



University  
of Windsor

**STUDENT**  
**MENTAL**  
**HEALTH**  
**STRATEGY**



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To the University of Windsor community:

The University of Windsor’s Student Mental Health Steering Committee, co-chaired by Provost and Vice-President, Academic Douglas Kneale and Associate Vice-President, Student Experience Ryan Flannagan, is pleased to present this Student Mental Health Strategy.

The Strategy is the culmination of data collection and consultation with constituencies on campus between 2015 and 2018. We are grateful for the direct and meaningful feedback received from hundreds of students at the University of Windsor. Students have been involved from the ground up in strategy development; in an environmental scan to take the pulse of how the University is currently doing in providing mental health supports and making students aware of them; on the Strategy’s Steering Committee and its working groups; and in responses to the draft recommendations proposed in this Strategy. Students, including the voices of those from diverse backgrounds and circumstances, are joined by staff and faculty stakeholders on campus who are eager to see us build on and improve on the existing work that the University is doing to support students’ mental health.

This Strategy’s intention—guided by this feedback and the best practices recommended nationally for mental health in post-secondary education—is essentially three-fold: 1) to place greater emphasis on promoting student mental health through a range of proactive and preventative mental health and wellness activities; 2) to implement actions to prevent mental illness in students who are at-risk; and 3) to improve upon the University’s existing commitment to counselling services and other direct interventions for students who are struggling with wellness challenges.

Producing the Strategy in its final form was an intense sixteen-month effort. The co-chairs want to thank the faculty, staff, and students who dedicated their time and ideas to this process by serving on the Strategy’s Steering Committee. If the Strategy is successful in helping to improve the wellness of University of Windsor students in the coming years, significant credit must be given to this knowledgeable group, as they collectively played a major role at all stages of the Strategy’s development.

Sincere thanks are also owed to all the University and community domain experts who contributed to the Strategy, including representatives from the School of Social Work, the Faculty of Nursing, the Department of Clinical Psychology, and the Canadian Mental Health Association.

With this Strategy, the University is formalizing its commitment to supporting improved mental health for students—not just during the first five years of the Strategy’s implementation, but over the longer term. On behalf of the Student Mental Health Steering Committee, we present the enclosed document and commit in partnership with the University community to champion the recommendations and the spirit of the University of Windsor’s Student Mental Health Strategy.

Sincerely,

**Douglas Kneale**  
Interim President

**Ryan Flannagan**  
Associate Vice-President, Student Experience



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# INTRODUCTION

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The University of Windsor is driven by a collective commitment to advancing human potential. While such a focus at the post-secondary level often emphasizes academic achievement, innovation, and aspirational career ambitions, the student experience - indeed, the human experience - is much more complex and layered than what can be found on transcripts or a curriculum vitae.

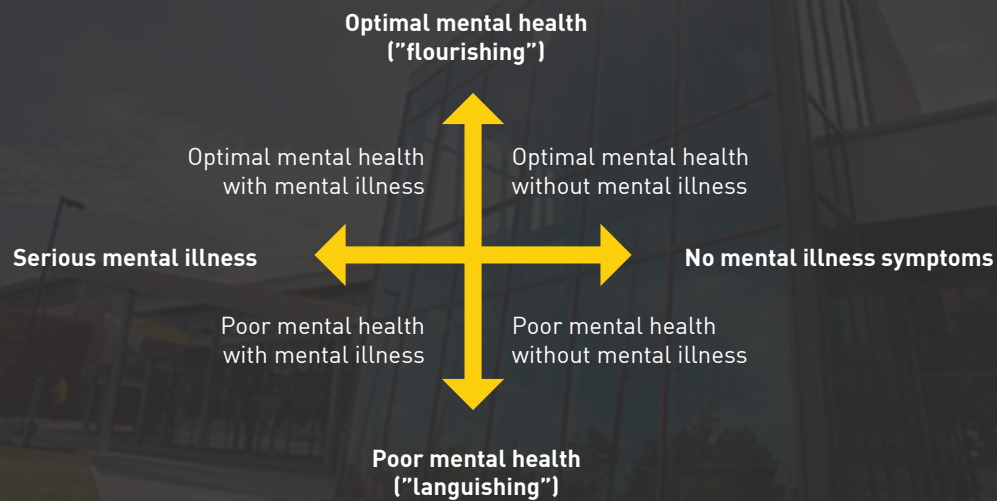


Foundational to all pursuits in both academic and day-to-day life is one’s experience of mental health. According to the Government of Canada (2006), mental health can be defined as “the capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity” (p. 2). Mental health is increasingly recognized as being intricately intertwined with student success, and post-secondary institutions across the country have taken note (MacKean, 2011). In recent years, many universities in Canada have developed strategies to structure their approach to cultivating the mental health and well-being of their students, with an emphasis on creating conditions that foster healthy and resilient campus communities. The University of Windsor began its own journey towards developing a Student Mental Health Strategy in early 2017, and in so doing has drawn inspiration from the above definition of mental health to propel strategic change forward, guide campus conversations, and launch a commitment to nurturing student mental health that is inclusive, holistic, and systemic in scope.

Our multi-campus institution is vibrant and diverse, with over 15,500 students enrolled in 190 undergraduate programs, 65 graduate programs, and six professional programs. International students from nearly 100 countries make up approximately 20% of the population (University of Windsor, n.d.). As of 2017, students ranged in age from 16 to 84 years old (Office of Institutional Analysis, 2017). The University prides itself in being home to individuals from across Canada and around the world who enrich our campus with their diverse array of racial, ethnic, and cultural backgrounds, sexual and gender identities, religious and spiritual beliefs, accessibility needs, and life experiences that coalesce to form the unique and valued identity of each student on campus.

In the midst of our diversity, there are also universal threads that connect us to each other through our shared humanity. Mental health is one such thread, and is fundamental to how we live, learn, and experience the world. Although mental health is often viewed as only relevant to those who are experiencing mental health challenges, Keyes (2002) has proposed a dual continuum model whereby optimal mental health is regarded as an outcome that can be achieved both by those with and without mental illness, and poor mental health can be experienced by anyone regardless of the presence of clinical symptomology (Figure 1). The University of Windsor has aligned the Student Mental Health Strategy’s mission, vision, and guiding principles with this conceptualization and believes in the necessity of taking a campus-wide approach to advancing student mental health and supporting the ability of all students to flourish.

**FIGURE 1:**  
**Dual Continuum Model of Mental Health and Mental Illness**



MacKean, 2011. Adapted from: The Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and Canadian Mental Health Association, Ontario; based on the conceptual work of Corey Keys.



Creating conditions that foster optimal mental health is crucial to maximizing student potential. However, at different points in life many people struggle with mental health in some way. Overwhelming stress, relationship difficulties, trauma, loss, and life transitions are just a few common examples of potential sources of strain that can impact mental health and well-being. Additionally, data suggests that 75% of mental illnesses begin by young adulthood (Kessler et al., 2005), and it has been estimated that approximately 1.3 million Canadians between the ages of 20 and 29 experience a diagnosable mental illness in any given year, the highest prevalence of all age groups (Smetanin et al., 2011) and a key age demographic for post-secondary enrollment. The University is acutely aware of the fact that there are many students on campus who face deeply painful and oftentimes isolating mental health challenges that affect their lives to varying degrees. This suffering is often invisible, silent, and intensified by stigma. While there are many supports that exist on campus and momentum has been building in recent years to reduce stigma and encourage help-seeking, the University of Windsor is determined to do more and to become better for those who are struggling with mental health issues. This Strategy is an instrument for making that happen.

Over the last decade, student services on campus have been noting increases from year to year in the number of students who are seeking mental health support, as well as the complexity and severity of concerns with which they are presenting. For example, the University of Windsor Student Counselling Centre has seen the number of students accessing their services increase from 782 in 2013 to 898 in 2017. Campus Police have also noted a marked increase in mental health and crisis calls over the last several years and in 2016-17, physicians in Student Health Services had 1,754 mental health-related appointments.

This trend is not unique to our campus. University officials from across the country have been expressing profound concern over the number of students who are struggling with significant mental health challenges. In the spring of 2016, the National College Health Assessment survey collected data from close to 44,000 Canadian students at 41 post-secondary institutions. When reflecting on the previous 12 months, 64.5% of respondents reported that they had at some point felt overwhelming anxiety, 44.4% had felt so depressed that it was difficult to function, 13.0% had seriously considered suicide, 8.7% had intentionally injured themselves, and 2.1% - or approximately 900 students - had attempted suicide. One-fifth of respondents had accessed treatment for both anxiety and depression or another combination of at least two mental health diagnoses within the past year (American College Health Association, 2016). There is debate over whether an increased prevalence of mental health difficulties is itself at the root of mounting student mental health concerns, or if there are other factors that have contributed to this trend (MacKean, 2011). However, what is known with certainty is that students are

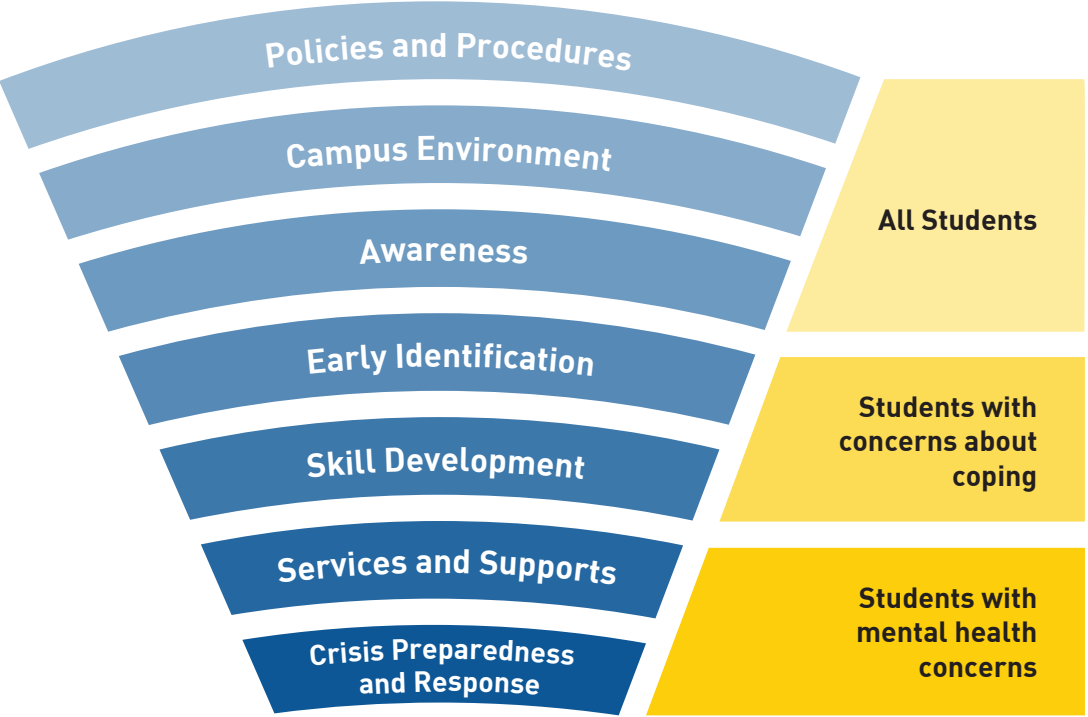


reporting significant mental health issues, and post-secondary institutions are stepping up to acknowledge that this trend matters and that schools have an important part to play in supporting the mental health and well-being of their students.

This stance directly aligns with the values and intentions put forth by recent releases at both provincial and national levels. The Government of Ontario’s long-term mental health and addictions strategy, *Open Minds, Healthy Minds*, was launched in June 2011 and outlined four overarching goals for addressing and preventing mental health concerns, as well as highlighted the critical role that all educational institutions have in supporting student mental health and driving early intervention efforts from kindergarten through to post-secondary. Nationally, the Mental Health Commission of Canada released the country’s first mental health strategy in May 2012. *Changing Directions, Changing Lives* is a comprehensive commitment to better meeting the diverse mental health needs of all Canadians, with an emphasis on prevention, recovery, and cultural sensitivity.

Most significant to post-secondary students is a landmark document released by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA) in 2013 entitled *Post-Secondary Student Mental Health: Guide to a Systemic Approach*. This guide is the product of a three-year national collaboration that brought together students, professionals, and post-secondary representatives from across the country to develop a set of best practices for building thriving campus communities and supporting student mental health needs. The Guide presents post-secondary institutions with a systems-based framework for structuring their efforts and promotes adopting a whole-campus approach to fostering student mental health, with best practices ranging from a focus on policies and procedures all the way through to supporting the individual student in crisis (**Figure 2**). This framework has served as the backbone for the development of the University of Windsor’s Student Mental Health Strategy, and as a result, national best practices for advancing post-secondary student mental health are ingrained in the recommendations developed for our campus.

FIGURE 2



Canadian Association of College & University Student Services and Canadian Mental Health Association. (2013). *Post-secondary student mental health: Guide to a systemic approach*. Vancouver, BC: Author.

# CAMPUS SNAPSHOT

Maclean’s 2017 annual student satisfaction rankings placed the University of Windsor third out of 15 schools in the domain of mental health services, an encouraging data point when assessing student satisfaction with mental health support, albeit with some room for improvement. A campus environmental scan undertaken by the University in the summer of 2017 highlighted a significant number of mental health initiatives and services available to students.

A variety of critical supports were identified, including:

- Professional counselling, assessment, and crisis intervention provided by registered psychologists and psychotherapists through the Student Counselling Centre, with several therapists embedded in faculties across campus. Clinical psychology graduate students also provide counselling and assessment through the Psychological Services and Research Centre;
- Access to physicians, nurses, and a part-time psychiatrist in Student Health Services;
- An Elder-in-Residence who offers alternative holistic wellness counselling through the Faculty of Law;
- A multidisciplinary Assessment and Care Team (ACT) responsible for intervening and coordinating resources for students who are in distress or exhibiting behaviours of concern. This team includes a Student Support Officer who provides case management services;
- Two Advisors in Student Accessibility Services who are specialized in facilitating psychiatric accommodations;
- A Sexual Misconduct Response and Prevention Officer who provides instrumental and psychosocial support to members of the campus community who have experienced recent or historical sexual violence;
- Peer counselling offered by trained students through the Peer Support Centre; and
- Campus promotion of other mental health supports, including Good2Talk, a provincial student helpline staffed by professional counsellors.







**Additional mental health initiatives included the following:**

- Institutional policies and procedures relating to academic accommodations, sexual misconduct, and behaviour intervention and support, including an online Care Alert form for bringing students in distress to the attention of the Assessment and Care Team;
- Training opportunities for the campus community on topics such as suicide prevention, mental health awareness, identifying and referring students in distress, and responding to disclosures of sexual violence;
- Campus-wide participation in a variety of mental health awareness campaigns, including Bell Let's Talk, Suicide Prevention Day/Week, and Eating Disorders Awareness Week;
- A significant number of faculty-specific initiatives geared towards raising mental health awareness, reducing stigma, sharing resources, and supporting students; and
- Student-led awareness initiatives and mental health groups, including a campus chapter of Jack.org.

The University of Windsor has committed to further bolstering mental health resources available to students in the upcoming years, and from the time this environmental scan was conducted less than one year ago, several investments have already been made. These include the hiring of new additional full-time and part-time therapists and a new part-time Wellness Coordinator in the Student Counselling Centre, as well as the launch of keep.meSAFE, a telephone, app, and web-based support service that provides culturally sensitive, multilingual professional counselling to international and exchange students. Although these advancements are encouraging, more progress is necessary.

The University of Windsor Student Mental Health Strategy was not established to merely mark a place in institutional history, nor was it crafted for passive consumption. Rather, these pages set out to provide an actionable framework for building our best future together – a future that is guided by national best practices and rooted in a robust capacity to ensure the development of a caring, compassionate, and connected community. The values and goals of this Strategy are meant to be lived out loud, integrated into day-to-day discourse, and situated at the forefront of University operations and decision-making. It is a campus-wide call to action that necessitates buy-in at all levels and summons each member of the University community to become dynamically involved in creating change. Mental health is pivotal to student well-being and success, and the University of Windsor is committed to upholding the crucial role it plays in scaffolding a culture of caring and compassion, providing a range of high-quality mental health and wellness supports, and creating conditions for students to flourish.

# STRATEGY DEVELOPMENT OVERVIEW & METHODOLOGY

PRELIMINARY  
WORK

FALL 2015/  
WINTER 2016

- Student & Employee Campus Survey

PROJECT  
LAUNCH

SPRING 2017

- Steering Committee Struck
- Mission, Vision, Guiding Principles Developed
- Three Student Researchers Hired

PHASE  
ONE

SUMMER 2017

- External Strategy Review
- Campus Environmental Scan
- Working Group Formation & Recommendation Development

PHASE  
TWO

FALL 2017

- Student Focus Groups, Student Survey, & Student Union Consultation

FINALIZATION

WINTER/  
SPRING 2018

- Recommendation Selection Subcommittee Struck
- Top Recommendations Put Forth to Steering Committee
- Recommendations Finalized

STRATEGY  
LAUNCH

SUMMER 2018

- Draft Strategy Released for Community Feedback
- Final Strategy Presented to the President and Vice-Chancellor
- Strategy Launched on Campus

# 2

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In the 2015-2016 academic year, a detailed survey was conducted at the University of Windsor to assess strengths and gaps around the mental health supports and initiatives available on campus (Beg & Mullen, 2016). This campus-wide survey was distributed to all employees and students, and asked about the need for more mental health resources, personal knowledge of resources, perceived student awareness of resources, interest in mental health training, and suggestions for new mental health initiatives on campus. A total of 700 employees and 2,128 students responded, and data collected formed key background that eventually launched the development of the Student Mental Health Strategy.

A Student Mental Health Strategy Steering Committee was struck in spring 2017 to provide project oversight and establish a forum for dialogue and collaborative decision-making. The Committee was co-chaired by the University’s Provost and Vice-President, Academic and the Associate Vice-President, Student Experience. Members included administration, student service directors, faculty, staff, mental health professionals, student researchers, student representatives, and a community partner from the Canadian Mental Health Association. Their work commenced with the creation of a mission statement, vision, and guiding set of principles that would structure the development of the University’s proposed Strategy. The Steering Committee approved the following language to serve as the theoretical and practical pillars that guide and inform Strategy priorities.

### MISSION STATEMENT

The purpose of the University of Windsor Student Mental Health Strategy is to foster a thriving University community that actively promotes mental well-being and supports students to flourish in both their personal and academic lives.

### VISION

The University of Windsor is a caring, compassionate and connected community where mental well-being is interwoven into everything we do, open conversations about mental health take place, supports are visible and readily available, and students are empowered to care for themselves and each other.

### GUIDING PRINCIPLES

- 1) **Accessibility and Diversity:** We provide mental health services and supports that are visible, barrier-free, non-judgmental, inclusive and equitable.
- 2) **Empathy and Compassion:** We enhance every student’s sense of belonging by infusing empathy, compassion and respect into everything we do.
- 3) **Empowerment:** We build capacity, develop resiliency and empower all members of the campus community to take an active role in building awareness, eliminating stigma and managing mental health issues.
- 4) **Engagement:** We actively engage students, faculty and staff to establish meaningful collaborations, proactively address needs, build capacity and share ideas.
- 5) **Responsive:** We provide relevant and responsive services that are grounded in best practice, and are fluid and dynamic in meeting the mental health needs of students.
- 6) **Shared Responsibility:** We share the responsibility for creating the campus conditions that support student success and promote mental well-being.



### A STUDENT-CENTRED METHODOLOGY

The University of Windsor’s Student Mental Health Strategy is founded on best practices and campus-centered applied research. It is the culmination of more than a year’s worth of dedicated work and collaboration between many individuals from across the University and community partners who contributed their passion and expertise to building the recommendations in this document. In line with the values espoused in the CACUSS/CMHA guide to best practices, the University made it a priority to ensure that students were directly and meaningfully involved at every stage of the Strategy’s development.

Following the formation of the Steering Committee, three senior-level students were hired to drive the research process that would feed the development and finalization of recommendations for the Strategy. This research team was lead by the University’s Associate Vice-President, Student Experience and the Director of the Student Counselling Centre. The student researchers conducted two phases of research: Phase One involved foundational information gathering for recommendation development during the summer months, and Phase Two emphasized student-centered data collection during the Fall semester. The University of Windsor Research Ethics Board designated this project exempt from ethical review, as it was deemed a quality improvement process.



## PHASE ONE RESEARCH

The research process began with a review of Strategies that have been released at other Universities across Canada and the United States in order to explore what other schools are doing and to identify common recommendations and practices. The student researchers also spent two months conducting an environmental scan on campus to explore current services, initiatives, strengths, gaps, and needs. This scan included general observations and online research, as well as in-depth interviews with administration, faculty, staff, student service directors, mental health and medical professionals, students, and community partners. A total of 26 interviews were conducted with campus stakeholders, and 9 interviews were conducted with community stakeholders. A general student focus group was also held to gather initial insights. Interview and focus group questions were developed based on topics relating to CACUSS best practices and were selectively chosen for what would be most relevant for each stakeholder.

Six working groups convened to develop recommendations based on the findings of this research for each of the CACUSS mental health framework domains outlined in Figure 2 (Services & Supports and Crisis Preparedness & Response were merged to form one group). Representatives from the Steering Committee led the groups, which consisted of faculty, service directors, staff, mental health professionals, and students. Each student researcher was assigned to two working groups and tasked with presenting relevant data from the external strategy review and campus environmental scan to their teams. They also helped to guide research-driven discussions around recommendation development. Based on these conversations, working groups crafted a collection of recommendations for their respective CACUSS domain that reflected both national best practices and campus needs identified in the first round of data collection. Over 130 preliminary recommendations were presented to the Steering Committee in late August 2017.

In order to streamline recommendations, adjust for overlap between working groups, and prepare a reasonable number to present to students in Phase Two of the research process, the research team met several times to distill recommendations down to approximately 80. Much of the reduction involved merging similar concepts into single recommendations and simplifying those that were more complex.



## PHASE TWO RESEARCH

The second phase of research was focused entirely on gathering student feedback and collecting additional data to help finalize the selection of recommendations that would be included in the official Strategy document. This phase consisted of three components: three student focus groups, a student survey, and a feedback gathering session with student union representatives.

A key priority for data collection was to meet with students from specific populations in order to ensure that their voices were well-integrated into the Strategy. Three focus groups were held in late Fall 2017 with students who self-identified with one or more of the following criteria: members of the LGBTQ+ community, students who have experienced mental health challenges, Indigenous students, international students, and students living in residence. Many other demographics were also represented among those who participated, including students of diverse racial and ethnic backgrounds. A total of 29 students took part. Each focus group was asked a series of structured questions aimed at collecting general information for the purposes of Strategy development. Questions were not asked about personal mental health experiences. Sessions were facilitated by two student researchers (one Peer Counsellor and one fourth-year Social Work student) and up to two fourth-year Nursing students who were completing a placement with the Student Counselling Centre.

In order to assess priorities for Strategy recommendations with the general student population, the research team developed an online survey that asked students to rank each of the recommendations within a particular domain based on the ideas that they found most meaningful. Qualitative feedback, suggestions, and new ideas were also sought. Prior to launching, the survey was reviewed by three members of the Steering Committee, several student employees, and over half of the students who participated in the focus groups. Based on feedback, minor adjustments were made and survey content was split into two separate versions to assist with brevity. Surveys were then distributed equally to students across campus in December 2017. A total of 750 students responded. Ranking data was analyzed based on the number of times each recommendation was prioritized within the top three spots, and qualitative data was thematically analyzed along with the data collected through Phase Two student focus groups.

Later that month, a meeting was held with members of campus student unions to provide an overview of Strategy work completed to date and seek feedback on preliminary recommendations. A total of four representatives attended.

Combined data analyses from all three Phase Two initiatives were developed into a report that was presented to the Steering Committee in January 2018.





## STRATEGY FINALIZATION

# 3

In February 2018, a subcommittee convened to begin discussions that would eventually lead to the selection of final recommendations for the Strategy. The thirteen-member group was chaired by the Associate Vice-President, Student Experience and included administration, faculty, student service directors, staff, students and a CMHA representative from the Steering Committee as well as three additional faculty members. Discussions spanned a total of ten hours over five meetings, and took into consideration national best practices, overarching research themes, student priorities, and projected availability of resources. A total of 43 recommendations were selected and brought to the Steering Committee in May 2018 for final discussion and approval. From there, 39 recommendations were put forth by the Steering Committee for inclusion in the University of Windsor's new Student Mental Health Strategy.

Finally, prior to its official release, a draft of the Strategy was posted online to procure campus and community feedback. A survey was developed for feedback submission and remained active for a total of ten days. The opportunity was promoted in a variety of ways, including an article in the University's Daily News, posts on social media feeds, and direct emails to key stakeholders. Eleven responses were received through the survey, along with a few additional emails sent directly to the research team. No major changes were brought forth. Minor adjustments were made based on feedback received and are now reflected in this document.





# KEY THEMES

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As work began to develop the Strategy, it became clear at several points that certain issues or themes were coming forward with enough regularity that the University determined these themes needed to be incorporated into the Strategy’s implementation. While not recommendations themselves, the themes outlined below should be at the forefront of the reader’s mind when reviewing the remainder of this document, as it is the intent of the Steering Committee for these themes to inform and underpin the operationalization of the recommendations that follow.



Priority themes that the Steering Committee wishes to identify include:

**RESILIENCE**

In recent years there has been no shortage of research around post-secondary students and resiliency. Resilience is a key building block for optimal mental health and flourishing, and is defined as one’s ability to “bounce back” from challenges or hardship (American Psychological Association, 2018). It is skill-based and influenced by a host of factors, including the presence of supportive relationships and the impact of one’s immediate environment (APA, 2018; Nwiran & Fontane Pennock, 2017). Research strongly suggests that communities within post-secondary institutions can play important roles, both formally and informally, in helping students to maintain, enhance or develop the skills they need to be resilient. In developing this Strategy, the University of Windsor felt it was imperative to foster a system of support that featured elements of building individual strengths and capacities that enable students themselves to recognize and take ownership of their own wellness.

**INDIGENOUS STUDENTS**

Post-secondary institutions across Canada are giving consideration to the recommendations outlined in the *Truth and Reconciliation Commission of Canada: Call to Action*. The University of Windsor has taken several important steps in support of this reconciliation journey including an acknowledgement of the University resting on Indigenous ancestral lands, the opening of Turtle Island Walk, and the hiring of five Indigenous Scholars. While the effort of reconciliation stands to be a long and challenging journey that endeavours towards success and hope, it will remain imperative for the University to give consistent and appropriate consideration to the role that this Strategy can play to support the wellness of Indigenous students.

**WELLNESS PROMOTION**

In order for this Strategy to achieve its intended impact, it is imperative for the University to adopt a holistic and proactive approach to fostering optimal student mental health. Wellness promotion is fundamental to building the skills, knowledge, and internal resources that students need to thrive during their time on campus and in all other aspects of their lives. To truly meet the needs of students, it is essential to invest in both the provision of direct support services for those experiencing psychosocial challenges, as well as to proactively provide all students with tools to continually nurture their mental health and well-being. An enhanced approach to wellness promotion will allow the University to extend attention and resources upstream to cultivate student resilience and flourishing.

**SUICIDE PREVENTION**

It will always be the case that the University of Windsor treats the possibility of suicide as the most serious of matters. Like most universities in Ontario, the University of Windsor has implemented a range of programs, protocols and initiatives over the past five years to address the risk of student suicide. These efforts include: the creation of the Assessment and Care Team; the creation of the Behavioural Intervention Policy; University-wide suicide prevention training; the creation of a Student Support Officer position; and the support of many different mental health related awareness groups or campaigns, including an on-campus chapter for Jack.org. Suicide prevention will remain at the forefront of the University’s efforts to address student mental health.

**CAMPUSES**

In recent years, the University of Windsor has become a multi-campus university. These new buildings have been exciting developments for the University. However, new buildings apart from the main campus have also offered new challenges. As the recommendations of this Strategy are implemented, the University understands that consideration must be given to the new downtown campus and the students who study, attend classes, and conduct research in these locations.

**PARTNERSHIPS**

The University recognizes the importance of collaboration in meeting the wellness needs of students and acknowledges that there are many groups and organizations both on campus and off that will be critical to the Strategy’s implementation. In many cases, these groups are already partners with the University and have a mutual understanding, shared values, and mission that guide collaborative efforts to support student success inside and outside the classroom. This includes relationships with the University of Windsor Faculty Association, Unifor Local 195, Unifor Local 2458, CUPE Local 1393, and CUPE Local 4580.

Off campus, the University recognizes that it must maintain and in some cases enhance relationships with key community partners who support our students with their own services, and when possible, have these organizations come to campus to increase the availability of services that would not otherwise exist. Such organizations include the Canadian Mental Health Association (Windsor Chapter), Windsor Regional Hospital, and the Bulimia Anorexia Nervosa Association (BANA), among others.

**ONE STRATEGY, MANY LENSES**

Given the impact of intersectionality on mental health, it is imperative that the Strategy’s implementation efforts remain conscious and supportive of the unique constellation of identities experienced by each student on campus. And while the Guiding Principles of the Student Mental Health Strategy speak directly to the considerations of accessibility and diversity, it will remain vital to be mindful that student identities are layered and complex and that such complexities should be borne out in the operationalization of the following recommendations.







# RECOMMENDATIONS

5

The recommendations that follow will be prioritized and carried out over the next five years. Achievement targets are divided into **short-term** goals (one to two years) and **mid-term** goals (three to five years). Some recommendations also include **aspirational** items that are longer-term ideals (five years or more) and are subject to the availability of resources.

The Student Mental Health Strategy Steering Committee reviewed and approved the following recommendations on May 22, 2018, prior to its approval by the University's President and Vice-Chancellor.





IMPLEMENTATION AND ACCOUNTABILITY

In the first recommendation of the Strategy, there is the call to establish an Implementation Committee that will guide and support the operationalization of the University of Windsor Student Mental Health Strategy. This Committee, which may include members of the Steering Committee, will perform several critical functions. First, the Implementation Committee will be responsible for taking an active role towards ensuring the recommendations in this document are implemented to the best abilities of the University. Second, the Implementation Committee will be responsible for designing and approving an annual report that informs the University community about progress made on the Strategy. This report will help to benchmark the University’s efforts from year to year. Finally, the Implementation Committee will take a leadership role in designing any assessments or evaluations that take place regarding the Strategy over its five-year life cycle.

As the Associate Vice-President, Student Experience and members of the Student Experience portfolio will have an operational lead in designing and delivering many of the Strategy’s recommendations, the Associate Vice-President, Student Experience will not chair the Implementation Committee. Leadership of the Implementation Committee will be held by another senior University administrator and the Committee itself will be made up of student, faculty, staff and community agency representatives.



RESOURCES

The Student Mental Health Strategy Steering Committee recognizes that many of the recommendations included in this document require resources to be accomplished. In drafting this document and by making it public under the signature of its President, the University of Windsor acknowledges that resources will be needed to support this Strategy, and that as an institution committed to student success, it will make consistent and best efforts to support the achievement of the programs and initiatives that are called for in this important document over the next five years and beyond.

RECOMMENDATIONS  
DOMAIN: POLICIES AND PROCEDURES

REC. NO.	RECOMMENDATION DESCRIPTION	TIMING
1	Establish an Implementation Committee to monitor and support the achievement of Strategy recommendations, provide a yearly report on progress, and guide an overall evaluation to assess Strategy accomplishments.	Short-term and ongoing
2	Request the Academic Policy Committee of Senate to establish a subcommittee, to include knowledgeable representatives from student mental health services and student advising, with a mandate to explore current policies and practices as they relate to student mental health, and where deemed appropriate, develop updated policies, practices and make recommendations to ensure that there is a balance between academic fairness and compassion.	Short-term
3	Implement a process whereby it is mandatory for all faculties to include highly visible mental health information and resources on every course outline and Blackboard site.	Short-term and ongoing
4	Develop a process to ensure that students who are not on main campus (e.g., downtown campus, distance education, exchange) have access to mental health supports and resources. Where cost is prohibitive, explore innovative options for achieving this recommendation.	Short-term and ongoing
5	Over each of the five upcoming years, have at least one student service unit (e.g., Office of the Registrar, Cashier’s Office, etc.) undergo a process of evaluating its policies and procedures to ensure that they are supportive of student mental health and align with the values and mission of the Student Mental Health Strategy. Results of this process will be formally reported to Student Mental Health Strategy Implementation Committee (see recommendation #1)	Short-term and ongoing
6	Have the Office of the Registrar in collaboration with other units, including the Office of Human Rights, Equity and Accessibility examine best practices and explore how to best implement a system that will allow students to identify their preferred names and pronouns.	Medium-term
7	Ensure the University of Windsor is participating in data collection exercises (e.g., National College Health Assessment) that will allow for institutional benchmarks and assessment of student wellness status against other universities.	Short-term and ongoing
8	Open up existing spaces across the University for student use after hours, make spaces that are available to students more attractive and welcoming, and create new spaces for students, with priority given to the CAW Student Centre.	Medium-term

DOMAIN: CAMPUS ENVIRONMENT

REC. NO.	RECOMMENDATION DESCRIPTION	TIMING
9	Create a central Student Wellness Centre that incorporates the Student Counselling Centre, Student Health Services, the Peer Support Centre, etc. to provide access to services that support physical and mental health in one location. Ensure that the hub and spoke model in Student Counselling is sustained by continuing to provide embedded therapists to departments in need, and that space is allotted for community partners to provide a regular rotation of services on campus, including group therapy and other specialized programs.	Medium-term
10	Develop a more robust and coordinated UWindsor online mental health presence (e.g., online newsletter with mental health topics, counsellor profiles, record videos with mental health information/FAQ, myMentalHealth tab on uwindsor website/Blackboard/myuwindsor, etc.). When carrying out this work, explore the online resources of other post-secondary institutions and consider the University of Calgary’s website as a potential template for inspiration.	Short-term
11	Ensure Turtle Island (Aboriginal Education Centre) has appropriate space with enclosed offices to effectively and privately support Indigenous students in need of support and to deliver other wellness and cultural programming. The ability to conduct smudging ceremonies in this space would be ideal.	Short-term



RECOMMENDATIONS

DOMAIN: AWARENESS

REC. NO.	RECOMMENDATION DESCRIPTION	TIMING
12	Prioritize raising mental health awareness and skill building among first-year students in the first months of their degree. Increase the presence of mental health content in orientation programing (e.g., Welcome Week, Head Start) and ensure that outreach extends beyond the initial first week of the semester and into the academic year.	Medium-term and ongoing
13	Likewise, implement similar orientation initiatives for students who may not be reached by these efforts, such as transfer students, graduate students, mature students, and international students.	Medium-term and ongoing
14	Develop a comprehensive annual campaign series to raise mental health awareness among all students, staff, and faculty, with an emphasis on increasing mental health literacy and knowledge of resources that exist on campus and in the community to support student mental health and wellness. Establish campaign with key constituencies across campus and promulgate plan widely for awareness and accountability purposes.	Short-term and ongoing
15	Develop an inclusive, on-going anti-stigma initiative that strives to increase sensitivity, respect, and compassion among students, staff, and faculty for student mental health concerns. Ensure that the focus of these efforts is local, relatable, contact-based, and highlights the diverse lived experiences and strengths of those who have experienced mental health challenges. Establish campaign with key constituencies across campus and circulate the plan widely for awareness and accountability purposes.	Medium-term
16	Build knowledge, skills, and sensitivity among UWindsor faculty and staff around the requirements and support needed for the University’s accommodation process, as well as the responsibilities that are placed on faculty, staff, and the University in this domain through legal and human rights obligations.	Medium-term and ongoing
17	Hire a full-time professional Wellness Coordinator to provide outreach and wellness initiatives, including enhanced volunteer opportunities for students. Provide position with resources to develop and implement robust programming.	Short-term
18	Encourage faculty to display a slide(s) or video with mental health and crisis resources at the beginning of the term. Offer a complimentary collection of both campus-specific and general resources for faculty to post on Blackboard (e.g., slides, videos).	Medium-term and ongoing

DOMAIN: EARLY IDENTIFICATION

REC. NO.	RECOMMENDATION DESCRIPTION	TIMING
19	Implement mandatory occasional training on mental health and suicide prevention for all faculty and staff, with particular priority for front line student support staff (e.g., Student Accessibility Services, Student Health Services, Academic Advisors, Librarians, Residence Staff, etc.). Include training on how to work sensitively with the mental health needs of diverse groups (e.g. LGBTQ+, Indigenous, international students), and explore options for effective marketing, incentivizing, and maximizing training uptake.	Medium-term
20	Implement a continuum of mental health training for all student staff (including Graduate Assistants and Teaching Assistants) and any students who are in potential support, leadership, or mentorship roles, with those more likely to encounter disclosures receiving the highest level of training. Work with the three student unions (UWSA, OPUS, and GSS) to implement training for their student leaders and volunteers.	Medium-term and ongoing
21	Hire a designated Case Manager within the Assessment and Care Team to better address the growing caseload and to increase this team’s capacity for supporting students in need. Ensure that the campus community is aware that this resource exists, and provide education on how and when to make referrals.	Aspirational

DOMAIN: SKILL DEVELOPMENT

REC. NO.	RECOMMENDATION DESCRIPTION	TIMING
22	Expand current online mental health content and initiate new innovative approaches that allow students to engage with material or tools independently to develop their own skills/resiliency and better manage their wellness.	Short-term
23	Explore and develop new and innovate peer-to-peer models aimed at building resilience and capacity within the student population (e.g. wellness workshops similar to STEPS).	Medium-term and ongoing
24	Develop an elective resiliency-based course and encourage faculties to consider making it part of their degree programs.	Medium-term and ongoing
25	Increase mental health and resiliency outreach to high schools and consider working with guidance counsellors to identify what they need to help them support their students in transitioning to university. Enhance existing university transition programs for all incoming students (e.g., high school students, university and college transfers, etc.) and ensure that there is a stronger emphasis on resiliency/wellness and that students are better informed on how they can support themselves and access the support they need on campus. For both outreach and transition programming, give consideration to prioritizing an Indigenous-focused program.	Medium-term and ongoing
26	Implement a process that will provide readily available information about student mental health and on-campus resources to parents both electronically and during Spring and Fall open houses and other orientation events in order to assist them in best supporting their student(s).	Medium-term and ongoing

DOMAIN: SERVICES AND SUPPORTS

REC. NO.	RECOMMENDATION DESCRIPTION	TIMING
27	Consider the creation of a position in the Student Counselling Centre that operates both as reception (e.g. scheduling appointments, etc.) and has the training to effectively triage students for the support they need beyond or in advance of counselling (e.g., skill building apps, the Peer Support Centre, workshops on and off campus, etc.).	Aspirational
28	Explore innovative approaches for supporting students as they take their first steps to seek services at the Student Counselling Centre. Work to increase ease of access to appointment scheduling, reduce uncertainty around what to expect, include photos and biographies of therapists on website, and strive to champion a safe, warm, and welcoming experience from the moment students walk through the door. The intake process should give consideration to other services or opportunities available, including Peer Support Centre, online supports, and off campus resources when Counsellor access is delayed.	Medium-term
29	Prompt access to mental health care is important. Experiment with operational times in the Student Counselling Centre and Student Health Services to better meet the needs of students (e.g., offering evening appointments and/or walk-in appointments, particularly during high demand periods).	Short-term
30	Investigate options for increasing availability of broader mental health supports after hours (e.g., increased training for Campus Community Police, options for crisis lines, training for student medical response services). As well, explore the possibility of offering online mental health supports, live chat, tele-counselling, etc. over and above those services that exist in the province of Ontario.	Medium-term and ongoing
31	Ensure that the Student Counselling Centre has an appropriate number of full time counsellors/ clinical therapists/psychologists to meet the needs of students.	Ongoing and aspirational
32	Expand counselling resources in faculties and satellite areas (e.g., provide counselling in the International Student Centre, downtown campus, etc.)	Aspirational



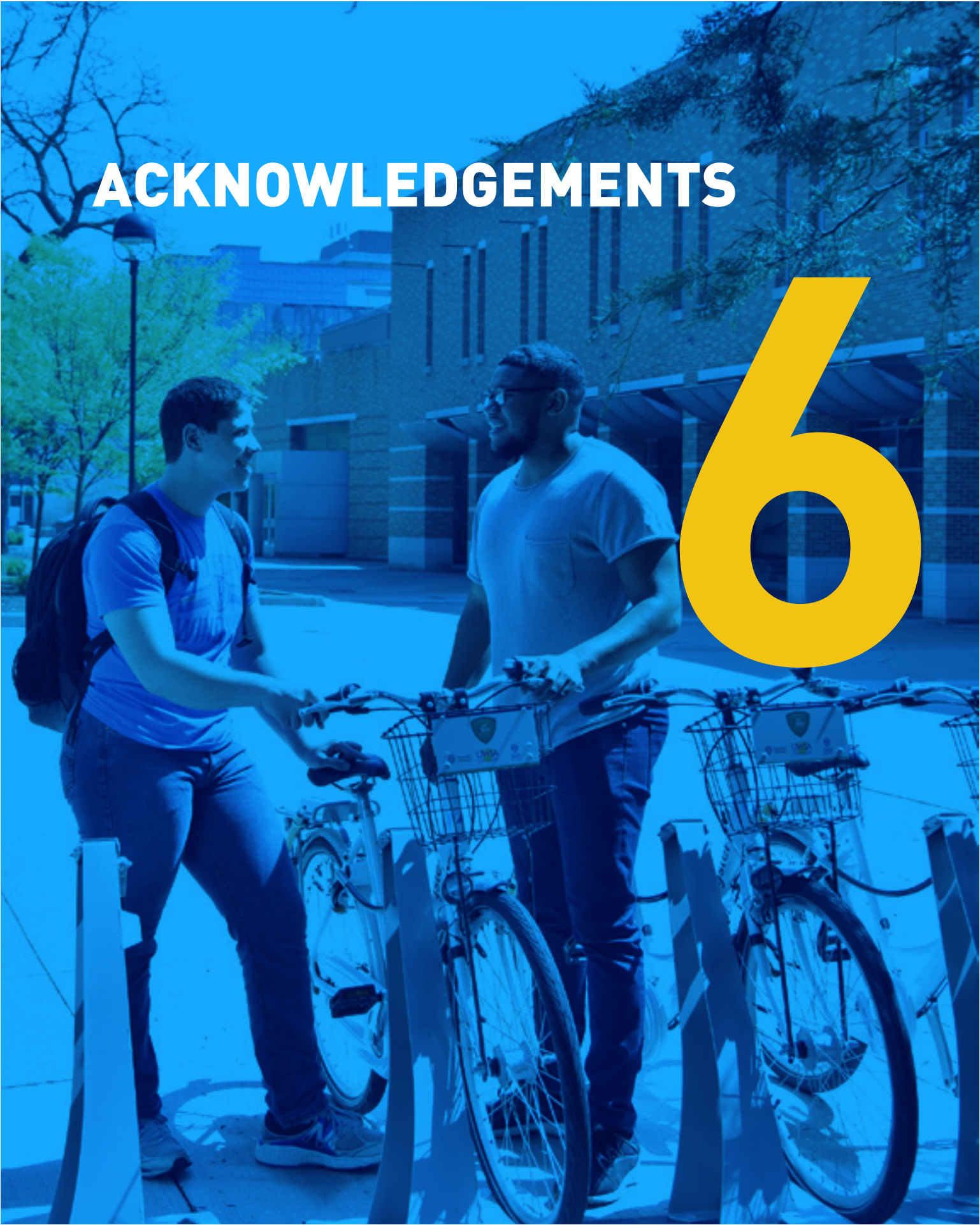
RECOMMENDATIONS

DOMAIN: SERVICES AND SUPPORTS CONTINUED

REC. NO.	RECOMMENDATION DESCRIPTION	TIMING
33	Ensure that Student Counselling Centre staff and Student Health Services staff have access to adequate training and professional development that will allow for the provision of specific treatments for specific disorders and populations, particularly marginalized ones. Service and treatment should also strive to be culturally appropriate. In recognition of the Truth and Reconciliation Commission, the University's efforts to attract more Indigenous students and its recent efforts to Indigenize various curricula, emphasis should be placed on services for Indigenous students and connecting with health resources off campus that support Indigenous people.	Short-term and ongoing
34	Monitor need for psychiatric services and consider increasing assessment and referral capacity (e.g., a psychiatric nurse) to improve access to community based resources.	Short-term and ongoing
35	Implement a network of mental health, medical, and paraprofessionals such that they can regularly discuss the effective provision of mental health services on the University of Windsor campus and talk about emerging best practices. Ensure such conversations include representatives from marginalized groups and community-based partners and allies.	Aspirational
36	Establish meaningful and effective relationships with, and create awareness of, community agencies (e.g., Bulimia Anorexia Nervosa Association, Sexual Assault Crisis Centre, etc.) that support student mental health. Explore opportunities to permit these agencies to offer services on campus.	Medium-term and ongoing

DOMAIN: CRISIS PREPAREDNESS AND RESPONSE

REC. NO.	RECOMMENDATION DESCRIPTION	TIMING
37	Ensure that staff and faculty who are the most likely to encounter at-risk students or students in crisis (e.g., Sexual Misconduct Response and Prevention Officer, Student Support Officer, Associate Deans, Residence Staff, Librarians, etc.) have appropriate higher-level training.	Medium-term and ongoing
38	Make investments in processes, services, and training to ensure that University employees have access to debriefing after they handle a traumatic or difficult situation. Offer appropriate training and supports for employees who are at risk for experiencing compassion fatigue and vicarious trauma.	Medium-term and ongoing
39	Develop campus-wide crisis management protocols to accurately assess crisis situations and intervene with the help of key on-campus stakeholders. Any plan should designate a team or individual to lead the University's response. This team should meet at least once per year to ensure effective connections, roles and responsibilities and discuss and reconfirm protocols.	Short-term and ongoing





This Strategy is the product of an extensive and multi-layered collaboration process involving stakeholders from across campus and the broader community. The Steering Committee would like to acknowledge and express deep gratitude to the following individuals for the time, effort, passion, and expertise they have contributed to the development of this project.

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# MENTAL HEALTH RESOURCES

## ON-CAMPUS RESOURCES

### Student Counselling Centre

Free, confidential counselling provided by professional therapists.

CAW Student Centre

Room 293 Monday-Friday:

8:30 am-4:30 pm

519-253-3000 ext. 4616

[www.uwindsor.ca/scc](http://www.uwindsor.ca/scc)

[scc@uwindsor.ca](mailto:scc@uwindsor.ca)



### Peer Support Centre

A safe, inclusive space that provides free, confidential peer counselling by trained University of Windsor student volunteers.

CAW Student Centre Room 291

Monday-Friday: 10:00 am-8:00 pm

Fall & Winter semesters only.

[www.uwsa.ca/uwsaservices/peer-support-centre](http://www.uwsa.ca/uwsaservices/peer-support-centre)

[pssc@uwindsor.ca](mailto:pssc@uwindsor.ca)

### Student Health Services

Confidential healthcare for University of Windsor students provided by a team of physicians and nurses.

CAW Student Centre Room 242

Monday-Friday: 9:00 am-5:00 pm

(Friday closed 1:00-2:00 pm)

519-973-7002

[www.uwindsor.ca/health](http://www.uwindsor.ca/health)

## 24-HR SUPPORT

### Good2Talk

(provincial telephone service)

Free, anonymous, confidential 24/7 helpline for Ontario post-secondary students.

1-866-925-5454,

[www.good2talk.ca](http://www.good2talk.ca)



### 'My SSP' App: Keep.me SAFE

Text or call counsellors in over 30 different languages. \*For International and exchange students only. Free, confidential, 24/7 support 1-844-451-9700

[www.keepmesafe.org](http://www.keepmesafe.org)



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