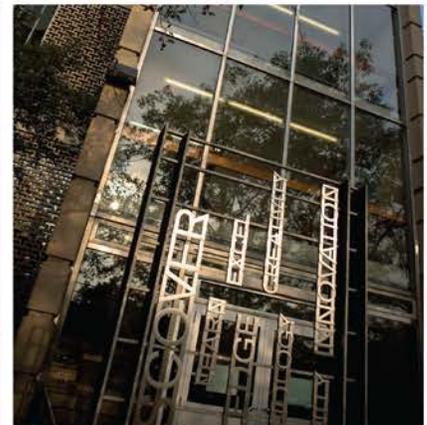




DIALOGUE  
SUMMARY  
[STUDENT-LED]

ADDRESSING STUDENT  
MENTAL HEALTH NEEDS  
AT MCMASTER UNIVERSITY



10 APRIL 2013

**EVIDENCE >> INSIGHT >> ACTION**

**Dialogue Summary:  
Addressing Student Mental Health Needs at McMaster University**

10 April 2013

#### McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at the regional/provincial level and at national levels, the Forum harnesses information, convenes stakeholders, and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions, and communicate the rationale for actions effectively.

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#### Conflict of interest

The authors declare that they have no professional or commercial interests relevant to the dialogue summary. The funders reviewed a draft dialogue summary but the authors had final decision-making authority about what appeared in the dialogue summary.

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## SUMMARY OF THE DIALOGUE

Dialogue participants generally agreed that the need for mental health services on campus is growing at a rate that mental health service providers are finding difficult to address with existing resources. Participants felt that the need was growing due to a number of factors, the most prevalent being that more students were arriving on campus with mental illness, and that the de-stigmatization of mental health issues has encouraged more students to self-identify as living with such issues and to seek help. Several dialogue participants identified reasons for the increased number of students experiencing mental health issues, including higher expectations and demands placed on students by themselves, their families and the University, the increasing digitalization of personal communications and interactions (and its paradoxical impact on social isolation), and the precarious nature of the post-recession employment landscape for today's young adults.

Participants generally agreed that the three options described in the issue brief were important components of a comprehensive approach to addressing student mental health needs at the University. Most dialogue participants initially prioritized option 2 (strategic advertising to reduce stigma and promote early detection), but with a larger emphasis on supporting initiatives that have a strong contact-based/relational component, and option 3 (coordinating mental health resources on campus). Many dialogue participants noted that option 1 (a one-stop access portal for information about mental health services) would be a natural stepping stone to and ongoing output of option 3. They also identified a fourth cross-cutting priority: to create a mental health strategy specific to the University that is informed by a gap analysis of the existing programs and services, and that informs where future investments should be made, where University policies need to be changed or developed, and where student and University lobbying need to be directed.

Dialogue participants had different views about next steps. University leaders tended to argue for the development, appropriate resourcing and implementation of a strategic plan, and they noted that the timing was ideal given newly appointed (or soon-to-be appointed) administrators at the University would be likely to embrace a coherent, long-term vision. Some front-line health professionals argued for more resources while also understanding the need to identify creative ways to meet demands with existing resources. Student leaders were less focused on a strategic plan and more focused on taking concrete steps in the short- to medium-term, such as better engaging different types of front-line workers, like residence community advisors and peer supporters, to help normalize mental health issues that inevitably arise during the transition period to university, and stressful episodes during this period. Several student leaders also argued for drawing on the immense lobbying power of students to facilitate change.

## SUMMARIES OF THE FOUR DELIBERATIONS

### DELIBERATION ABOUT THE PROBLEM

Dialogue participants generally agreed that the need for mental health services on campus is growing at a rate that mental health service providers are finding difficult to address with existing resources. This mismatch has translated into many students being placed on waiting lists and consequently not receiving care and support in a timely way. Participants felt that the need was growing due to a number of factors, the most prevalent being that more students were arriving on campus with mental illness, and that the de-stigmatization of mental health issues has encouraged more students to self-identify as living with such issues and to seek help.

Starting first with mental illness (e.g., bipolar affective disorder and schizophrenia), several dialogue participants noted that, historically, students who were diagnosed in secondary school likely wouldn't have transitioned to university successfully, and that students who are diagnosed at university wouldn't have had the supports to remain enrolled. As one dialogue participant said: "In the past, many students with mental illness would not have made it to university." However, several dialogue participants noted that the university is now a victim of its (and society's) success in supporting those diagnosed with mental illness, and it now faces significant variety in and severity of mental illness among students. One dialogue participant highlighted that mental health services on campus have had to become effectively a specialty care centre providing mental health treatments to students who are quite ill. Another participant suggested that the marked increase in the frequency of mental illness-related hospitalizations of students over the past 10 years is an indication of the severity of illness some students are coping with.

Turning to those experiencing mental health issues, several dialogue participants indicated that in the past students who encountered mental health issues (e.g., anxiety) during their time at university likely wouldn't have come forward because of the stigma attached to such issues. These participants noted again that the University is a victim of its success, particularly with the de-stigmatization of mental health issues, and it now faces a large and growing number of students self-identifying as living with mental health issues and seeking help in addressing them. Some of these issues have always been addressed by campus mental health services, such as challenges in making the transition from

#### **Box 1: Background to the stakeholder dialogue**

The student-led stakeholder dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action. Key features of the dialogue were:

- 1) it addressed an issue currently being faced on campus;
- 2) it focused on different features of the problem, including (where possible) how it affects particular groups;
- 3) it focused on three options to address the issue;
- 4) it was informed by a pre-circulated issue brief that mobilized both global and local research evidence about the problem, three options to address the problem, and key implementation considerations;
- 5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible options for addressing it;
- 6) it brought together many parties who would be involved in or affected by future decisions related to the issue;
- 7) it ensured fair representation among policymakers, stakeholders and researchers;
- 8) it engaged a facilitator to assist with the deliberations;
- 9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
- 10) it did not aim for consensus.

Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary and the video interviews with dialogue participants.

living at home to living away from home, and challenges in coping with the stress that naturally arises with deadlines and unexpected life events over a semester. Other issues are new.

Several dialogue participants identified reasons for the increased number of students experiencing mental health issues, including higher expectations and demands placed on students by themselves, their families and the University, the increasing digitalization of personal communications and interactions (and its paradoxical impact on social isolation), and the precarious nature of the post-recession employment landscape for today's young adults. One participant pointed out that conditions such as allergies and asthma are increasing, and suggested that biological and environmental factors may play an as-yet undefined role in the increasing incidence and prevalence of mental health issues among students. Two dialogue participants observed that the higher expectations that students and their families have of health professionals and of the University compound the challenges faced by mental health service providers. Not only are these providers seeing more students with mental health issues, but these students and their families expect a great deal of support in addressing these issues. Several dialogue participants suggested that students, parents and families were not being engaged as meaningfully as they could be in understanding where both challenges and potential solutions lie.

While agreeing that there are many excellent programs and services in place to address student mental health needs at McMaster University (primarily at the Student Wellness Centre but also through many McMaster Students Union groups, among others) and in the community (particularly for those with acute exacerbations of mental illness), many dialogue participants argued that the delivery, financial and governance arrangements within which these programs and services are provided limit the reach and impact of these programs and services. In terms of delivery arrangements, several dialogue participants pointed to the multiple access points to mental health services available on campus, which create a fragmented system and can make the system difficult to navigate.

Turning to financial arrangements, there was some disagreement among participants about whether the balance among current funding sources is optimal. For example, the Student Wellness Centre receives funding for its counselling services from student fees, funding for its wellness education initiatives from student fees and the University, and funding for its medical services from physician billings to the Ontario Health Insurance Plan. Some dialogue participants argued that universities are the best place to address student mental health needs at the primary care level, and that increasing demands meant that universities needed to enhance their level of financial support (even though McMaster's past efforts to secure additional funds through, for example, the Ministry of Health and Long-Term Care, had been unsuccessful). The arguments for why universities are the best place included: 1) universities are "in the business of making students successful" and addressing mental health needs is a key part of this responsibility; 2) university staff have unique knowledge and skills for supporting students; 3) university programs and services (particularly those provided by psychologists, social workers and other providers not covered by the province's health insurance plan) are more financially accessible to students; and 4) community-based programs and services, in contrast, can sometimes have longer waiting lists than those at universities and often refer students back to universities. Other dialogue participants argued that universities are in the business of teaching and research (and this is where student fees and University funding should be directed to ensure their sustainability), and that the health system is responsible for ensuring that providers in the community have the knowledge, skills and funding to support students (even though some acknowledged that the current mental health system was itself under-developed and under-resourced).

With regard to governance arrangements, many dialogue participants lamented the lack of an overarching governance framework (or formalized collaborative framework) for mental health programming at the University, and the lack of a collaborative framework with community mental health service providers (both in primary care and in specialty clinics). The lack of such frameworks means that both big issues (e.g., the balance between prevention and treatment) and small issues (e.g., how to support transitions out of university

so students don't need to remain enrolled in a single course just to retain access to University mental health services) remain unexamined.

One dialogue participant framed the underlying issue as languishing versus flourishing. This individual noted that all students can languish and flourish, including students with mental illness, students experiencing mental health issues and students facing the regular challenges of university life. Some students with mental illness, for example, may flourish, with their symptoms well controlled with medication and other supports, while others may languish, sometimes being unable to even leave their room. The participant suggested that focusing on supporting students to flourish as best they can, given the mental illnesses or mental health issues they face, would shift attention away from the current perception of 'mass illness' and towards student success and what skill sets students need, in terms of their health as well as their education and careers. Several other dialogue participants noted the relative lack of emphasis on helping students to draw on their own resilience, and cautioning them to avoid 'pathologizing' the psychological distress that can accompany normal developmental and transitional issues.

Several dialogue participants argued that neither the McMaster Students Union (MSU) nor the University were doing all they could to support flourishing among students. For example, one participant suggested that the MSU could work to create a more inclusive campus environment and a greater feeling of community in order to mitigate feelings of loneliness among students. Two participants suggested that the University needed to review its administrative policies and processes to find ways to do things better or differently, such as introducing greater flexibility in deadlines for assignments and scheduling of exams. Two different participants suggested that the University also needed to better train and support faculty members to address student mental health needs and more generally to support flourishing. Another participant noted that University leaders, faculty and staff did not do a particularly good job of modelling healthy behaviours for students, or of creating a 'mentally healthy campus.'

One dialogue participant argued that the absence of research on key aspects of student mental health needs (and how best to meet those needs) also contributed to the problem. This individual noted that research is lacking both generally in the area of the transitional period between adolescence and adulthood, and specifically on questions such as the factors contributing to mental health issues (e.g., isolation) and to the increased demand for mental health services on campus (e.g., reduced stigma about and increased self-identification of mental health issues, increased incidence of mental illness).

## **DELIBERATION ABOUT POLICY AND PROGRAMMATIC OPTIONS**

Participants generally agreed that the three options described in the issue brief were important components of a comprehensive approach to addressing student mental health needs at the University, and they introduced a fourth option – a mental health strategy – within which the other three elements could be organized or nested.

### **Option 1 – Create and support the use of a one-stop access portal for information about available mental health resources and how to access them**

Dialogue participants generally supported the idea of creating and supporting the use of a portal, however, they noted that it would be a natural stepping stone to and ongoing output of element 3, and that it needs: 1) an agreed process for and commitment to efficient, routine updating; 2) built-in links to existing resources; 3) accessibility and in many formats (e.g., apps) for students, faculty/staff and parents; and 4) connections to regional, provincial and national platforms.

Dialogue participants gave a number of examples of the types of existing resources that the portal could link to, including: 1) eMentalHealth.ca (from the Children’s Hospital of Eastern Ontario), which provides a list of mental health services available in Ontario, screening questions to help students assess their mental health and wellbeing, and information about mental health conditions and related resources, among other supports; and 2) a pilot project that extends the reach of the Kids Help Phone to students enrolled at Queen’s University, Ryerson University and the University of Waterloo. Similarly, the ‘New Students’ portal being developed by McMaster’s Registrar’s office could point incoming students and their parents and families to the portal, to ensure that supports can be identified right from the point of admission. Lastly, one dialogue participant gave the example of the “Guard Your Buddy” app used by the Tennessee National Guard, which could be adapted to connect McMaster students at risk of committing suicide with McMaster faculty and staff who can support them, although this individual noted that that such an app would be most beneficial if backed up by a mental health literacy program for faculty and staff.

Some dialogue participants raised a concern about who would be responsible for the creation, maintenance and updating of such a portal. One participant noted that if students assume this responsibility then there may be challenges from year to year as the degree of dedication and enthusiasm of student leaders change. Several participants noted that the available resources change frequently as the Student Wellness Centre and student clubs and organizations adapt to new challenges, opportunities and leaders, which complicates the task of ensuring the portal remains up-to-date. Another participant observed that students tend to be very sophisticated users of online information sources and they will rapidly drop sources that they consider to be inaccurate, out-of-date or experiencing technical problems.

Several dialogue participants expressed concern about the suggested portal. Some of the concerns related to its relative priority (compared to other options) or to the likelihood of it having an impact, while others related to the portal potentially overwhelming students (and thereby increasing their stress) and stigmatizing mental health issues (if the portal weren’t positioned more broadly as being about health services or a healthy campus).

### **Option 2 – Reduce stigma associated with mental illnesses and promote early detection of mental illnesses through strategic advertising**

Dialogue participants also generally supported the idea of strategic advertising to reduce stigma and promote early detection, particularly those with a strong contact-based/relational component, and those that: 1) do not pathologize or medicalize mental health challenges; 2) engage peers within a framework that provides the supervision, training and other supports needed to perform their roles safely and effectively; and 3) start at the point of admission to the University.

While dialogue participants acknowledged in their deliberation about the problem that significant progress had been made in reducing stigma, they agreed stigma remained a challenge. One dialogue participant argued that stigma can be “an illness itself” and just as debilitating as the mental illness or mental health issue itself. A second participant argued that significant stigma remains attached to mental illness (and mental health issues) because “the illness portrays itself by behaviours that make us human, which makes it more frightening.” A third dialogue participant noted that while mental illness and mental health issues can be episodic, the stigma can be a “legacy for the rest of the student’s life.” A transcript with one or two semesters with unexplained low grades, for example, can affect professional school admission and subsequent career trajectories.

Dialogue participants differed in whether they thought that campaigns to reduce stigma and promote early detection were likely to have impacts regardless of the approach used. Some participants felt that campaigns always made a difference (or at least they always had in their own experience), others felt they didn’t make a difference and could even do harm (e.g., by overburdening the Student Wellness Centre), and still others thought that only campaigns with a strong contact-based/relational component yield significant benefit. Regarding the latter, some participants felt that such campaigns always yielded benefits and no harms, while

others felt that campaigns that involve learning from individuals with lived experience and different approaches to coping with that experience (e.g., McMaster's Welcome Week theatre production called Inspiration, Reflection, Integrity and Success (IRIS), Western University's 15-minute video that garnered significant attention among McMaster students, staff and faculty) could make some students feel worse if they were living through a very different experience. Several dialogue participants noted that a challenge shared by any campaign is the difficulty of reaching a student population that is already inundated with messages about other causes.

Many dialogue participants spoke to the content focus of campaigns, with some participants emphasizing different framings of the challenge to be addressed. For example, one individual suggested focusing on promoting students' mental health instead of supporting early detection of mental illness. Another individual suggested focusing on improving health and wellness on campus more generally, which would place mental health promotion alongside other important topics such as healthy eating and exercise. As another example, one participant suggested focusing on normalizing typical developmental and transitional experiences like anxiety. However, another participant warned that normalizing aspects of mental health risked missing the early symptoms of some forms of mental illness.

Dialogue participants also spoke to the demographic focus of campaigns. Many participants emphasized reaching first-year students, who may encounter difficulties with structuring social time, being alone, and connecting with new people in meaningful ways. One participant noted that housing numerous first-year students in on-campus residences allows for the early detection of behavioural changes by Inter-Residence Council staff and community advisors (but that students who live off-campus do not benefit from such support). A second participant emphasized the importance of reaching newly admitted students through avenues such as 'May at Mac' or Welcome Week.

Finally, dialogue participants addressed a number of alternatives to campaigns that could serve similar or complementary goals, such as: 1) screening and benchmarking surveys (e.g., Peter Deachey's screening survey completed prior to arrival on campus, the NASPA Orientation and Transition Benchmarking Survey completed six weeks after arriving on campus); 2) the LivingWorks program, which could be adapted for use on campus and which includes three levels of campus support ('talkers' who have a general knowledge of mental health issues, 'alerters' who can identify potential signs of mental illness and refer the individual, and 'helpers' who are trained professionals who can assist individuals with mental illness); and 3) faculty and staff training, such as Mental Health 101 workshops (albeit with much greater coverage among faculty and staff than has been achieved in the past).

### **Option 3 – Coordinate available mental health resources on campus and support greater accessibility and continuity of care and support for those in need**

Dialogue participants generally agreed that there is a need for greater coordination of mental health services on campus. One dialogue participant noted that a possible first step could be updating the environmental scan of existing mental health programs and services, which had been completed as part of the 'Jack project' in October 2012, but not yet made public. Another participant suggested that the focus should be on "figuring out who is doing what in the system, what else we need in this system, and where to redirect individuals in the system."

Dialogue participants gave particular attention to the role of peer support in the area of mental health, offering examples such as the MSU peer support line, Queen's University's peer counsellors, and the work of Stephan Grenier (who champions addressing mental illness among soldiers, particularly post-traumatic stress disorder, in part using peer support). Several dialogue participants emphasized the importance of proper training and education for peer-support workers (including about confidentiality and when to refer), supervision from certified staff, and accountability measures. One participant noted that these requirements should also apply to faculty and staff who attempt to support students with mental health issues. Some

dialogue participants expressed concerns about the lack of evidence for peer-support workers, liability for peer-support workers, and about the potential mis-use of peer-support workers by students to receive exemptions from course work.

Dialogue participants also gave particular attention to the role of university policies and processes in addressing student mental health needs, particularly in the area of flexibility in deadlines for assignments and scheduling of exams. Regarding the latter, one dialogue participant noted that students can sometimes have three exams in an 18-hour period. Several dialogue participants noted the need for balance in being flexible for the students who need accommodations, and being fair to the students who don't come forward requesting accommodation. Dialogue participants gave a number of examples of innovations that warrant consideration, including: 1) "red-flagging" (i.e., early identification of students who have 'hiccups' on their midterms and referral to an academic advisor); 2) requiring enrolment in a no-credit course in the first six weeks at McMaster to prepare students for university life (and introduce them to supports such as the Student Wellness Centre), as is being piloted in the Humanities program; 3) adapting design features from programs like Arts and Science and the Bachelor of Health Sciences, such as small class sizes, frequent student interaction with professors, tight-knit communities and strong support systems, to larger programs like engineering; and 4) following up with students who drop out of large programs, again such as engineering, to identify whether they may need help in addressing mental health issues.

### **A new (fourth) option – Create a focused mental health strategy specific to the University**

Participants identified a fourth cross-cutting option as a priority: to create a focused mental health strategy specific to the University that: 1) is informed by an updated version of a gap analysis of the existing programs and services; 2) enhances coordination and fills gaps in existing programs and services; 3) starts with campus-based initiatives but also broadens to include the community; and 4) informs where future investments should be made, where University policies need to be changed or developed, and where student and University lobbying need to be directed.

Several dialogue participants emphasized the importance of creating the strategy (and hence defining the future role of the University in addressing student mental health needs) quickly. As one dialogue participant said: "The strategy should be brief on planning, long on implementation." While they applauded the comprehensiveness of Queen's University's strategy, the length of the development process and the breadth of the domains covered led them to push for a more focused strategy at McMaster. That said, these dialogue participants thought that much could be learned from the strategies developed by Queen's and by other universities such as Cornell.

Some student leaders expressed concern that an institutionally-driven mental health strategy might not be an effective way to engage students, and that other approaches (such as engaging them in the creation of the portal) could garner more interest. There was also some disagreement among dialogue participants about the priority that should be accorded to the possible inputs to the strategy, particularly the balance between research evidence and best practices identified by counsellors. Lastly, while most dialogue participants foresaw the strategy focusing on students while they are at McMaster, one dialogue participant argued for ensuring that the strategy also addressed transitions out of the University (e.g., by ensuring that students were appropriately referred to community-based programs and services before graduation).

### **Considering the full array of options**

Most dialogue participants initially prioritized option 2 (strategic advertising to reduce stigma and promote early detection), but with a stronger emphasis on supporting initiatives that have a strong contact-based/relational component, and option 3 (coordinating mental health resources on campus). Many dialogue participants noted that option 1 (a one-stop access portal with the features identified above) would be a

natural stepping stone to and ongoing output of option 3. Having identified a fourth cross-cutting priority – to create a mental health strategy specific to the University – many dialogue participants prioritized this option and argued for organizing or nesting the others within it. For example, one dialogue participant noted that by defining the roles and responsibilities of different stakeholders, the strategic plan would enable greater coordination of mental health resources on campus.

### **DELIBERATION ABOUT IMPLEMENTATION CONSIDERATIONS**

Given the priority accorded to the development of a strategic plan in the deliberation about options, the deliberation about implementation considerations focused primarily on this option. One dialogue participant noted that, while it is important to plan ahead, it is also important to identify what can be done immediately to achieve some visible early wins. On a similar note, another dialogue participant suggested that combining an evaluation of existing programs and services with a gap analysis could help to identify what enhancements could be made without new resources (e.g., by shifting resources from less- to more-effective programs and services), and to identify what cutting-edge approaches need to be introduced or scaled up as resources become available. Two dialogue participants emphasized the importance of taking advantage of the window of opportunity created by transitions at the University administrative level. Several dialogue participants emphasized the importance of using a participatory process to develop the strategy, which for one of these participants meant engaging the front-line, academic and administrative arms of the University, as well as students, their parents and families, and research groups.

### **DELIBERATION ABOUT NEXT STEPS FOR DIFFERENT CONSTITUENCIES**

Dialogue participants had different views about next steps. University leaders tended to argue for the development, appropriate resourcing and implementation of a focused strategic plan, and noted that the timing was ideal given newly appointed (or soon-to-be appointed) administrators at the University would be likely to embrace a coherent, long-term vision. These University leaders agreed that the strategy must be kept short and actionable, contain measurable targets, and allow for flexibility in how different groups achieve the targets. One leader noted that appropriate resourcing was key, and that having a strategy can be key to obtaining funding.

Some front-line health professionals argued for more resources, particularly for students with mental illness (who need access to more counsellors and psychiatrists), while also understanding the need to identify creative ways to meet demands with existing resources (such as using single-session therapy). One professional argued that acquiring more resources was essential, and that arguments about how better addressing student mental health needs could increase retention rates might be persuasive among University leaders. Other dialogue participants argued that there was a need to better connect front-line health professionals to other campus resources, including: 1) academic advisors and other faculty and staff (e.g., by assigning professionals to specific faculties and giving them space to work from within these faculties); 2) Residence Life staff; and 3) researchers (who could offer dedicated targeted research studies to complement the program and service evaluations already being done by mental health service staff).

Student leaders were less focused on a strategic plan and more focused on taking concrete steps in the short- to medium-term, such as better engaging different types of front-line workers, like residence community advisors and peer supporters (within a framework that provides the supervision, training and other supports they need to perform their roles safely and effectively), to help normalize (not medicalize) the mental health issues that inevitably arise during the transition period to university, and stressful episodes during this period. One individual argued for starting such steps at the time of admission. One student leader argued for the creation of a physical space on campus for students to gather to talk about mental health issues without fear of stigma, which another dialogue participant noted may be addressed by the lounge being established by the

Student Wellness Centre. Several student leaders also argued for drawing on the immense lobbying power of students to facilitate change, both at the University level and at provincial and national levels. One student leader gave the example of the introduction of a fall ‘break’ as an example of how students can bring about change. Two dialogue participants suggested that the MSU could, as noted previously, play a larger role (both on its own and by supporting smaller student groups) in creating a more inclusive campus environment and a greater feeling of community.

Several dialogue participants articulated possible principles to guide the next steps: 1) engage students and their families in shaping the vision about what needs to be done and how it should be done, while being attentive to available research evidence and to creating it when it doesn’t exist; and 2) be attentive to when different framings of the challenge are best (and recognize that each frame can be associated with flourishing or languishing). These frames can include: diagnosing and treating mental illness, identifying and addressing mental health issues, improving mental health, and improving the (relational) quality of campus life.



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