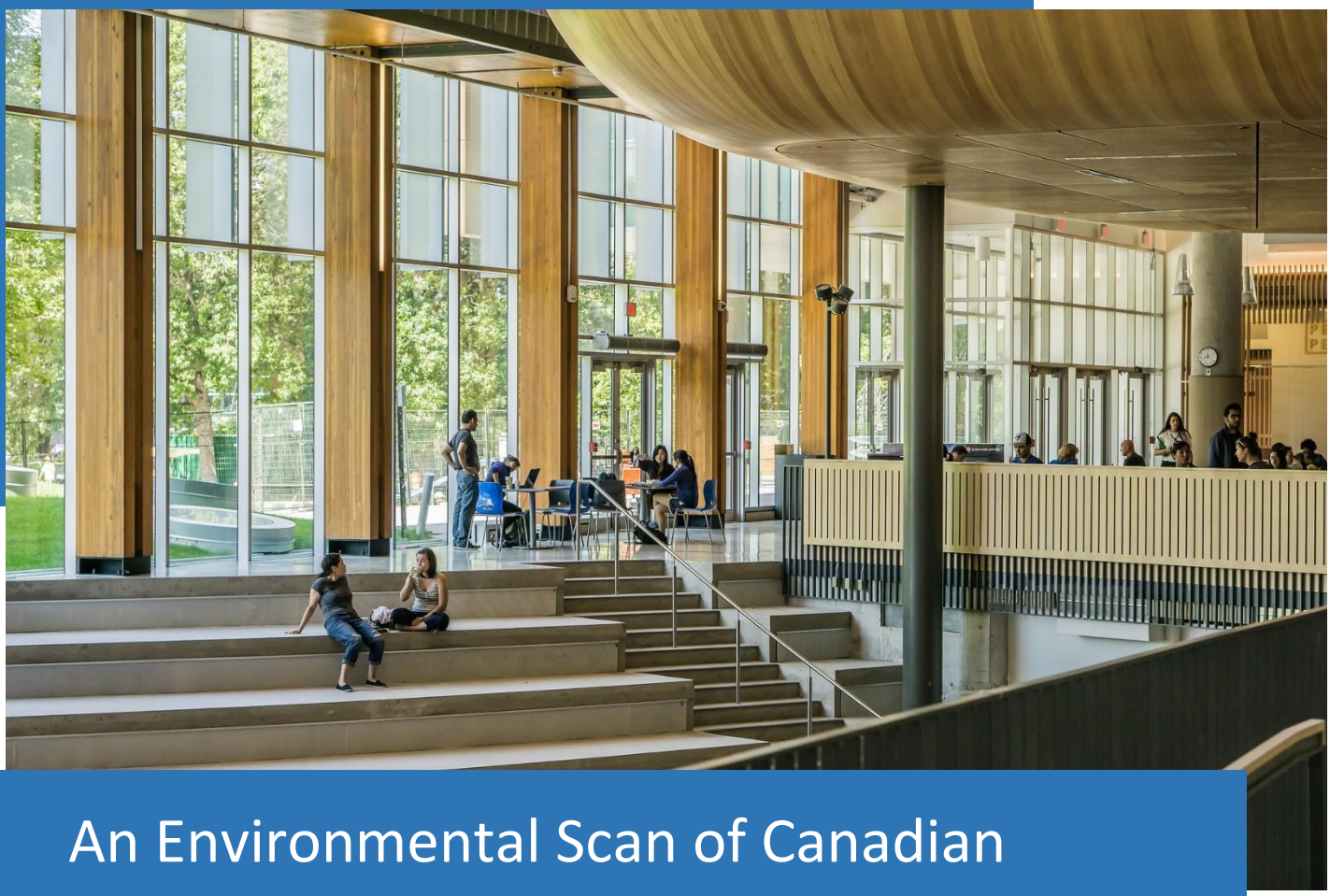

An Environmental Scan of Canadian Campus Mental Health Strategies

JUNE 2019

BEST PRACTICES IN CANADIAN HIGHER ED: MAKING A POSITIVE IMPACT ON STUDENT MENTAL HEALTH

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Acknowledgement

The Authors of this document would like to gratefully acknowledge the Rossy Foundation for partially funding this project.

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Introduction

Background and Purpose

Student mental health and well-being has become a primary concern for post-secondary institutions (PSI), with many adopting a systemic approach by developing mental health strategies or broader holistic campus-wide wellbeing strategies. Aligned with this, in January 2018, the Mental Health Commission of Canada announced its plan to develop a national standard for psychological health and safety of post-secondary students so that institutions can access an evidence-informed national approach to promote and protect students' psychological health and safety.

The purpose of this paper is to support PSIs in their institutional mental health and wellness strategy development, by reporting on a review of Canadian campus mental health strategies. The Best Practices Network conducted an environmental scan of existing post-secondary mental health strategies across Canada, from 2009 to 2019, and identified common and differing themes with respect to their development process, organizational structure, strategy components, key recommendations, and evaluation. With this, we offer guiding principles and future directions that post-secondary administrators and practitioners may consider in their strategy development and review process.

Campus mental health strategies have typically prioritized the mental health and wellbeing of students and how the campus community can support student mental health, while others have adopted a community-based approach to include the mental health of students, staff, and faculty. Campus health and well-being strategies, on the other hand, are more consistent with a broader healthy campus approach and have adopted a holistic approach to include social, emotional, physical, career, academic, financial, spiritual, and cultural aspects. Our scan revealed that the majority of PSIs (27 campuses, Healthy Campus Alberta and the Association of Atlantic Universities) developed and implemented mental health strategies while three institutions developed holistic health and wellbeing strategies. In view of this, this paper will focus on mental health strategies rather than broader health and wellbeing strategies.

It is important to note that campuses are at varying stages of their implementation plan and therefore, may have begun with a student-focused mental health strategy with the intention of adopting a campus-wide strategy to include staff and faculty over time (e.g., University of Windsor, 2018). Other campuses have opted to develop a Healthy Campus Strategy, while also developing a divisional/departmental mental health strategy (e.g., Simon Fraser University, 2013). Healthy Campus initiatives adopt a health promotion or public health approach and embed health into all aspects of the campus culture (e.g., administration, operations, academics; Canadian Health Promoting Universities and Colleges Network, 2016; Okanagan Charter: An International Charter for Health Promoting Universities and Colleges, 2015). Some campuses have both a mental health strategy and a healthy campus approach (e.g., University of Alberta, 2013; University of Calgary, 2015; University of Toronto, 2014; University of British Columbia, 2013). It is not always clear how Healthy Campus initiatives, campus mental health strategies or campus health and wellbeing strategies are aligned. While some initiatives appear to be developing in isolation, others subsume their mental health or health and wellbeing strategies within their Healthy Campus initiative. Other campuses can also have a mental health and wellbeing priority embedded within their institutional-level strategic plans.

Objectives

1. To identify common drivers, approaches and practices related to the development, implementation, and evaluation of campus mental health strategies.

2. To identify trends in the development and content of campus mental health strategies spanning the years 2009 to 2019.

3. To provide evidence-informed guiding principles for the future development, implementation, and evaluation of post-secondary campus mental health strategies.

Methodology

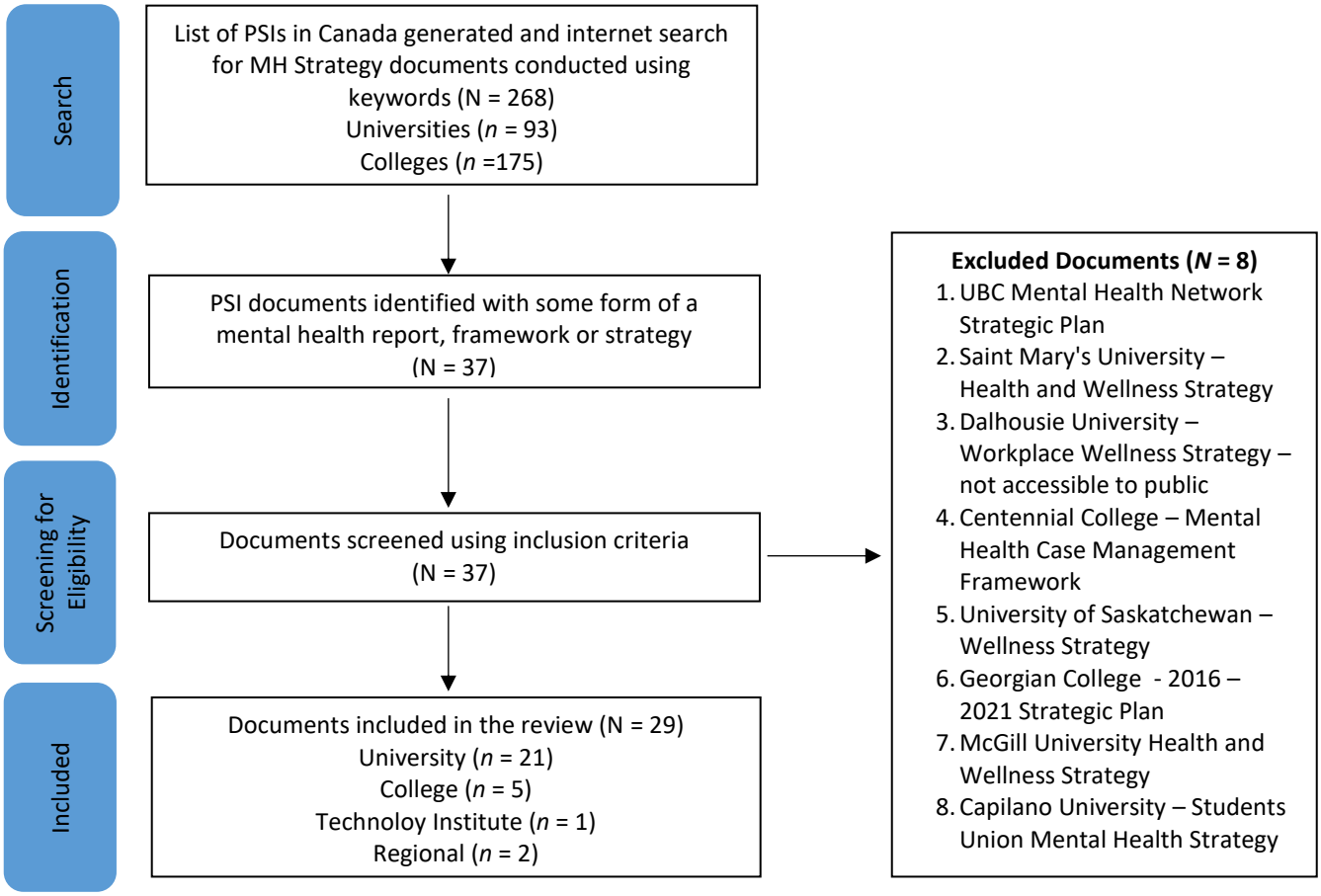
An environmental scan of mental health strategies across Canadian PSIs (colleges and universities) was conducted for the period of 2009 to 2019. The environmental scan included searches of all post-secondary colleges and universities within each province. Keywords for the search included the PSIs' name and "strategy", "framework", "mental health", or "report" using Google. The same keywords were used on institution-specific search functions on their respective websites. Provincial, national, and international grey literature was also retrieved using Google. This search revealed 37 institutions with some form of a mental health framework or strategy.

After the initial review of the retrieved document structures, the most commonly identified sections across the majority of documents formed the initial inclusion criteria for this paper. Based on this analysis, the strategy documents that contained the following sections were retained for this environmental scan:

1. Rationale for the Strategy
2. Institutional Commitment
3. Priorities and Objectives
4. Recommendations
5. Next Steps

This left 29 Canadian PSIs, including 21 universities, five colleges, one technology institute, and two regional Mental Health Strategies, with documents meeting inclusion criteria (See Figure 1 and Appendix A for list of included post-secondary institution document). Sixteen PSIs along with the two regional strategies created student-focused strategies, while eleven PSIs developed campus-wide strategies. Excluded documents did not contain comprehensive mental health strategies, but could have mentioned student or campus mental health as part of a broader institutional strategic plan, a holistic wellness strategy, or a program specific strategic plan. As noted above, three institutions, including McGill University (2018), Saint Mary's University (2011), and the University of Saskatchewan (2016) developed holistic health and wellbeing strategies and were excluded from this scan.

Figure 1. MH Strategy Document Inclusion Process



The documents were further reviewed, with the following key questions to guide the analysis:

1. When was the strategy developed?
2. What were the timelines for the strategy development?
3. What was the organizational structure and who were the stakeholders involved in the strategy development and implementation, and the level of stakeholder involvement?
4. What underlying theories, frameworks, or policies were used as part of the strategy development?
5. What were the similarities and differences for the drivers of the strategies?
6. What rationales were provided to determine a student-focused vs a campus-wide approach that included staff and faculty?
7. What were the stages of the strategy development processes?
8. What was the evaluation framework and plan for the strategy?

All post-secondary mental health strategic plan documents, presentations and reports were reviewed to identify key themes with respect to the strategy content and the development process. This information was summarized to report on the commonalities and differences across institutions. Following a review of the PSI specific strategic plans, relevant literature and supporting documents were

examined to identify underlying theoretical frameworks, policies, and emerging or best practices. This review identified a number of key documents that supported the development of PSI mental health strategies and are presented in Appendix B.

Figure 2. Timeline of Post-Secondary Mental Health Strategic Plan Development and Updates.

Findings and Analysis

The findings and analysis are organized into five sections:

1. Key Drivers: Why is there a need for mental health strategies?
2. Framing Documents: What key documents and theories do PSIs use to frame the strategies?
3. Strategy Development Process: How do PSIs go about developing their strategies?
4. Strategy Structure and Content: What content is included in the strategies?
5. Assessment and Evaluation: How are PSIs evaluating their strategies?

Key Drivers for Mental Health Strategies

Student-Focused Mental Health Strategies

A review of the campus mental health strategies identified a common, but changing landscape of student mental health needs. Table 1 identifies the common drivers that highlighted the need for a systemic approach to student mental health on campuses:

Table 1. Key drivers for student-focused mental health strategies

Key Driver	Description
Shifting approach to mental health in a post-secondary context	PSI environments have a responsibility and role in their students' mental health. PSIs commit to make mental health an institutional priority and adopt a systems approach to support student mental health. Recognition of the reciprocal relationship between PSI settings and the accompanying environmental stressors, student mental health, and academic functioning.
Emerging adulthood & vulnerability for mental health issues	Recognition that students undergo a number of psychosocial transitions from secondary to post-secondary education (e.g., moving away from home for their education, changing social supports, changing jobs, and a movement towards independent living arrangements and independent study). Transitional-aged students need to navigate changing health care access and pathways that are typically not well established. "Emerging adults" are susceptible to the development of mental health issues: 15 to 24-year-olds are more likely to experience mental illness and/or substance use disorders than any other age group (Statistics Canada, 2013, Mental Health Commission of Canada, 2017), 75% of mental illnesses have their onset before the age of 25, and one in five Canadians ages 15 to 24 report a mental illness or substance abuse problem (Mental Health Commission of Canada, 2015)
National College Health Survey findings	Canadian post-secondary institutions have increasingly participated in the National College Health Assessment (NCHA). The institutional findings from this survey prompted some institutions to develop a mental health strategy. 2013 marked the first year when a substantial number of Canadian PSIs participated to create a Canadian (and provincial) reference group. The NCHA data illustrated the mental needs of students across Canada, resulting in a number of institutions responding through a mental health strategy (e.g., Canadian reference group indicate that 90% of students felt overwhelmed during the year, 57% experienced overwhelming anxiety, 38% felt depressed, and nearly 10% had considered suicide, National College Health Assessment: Canadian Reference Group Report, American College Health Association, Spring 2013).
Suicide rates	Multiple institutions acknowledged that suicide is one of the leading causes of death amongst emerging adults, aged 18 to 25 (e.g., https://www150.statcan.gc.ca/n1/pub/82-624-x/2012001/article/11696-eng.htm, https://www.sprc.org/populations/young-adults). Some institutions identified student suicides as one precipitant for the development of campus mental health strategy (e.g., Commissioner's

	Report, Queen's University, 2012; Final Report, President's Advisory Committee on Student Mental Health, University of Waterloo, 2018). Canadian NCHA data illustrate the risk of suicide that is present in post-secondary student populations, with 13% of students surveyed reporting that they considered suicide within the previous 12-months and 2.1% reporting a suicide attempt (National College Health Assessment: Canadian Reference Group Report, American College Health Association, Spring 2016).
Student diversity	PSIs reported diversity related to cultural identity, international student needs, gender identity, sexual identity, indigenous student needs, and students with disability and the need for culturally relevant and safe services and spaces. Legislation such as the Accessibility for Ontarians with Disability Act (2005) highlighted diverse and increasing mental health needs of student populations. PSIs Accessibility Offices report that the number of students arriving on campus with mental health concerns significantly increased across the majority of campuses. Challenges that created barriers for students to access, or properly receive these services increased the number of students seeking services and the system is unable to keep up with demand, lack of appropriate services for marginalized students, increased financial strains on students and an increase in the cost of academic education.

Campus-Wide Mental Health Strategies

Campus-wide mental health strategies identify staff and faculty as having a dual focus: to support student's with mental health issues and illness, but also to maintain their own mental health and well-being. Staff and faculty are identified as providing a supportive role for students and many PSIs have developed a mental health literacy program for staff and faculty to develop competency in identifying, assisting, and referring to resources for students in distress; students struggling with mental health also can have an impact on staff and faculty. In addition to a component of the mental health strategy, these programs are often identified as a Human Resources (HR) resource for staff and faculty. Institutions also recognized that students can also be staff at the campus they attend.

While all PSIs have staff and faculty workplace mental health and well-being initiatives through their HR and Employee Assistance departments, PSIs that adopted a campus-wide mental health strategy included their HR departments in the strategy development process, usually at the strategy lead and advisory committee levels. For these PSIs, the over-arching strategy is inclusive of the whole campus community, with mental health policy, programming and resources targeted to students, as well as staff and faculty. In some cases, the PSI has adopted a formal Workplace Standard for Psychological Health and Safety, whether that be the Mental Health Commission of Canada's Standard (Canadian Standards Association, 2018), a provincial standard (e.g., University of Manitoba), or an insurance-related standard (e.g., Great-West Life).

Eleven institutions chose to extend their mandate to include faculty, staff and students (Brock University (2012), Concordia University of Edmonton (2017), George Brown College (2015), King's College (2018), Mohawk College (2014), Red River College (2014), Ryerson University (2012), Simon Fraser University (2013), University of Calgary (2015), University of Manitoba (2014), and York University (2015)). York University (2015) reflected this holistic decision through their mission, objectives and programming, which emphasized a supportive environment based on mutual respect between students, faculty and staff. Within their report, York University (2015) included wellness trends on both students, faculty, and staff. Similarly, University of Calgary (2015) emphasized research that illustrates the importance between staff, faculty and student wellbeing and correspondingly described initiatives to include both categories, such as Respect in the Workplace Programs, and mental health workshops for students, faculty and staff. Brock University (2012) and the University of Calgary (2015) conducted a gap analysis that included aspects pertaining to issues affecting faculty and staff, including revising training related to employee rights and responsibilities.

For workplace key drivers, campus mental health strategies typically report on staff and faculty sick leaves, short- and long-term disability claims, prescription medications, reasons that staff and faculty access counselling services, findings from occupational stress surveys, presenting concerns for access to employee assistance programs, absenteeism, and staff turnover.

On a broader level, some PSIs have signed the Okanagan Charter (2015) and/or are promoting health and wellbeing on their campuses consistent with the Charter. The mandate is to adopt a public health approach to health and well-being on campuses and in many cases, the mental health strategy (student- or campus-based) is referenced as one component of this over-arching framework. As an example, Thrive, a nation-wide mental health initiative (originally developed by the University of British Columbia), has been adopted by 12 PSIs, as one of their campus-wide mental health initiatives embedded within a PSI mental health strategy and/or a healthy campus initiative. Thrive programming involves a week-long series of events that promote positive mental health for students, staff, and faculty.

Mental Health Framing Documents

A number of initiatives motivated the institutional drive to create or revise their mental health strategy. Various national and international initiatives, published documents, and events further fueled this:

Table 2. Key framing documents

Document	Description
World Health Organization: Mental Health (WHO, 2014)	This document was most commonly referenced for its definition of mental health. Other WHO documents, including Health Promoting Universities: Concept, experience and framework for action (1998) outline a public health approach to PSIs and referenced by a number of Canadian campuses.
Mental health and well-being in postsecondary education settings A literature and environmental scan to support planning and action in Canada (MacKean, 2011)	This paper reports on a literature and environmental scan on post-secondary student mental health and supports and recommends a systematic approach to planning and action to promote student mental health at a population level.

CACUSS-CMHA Guide to a Systematic Approach (2013)	A key framework adopted by the majority of PSI strategies (23 PSIs and 2 regional strategies). The seven tiers of the CACUSS framework were often used as strategic priority areas, including: institutional structure, supportive, inclusive campus climate, mental health awareness, community capacity to respond to early indicators of student concern, self-management competencies and coping skills, accessible mental health programs, and crisis management.
Campus Mental Health Strategies	The Cornell Mental Health Framework (2014), Student Mental health & Well-being strategy (University of British Columbia, 2013), and Towards a Mental Health Strategy for Queen's (Queen's University, 2012) are the two most commonly referenced PSI mental health strategies across several PSIs. Both documents are referenced as comprehensive, holistic strategies focused on multiple domains.
Mental Health Commission of Canada Reports	The Mental Health Commission of Canada's Toward Recovery & Wellbeing: A Framework for a Mental Health Strategy for Canada (2009) and Changing Directions/Changing Lives: a Mental Health Strategy for Canadians (2012) were widely used across campuses, particularly for campus-wide strategies. National Standard for Post-Secondary Student Standard for Psychological Health and Safety: In September 2018, the Mental Health Commission of Canada announced a two-year project to develop a National Standard for PSI students. It is anticipated that this Standard, alongside the CACUSS-CMHA framework, will continue to guide PSI mental health strategies.
National Standard of Canada for Psychological Health and Safety in the Workplace (MHCC, 2013)	PSIs who created a campus-wide mental health strategy adopted this Workplace Standard and some have undergone a "Mental Health at Work" certification process with Excellence Canada. Mental Health at Work guides Canadian organizations through an implementation framework and recognizes organizations for outstanding policies, strategies, practices, and results in supporting and promoting mental health in the workplace (e.g., University of Calgary, 2015).
Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015)	The Okanagan Charter (2015) was built upon the Ottawa Charter for Health (1968) and calls for the systemic integration and promotion of health both locally and globally and emphasizes the ecological "interconnectedness between human and environment". To date, twelve Canadian PSIs have adopted the Charter and four Canadian organizations have endorsed it. One platform for the Okanagan Charter has been the Canadian Health Promoting Campuses, a consortium whose aims is to engage PSIs to advance the health-promoting campuses movement (https://healthpromotingcampuses.squarespace.com/).

Strategy Development Process

The investigation of the strategic development process consisted of analyzing the steps taken to form the strategy, from striking a committee, to developing a strategy, to outlining recommendations in a final report. The developmental processes of a strategy informs not only the steps taken, but also about

the values that informed the process and stakeholder contribution. Successfully realizing the benefits and potential of a mental health strategy requires careful planning, coordination, and engagement of all stakeholders involved. At the time of this review, PSIs were at different stages of the process: in process of developing an implementation plan, having implementation committees set up, having operational plans, completed mental health strategies, review of mental health strategies, etc. On average, post-secondary institutions took a year to produce a mental health strategy, from the time when the organizational committee was formed. However, it is important to note that many schools began discussions of the importance of mental health before the official strategy committee was struck.

The following were key steps that PSIs underwent to develop a mental health strategy:

1. Institutional Commitment and Establishing Leadership
2. Identifying and Engaging Key Stakeholders
3. Identifying Strategic Priorities
4. Creating a Final Report and a Communication Strategy

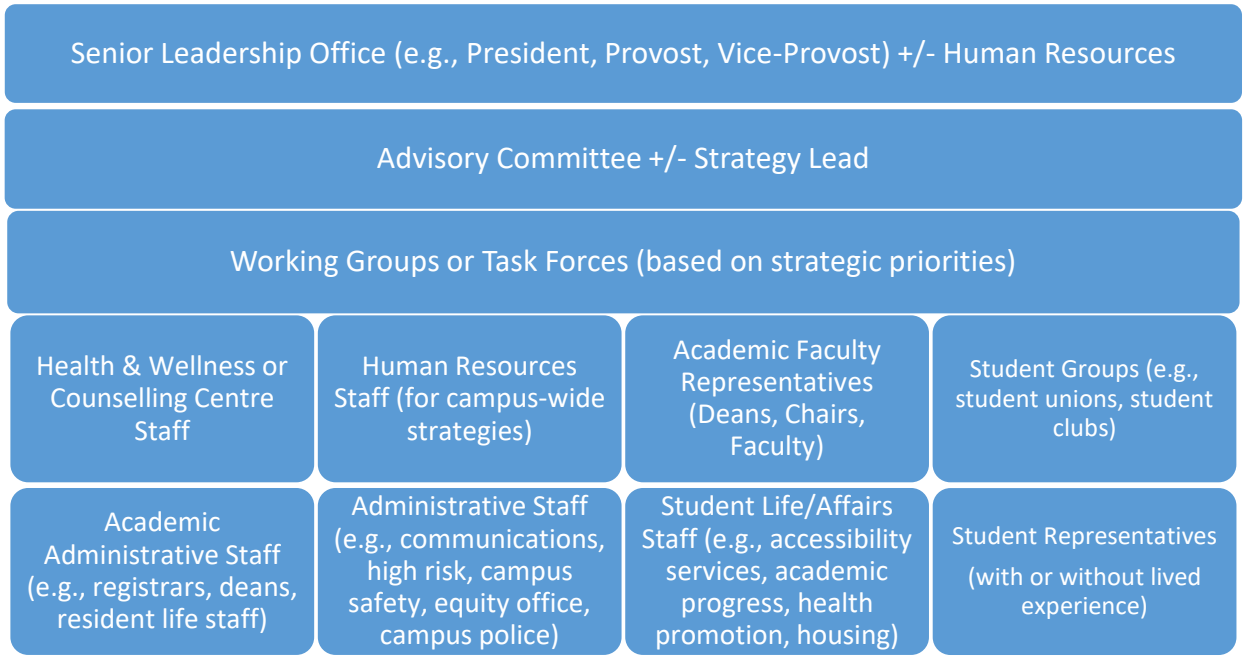
Institutional Commitment and Leadership

A common theme that was observed between the strategic priorities of different PSIs was the acknowledgement of leadership and institutional commitment to the mental health of students. In other words, PSIs recognized the importance of leadership at the highest levels of faculty, student, and staff in order to review and develop policies that support a mentally healthy campus community. The majority of mental health strategies were typically mandated by senior level administration, such as the President (e.g., Carleton University, 2009; Mount Royal University, 2013), Provost (e.g., the University of Guelph, 2016; University of Calgary, 2014), or Student Affairs Offices (e.g., Mount Allison University, 2013; McMaster University, 2013).

A number of institutions hired or appointed individuals from within the institution to develop the strategy. In some instances, the strategy development was led by Student Services or Student Affairs (e.g., McMaster University, 2013; and Mount Allison University, 2013). In fewer cases, an external agency was used to review the state of an institution's mental health resources and services and aid in the development of a Mental Health Strategy. For example, the University the Manitoba (2014) contracted an external mental health consultant to conduct their literature review, environmental scan of policies, processes and service, as well as to assess the experiences, thoughts, and ideas of their faculty, staff and students. For the implementation of their strategy, the University of Calgary (2015) uniquely created a Director - Mental Health Strategy position to lead the mental health strategic plan.

After the initial strategy was mandated, the strategy lead would designate various individuals into an organizational structure to carry out different mandated tasks. Usually, advisory committees, working groups, or task forces were formed (see Figure 3). Advisory committees ranged in membership and size, mainly consisting of senior administration, faculty, staff and administrative figures, with about 15 to 25 members from various departments of the University. In some instances, the advisory committee was divided into smaller working groups to tackle specific issues (e.g., policy and procedures; awareness, education and programs; curriculum and pedagogy). Institutions included students within their various committee (e.g., undergraduate and graduate students, student employees, student union representatives). Appendix C provides a summary of the organizational structure and stakeholder engagement across institutions.

Figure 3: General Structure of Stakeholder Engagement



Working groups or task forces followed a systematic process of engagement, typically had terms of reference, objectives to fulfill, or guided questions to answer. Working groups and task forces would meet regularly, conducted research within their domain, and engaged relevant stakeholders. The most common activities undertaken within the development process included literature reviews, environmental scans (of existing institutional policies and procedures, programs and services), surveys, and stakeholder engagement activities. Environmental scans typically involved a review of mental health activities and existing supports/resources on campus, literature reviews of mental health needs, and a gap analysis of mental health needs and supports.

Stakeholder Engagement and Consultation

Each school engaged in a unique set of consultation processes involving different stakeholders and various means of collecting information. Large public event consultations (e.g., town halls, public forums) at early stages were common among the institutions. For example, Camosun College (2016) conducted seven in-person community discussion forums, while the University of Manitoba (2014) posted six questions in 24 locations for faculty, staff, and students to engage in by writing their thoughts and collecting 600 comments. After the initial consultation, Camosun College (2016) followed up with a college-wide survey to students, employees, and administration. In comparison, University of Manitoba (2014) followed up with focus groups with students, interviews and validation sessions with the university leadership, staff, workforce union representatives, and external organizations, and online survey of faculty and staff. The extent of stakeholder involvement varied by PSI as well. While University of Toronto (2014) reported over 250 students participating in focus groups, McMaster University (2013) reported that over 150 students, staff, and faculty were interviewed, and University of Manitoba (2014) reported nine focus group with 70 students participating.

Carleton University (2009, 2016) and University of Alberta (2015) addressed student engagement as a separate strategic priority. While the University of Alberta (2015) highlighted the need for student-centred communication strategies, Carleton University (2009, 2016) acknowledged the role of students in improving campus mental health by way of building partnerships between faculty, staff and students, and increasing and promoting opportunities for student participation in mental health initiatives. The University of Windsor (2018) adopted a unique approach to ensure that students were directly involved at each strategy development stage. This university hired three senior-level students to conduct the research that would inform the strategy development and recommendations.

Draft strategies would be reviewed by senior institutional leaders and would be disseminated broadly, through online methods (e.g., email, designated website) to the entire campus for feedback and comments. Following a review and integration of feedback, a final report would be disseminated.

Strategic Priorities

Identification of strategic priority areas was a process all post-secondary institutions engaged in as part of the development of a mental health strategy. Twenty-three of the 29 (79%) PSI and Regional Strategies utilized or referenced the Post-Secondary Student Mental Health: Guide to a Systemic Approach (CACUSS-CMHA, 2013) and the components of this approach in many cases became the strategic priority areas that guided the creation of working groups. The adoption of this framework was partly due to PSIs creating their strategies after 2013. Subsequently, this determined collection and prioritization of recommendations and a set of recommended actions. Other institutions used a "pyramidal approach", a socioecological model, or the University of Cornell's model (some of these priorities were similar to the CACUSS-CMHA priorities). York University (2015), for example, organized their strategic priorities based on priority areas of their University Academic Plan: Leadership, Planning and Promotion, Campus Engagement, and Service Delivery. Another example was the University of Waterloo (2018), whose priority areas were Implementation Process, Organizational Development, Operational and Procedural, Prevention and Health Promotion, and Review and Development. For Queen's University (2012), priority areas included Effective Response, Service and care, Encouraging Help-Seeking and Helping Behavior, Transitions and Resilience, and Promotion of a Healthy Community.

The CACUSS-CMHA (2013) framework outline the following focus areas:

1. Institutional Structure: Organization, Planning and Policy
2. Supportive, Inclusive Campus Climate and Environment
3. Mental Health Awareness
4. Community Capacity to Respond to Early Indications of Student Concern
5. Self-Management Competencies and Coping Skills
6. Accessible Mental Health Services 7. Crisis Management

The most common strategic priorities across all of the post-secondary institutions were Institutional Structure (21 PSIs); Supportive, Inclusive Campus Culture and Environment (24 PSIs), Mental Health Awareness (23 PSIs), and Accessible Mental Health Services (20 PSIs). Self-Management, Competencies and Coping Skills was reported explicitly across 13 PSIs and sometimes were subsumed by other domains. However, not all schools determined their strategic priority areas based on the CACUSS-CMHA (2013) framework for mental health.

There were no significant differences in strategic priorities across provinces, with one exception. All post-secondary institutions in British Columbia had crisis response/management as a separate strategic priority on its own. PSIs in other provinces had crisis management either embedded in other strategic areas or did not address it at all.

Strategy Communication and Implementation

Following the development of a mental health strategy, most institutions created an implementation committee and subcommittees/working groups reflecting strategic priorities in order to oversee the implementation process, prioritize recommendations and work plans, and produce annual reports. These reports would typically itemize the strategy recommendations and outline the associated activities that fulfilled the recommendations, the progress to date, completion dates, and metrics/outputs. These reports would be available on the mental health strategy website in the form of documents (e.g., Mount Royal University, 2013; Queen's University, 2012) or website postings presented in "real time" (e.g., University of Calgary, 2014).

Different PSIs adopted somewhat different communication strategies for their final reports. Mental Health Strategies are disseminated online in the form of a report available for download. Many institutions were found to have dedicated websites for communicating their mental health strategy, plan, progress and updates (e.g., Camosun College, 2016; McMaster University, 2013; University of British Columbia, 2013; University of Calgary, 2014; University of Toronto, 2014; York University, 2015). Other institutions used a dedicated webpage through the post-secondary institution student services or success center (Confederation College, 2015) or a Health and Wellness website (Mount Allison, 2016; Ryerson University, 2013; University of Manitoba, 2014; University of Victoria, 2014). Other institutions communicated their strategies through the Office of the President (Mount Royal University, 2013, University of Waterloo, 2012), Vice-President Dean of Students or Students and Enrolment (University of Alberta, 2013; Carleton University, 2009), or Principle's webpage (Queen's University, 2012). Two mental health strategies (University of Guelph, 2016; Brock University, 2012), were not found to be available on the respective institutions' website, but were directly downloaded when using a search engine (i.e., Google).

Mental Health Strategy Report Structure and Content

The various mental health strategic reports generally followed a consistent structure:

1. Executive Summary

2. Purpose, Vision, Guiding Principles

   Institutions' overarching vision is to create an environment that supports and enhances mental health and wellbeing, starting with an institutional commitment and to ensure policies, systems, structures, and services are in place. Vision statements typically focused on aspects of the campus community, including a healthy, caring, supportive, responsible, and responsive community. Guiding principles or values varied across institutions and could include aspects of optimal mental health, partnerships and collaboration, respect, innovation, inclusivity, diversity, resilience, supportive environments, responsiveness, and continuous improvement as examples.

3. Leadership and Organizational Structure

In general, reports would outline the initiation of a strategic plan, the specific institutional office to which the strategic plan would be reported to and approved by, the organizational structure of an advisory committee and working groups, as well as key stakeholders that would be engaged in the process (staff, faculty, students, community).

4. Background/Literature Review

   This section typically included a definition of mental health and wellbeing, with most PSIs using the WHO definition of mental health and Keyes' (2007) dual continuum model of mental health and mental illness. A literature review of the mental health context at a national, provincial and the local campus level for students and the workplace was also included.

5. Framework or Systems Approach

   This section includes a description of the systems-level framework or approach to the mental health strategy. In the majority of cases, the CACUSS-CMHA systematic guide is referenced.

6. Goals, Objectives, Strategies, Recommendations

   This section typically outlines the strategy's key elements, usually reporting four to seven areas, that reflected the CACUSS-CMHA systematic guide, an alternate model (e.g., social ecological model, pyramidal model), or a combination of approaches. A comprehensive list of strategies and recommendations would be itemized with each goal or objective.

7. Assessment/Evaluation

   Either integrated into the report or added in an appendix, institutions would report on:

   a. Survey data, including but not limited to relevant segments from the National College Health Assessment Survey (NCHA), National Survey of Student Engagement (NSSE; Supportive Campus Environment, Enriching Educational Experiences), Canadian University Survey Consortium Survey (CUSC; Access to Services and Satisfaction), and/or Faculty and Staff Surveys.

   b. Results from environmental scans of mental health and wellbeing initiatives, programs, services offered on campus or the community.

   c. Descriptions of focus groups, including interview questions and thematic analysis of qualitative data.

   d. Service Usage and User Demographics at Health, Counselling, and Disability Services.

8. Summary and Next Steps

   In most cases, the various working groups, sub-committees or consultants developed recommendations that were submitted to senior leaders to review. Senior administration or leadership would then make decisions regarding resource allocation and strategic-making decisions based on recommendations submitted. The senior leaders were usually the Provost, University Presidents or Principal lead. The draft report would also be made available to the

campus community for feedback and a final report would be posted publicly. Mental Health Strategies are disseminated online in the form of a report available for download by the public through a dedicated website.

Next steps briefly described the implementation of the strategic plan, sometimes identifying an implementation committee.

9. Implementation and Progress Reports

   Progress reports reflecting the implementation of the mental health strategy could be reported on an annual basis or a few years following the development phase. Reports tended to outline progress made towards the strategy recommendations, usually in a listed or tabular form. The content could include an itemized list of the initiatives supporting the recommendations; more detailed reports would include the project leads, date of (anticipated) completion, progress to date, a brief description of the mental health initiative, and outputs or metrics.

Assessment and Evaluation

This section outlines the assessment tools, data collection methods, outcomes and metrics in the context of evaluation at all levels of the strategy that were used, including the processes involved in the strategy development, implementation and tracking progress, as well as the mental health programs and services level (see Appendix D for a summary for each institution).

Few institutions outlined an explicit evaluation framework (e.g., theory of change, logic model) of their strategy or its implementation in their reports. However, the University of Manitoba (2014) outlined the need for evaluation at multiple levels in their progress report: the University level (impact on university community mental health), recommendation level (implementation progress), programming level (perception and impact of the initiatives/programs), and the strategy/process level (impact and efficiency of implementation group). Similarly, the University of Calgary (2015) created a working group to measure the long-term impact and sustainability of the collective mental health and well-being initiatives by undertaking a scoping study to understand what universities are doing with respect to programs and evaluation (https://bp-net.ca/wp-content/uploads/2017/07/A-Szeto_Evaluation-panel-June-2017.pdf). Based on the initial results of the scoping study, the working group proposed four levels of an evaluation framework: population, recommendations, programs, and strategy process (University of Calgary, 2017).

Some PSIs did prioritize the use of standardized metrics, measures, and the use of indicators to inform their strategic plans and to assess the success of their strategic plans. Mount Royal University (2012) provided the most comprehensive data report, outlining outputs, outcomes and evaluation methods. The University of Waterloo (2012) also provided a data report to inform their strategy.

PSIs that adopted a campus-wide approach to their mental health strategies reported on absenteeism, sick days, short- and long-term disability claims, prescriptions for medications, access to counselling services through their employee assistance plans (e.g., presenting concerns), occupational stress surveys, and staff turnover rates. Some PSIs reported findings from their Occupational Stress Surveys (e.g., York University, 2015) or Staff Engagement Survey (e.g., University of Calgary, 2015).

Population-Level Assessment

The majority of institutions assess the mental health needs of their students, by participating in the American College Health Association - National College Health Assessment (ACHA – NCHA, 2016). The ACHA-NCHA is a national research survey organized by the ACHA to assist post-secondary institutions in collecting data about their students' habits, behaviours, and perceptions on the most prevalent health topics. The most recent survey conducted in Canada was in spring of 2016 (ACHA, 2016). Many mental health strategic reports documented findings from the Canadian reference group, their provincial reference group, and/or local campus findings.

To a much lesser extent, student engagement surveys were mentioned by a few institutions (e.g., Mount Royal University, 2013) as benchmarking measures, including the Canadian University Survey Consortium (CUSC, 2016, 2017, 2018) and the National Survey of Student Engagement (NSSE, 2017). The CUSC survey identifies how students access campus health, counseling and accessibility services through use and satisfaction, and tracks differences and trends in participating post-secondary institutions' responses over time (CUSC, 2016, 2017, 2018). Two NSSE benchmarks, including "Supportive Campus Environment" and the "Enriching Educational Experiences", provide some relevance to understanding the student sense of belonging on campuses (NSSE, 2002).

A collaborative project between the University of British Columbia and the University of Toronto will develop a Canadian-based surveillance tool, the Canadian Campus Wellbeing Survey (Faulkner & Robb, 2019). This tool is anticipated to provide a health promotion and public health tool to evaluate post-secondary student health within a Canadian sociocultural context.

Process-Level Assessments

Most PSIs acknowledged that ongoing data collection, assessment, measurement and evaluation of outcomes during each step of the developmental process of a mental health strategy was essential in the successful implementation of a mental health strategic plan. Several PSIs engaged in process-level or developmental evaluation through focus groups, interviews or consultations with key stakeholders, and use of surveys. Many PSIs also provided updates on their mental health strategy by reporting on outputs or survey data of existing mental health programs and services, as well as new mental health programming, through progress reports or updates on their mental health strategy websites. Fewer institutions reported on impacts or outcomes of their mental health programming or services of student, staff or faculty mental health.

During the initial planning stages of a post-secondary mental health strategy, an assessment of the mental health needs of students, how these needs impact student success, and a review and gap analysis of mental health-related programs and services available to students is typically conducted. The data collected during this stage of the strategy development process is often used as a baseline measure to assess and track the implementation of strategy recommendations.

Prior to the development of mental health strategy recommendations, PSIs typically conduct an environmental scan of their own current programs, services, and resources that promote student mental wellbeing. Data is gathered through focus groups and key-informant interviews, consultations with student groups, staff, and faculty, and student satisfaction surveys to provide the information required for post-secondary institutions to target services and programs that will have the largest impact on student success. The data collected during the planning stages is used to identify strengths,

gaps and areas for growth, priorities for action and potential outcomes for evaluation to measure success. Additionally, the data helps to inform the development of a mental health strategic plan by aligning the recommendations, programs, and services outlined within the mental health strategies, with what students report they need. Of all reports, the University of Waterloo's Student Mental Health Project Report (2012) provided the most comprehensive information on their stakeholder focus groups.

PSIs typically engaged in an environmental scan of their mental health programs and services and documented a comprehensive list of these resources, with some categorizing their initiatives according to strategic priorities as stated above (e.g., University of Waterloo, 2012) or specific themes (e.g., University of Toronto, 2014, categories included wellness, stress reduction, resilience, or education). All PSIs documented their mental health strategy recommendations according to their priorities, with some outlining planned initiatives to fulfil these recommendations (existing or proposed), along with timelines (e.g., one-year, three-year) for their "next steps".

During the implementation of strategies, PSIs provide updates on their mental health strategy by reporting on outputs or survey data of existing mental health programs and services, as well as new mental health programming, through progress reports or updates on their mental health strategy websites. Reports would document the activities related to each initiative, progress to date, and completion dates. Outputs typically included the number of participants using the program, service or event, the number of occurrences that initiatives were offered, presenting concerns for mental health services, and number of students accessing mental health services, visits provided by mental health centres, and disability data. Fewer institutions reported on impacts or outcomes of their mental health programming or services of student, staff or faculty mental health.

Program Level Evaluation

Program-specific evaluation is a less developed area across all the post-secondary mental health strategies (or not reported), however, the University of Calgary (2018) recently developed a program evaluation toolkit as one of their mental health strategy deliverables. The toolkit is designed to support University of Calgary staff, students, and faculty to evaluate the impact of their programs, as part of their efforts to build a "culture of evaluation" on campus. The Centre of Innovation in Campus Mental Health (CICMH; 2019) also developed a program evaluation toolkit to increase capacity of frontline PSI staff to evaluate their campus mental health and addictions initiatives.

Limitations

While environmental scans can be helpful in producing evidence-informed guidance regarding interventions and strategic planning, limitations should be considered when interpreting the results. This scan focused on retrieving and reviewing publically available Canadian Campus Mental Health Strategy documents and supporting literature. While efforts were made to include all post-secondary institutions who currently have a mental health strategic plan, this scan is limited to documents that are retrievable online. Some PSIs had institutional strategic plans, academic plans, or wellbeing strategies but did not contain the identified inclusion criteria to be included. Our findings might also have differed if additional data sources such as literature reviews and policy analyses had been included. Second, this scan was limited to a document review; environmental scanning processes conventionally integrate multiple strategies for information collection, such as focus groups, in-depth interviews, key-informant discussions, literature assessments, personal communications, document reviews, and policy analyses.

Integrating additional data sources into our analysis may have resulted in different findings. Lastly, given that this is a topic that many post-secondary institutions are actively engaged in, the findings from this review are limited by the time period that the scan occurred during (June 2017 – April 2019) and should be considered when interpreting the findings.

Summary and Conclusions

A post-secondary mental health strategy is a means to guide an institution in making decisions and actions that lead to positive mental health outcomes. To accomplish this, an understanding of the mental health "landscape" is first established (i.e., the mental health of the students, as well as the mental health resources and services available). Then, engaging in strategic planning is a practical process that adapts the institution's services and activities to the needs of its population. The benefits of having a mental health strategy include improvements in the mental health and wellbeing of the population the strategy serves (i.e., student, staff, faculty, campus), but also contributes to an improvement in the use of resources, mental health programming, decision-making, and stakeholder communication.

The development of a mental health strategic plan involves establishing the purposes of the plan, identifying stakeholders, determining needed information, roles, and resources, and in some cases, developing and communicating a timeline for implementation or adoption of recommendations. Many strategies also discuss the process through which the strategic planning workgroup engage in assessment, prior to developing their plan, by collecting, reviewing and analyzing data to determine where the institution currently is, to allocate resources and services in the most strategic way, and develop the recommendations or action items that the strategy will target.

In this paper, a review of 29 Canadian Post-Secondary mental health strategies was conducted to gain an understanding of the development, implementation and evaluation processes that academic institutions are currently engaging in to improve mental health outcomes on their campuses. Our review did not identify provincial differences across strategies, though there are two regional mental health strategies from Alberta (Healthy Campus Alberta, 2015) and the Atlantic universities (Association of Atlantic Universities, in progress). Our review highlights that mental health is a priority across all post-secondary institutions and for the most part, there is alignment across strategies with respect to mental health needs, strategic priorities, and recommendations.

We identified 18 strategies that were student-focused and 11 strategies that adopted a campus-wide approach to include students, staff, and faculty. This distribution did not appear to differ across colleges vs. universities, across provinces, or across years (i.e., campus-based strategies spanned from 2012 to 2018, with a cluster occurring from 2014 to 2015). Carleton University (2009, 2016) had separate mental health strategies for students vs. staff/faculty. The University of Alberta (2013) had a student mental health strategy and then developed a campus-wide mental health strategy three years later (2015). Additionally, some PSIs had both a mental health strategy and a healthy campus initiative, or a healthy campus strategy that included their mental health strategy (e.g., University of British Columbia, 2015), but alignment across these initiatives was not always clear.

Mental health strategies that were student-focused identified students as the primary client to support, and to develop systemic interventions, services and resources to support student well-being. Faculty and staff were identified as playing an important role in maintaining student wellness and as actors that could contribute to positive changes. A student-focused mental health strategy utilized a systemic

framework, seeking to create change through various levels of service (from general to specific) with recommendations and potential outcomes solely for students. The majority of mental health strategies used The Canadian Mental Health Association and the Canadian Association of Colleges and Universities Guide to a Systemic Approach (CACUSS-CMHA, 2013).

PSIs that adopted a more community-based approach tended to adopt two different approaches: PSIs that included both a student-focused mental health strategy and a separate Workplace Standard for Health & Safety for PSI employees (Standards Council of Canada, 2018; and alignment with Excellence Canada) vs. PSIs that adopted a more holistic, campus-wide mental health approach. The latter involved more fully integrated strategic plans that focused on student, staff/faculty, and the community. Some PSIs have adopted a broader healthy campus approach, aligning with the Okanagan Charter (2015), with some PSIs also having a separate mental health strategy.

It is anticipated that more recent and future mental health strategies will adopt a campus-wide approach rather than focused solely on students. However, some PSIs initially wanted to create a campus-wide strategy, but started with a student-focused strategy as a first step towards a broader campus strategy (e.g., University of Waterloo, 2018; University of Windsor, 2018). With the development of the Okanagan Charter (2015), we anticipate that future mental health strategies (or revisions to existing strategies) will fall within a broader scope of a healthy campus approach, with student mental health not being the sole focus, but instead, part of a broader campus-wide public health and health promotions approach to well-being.

While the majority of strategies provided details regarding the planning process undertaken, assessment of needs, and strategic priority areas, only ten institutions have provided updates on strategy implementation and the progress/timeline for the adoption of the recommendations (i.e., yearly reports). Although evaluation was recognized as important, evaluation tended to be the most underdeveloped area across all strategies.

Mental Health Strategy Development: Promising Practices

The following are a list of ten practices geared towards institutions interested in creating or updating their mental health strategy. The principles draw from the PSIs' strategic planning practices combined with evidence from workplace and population health promotion, and the gaps identified in the current review of the PSI mental health strategies. In addition to the framing documents outlined throughout this paper, additional resources are provided below.

1. Ensure institutional support from various levels of leadership. Establish clear roles, responsibilities, and buy-in from the right stakeholders.
2. Form a well-organized and representative working group. It is recommended to include students in the process.
3. Develop an understanding of the current (local and national) mental health landscape to inform the purpose and strategic priority areas of the mental health strategy.

   Additional Resources:

   Annual Reports. Center for Collegiate Mental Health. Penn State University. https://ccmh.psu.edu/.

Educational Advisory Board (EAB) Student Affairs Forum (2017). Meeting the escalating demand for mental health services: Targeted interventions for key student segments.

Mental Health Commission of Canada (2018). Post-secondary students standard. https://www.mentalhealthcommission.ca/English/studentstandard.

Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults (2015): This document outlines policies and practices for transitional youth entering adult mental health and addictions services.

4. Identify relevant internal and external data sources to inform the strategy. Below are a few frequently cited examples:

    a. Environmental scan of current programs, practices, policies, focus groups, interviews
    b. Mental Health Indicators, CACUSS Conceptual Framework, National Standard for Psychological Health (Workplace and Post-Secondary Students)
    c. National Assessment data (ACHA-NCHA), Canadian Campus Wellbeing Survey (CCWS)

5. Use internal and external data sources to develop priority areas and make recommendations. Diagnostic tools can assist with the identification of priority areas. A common diagnostic tool used to identify strengths, weaknesses, opportunities and threats is a SWOT Analysis. Results from a SWOT analysis are often helpful to clarify gaps and areas for growth, and priorities for action.

    Additional Resources:

    Post-Secondary Student Mental Health: Guide to a Systemic Approach, Inventory. http://cacuss-campusmentalhealth.ca/about-inventory.html

    Excellence Canada (March, 2015). Mental health at work. https://excellence.ca/en/knowledge-centre/resources/mental-health-at-work.

    Orygen, The National Centre of Excellence in Youth Mental Health (2017). Under the Radar: The mental health of Australian university students. https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Under-the-radar/Orygen-Under_the_radar_report.aspx.

    Standards Council of Canada (2018). Psychological health and safety in the workplace: Prevention, promotion, and guidance to staged implementation. Commissioned by the Mental Health Commission of Canada.

6. Identify goal(s) that align with each strategic priority area. Clear goals facilitate the operationalization of a strategy and outline the steps to be taken in order for them to be accomplished. An effective methodology is to:

a. Use SMART Goals/ Objectives. SMART goals are specific, measurable, achievable, realistic and time-bound.
b. Develop a work plan.

7. Measuring the success and impact of your strategy will require an evaluation plan. Below are some commonly used tactics:

    a. Develop a Theory of Change and Logic Model for the Strategy and Implementation phases, as well as each mental health initiative that aligns with the strategic priorities and recommendations.
    b. Identify clear indicators and metrics in order to measure the impact of the adoption of the strategy recommendations.
    c. Identify evaluation methods for different stages of strategy development, including formative, summative, and impact evaluations.
    d. Identify tools to collect the data.
    e. Develop standardized forms to record evaluation data and individual level indicators.
    f. Describe how evaluation data will be used to monitor the implementation of the strategic plan and improve program activities on a time-specific basis (i.e., monthly, quarterly, per semester, bi-annually, annually).

    Additional Resources:

    Better Health Better Business: A roadmap to comprehensive workplace health improvement, Evaluation support toolkit (Step 5B). http://betterhealthbetterbusiness.ca/ProgramSteps/Step5b.aspx.

    Centre for Innovation in Campus Mental Health (February, 2019). Evaluation Toolkit. https://campusmentalhealth.ca/toolkits/evaluation/.

    Daria Parsons Consulting Inc (May, 2015). Environmental scan of promising practices and indicators relevant to campus mental health. Commissioned by the Centre for Innovation in Campus Mental Health. https://campusmentalhealth.ca/wp-content/uploads/2018/03/Final-Environmental-Scan-Report-May-26-2015-PDF.pdf.

8. Outline when the working group will meet to review the progress of the implementation and document/discuss the impact of the adoption of the mental health strategy. Review the work plan.

9. Describe how the strategy will be disseminated and how the implementation progress will be documented. Progress reports/updates should include indicators identified during the planning stages and measuring changes in outcomes.

10. Discuss how evaluation findings will be disseminated and used.

    a. Summarize how the strategic plan is progressing.

b. Describe changes to program activities based on evaluation findings.
c. Revise the work plan based on findings.

Future Directions

Based on the current review, there was consensus across most PSIs to adopt the CACUSS-CMHA Guide to develop their respective mental health strategies. A significant number of PSIs broadened the scope of their mental health strategies to not only include student mental health and wellbeing, but also that of staff and faculty, with the latter having a dual role of fostering and supporting student mental health, but also their own health and wellbeing. In these cases, some institutions have adopted a workplace standard to assist in their mental health strategy work. More recently, PSIs have adopted a public health approach to their campuses, namely, a Healthy Campus approach, with twelve institutions signing and endorsing the Okanagan Charter.

It is anticipated that more campuses will review and revise their mental health strategies to encompass a broader campus-wide, community-based strategy, with the understanding that many PSIs initially envisioned a whole campus approach to their strategies, but opted to start with a student-focused approach due to time and resource constraints. The integration of Healthy Campus initiatives and campus or community-based mental health strategies has yet to be determined. For some, campus-based mental health strategies are simply one aspect of the mental health component of a healthy campus. For others (McGill University, 2018; Saint Mary's University, 2011; University of Saskatchewan, 2017), a holistic "health and wellness" institutional strategy has been developed, rather than a more specific mental health strategy. In the case of McGill University (2018), although a campus-wide health and wellness strategy was developed, a phased approach is being used to roll out the strategy by starting with a student mental health action plan that includes an evaluation framework with key performance indicators.

While the development and implementation of a mental health strategy has been generally consistent across campuses, there is a need to develop an integrated evaluation framework that may consistently guide PSIs. Evaluating strategies would assist in identifying best and emerging practices that improve mental health outcomes. We anticipate that the Mental Health Commission of Canada's proposed Canadian National Standard for Psychological Health and Safety of Post-Secondary Students (and the Workplace Standard) may provide a comprehensive tool that encompasses the core guiding principles and frameworks from the work that has already been accomplished across Canadian post-secondary institutions, including recommendations for best practices and benchmarks.

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Appendix A

Post-Secondary Mental Health Strategies Summary Table

					Report Type		
Province	**Institution**	**Document Title**	**Year**	**Final**	**Progress/ Update**	**Population**	**Okanagan Charter**
BC	Camosun College	Student Mental Health and Well-Being Strategy (2016 – 2020)	2016	Yes		Student	
BC	Mount Royal University	President's Task Force on Student Mental Health - Report & Recommendations	2013	Yes	Annual Reports (2014, 2015 & 2016)	Student	Signed
BC	Simon Fraser University	Mental Health Strategy Healthy Campus Community Report (2012)	2013	Yes	Healthy Campus Annual Reports (2014/15, 2015)	Campus	Signed
BC	University of British Columbia	Student Mental health and Well-being strategy, "Working Document"	2013	No	Updates on Website (THRIVE@UBC)	Student	Signed
BC	University of Victoria	Student Mental Health Strategy (2014 – 2017)	2014	Yes		Student	
AB	Concordia University of Edmonton	Mental Health Strategy	2017	Yes		Campus	Signed
AB	Healthy Campus Alberta	Alberta Post-Secondary Mental Health and Addiction Framework	2015	Yes		Student	Signed
AB	Southern Alberta Institute of Technology	Student Mental Health Strategy	2019	Yes		Student	Planned for 2019
AB	University of Alberta	Student Mental Health: AN OVERVIEW (Revised Oct. 2015)	2013	Yes	Revised 2015	Student	
AB	University of Calgary	Campus Mental Health Strategy	2014	Yes		Campus	Signed
MB	Red River College	Charter: Healthy Minds, Healthy College	2014	Yes - Charter		Campus	
MB	University of Manitoba	Campus Mental Health Strategy	2014	Yes	Implementation Reports (2015, 2014-2019)	Campus	

ON	Brock University	Campus Mental health Strategy - Draft	2012	No - Draft Report		Campus	
ON	Carleton University	Student Mental Health Framework 1.0 Student Mental Health Framework 2.0 (2016)	2009	Yes	Version 2.0 (2016); Community Updates (2017, 2019)	Student	
ON	Confederation College	Student mental health and well-being strategy	2015	Yes		Student	
ON	George Brown College	Healthy Campus Initiative	2015	Yes		Campus	
ON	King's College University	Campus Mental Health Plan	2018	Yes		Campus	Signed
ON	McMaster University	Student mental health and well-being strategy (Summary Report)	2013	Yes - Summary Report		Student	Signed
ON	Mohawk College	Mental Health Strategy	2017	Yes		Campus	
ON	Queen's University	Student Mental Health and Wellness: Framework and Recommendations for a Comprehensive Strategy	2012	Yes	Annual Progress Reports (2014, 2015, 2016, 2017 & 2018)	Student	
ON	Ryerson University	Mental Health Committee Report	2012	Yes	Report Update (2016/2017)	Campus	
ON	University of Guelph	Student Mental Health Strategy	2016	Yes	Progress Report (2018)	Student	Signed
ON	University of Toronto	Student Mental Health Strategy and Framework	2014	Yes	Annual Progress Report (2016)	Student	
ON	University of Waterloo	Final Report (2018) Student Mental Health Report 2012)	2018	Yes		Student	
ON	University of Western Ontario	Student Mental Health Strategy	2018	Yes		Student	
ON	University of Windsor	Student Mental Health Strategy	2018	Yes		Student	
ON	York University	Mental Health Strategy, Advancing a mentally healthy campus	2015	Yes	Annual Update (2017/18)	Campus	
Atlantic	Association of Atlantic Universities	Student Mental Health Strategy	2017	No		Student	
NB	Mount Allison University	Student Affairs Mental Health Strategy	2016	Yes	Progress Report (2018)	Student	

Appendix B

Framing Documents

Province	Institution	CACUSS -CMHA (2015)	Healthy Universities	Jed Foundation Campus MHAP	Keyes (2002, 2007, 2011, 2012)	MacKean (2011)	MHCC (2009, 2011, 2012, 2013, 2015)	Okanagan Charter (2015)	OCAD & Ryerson U (2014)	PSI MH Strategies	WHO (1998, 2001, 2004, 2006, 2011, 2014)
BC	Camosun College	✓			✓ 2002	✓	✓ 2012		✓	✓ Queen's, McMaster, SFU, UBC, Alberta, Manitoba, Victoria	
BC	Mount Royal University	✓	✓	✓	✓ 2007	✓	✓ 2012			✓ Queen's, Carlton, SFU, UBC, Cornell	
BC	Simon Fraser University	✓			✓ 2002	✓				✓ Confederation College, McMaster, Alberta, UBC, Victoria	✓ 2004
BC	University of Victoria	✓									
BC	University of British Columbia										
AB	Concordia University of Edmonton	✓			✓ 2002	✓	✓ 2013, 2015	✓		✓ Calgary, York, UBC, SFU	✓ 2001
AB	Healthy Minds |Healthy Campus	✓	✓	✓	✓ 2002, 2012,	✓			✓		✓ 2014
AB	Southern Alberta Institute of Technology	✓			✓	✓				✓ Camosun College, Mount Royal, Alberta, Calgary, Victoria	✓
AB	University of Alberta	✓		✓	✓ 2002, 2012	✓			✓	Carleton	✓ 1986
AB	University of Calgary	✓			✓ 2007, 2012	✓	✓ 2012				✓

MB	Red River College	✓	✓	✓		✓	✓ 2009, 2011			
MB	University of Manitoba	✓	✓		✓ 2002		✓ 2012		✓ SFU	
ON	Brock University								✓ Queen's, Cornell	
ON	Carleton University	✓				✓	✓ 2012, 2015			✓ 2001
ON	Confederation College	✓			✓ 2002	✓		✓		✓ 2014
ON	George Brown College	✓			✓ 2002					
ON	King's College University	✓						✓	✓ Calgary, Manitoba, McGill, Queen's, Saskatchewan, Toronto, UWO, Waterloo, York	
ON	McMaster University	✓		✓						✓
ON	Mohawk College				✓ 2002, 2011	✓			✓ Manitoba, Queen's, SFU, UBC	
ON	Queen's University						✓		✓ Cornell	
ON	Ryerson University	✓					✓ 2013			
ON	University of Guelph	✓		✓					✓ Cornell	
ON	University of Toronto	✓			✓ 2007	✓	✓ 2012		✓ Cornell	✓ 1998, 2014
ON	University of Waterloo	✓				✓	✓ 2009, 2015	✓		
ON	University of Western Ontario	✓						✓		

ON	University of Windsor	✓			✓ 2002	✓	✓ 2012					
ON	York University	✓	✓					✓				
Atlantic	Association of Atlantic Universities			✓	✓			✓	✓			✓ 2006
NB	Mount Allison University	✓	✓	✓	✓ 2002	✓	✓ 2011		✓	✓ University of Toronto		✓ 1998

Appendix C

Stakeholder Engagement Structure

		Strategy Development Phase			Implementation
Province	Institution	Report To	Lead	Committee/ Working Groups/Task Forces	Committee/ Working Groups/Task Forces
BC	Camosun College	Student Services Department Senior Leadership Counsel	Counsellor & Chair, Student Services Department & Camosun's Healthy Minds Group	Camosun College Mental Health Group	Camosun College Mental Health Group
BC	Mount Royal University	President		Presidential Task Force on Student Mental Health (14 members) 4 Action Groups (40 members): Knowledge, Reducing Stigma, Resources, and Research.	Student Mental Health Implementation Task Force (5-6 members) Mental Health Facilitator
BC	Simon Fraser University	n/a	n/a	Health and Counselling Services	n/a
BC	University of British Columbia	President Board of Governors	Vice President, Students & Managing Director, Student Development & Services	Student Development & Services	Student Support & Advising, Student Health Service, Counselling Services
BC	University of Victoria	Vice-President Academic and Provost (?) Division of Student Affairs	Associate Vice-President Student Affairs & Executive Director, Student Services (Executive Leadership)	University of Victoria Mental Health Task Force (?)	Student Mental Health Implementation Committee (20+ members) Student Mental Health Advisory Committee (17+ members)
AB	Concordia University of Edmonton	General Faculties Council & Board of Governors	Vice-President Student Life and Learning (Chair)	Mental Health Action Team (16 members)	Mental Health Action Team
AB	University of Alberta	Provost and Vice President	Provost Fellow, Student Mental Health	Steering Committee Working Committee	n/a
AB	Healthy Campus Alberta	n/a (funding provided by UCalgaryStrong)	n/a	Campus professionals, students, government and community partners participated on the advisory review committee	n/a
AB	University of Calgary	Provost General Faculties Council Board of Governors	Provost and Vice President (Academic) & Vice Dean, Cumming School of Medicine (Co-Chairs)	Mental Health Task Force (10 members) consisting of a Steering Committee and Working Group (subcommittees focused on framework development, research on	Implementation Advisory Committee (20 members) Senior Director, Student Wellness, Access and Support & AVP Human Resources (Co-Chairs)

				campus, literature reviews, current programs and initiatives, and opportunities and gaps).	Director, Mental Health Strategy
AB	Southern Alberta Institute of Technology	Executive Management Council	n/a	Mental Health Strategy Task Force (16 members)	n/a
MB	Red River College	n/a	Manager of Counselling and Accessibility, Student Support Services & Mental Health Coordinator, Student Support Services (Co-Chairs)	Healthy Minds, Health College Steering Committee (13 members) Healthy Minds, Health College Advisory Committee (19 members)	Healthy Minds, Healthy College Steering Committee (13 members) Healthy Minds Healthy College Advisory (19 members)
MB	University of Manitoba	President	Vice Provost (Students) & Associate Vice-President, Human Resources (Co-Chairs	Mental Health Consultant Mental Health Strategy Advisory Committee (19 members) Mental Health Strategy Working Group	Campus Mental Health Facilitator Champions for Mental Health Group (19 members) Group is co-chaired by the following: Director, Learning and Organizational Development and, Executive Director, Student Support in collaboration with the Employee Wellness Specialist and Campus Mental Health Facilitator
ON	Brock University	n/a	n/a	Mental Health Management Advisory Committee	n/a
ON	Carleton University	Associate Vice-President (Students and Enrolment)	Associate Vice-President (Students and Enrolment; Chair)	Student Mental Health Advisory Committee (16 members; v 1.0 23 member v 2.0) Mental Health Consultant (v 1.0) Steering Group (6 members; v 2.0) Working Groups: Student Engagement (10 members, v 2.0)	Student Mental Health Advisory Committee
ON	Confederation College			High-Level Steering Committee Mental Health Working Group	Mental Health Working Group 4 Sub-Groups: Policy, Environment, Mental Health Awareness and Literacy, & Direct Service

				4 Sub-Groups: Policy, Environment, Mental Health Awareness and Literacy, & Direct Service	
ON	George Brown College	n/a	Research & Education Coordinator, Healthy Campus Initiative, Student Affairs	n/a	Student Affairs (?)
ON	King's College University	n/a	Manager of Student Wellness (Lead)	Mental Health Committee (9 members)	Mental Health Committee
ON	McMaster University		Associate Vice-President (Students & Learning) and Dean of Students (Chair) Mental Health Strategy Leads (2 members)	Advisory Committee (12 members) Student Mental Health Network Mental Health Roundtable (14 members) 4 Working Groups: Education & Training, Mental Health Protocols, Accommodation Policy Review, Faculty of Health Science Research.	n/a
ON	Mohawk College	Board of Governors	Dean of Students	Mohawk Health Focus Group	Mohawk Health Focus Group Dean of Students' Team Lead
ON	Queen's University	Principal	Provost and Vice-Principal (Academic)	Principal's Commission on Mental Health did the consultations and created an initial report – one key outcome of the report was the establishment of the Principal's Advisory Committee on Mental Health (PACMH)	Provost and Vice-Principal (Academic; Lead)) Principal's Advisory Committee on Mental Health (PACMH) led the implementation and review of report recommendations
ON	Ryerson University	Provost and Vice President, Academic & Vice President, Administration and Finance	Director, Student Health and Wellness & Manager, Pensions and Benefits (Co-Chairs)	Mental Health Advisory Committee (40+ members) 4 Working Groups: Awareness, Education and Training, Curriculum and Pedagogy, Policies and Procedures,	Mental Health Advisory Committee Informal Interest-Based Clusters: Policy Work, Exceptional Learning Experiences, Capacity Building Mental Health Coordinator Mental Health Projects Assistant
ON	University of Guelph	Senate	Associate Vice-President, Student Affairs (Chair)	Mental Health Advisory Committee (18 members) Committees: Alcohol Safety Committee, Sexual Assault Advisory Committee, Student	Standing Mental Health Advisory Committee 5 Sub-Committees): Academic Policies & Procedures; Community Capacity & Mental Health Training; Crisis Response; Supportive

				at Risk Team, Student Health, Advocacy Committee 5 Sub-Committees (40 members): Academic Policies & Procedures; Community Capacity & Mental Health Training; Crisis Response; Supportive Campus Environment; Student Awareness & Self-Management	Campus Environment; Student Awareness & Self-Management
ON	University of Toronto	Provost	Vice-Provost, Students & First-Entry Divisions (Chair)	Provostial Advisory Committee on Student Mental Health (22 members) 4 Working Groups: Education, Training, Awareness & Anti-Stigma (15 members); Inclusive Curriculum Design & Pedagogy (8 members); Policies & Procedures (12 members); Mental Health Services & Programs (8 members)	Provostial Advisory Committee Working Groups
ON	University of Waterloo	President	Director, Campus Wellness (Chair)	President's Advisory Committee on Student Mental Health (8-10 members) 5 Panel Groups: Mental Health Experts; Student Services; Community Partners; Academic; Student Experience	Implementation Committee (10 members) Panel Groups
ON	University of Western Ontario	Board of Governors	Vice-Provost (Academic Programs) & Interim Senior Director of Student Experience (Co-Chairs); Past Chairs: Associate Vice-Presidents, Student Experience	Student Mental Health and Wellness Advisory Committee (33 members) Mental Health Strategist 28 Staff, Faculty, Administration & Student Stakeholder Groups	Student Experience Portfolio (proposed)
ON	University of Windsor	President and Vice-Chancellor	Provost and Vice-President, Academic & Associate Vice-President, Student Experience (Co-Chairs)	Student Mental Health Steering Committee (25 members) 6 Working Groups: Policies & Procedures; Campus Environment; Awareness; Early Identification; Skill Development; Services, Supports, and Crisis Preparedness/Response Research Team (3 students, 2 staff)	Implementation Committee (recommended)

				Recommendation Selection Sub-Committee (13 members)	
ON	York University	n/a	n/a	Mental Health Action Group	Well-Being Steering Committee Advisory Committee for Wellbeing 5 Committees: Physical Activity; Built Environment; Nutrition; Inclusion, Safety and Connectedness; Mental Health and Resilience
Atlantic	Association of Atlantic Universities	n/a	Association of Atlantic Universities (AAU) and the Medavie Health Foundation, Regional Coordinator	AAU Student Mental Health Working Group AAU Student Mental Health Committee AAU Healthy Campuses Committee	
NB	Mount Allison University	n/a	Student Affairs	n/a	n/a

Appendix D

Assessment and Evaluation

Province	Institution	Population Level Assessment	Strategy Development: Assessment/Evaluation	Strategy Implementation: Assessment/Evaluation
BC	Camosun College	NCHA Survey – Canadian Reference Group (2013)	Environmental scan of campus policies, processes, and services that support mental health. Community discussion forums to gather recommended actions.	No progress reports.
BC	Mount Royal University	NCHA Survey – Canadian Reference Group, MRU (2013, 2016) NSSE (2011) CUSC (2008, 2011)	Environmental scan of campus policies, processes, organizational structure, and services that support mental health. Counselling, Health & Disability Services data. Community Consultations. Focus Group.	Faculty Survey (2013, 2015): Faculty experience of student mental health and knowledge of resources available for students. Final and progress reports include activities, outputs, and action items in relation to strategy recommendations.
BC	Simon Fraser University	NCHA Survey – SFU (2010)	Environmental scan of campus initiatives that support mental health and well-being. Undergraduate Student Survey. Focus groups.	No progress reports.
BC	University of British Columbia		Consultation with key stakeholder groups. Data and research on student experience and wellbeing. Program and service usage and outcome data.	Draft report includes activities and action items in relation to strategy recommendations. Consultation with key stakeholder groups. Data and research on student experience and wellbeing. Program and service usage and outcome data.
BC	University of Victoria	NCHA Survey – Canadian Reference Group & U Victoria (2013)	Environmental scan of campus policies, processes, and services that relate to mental health. Counselling, Health & Disability Services data.	No progress reports.
AB	Concordia University of Edmonton	NCHA Survey – Alberta & Canadian Reference Groups, CUE (2006, 2008, 2010, 2016)	Environmental scan of organizational structure, policies, and practices that interact with mental health. Counselling, Disability and EAP data.	No progress reports.
AB	Healthy Minds| Healthy Campus	Recommends to identify what students needs and concerns through NCHA data	Recommends to assess current programs, services and resources across multiple levels. Consider the seven components in the PostSecondary Student Mental Health: Guide to a Systemic Approach. A Strengths-WeaknessesOpportunities-Threats	Recommends engaging in process evaluation looking at implemented activities and examining strengths and weaknesses of their implementation and whether activities were implemented as planned. Identifies the importance of providing updates on successes and challenges to senior

			(SWOT) exercise can help with this, and can also determine campus readiness for change.	leaders and the entire team to sustain buy-in and address concerns that stakeholders may have
AB	Southern Alberta Institute of Technology	NCHA Survey –Alberta Reference Group (2016)	Environmental scan of practices, strategies and resources that promote student mental health. Focus groups with students and employees.	Program Quality Assurance self-assessment of student workloads. NCHA planned for 2019
AB	University of Alberta	NCHA Survey – Canadian & Alberta Reference Groups, U Alberta (2013) NSSE (2008, 2011) CUSC (2011)	Environmental scan of campus policies, processes, and services that relate to mental health. Consultations & interviews with students, staff, faculty & community.	
AB	University of Calgary	NCHA Survey – Canadian Reference Group & U Calgary (2013) Canadian Community Health Survey (2012)	Environmental scan of campus policies, processes, and services that relate to mental health. Consultations with individuals and groups, internal and external to the campus. EFAP data.	Evaluation Framework includes 4 levels (Evaluation Sub-Committee): 1. Population 2. Recommendations 3. Programs 4. Strategy process Created an Evaluation Toolkit (2018) to create a culture of evaluation on campus.
MB	Red River College	n/a	n/a	n/a
MB	University of Manitoba	NCHA Survey – U of M (2013)	Environmental scan of campus policies, processes, and services. Consultations, focus groups, interview with stakeholders (students, staff, faculty, external stakeholders). Online survey of faculty and staff related to student mental health.	Mental Health Strategy Database Evaluation Framework includes 4 levels: 1. University level: Impact on university community mental health; 2. Recommendation level: Implementation progress; 3. Programming level: Perception and impact of the initiatives/programs; and 4. Strategy/process level: Impact and efficiency of implementation group.
ON	Brock University	NCHA Survey – Brock U (2009)	Counselling, Health, Disability Services data. Environmental scan of campus policies, processes, and services.	
ON	Carleton University	NCHA Survey – Canadian Reference Group, Carlton U (2013, 2016)	Environmental scan of campus mental health programming. Health & Counselling Service data.	Progress reports include activities in relation to strategy recommendations. The Student Mental Health Advisory Committee is responsible for developing and implementing a

			Student focus groups, online feedback forms, one-on-one meetings.	quality assurance program and for conducting yearly evaluations of the effectiveness and outcomes of the university's strategies for identifying and supporting students in distress. Five areas are considered: 1. Was the Committee's yearly plan effectively and efficiently implemented? 2. What were the outcomes? 3. Are there new issues or emerging trends that need to be addressed? 4. If so, what is the recommended plan of action? What is the impact of the Framework in the medium (3-5 years) to long term (5-10 years)?
ON	Confederation College	n/a	n/a	Final report includes activities, outputs, and action items in relation to strategy recommendations.
ON	George Brown College		Focus groups and key informant interviews with faculty.	Final report includes activities, outputs, and action items in relation to strategy recommendations.
ON	King's College University	n/a	n/a	Continuous Quality Improvement to be used. Environmental scan of campus policies, processes, and services that relate to mental health planned.
ON	McMaster University	n/a	Environmental scan and interviews with members of campus community.	Activities in relation to strategy recommendations reported on website.
ON	Mohawk College	NCHA Survey – Canadian Reference Group (2013)	Environmental scan of campus mental health supports. Counselling and Disability Services data.	n/a
ON	Queen's University	NCHA Survey – Ontario Reference Group (2009, 2013) Student Health and Wellness Survey (2012) Department of Psychology data.	Health, Counselling and Disability Services data. Campus-wide open forums, meetings with key informants. Environmental scan of campus mental health programming.	Progress reports include activities, outputs, and action items in relation to strategy recommendations.
ON	Ryerson University	NCHA Survey – Ryerson (2016) Sun Life Financial Ryerson University Disability Report Card	Focus groups.	Departmental, staff, & student survey asking about programs, education & training needs. Environmental scan & resource inventories of campus policies, programs & services that support mental health. EAP data.

				Focus groups. Town hall. Transformational Café for students.
ON	University of Guelph	NCHA Survey – U Guelph (2015)	Environmental scan of campus mental health policies, practices, and procedures related to mental health. Counselling & Accessibility Services data. Student Affairs Mental Health Inventory.	Assessment and Evaluation Committee: to create an assessment framework for mental health programming. Progress report on activities, outputs, and action items in relation to strategy recommendations. Counselling & Accessibility Services data. Town halls, focus groups, and one-day outreach to students.
ON	University of Toronto	NCHA Survey – Ontario & Canadian Reference Groups, U of T (2013)	Environmental Scan of campus mental health programming (tri-campus) Focus groups. Consultation with students, staff and faculty.	Progress report includes activities that support strategy recommendations.
ON	University of Waterloo	NCHA Survey – Canadian Reference Group (2011, 2013, 2016) National Survey of College Counseling Centers (Gallagher, 2014) Substance Abuse and Mental Health Services Administration National Survey (2011)	Environmental scan of campus policies, processes, and services. Interviews with key informants. Focus Groups with mental health staff. Student Support Survey on mental health programs and services. Counselling Services data.	Comprehensive data collection.
ON	University of Western Ontario	NCHA Survey – UWO (2013, 2016)	Environmental scan of provincial, national, and international policies, services, and processes related to promoting mental health and wellness on university campuses. In-person and online consultations with faculty, staff, senior leaders, and students.	n/a
ON	University of Windsor	NCHA Survey – Canadian Reference Group (2016)	Campus-wide survey was conducted to assess strengths and gaps around campus mental health supports and initiatives. Student Focus Groups, Student Survey, & Student Union Consultation	Design assessments and evaluations of strategy.
ON	York University	NCHA Survey – Ontario Reference Group & York U Faculty Survey	EAP data	Final report and progress report includes activities, outputs, and action items in relation to strategy recommendations.
Atlantic Provnces	Association of Atlantic Universities	TBC	TBC	TBC

NB	Mount Allison University	National Survey of College Counseling Centers (Gallagher, 2014) Canadian Counselling Centre Survey (Sharon Crozier, Ph.D. and Nancy Willihnganz, MSc., Camosun College, 2005) NCHA Survey – Canadian Reference Group (2013)	Counselling, Health & Disability Services data.	Progress report on completed, ongoing, in progress activities that support the strategy.

Notes. NCHA= National College Health Assessment survey (American College Health Association, 2016); NSSE = National Survey of Student Engagement; CUSC = Canadian University Survey Consortium