense of personal disruption or disturbance among those involved, and this may reverberate long after the crisis itself is resolved. These individuals often need support to deal with the aftermath of a crisis.

- The commission recommends the university develop policies and processes to ensure appropriate and timely outreach and care is offered to those directly affected by a crisis. These individuals include friends, roommates, dons, staff and faculty.

4.4 Withdrawal and readmission

There are some medical situations (physical or mental) that preclude a student’s ability to continue in a university program, at least temporarily. Sometimes, students do not want to leave school for many reasons – these may include financial (including loss of funding) or other considerations (visas, fee policies, parental expectations etc).

- The commission recommends the continuing development of voluntary and involuntary withdrawal, re-admission and re-entry policies that support students both in leaving and returning, with tight linkages between the administration, care-givers and academic units. The Division of Student Affairs is coordinating this work at Queen’s in alignment with other universities in Ontario, Canada and North America who have, or are in the process of, developing such policies, as these issues exist across the post-secondary system.

The role of Advancement

Advancement activities have the potential to greatly assist the university in supporting student health and wellness initiatives and programs.

- The commission recommends the university place a high priority on the theme of Health and Wellness in its advancement activities, including the ongoing [Initiative Campaign](#), in consideration of the commission's recommendations.

Specific fundraising initiatives might include:

- A Health and Wellness Centre;
- A Student Success Centre;
- An Academic Centre of Excellence in Student Mental Health;
- Endowed Chairs in disciplines related to student mental health;
- Subsidizing creativity in new educational programs in the field of mental health;
- Web-based instruments to support mental health programs;
- A speaker series on mental health issues involving alumni who wish to share their stories.

Implementation and oversight

This report does not prioritize the commission's recommendations. They are all important. Some will take significant time, others are already underway. Many are complex, others simple.

The recommendations chart appended to this report lists each recommendation by section, identifies the unit(s) responsible and outlines the status. The commission notes that nearly half of its recommendations are in progress or complete.

Issues concerning mental health and illness should not be considered on a one-time basis, but become woven into the tapestry of this institution so that programs and initiatives continue to be provided and evaluated for effectiveness.

In his dual role as the Chief Academic Officer and the Chief Operating Officer, Provost and V-P Academic Alan Harrison has agreed that the Office of the Provost is best positioned to provide leadership for the implementation of this report's recommendations. The Provost will establish a mechanism for overseeing consideration and implementation of the recommendations and prepare an annual progress report for the review by the Principal and the university community.

The commission has reviewed its terms of reference and believes its mandate has been fulfilled, other than commenting on the resources necessary for full implementation of its recommendations. This is more properly the responsibility of the implementation team in the context of resource allocation across the university.

A note from commissioners

We wish to thank everyone who has participated in our process – whether you took the time to meet with us, attend a community forum or email us with your thoughts and comments; we are truly grateful for every piece of advice we received. Your voices formed June’s discussion paper and this final report. Your commitment and energy have already resulted in many significant initiatives and changes.

We have been humbled and impressed by the courage, thoughtfulness and citizenship demonstrated by all segments of our community and by the pervasive aspiration of everyone we met to ensure Queen’s becomes a more caring, inclusive, and responsive place. These sentiments and this willingness must be harnessed to achieve further change.

We wish to thank Principal Daniel Woolf for appointing this non-representative and non-expert commission. Institutional attitudes are often set “from the top”. The commission is in no doubt that the Principal and the senior administration of Queen’s is committed to the critical issue of student mental health and to change.

We also thank Christine McCallum in the Office of the Principal and Ellie Sadinsky in Student Affairs for their ongoing and indefatigable support.

We encourage every member of the Queen’s community and beyond to consider the content of this report and work to support the university in its implementation.

Lynann Clapham
Roy Jahchan
Jennifer Medves
Ann Tierney
David Walker (Chair)

November 2012