enhancing student mental health and wellness

AT BRESCIA
Acknowledgements

For the Mental Health Project Team the past 18 months have represented a journey of learning and even more, a journey of the heart. Our deepest gratitude must be extended to Krystle Shore (Psychology, ’13), who spent the final four months of her undergraduate career sharing her time, voice, and research with us—her contribution shaped the future steps of this project. We were very fortunate to have Dr. Dominick Grace, Associate Dean of Student Affairs, join us as we worked through the end stages of this document. Thank you to the Brescia University College Students’ Council for the financial support for the compiling of this report.

We also wish to express our sincere appreciation to the students, staff, and faculty who participated in this project and believed in its purpose. This report is yours: Your experiences, stories, thoughts and ideas are here. Your collective voices inform the direction we take as we continue to create a healthy and happy environment for women pursuing higher education at Brescia.
At Brescia there is a very clear connection between academic success and mental health and wellness. In 2013, 41 students were placed on academic probation; 17% of those students disclosed mental health issues.

In addition, students are increasingly making requests for academic accommodation due to mental health and these requests are occurring at significant times of the year in the student lifecycle. In 2013-2014, 64 requests were granted due to mental health concerns, with 25% of them occurring in October 2013 and 33% occurring in April 2014.

Student mental health and wellbeing is vital to the success and engagement of Brescia’s community, composed of 1300 students, 120 staff, and 85 faculty members. It is a key dimension of university life, affecting all aspects of students’ learning and academic success (MacKean, 2011; Council of Ontario Universities (COU), 2010; Ontario College Health Association (OCHA), 2009). There is growing concern among all Canadian higher education institutions about the increasingly complex mental health difficulties students are experiencing or mental illness with which they may be living, affecting their learning and academic life (COU, 2010). Similarly, the number of students choosing to come to higher education with pre-existing mental health concerns is rising and more of these students are coming forward to seek support or self-disclose their experiences, expecting their institution will be able to support their needs.

Women in this age group are particularly inclined to experience mental health concerns related to depression, anxiety, eating disorders, self-harm, and suicide (Public Health Agency of Canada, 2011). With the awareness that post-secondary institutions are often high-stress environments with academic overload, pressure to succeed, competition with peers, financial burdens, and concern for the future (MacKean, 2011), it is clear that mental health and wellbeing permeate every aspect of the student experience.

Much is understood about the interaction of mental health and mental illness. The concept of ‘flourishing’ associates health with human potential and enhances physical, emotional, social, spiritual, and intellectual functioning when it is achieved (Keyes, 2007). The following model illustrates that mental health and mental illness are related phenomena, yet exist on two distinct continua (see Figure 1).

**Executive Summary**

**Student Mental Health and Wellbeing: Why Does It Matter?**

Student mental health and wellbeing is vital to the success and engagement of Brescia’s community, composed of:

<table>
<thead>
<tr>
<th>STUDENTS</th>
<th>STAFF</th>
<th>FACULTY MEMBERS</th>
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<td>1300</td>
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<td>85</td>
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Literature highlights that the traditional student population, aged 15-24, is at the greatest risk for mental illnesses than any other age group (Public Health Agency of Canada, 2011; OCHA, 2009; Statistics Canada, 2003).
Mental health is more than the absence of mental illness. Mental health includes key principles of interdependence, meaningful participation in one’s community, feelings of belonging and inclusion, resilience, balance, and self-actualization (Canadian Association of College and University Student Services (CACUSS) and Canadian Mental Health Association (CMHA), 2013; CMHA, 2013). The Keyes model confirms that a student with a mental illness could still experience optimal mental health in a holistic sense.

**Call to Action**

There is a national call for universities to prioritize student mental health deeply, structurally, and broadly, emphasizing that the ability of students to learn and participate in university life depends upon their mental wellbeing.

In the winter of 2013, the Student at Risk Committee, a branch of Brescia’s Academic Council, established a Mental Health Project Team. Due to an increased number of student crises presenting before the Student at Risk Committee, Brescia recognized the need for a comprehensive strategy to not only support intervention, but also to enhance promotion and education of mental health and wellbeing.

In June 2013, The Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA) formally established a systemic approach to student mental health and wellness policy, practice and programming. The approach outlines a national framework for providing support at all levels, from the individual student through to the campus community. Brescia’s Mental Health Project Team utilized this framework to drive the structure and process of its consultation.

Between February 2013 and July 2014, the project team, comprised of two staff from Academic Advising and Student Life, and one faculty member from the Department of Psychology, embarked on a campus-wide consultation at Brescia to explore the key question: How can Brescia enhance mental health and wellness support for its students?

### Mental Health and Wellness on Western’s Campus

In April 2013, Western University administered the National College Health Assessment (NCHA) by the American College Health Association. Including students from the Affiliate University Colleges, 810 students were surveyed about their health and mental health habits, behaviours, and perceptions. Results indicated that 74% of respondents were women.

**THE TOP FACTORS AFFECTING ACADEMIC PERFORMANCE WERE:**

- Stress (37.7%)
- Sleep Difficulties (26.3%)
- Anxiety (25.8%)

**FOR FEMALE RESPONDENTS, THE FOLLOWING HAD BEEN TRAUMATIC OR VERY DIFFICULT TO HANDLE WITHIN THE LAST YEAR:**

- Academics (59%)
- Sleeping Difficulties (34%)
- Intimate Relationships (33%)
- Finances (33%)
- Family Problems (31%)

*NOTE: 57% of female students reported 3 or more of these concerns, among others, within the past 12 months*

**RESPONDENTS REPORTED EXPERIENCING THE FOLLOWING IN THE LAST 12 MONTHS:**

- 91% felt overwhelmed by all they had to do
- 61% felt overwhelming anxiety
- 53% felt things were hopeless
- 39% felt so depressed it was difficult to function
The project team undertook plans to:

1. Explore best practices for addressing mental health and wellness in Canadian universities, within the context of national mental health trends.

2. Conduct a consultation of the campus community to identify how Brescia can mobilize and enhance student mental health and wellness support by:
   a) Examining how mental health needs of students are currently supported at Brescia and;
   b) Addressing future possibilities for mental health and wellness support.

3. Submit a report with recommendations for consideration by Academic Council, College Council, the Principal and Senior Leadership Team, and the Board of Trustees.

Consultation Process

This project included three consultative stages. One survey was sent to 119 staff, 102 faculty, and 62 student leaders (283 members); one world café, called the Mental Health Forum, that involved 42 participants; and four focus groups that included 38 participants from the Library, Student Affairs Division, Financial Aid, Brescia University College Students’ Council (BUCSC), and Senior Leadership Team (SLT). Two attempts were made to coordinate a fifth focus group with Brescia’s Educational Policy Committee (EPC), but were unsuccessful. Questions were instead emailed to EPC members and one response was gathered. An appreciative inquiry approach was chosen as it aligned well with the values of this project and facilitated an engaged, generative process.

Forty staff, 37 faculty, and 31 student leaders participated in the survey (108 responses = 38.2% response rate). This survey collected perceptions and experiences pertaining to mental health and wellness at Brescia. Twelve staff, 11 faculty, and 19 students participated in the Mental Health Forum to further explore how Brescia supports mental health, fosters mental wellness, and what could be done to enhance these areas. All focus groups examined: a) participants views on the ways their department supports student mental health and wellness; b) the policies and procedures that participants identified as needing development or revision; c) participants’ perceptions of the relationship between student mental wellness and staff and faculty mental wellness.

This report outlines a holistic approach to supporting student mental health and wellness on Brescia’s campus, providing an overview of current progress and considering priority areas and opportunities for further action. Thoughtful and purposeful attention toward supporting student mental health and wellness allows Brescia to further realize its vision of providing an inclusive learning community as the university college of choice for women. Moreover, it aids Brescia in realizing its student-centered focus and key objective of increasing retention rates to 85% by “implementing…non-academic strategies that optimize learning for women” (Brescia University College, 2010, p. 9). Recognizing retention rates “as a measure of meeting students’ needs” (p. 9), the Brescia campus community, its students, staff, and faculty are positioned to greatly benefit from the considerations in this report.
This report is founded on the following guiding principles (CACUSS-CMHA, 2013):

- Mental health is essential to students’ academic success, as well as their ability to participate fully and meaningfully in all aspects of their academic lives, personal lives, and throughout their lifespans.
- The empowerment of all members of the campus community to actively participate in maintaining their wellbeing is essential. Addressing mental health issues sets the foundation for increasing the ability to sustain one’s wellbeing.
- Physical, cultural, spiritual, political, socio-economic, and organizational contextual factors are interrelated and significantly impact the student experience, as well as the institutional culture for all members.

This report represents a call to all students, faculty, and staff. To sustainably support student mental health and wellbeing, all members in the Brescia community must:

- Consider mental health as everyone’s responsibility
  - The implementation of strategic goals, their progress, and metrics must be supported by relevant portfolios
- Identify ways to participate in and enhance mental wellbeing through supporting institutional, departmental, and individual changes
- Commit financial resources to expand support
- Provide expertise where needed
- Address barriers to wellbeing
- Know the resources available and refer those who may be struggling with mental health issues to these resources
- Promote and adopt the guiding principles (see left)

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 wellbeing that respects the importance of culture, equity, social justice, and personal dignity.”
Brescia is not alone in examining ways that mental health and wellbeing can be supported and enhanced on campus. Universities across the country have undertaken these activities following the CACUSS/CMHA document: Post-Secondary Student Mental Health: Guide to a Systemic Approach. Released in 2013, this document encourages universities to assess current realities surrounding mental health and wellness on campus, and to include all stakeholders in a community-wide consultation.

The framework focuses on seven key components for a comprehensive student mental health strategy (see Figure 2). It outlines how the components impact all students, students with concerns about coping, and students with more complex and serious mental health concerns.
Brescia Framework

The following adaptation of the CACUSS-CMHA framework presents the findings of Brescia’s consultation in the context of its unique environment, culture, and student experience. The following chart provides a breakdown in three areas:

**Priority Areas**

Focused areas for enhancement. Areas that strengthen knowledge and action toward supporting mental health and mental wellbeing at Brescia.

**Current Progress**

Evidence collected throughout the consultation process that underscore a Priority Area.

**Opportunities for Action**

Recommended steps for consideration. Recommendations are based on a review of literature and best practices from other post-secondary institutions in Canada and were developed using aggregate data collected from the Brescia community.
1. A Community of Purpose

Solidifying Brescia’s Institutional Commitment to Mental Health and Wellness

› 87% of survey respondents stated Brescia is responsible for promoting mental health and wellness (Strongly Agree or Agree).

› Focus Groups (FG) were motivated to participate in the promotion of wellbeing for the following reasons:
  - Creation of a more positive academic setting.
  - Lived experience with friends or family members dealing with mental health issues.
  - To show that success looks different for each person.

› World Café (WC) participants identified how closely wellbeing is linked to the retention of students

Note: Survey items were measured on a 5-point scale from “Strongly Disagree” to “Strongly Agree” or “Not Important At All” to “Extremely Important”.

OPPORTUNITIES FOR ACTION

› Adopt consistent key messages regarding the importance of mental wellbeing for academic success in all Brescia communications, including internal and external communications. A focus is necessary within internal communications.

› Include mental health and wellbeing as an institutional commitment in Brescia’s Strategic Plan:
  - Design goals and objectives for the strategic development of mental health and wellness.
  - Develop appropriate metrics to begin compiling and disseminating mental health and wellness data. This will drive decision-making that is evidence-based and accountable. Metrics may include:
    - Academic accommodations for mental health reasons
    - Academic probation where mental health is a factor
    - Number of Brescia students visiting Western Counselling Services
    - Students’ self-reported sense of belonging
    - Students’ self-reported confidence in being able to: cope with the demands of their life; manage stress successfully over the past year.
    - Engagement measures for students, staff, faculty in wellness initiatives

Policy Review of Academic Accommodation

› FG participants identified that Brescia’s Academic Accommodation Process can provide support for students who are struggling with all types of health issues, but can be misunderstood or misused by students and applied inconsistently by faculty members.

› Review Academic Accommodation policy, procedure, and practice to more sustainably support students in fulfilling their academic and personal capacity.

› Draft framework/criteria to guide practice and facilitate student accountability and self-management.

For repeated student accommodation requests, consider how the policy can include ways to engage the student in identifying strategies for academic success, coping, and self-management skills.
While World Café (WC) participants addressed Brescia’s small size and caring community as a benefit to the promotion of wellbeing, they also highlighted that students can be cautious to come forward for help because of fear of stigma or being identified and singled out as having difficulties.

Review academic policies to consider their effect on student mental health and wellbeing. Potential policies that inform further practice, include:
- Withdrawing from a course or for a semester
- Renewable Scholarship program
- Alternatives for students who aren’t able to return to competitive programs
- Academic requirements for students participating in student leadership opportunities

Examine the impact of the current academic environment on student mental health, wellbeing, and learning.

Develop a consistent framework for incorporating student wellbeing into academic decision-making, when relevant.

60% of survey respondents did not know whether or not there was mental health and wellness information on Brescia’s website.

FG participants identified that any information on Brescia’s website is not prominently linked off the home page and is difficult to find.

Establish a cohesive area on Brescia’s website that increases accessibility to mental health and wellness links for internal (Brescia & Western) and community resources when needed, and that are specific to Brescia’s students, faculty, staff. This page can be linked to Brescia’s home page, making it visible and quickly accessible in urgent situations.

Establish measures to track usage of these web pages. Possible metrics may include:
- Hits and visits throughout the year to determine how high-traffic times may correspond to the student lifecycle.
- User engagement (i.e., accessed site directly, through other links, or through a search)
- Time on webpage

“The mental well-being of our students should be set as a clear priority so that everyone who works at Brescia will frame what they are doing on a daily basis around this.”

– Brescia Focus Group Participant

The University of Manitoba has recently used the CACUSS-CMHA framework to create ‘Success through Wellness’, their own mental health strategy, which included the development of a ‘Mental Health on Campus’ webpage with robust links and resources. http://umanitoba.ca/student/mentalhealth/
2. A Community of Care

**Enhancing Space to Reflect Campus Environment**

- 90% of survey respondents felt Brescia has warm, welcoming and safe spaces for students to gather (Strongly Agree or Agree).
- Some of the spaces at Brescia have been developed to foster a sense of connectedness (e.g., Clare Hall and Beryl Ivey Library), but FG participants also commented how the campus has changed with the addition of Clare Hall, creating some dead space and new challenges around preserving the feeling of a “tight-knit” community.
- In the World Café, Brescia's grounds were identified as a strength in the promotion of well-being. The campus was viewed as beautiful and peaceful.

**Linking Student Mental Health to Community Wellbeing**

- Multiple FG's identified there is a connection between the well-being of faculty and staff and their role in providing a healthy campus for our students.

**Improving Cross Departmental Communications**

- 98% of survey respondents felt personally responsible for contributing to a supportive and inclusive environment.
- Many FG participants were unsure how their role and other roles at Brescia explicitly support a student when it comes to wellbeing and mental health promotion.

- Develop a strategy for creating a healthy work environment for faculty and staff, including training and education related to personal and professional development; wellness skill development.
- Establish support mechanisms (e.g., counselling support, time away from work) for any member who is trying to support a student in mental health crisis, to ensure they are also properly supported.

- Ensure Mental Health and Wellness discussions (planning, policies, procedures, practices) are part of Departmental, Divisional, and College-wide meetings. This may include:
  - Managers/Chairs facilitating discussions about the state of mental health and wellness in their departmental and divisional meetings.
  - Addressing the status of mental health and wellness as high-level summaries in high-level meetings, such as: Educational Policy Committee (EPC), Senior Leadership Team (SLT), Academic Council, College Council, Board of Trustees.

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“In first aid instruction, the first point is to never [have to administer] first aid. You want to stop someone from being injured in the first place.” – Brescia Focus Group Participant
3. An Educated Community

**Creating a Faculty, Staff and Student Leader Mental Health & Wellness Training Program**

- This spring, 20 faculty and staff completed the Mental Health First Aid course by the Mental Health Commission of Canada, which included specific content on working with youth.
- Only 23% of survey respondents felt that training existed for faculty, staff and student leaders.
- 67% of survey respondents indicated that more training was needed.
- 70% of survey respondents felt they don’t have enough information about mental health and wellness support services.
- Five key training needs were identified through the consultation:
  1. How to respond; basics on crisis intervention
  2. Basics of referral: How/when/who
  3. Early alert: How to recognize signs
  4. Mental Health First Aid
  5. Resources on campus and in the community

**Enhancing Focus on Mental Health and Wellness Promotion**

- WC participants identified the following programming initiatives that promote topics within mental health and wellness:
  - University Tool Kit
  - Students’ Council awareness weeks for Eating Disorders, Mental Health, LGBTQ Pride
  - Soph Peer Mentor Program supporting the transition of new-to-Brescia students
  - Campus Ministry programming for Spiritual Wellness
- FG participants identified that Brescia should consider programming and procedures that anticipate student needs for support—what they may need and when they may need it—proactively (promotion), rather than reactively (intervention).
- Include Mental Health and Wellness resources in classroom discussion, on WebCT course websites, and in course descriptions (e.g., as part of course syllabus addendum pages).
- Add a statement to all student leader position descriptions that includes a peer responsibility to promote health and wellness. Ensure training occurs so student leaders are able to fulfill it.
- Create a student Wellness Club focused on peer-to-peer assistance and student-led initiatives around mental health and wellness for the whole campus.
- Explore how to integrate spiritual support with mental health and wellness, using an ecumenical and inclusive approach.

“Is the net cast wide enough to capture all wellness supports? Is everyone paying attention? Does everyone understand their roles?” – Brescia Focus Group Participant
Students Needing Support

4. A Responsive Community

Developing an Early Alert Program

› FG participants saw the role of the Student at Risk committee as a group to whom they could express their concern for a student experiencing difficulties.
› There was a concern in FGs that when a name is brought forward to the Student at Risk committee, the individual who identified the concern often isn’t aware if the case has been followed up on or if they should know if follow-up has occurred.
○ Indicates a lack of clarity in the process of identifying a student and where the responsibility lies to support that student.
› One FG participant stated they see students with difficulties “ping-pong across Brescia’s service areas”.
› Institute an Early Alert Program to help faculty and staff provide more comprehensive support for students who are facing difficulties that put their academic success at risk. They can identify their concerns about students sooner and in a more coordinated way. This gives students an earlier connection to the right resources and support, so they can get back on track before difficulties become overwhelming barriers. This process focuses on the principle of RESPONSE WITH RESPECT.
› At this time, the Student at Risk committee has no singular process it deploys when a student case is brought forward. Each case is dealt with on an individual basis among the whole committee and is not sustainable as more cases come forward each year.

Empowering our Community to Respond

› FG discussion highlighted that faculty and staff feel they must “drop everything to help a student in need of some assistance”.
› While 87% of those surveyed indicated they Strongly Agree/Agree that Brescia is responsible for promoting mental health and wellness, 70% either Don’t Know or Strongly Disagree that resources are readily available for students.
› FG participants identified that Residence Assistants (RAs) and Brescia’s Soph Peer Mentor Team receive some basic mental health and wellness awareness training.
○ Clarity is needed on what is expected of staff and faculty regarding responsiveness to ensure that people feel able to respond with compassion, confidence, and within their limitations.
○ Training for Student Leaders (RAs, Sophs, BUCSC, Clubs, etc.) should be more robust and include the opportunity to learn from trained professionals (e.g., Mental Health First Aid, community partners).

“Brescia does a great job of making everyone feel at home and welcomed; however, getting help during times of mental health distress is difficult. Booking an appointment for mental health services on main campus can lead to a 4 or 5 month wait list. When someone is in distress, they need help much quicker than that.” – Brescia Survey Respondent
Establishing Clear Referral Processes and Communication

Focus groups were consistently confused about referral processes within Brescia, and between Brescia and Western.

Only 44% of survey respondents felt confident in how to refer a student to appropriate campus resources.

61% of survey respondents did not know if Brescia has streamlined referral processes within its own campus services, while 64% were not sure of the same between Brescia and Main Campus services.

The following questions must be addressed:

- Who should be consulted when a referral is given?
- What services do our students have access to at Main Campus?
- When should a student be referred to Main Campus?
- What type of assistance will they receive when they go to Main Campus?
- What are the procedures and practices a student can expect if they choose to go to Main Campus?

Effective Early Alert programs require a centralized database to track concerns and responses to concerns, actions taken, and follow-up. The University of British Columbia has developed an Early Alert program that could be used as a model at Brescia. To learn more about this program at UBC visit: http://blog.students.ubc.ca/earlyalert/
5. **A Resilient Community**

### Expanding Peer-to-Peer Support and Student Engagement
- FGs identified a theme that was also highlighted in the WC: There is power in peer-to-peer support and programming.
- 46% of those surveyed indicated that a peer or colleague has reached out to them looking for assistance in dealing with a student with a mental health issue.
- 73% of those surveyed Strongly Agree/Agree that peer support programs are a sustainable, critical part of helping students develop self-management skills.
- Only 18% of those surveyed felt that Brescia has sufficient peer support services for mental health and wellness.

### Anticipating Students’ Needs Based on Academic Cycle
- Participants in the WC and FGs felt that certain times of the year and typical experiences of students should allow Brescia to better anticipate when our student body may be more “stressed out”.
- Current examples of programming at Brescia that FG and WC participants felt anticipated student needs include:
  - University Toolkit sessions
  - Career Exploration sessions
  - Preliminary Year program
  - Orientation and Transition support

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### Generate opportunities to more formally teach students key wellness and coping skills. Skill development may include:
- Balanced Thinking
- Regulating Emotions
- Balanced Living
- Perfectionism
- Healthy Body Image
- Social Confidence
- Assertiveness
- Identify Brescia’s student demographic groups (i.e., transfer, mature, out-of-province, international, direct from high school, in residence, off-campus, etc.) to address their varied transition needs and explore ways to better reach out/support them. Examples may include:
  - A first-year common experience course
  - A mapping exercise or student handbook that students could turn to for tips on coping and common university experiences
  - Capstone courses in each academic program that assist with transition from academic life to professional life

“What I repeatedly heard from students at the [Mental Health] forum is that they loved the idea of being able to talk to other students who had lived through [similar] types of experiences. [They loved] talking to peers rather than sitting in a counselling office.”

– Brescia Focus Group Participant
6. **An Accessible Community**

**Examining Brescia’s Relationship with Western and the Services Used by Brescia Students**

- Every stage of the consultation agreed that Brescia students are facing barriers in getting the assistance they need.
- Aside from referral, it was generally acknowledged that Brescia does not currently have the capacity to treat a student with a serious mental health concern.
- FG participants noted that part of a good referral process is “a way to build in a ‘report back’ mechanism.” They felt that while confidentiality must be respected with the utmost care, it would help to know to some extent, if student follow-up has occurred.
- Work with Western’s Vice-Provost, Academic portfolio or Associate Vice-Provost, Academic & Students portfolio to gain clearer understanding of mental health and wellness services and processes at Western.
- Must seek to clarify and articulate what, if any, limitations there are on the services provided at Western and the effect on Brescia’s ability to support students.
- Address influence of the Affiliation Agreement in this matter
- Compile statistics and data from Western’s mental health and wellness services (e.g., Student Health Services, Psychological Services, etc.) regarding frequency of Brescia students accessing their services.
- Are there undersubscribed services that Brescia could be recommending and referring to students?
- Are Western’s services meeting Brescia’s needs? (e.g., counselling wait times, effective crisis response)
- Consider establishing Brescia-specific services (e.g., counselling) as part of a holistic student wellness approach at Brescia.

**Integrating Services and Care**

- WC participants identified that Brescia’s size makes services more accessible, but that being small is only a part of what it means to be accessible.
- Create a service space that physically brings many of Brescia’s student support areas together into one location. A “one-stop hub” promotes a user-friendly environment, facilitates informed referrals between departments, and further promotes wellness through programming.
- Proper integration of services can reduce stress levels on staff and improve student access to resources.
- Must promote service delivery that is cross-functional, where appropriate and responsible.
Connecting to London Community Resources

- While Western offers Brescia students access to mental health professionals and other support services, participants in both the FGs and WC felt these programs are oversubscribed and too heavily relied upon by Brescia.
- Concern was widespread that Brescia students are still experiencing barriers to getting assistance at Western.
- 58% of survey respondents did not know if Brescia has an established link to resources in the London community for students with mental health and wellness issues.

Formalize partnerships with community agencies in London that could assist in meeting the needs of Brescia students.
Partnerships could offer professional expertise to support students, staff and faculty, and could allow partners to be involved in shaping mental health and wellness strategic planning, policy development/revision, and the creation/revision of procedures and practices.
Such relationships must be mutually beneficial for community partners, as well as for Brescia. Opportunities may include:
- Donation of space
- Creating service-learning or placement opportunities
- Promoting volunteer opportunities
- Hosting events
- Research opportunities

7. A Safe Community

Developing and Communicating Clear Emergency Procedures

- Overwhelmingly, staff and faculty felt ill-equipped to deal with emergency situations.
- Two-thirds (66%) of survey respondents believed they had encountered a student possibly in mental health crisis in the past 12 months. This is in crisis and does not include those students facing difficulties.
- A newly-created Emergency Response Committee is currently considering Brescia’s emergency procedures.

Emergency procedures are not only for those who respond to mental health crises, but should encompass campus-wide general emergencies and response plans.
Develop clear emergency protocols and communication procedures to ensure the Brescia community is well aware and well equipped to respond.
Procedures may include:
- Lockdown
- Bomb threats
- Fire safety
- Evacuation
- Medical emergency
- Tornado or severe weather
- Sexual Assault
- Physical and/or verbal aggression
- Personal safety on campus
- Managing confidential information
- Running drills
- Refresher training

“We are scared...we just don’t know what to do.”
“We’re not trained and are often by ourselves.”
- Brescia Focus Group Participants
Consideration of Risk Management and Emergency Preparedness

- Overwhelmingly, survey respondents indicated strong inconsistencies in their knowledge of procedure in crisis.
- FG participants had concerns about their little knowledge of safety procedures in the event of an emergency, particularly for staff and faculty who work in offices without a reception area or those who work after typical office hours.
- Bring in consultants to perform a safety and risk assessment and advise Brescia on the development of protocols and processes. Consultants may include Western’s Campus Community Police.

Expertise on Brescia’s Campus

- A resounding theme from WC and FG participants was that Brescia should have a dedicated personal counsellor on its ‘home campus’, citing mounting accessibility issues for students.
- FG and WC participants felt there were benefits to finding a creative way to partner with existing community groups or tapping into initiatives already in place on Brescia’s campus (e.g., Professor Shugar’s counselling psychology course).
- Campus Ministry currently provides 1-to-1 pastoral counsel and wellness support to students who seek it out, as well as outreach (e.g., retreats).
- Introduce a Case Manager staff role to lead the support of serious and complex student mental health concerns; guide the implementation of Early Alert; assist with the overall integration of Mental Health and Wellness Strategy.
- Examine possibilities for sharing supports with other affiliates or community partners to bring necessary expertise to Brescia’s campus. An expert on campus would: Guide policy development/revision; Provide support to faculty and staff who are under-qualified and currently trying to support students with mental health issues; Lead development of Early Alert program; Lead and coordinate campus mental health and wellness assessment planning; Refer students to different types of services necessary to help with mental health difficulties; Assist in the development of community mental health partnerships.

Reviewing Role of Student at Risk Committee

- Currently, this committee is examining the terms of reference and membership in the hope that it will narrow the scope and become more focused and sustainable in its ability to respond to students in crisis.
- Explore evolution of committee’s mandate to include the integration of community partners as consultants on recurring issues and in developing a cohesive framework for responding to student cases.
- Create a Mental Health Advisory Committee that could include representatives from student-facing roles, Senior Leadership, community partners, and students, to continually review the status and progress of mental health and wellness on our campus.

Carleton University also undertook an examination of the status of student mental health, publishing their report ‘Student Mental Health Framework: A Guide for Supporting Students in Distress’, 2009. They developed specific emergency policies and protocols that identified key departments who would manage tragedy, ongoing crisis, suicide intervention and academic accommodation. If you are interested in reading more, the Mental Health Project Team can share this with you.
Closing Summary

The 21 identified priority areas provide Brescia with a comprehensive framework for enhancing student mental health and wellness. The seven key components for a post-secondary student mental health strategy have been adapted from the CACUSS-CMHA national framework and re-imagined within Brescia’s context.

![Figure 3. Brescia’s Framework: From Planning to Practice](image)

During the analysis phase of this project, the interconnections between each component of the framework became more and more obvious and were translated by the project team in Figure 3. It is powerfully evident that the major themes of each component inform the next.
The project team found that many participants used the terms ‘policy’, ‘procedure’, and ‘practice’, interchangeably. A prominent and consistent observation throughout this consultation was the confusion demonstrated by participants about these three areas. For example, participants easily addressed why policies were important and that new ones were needed to support student mental health and student learning; however, they had difficulty addressing what policies should be developed or revised beyond academic accommodation.

Accordingly, the project team concluded that gaps seem to exist in the awareness of Brescia’s community when it comes to how policies inform procedures and how procedures inform practices; as well as which ones are most relevant to them in supporting student mental health and wellness. This confusion may be attributed to the following factors: a) a lack of communication regarding policies, procedures, and practices; b) policies, procedures, and practices do not formally exist and/or are vague and left open to interpretation.

The project team has been greatly encouraged by the enthusiasm of all participants about the topic of enhancing mental health and wellness at Brescia. There is much hope and optimism that Brescia is ready to undertake the work involved in making change for the betterment of student and community well-being. The recommendations within this report signify the ideas, experiences, and voices of students, faculty, and staff and serve to complement Brescia’s progress in achieving its strategic goals.

References

Canadian Association of College and University Student Services & Canadian Mental Health Association. (2013). Post-secondary student mental health: A systemic approach. Supporting the creation of a campus community that is deeply conducive to transformative learning and mental wellbeing. (Handbook, draft)


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