

# President's Advisory Committee on Mental Health and Wellness: Final Report

December 2020



## President's Advisory Committee on Mental Health and Wellness

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The information contained in this document may invoke deeply personal or traumatic experiences for some people.

Consult the following list of resources if a topic triggers negative thoughts or emotions and you are in need of support:

- **Find immediate support: [uottawa.ca/wellness](http://uottawa.ca/wellness)**

- **Students:**

Counselling: 613-562-5200 or [couns@uottawa.ca](mailto:couns@uottawa.ca)

Virtual appointment: <https://sass.uottawa.ca/en/counselling/meet-a-counsellor>

Good 2 talk (24/7): 1-866-925-5454

- **Professors and staff members:**

Employee and Family Assistance Program (24/7): 1-844-880-9142

Ottawa Distress Centre: 613-238-3311

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## INTRODUCTION

Mental illnesses and mental health problems affect one in five people in Canada every year.<sup>1</sup> For our university community of 42,000 students and 13,000 full- and part-time staff members and faculty, this means over 10,000 people will study, work and live while facing challenges to their mental health.

According to the Ontario College Health Association, postsecondary students are a “unique and critical” population that falls into the highest risk age group for mental illness.<sup>2</sup> These numbers are growing: in Ontario universities, for instance, the number of students who identified their primary disability as a mental health disability more than doubled between 2011 and 2016.<sup>3</sup>

We have seen these trends reflected in our uOttawa community. In 2019, for the first time, the University participated in the National College Health Assessment survey.<sup>4</sup> Our results mirrored those of other universities in several troubling areas:

- 9.1% of uOttawa students had seriously considered suicide within the last 12 months (versus 10.1% in the pan-Canadian sample).
- 66.8% of uOttawa students had found their academic work traumatic or very difficult to handle (versus 59.5% in the pan-Canadian sample).
- 48% of uOttawa students reported that stress had affected their individual academic performance (versus 41.9% in the pan-Canadian sample).

### AN ADVISORY COMMITTEE ON MENTAL HEALTH AND WELLNESS

In January 2020, President Frémont and Provost Scott asked Kevin Kee, dean of the Faculty of Arts, to chair a President’s Advisory Committee on Mental Health and Wellness. The committee was charged with a three-part mandate:

1. Undertake a thorough and comprehensive listening exercise to hear the views of students, professors and staff, to gain a deeper understanding of the mental health challenges faced by the University of Ottawa community, and the opportunities and barriers within the current offering of services and resources.
2. Conduct an environmental scan of best practices among Canadian postsecondary institutions.

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<sup>1</sup> “Fast Facts about Mental Illness.” Canadian Mental Health Association National. Published June 26, 2019. <https://cmha.ca/fast-facts-about-mental-illness>.

<sup>2</sup> *Towards a Comprehensive Mental Health Strategy: The Crucial Role of Colleges and Universities as Partners*. Ontario College Health Association, 2009, p. 5.

<sup>3</sup> *Foundations: Mental Health and Well-Being Initiatives at Ontario’s Universities*. Toronto: Council of Ontario Universities, 2017), p. 4.

<sup>4</sup> NCHA II Canadian Reference Group Executive Summary, Spring 2019 (American College Health Association) in *Roadmap to Wellness at uOttawa*. Ottawa: University of Ottawa, 2020, p. 20. The NCHA is a national research survey that provides information to colleges and universities about the health of the student population, including mental health.

3. Produce a report based on the two exercises above, identifying gaps in our services and recommending other measures. This report will align the findings and recommendations of the [Campus Action Group on Mental Health](#).

Dean Kee assembled the committee in February 2020. Committee members included the following:

- **J. Craig Phillips**, Vice-Dean, Governance, Faculty of Health Sciences
- **Sharon Whiting**, Vice-Dean, Faculty Affairs, Faculty of Medicine
- **Éliane Boucher**, part-time professor and doctoral student in the Faculty of Law, Civil Law Section
- **Joëlle Perron-Thibodeau**, undergraduate student, Faculty of Law, Civil Law Section
- **Maxime Lê**, graduate student, Faculty of Arts
- **Nathalie Saumure**, Student Experience Lead, Faculty of Social Sciences
- **Jessica Simon**, Equity & Student Success Counsellor, Faculty of Law, Common Law Section

In addition, **Rachelle Clark**, Director, Wellness and Recreation Sector, and **Lise Griffith**, Director, Health and Wellness, Human Resources, served as resource persons.

The listening exercise was kicked off on February 27, 2020 with a town hall accompanied by an online consultation for those who could not attend in person. Approximately 100 people participated in the town hall, and the recording of that event, together with the online consultation, generated approximately 30,000 words of feedback.

Our first in-person meeting as a committee was held on March 11. We developed a Listening Tour schedule so that we could hear from as many of our community members as possible in a short timeframe. The schedule was as follows:

- Monday, March 30, 4–6 p.m.: Undergraduate students
- Tuesday, March 31, 4–6 p.m.: Undergraduate students
- Wednesday, April 1, 4–6 p.m.: Graduate students
- Wednesday, April 15, 4–6 p.m.: Roger Guindon campus
- Wednesday April 29, 4–6 p.m.: Professors
- Wednesday May 13, 3:30–5 p.m.: Support staff

Our plan following the completion of the listening tour was to submit a report outlining our findings and recommendations to President Frémont and Provost Scott by the end of May.

## COVID-19 DISRUPTION

In response to the COVID-19 pandemic, the University of Ottawa, along with all universities in Ontario, moved operations online during the third week of March. The committee's activities followed suit, and our second meeting was held virtually on March 26. The Committee was unanimous in its agreement that we move forward notwithstanding the disruption. In fact, we were convinced that our work had become more critical than ever. Mental health researchers and professionals have observed that quarantine-induced isolation and increased anxiety

related to the health as well as socio-economic effects of the pandemic will have an impact for years to come. In the midst of this crisis we recognized our special obligation: to make recommendations that would aid students, staff and professors living through, and beyond, the pandemic.

Given that we could not conduct our listening exercise in person in March and April as planned, we revised our initial schedule to the following:

- Table a preliminary report to President Frémont in June 2020, with our findings to date, based on the first town hall and online consultation, conversations with mental health professionals and community members, and our environmental scan.
- Table this final report in November 2020, after completing the Listening Tour and using that feedback to supplement and refine our preliminary report.

### **BUILDING ON PREVIOUS WORK, INCLUDING THE CAMPUS ACTION GROUP**

This report includes recommendations for immediate implementation to address pressing needs and produce positive, tangible results. In addition, we have benefited from the expertise and work of those who have preceded us. Notable among them is the Campus Action Group (CAG), which was created in January 2018 to promote, coordinate and optimize mental health and well-being activities on the campus. The CAG submitted its *Roadmap to Wellness* in January 2020. Our findings are consistent with those of the CAG, particularly with respect to the four key pillars of community awareness, mobilization, training, and strengthening supports and services. Our objective in this report is to propose actionable recommendations linked to those pillars, to help us better address the needs of our students and our community.

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This report is only the beginning of a vast undertaking. Our goal is to provide President Frémont with concrete recommendations for immediate changes that will improve the mental health and well-being of all members of our community. Transformation 2030, the University of Ottawa's plan for the future, speaks to the need to "Create a comprehensive campus mental health plan to build on work already done in this area."<sup>5</sup> This report bears witness to the aspirations of our students, staff and faculty and provides a roadmap to go forward, so that wellness becomes an institutional priority and part of our everyday lives.

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<sup>5</sup> University of Ottawa. "More Sustainable." Transformation 2030. Retrieved June 3, 2020 from <https://transformation2030.uottawa.ca/en/sustainable>.

## METHODOLOGY

### TOWN HALLS, DATA GENERATED, AND QUALITATIVE ANALYSIS

As noted above, the committee had organized a listening exercise for March to May 2020 in keeping with the mandate given to us by President Frémont. Those plans were sidelined by the COVID-19 pandemic. Before the closure of campus, on February 27, 2020, we held a general town hall, accompanied by an online feedback form which generated over 30,000 words of content. We are exceptionally grateful for our community's engagement and participation in both initiatives, especially to our students. The input we received was critical to helping us form many of our initial recommendations.

The committee used the data that emerged from this exercise in a research-informed manner. We wanted to ensure that every voice was heard and every opinion captured, especially marginalized voices that have too often been left out of the conversation.

With this in mind, we enlisted two uOttawa researchers to assist us with a qualitative analysis of the feedback: **Marie-Pier Vandette**, PhD, C. Psych., postdoctoral fellow at the Centre for Psychological Services and Research, co-chair of the School of Psychology's Mental Health Committee; and **Marie-Pierre Daigle**, PhD student in clinical psychology and co-chair of the School of Psychology's Mental Health Committee.

Braun and Clarke's guidelines on inductive thematic analysis<sup>6</sup> were used to conduct the qualitative analysis. The lead coder developed a codebook (a document logging all the themes identified during the reading of the document) for every type of data gathered, including comments made during the town hall, online feedback, and comments received via the Slido platform. The second coder independently coded 25% of the document in order to evaluate inter-rater reliability, and thus determine the accuracy of the initial coding. The coders then ensured that they agreed on the codes and citations. Finally, the main coder identified the main and secondary themes.

The committee acknowledges with appreciation Marie-Pierre Daigle and Marie-Pier Vandette, whose work was critical to the production of our recommendations. The qualitative research exercise that they led resulted in a rich analysis allowing us to identify recurring pain points and areas of improvement. Over 210 themes were identified in the course of this analysis, including 85 recommendations suggested by the community.

Upon completion of the preliminary recommendations, the committee organized a second general town hall at the end of June. The 12 recommendations were sent in advance to all participants. Over 80 participants joined the virtual session and submitted feedback, which was received and addressed by the committee in both the chat box, and viva voce, during the meeting.

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<sup>6</sup> Virginia Braun and Victoria Clarke. "Using thematic analysis in psychology." *Qualitative Research in Psychology* 3, no. 2 (2006). DOI: <https://doi.org/10.1191/1478088706qp063oa>.

## LISTENING TOUR: FALL 2020

Pursuant to the President's mandate, the Committee held a two-month campus-wide Listening Tour in Fall 2020. Our aim with these listening sessions was to shift from the Town Hall approach – which allows for high numbers of participants but brief and limited interactions – to something more akin to the “[Conversation Café](#)” model. This model prioritizes smaller groups and more dialogue, and creates “an inviting climate in which everyone is inspired to speak and listen, and where diverse perspectives may emerge.”<sup>7</sup> This approach allowed committee members to gain a deeper understanding of the challenges experienced by members of the university community.

A total of 11 on-line listening events were held as follows:

- Wednesday, September 2, 2:30 p.m. to 3:30 p.m. (uOCollective for Mental Health; bilingual)
- Tuesday, September 22, 5 p.m. to 6 p.m. (general session; Francophone)
- Wednesday, September 23, 5 p.m. to 6:30 p.m. (undergraduate students; bilingual)
- Thursday, September 24, 3 p.m. to 4 p.m. (research themed; bilingual):
- Monday, September 28, 2:30 p.m. to 3:30 p.m. (general session; Anglophone)
- Wednesday, September 30, 3 p.m. to 4:30 p.m. (graduate students; bilingual)
- Monday, October 5, 3 p.m. to 4:30 p.m. (support staff; bilingual)
- Wednesday, October 7, 5 p.m. to 6 p.m. (professors; bilingual)
- Thursday, October 15, 3 p.m. to 4 p.m. (community-based organizations and hospital partners; bilingual)
- Monday, October 19, 1:30 p.m. to 2:30 p.m. (general session; bilingual)
- Thursday, October 22, 1:30 p.m. to 2:30 p.m. (general session; bilingual)

The sessions were facilitated by members of the Advisory Committee. Participants were asked to provide feedback on the preliminary recommendations and encouraged to speak to their experiences as part of the University community, suggest new initiatives or ideas, and reflect on how they were managing during the pandemic and how it had affected their mental health and wellness. In sum, we asked participants to tell us what needed to be done by the University to better support them.

The committee benefited from rich conversations with an extraordinarily diverse cross-section of the uOttawa community that included undergraduate and graduate students, post-doctoral fellows, professors, staff, researchers, psychologists, psychiatrists, hospital CEOs, people who have lived or are living with mental health challenges, and those seeking ways to better support their peers and colleagues. The Listening Tour provided committee members with the opportunity to hear about what is working and what is not.

The Major Findings section of this report has been updated to include our Listening Tour findings. In brief, many of our conversations reinforced the findings of our preliminary report.

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<sup>7</sup> "Core principles for conversation café." National Coalition for Dialogue & Deliberation (NCDD). Retrieved November 13, 2020 from <http://www.conversationcafe.org/wp-content/docsPDF/dochostCorePrinciples.pdf>.



Pain points and lapses in critical areas include communications, institutional culture, resource awareness and/or availability, and training. Given the timing of the Listening Tour, we were also able to benefit from new insights on the way our community's mental health and wellness has been affected by the pandemic. For instance, in February, we heard about struggles with loneliness and isolation, and our 11 Conversation Cafés made clear that these that have only deepened since the winter.

We would like to express our gratitude to all those who participated in these productive conversations. The feedback and suggestions helped us refine the final recommendations contained in this report so that the University can make tangible improvements.

## **ENVIRONMENTAL SCAN**

President Frémont's second mandate to the committee was to conduct an environmental scan of mental health best practices among Canadian postsecondary institutions. This involves taking an objective look at how an issue is managed in comparator organizations and developing improved organizational strategies on the basis of that comparative exercise. In our case, this meant examining mental health and wellness structures, initiatives and policies in place at our peer institutions to identify gaps in our system and find potential solutions and opportunities. The committee studied several documents in the course of this exercise, the details of which can be found in the "Environmental Scan" section further below.

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Finally, the committee's development of the recommendations below was informed by conversations with experts across and beyond the University. The University of Ottawa is home to remarkable researchers, teachers, staff and students with an interest in, and passion for, mental health and well-being. We received generous offers of support and engagement from all corners of our community. These students, professors, clinical practitioners and survivors enriched our report and recommendations, and they will continue to serve as key resources and supports to the University Advisor on Mental Health and Wellness.

## MAJOR FINDINGS: WHAT WE HAVE LEARNED

### COVID-19 IMPACTS

The fall Listening Tour gave us a chance to learn firsthand how COVID-19 has impacted our community's mental health. We heard about increased stress, anxiety, and fear; event participants told us the crisis has intensified feelings of social isolation, reduced social and support networks, increased financial concerns, and aggravated communication challenges. We were also told that increased workloads were resulting in anxiety, stress, and fears of burnout.

In brief, the pandemic has exacerbated or magnified existing issues. Demand for mental health services and improvements was high in winter 2020, but our fall 2020 conversations with the community suggest that demand may increase further, straining the mental health resources within and beyond the University. In our exchanges with students we found that we are dealing not only with the exacerbation of existing conditions but also new issues due to new stressors. The pandemic is far from over and the Committee expects a continued toll on the mental health of our community members.

### COMMUNICATIONS

Generally, many students, professors and staff reported that they were unaware that resources exist or are misinformed about the services available. Students indicated that they did not know how, when and where to go for help with mental health issues and professors reported that they were unsure where to point students in need. We heard that additional outreach and awareness measures should be implemented to ensure that our community knows what supports are there for them.

With respect to communications regarding student deaths, we heard that the University's notices regarding student deaths were distressing to many and triggering to some. Some community members asked that we stop sending these messages, offer the option of opting in to receive these messages or explore other options, such as emails specific to that part of the University community where the member was known.

### CULTURE

Members of our community told us that we must build a culture of mental health and wellness at the University; many felt that this was missing. There is a sense that mental health needs are not fully supported by the University in terms of service provision and prevailing attitudes among community members. We heard that the University does not sufficiently promote wellness and self-care, nor balance them with the rigours of academic life. Additionally, we heard that there is a lack of literacy and understanding throughout the University regarding mental health, and that there remains a stigma surrounding seeking professional care or needing to take time off for mental health reasons. We heard that the issue should be treated holistically, to instill a culture of wellness.

## ISOLATION

Loneliness and its harmful impact on mental health were concerns often repeated by students in particular. Prior to the pandemic, we heard that students felt isolated on campus and lacked opportunities to develop or maintain strong social networks. We were encouraged to find ways to promote social activities and create opportunities and places to gather in both non-academic and academic settings, and in so doing create a more connected, empathic and caring community.

During the fall Listening Tour we heard that the pandemic has aggravated feelings of isolation and loneliness. Students noted a lack of meaningful interactions with professors and peers during and after online classes; they also underscored the challenges inherent to the delivery of services on-line rather than in-person. All students, but most especially those new to the university, are looking for meaningful social connections in a virtual world outside the classroom.

## RESOURCES

Students asked the committee to recommend the addition of more service providers and consider enhanced digital solutions for providing care. Students mentioned the following challenges:

- Long wait times for services, which discouraged students from seeking care and exacerbated their condition.
- Mental health conditions needed to be acute to gain access to services; students felt they had to “prove” that they were worthy of an appointment.
- Apparent gaps between services; they were “falling between the cracks.”
- A disparity in the services available to francophone students as compared to anglophone students.
- A lack of specialized services (examples included adding more psychologists and psychiatrists, and adding specialized counselling for sexual violence survivors, for nutrition disorders, for specific demographics such as graduate students, etc.).

## TRAINING

We heard that mental health and wellness training is available for students, professors and staff, but not used for a variety of reasons (respondents were unaware it existed; did not have the time to do the training; were not paid for the time to take the training; the training was not mandatory). We also heard that training occurs too infrequently, such that, to cite but one example, a professor who took a training module at the beginning of her employment might not remember key aspects of the training module years later. Professors and frontline staff told us they needed more systematic education so that they could connect students to the appropriate professional mental health support services. Students indicated that they would feel more comfortable communicating with their professors about mental health concerns if they knew that their professors had taken this training.

## ACADEMIC PRACTICES, GUIDELINES AND REGULATIONS

Professors reported challenges, such as large class sizes, that make it difficult, if not impossible, to have individual relationships with students, much less check in on their mental health. Students asked that more flexibility be built into our academic policies, such as (1) extensions for students experiencing mental health difficulties; (2) guidelines to limit workload, especially during peak periods such as midterms, Reading Week, or final examinations; (3) regulations permitting therapists to sign medical certificates; and other changes that would foster a supportive academic environment.

## PREVENTION

We heard that community members perceive the University to be more reactive than proactive. We heard that we should move towards a more holistic model of care and institutionalize practices that would strengthen student wellness, in addition to responding to mental illness.

## NSSE RESULTS

The results of the [National Survey of Student Engagement](#) (NSSE) were made available as the Committee was completing its work. The NSSE is administered to undergraduate students from 601 colleges and universities across North America in their first year and graduating years.<sup>8</sup> NSSE results provide an overview of how undergraduates spend their time and what they gain from attending college or university.<sup>9</sup> The survey focuses on student engagement, in terms of academics and other activities, and helps universities identify what can be improved both inside and outside the classroom. The 2020 NSSE survey collected responses from our students between February and early March 2020, thus capturing a snapshot of our undergraduate population immediately prior to the pandemic.

The results were sobering. An unprecedented **57%** of first-year, and **43%** of fourth-year students responded. uOttawa ranked well below its Ontarian and U15 peers for providing support for students' overall well-being (e.g. recreation, health care, counseling). uOttawa also underperformed versus peer institutions according to the Engagement indicator, which gauges student responses regarding "providing support to help students succeed academically" and "providing support for overall well-being."

18% of first-year students and 19% of fourth-year students at uOttawa indicated that they did not experience a sense of community, compared to 13% at our Ontario peer institutions. Expanding or improving the quality of personal support services was also identified as a top priority for both uOttawa groups.

Finally, when asked "What one change would most improve the educational experience at this institution?" One out of four students mentioned topics or issues related to mental health and wellness. Our listening tour this Fall confirmed that these concerns have only been amplified by the COVID-19 crisis.

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<sup>8</sup> For more information : <https://nsse.indiana.edu/nsse/about-nsse/index.html>.

<sup>9</sup> *Ibid.*

## ENVIRONMENTAL SCAN

To fulfill the second part of our mandate, the committee conducted an environmental scan of Canadian universities to identify gaps in our system and ensure that our recommendations were based on best practices at our peer institutions. We examined mental health and wellness structures, initiatives, policies, training and programming, with a special focus on our Ontario counterparts.

We made use of the following resources in the course of this exercise:

- An examination of mental health strategies at other Canadian universities, including over 40 mental health strategies and initiatives across Canada
- The Council of Ontario Universities report on mental health and wellbeing initiatives at Ontarian universities<sup>10</sup>
- The Wellness Resource Scan produced by the University of Saskatchewan, examining current practices and resources available at other Canadian universities<sup>11</sup>
- An analysis of mental health and wellness practices specific to Indigenous students at other universities prepared for the committee by member Joëlle Perron-Thibodeau.

Our review assembled best practices organized according to key themes, including strategic planning and governance, vision, culture, awareness and communications, training and service provision. As we shaped our recommendations, many aligned with the same themes.

Below is a high-level summary of the findings and best practices that informed the development of our recommendations in this final report.

### 1. ENVIRONMENTAL SCAN FINDINGS: PLANNING AND GOVERNANCE

- 20 institutions in Canada have adopted the Okanagan Charter. The Okanagan Charter (“An International Charter for Health Promoting Universities and Colleges”) supports institutions as they integrate health in all aspects of campus culture and lead health promotion action and collaboration locally and globally.
- Carleton University and the University of Calgary have adopted the [National Standard for Psychological Health and Safety in the Workplace](#).
- Additionally, at time of writing, the [National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students](#) has recently been approved and is being reviewed for implementation by universities across Canada. The Standard provides a framework and guidance on protecting and promoting the mental health of

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<sup>10</sup> Council of Ontario’s Universities. *Foundations: Mental Health*.

<sup>11</sup> Document is not yet publicly available.

postsecondary students, and including mental health awareness, promotion, prevention, intervention, accommodation and training.

- At Carleton University, the University of Guelph, the University of Windsor, York University, the University of Toronto, the University of Calgary, McMaster University, Western University, Wilfrid Laurier University and the University of Saskatchewan, mental health strategies or frameworks have been implemented to address institutional needs and goals.
- Evidence-based approaches and guidelines are used, for example the *Post-Secondary Student Mental Health: Guide to a Systemic Approach* resource, a joint initiative of the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA) is an online, interactive inventory designed to help colleges, institutes, and universities self-evaluate and plan action to support mental health on campus.<sup>12</sup>

## 2. ENVIRONMENTAL SCAN FINDINGS: POLICIES AND PROCEDURES

- Queen's University, Ryerson University, and Wilfrid Laurier University have undertaken a review of policies and procedures to integrate the prioritization of mental health and wellness.
- Queen's University, Western University, and York University engage students in providing guidance and direction regarding campus mental health through committees, focus groups, etc.
- McMaster University, University of Windsor, and York University implemented coordinated, comprehensive mechanisms for students experiencing mental health crises.
- Faculty-specific task forces at University of Toronto have created local, faculty-level mental health support roles.

## 3. ENVIRONMENTAL SCAN FINDINGS: COMMUNICATIONS AND AWARENESS

- The University of Windsor, OCAD University, University of Saskatchewan, and the University of Toronto have engaged students, faculty and staff in a systemic approach to awareness, education and training.
- Across the board, universities have been creating suites of online resources, especially with the onset of COVID-19, including websites or hubs with online mental health assessments, online counselling options, resources, etc. (The University of Ottawa launched its own **Wellness Hub** in September 2020.)

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<sup>12</sup> For more information: <http://cacuss-campusmentalhealth.ca>.

- Linked to the above, some universities created a mapping document capturing programs, initiatives and events (e.g. Ryerson University).

#### **4. ENVIRONMENTAL SCAN FINDINGS: TRAINING AND ACADEMIC PROGRAMS**

- Many universities train staff and faculty on how to recognize, respond to and refer students in distress (programs such as More Feet on the Ground, Bringing in the Bystander, and SafeTalk, in place variously at Brock University, Carleton University, University of Guelph, Lakehead University, Laurentian University, McMaster University, Queen's University, Ryerson University, University of Toronto).
- Many universities have implemented resiliency programs or curricula for students and staff (examples include: University of Guelph, Laurentian University, University of Toronto, Trent University, Brock University).
- Others implemented for-credit courses on mental health (e.g. Guelph's Mental Health: Experience to Understanding).
- Others created transition-to-university support programs (examples include: University of Guelph, Lakehead University, Queen's University, Ryerson University, University of Toronto, University of Waterloo).

#### **5. ENVIRONMENTAL SCAN FINDINGS: SERVICE PROVISION**

- Multiple universities in Canada and internationally have implemented a Stepped Care 2.0 model for service provision. This is endorsed by the Mental Health Commission of Canada and the Canadian government. (The University of Ottawa implemented the Stepped Care model in its Counselling Service two years ago.)
- Brock University, McGill University, and Wilfrid Laurier University have a "one-stop shop," such as a student wellness centre, both physical and online.
- Online or e-therapy models are used across the board (recently implemented by necessity across the board, including at uOttawa).
- Multiple peer and mentorship programs for mental health education are available in many institutions.

The environmental scan revealed that postsecondary institutions are giving special priority to mental health and wellness. We found that other universities, in a manner similar to that at uOttawa, are experiencing a sharp increase in demand for mental health resources. They are also grappling with the same challenges we face, including but not limited to effective communication, service provision, barriers to access, lack of training, lingering stigma, resource confusion, and underdeveloped partnerships with local health and community providers.

Universities across Ontario and Canada are recognizing and addressing gaps in the system at all levels — on campus, between campuses and provincial health services, and within the provincial health care system itself. Solutions exist, as shown by the compendium of best practices above, that can be harnessed to equip our community with the services and resources they need to thrive.



## FINAL CONSIDERATIONS

Over the past nine months, our conversations with our community have revealed some obvious, immediate areas for improvement. This report aims to address some of the more pressing needs raised by our students, staff and faculty in regard to mental health and wellness. We are cognizant of the fact that studying and working at a university is by its nature a challenging, often stressful, experience. We acknowledge that some of the sources of stress inherent to a world-class research and teaching environment cannot be removed; however, our university can do more to identify *pain points* and create an environment that is supportive and responsive.

The following recommendations are starting points for what will be a vast, multi-year process of change, requiring ownership at all levels of the University. The recommendations below will necessarily require the commitment of University resources; we view these commitments to be a long-term investment in a culture of wellness. Ultimately, our vision is a campus where mental health is everyone's business, where wellness is embedded in what we do and how we think, and where people come first.

### SUPPORTING OUR COMMUNITY

Recommendations from committees such as ours inevitably focus on general solutions. Our committee has been continually mindful of the need to support the many groups that make up the University of Ottawa family. The experiences of Indigenous Peoples on our campus have been necessarily top of mind for some time. In the spring and summer of 2020 we became especially focused on the needs of Black students, staff and professors following the tragic death of George Floyd in Minneapolis and the systemic racism that has taken the lives of many other people of colour. We stand in solidarity with our BIPoC (Black, Indigenous, Persons of Colour) students, faculty and staff, and with them, denounce racism in all its forms. Together we must do better.

Every group within our community will face different challenges to their mental health: an Indigenous student entering first-year law will face different stressors than a single mother finishing her Ph.D. Mental health and wellness measures are highly context-dependent, and as a result, the recommendations that follow will need to be implemented in different ways for different students. Our goal as a committee is to make recommendations that, once implemented, will respond to specific needs while simultaneously bringing tangible results for all: improved access to services, more awareness, less stigma, stronger prevention measures, increased resilience among our population and an overall fostering of a supportive academic culture.

### SUPPORTING MENTAL HEALTH IN THE CONTEXT OF OUR ACADEMIC MISSION

The University of Ottawa, as a research-intensive university, creates knowledge through teaching, research and service to our communities. The advancement of knowledge – students' ability to learn, professors' ability to teach and research, and staff's ability to support – is fundamentally connected to their mental health and wellness. We must therefore work in

close partnerships with hospitals and community mental health services to ensure that our community members achieve optimal health and wellness as we fulfill our mission together.

Our conversations with our community revealed that confusion persists about where the University's mental health and wellness services end and where those of the healthcare system begin. This problem is not unique to the University of Ottawa. The continuum of care from university to health provider is not sufficiently defined or communicated, creating confusion and frustration. As a result, people are "falling between the cracks". In response, conversations are underway about the related responsibility of the university and healthcare sector. We applaud the University's ongoing discussions with government ministries, other postsecondary institutions, student associations, and healthcare and community organizations as the roles and responsibilities of each stakeholder within a whole-of-community strategy of mental wellness continue to be defined and communicated. The need for clearly defined roles and responsibilities informed many of our recommendations on service provision, better communication, and enhanced partnerships between the university and mental health service providers.

## RECOMMENDATIONS

### 1. SIGN THE OKANAGAN CHARTER AND IMPLEMENT THE STANDARDS

- The Okanagan Charter contains two calls to action: (1) To embed health into all aspects of campus culture, across the administration, operations and academic mandates; and (2) To lead health promotion action and collaboration locally and globally. The charter would connect the University of Ottawa with other universities who have taken action on mental health and wellness, and provide us with a set of guidelines on how to become a health-promoting university.
- Implement the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students developed by the Mental Health Commission of Canada.
- Implement the National Standard for Psychological Health and Safety in the Workplace. It outlines a systematic approach to developing and sustaining a psychologically healthy and safe workplace, focusing on mental illness prevention and mental health promotion.
- The Board of Governors approved the implementation of the standards in January 2020 based on the recommendations of the *Roadmap to Wellness*.

### 2. IMPLEMENT A COORDINATED APPROACH TO MENTAL HEALTH AND WELLNESS

The University of Ottawa provides a host of resources to support the mental health and wellness of our community members. Recommendation 2 of our June Preliminary Report proposed the appointment of a Special Advisor for Mental Health and Wellness. Soon after submission of the report, Professor Elizabeth Kristjansson was appointed as Special Advisor in Mental Health and Wellness for a three-year term. Looking ahead, we recommend that the Special Advisor, reporting to the Provost, be empowered to:

- Ensure alignment of our resources, initiatives and offices, especially in support of students in crisis.
- Develop and implement a long-term strategy for achieving mental health and wellness at uOttawa. Such a strategy would be similar to those implemented at the University of Toronto, the University of British Columbia, and closer to home, at Carleton University.
- Along with appropriate partners, ensure the implementation of the stepped care model university-wide so that mental health resources, information and interventions are easily accessible for students. The model was put into place in 2018 in Counselling Services but has not yet been implemented University-wide.

### 3. DEVELOP A TRANSPARENT COMMUNICATIONS STRATEGY AND REVISIT PROTOCOLS

- Mental health and wellness must become a central theme in the University's communications. We recommend the implementation of a comprehensive

communications strategy that promotes a culture of wellness, prioritizes mental health understanding and resource awareness, in multiple formats, on and off campus, and that include specific strategies and approaches to target messaging to marginalized groups.

- Students expressed concern about the goals, timeliness and transparency of the well-intentioned University communications about student deaths. More targeted communications (to members of the department and/or faculty community), alongside moments for the community to gather in mourning, could address those concerns.

#### **4. STRENGTHEN AND INCREASE THE PROFILE OF THE WELLNESS WEBSITE AND IMPLEMENT A VIRTUAL WELLNESS HUB**

Where do community members go when they need mental health and wellness support? The University's mental health and wellness website, launched in 2016, was developed to be a "one-stop shop," but many students, staff and faculty do not know that this resource exists; many others know it exists but do not know where to find it. Those who find it are faced with a plethora of resources, tools and information related to mental health, but navigating the circuitous system of supports can be overwhelming, confusing and misleading. University resources and public health system resources and the relationship between them must be made clear. We recommend that the University:

- Increase the profile of the "Mental health and wellness" website by implementing a "best in class" marketing and promotion campaign.
- Enhance the recently launched **Wellness Hub** to include a wellness assessment to help members navigate the system of resources available and quickly access the services and supports most appropriate for their level of wellness; add resources where appropriate (such as a live chat function). The Hub should provide preventative support and self-care tools, and offer resources designed to help members in crisis find timely and appropriate support.
- Include related resources, so that the Hub includes links to "transition to university" courses referenced below, programming on sleep, depression, anxiety, etc.

#### **5. RESPOND TO STUDENT CONCERNS REGARDING STAFFING OF STUDENT SUPPORT SERVICES AND ACCESS**

- Implement a physical "One Stop Shop" mental health and wellness centre on campus, creating a centralized hub for access to mental health and wellness services to ensure timely, accessible, coordinated and stepped care services.
- Hire additional professional counsellors as required to ensure access to supports and services with short wait times.

- Evaluate the need for specialized counsellors (who could be especially responsive to intersectional mental health factors such as racism, discrimination (including but not limited to those who identify as LGBTQ2S+), sexual violence, or disordered eating) for populations with differing needs like undergraduate and graduate, domestic and international students, in both English and French, and then take appropriate action.
- Enhance the communication of information on mental health-related services available on campus, as well as with community mental health resources.

## **6. STRENGTHEN PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS AND HOSPITALS**

The University of Ottawa, through its research, teaching and expertise, can serve the community, and in turn be served by community organizations, hospitals, and care centres that specialize in mental health and well-being. The University must continue expanding collaborative partnerships with community mental health resources to enhance coordination and collaboration across support services both on and off campus with a view to support an integrated continuum of mental health and wellness services.

Immediate attention should be given to:

- Reviewing access to the provincial medical system for psychologists and psychiatrists (currently provided through University of Ottawa Health Services), to prioritize access to services for students most in need.
- In the context of COVID-19 and physical distancing, expand the telepsychiatry agreement with the Royal Ottawa Hospital to increase the number of consultations with a psychiatrist.
- Expanding our partnership with Suicide Prevention Ottawa (a group of organizations working together in Ottawa to make services more effective at preventing suicide among children, youth and young adults).
- Expanding our partnership with the Centre for Innovation for Campus Mental Health, which is dedicated to helping Ontario colleges and universities enhance their capacity to support student mental health and well-being.

## **7. EXPAND TRAINING FOR PROFESSORS AND STAFF**

We recognize that faculty and staff members are not mental health professionals, and even when faculty members or staff have training or expertise in mental health, the provision of mental health services, in most instances, is not within their scope of practice (with some exceptions; i.e. counsellors and related staff).

The goal of this training would be to equip professors and staff with tools they can use to identify, support and refer students to the appropriate service and personnel.

- In collaboration with Human Resources and other offices, academic units, collective bargaining units and the administration, ensure that mental health and wellness training programs are accessible and used by faculty members and staff, with a particular focus on front line student support staff. This training would:
  - Raise awareness on campus regarding mental health and reduce the stigma of mental illness
  - Educate staff and faculty on mental health services and supports that exist on campus.
  - Build staff and faculty capacity in recognizing early warning signs and symptoms of mental health concerns, talking to people in distress, and making referrals to appropriate resources and services.
- Prioritize the development of mental health and wellness programming. All leadership programs offered by the Centre of Academic Leadership and Human Resources should make reference to the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students and the National Psychological Health and Safety Standards in the Workplace to ensure that mental health and wellness are embedded into everyday operations, business practices, learning and working environments, policies and academic mandates.
- Extend SafeTalk or Mental Health First Aid training to all student staff on campus.

#### **8. PROVIDE BOTH UNIVERSITY-WIDE AND COMMUNITY-SPECIFIC SUPPORT**

- Ensure the delivery of community-specific resources, both on campus and online, to our diverse student community. For instance, at this time we are especially mindful of BIPoC community members and international students.
- Facilitate the embedding of resources in spaces and centres dedicated to the support of specific communities. For example, the University could enhance services offered through the Mashkawaziwogamig Indigenous Resource Centre. These services are culturally appropriate and help support the transition to university life of Indigenous students. This could be accomplished in collaboration with Indigenous communities in the National Capital Region, including Pikwàkanagàn and Kitigan Zibi, as well as local Indigenous organizations.
- Develop guidelines for academic accommodation for students with mental health challenges.

## **9. SUPPORT STUDENTS LEADING OR PARTICIPATING IN MENTAL HEALTH AND WELLNESS INITIATIVES**

Students have launched a variety of initiatives for fellow students that could be enhanced and better supported. These include both university- and faculty-based initiatives, and mentoring and peer support groups. We recommend that the University:

- Foster additional opportunities for students to connect both inside the classroom and across campus. This includes through group work and social opportunities, in virtual collaborative spaces. Student-led resources and initiatives should be promoted and given high visibility, for instance on the Virtual Wellness Hub.
- As noted below, students should be supported in engaging with researchers in evidence-based research and participating in conferences and workshops.

## **10. EXPAND SUPPORT WITHIN FACULTIES**

Student, staff and faculty identity is usually specific (e.g., “I’m a second-year student in the MD Program”), and needs vary. Faculty-based initiatives such as mentors and support groups could build local communities of support so that students feel less isolated. These initiatives could include:

- Faculty-based support programs, similar to the Wellness Check programs in the Faculty of Medicine.
- Wellness Advisors who spend time in faculties, where they can meet students and guide and support them in accessing mental health and wellness support delivered elsewhere on campus. At the Faculty of Engineering, for instance, special initiatives have been launched to assist international students.

## **11. INCLUDE MENTAL HEALTH AND WELLNESS IN SYLLABI AND DEVELOP AND OFFER MENTAL HEALTH CURRICULA**

Prevention and education are critical components of any mental health program. We recommend the implementation of practices that will encourage awareness, early identification, and early intervention. We see an opportunity to educate our students in mental health and wellness, and the supports available to them, through specific practices:

- Develop both credit and non-credit mental health curricula and courses for students. These could include:
  - A credit course for all first-year students that would essentially be a uOttawa 101 that emphasizes resiliency and coping skills, and that introduces students to University and faculty services that support mental health and wellness.
  - A mental health certificate, which would be a specialized certification for students (and employees, where applicable) that they could receive alongside their degree.

It would appear on their transcript. The certificate would draw on existing uOttawa courses.

- We recommend that professors make their commitment to student mental health and wellness clear by including related information and resources in their course outlines and mentioning these in their opening lectures or seminars. Awareness tools should be provided to all professors with examples of how they could address mental health and well-being with their students.
- In addition, we recommend that the university provide professors with resources that they could draw on as they take steps to foster a supportive academic culture. This could include privileging small groups assignments, facilitating connections in the classroom, clarifying workload expectations, and reducing stigma connected to mental health and wellness.

## **12. LAUNCH A MULTIDISCIPLINARY MENTAL HEALTH AND WELLNESS RESEARCH CLUSTER**

We have a special opportunity as a research-intensive university to bring together diverse scholarly experts and practitioners who could draw on their medical, scientific, social, cultural, legal, management and educational perspectives to generate new knowledge and practices to strengthen our community's mental health and wellness. This cluster could also provide opportunities for students to engage with professors in evidence-based research and participate in conferences and workshops. With dedicated funding, the cluster (which could be developed into a centre or institute) could launch a variety of research initiatives, such as:

- Nationally- and locally-focused conferences, including one on psychiatry (which would provide a research-based, University-supported counter-narrative to the Scientology exhibit that caused so much hurt on our campus).
- Internal assessments and reviews of how the University's wellness and mental health initiatives are functioning, so we know which are most helpful and which to expand.
- Pilot projects to test the use of problem-solving therapies delivered remotely, an initiative of special importance given the need during the pandemic to provide expanded services online and at a distance.



## CONCLUSION AND NEXT STEPS

Mental health and wellness challenges in our community, particularly among students, were well documented prior to the pandemic. Distance education and social isolation have exacerbated existing issues and created new ones. These issues can only be improved through a set of coordinated, ongoing efforts, ranging from prevention to the implementation of systemic intervention approaches, at all levels of the University. Our goal in this report is to provide the President with recommendations for action, so that we can better support our students, faculty and staff in the coming months and years.

The University has a plethora of resources and supports available and in recent months these have been scaled up, better funded and otherwise improved. While the mental health and wellness challenge on our campus is significant and complicated, and cannot be resolved by the work of one committee over nine months, we hope that our recommendations strengthen our collective commitment and mark the beginning of a multi-faceted, holistic approach to mental health and wellness at the University of Ottawa.

As has been noted above, following our recommendation to appoint a Special Advisor on Mental Health and Wellness to, among other key tasks, implement this report, Professor Elizabeth Kristjansson was appointed this summer to a three-year mandate. As Special Advisor, Professor Kristjansson will ensure that the University implements the Committee's recommendations, while addressing remaining gaps and working towards improving the well-being of our students, professors and staff.

In closing, the members of the President's Advisory Committee on Mental Health and Wellness wish to thank the students, staff and faculty who shared their stories with us and supported this work. We are especially grateful to our undergraduate and graduate students, whose passionate advocacy ensured that they remained exactly what they must be: our first priority and primary focus. We are proud to share our campus with these remarkable students. Thanks to you, we have been able to assemble this call for action. The work that lies ahead is significant. This document is only the beginning.

## BIBLIOGRAPHY

Braun, Virginia and Victoria Clarke. "Using thematic analysis in psychology." *Qualitative Research in Psychology* 3, no. 2 (2006): 77-101. DOI: <https://doi.org/10.1191/1478088706qp063oa>.

"Campus Mental Health: Community of Practice." Canadian Association of College and University Student Services. Published in 2019. <http://cacuss-campusmentalhealth.ca>.

"Fast Facts about Mental Illness." Canadian Mental Health Association National. Published June 26, 2019. <https://cmha.ca/fast-facts-about-mental-illness>.

*Foundations: Mental Health and Well-Being Initiatives at Ontario's Universities*. Toronto: Council of Ontario Universities, 2017. <https://ontariosuniversities.ca/reports/foundations-mental-health-well-initiatives-ontarios-universities>.

*Roadmap to Wellness at uOttawa*. Ottawa: University of Ottawa, 2020. <https://www.uottawa.ca/wellness/action-plan>.

*Towards a Comprehensive Mental Health Strategy: The Crucial Role of Colleges and Universities as Partners*. Ontario College Health Association, 2009. [http://oucha.ca/pdf/mental\\_health/2009\\_12\\_OUCHA\\_Mental\\_Health\\_Report.pdf](http://oucha.ca/pdf/mental_health/2009_12_OUCHA_Mental_Health_Report.pdf).

University of Ottawa. "More Sustainable." Transformation 2030. Retrieved June 3, 2020. <https://transformation2030.uottawa.ca/en/sustainable>.

## APPENDICES

1. President's Advisory Committee on Mental Health and Wellness : <https://www.uottawa.ca/vice-president-academic/advisory-committee-mental-health-wellness>
2. The Okanagan Charter: <https://wellbeing.ubc.ca/okanagan-charter>
3. National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students. <https://www.mentalhealthcommission.ca/English/what-we-do/workplace/national-standard>
4. Roadmap to Wellness at uOttawa - Mental Health and Wellness Report 2020: <https://www.uottawa.ca/wellness/action-plan#report>
5. Information resources on mental health and wellness: <https://www.uottawa.ca/wellness/about/wellness-topics>
6. Virtual Wellness at uOttawa: <https://www.uottawa.ca/wellness/covid-19/virtual-series>
7. Employee and Family Assistance Program: <https://www.uottawa.ca/human-resources/health/employee-and-family-assistance-program>
8. Virtual wellness hub: <https://www.uottawa.ca/wellness/>