ALBERTA POST-SECONDARY MENTAL HEALTH AND ADDICTION FRAMEWORK

ACKNOWLEDGEMENTS

Use of Material in this Document

INTRODUCTION

The Alberta Post-Secondary Mental Health and Addiction Framework outlines key concepts, considerations and action strategies for addressing student mental health and addiction problems in post-secondary institutions. It is a collaborative document representing the perspectives of many stakeholders across the province. The goal of the framework is to provide comprehensive, systemic and Alberta-specific ideas for the creation of healthy, inclusive and resilient campus communities.

There is increasing attention being paid to the mental health and wellbeing of post-secondary students. Recent data demonstrates a large number of students are experiencing mental health problems, with many students reporting high levels of psychological distress, emotional difficulties and substance misuse (American College Health Association, 2013).

The post-secondary environment is being recognized as a place not only of education, but also as a resource for developing healthy and engaged people. There are well-defined links between academic success and student mental health. Research also shows that settings like post-secondary institutions can be designed and structured to have a positive impact on the mental health of students (Dooris, Dowding, Thompson, & Wynne, 1998). This is especially important given the multiple factors influencing student mental health and wellbeing.

With 26 publicly funded higher education institutions and more than 265,000 students currently enrolled, the Alberta advanced education sector is well positioned to have a positive impact in promoting healthy and resilient campus communities and shaping the development of contributing citizens (Government of Alberta, 2014).

ABOUT THE FRAMEWORK

The framework was developed in response to a collective priority identified by multiple stakeholders from post-secondary institutions across Alberta. It was felt that Alberta needed a provincial approach to address mental health and addiction problems on campus. Building from national work done through the Canadian Association of College & University Student Services and Canadian Mental Health Association (the *Post-Secondary Student Mental Health: Guide to a Systemic Approach*), this framework reflects the unique context, priorities and demographics of Alberta campuses. The framework has been informed by an evolving understanding of post-secondary student mental health and specifically by two main sources:

- Literature review, including an environmental scan of epidemiological data and review of current services/programs at Alberta post-secondary institutions; and
- Stakeholder consultation, including interviews, focused discussions and meetings with Alberta post-secondary stakeholders (e.g., counsellors, health service providers, students, staff, campus administrators, Aboriginal student advisors, disability service providers) and government and community partners.

The framework is intended for a variety of audiences within a post-secondary environment. Administrators and decision-makers may find the information helpful

for developing local campus mental health and addiction strategies. Student groups and health promoters might find the information useful for designing local responses or initiatives to take action on campus. Overall, it is intended to walk users through the steps of planning and implementing action strategies for addressing student mental health and addiction problems in post-secondary institutions.

Although the focus of the framework is on student mental health, the importance and interrelationship between student, faculty and staff wellbeing cannot be ignored. This framework is recognized as one component of a larger campus mental health strategy where the mental health and wellbeing of everyone on campus is supported, and all are able to contribute toward the development of a healthy and resilient campus community.

The framework is organized into two main sections: (1) **context**, which sets the stage for addressing post-secondary student mental health and addiction problems including definitions of mental health and a rationale for action; and (2) **five-stage conceptual model**, which provides key information to guide action on campus.

The components of the **five-stage conceptual model** include:

1. Building momentum and support;
2. Planning the approach;
3. Implementing action;
4. Evaluating progress; and
5. Sustaining efforts.

The framework will profile each stage of the conceptual model including why it is important, actions to consider and helpful tools.

By accessing and using this framework you demonstrate your commitment to promoting mental wellbeing in your institution. Whether your institution is in the early stages of planning a mental health and addiction strategy or is building on existing programs/resources, you are part of an engaged group of Alberta institutions committed to creating healthy and resilient campus communities.

SECTION 1: THE CONTEXT DEFINING MENTAL HEALTH

Establishing a shared definition of mental health and mental illness is fundamental to promoting a common approach for addressing post-secondary student mental health and addiction problems.

Mental Health

According to the World Health Organization, mental health is defined as a "state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community" (World Health Organization, 2014). By this definition, mental health is not merely the absence of illness or disease; it is a positive state of mind that enriches an individual's ability to enjoy life and deal with challenges.

Mental Illness

Mental illness is characterized by significant changes in mood, thinking and behaviour that are associated with a particular level of distress and dysfunction (Government of Alberta, 2011). Here, signs and symptoms of declining mental health are persistent and severe and interfere with an individual's ability to fully function in one or more areas (e.g., school, work, social and family interaction). Mental illness is formally diagnosed by a mental health professional.

Addiction

Addiction is defined as a primary, chronic, neurobiological disease, with genetic, psychosocial and environmental factors that contribute to its development. It is characterized by behaviours that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm and craving (Government of Alberta, 2011).

Mental Health Continuum

The framework recognizes that mental health and mental illness are not opposing concepts or two distinct entities. Many people experience mental health problems from time to time. A person without mental illness may experience signs and symptoms of declining mental health, but not necessarily at the extent or severity of a diagnosable mental illness. Throughout this document the term "mental health and addiction problems" is used to refer to a stage of the continuum where signs and symptoms of declining mental health are present and a person is not flourishing at their optimal state.

The mental health continuum model, developed by Corey Keyes, is a helpful way to conceptualize the components of mental health (Keyes, 2002). Keyes' model emphasizes that mental health and mental illness occur on intersecting continuums, which depict a range of experiences from "languishing" or poor mental health, to "flourishing" or optimal mental health. This model indicates that many people living with mental illnesses can flourish, and that people without mental illnesses can languish in life (and vice versa). Relevant to the post-secondary context, many students may not have a diagnosable mental illness but are languishing, given the stressors and challenging factors they experience each day. The overall goal of this model is to conceptualize how people can move from a state of languishing to flourishing, wherever they are on the continuum. With early identification and treatment, mental health problems can often be managed and a person can return to a healthy and fully functioning state. This concept is captured in Figure 1.
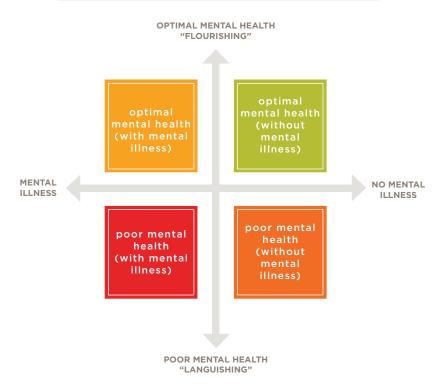
MENTAL HEALTH CONTINUUM

Figure 1. Dual continuum model of mental health. Adapted from the *Post-Secondary Student Mental Health: Guide to a Systemic Approach*; based on the conceptual work of Corey Keyes.

RATIONALE FOR ACTION

There is growing concern for the mental health and wellbeing of students in higher education. Research shows that a large number of post-secondary students report high levels of psychological distress and mental health problems such as anxiety, depression, loneliness, substance misuse and suicidal ideation (MacKean, 2011). While the literature is mixed on whether the number of students experiencing mental health problems has increased compared to previous years, it is acknowledged that several factors contribute to the large number of students reporting concerns. Students are accessing services more often, help-seeking is becoming normalized and many students are being admitted into higher education with pre-existing mental health problems (MacKean, 2011). According to data collected on the health habits and behaviours of Canadian post-secondary students, about 90% of students reported feeling overwhelmed in the past year, 38% felt so depressed it was difficult to function, and almost 10% had thoughts of suicide. Students also indicated that mental health problems such as anxiety and depression, and other issues like feeling stressed or alcohol use had a negative impact on their academics (American College Health Association, 2013). About 37% of males and 22% of females reported having 7 or more drinks the last time they partied or socialized, and about 11% of students reported using drugs like antidepressants, stimulants or pain killers that had not been prescribed to them (American College Health Association, 2013).

The consequences of these mental health and addiction problems have a significant impact on the student experience in higher education. Academic success is increasingly being linked to mental health and wellbeing. Literature shows that student mental wellbeing is an indicator of academic achievement, learning and retention (Gray & Hackling, 2009; Ansari & Stock, 2010). Mental health and addiction problems can lead to student drop-out, isolation, increased substance use, poor sleep quality and thoughts of suicide (Keyes et al., 2012; Reavley & Jorm, 2010; American College Health Association, 2013). Given these links, it is important for post-secondary institutions to be aware of effective strategies to promote student mental health and wellbeing.

Post-secondary institutions are complex and dynamic environments with great potential to impact the mental health of students, faculty and staff who live, learn and work within them. Previous approaches to addressing student mental health and addiction problems focused primarily on individualized interventions to treat individual problems like anxiety and depression. While effective interventions are critical for students experiencing these problems, there is a growing acceptance of the impact

of the whole campus environment on student mental wellbeing and functioning. Many universities and colleges across Canada and worldwide are beginning to develop comprehensive policies and services to address mental health and addiction problems on campus (MacKean, 2011). These multi-level initiatives are shifting the focus to the multitude of factors that play a role in student mental health and wellbeing. Some of these factors include: supporting students with psychosocial disabilities; staff and faculty development and support; appropriate funding and resources; good policy development; stigma reduction efforts; and inclusive environments (Warwick et al., 2008). Many more examples are provided in the *Post-Secondary Student Mental Health: Guide to a Systemic Approach* document.

The Alberta Context

There are 26 publicly funded post-secondary institutions, six Aboriginal institutions and a variety of career colleges and adult learning providers in Alberta. These universities, colleges and polytechnic institutes provide a diverse range of programs across the province. The post-secondary institutions in Alberta offer a variety of features and services such as counselling and health services, residences, recreational facilities and programs, as well as other student services like career, academic and accessibility support. Given various complexities and contextual factors affecting different institutions, there are inequities across the province in the amount and availability of services on campus. Mental health support on campuses range from large, multi-disciplinary wellness services in larger institutions, to smaller counselling services and peer support among small institutions.

Other factors contribute to the complexity of the Alberta post-secondary context. Uneven enrolment growth means some institutions and programs experience capacity issues, while others have available space. Institutions operating outside of large urban centres may be more heavily influenced by changing economic conditions, given that they typically have a smaller client base, less program options and lack access to some of the
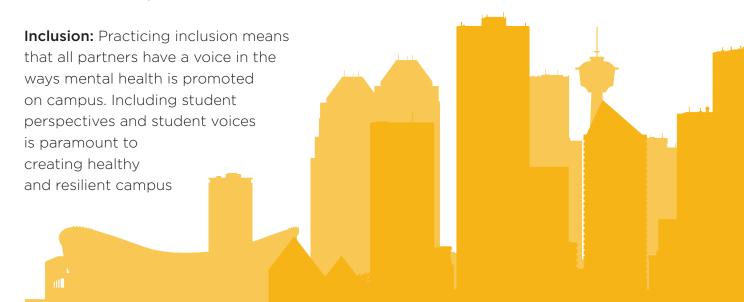
funding opportunities available to institutions with a comprehensive research mandate (Alberta Advanced Education and Technology, 2007). Because all of the 26 publicly funded institutions in Alberta receive funds from the Government of Alberta, any large change with Alberta's economy may have an impact on the programs, services and experiences delivered by the institution. These complexities create uncertain funding and subsequent instability for services that support student mental health, which may mean access to resources varies across a student's post-secondary experience.

In 2013, the University of Alberta, University of Calgary and University of Lethbridge each received $3 million in grant funding over three years to expand campus mental health and addiction services and to develop models of care that can be used on campuses across Alberta (Government of Alberta, 2013). The Alberta Students' Executive Council received $2 million over three years to support post-secondary students' associations with the Alberta Campus Mental Health Innovation fund (ACMHI). Additionally, Mount Royal University and MacEwan University each received 3-year grants of $250,000 per year from Alberta Advanced Education to enhance student mental health and wellbeing. These funds have been instrumental in enhancing mental health and addiction programming and service delivery across Alberta, although may not have necessarily addressed the inequities in access to services across the province. Advocating for equity is one of the key priorities for this provincial framework and is reflected in the guiding principles below.

Guiding Principles

Principles help guide the decisions and actions of those involved in creating healthy and resilient campus communities. The following guiding principles were developed collaboratively and reflect the collective vision for how Alberta post-secondaries address mental health and addiction problems on campus. These principles provide a foundation for campuses to reflect on when developing policies, processes or initiatives that impact student mental health.

Inclusion: Practicing inclusion means that all partners have a voice in the ways mental health is promoted on campus. Including student perspectives and student voices is paramount to creating healthy and resilient campus

communities. Inclusion also means recognizing that some voices may be quieter than others and ensuring those voices are also heard. Effort is needed to ensure that everyone has opportunity to contribute meaningfully in discussions about campus mental health.

Social Justice and Equity: Some groups are more likely to experience challenges that negatively impact their mental health. Risk factors for mental health and addiction problems are not evenly distributed across populations and these differences in health are linked to various social, economic and systemic factors. Everyone should have an equal opportunity to achieve their full potential. This is made possible by providing equitable access to resources, inclusive and accessible programs and services, and by supporting the most vulnerable groups in campus communities.

Shared Responsibility: Healthy campuses are created when there is a shared ownership and responsibility to protect and promote the mental health of everyone in the community. There is a commitment among partners within institutions and between institutions to create post-secondary communities where people value, care for and support their own and each other's mental health.

Access: Supportive programs and services must be easily accessed by students and other campus community members. This includes a commitment to providing programs and services that are responsive, safe and timely to meet the needs of diverse users. Reducing barriers to access and in particular, considering online learners or those who spend a considerable amount of time outside the traditional classroom, has been identified as an important priority area.

Mobilizing Local Communities: Alberta post-secondary institutions reflect diverse campuses in terms of the types of programming, campus culture and community needs. Although best practices provide helpful information, recognizing diversity also means being sensitive to local circumstances, needs and resources. Honouring a community's ability to identify its needs and mobilize to address its challenges, is accomplished through partnerships and collaboration where there is full participation from those impacted by decisions.

Collaboration: The capacity to create healthy and

resilient campuses is enhanced when people work together. This includes collaboration within individual campus environments but also collaboration across the province. Alberta institutions strive to harness a collective voice and commit to ongoing involvement across sectors, organizations and institutions.

Evidenced-Informed Practice: Sharing best practices and learning from others' successes and challenges is an essential component of creating healthy campus communities. An ongoing commitment to regularly reviewing evidence from various sources and continuous improvement is crucial to enhancing mental health on campus.

Respecting Diversity: The post-secondary environment is made up of people with a wide range of backgrounds and values. Alberta institutions respect and foster the diversity of campus community members. This includes providing programs and services that are barrier-free, inclusive and culturally responsive.
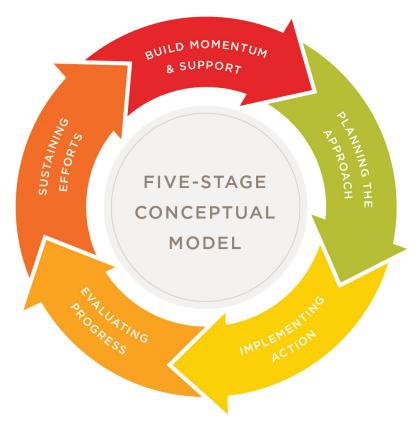
SECTION 2: FIVE-STAGE CONCEPTUAL MODEL

Figure 2. Five-stage conceptual model

The five-stage conceptual model provides a dynamic overview of the steps involved in planning and implementing action strategies to address student mental health and addiction problems. The model is a reflection of several other conceptual frameworks (in particular, the *Jed Foundation's Guide to Campus Mental Health Action Planning*). The arrows in the model indicate that planning and implementing action strategies is an ongoing process. Each stage should consider the effect it has on other stages, and it is often important to revisit previous stages. The following five sections will explore each stage in more detail.

Build Momentum and Support

Why is this important?

A campus that promotes a shared responsibility for addressing mental health and addiction problems has a greater potential to create an environment where students feel safe, cared for and supported to thrive in their academic and personal pursuits. Creating a sense of shared responsibility requires commitment and support from all areas of an institution, including administration, students, faculty, staff and the community-at-large.

With broad involvement and commitment from a variety of campus stakeholders, it is easier to move action along, obtain financial and staff support, as well as contribute to long-term sustainability of efforts.

How it can be done:

There are a number of concrete actions that can be taken to create momentum and support for addressing mental health and addiction problems within post-secondary environments. This can include everything from formal policies and statements of leadership support, to building action teams or committees to plan and implement ideas.

Ideas for action:

- **Obtain senior administrator support.** In some instances, senior leaders such as campus presidents or provosts initiate campus action to address mental health and addiction problems. In other cases, staff or students assemble information or come together to raise awareness and attention about the need for action. In any case, endorsement and support from senior leaders is an important part of taking action because they can communicate wide-reaching messages, allocate sufficient resources, as well as drive and sustain action across the institution.

- **Engage and involve students and student leaders.** Students' Unions, Students' Associations and student clubs provide access to the student perspective. It is critical that mental health and addiction efforts on campus are designed and delivered with student voice considered. Incorporating student voice goes beyond consulting with student leaders about programs/initiatives - it is about utilizing student expertise and experiences in the creation process. Student leaders often have connections with the broader student population and are instrumental in creating student buy-in across campus.
- **Communicate a public commitment to taking action on addressing mental health and addiction on campus.** For example, a statement by the president or member of the executive team announcing that an action team or task force has been created, a new initiative has been launched, or a policy is being developed is an effective way to mobilize action.
- **Include messages of care and support for student wellbeing in public engagements.** These messages can be reiterated across the executive team at large campus events (e.g., convocation, orientation), in media appearances and in formal documents like academic or institutional plans and/or vision, mission and values statements.
- **Mobilize an action team, task force or committee of diverse campus stakeholders to lead action.** These groups bring together expertise and ideas from a broad range of campus stakeholders, as well as emphasize the value of shared responsibility across an institution. Team members serve as champions for change and make sure ideas are relevant and tailored to the unique experience of students. Action teams should include representation from various campus areas – student services, counselling, administration, students, recreation services, disability services etc. Teams should have a clear mandate and purpose, coordinator or lead (if possible), as well as expected products and time-lines.

Useful tools

Sample leadership endorsement
Sample task force membership

Planning the approach

Why is this important?

Developing a campus response to mental health and addiction problems requires participation from the entire campus community. It is helpful if an action team, task force or committee is in place to drive the planning process, but the planning principles described below can be applied to any campus efforts. Engaging in a planning process ensures that efforts are comprehensive, strategic and appropriate – which will ultimately improve their impact on campus. Planning makes sure that programs, services and resources are designed and delivered to fit the needs of the students who will access them. It also challenges institutions to think of all the potential factors in the campus environment that impact student mental health. In this stage it is important to incorporate developmental evaluation strategies, which collect information about the activities and approaches in order to adjust them along the way. Finally, the planning process itself creates buy-in and ownership from leadership and other key stakeholders, as well as builds connections that integrate and sustain programs over time.

How it can be done:

The planning process involves gaining an understanding of the current context, and then gathering and using data to make informed recommendations about what to do to address any identified problems. There are several key steps which are described in the next section.

Ideas for action:

STEP	DESCRIPTION	CONSIDERATIONS
Describe the current state and identify problems/ opportunities	Gather data on the specific needs of students related to mental health and addiction, and identify what the top concerns are. Assess current programs, services and resources across multiple levels. Consider the seven components in the *Post-Secondary Student Mental Health: Guide to a Systemic Approach.*	Is there campus specific data you can access (e.g., National College Health Assessment, student engagement data, counselling trends, research projects)? Is there data missing from certain stakeholders that is necessary to describe the current state (i.e., how do you ensure the data you are collecting is representative?).

	(Canadian Association of College & University Student Services and Canadian Mental Health Association, 2013). A Strengths-Weaknesses-Opportunities-Threats (SWOT) exercise can help with this, and can also determine campus readiness for change.	Is there new data you could collect (e.g., surveys, focus groups, interviews, suggestion boxes)? Can you tabulate a list of current programs, services and resources and review for gaps?
Identify priorities and set goals	Select the top priorities or gaps, and set goals to begin making a plan. Create SMART (specific, measurable, achievable, realistic, timely) goals about the changes you want to see short and long term.	Which populations or subgroups are most vulnerable to experiencing mental health or substance use problems? Which populations or voices are hidden and less likely to seek help? Are there policies, processes or larger institutional factors that put students at-risk? What problems, if solved, will have a large impact? What recommendations can be implemented quickly and with little resources?
Determine strategies and interventions to use	Consult research or evidence-based practices that have worked on other campuses or external to the post-secondary context (e.g., primary care, non-profit). Consider the ideas within the *Post-Secondary Student Mental Health: Guide to a Systemic Approach* (Canadian Association of College & University Student Services and Canadian Mental Health Association, 2013). Determine which strategies and interventions to use to help meet goals. Write an action plan for how each chosen strategy/ intervention will be implemented.	Who will carry out the planned activities, by when and with what resources? How will you monitor progress and success of activities?

Implementing action

Why is this important?

The previous steps of building momentum and planning an approach create a foundation for successful implementation of strategies/interventions. There are a plethora of strategies for promoting mental health and flourishing while reducing mental illness, acting across multiple levels of the campus environment. It is important to choose strategies/interventions that make sense for the campus population, resources and priorities. Implementing action helps demonstrate how the institution will be engaged in the promotion of mental health. In this stage process evaluation can also be incorporated, which helps monitor progress on action plans. Process evaluation looks at implemented activities and examines the strengths and weaknesses of their implementation and whether activities were implemented as planned. Throughout implementation, it is important to provide updates on successes and challenges to senior leaders and the entire team involved to sustain buy-in and address any concerns that stakeholders have.

How it can be done:

A key foundation for implementing action is to choose strategies/interventions that align with best practices in settings-based or comprehensive approaches. There has been much research in this area and several effective models for action exist,

including:

- Canadian Association of College & University Student Services and *Canadian Mental Health Association Post-Secondary Student Mental Health: Guide to a Systemic Approach*
- The Jed Foundation/Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and Mental Health Promotion
- The Jed & Clinton Health Matters Campus Program Framework
- UK Healthy Universities toolkit

Looking at other university or college mental health plans to see what activities they are implementing provides another resource worth considering.

For the purposes of this framework, **10 key factors** from all of the above models as well as the consultation data received through this project have been summarized. These 10 key factors are fundamental components to consider in any campus mental health and addiction strategy. The ability to consider ideas and recommendations within each factor will depend on institutional context, resources and capacity.

Ideas for action:

Factor	Description	Ideas
Policies and Processes	Policies, processes and systems within the institutional context have an impact on the overall health and wellbeing of students. How an institution is structured, including its strategic goals, policies and practices affects student mental health and learning. Having comprehensive and clear policies around health, mental health, substance misuse and other related topics (e.g., inclusivity, bullying, harassment and gender issues) are important for reducing unnecessary stresses and creating an environment supportive of wellbeing.	• Embed a mental health lens into new and existing policies (undertake a policy review). • Establish key mental health policies (e.g., alcohol use, students in distress, accommodation, leave of absence, sexual assault) if not already in place (see *Policy Approaches to Post-Secondary Student Mental Health* in the references section). • Implement policies and procedures to promote a culture of safe drinking such as limiting sales or hours at campus bars, having alcohol free residence buildings, hosting "dry" events and activities etc. • Ensure approaches to accommodations align with the *Alberta Human Rights Act*.

Raising Awareness & Promoting Wellness	Engaging in health promoting activities (e.g., physical activity, healthy eating, stress management) can enhance mental health and academic performance. Promoting mental health awareness plays a role in reducing the stigma around mental health and addiction problems and creates a culture of help-seeking and support. Therefore, it is important to provide education and information about how to maintain mental health, when to seek help and what sources of help are available, holistic strategies for maintaining wellbeing, as well as opportunities for students to build their personal wellness. Awareness activities that are integrated into a larger strategy, connected to other campus resources and supports, and touch on best practices as suggested in the literature are more likely to be successful.	• Engage and facilitate opportunities for student clubs/groups to offer mental health awareness activities; encourage them to link in with other networks such as the *Jack Project* or *Active Minds* for support. • Promote wellness via inter-sectoral approaches – engage faculties & departments on initiatives, partner with other areas such as human resources, career & academic services, residence services, students' associations etc. • Use consistent messaging promoting mental health across communications channels (e.g., online, in workshops, curriculum, etc). • Provide mental health awareness activities from an inter-cultural lens. • Consider translating mental health and addiction resources into other languages. • Offer a wide range of holistic activities to maintain wellbeing (e.g., social activities, mindfulness, exercise, spiritual practices, etc.).
Developing Life Skills and Personal Resilience	Developing life skills and building resilience is an important part of the higher education experience. Students are faced with multiple demands such as financial problems, relationship challenges, learning to live independently and more.	• Offer programming and services in multiple settings across campus (consider higher needs areas such as residence buildings, international student offices, LGBTQ student centres). • Focus on skill building, empowerment, self-care and resilience.

	Providing opportunities for students to increase coping strategies and life skills will help them manage the demands of student life and reduce vulnerability to emotional health issues.	• Provide education and training for campus members on the continuum of mental health and how to recognize when they may need to seek help; well recognized programs include Applied Suicide Intervention Skills Training (ASIST), the Community Helpers Program, Mental Health First Aid, SafeTALK and The Working Mind program. • Consider offering a for-credit wellness or resiliency course. • Use strengths-based approaches and include opportunities for students to enhance self-awareness (e.g., StrengthsFinder, wellbeing assessments).
Identify Students-At-Risk	It is important to identify early indications of concern in order to connect students with support and manage mental health and addiction problems before they become more serious. Those who interact with students on a daily basis are in an ideal position to recognize and respond to early indicators of concern. Information about mental health/addiction and signs/symptoms of concerns should be made widely available. Increasing mental health awareness and capacity of campus navigators (people who interact with students on a daily basis) is an important strategy for recognizing when a student might be struggling and connecting them to appropriate resources.	• Offer training to teaching assistants, faculty members, advisors etc. so that they can recognize and respond to signs of declining mental health. • Acknowledge higher risk sub-groups (e.g., first year students, LGBTQ students, international students etc.) and establish pathways of support. • Develop a 'how-to' guide to support those who encounter a student in distress (e.g., Queen's University Green Folder, Mount Royal University Red Folder). • Ask questions about mental health on medical intake forms and provide mental health/addiction screening when students seek primary care services. • Promote online self-screening and referral tools for mental health and substance use problems.

		• Establish early alert systems to allow for timely and appropriate interventions.
Promoting Connectedness	More than half of Canadian post-secondary students reported feeling very lonely in the past year (American College Health Association, 2013). Research shows that loneliness and isolation are risk factors for developing mental health and addiction problems, and that increasing opportunities for social connection can lower this risk (Wright, Kind and Rosenberg, 2014). Creating spaces and opportunities for informal and formal social connection is an important strategy for creating a supportive and welcoming campus environment.	• Consider peer counselling models or peer support options for students to have safe spaces to reach out. • Allow 12 step or other support groups on campus for addiction issues. • Consider ways to build connections for students who may not want to seek help or join traditional student life programs (e.g., informal social events, online communities, etc.). • Coordinate efforts during orientation periods to ease the transition process into and out of post-secondary studies. Offer multiple access points for students and their families to get orientation information, as well as provide a mix of learning opportunities, tours and social activities. • Consider expanding orientation efforts beyond the first week and include activities throughout the entire first year. • Engage students in co-curricular learning through peer helper, leadership or service-learning projects. • Encourage students to participate in initiatives that foster diversity (e.g., campus pride festivals).

Reduce Stigma	Stigma is one of the greatest barriers to seeking help. Stigma results from a lack of understanding and misinformation about mental illness. It creates a perception that people with mental health and addiction problems are inferior, inadequate or not whole. Stigma is pervasive in society and this includes the campus setting. Stigma reduction efforts should address the common goal of improving mental health literacy (knowledge, beliefs and capacity to support the prevention, recognition and/or management of mental health and addiction challenges), thereby correcting mis-perceptions about people living with a mental illness.	• Enhance mental health literacy through campus wide anti-stigma programs (e.g., Hi-Five campaign, Not Myself Today campaign) . • Use multiple mediums for contact-based education to allow students to better understand the experience of mental illness, and offer preparation and professional support to student speakers when sharing is done in a public forum. • Evaluate attitudes and perceptions prior to learning opportunities and afterwards in order to measure changes. • Review materials and resources through a people-first language lens. • Increase mental health literacy by providing correct information and facts to break down myths and mis-perceptions.
Increase Help-Seeking Behaviour	There is a gap between the number of students who report a mental health or addiction problem and the number of students reporting that they have received help. Students may need help but not seek it out for a number of reasons. Being aware of and providing support to address the common barriers to help-seeking (e.g. lack of awareness of resources, stigma, costs and accessibility) is a key strategy for engaging early help-seeking. Other barriers have been identified in the post-secondary context, such as the tendency of services to not meet the needs of minority groups, the impact that languishing can have on help-seeking, and the normalization of stress and suffering among students.	• Use "peer promoters" or peer health educators that can reach fellow students with information . • Consider making changes to how services are structured to match how young people access information and services; this may include accepting walk-in appointments, allowing appointment bookings online, extending hours into the evenings and providing chat options/hotlines. • Create opportunities for holistic self-management methods such as art, exercise and mindfulness to foster action-oriented self-care strategies.

	It is important to consider the unique complexities on campus when developing strategies to address individual and structural barriers to help-seeking.	• Consider ways to build trust with mental health professionals – include professional staff in resource fairs and outreach activities; host open houses in counselling or health services areas. • Evaluate whether services are meeting the needs of minority groups and consider ways to improve the gap in these populations accessing services. • Improve attitudes towards help-seeking by providing information about resources, confronting myths and misperceptions and normalizing seeking help. In particular, it may be helpful to address the growing normalization of stress and suffering and promote self-care as an integral component of the university experience.
Support for Vulnerable Groups	Research has shown that several groups are more likely to experience a mental health or addiction problem (Eisenberg, Hunt & Speer, 2013). Students who identify as an ethnic minority or as Aboriginal are at a higher risk for mental illnesses than Caucasian students. Other groups at higher risk include international students and sexually and gender diverse populations. Certain factors may also increase a person's risk of developing mental health problems, such as surviving sexual assault, dealing with homophobia or transphobia, experiencing financial problems or adjusting to the first year of post-secondary studies.	• Offer opportunities for students to engage in healing in traditional ways; connect students to someone of their own world view, such as offering access to indigenous therapists or counsellors who have training in working with culturally and linguistically diverse populations. • Create central spaces for various groups to represent a safe space, create familiarity, build community and help establish trusting relationships with others to explore wellness (examples include campus Native or Aboriginal centres, LGBTQ centres or international student offices).

	There are unique differences in the challenges experienced by undergraduate students compared to graduate students, so programming and campus supports should reflect these differences.	• Tie skill building topics (e.g., financial literacy, messages of help-seeking and self-care) into other popular sessions such as immigration or program advising. • Bring programs and social activities to where the students are – consider programming within residence buildings that host many international students, offer friendship programs, include spouse and/or children in programming. • Focus on basic transitional needs during orientation to post-secondary studies and follow with more complex support throughout the year.
Provide Accessible Services	Mental health services provide a range of supports for students along the mental health continuum. Accessible services include high-quality direct service options, various treatment modalities, adequate staffing and flexible clinic hours/locations to meet students' needs. Because services for students are generally free, the length of treatment can be limited. Therefore it is important to have supplementary services in place (e.g., peer support, access to 24/7 crisis lines) as well as strong connections to off-campus resources and supports.	• Consider the design of mental health and addiction service environments such as private reception and waiting rooms, warm and welcoming furnishings, discrete location etc. • Consider the ratio of counselling staff to students; the literature highlights a model of one counsellor per 1000 students per campus (one counsellor per 3000 students when separate academic and career counselling is provided), although this number is heavily influenced by the context of the institution (May, 2003). • Design mental health and addiction services from a student-focused and proactive approach (including prevention and mental health promotion activities). • Provide cultural competency training to clinical and student service providers to enhance intercultural and cross-cultural competencies.

		• Consider the role of social workers or student practicums to bridge gaps and connect students with resource information. • Consider offering services through a variety of mechanisms including online, over the phone, chat groups etc. • Review and refine referral pathways and partnerships with community-based services (e.g., primary care networks, addiction and mental health services), especially in areas where on-campus support is limited. • Have a well-defined crisis management plan including protocols for managing the crisis and crisis debrief.
Create a Supportive Environment (physical, social)	A supportive and inclusive campus environment contributes to an institutional culture that is conducive to student mental health and wellbeing. Creating a supportive environment can include efforts directed at both the physical and social environments. Having warm and welcoming spaces, opportunities for students to connect meaningfully in campus activities, mentorship and student life programs and inclusive curriculum are some ways to enhance the overall campus environment. Efforts directed at key transition times in the student life cycle (e.g., orientation, transfers, graduation) are also essential to enhancing the campus climate and support.	• Encourage a culture where "every door is the right door" where campus members are equipped with the skills and competence to identify concerns, offer support and refer as necessary. • Capitalize on the special relationship educators have with their students by equipping them with the skills to identify and refer students who may be struggling, as well as utilize them as a champion for spreading messages of help-seeking and self-care in the classroom. • Encourage the adoption of teaching and learning practices that integrate inclusive curriculum and pedagogy; including universal design concepts for accessibility.

- Provide resources and spaces to safely report experiences of disrespect, incivility, bullying or aggression.
- Foster healthy, active and vibrant student clubs and organizations who have access to training, administrative support and resources.
- Foster opportunities for students to develop inter-cultural competence and activities to promote an environment of cultural and religious pluralism.

Useful Tools

Alberta Human Rights Commission Interpretive Bulletin on Accommodation in Post-Secondary Institutions

Community Tool Box: Cultural Competence in a Multicultural World

Ontario Undergraduate Student Alliance Policy Paper on LGBTQ+ Students

University of Alberta Safe Spaces Report

Centre for Innovation in Campus Mental Health – Resources

First Nations Mental Wellness Continuum Framework (Health Canada)

Policy Approaches to Post-Secondary Student Mental Health

Systematic Review of Mental Health Prevention Programs in Higher Education (Journal Article)

Evaluating progress

Why is this important?

Evaluation involves collecting information about the activities, characteristics and outcomes of the strategies/interventions that have been implemented in order to improve efforts and inform decisions about future programming (Patton, 1997). Evaluating progress and efforts will help demonstrate whether actions have made an impact. It will answer questions like "how will we know our time, money and efforts have made a difference?" or "did we accomplish our goals?" or "what could be done differently to improve our efforts?" The overall purpose of undertaking an evaluation

is to be able to tell the story of campus efforts. It is important to note that evaluation should be considered throughout the planning and implementation stages of the initiative, not just something that is done when an event or program is complete. Evaluating throughout the initiative helps make ongoing adjustments, ultimately improving the effectiveness of the initiative.

How it can be done:

Designing evaluations should follow the basic process below:

1. Create an evaluation plan by identifying what needs to be measured and how it will be measured.
2. Implement the evaluation in a timely manner and consider using a variety of data collection techniques.
3. Communicate and utilize evaluation results to demonstrate impact and improve efforts.

Ideas for action:

There are many considerations for designing and implementing evaluations.

- **What stakeholders should be involved in the evaluation design?** This could include people who deliver programs, decision makers, an evaluation specialist or people who are the target of interventions/strategies.
- **Is there a budget and timeline for evaluation activities?** Some evaluation efforts can be done with minimal resources (such as contributions of people's time or printing/software costs). There are also survey or data analysis software available at no charge. Be prepared that other valuable methods (i.e., qualitative measures) may require significant time and resources. Evaluations should be completed as soon as possible after activities are finished.
- **What is the intent or purpose of the evaluation?** Some common reasons to evaluate are to determine whether the program worked, to improve how things are done, to determine whether there was any impact on participants or to show a program's worth and value to funders and decision makers.
- **What questions should be answered (what outcomes should be measured)?** This important step cannot be overlooked, as the questions asked drive the information collected. Consider asking questions related to *process measures* and *outcome measures*. Process measures look at planning and implementation issues – how well was the initiative planned and implemented, were resources used appropriately, were

participants satisfied with the program. Outcome measures focus on whether program objectives were obtained – how much and what kind of difference was noticed as a result of the initiative?

- **What methods will be used to help answer questions?** Choose methods that are feasible for time-lines, resources and the audience. For example, focus groups provide rich, detailed data but are not as practical with short time-lines or limited staff capacity. Examples of common evaluation methods include surveys, interviews, records, observations of behaviour, focus groups or case studies. Follow a data collection plan and collect a mix of qualitative and quantitative data if appropriate. Quantitative data is collected as or translated into numbers. Examples include rating scales (e.g., satisfaction, stress and attitudes), participation numbers or numbers or percentages of people with certain characteristics in a population (e.g., % of students who are stressed or meet the physical activity guidelines). Qualitative data provides narrative information, such as descriptions, anecdotes, quotes or opinions. Qualitative data is helpful for "filling in the blanks" or providing context or deeper understanding of data.

- **How will data be synthesized and compiled?** Make sense of the data in terms of how it relates to desired outcomes. It is helpful to produce an evaluation report, even if just a short overview, to contribute to the use of the data. Do not be afraid to use judgement or value statements to make conclusions about the initiative.

- **How will the results be communicated?** Information collected in an evaluation can be used to make future recommendations, celebrate accomplishments, share lessons learned and advocate for future support. Consider how to disseminate the information to appropriate stakeholders (e.g., decision-makers, program participants, facilitators, etc.).

Useful tools

Community Tool Box: Evaluating the initiative

Public Health Ontario: 10 Steps for Conducting an Evaluation

Sustaining efforts

Why is this important?

Sustaining efforts is one of the biggest challenges in developing and implementing mental health and addiction strategies/interventions. Following the previous steps will help document outcomes, communicate successes to decision makers and gain champions to sustain progress. Through the planning, implementation and evaluation process, efforts can be tailored to focus on a few key strategies that seem to be working, or to eliminate unnecessary or unhelpful activities. Sustaining efforts involves intentional thought and actions to make sure strategies/interventions are not just implemented and forgotten about. It also involves ongoing planning, monitoring and making changes to continuously improve how things are done.

How it can be done:

There are ways to make sure that the knowledge and skills gained through strategies/ interventions are sustained. Providing refresher training sessions, using consistent and ongoing messages in social media or offering access to mental health and addiction experts and best practice information are some ways to increase the likelihood that campus community members will sustain changes. Part of sustaining mental health efforts on campus is also related to building it into the campus culture and policies. A culture of mental health and wellbeing includes a shared commitment among campus stakeholders to the importance of mental health promotion. It recognizes that the efforts of mental health and wellbeing go beyond the walls of counselling or health centres. It calls on faculty members, advisors, peer leaders, residence dons, front-line staff – everyone within the campus community to acknowledge the importance of mental health and wellbeing. The notion that "every door is the right door" creates an inclusive and supportive campus climate.

Ideas for action:

- **Identify and nurture champions.** Mental health champions are individuals who are engaged and trained to use their knowledge, skills and experiences to positively influence others in their community. They can informally or formally be a part of change efforts to influence the knowledge, attitudes and behaviours of others. They can spread mental health promotion messages or help identify and support individuals who are experiencing mental health or addiction problems. Students, faculty and staff can all be identified as champions. Consider formal champion programs (e.g., programs that provide training, knowledge, recognition and support for champions) or recognize and capitalize on the informal community leaders on campus.

- **Participate in knowledge exchange activities.** There are many formal and informal knowledge sharing opportunities within the Alberta post-secondary context. Most campuses have a wellness centre or wellness staff doing similar work across the province. Do not be afraid to reach out to learn about other campus initiatives or promising practices. Informal connections or formal opportunities like conferences, summits, provincial meetings, webinars etc. all provide a vehicle for hearing what others are doing, bouncing ideas off each other, sharing resources or collaborating on projects.

- **Support communities of practice.** Communities of practice bring together groups of people with shared concerns, problems or passions to learn from each other and work together towards a common goal. Communities of practice interact on an ongoing basis and can be essential to promoting the adoption of best practices and advocacy efforts. The *Healthy Minds Healthy Campuses* initiative in BC provides ongoing support and interactions among campus professionals. The *Canadian Association of College and University Student Services* (CACUSS), has put together a network of communities of practice in the post-secondary context, arranged on various topical and functional areas of student services and affairs. A growing community in Alberta, *Healthy Campus Alberta*, is another way to stay in touch.

- **Leadership commitment – student leaders and administration.** An ongoing and visible commitment from campus leaders (including student, faculty and staff leadership) is fundamental to sustaining efforts and creating an inclusive and supportive campus environment. Students should have ongoing involvement in large campus decisions and strategies/interventions related to mental health. A positive and open relationship between student leaders and administration is of fundamental importance to the student leaders' ability to advocate with other agencies and stakeholders. Consider ways in which these relationships can be nurtured (e.g., regular meetings, sharing of data and metrics, comparing and collaborating on priorities, etc.). Sustaining efforts usually requires budget or ongoing funding, so it is important to consider what resources are available to sustain progress.
- **Translate effective strategies into long term commitments or policies.** This relates to the concept of knowledge translation where the following questions are answered: what did you learn or implement that is worth continuing long term? Could you enhance the sustainability of the strategy/intervention by incorporating it into policies, procedures or other formalized practices? An example of this might be turning a successful, small scale, group-based resiliency program into a for-credit, academic course.

Useful tools

Community Tool Box: Advocating for Change
Community Tool Box: Sustaining the Work or Initiative
Healthy Minds, Healthy Campuses
CACUSS Communities of Practice

CONCLUSION

The post-secondary experience equips graduates with the skills, qualities and abilities for success in life and work. Research suggests that students with a greater sense of mental health and wellbeing perform better academically (Ansari & Stock, 2010). It also supports that students are at a developmental age associated with an increased risk of mental health and addiction problems, and that the post-secondary experience itself exposes students to a multitude of academic, financial, relational and career related demands that can be overwhelming. Increasing research in the field of socio-ecological approaches highlights the opportunity for utilizing the college or university setting not just as a place of education, but also as a resource for promoting health and wellbeing (MacKean, 2011).

For these reasons, post-secondary institutions are in a unique position to address mental health and addiction problems. In Alberta, institutions have recognized this opportunity and collectively established the priorities and ideas within this framework. It is hoped that this document will provide a foundation for Alberta institutions to continue to work towards creating healthy campus communities.

For more information about this project, please get in touch with us.

Website: www.healthycampusalberta.ca

APPENDIX

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