CRISIS ON CAMPUS?

Exploring the current state & potential future of student mental health

March 27, 2018

EXECUTIVE SUMMARY

CRISIS ON CAMPUS?

On March 27 2018, Simon Fraser University's *Semester in Dialogue* hosted **Crisis on Campus?**, a public dialogue focused on mental health at post-secondary institutions in the Lower Mainland. This report outlines the process and outcomes of our dialogue, and highlights the views and perspectives shared by our attendees.

The aim of this dialogue was to shed light on campus mental health and provide a forum for dialogue between stakeholders from diverse backgrounds prompted by 4 major questions. Participants included students, post secondary health and wellness staff, deans and faculty members as well as members from community health organizations, counsellors, and other interested community members. There were a total of 115 attendees, seated at 13 roundtables where independent dialogues were facilitated by a student from SFU's *Semester in Dialogue* Program.

Six major themes emerged through the dialogue focusing on campus mental health. These themes included a lack of affordability & poor coverage for external services, low awareness of resources on and off campus, long wait times, lack of internal collaboration, unaddressed upstream causes of mental health issues as well as international student mental health.

Appropriate funding served as a common barrier participants faced. Lack of funding, time and resources impacted the care that participants received, particularly with respect to follow ups on an individual's health beyond initial treatment from campus mental health services.

A key theme was the design of the current education system, which induces stress related to academic performance. Participants recommended incorporating more opportunities for real-world learning experiences within the theory-based model to make for a more wholesome learning experience.

Institutions should address the barriers that students face while accessing mental health resources. Additionally, education programs should consider ethnic and cultural backgrounds in their design, as well as to recognize the additional challenges faced by international students who may be more prone to mental health issues.

A follow-up for universities would be to allow students and student bodies to actively participate in creating clear mental health policies and services, encouraging a more meaningful, empowering system that creates positive outcomes for student mental health.

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LAND ACKNOWLEDGMENT

We acknowledge that **Crisis on Campus?** took place on the unceded lands of the Musqueam, Skxwú7mesh, Tsleil-Waututh, and Kwikwetlem nations.

Inspired by Indigenous Peoples, who use storytelling to pass on knowledge to future generations, we as students of the SFU *Semester in Dialogue* cohort invited our participants to use stories to share their experiences with mental health. It was an honor to be on their land and to reflect on the important issue of mental health on post-secondary campuses.

ACKNOWLEDGMENTS

We would like to thank our SFU *Semester in Dialogue* professors Mark Winston, Diane Finegood, and Robert Daum for their endless support, guidance, and passion. We'd also like to thank the SFU *Centre for Dialogue* staff for their administrative support, particularly Carly Koenig and Brenda Tang.

To all those who attended the event, we would like to acknowledge your participation and contribution during the dialogue. This event would not have been possible without you.

Thank you to Chester Chiu for documenting the dialogue through photographs.

Finally, each student in the Spring 2018 *Semester in Dialogue* cohort played a vital role in allowing this important dialogue to take place.

SPONSORS

We would also like to acknowledge our sponsors, Bell Let's Talk, Graham Boeckh Foundation, and Morris J. Wosk Centre for their generous financial support.

Bell Let's Talk is a program by Bell Canada to promote mental health education, research, awareness, and end social stigma.

The **Graham Boeckh Foundation** is a private foundation created by J. Anthony Boeckh and his family to fund initiatives in the area of mental health.

SFU Morris J. Wosk Centre for Dialogue aims to foster shared understanding and positive action through dialogue and engagement.

INTRODUCTION

OBJECTIVES OF THE DIALOGUE

The objective of **Crisis on Campus?** was to host a dialogue with students, wellness leaders, faculty, staff and other stakeholders from post-secondary institutions across the Lower Mainland to provide inspiration and recommendations for improving the mental health of students on campus.

REPORT CONTEXT & PURPOSE

The **Crisis on Campus?** public dialogue was held at the Roundhouse Community Centre in downtown Vancouver, with 115 participants. A student of the SFU Semester in Dialogue cohort facilitated dialogue at each table.

Each attendee was given the opportunity to share their ideas through index cards with specific questions that were collected at the end of the event, as well as through notes taken by a designated notetaker throughout each breakout. The notetakers recorded key themes by following the Chatham House Rule, meaning that information was used without identifying characteristics of participants.

The independent roundtable dialogues were guided by four questions that touched on:

1. What mental health means to the participants
2. Their experiences with mental health services on campus
3. Their role as stakeholders in improving mental health on campus
4. Their advice to post-secondary institutions in moving forward

This report aims to serve as a voice for our attendees and helps bring attention to the complexities of mental health and wellness services on campus. Our hope is that these services become more accessible and inclusive to the individuals they serve through the recommendations and themes outlined here.

OVERVIEW

WHAT IS SFU SEMESTER IN DIALOGUE?

SFU *Semester in Dialogue* provides an opportunity to focus on critical public issues through dialogue, driving multidisciplinary learning. The program offers a space to reflect on what we are doing and why it matters.

Throughout the semester, we employed dialogue and systems thinking to explore the complexities of health and social care challenges, as well as the potential for positive change within our community.

WHAT DOES DIALOGUE MEAN?

"Take part in a conversation or discussion to resolve a problem."

– OXFORD DICTIONARY

Dialoguing means sharing stories, listening with engagement, and building meaningful relationships to challenge our existing perspectives about the world.

Dialogue involves thickening threads of conversation, rather than pursuing our individual agendas, and is a tool to bring about change and mutual understanding.

WHY USE A SYSTEMS-THINKING LENS?

Navigating health systems is difficult for those who use them, and vital for those who wish to work within them. A systems thinking approach guided us in the creation of the topics, questions and themes for this public dialogue.

We intended to bring a diverse group of individuals with different experiences and perspectives into the room for our dialogue. Embracing the heterogeneity of those involved with the issues that surround mental health and wellness on campus is critical to understanding the scope of the problem. By bringing a diverse group of people together, we aspired to engage those in a thoughtful and meaningful discussion.

Mental health issues on campus affect such a broad range of students, faculty and staff that there can be no one solution, and no one department to solve it. Only by creating networks with open lines of communication and trust can we change how the system is currently functioning. By viewing the issues surrounding mental health as a problem that resides within a system and is affected by all the parts of that system, we hoped to get a accurate representation of the scope of the problem, and where changes can best be made.

WHO ATTENDED?

The dialogue hosted 115 stakeholders, including:

45%	Post-secondary students
9%	Post-secondary deans & faculty members
7%	Post-secondary health & wellness staff
7%	Clinical counsellors
7%	Health organization employees
12%	Community centre patrons
9%	Other

From the following institutions & organizations:

Simon Fraser University
University of British Columbia
Langara College
Emily Carr University
Capilano University
Douglas College
Kwantlen Polytechnic University
University of the Fraser Valley
British Columbia Institute of Technology
Doctors of British Columbia
Canadian Mental Health Association
YMCA
City of Vancouver

DEFINING MENTAL HEALTH

WHAT DOES MENTAL HEALTH MEAN TO YOU?

To begin the dialogue, we asked participants to define mental health. Our intention in asking this question was twofold. First, we wanted to determine if individuals define mental health differently. Second, we wanted to use this diversity as a launch point for our discussions of potential solutions, in order to ensure that these solutions would address this diversity.

After these discussions, we asked each participant to write one word that best encompasses their personal definition, in order to visually demonstrate the diversity of responses. We then designed a word cloud (above), using these responses. The more frequently a word appeared, the larger the word in the image. Community, access, judgment, stigma, and continuum were some of the words that were most frequently mentioned.

MENTAL HEALTH RELATED CHALLENGES ON CAMPUS

Before delving into the creation of solutions, we wanted to give our participants a space to share their current challenges with mental health on campus. To do this, we asked our participants:

"What are your experiences with mental health services on campus?"

The following are the main themes that surfaced during this portion of the dialogue.

LACK OF AFFORDABILITY & POOR SERVICE COVERAGE

Students shared that mental health services are unaffordable and post-secondary insurance plans do not adequately cover mental health services.

For example, mental health services such as psychotherapy are covered up to $600 by school insurance plans. When each appointment costs upwards of $100, students are restricted to choosing between financial security and mental health needs.

A key theme in student responses was that institutions can improve on removing financial barriers to mental health treatment.

LONG WAIT TIMES

Students who seek mental health services are often faced with long waits. These waitlists can be several weeks to months long. When students are experiencing poor mental health, they are not in a position to wait for an appointment with health practitioners.

Students feel that this shared experience of waiting to receive mental health support from their university exacerbates poor mental health on campus. This is often interpreted by students as a symbol that the institution does not care.

On the other hand, many campus staff in the mental health sphere feel overwhelmed by the demand for counselling, as well as additional mental health needs from students. The demand for student mental health support greatly exceeds the number of available staff.

In addition, counsellors are constrained by various factors, including short appointment times and the challenge of having back-to-back appointments, which impedes the ability to tailor services to a client's need. Overall, counsellors on campuses feel emotionally strained when they are unable to fully provide for student needs.

UNADDRESSED UPSTREAM CAUSES

Students felt that post-secondary institutions do not address upstream causes of mental health challenges. Upstream influences are the socio-structural factors that determine health status. For example, students struggle financially; the stress of paying for tuition, juggling a part-time job, and engaging in extracurricular activities exacerbates many mental health problems.

This ties into the overall design of the education process, and what is considered valuable by institutions. For example, instead of rewarding students for having balanced lifestyles or experiencing growth over the semester, students are rewarded for their final grades and number of volunteer hours, often leading to burnout.

INTERNATIONAL STUDENT MENTAL HEALTH

A postgraduate student experienced mental health challenges when immigrating to Canada. This student arrived without knowing English, yet was expected to actively engage in classes. The institution lacked support that was needed for this transition to Canada.

This experience was shared by many other students and thus highlights the challenges faced by international students. Many of the stressors faced by international students are different than the ones faced by domestic students. For example, there are often cultural differences in how individuals define mental health and mental health supports.

Additionally, according to one participant, some international students are concerned about confidentiality. They worry that any records or reports of accessing mental health support could subsequently impact their visa or immigration.

There may be a dominant narrative that international students are wealthy and socially secure. However, we learned that international students experience financial difficulties and various other, often unmet, social needs from their stories shared at the dialogue.

LACK OF COLLABORATION BETWEEN MENTAL HEALTH DEPARTMENTS AND PROFESSORS

Some students from the dialogue felt that their professors were not well equipped to respond to their mental health needs and could have received a greater support from the institution. For instance, some class content can trigger individuals. Such experiences can result in mental health challenges if students are expected to persevere without expressed support from their professor.

Although we applaud professors who include protocol for physical illnesses in their syllabus (i.e. obtaining a doctor's note, etc), students feel that these same protocols should exist for mental health. In drafting these processes, students feel that the university as an institution should provide professors with the appropriate tools and encouragement to consider mental health on an equal footing to physical health.

LOW AWARENESS OF RESOURCES ON & OFF CAMPUS

Several students would like their institutions to increase promotion of mental health services. Even where a high level and variety of service provision might exist, it is not being communicated effectively. This is a gap that impacts both the service provider and the service user.

Many students at the dialogue did not learn about mental health services beyond traditional counselling until later in their degree.

One individual expressed that the wait time of two weeks for SFU counselling made her feel that she left a "bad impression because of how desperate [she] was." Fortunately, forming a 1-on-1 connection in a peer mentorship group helped her address her anxiety. She concluded by sharing the sentiment that:

"We forget that it is not only counseling that helps us with mental health issues."

Some mental health staff on campus shared the burden of knowing what resources they are able to refer students to off-campus. There are often several options available to youth, including low cost counselling and community mental health services, but these resources are not listed in one consolidated place, making it difficult for university health providers to share information with students.

LACK OF INCLUSIVITY IN SERVICES

This thread indicates that services should address the needs and diversity of their populations. Some clients may not be able to access certain services due to non-inclusive practices.

Such practices, regardless of intention, can make the client feel uncomfortable or unsafe as they receive the service. For example, one participant shared how a service provider refused to use their correct pronouns. The participant elaborated that while an individual may not be racist, transphobic, or hateful, some of their behaviours are harmful to others.

Some participants raised the importance of having diverse staff with similar lived experiences. One participant stated,

"For a long time I have not opened up about my disability [...] I have never used the service [...] not knowing how they would accept it [..] unless you have walked in my shoes you wouldn't know."

Diverse staff can employ inclusive practices for clients from marginalized groups. Additionally, clients may feel more comfortable in receiving the service, knowing the service provider understands their experience.

SOLUTIONS-FOCUSED RECOMMENDATIONS

A large emphasis of our event was on proposing solutions-focused recommendations. We posed two questions to elucidate both the responsibility of each individual in improving campus mental health, and the responsibility of the university institution:

"In your role, what can you do to improve mental health on campus? Whose help do you need to do this?"

"What is the general advice you would give to post-secondary institutions in moving forward?"

The following are the major themes uncovered in relation to developing strategies to improve mental health on campus.

RE-THINKING POST-SECONDARY EDUCATION DESIGN

Post-secondary campuses often gauge students' learning through grades. This can pressure students into prioritizing their grades and GPA, sometimes at the cost of their mental health. At the dialogue, questions emerged about the effectiveness and design of post-secondary educational programs, and how much students actually learn when pressured to achieve high grades.

Some participants suggested a reexamination of the design of post-secondary education, to ensure it promotes student wellbeing. Ideas for modifying post-secondary education programs included:

1. 6-month semesters instead of 4-month semesters to provide more time for learning
2. Building real life experience and creating an evaluation for displaying growth throughout the process

ACCESSING MENTAL HEALTH SUPPORT THROUGH STUDENT ORIENTATION

Students are more likely to access support during challenging times if they know about the available campus resources from the beginning. As such, some participants recommended assisting students in their transition from high school to post-secondary campuses. Institutions can leverage this transition period to inform students about the available support on campus.

A key stage of this transition period is Student Orientation, where new students attend welcome events before school begins. This period could potentially include information about campus resources.

Ideas for Student Orientation included:

1. A survey that asks students about their areas of interest and potential areas of needed support. If necessary, the survey would include follow-up with resource referrals and locations
2. Training Orientation leaders about campus resources and asking them to inform their orientation groups

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ENCOURAGING RELATIONSHIP BUILDING

Some participants discussed the intense workload of professional counsellors, with some holding multiple appointments in a day. A few participants suggested distributing the workload to other post-secondary bodies. This lead to conversations around building trust and meaningful relationships on post-secondary campuses. With that said, participants indicated that professional help is valuable. One participant mentioned that professors and peers should not serve as counselors as they lack training and professional skills.

A common suggestion among participants was to improve relationships with faculty. Faculty interact closely with students through classes, office hours, and extracurricular activities. During these interactions, faculty may learn about a student's mental health challenges or detect warning signs. By receiving training on mental health and the available campus resources, faculty can provide support to students or refer them to the appropriate resources.

As mentioned earlier, faculty should not be professionally responsible for student mental health care. Rather, professors can foster a sense of belonging on campus through small actions. These actions include acknowledging, greeting, and initiating one-on-one conversations. In addition, faculty could include information about where to access mental health services as an addendum to syllabus or exam overviews.

Faculty and administration can also role model well-being by listening and checking-in with students. As one participant noted,

"It's not a question of qualification, but a question of do you have the skills to listen?"

Peers were mentioned as another source of support, as students have immediate connections within their large networks of fellow students. One participant suggested that the student-faculty power dynamic could inhibit conversations about student mental health. However, a student may feel more comfortable with a peer because of similar ages and experiences.

Similarly to faculty, some participants emphasized training for peers. Peers may spend several hours together in class or off campus, depending on their relationship. With the appropriate training, peers could potentially detect warning signs of mental health. At one post-secondary institution, student living in Residence receive a one-on-one check-in with their Resident Assistant. The Resident Assistant asks three quick questions and is trained to recognize issues.

BREAKING THE SILOS

Silos refers to the notion of post-secondary groups (i.e. students, faculty, staff, administrators) working independently of one another. As such, *breaking the silos* can strengthen communication and collaboration between key players at post-secondary institutions when addressing student mental health.

Some participants suggested a systemic view of student mental health. Multiple stakeholders directly or indirectly influence student mental health, thus making it an institutional problem. Additionally, a participant noted that these stakeholders will have different definitions of wellbeing. The variation in definitions of wellbeing could hinder a cohesive solution to student mental health.

Participants recognized that improving mental health should not lie only on counsellors but that each member within post-secondary campuses has a role in building community. Solutions should involve collaboration between as many of these stakeholders as possible. Collaboration would ideally manifest as an integrated community network, where post-secondary bodies work closely together to support students. A few participants speculated that this integrated community network could prevent mental health crises among students. This requires a community of support services that are accessible to the needs of students besides counselling.

One example is the Mental Health Navigator, which was created by four students in the *Semester in Dialogue*. SFU Health Promotion will be implementing the Mental Health Navigator on the SFU Burnaby Campus. These diverse services contribute to making mental health a core component of the campus culture. Participants noted that they could do more to "humanize the resource." This can also take the form of student engagement through a mental health club and peer mentorship program or volunteers socializing with students in a women's centre. Ideally, this community network would enable a continuum of care, where students receive comprehensive support for their mental health.

Parents and educators can instill in students coping strategies and mental health literacy skills in the early ages. Businesses can support students through self-transition programs in the workplace. Consequently, focusing on the upstream factors and daily environmental stressors outside the campus that affect students mental health is also important.

INCLUDING STUDENTS IN DECISION-MAKING

For students advocating for more resources and funding to mental health initiatives this will require the support and trust of administrators, staff and faculty. Students need to feel empowered in the decision making and consultation process.

However, one participant commented that students are excluded from the planning process. Such an exclusion results in a top-down approach, where students feel disconnected from implemented solutions to student mental health.

"Listen to your students, your stakeholders. To those who [you] are trying to deliver services to".

A balance of student leadership and advocacy on mental health issues and support from decision makers is needed to improve mental health for all. Solutions should reflect the needs and experiences of students. As such, students should be involved in the decision-making, implementation, and evaluation of solutions. This will help students feel a sense of ownership over the solutions.

"Nothing about us without us."

BRAINSTORMING APPROACHES TO ADDRESS STUDENT MENTAL HEALTH ON CAMPUS

Some of the dialogue focused on addressing mental health. The primary threads were empowering languages and empowering programs. Additionally, examples of mental health support training, community engagement resources, and campus resources were also discussed. Post-secondary institutions may wish to consider these ideas when creating solutions to student mental health.

APPROACH	EXAMPLES
Improved communication about mental health services between the university and students	- Social media postings - Station staff members (with information about resources) at events
Empowering language	- "Thrive network" instead of "Early Alert" - "Good physical health" instead of "Avoid Disease" - "Approach goals" instead of "Avoidance goals" - Talking about students who are thriving, instead of students who are depressed
Empowering programs	- WRAP – A wellness recovery action program - Support groups for survivors of sexual assault - Stress management - Check-ins or homeroom meetings - Leveraging existing groups - Cohorts or courses with mutual experiences off-campus - Cultural competency training especially for Indigenous cultures: To determine cultural barriers or cultural behaviours that may cause misunderstandings as service is being delivered - Services in other languages: To allow non-native English speakers to express themselves in their native tongue. - Diversifying leadership and service-providers
Mental health training programs	- Body language - Appropriate language - Standardized knowledge of mental health - Cultural context - Safe Talk or ASIST Training - Including education and coping strategies for mental health into curriculum

CONCLUSION

WHAT WE HOPE THIS REPORT ACCOMPLISHES

The purpose of this report is to help improve the accessibility and inclusivity of mental health and wellness for students on campus. This goal is a complex issue that requires multiple parties. This report is the result of such a collaboration: a public dialogue with assembled diverse individuals from across the Lower Mainland. Students, professors, deans and other stakeholders all contributed to the themes and ideas summarized in this report.

We intend to distribute the report to Presidents of all B.C. post-secondary institutions, government bodies, on-campus health services and student associations throughout British Columbia. We hope they will find inspiration and ideas on how to address the complex issue of mental health of students on campus.

Our goal is for student leaders and associations to consider the report's recommendations when creating services for fellow peers. Our goal for policy makers at the institutional level is to provide innovative strategies to improve student mental health.

Lastly, we want to acknowledge that SFU values engaging the community and the world. We hope, as *Semester in Dialogue* students, that we have contributed to this engagement through a public dialogue in our community.

CRISIS ON CAMPUS? ATTENDEE FEEDBACK

Feedback was requested from attendees who filled out surveys at the end of the dialogue. We hope that similar events will be hosted on a wider scale and in different locations, and provide the suggestions below insight to interested stakeholders for consideration during their planning process.

Some attendees believed that the event could have been enhanced by providing more reading material prior to the event as well as making the dialogue questions accessible in advance. This was further supported by another attendee who requested more information on systems thinking, which they believe would have added value.

Feedback also included concerns regarding accessibility, as one individual believed that in the future an event like this should be hosted in each city of the Lower Mainland. Inclusion was also touched upon as one participant requested more outreach to Indigenous communities. Attendees also requested the attendance of more high-level university leaders at events that deal with this topic. The event was hailed a success by the majority of attendees who answered our post-event surveys, many of whom expressed interest in receiving this report.

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