

SUCCESS THROUGH WELLNESS

Enhancing the campus community to promote and support mental health and well-being

University of Manitoba's
Campus Mental Health Strategy

February 5, 2014

ACKNOWLEDGEMENTS

The University of Manitoba's Campus Mental Health Strategy heavily relies upon research and resources about student and workplace mental health from the following national organizations: Association of Universities and Colleges of Canada (AUCC), Canadian Association of College and University Student Services (CACUSS), Mental Health Commission of Canada (MHCC), Great West Life, Council of Ontario Universities (COU) and Canadian Mental Health Association (CMHA).

The strategy is the result of the significant contributions of:

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Finally, the strategy and its initiatives are the result of the willingness of many faculty, staff, and students, student union and employee union representatives, alumni, and external partners to share their stories, experiences, thoughts, and ideas about mental health and wellness on campus. It is estimated that a minimum of 1000 faculty and staff members, and 300 students and alumni were involved in informing the priorities of the strategy, along with administrators from four external agencies (Klinic Community Health Centre, Canadian Mental Health Association – Winnipeg, Winnipeg Regional Health Authority Adult Mental Health Services, Addictions Foundation of Manitoba) and three government units (Council on Post-Secondary Education, Mental Health & Spiritual Health Care Branch, and Addictions Policy and Support Branch).

EXECUTIVE SUMMARY

The mental health and well-being¹ of the University of Manitoba's faculty, staff and students is of vital importance to the ongoing success of the University as a whole. Given that the University is comprised of over 29,000 students, and 8,800 faculty and staff, the Campus Mental Health Strategy outlines a holistic and inclusive approach to promoting the mental health and wellness of the entire University community as well as supporting the individual needs of faculty, staff and students with mental health problems and illnesses.²

Over the past few years, there has been an evident shift in the way that post-secondary institutions view their role and responsibility with respect to the mental health and well-being of their campus community. Recent research confirms that university students are at high risk of developing mental illness as 75% of mental illnesses have their onset before the age of 25, and one in five Canadians ages 15-24 reported a mental illness or substance abuse problem.³ According to a spring 2013 survey of over 560 U of M students, the top five factors negatively affecting their academic performance included: Stress, anxiety, sleep difficulties, depression, and death of a friend or family member. In relation to factors that increase risk of suicide, over 55% of students surveyed felt very lonely at some point in the last year, about 33% felt so depressed it was difficult to function, 47% felt things were hopeless, and over 6% (n=35) students surveyed had seriously considered or attempted suicide. Research has shown that depression is a significant predictor of lower GPA and of dropping out of university.⁴ As universities seek to increase student retention and address the factors related to drop out, institutions are grappling with ways to provide support to students with mental health issues.

Within the post-secondary context, student mental health and workplace mental health are inextricably linked for a few reasons. Many students are employed as staff of the university they attend. Also, there is a direct relationship between faculty and staff mental health and wellness and the level of service provided to students. Conversely, students who are struggling with mental health problems and illnesses rely on faculty and staff to support them and provide assistance, thus impacting on faculty and staff. Given this link, workplace mental health (also referred to as psychological health and safety) is an important area to address through a campus mental health strategy. The Mental Health Commission of Canada reports that over 500,000 Canadians miss work each day due to mental health issues, and the annual economic toll of mental health issues in Canada is \$51 billion. As of March 2013, of those U of M staff who were on short-term disability of less than 6 months, about 40% of cases were related to mental health issues, either as a primary (30%) or secondary (10%) diagnosis. Of the U of M staff on long-term disability of over 6 months, about 40% of them were off due to a "mental health disorder". As the most expensive class of illness, the 2012/13 costs related to U of M staff on long term disability due to mental illness was \$1.3 million. This figure does not include costs related to treatment, nor does it account for costs related to overtime or contracted staff to backfill vacant positions. Beyond avoiding increased costs and risks related to an unhealthy workplace and workforce, it has been shown that by promoting the health and well-being of all employees as well as actively supporting employees who are struggling with mental health problems and illnesses, an organization benefits from a healthier workforce and from increases in customer service, productivity, and job satisfaction. (Refer to APPENDIX A for background information on student and workplace mental health.)

In order to create a relevant and informed Campus Mental Health Strategy, a mental health consultant was contracted by the University to conduct a literature review and environmental scan of the policies, processes, and services at the University, as well as to capture the experiences, thoughts, and ideas of the University's faculty, staff and students.

¹ The terms "mental health", "well-being", and "wellness" are used interchangeably throughout the strategy. See Appendix A for a definition.

² The terms "mental health problems and illnesses" and "mental health issues" are used interchangeably throughout the strategy. See Appendix A for a definition.

³ Public Health Agency of Canada. "The Human Face of Mental Health and Mental Illness in Canada," Government of Canada, 2006, p. 2, http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf

⁴ Daniel Eisenberg, Ezra Golberstein, & Justin Hunt, "Mental Health and Academic Success in College," 2009, [http://www-personal.umich.edu/~daneis/papers/hmpapers/Eisenberg%20et%20al%20\(2009\).pdf](http://www-personal.umich.edu/~daneis/papers/hmpapers/Eisenberg%20et%20al%20(2009).pdf)

From February to August 2013, the consultant engaged in a literature review and consultation, resulting in an internal report with recommendations for the University's consideration and to inform the development of the Campus Mental Health Strategy. (Refer to APPENDIX B for the consultation plan and stakeholders involved.)

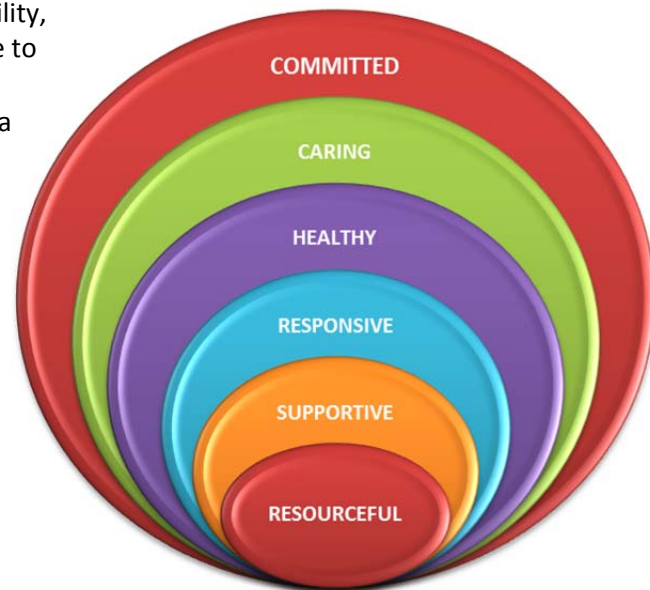
The strategy is founded on the following guiding principles:⁵

- Mental health is essential to a person's academic and job success as well as their ability to participate fully and meaningfully throughout all aspects of their lives and throughout their lifespan.
- Empowering faculty, staff and students to participate actively in maintaining their well-being as well as addressing mental health problems and illnesses sets the foundation for increased ability to sustain well-being throughout their lives.
- Addressing discrimination and inequities is essential to mental health.
- Physical, cultural, spiritual, political, socioeconomic and organizational contextual factors are all interrelated and significantly impact the student learning experience⁶and workplace mental health.⁷

The mission of this strategy is to examine all aspects of the university in striving to be a community that is committed, caring, healthy, responsive, supportive, and resourceful by achieving the following six goals:

- **A COMMITTED COMMUNITY:** Review campus mental health-related profile, policies, and procedures to enhance commitment to a comprehensive and sustainable approach to campus mental health.
- **A CARING COMMUNITY:** Engage faculty, staff and students in creating a campus climate and environment that promotes positive mental health, and strives to prevent mental health problems and illnesses.
- **A HEALTHY COMMUNITY:** Build awareness of mental health and its important relationship with academic and workplace success.
- **A RESPONSIVE COMMUNITY:** Educate and equip faculty, staff and students to respond to early warning signs of mental health issues and when to seek additional support.
- **A SUPPORTIVE COMMUNITY:** Increase the accessibility, availability, integration and effectiveness of mental health services available to faculty, staff and students.
- **A RESOURCEFUL COMMUNITY:** Build awareness of the signs of a mental health crisis or suicidal thinking, and the appropriate responses and resources for referral.

In order to achieve the strategic goals, the University has identified priority areas with associated actions and opportunities, along with the stakeholders responsible for realizing the initiatives.



⁵ The guiding principles, framework components and elements of each component were adapted and taken from Canadian Association of College & University Student Services and Canadian Mental Health Association, Post-Secondary Student Mental Health: Guide to a Systemic Approach, 2013, http://www.healthycampuses.ca/sites/default/files/files/PSSMH_GuideToSystemicApproach_CACUSS-CMHA_2013.pdf

⁶ Silverman, D., Underhile, R., Keeling, R. (2008), "Student Health Reconsidered: A Radical Proposal for Thinking Differently About Health Related Programs and Services for Students," Student Health Spectrum, June 2008, AETNA Student Health.

⁷ Great West Life: Guarding Minds @ Work, "The 13 Psychosocial Factors in GM@W," 2012, http://www.guardingmindsatwork.ca/info/risk_factors.

A CALL TO ACTION

Every member's participation is needed in order to create and sustain a community that values the mental health of all of the University's members.

Success through Wellness represents a call to action for all faculty, staff and students to:

- View mental health as **everyone's responsibility**
- Promote and **adopt the guiding principles** in the strategy
- Look for ways to **participate and advance mental health** on campus through supporting institutional, departmental, and individual changes
- **Provide expertise** where needed
- Advocate for mental health in the workplace and the learning environment by **identifying and addressing barriers to well-being**, and
- **Know the resources and refer** community members who are struggling with mental health issues.

Let's begin today!

STRATEGIC GOALS, PRIORITY AREAS and ACTIONS

A COMMITTED COMMUNITY

The organizational structure, policies, and processes of an institution directly impact upon the people who make up the workforce, as well as those people that the institution exists to serve and support. For University leadership, the prioritization of the health and mental health of faculty, staff and students is a much-needed foundation from which the University can build the mental health agenda, inspiring all areas with a sense of the value of investing in a mentally-healthy community of employees and students. A sustained focus on the connection between health and wellness and academic or career success is essential. Promoting mental health and well-being will reap tremendous rewards, including a more positive work and learning environment, improved performance/productivity, enhanced student experience/retention, and reduced absenteeism.⁸

Review campus mental health-related profile, policies, and procedures to enhance commitment to a comprehensive and sustainable approach to campus mental health.

	Priority Areas	Current Progress	Actions	Responsible
1.1.	INSTITUTIONAL PROFILE	<p>In preparing for a campus mental health strategy, the senior administration prioritized a one-year review of its system of supports for students and employees and the factors that impact on the mental health and wellness of community members.</p> <p>Numerous complementary strategies were identified at the University that coincide with the thrust of the mental health strategy including all four of the University's Strategic Priorities: Academic Enhancements, Outstanding Employer, Enhanced Student Experience, and Indigenous Achievement.</p>	<ul style="list-style-type: none"> Mental health and wellness are identified as priorities for the campus community, with a focus on creating sustainable campus mental health initiatives and cultural change. Support is provided for campus mental health and wellness initiatives, including research in the areas of student and workplace mental health, and advocacy to government for increased funding for student mental health. Align resources to create an infrastructure for campus mental health, including community working groups to guide the implementation of mental health initiatives. 	<p>President's Executive Team (PET)</p> <p>PET</p> <p>PET/ Student Affairs/ Human Resources (HR)</p>
1.2.	POLICIES AND PROCEDURES	The University takes an individualized, case management approach to helping a student who may be struggling with mental health	<p><i>Policy and Procedure Review:</i></p> <ul style="list-style-type: none"> Review relevant policies and procedures related to mental health, inclusion, and diversity to 	Student Affairs/HR

⁸ Healthy Universities, "Developing an Holistic and Joined-Up Approach to Mental Well-Being," 2013, http://www.healthyuniversities.ac.uk/toolkit/uploads/files/developing_an_holistic_and_joined_up_approach_to_mental_wellbeing.pdf

<p>POLICIES AND PROCEDURES CONT'D</p>	<p>issues access support in order to be successful in learning and life (e.g., Student Advocacy, Student Support Case Manager).</p> <p>Over the last few years, the University has been engaging in processes to review and to make recommendations on issues concerning the accommodation of students with disabilities including mental health problems or illnesses. Implementation of the Senate-approved recommendations is underway.</p> <p>The Disability Case Coordinator position in Human Resources works directly with supervisors and employees who are seeking accommodations at work, off work on leave or long-term disability, or returning to work following an illness, injury or disability.</p> <p>The University hosts a comprehensive website with links to internal and external resources, including information about the broader community of Winnipeg and neighborhoods surrounding the three campuses.</p> <p>Students who wish to provide feedback on their courses, teaching/pedagogy or curriculum are provided the opportunity through the Students' Evaluation of Educational Quality (SEEQ).</p> <p>All academic areas are open and invite student participation at faculty and/or departmental committees and councils.</p>	<p>ensure they are up-to-date and provide appropriate supports for students and employees.</p> <p><i>Accommodation:</i></p> <ul style="list-style-type: none"> • Support Senate-endorsed policies through education and communication to faculty, staff, and students. • Explore avenues for supporting accommodations related to culture, gender, religion, and pregnancy. • Increase access to accommodations for employees with disabilities, or mental health problems and illnesses. <p><i>Transparency:</i></p> <ul style="list-style-type: none"> • Provide complete, accurate, and timely information about campus and community life, deadlines and opportunities. • Increase student participation on committees and councils, and in informing improvements to course delivery and curricular content. <p><i>Student Advising:</i></p> <ul style="list-style-type: none"> • Adopt the recommendations from the Academic Advising Review Committee intended to enhance quality and consistency of academic student advising. <p><i>Academic Scheduling:</i></p> <ul style="list-style-type: none"> • Identify and explore ways to address unnecessary stress associated with the academic calendar and course and exam scheduling. 	<p>Student Affairs/ Human Rights and Advisory Services (HRAS)</p> <p>Student Accessibility Services/ HRAS</p> <p>HR</p> <p>Marketing Communications Office (MCO)</p> <p>Faculties/ Departments / Centre for the Advancement of Teaching and Learning (CATL)</p> <p>Faculty Councils/ Senate/CATL</p> <p>Registrar's Office/ Faculties/ Departments /Senate</p>
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A CARING COMMUNITY

Mental health is often the outcome of a variety of factors largely determined outside of the so-called “mental health system” - the set of hospital and community-based services that are mainly focused on responding to and treating mental health problems and illnesses. It follows that to improve the mental health of a community of faculty, staff and students, investments need to take place in the environment, systems and places in which people live, work, learn, and play. The way that buildings and spaces are designed and developed impacts on the health and mental health of those who use the facilities. Creating a sense of community is highly dependent on spaces where students and employees can congregate, meet others, and interact.

Personal safety, respect and valuing diversity are key elements to individual and community mental health and well-being. Social isolation tends to have a negative impact on health, while social engagement and attachment are associated with positive health outcomes. A sense of community belonging and support through participation within communities is fundamental to a person’s well-being.⁹

There are also a number of specific factors involved in creating a psychologically safe workplace: psychological support, where management and coworkers are supportive of, and responsive to, expressed concerns of one another; positive professional relationships between management and staff; and a work environment that meaningfully involves and includes employees in discussions about decisions that affect the work that they do.

Engage faculty, staff and students in creating a campus climate and environment that promotes positive mental health, and strives to prevent mental health problems and illnesses.

	Priority Areas	Current Status	Actions	Responsible
2.1.	RESPECT AND INCLUSION	<p>The University strives to be an institution that is safe and welcoming for all community members. There are a number of highly regarded initiatives on campus that work toward this aim. A notable example includes the Respect Campaign Collective, a network of faculty, staff, and students that seeks to enhance respect and civility at the University.</p> <p>The Human Rights and Advisory Services (HRAS) Office provides confidential services such as conflict management through individual coaching, mediation, and conciliation for faculty, staff and students. HRAS oversees the Respectful Work and Learning Environment (RWLE) Policy.</p>	<p><i>Respect:</i></p> <ul style="list-style-type: none"> Promote respect, inclusion and valuing of diversity throughout all aspects of the learning and work environment. <p><i>Diversity:</i></p> <ul style="list-style-type: none"> Encourage strategies to promote diversity in the workforce, with particular emphasis on recruiting and retaining Indigenous employees. 	<p>PET/ Student Affairs/ HR/ HRAS/ Respect Campaign Collective</p> <p>HR</p>
2.2.	SAFETY	The Office of Risk Management and	<i>Physical Safety:</i>	

⁹ Statistics Canada, “Healthy People, Healthy Places. Government of Canada,” 2010, <http://www.statcan.gc.ca/pub/82-229-x/2009001/envir/cob-eng.htm>

	<p>SAFETY CONT'D</p>	<p>Security (ORMS) is responsible for the development of University policies and procedures as they relate to risk management and emergency preparedness. The University has a number of services and measures in place to increase the physical safety of community members such as security personnel, security cameras, Non-Violent Crisis Intervention training, and Safewalk.</p>	<ul style="list-style-type: none"> • Identify ways to build awareness of, and confidence in, resources to enhance safety and reduce risk of harm. • Review and address Bannatyne Campus security needs. • Increase awareness of resources related to sexual harassment and assault. <p><i>Psychological Health and Safety:</i></p> <ul style="list-style-type: none"> • Identify aspects of the workplace that impact on the psychological health of employees. • Consider adopting the National Standard for Psychological Health and Safety. • Increase awareness of avenues to safely report experiences of disrespect, incivility, bullying or aggression. • Increase awareness of resources to support management and employees before, during and after the delivery of difficult news, such as the denial of tenure, a promotion or the loss of a position. 	<p>Office of Risk Management and Security (ORMS)</p> <p>ORMS</p> <p>Student Advocacy/ HRAS/ORMS</p> <p>HR/HRAS</p> <p>PET/ HR</p> <p>HRAS/ Student Affairs</p> <p>HR</p>
<p>2.3.</p>	<p>COMMUNITY BUILDING</p>	<p>There are many exemplary programs that create and enhance a sense of community and belonging for students. For example, Migizii Agamik (Bald Eagle Lodge) is a place where Indigenous students and students of other ethnic backgrounds congregate and where they feel safe, supported, and accepted.</p> <p>Mentorship programs such as PACT (Promoting Aboriginal Community Together) program, PEERS: Students Helping Students and the International Student Mentorship Program are great ways for students to make supportive connections.</p>	<p><i>Community Building:</i></p> <ul style="list-style-type: none"> • Encourage programs and activities that support a sense of community and belonging among faculty, staff and students. • Address barriers to community building such as prejudice and discrimination. • Increase visibility, support and promotion of student groups on campuses to increase access, awareness, and membership. <p><i>Employee Communication:</i></p> <ul style="list-style-type: none"> • Foster open communication and 	<p>Student Groups/ Student Unions/ Student Life/ HR/ HRAS/ Faculties/ Departments</p> <p>PET/ HR</p>

	<p>COMMUNITY BUILDING CONT'D</p>	<p>Students can pursue their passions, politics, culture, recreation, religion and the arts through more than 200 student groups and activities. Students in these groups report high levels of social engagement, belonging and well-being due to their involvement.</p> <p>Student Life is working in partnership with University of Manitoba Students' Union (UMSU) and the Graduate Students' Association (GSA) to promote community on campus through Bison Pride Fridays, Bison Bashes, online resources including UMCommunityLINK and Student Weekly, as well as the new University of Manitoba Student Volunteer Program to increase volunteering on campus.</p> <p>In terms of efforts related to build positive relationships in the workplace, the President has allotted time to meet with union representatives and other stakeholders in order to hear employee concerns and address issues.</p> <p>Human Resources (HR) is currently working on a strategy to support regular, positive performance review processes.</p>	<p>consultation between senior administration, employees, and unions.</p> <ul style="list-style-type: none"> • Take advantage of performance reviews as an opportunity to build upon employee strengths and learning goals. 	<p>HR</p>
<p>2.4.</p>	<p>ORIENTATION</p>	<p>The University strives to welcome and orient all new faculty and staff, students, and visitors through numerous initiatives. Learning and Development Services (LDS) hosts two orientation sessions per year for new faculty and staff, while the Vice-President (Academic) office hosts an annual orientation for all incoming faculty members. Student Life gives new students and their families all the information they need to get started at the annual Head Start event. New students are then officially welcomed</p>	<ul style="list-style-type: none"> • Increase awareness of the vision and goals of student orientation and review planned orientation events through this lens. • Increase orientation opportunities for graduate, international, Indigenous, and rural and northern students. 	<p>Student Life</p> <p>Student Life/ Student Unions/ International Centre for Students/ Aboriginal Student Centre/</p>

	ORIENTATION CONT'D	<p>at either Fall or Winter Orientation, with additional support for international students provided by the International Centre for Students. Answers is a well-used campus information resource supported jointly by UMSU and Administration.</p> <p>UMSU and GSA host a comprehensive Fall orientation for students. The 2013/14 GSA executive worked with Student Life to develop an orientation toolkit for future GSA executives to aid in planning.</p> <p>Programs targeted specifically at Indigenous students include ENGAP (Engineering Access Program) and the Native Studies/Aboriginal Student Centre (ASC) orientation summer course (NATV1000).</p>	<ul style="list-style-type: none"> • Increase orientation opportunities for sessional instructors and student academic workers so that all employees have equal access to information presented at orientation about policies, processes, and services at the University. 	<p>Faculties</p> <p>HR</p>
2.5.	CAMPUS ENVIRONMENT	<p>A few examples for enhancing spaces on campus include the UMSU - University Collaboration to Promote Art and Music (CPAM) initiative¹⁰, the new ARTlab, the Learning Commons at the Dafoe Library, the renovation of student spaces and Campus Beautification Day.</p>	<ul style="list-style-type: none"> • Continue to beautify campus through the Collaboration to Promote Art and Music and other initiatives. • Launch a strategy to address the issues with smoking on campus. • Maintain adequate standards for facilities with respect to safety and hygiene. • Increase awareness and use of health-promotion principles in the built environment. • Increase awareness and use of active trails in and around the Fort Garry campus. 	<p>Fine Arts/CPAM Committee</p> <p>ORMS</p> <p>PET/Physical Plant</p> <p>Office of Campus Planning (OCP), UMSU</p> <p>OCP/Active Living</p>
2.6.	SUPPORT FOR BASIC NEEDS	<p>The UMSU Housing Office provides listings for rental properties in and around the University.</p> <p>The Financial Aid and Awards (FAA) Office provides help to students applying for student loans, accessing</p>	<p><i>Housing Support:</i></p> <ul style="list-style-type: none"> • Explore opportunities to partner with Student Unions, alumni, neighborhoods, and landlords to develop housing supports for off-campus students. 	<p>OCP/Residence Life/ Student Affairs/ Student Unions</p>

¹⁰ University of Manitoba, "About CPAM," 2011, http://umanitoba.ca/admin/vp_admin/cpam/about/index.html

	<p>SUPPORT FOR BASIC NEEDS CONT'D</p>	<p>grants, bursaries and scholarships, and offers an emergency loan program that gives short-term assistance to students who experience unexpected and immediate financial expenses or constraints.</p> <p>The food bank is a joint venture of UMSU and the FAA Office to meet a perceived need of feeding financially-challenged students.</p>	<p><i>Financial Support:</i></p> <ul style="list-style-type: none"> • Develop a communication strategy to increase awareness of existing financial aid for students. • Explore ways to increase students' ability to successfully manage their finances. • Target fundraising to generate increased financial support for Indigenous, northern, and international students, and students with disabilities. 	<p>Financial Aid and Awards (FAA)</p> <p>Student Unions/ Student Life</p> <p>PET/ Alumni Relations/ Donor Relations</p>
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A HEALTHY COMMUNITY

Mental health is dependent on a number of factors such as physical activity, spirituality, coping skills, environmental, genetic, and physiological factors, community support and access to services. There are a number of examples of initiatives on campus that were identified by faculty, staff and students as supportive, understanding, and caring. To some degree, these practices acknowledge the importance of community building, providing support, and maintaining mental wellness. Some of the examples that were highlighted were:

- Faculty and staff members know the names of their students;
- The mental health of staff and students is discussed and promoted in holistic ways;
- Every effort is made to support students who are not doing well;
- Pairing first year students with second year students for orientation, campus tours, and mentoring;
- Eating lunch together with faculty, staff and students;
- Instructors organize brief ice-breaker activities in the first class to build relationships and student engagement;
- During program interviews, students are given information on reliable places to find housing ;
- Hosting career events for students so they can meet and interview people in the field, and using a class to give information to students about potential careers;
- Study periods are built into students' course schedules;
- Faculty, staff and students engage in joint volunteer initiatives such as Habitat for Humanity; and
- Instructors and supervisors who are accessible, empathetic and welcoming.

The post-secondary setting is a common venue for students to explore new experiences and test limits, including experiences with substances. "There is considerable evidence that students who engage in heavy drinking suffer in other ways. Binge drinking is associated with missing classes, falling behind in assignments, lower grades, sleep disturbances, negative impacts on relationships, increased contact with the police, and so forth".¹¹ As the access to and scope of online content broadens, there is an increasing prevalence of lifestyle addictions such as online gambling, gaming, and pornography among postsecondary students. Strategies that aim to reduce binge drinking and provide support for addictions serve to mitigate the damaging effects on a student's academic performance, and their social and mental well-being.

Build awareness of mental health and its important relationship with academic and workplace success.

	Priority Areas	Current Status	Actions	Responsible
3.1.	MENTAL HEALTH PROMOTION	<p>Faculty and staff noted the desire for further information about how to create a positive, mentally-well and psychologically safe work environment.</p> <p>Learning and Development Services (LDS) offers a vast array of career development and learning opportunity workshops that help employees thrive in the workplace.</p> <p>Instructors play a significant role in</p>	<ul style="list-style-type: none"> • Explore creative ways to enhance the focus on workplace health and well-being, and engage in practices that promote workplace mental health, including team building events and celebrating successes of employees. • Identify opportunities to 	<p>HR/ Occupational Health and Safety</p> <p>CATL/</p>

¹¹ Robert Strang, "Reducing alcohol harms among university students: A Summary of Best Practices and Recommendations for Acadia University," 2012, p. 8, http://studentaffairs.acadiau.ca/tl_files/sites/studentaffairs/documents/Acadia%20%20Strang%20Report.pdf

		influencing student behaviour. University students reported that it was significant to them when a professor reminded them to take care of their mental health, that stress is a normal part of the post-secondary experience, and that accessing help when things become overwhelming is a smart thing to do.	address mental health within the academic environment to increase student success.	Faculties/ Departments
3.2.	HOLISTIC HEALTH AND WELLNESS	<p>Chaplaincy Services is made up of ordained or appointed professionals in recognized religious bodies (Jewish, Pentecostal, Ukrainian Orthodox, Lutheran, Mennonite) who have been assigned to work at the University in order to provide ministry to all members of the University community. St. Paul's College hosts the Jesuit Centre for Catholic Studies, and St. John's College employs a chaplain.</p> <p>The Spiritual Health Services at the Health Sciences Centre is available for Bannatyne Campus students, but most people are not aware of this support.</p> <p>Active Living is a robust program that is used by students, faculty and staff members, alongside members of the broader community. This program was noted by students and employees as a way to stay healthy, to relieve stress, and improve their mental health.</p>	<p><i>Spiritual Health:</i></p> <ul style="list-style-type: none"> • Broaden the scope and integration of spiritual support services as part of achieving overall health. <p><i>Physical Health:</i></p> <ul style="list-style-type: none"> • Increase awareness of the connection between physical health and mental health, sleep, learning, and quality of life. • Promote active living opportunities on campus. 	<p>Student Engagement/ Student Support/ HR/ Elders-in-Residence/ Chaplaincy Services</p> <p>Active Living/ Student Support/ HR</p> <p>Active Living/ Student Unions</p>
3.3.	SUBSTANCE USE AND ADDICTIONS	<p>The University has a campus alcohol policy that is in line with similar policies at other universities. The policy aims to reduce binge-drinking, disorderly conduct associated with harmful substance use, and encourage responsible drinking.</p> <p>The Alcohol Awareness Advisory Committee (AAAC) is a group of concerned administrators, staff and students whose aim is to increase alcohol awareness and responsible use, and to reduce risks associated with alcohol use.</p>	<ul style="list-style-type: none"> • Introduce a broad approach to substance use and addictions by involving students, employees, and community and targeting all forms of addiction including gambling, gaming, pornography, prescription medication, study drugs, alcohol, and drugs. • Explore ways to reduce the misuse of alcohol and other substances during orientation week. 	<p>Student Affairs/ Alcohol Awareness Advisory Committee (AAAC) / ORMS/ Ancillary Services/ Residence Life/ Student Unions</p> <p>Student Life/ Residence Life/ Student Unions/ AAAC</p>

<p>3.4. TRANSITION FROM HIGH SCHOOL TO UNIVERSITY</p>	<p>Many students note that high school does not adequately prepare them for the academic and social challenges of university.</p> <p>The University 1 (U1) office strives to be student-centered with drop-ins, lunch time appointments, providing a waiting room with refreshments and movies, and online resources such as the “first six weeks” program.</p> <p>The English Language Centre (ELC) launched Socio-Cultural Competency training in fall 2013 for their students to learn how to cope in a new culture and learning environment.</p> <p>Student Life hosts the Head Start program, an introductory day that invites students and their supports to preview the campus, and become oriented to campus life, and faculties or programs.</p> <p>Through the Access and Aboriginal Focus Programs, Extended Education offers pre-university training, financial aid, tutoring, advising and personal counselling to geographically or economically disadvantaged students. Personal coping skills are developed to help students balance life, work and university.</p> <p>Extended Education also offers a number of transition programs including: Summer University Advantage, a program for high school students admitted to the University that allows students to start their studies in summer, ensuring a smoother transition from high school; Math Boot Camp, a non-credit course to help students get a head start on university-level math; and Discover the U of M, a non-credit program for students completing grade 11 offers opportunities to experience an introduction to the University and its campus.</p>	<ul style="list-style-type: none"> • Support first year students to ease the academic and social transition from high school to university. • Encourage new students who have been receiving support for a disability or mental health problem or illness to contact the University in advance to identify needs and facilitate access to services. • Continue to expand the successful Head Start Program through Student Life. 	<p>U1/ Active Living/ Student Support/ Student Engagement/ Faculties/ Departments</p> <p>Student Support/ Student Services at Bannatyne/ Enrolment Services</p> <p>Student Life</p>
<p>3.5. STIGMA REDUCTION</p>	<p>Not unlike most settings, stigma related to mental health and mental health problems and illnesses is a reality at the University.</p>	<ul style="list-style-type: none"> • Use evidence-based strategies to bring awareness to misconceptions about mental health and mental 	<p>Student Affairs/ HR</p>

	<p>STIGMA REDUCTION CONT'D</p>	<p>In September 2013, the University's first mental health-focused student group, Active Minds, was formed with the goal to highlight the importance of mental health and support students with mental health problems and illnesses.</p> <p>The Health and Wellness Educator position has increased the focus on mental health on campus through presentations, pet therapy days, and celebrating national weeks such as Mental Health Week and Mental Illness Awareness Week.</p>	<p>illness, such as partnering with the Opening Minds initiative of the Mental Health Commission of Canada.</p> <ul style="list-style-type: none"> • Support initiatives by students to lead mental health awareness, education, outreach, and advocacy activities. 	<p>Student Support/ Student Unions/ Student Engagement (PEERS)</p>
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A RESPONSIVE COMMUNITY

Supportive campus communities are aware of and responsive to situations where a person’s internal and external resources may be reaching their limits, and early warning signs are beginning to appear. Crisis can often be averted by recognizing and responding to the early signs of mental health problems and illnesses. These signs may consist of a decline in academic or job-related engagement and performance, decreased interest in other areas of life such as relationships, self-care, and leisure activities, and perhaps odd or confusing behaviour that is atypical of the individual. Research has shown that the earlier people receive support for mental health issues, the more likely they will experience a full recovery, and minimize the negative impacts of mental health problems and illnesses on their life, including their career or academic trajectory.

Educate and equip faculty, staff and students to respond to early warning signs of mental health issues and when to seek additional support.

	Priority Areas	Current Progress	Actions	Responsible
4.1.	MENTAL HEALTH TRAINING	<p>The University has staff who delivers <i>Mental Health First Aid: for Adults who interact with Youth</i>, an evidence-based two-day workshop that helps participants identify signs and symptoms of mental health issues. The program decreases stigma and increases help-seeking.</p> <p>Residence Assistant (RA) training includes mental health awareness regarding what RAs should look for and how to respond to students with mental health problems and illnesses, including suicide awareness training.</p> <p>Great West Life’s Centre for Mental Health offers a wealth of online resources and tools for employees, supervisors, and administration to learn about the signs of mental health problems and illnesses and appropriate responses within the workplace, including addressing tough issues such as performance management and workplace accommodation.</p>	<ul style="list-style-type: none"> Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illnesses to appropriate campus and off-campus resources. Engage people who regularly interact with students such as parents, peers, and others in the community by providing information on the signs of mental health issues and useful referrals. Promote workplace mental health resources and modules at the Centre for Mental Health website by Great West Life. Acknowledging the significant impact of past trauma on the performance of employees and students, raise community awareness of trauma-informed approaches, such as exploring a partnership with the Manitoba Trauma 	<p>Student Support/ Learning and Development Services (LDS)/ ORMS</p> <p>Student Life/ Student Unions/ English Language Centre</p> <p>HR/ LDS/ HRAS</p> <p>Student Support</p>

			Information and Education Centre.	
4.2.	STUDENT HELP-SEEKING	<p>Not unlike many large institutions, creating ongoing awareness of services and supports is a challenging task. Students may not seek help for mental health issues due to lack of awareness about available services or misconceptions about those services. In some cultures, the concept of mental health is non-existent or taboo.</p> <p>Many services are available to students to improve academic, social and health outcomes such as the Academic Learning Centre, PEERS, Student Counselling Centre, University Health Service, Student Accessibility Services, Bannatyne Faculty Counselling Service, Aboriginal Student Centre, International Centre for Students, Chaplaincy Services and Health Sciences Centre Spiritual Health Services.</p>	<ul style="list-style-type: none"> Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking of students who are less likely to request support. Enhance communications and awareness of student support services. 	<p>Student Affairs/ Faculties/ Departments</p> <p>Student Affairs/MCO</p>
4.3.	EARLY IDENTIFICATION AND INTERVENTION	The University is currently exploring the implementation of an Early Alert system to identify early signs of students' academic issues. At other post-secondary institutions, Early Alert has been shown to facilitate linking students to appropriate supports and improving student retention and success.	<ul style="list-style-type: none"> Implement and evaluate the Early Alert program. Explore other academic support programs for students who are struggling or feeling overwhelmed. 	Student Affairs/ Faculties/ Departments

A SUPPORTIVE COMMUNITY

Timely access to mental health services is essential for University community members' career and academic success. The National Survey of Counseling Center Directors 2010 survey found that 59% of clients (students) indicated that their counselling experience helped them remain in school and improve their academic performance. This was the case in spite of the fact that most students access counselling for reasons unrelated to academic issues.¹² Research shows that students with mental health problems and illnesses and/or complicating factors such as problematic substance use or past or recent trauma benefit from an integration of services in a team-based approach. Such an approach enables the sharing of critical information among service providers involved with the student, resulting in improved services to the student and enhanced efficiencies for the participating units.

Forty percent of University employees who are on long-term disability are off due to "mental disorders" (Great West Life). Unfortunately, integrating employees back into the workforce who have taken leave because of a mental health problem or illness is a difficult task and is complicated by barriers such as stigma and fear of being judged, inability to do the same tasks as before the illness, or an overly ambitious return to work plan.

Increase the accessibility, availability, integration and effectiveness of mental health services available to faculty, staff and students.

	Priority Areas	Current Progress	Actions	Responsible
5.1.	INTEGRATED SERVICES AND SHARED CARE	Although the University offers many support services for students and the EAP services for employees, in order to meet the diverse and complex needs of the U of M community, it is necessary to partner with mental health resources offered by external stakeholders such as the Winnipeg Regional Health Authority (WRHA), Canadian Mental Health Association (CMHA) Winnipeg, Addictions Foundation of Manitoba (AFM), Klinik, and many others.	<ul style="list-style-type: none"> • Adopt an integrated culturally-appropriate approach to delivering mental health services to students, accessing both on-campus and off-campus supports and resources. • Strike a community liaison committee with external agencies to explore ways to extend services for students and employees, especially in specialized areas such as addictions and culturally-informed care. 	Student Support Student Support/HR
5.2.	ACCESS TO STUDENT MENTAL HEALTH SERVICES	The University is host to a number of services and practitioners serving a range of health and wellness roles: University Health Services (physicians, nurses, psychiatrist), Student Counselling Centre (psychologists, social workers, counsellors), STATIS (case manager), Faculty Counselling Service (psychiatrists), Student Advocacy and Accessibility	<ul style="list-style-type: none"> • Explore ways to enhance accessibility to campus mental health services, including stepped care approaches, group programming, and session limits. • Provide support to faculties 	Student Affairs Student

¹² The International Association of Counseling Services, Inc., "National Survey of Counseling Center Directors," 2010, http://www.collegecounseling.org/pdf/2010_survey.pdf

	ACCESS TO STUDENT MENTAL HEALTH SERVICES CONT'D	<p>Services (advocates, accessibility advisors), Chaplaincy Services (chaplains), HSC Spiritual Services at Bannatyne (spiritual care workers), Aboriginal Student Centre (Elders), PEERS (student supports), Faculty of Kinesiology and Recreation Management (leisure educators, exercise physiologists, athletic therapists, massage therapists), Health and Wellness Program (educator) and MILE/University Pharmacy (pharmacists).</p>	<p>in assessing a student's fitness to practice as a program requirement.</p> <ul style="list-style-type: none"> • Explore opportunities to develop and enhance programs and services delivered by students, such as the PEERS program and other student-led offerings. • Compile a list of off-campus resources that are culturally diverse, outlining the cost and services provided. 	<p>Affairs/ Faculty of Medicine</p> <p>Student Counselling Centre/ Student Life/ PEERS/ UMSU</p> <p>Student Support</p>
5.3.	SUPPORT FOR EMPLOYEES WITH MENTAL HEALTH PROBLEMS AND ILLNESSES	<p>The Employee Assistance Program (EAP) at the University is the primary resource for all employees struggling with personal, work-related or mental health issues. There is no session limit for this free service, but it is largely brief-treatment focused and counsellors determine the number of sessions allotted to employees. They offer different means of accessing counselling through in-person, phone, online chat, or email contact.</p>	<ul style="list-style-type: none"> • Enhance support to employees with mental health problems and illnesses through a variety of approaches, including strengthened EAP services. 	<p>HR/ EAP/ University Health Service/ HRAS</p>

A RESOURCEFUL COMMUNITY

Some people are faced with problems in their personal and/or professional life that overwhelm their capacity to cope and to manage their life effectively. It is at this point that the nature of their environment and the quality and accessibility of support becomes a critical aspect of the person’s willingness to seek help, and, eventually, in their recovery process.

Build awareness of the signs of a mental health crisis or suicidal thinking, and the appropriate responses and resources for referral.

	Priority Areas	Current Progress	Actions	Responsible
6.1.	CRISIS INTERVENTION AND SUICIDE PREVENTION	The STATIS (Student Threat Assessment and Triage Information System) program takes an individualized approach to each student case. The members of the STATIS team reflect expertise in the areas of administration, security, mental health, and legal issues, and are positioned to explore and address a broad range of problems and solutions involving students of concern. Many faculty and staff members have been made aware of the STATIS program.	<ul style="list-style-type: none"> • Increase opportunities to equip faculty, staff and students with skills to respond to a mental health crisis or suicidality. • Review the campus environment to reduce access to means of suicide. • Increase awareness of Student Threat Assessment Triage Intervention Support (STATIS) and its important role. 	Student Support/ HR ORMS/ Faculties/ Departments Student Support
6.2.	POST-TRAUMA SERVICES	Although rare, when tragedies do occur among students or employees there are resources on campus to help mitigate the effects. The Student Counselling Centre and EAP services, along with external resources, can be mobilized to respond to and support those people who have been affected.	<ul style="list-style-type: none"> • Create awareness of post-trauma resources, and develop a protocol for responding to a traumatic event such as a student death by suicide. 	ORMS/ HR/ Student Affairs

A VISION FOR THE FUTURE

STRUCTURE FOR IMPLEMENTATION

Realizing the benefits and potential of the campus mental health strategy will require efforts from all corners of the University of Manitoba.

Plans are currently underway to develop a process to effectively implement the campus mental health strategy.

EVALUATION

Overall, it appears that post-secondary institutions are employing a spectrum of programs and interventions to address campus mental health issues and promote well-being. Rigorous evaluations of these interventions, on the other hand, are relatively few and most authors indicate that further research and on-going evaluation is still required for conclusive recommendations.

In view of the research limitations, and because the university does not exist in isolation, this strategy also draws on best practices that have demonstrated impact at the broader community level and that can be applied to the campus environment and workplace context.

The results of the campus consultation and sources of professional literature were used in deriving conclusions and interpretations leading to the strategic priorities and action areas, from which a number of detailed actions have been identified.

Drawing upon the expertise and knowledge of faculty members, alumni, and graduate students, the U of M will strive to evaluate the strategic actions and initiatives to gauge efficacy and outcomes. Necessary adjustments will be made where evaluations have shown little or no effect of the interventions, or as new research or best-practice emerges.

REPORTING PROGRESS

Clear communication about the progress of the implementation of the campus mental health strategy and its initiatives is of the utmost importance to ensure transparency, accountability and ongoing priority is placed on the mental health and wellness of the campus community. The strategy's progress will be documented in an annual report, along with highlighting individual initiatives as they are launched throughout the year.

APPENDIX A: BACKGROUND ON STUDENT AND WORKPLACE MENTAL HEALTH

Mental health can be defined as “the capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity”.¹³

In Canada’s mental health strategy, the Mental Health Commission of Canada uses the phrase “mental health problems and illnesses” as referring to “the full range of patterns of behaviour, thinking or emotions that bring some level of distress, suffering or impairment in areas such as school, work, social and family interactions or the ability to live independently.”¹⁴

Historically, mental health and mental illness were thought of as two separate and distinct states of wellness. A person could either be mentally healthy or mentally ill, but not at the same time. Dr. Corey Keyes, an American psychologist, researched this model and the key elements or factors that enable positive mental health, and founded a new model of conceptualizing mental health and mental illness (see Figure 1). Keyes dual continua model emphasizes that mental health and mental illness are not along the same continuum, but are on their own continuum. The model presents three potential states of mental health: Flourishing, moderate, and languishing. Along with any of these states, a person could have a degree of mental illness from serious or severe symptoms to no diagnosable mental illness.

A key reality that is built into this model is that promoting the mental health of the whole population, inclusive of persons with mental health problems and illnesses, helps to move people from languishing to moderate to flourishing. People who are languishing in their mental health, but do not have a diagnosable mental illness, are at highest risk of developing mental illness in the future.

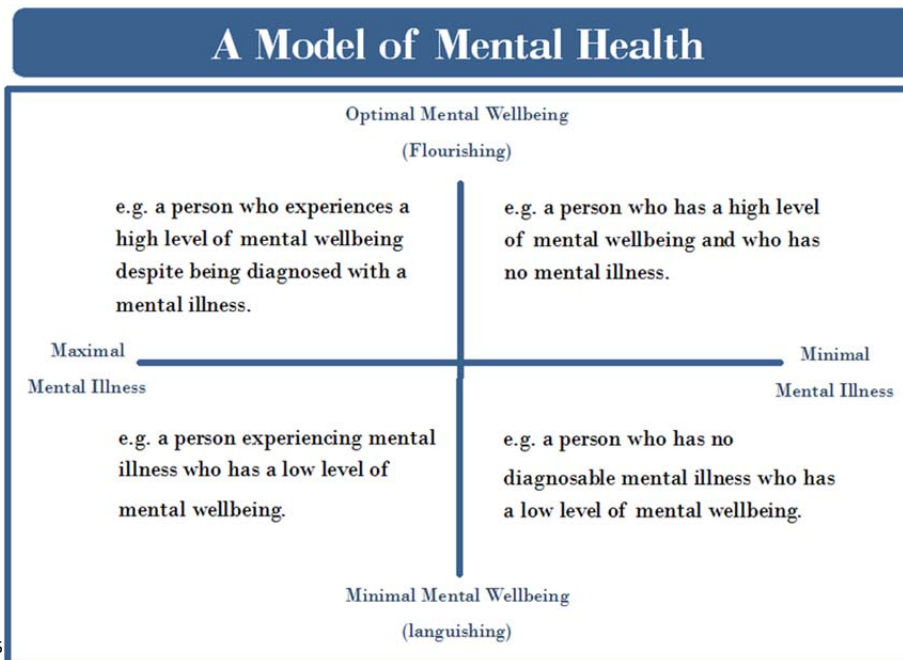


Figure 1¹⁵

¹³ Public Health Agency of Canada. “The Human Face of Mental Health and Mental Illness in Canada,” Government of Canada, 2006, p. 2, http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf

¹⁴ Mental Health Commission of Canada. (2012). Changing directions, changing lives: The mental health strategy for Canada. Calgary, AB: Author, <http://www.mentalhealthcommission.ca/English/node/721>

¹⁵ Adapted from Corey Keyes, “The Mental Health Continuum: From Languishing to Flourishing in Life,” *Journal of Health and Social Behavior* 43, 2008, p. 207-222, <http://education.ucsb.edu/janeconoley/ed197/documents/Keyesmentalhealthcontinuum.pdf>

Background

In the past few years, there has been an evident shift in the way that post-secondary institutions view their role with respect to health and mental health of their campus community. Recent research conducted by the Mental Health Commission of Canada confirms that university students are at high risk of developing mental illness as 75% of mental illnesses have their onset before the age of 25. 20% of Canadians (ages 15-24) reported a mental illness or substance abuse problem. Depression has been linked as significant predictor of lower GPA and higher chance of dropping out.¹⁶ As universities seek to increase student retention and address the factors related to drop out, institutions have been grappling with ways to provide enough support to students with mental health issues.

In 2011, a literature and environmental scan commissioned by CACUSS (Canadian Association of College and University Student Services) states there is clear evidence that:

- Suicide is among the top two common causes of student death;
- More students are coming forward to seek help for mental health problems and illnesses;
- More students are taking psychotropic medications;
- More students with chronic mental illnesses are attending college/university; and,
- Mental health issues are identified by students as having the greatest impact on their academic success.

Also, equally important as student mental health is the issue of workplace mental health, or psychological health and safety. The Mental Health Commission of Canada reports that over 500,000 Canadians miss work each day due to mental health issues, and the annual economic toll of mental health issues in Canada is \$51 billion. As of March 29, 2013, of those U of M staff who are on short-term disability (less than 6 months) where the nature of the illness is known to Human Resources, about 40% are in relation to mental health issues, either as a primary (30%) or secondary (10%) diagnosis. Of the U of M staff on long-term disability (over 6 months), about 40% of them are off due to a “mental health disorder” (from Human Resources/Great West Life).

The costs of a mentally unwell or unsafe workplace are sometimes obvious such as short term and long term disability premiums, prescription drugs, and the employee assistance plan (EAP). Some of the costs are more hidden such as lost productivity from absenteeism and presenteeism, and those resulting from turnover like recruiting and training. There are risks related to a psychologically unhealthy and unsafe workplace such as those related to legal considerations and institutional reputation like potential liability related to federal and provincial statutes governing human rights, occupational health and safety, workers compensation, collective agreements and employment contracts.

The Association of Universities and Colleges in Canada (AUCC) has been proactive in its approach to mental health in creating Presidents’ working group tools such as a checklist for institutional response, an online toolkit, and a presentation to increase awareness. Universities such as Queen’s, Simon Fraser, University of British Columbia, Waterloo, Carleton, University of Alberta, Mount Allison and Mount Royal are taking innovative steps to improve mental health and well-being, increase awareness about mental health, reduce the stigma related to mental illness, and provide appropriate and timely interventions for those struggling with mental health problems and illnesses.

For example, some approaches have included:

- A mental health mandate from the President and/or Senior Executive Team;

“Solutions are not simply a matter of investing in more counselling and counselors. A real focus needs to be on long-term institutional culture change: to build awareness, support and outreach to ensure an environment of mental wellness and a holistic approach to the campus community (e.g. recreation programs, student clubs, more balanced exam schedules).” – AUCC

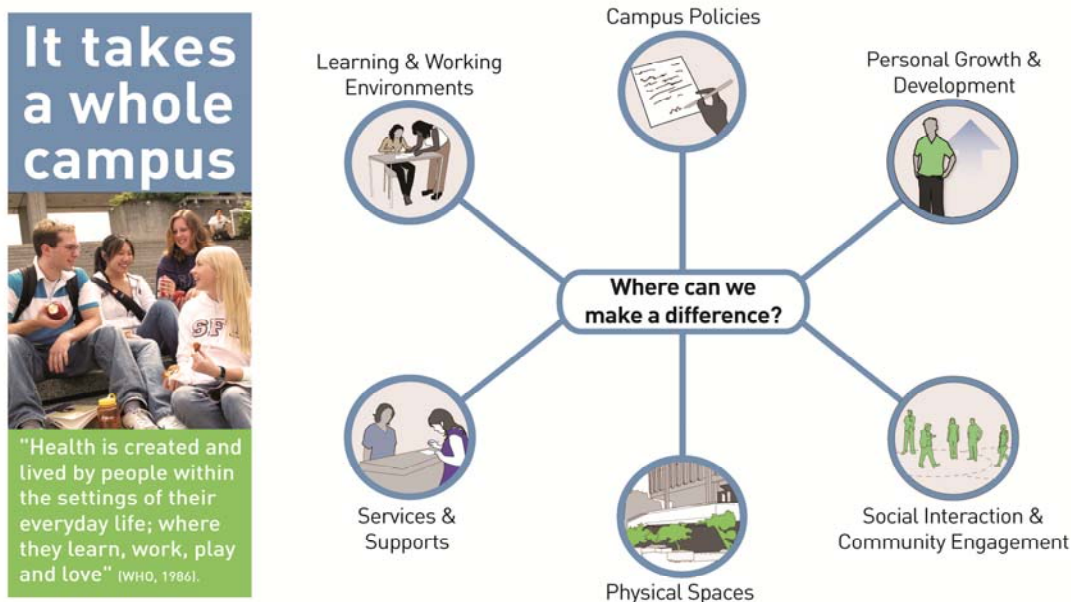
¹⁶ Daniel Eisenberg, Ezra Golberstein, & Justin Hunt, “Mental Health and Academic Success in College,” 2009, [http://www-personal.umich.edu/~daneis/papers/hmpapers/Eisenberg%20et%20al%20\(2009\).pdf](http://www-personal.umich.edu/~daneis/papers/hmpapers/Eisenberg%20et%20al%20(2009).pdf)

- Consultation with stakeholders within and external to the institution;
- A comprehensive review of current mental health supports for staff and students, and allocation of resources to increase resources, e.g. additional counsellors, mental health nurses, whole units dedicated to campus health and wellness, etc.;
- A review of the respective institution’s support for health and wellness;
- Creation of an institutional mental health strategy or framework; and
- Allocation of resources to fund projects, activities and events, and partnerships with external agencies such as The Jack Foundation, ‘Not Myself Today’ and ‘Call Out’ sponsored by Partners for Mental Health.

Healthy Universities

A holistic or whole campus approach to mental health is used in this strategy, following closely the framework provided by the recently launched [Post-Secondary Student Mental Health: Guide to a Systemic Approach](#) by CACUSS and CMHA. Although many post-secondary institutions have traditionally addressed mental health from a risk reduction approach, the evidence and emerging research calls upon the U of M to embrace an asset or strength-based approach that is in line with creating healthy campus communities. The Healthy Universities model recognizes the complex factors that impact on the promotion, prevention, and emergence of health and mental health issues. Figure 5 from the Healthy University framework depicts this innovative approach to positively impacting on the health and wellness of a campus community:

Figure 5¹⁷



Significant changes in the area of mental health have taken place over the past few years at the U of M, provincially, nationally, and internationally and it is recognized that it is now time to build on existing provincial direction ([Manitoba’s Mental Health Strategic Plan: Rising to the Challenge¹⁸](#)) and AUCC priorities and establish a mental health strategy for the U of M. In early 2012, U of M identified the need to develop a mental health strategy focusing on students, staff and faculty that provides direction for the enhancement of an accountable, coordinated and integrated system of services, supports, and responses that is in line with evidence-based and promising practice.

¹⁷ Adapted from Simon Fraser University, A Healthy Campus Community, 2013, <http://www.sfu.ca/content/dam/sfu/healthycampuscommunity/PDF/HealthyCampusCommunity.pdf>

¹⁸ Government of Manitoba, “Rising To The Challenge: A Strategic Plan for the Mental Health And Well-Being of Manitobans,” 2011, <http://www.gov.mb.ca/healthyliving/mh/docs/challenge.pdf>

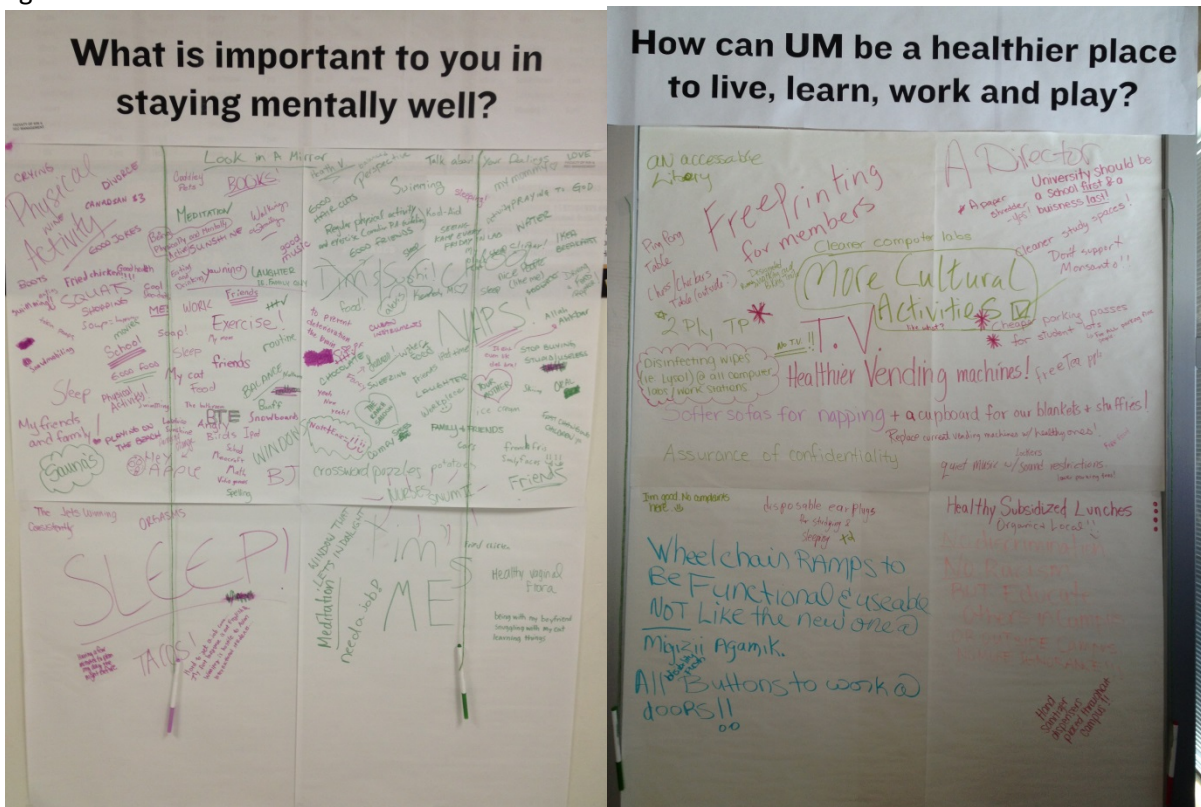
APPENDIX B: CAMPUS CONSULTATION, DATA COLLECTION AND METHODOLOGY

Process

The Mental Health Consultant was seconded from the Province in February 2013, and began work on the literature review and consultation plan. The Mental Health Strategy Working Group was created and held regular meetings from February 2013 through May 2013. During this time span, the consultant compiled and reviewed a variety of research and media publications related to mental health issues on campus.

For the first stage of consultation, the consultant launched an information gathering initiative named “Scrawl on the Wall” (see Figure 2). Six different questions related to health and mental health were posted on all three campuses in about 24 different locations. Students, faculty and staff engaged in writing their thoughts, and ideas on the posters. Over 600 applicable comments were logged and analyzed. Even though the questions were dominantly about health, mental health, and wellness, the top issue written about was about food and drink on campus (lack of variety and nutritious options, access, and affordability). The second highest issue identified was mental health (lack of access to counselling and other wellness resources such as yoga, mindfulness; lack of awareness and education; and increased stigma). The third highest theme identified was stress reduction (more intramurals; access to massage therapy, pet therapy, and quiet spaces; and tai chi).

Figure 2



From April 2013 – September 2013, the consultant conducted:

- nine student focus groups with 70 students in total;
- a series of interviews and validation sessions with leadership and staff of most of the Student Services units (Counselling and Career Centre, International Centre for Students, Aboriginal Student Centre, Student Advocacy

and Accessibility, University Health Services, Student Services at Bannatyne), and Active Living, University One, Student Life/PEERS/Chaplaincy Services, the Registrar's Office, Human Rights and Advisory Services, the Office of Risk Management and Security, Financial Aid and Awards, the Associate Deans at Bannatyne, and the 2013/14 executives of UMSU and GSA;

- interviews with selected key internal informants:
 - Florence Paynter, Gary Robson (Indigenous Elders)
 - Dr. Carla Shapiro, Wanda Chernomas (Faculty of Nursing)
 - Dr. Cathy Rocke (Faculty of Social Work)
 - Dr. Sandra Hershcovis (Department of Business Administration)
 - Bryan Wiebe, Barbara Hanchard (Human Resources);
- interviews with eight staff members who are on leave from work at the U of M due to mental health issues;
- interviews with union executive representatives from the five workforce unions: CUPE (Engineering); CUPE (Sessional Instructors/Student Assistants); UMFA; CAW; and AESES; and
- external interviews with representatives from the following organizations:
 - Winnipeg Regional Health Authority
 - Klinik Community Health Centre
 - Canadian Mental Health Association Winnipeg,
 - Addictions Foundation of Manitoba, and
 - Government units: Addictions Management Unit, Mental Health and Spiritual Health Care Branch, and Council on Post-Secondary Education (COPSE).

Many presentations were delivered by the consultant to internal councils and committees, and consultation data was also gathered in these settings. The consultant also conducted an online survey of faculty and staff related to student mental health. Over 850 U of M employees responded to the survey.

Key results of the Faculty and Staff Survey on Student Mental Health (June 2013)

550 management and support staff, and 303 faculty members filled out a brief online survey. The responses from the faculty are in Figure 3. The responses from management and staff are in Figure 4.

About 70% of faculty believed that student mental health issues are at least somewhat related to academic problems (Fig 3: Impact on Academic Issues). 44% of faculty (141 faculty members) and 46% of management and staff members (238 members) that responded to the survey stated that student mental health issues impact their work on a daily, weekly, or monthly basis (Fig 3: Frequency of Impact). Although the majority of faculty members (61%) surveyed felt at minimum somewhat comfortable addressing student mental health issues, about 50% of faculty only felt slightly or not at all supported with resources, or knowledgeable about resources for students with mental health issues.

A slight majority of management and staff surveyed (52%) indicated that they only felt slightly or not at all comfortable in addressing student mental health issues, with the larger majority (63 – 65%) only feeling slightly or not at all supported or knowledgeable about resources.

The majority of faculty (51%), management and staff (69%) only felt slightly effective or ineffective in addressing mental health issues with students.

Figure 3: Faculty Feedback: Student Mental Health Issues

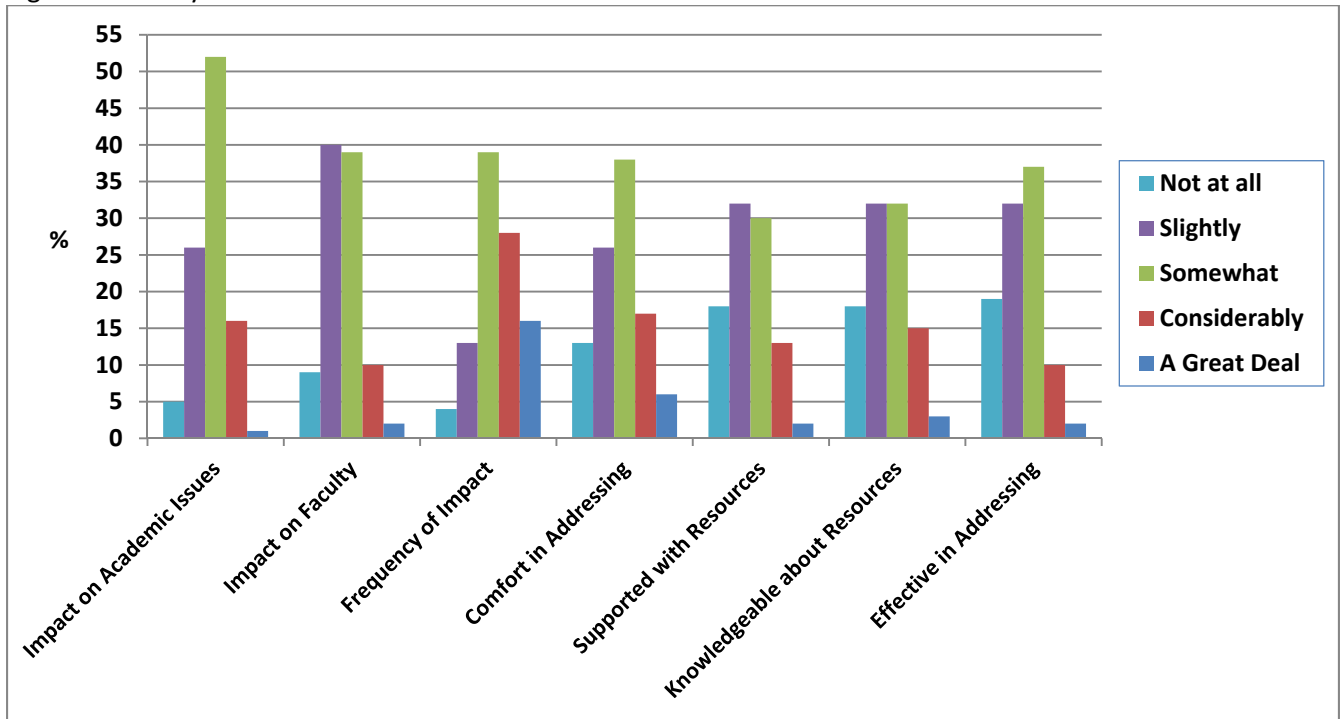
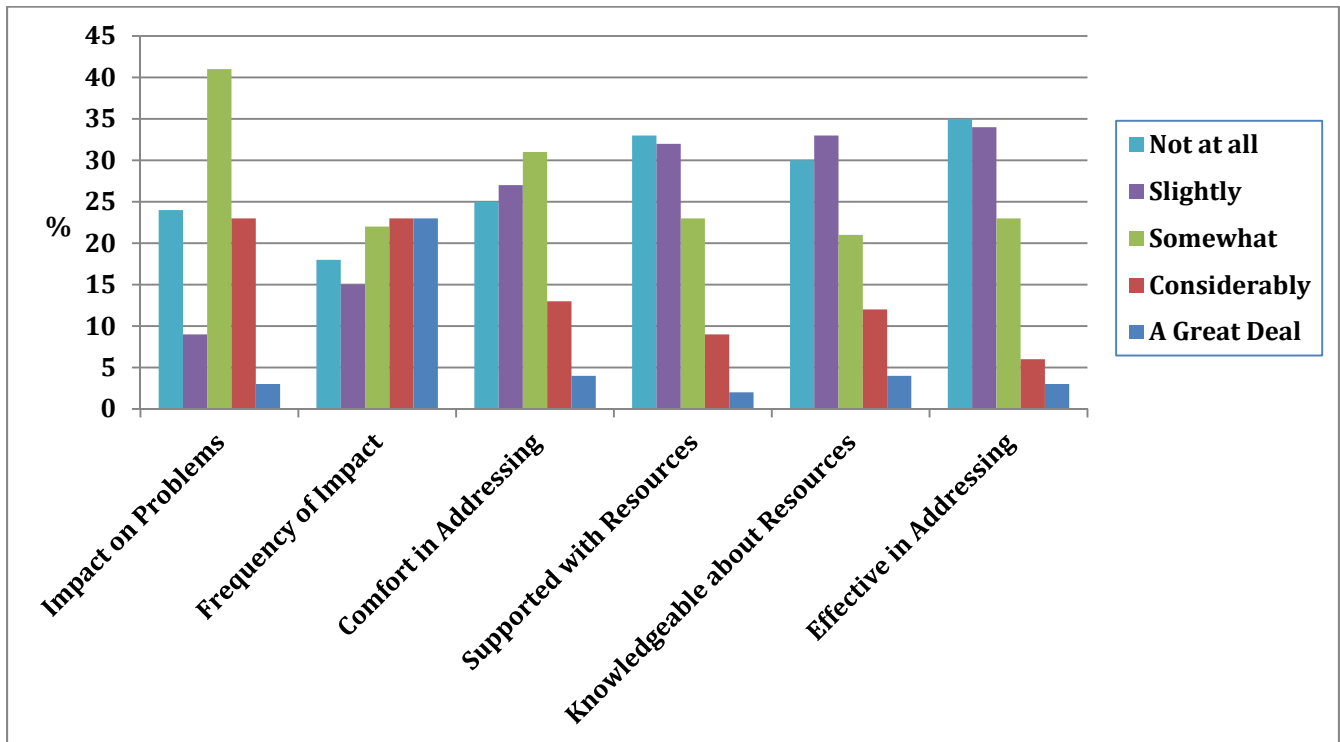


Figure 4: Management and Staff Feedback: Student Mental Health Issues



When asked what mental health issues are being seen in students, almost all respondents listed anxiety (90%). Overwhelming stress (82%), depression (62%) and sleeplessness (46%) were also prevalent. Substance use and addictions (31%), social phobia or isolation (27%), eating disorders (14%) and bipolar disorder (14%) were also noted.

Key results of the National College Health Assessment (March 2013)

In spring 2013, 1800 U of M undergraduate and graduate students were randomly selected to participate in the NCHA survey. Of the 1800, 561 responded leading to a satisfactory response rate of 31%. According to students surveyed, the top five factors negatively affecting their academic performance (i.e. lower grade on exam/project/course, incomplete/dropped course, and significant disruption in thesis, dissertation, research, or practicum work) include: Stress (31.5%); Anxiety (23.9%); Sleep difficulties (21.4%); Depression (12.6%); and Death of a friend/family member (7.4%).

When asked if they had ever received psychological or mental health services in their lifetime:

- 25% of U of M students reported seeing a counselor, therapist and/or psychologist
- Almost 12% accessed these services from another medical provider (physician, nurse practitioner)
- About 7% of U of M students had seen a psychiatrist, and
- Over 6% reported accessing this help from a minister/priest/rabbi/other clergy.

In the last 12 months, 83% of U of M students surveyed said that they felt overwhelmed by all they had to do; 82% felt exhausted (not from physical activity); over 55% felt very lonely; and about 33% felt so depressed it was difficult to function. In terms of suicide in the last 12 months, 47% of students surveyed had felt things were hopeless; and over 6% had seriously considered or attempted suicide.

About one in ten U of M students reported that they felt that they were treated unfairly in the past 12 months because of a past or current emotional or mental health problem. Of those treated unfairly, 94.8% reported that it affected their work/school life, including 15.5% who reported that it severely affected their work/school life.

About 30% of U of M undergraduate students would **not** consider seeking help from a mental health professional in the future if they were having a personal problem that was really bothering them. Only 7.4% of U of M students report accessing campus counselling or health services. This is significantly lower than the national average, where twice as many students reported accessing these campus-based services.

Findings from the campus consultation

Data and verbatim quotes from all of the aforementioned consultation sources were analyzed and coded for themes and patterns. From there, the issues and corresponding recommendations were assigned to one of the following overarching components¹⁹ that create the framework for this report:

1. Institutional Structure – A committed community
2. Supportive, Inclusive Campus Climate and Environment – A caring community
3. Mental Health Awareness and Self-Management – A healthy community
4. Community Capacity to Respond to Early Indications of Concern – A responsive community
5. Accessible Mental Health Services – A supportive community
6. Crisis Management – A resourceful community

¹⁹ The framework components and elements of each component were adapted and taken from Canadian Association of College & University Student Services and Canadian Mental Health Association, Post-Secondary Student Mental Health: Guide to a Systemic Approach, 2013, http://www.healthycampuses.ca/sites/default/files/files/PSSMH_GuideToSystemicApproach_CACUSS-CMHA_2013.pdf