White Paper: Mental Health on Campus

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Introduction

As mental health concerns continue to grow on college and university campuses across the country, it is imperative for higher education professionals to know the research, resources and supports available. "The onset of most mental illnesses occurs during adolescence and young adulthood," which means it is highly likely that housing and student affairs practitioners will encounter a student with a mental illness and need to be able to connect them to the appropriate resources.

"A 2009 survey of six Ontario campuses showed 53 per cent of post-secondary students feel overwhelmed by anxiety, 54 per cent felt hopeless and more than a third said they felt so depressed it was difficult to function. A full 7.2 per cent said they had ‘seriously considered suicide.’" Many institutions are now making mental health a priority on campus, developing pro-active programs to promote mental wellness and assembling teams of professionals to support students in times of crises. While this is a step in the right direction, these initiatives are not always available after-hours, and with many of these students living in residence, front line staff need to be informed and prepared to step in.

The purpose of this paper is to provide housing professionals with an overview of current Canadian literature on mental health, best practices for campus programs and supports, training opportunities and available resources.
**Current Literature**

In 2011, the Canadian Association of College and University Student Services (CACUSS), released *Mental health and well-being in postsecondary education settings: A literature and environmental scan to support planning and action in Canada*, in advance of a pre-conference workshop on the topic. The paper seeks to unveil where we are now, where we want to be and how we should get there.\(^3\) It also strives to “inform the development of a comprehensive framework for promoting post-secondary student mental health.”\(^4\)

To summarize the ‘where are we now’ section of the paper, Mackean (2011) notes that “based on Canadian data it is difficult to say whether prevalence of mental health problems is increasing. There is clear evidence, however, that student mental health issues are prevalent in post-secondary institutions. Canada also seems to be part of an international trend where more students with pre-existing mental illnesses are choosing to pursue post-secondary education.”\(^5\)

In terms of where we want to be, Mackean (2011) looks to various international trends in mental health and addictions for a starting point and lands on health promotion as the response. “Health promotion ultimately is about enabling people to take control over their own health and well-being (i.e., about ‘doing with’ rather than ‘doing to’). Engaging students living with mental health problems and mental illness, encouraging and supporting them to lead a lot of this work, is an important component of a health promoting model.”\(^6\) The concept of ‘do with, not for’ is becoming more commonplace in student services so perhaps it will be a natural progression to see this notion applied to student health and wellness on college and university campuses.

Although little literature or practical examples exist on how to achieve a health promotion model on post-secondary campuses, Mackean (2011) notes that “one rigorous U.K. study found that the following factors contributed to success in promoting mental health and well-being, and supporting students with psychosocial disabilities: good policy development; leadership at multiple levels, including at the top; the development of a variety of in-college supports for students; staff and faculty development and support; appropriate funding and resourcing; and, the development of inclusive environments for all (Warwick et al, 2008).”\(^7\) This model of health promotion as a desired approach is also presented in the 2012 Policy Paper on Student Health from the Ontario Undergraduate Student Alliance:

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The environment in which students are living and interacting heavily influences physical and mental health. Social surroundings and personal networks are a very important and influential part of the student experience, and ultimately influence the way individuals identify themselves and their overall health and wellbeing. If the campus can provide an environment of inclusivity, diversity, accessibility, support and compassion, students are more likely to have better overall health and satisfaction. A community of this nature serves as a catalyst to break down barriers, such as stigmatization and lack of peer support, that are currently contributing to challenges related to the treatment of student health issues, both mental and physical.\(^8\)
Because the pathway to getting to where we want to be is uncertain, the opportunities are vast. Mackean (2011) points out that “student services professionals are seen as being in a position to play a major leadership role in moving this vision forward.” This very well could be the endeavour that truly brings campus communities together and unites post-secondary institutions across the country.

A 2012 article from University Affairs speaks to this possibility. Tamburri (2012) explains that “a group of university presidents has formed a working group to look at the role universities can play in addressing and dealing with mental illness on campus.”

Robert Campbell, president of Mount Allison University, who chairs the working group, says that “all universities need to examine their internal policies and practices – such as class and exam schedules, residence life, orientation activities, and the way they communicate with parents – to see whether these may be contributing to the problem.”

Campbell notes that the best way to develop effective campus-wide policy is to “de-stigmatize the issue and make it something that we talk about in the normal course of doing our business.” He also recognizes that most higher education professionals are not mental health experts, noting that “schools will have to collaborate with parents, health-care providers, mental health advocacy groups and even governments.”

While this will not be an easy, or inexpensive, venture, it is a national concern that requires appropriate time and funding. Dr. Daniel Woolf, Principal and Vice-Chancellor at Queen’s University told MacLeans On Campus that “universities are still trying to define their exact role when it comes to students’ mental health. We are not a treatment facility...our role is education and research, and to some degree, community service. That said, we do have a care [sic] and nurturing role over the young people that come to us.” In the same article, Eric Windeler, father of Jack Windeler who, in March 2010, died by suicide during his first year of studies at Queen’s University, says: “mental health and well-being of students should rank alongside academics. If students are healthy and happy, it will help them succeed academically and socially.”

The Mental Health Commission of Canada recently released Changing directions, changing lives: The mental health strategy for Canada that aims to “improve mental health and well-being for everyone and [create] a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses, and their families.” In this strategy, post-secondary institutions are encouraged to create “broad programs that promote mental health for all, complemented by targeted prevention programs for those at highest risk due to factors such as poverty, having a parent with a mental health or substance use problem, or family violence.” The challenge of targeted prevention programs is not always knowing what students to categorize as high risk. In housing, we rely on students to self-disclose any health concerns on their residence applications, so we can plan for appropriate accommodations. The reality is that many do not disclose mental illness, and often the first indication(s) of a mental illness occurs well into the academic year and are usually noted by student affairs professionals and/or student staff. This is why training for front-line staff on post-secondary campuses is crucial.
**Best Practices**

Given the shortage of research on student mental health programs and supports at post-secondary institutions, it is difficult to point out best practices in the field. However, a number of institutions have started their own awareness campaigns, hired additional support staff, and mandated mental health awareness and/or intervention training for front line staff.

In the United States, one program being noted as a best practice is the College Screening Project:

The American Foundation for Suicide Prevention developed the College Screening Project, an interactive, web-based method to identify students with psychiatric problems that put them at risk for suicidal behaviour to support them in getting help, and determine the proportion that actually enter treatment. Results of this project were promising. Students liked the anonymity of the online screening and discussion with a counsellor. A number of students that wouldn’t have normally reached out for help, met with counsellors at the two universities involved in the study face-to-face. Many students apparently expressed concerns about going to counselling services, as they did not want their MH problems to get them 'kicked out' of school (Haas et al, 2008).18

In Canada, a number of schools are introducing their own measures to help support students with mental health illnesses or concerns. The counsellor-in-residence position is becoming more popular, and is a good example of a campus-wide approach, due to the collaborative nature of such a position (between a housing operation and health/counselling centre). Campuses that currently have a counsellor-in-residence position include: Queen’s University, The University of Ottawa, The University of Waterloo and Western University.

As mental health continues to be a hot topic on Canadian campuses, and more institutions make support, response and awareness a priority, we should see the list of best practices and programs increase.
**Training Opportunities**

There are a number of existing programs that provide skills-based training for professional and student staff. LivingWorks is a well-known company that offers suicide intervention training. ASIST and safeTALK are probably the most utilized training programs from LivingWorks on college and university campuses, and many housing departments are now incorporating one or both of these programs into staff training.

safeTALK is a popular program for student and para-professional staff, as its purpose is to “increase the number of people in the community who are alert to suicide and [can] take the first steps to help a person with thoughts keep safe” and can be taught in 3.5 hours. ASIST is a more intensive training program, and is designed to “enhance caregiver skills to intervene with a person at risk of suicide in order to achieve safety for now.” ASIST training is a two-day program and more geared towards professional staff members.

For more information on safeTALK or ASIST, visit: [http://www.livingworks.net/](http://www.livingworks.net/)

Mental Health First Aid is offered in partnership with the Canadian Mental Health Association and the Mental Health Commission of Canada. This program includes:

- Explanations of mental health, mental illness and mental health problems
- Signs and symptoms of common mental health problems and crisis situations
- Information about effective interventions and treatments
- Ways to access professional help

For more information about Mental Health First Aid, visit: [http://www.mentalhealthfirstaid.ca/EN/course/Pages/default.aspx](http://www.mentalhealthfirstaid.ca/EN/course/Pages/default.aspx)

Many campuses are investing in mental health training, so check with your Human Resources or Organizational Development department to see if safeTALK, ASIST, Mental Health First Aid or a similar training program is offered on your campus.
Resources

There are a number of resources available for housing professionals to use to educate themselves, their staff and their students about mental health. Here are just a few:

Bell Let’s Talk
http://letstalk.bell.ca/en/

Includes:
- An overview of Bell Let’s Talk Day, taking place on Tuesday, February 12, 2013;
- Access to the Bell Let’s Talk Toolkit which includes free printable posters and stickers;
- Tip sheets and fact sheets for youth and adults.

Canadian Association of College and University Student Services
Mental Health and Wellbeing in Post-Secondary Education
https://www.cacuss.ca/about/currentProjects/MentalHealth_report.htm

Includes:
- Mental health and well-being in postsecondary education settings: A literature and environmental scan to support planning and action in Canada [report];
- Collaborative Learning in Building Momentum for a National Mental Health Strategy for Post-Secondary Institutions in Canada [poster];
- Supporting a Systemic Approach to Campus Mental Health: A Collaborative Learning Series [webinars].

Mental Health First Aid Canada
http://www.mentalhealthfirstaid.ca/EN/resources/Pages/default.aspx
A comprehensive list of websites to assist in information gathering, support and making referrals

Paperclip Communications

Campus Mental Health Case Studies 2012 Binder + CD
The Resource Binder to Train & Prepare Staff for Mental Health Issues on Campus
$358.00 USD

Mental & Emotional Well-Being: A Student’s Guide
Created by student affairs professionals, Mental & Emotional Well-Being: A Student’s Guide, an 8-Page, Full-Color Brochure, helps you address one of the most complicated campus issues: how to connect with students on the sensitive, crucial topic of mental health.
$0.85-$2.95 USD per copy (Pricing Varies Based on Quantity Ordered)
Endnotes

5 Ibid, p. 6-7.
7 Ibid, p. 8.
11 Ibid.
12 Ibid.
13 Ibid.
15 Ibid.
17 Ibid.
18 Ibid.
20 Ibid.
21 Ibid.
22 Ibid.