

Okanagan Mental Health and Well-being Task Force

Immediate & Short-term Recommendations

August 2021

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The Okanagan Mental Health & Well-being Task Force

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Background and Introduction

Development and Background of the Task Force

In the fall of 2020, the Virtual Learning Task Force led by Deans Dr. Ishwar Puri (Engineering) and Dr. Jeremiah Hurley (Social Sciences), made an early recommendation to the Provost, the President and Vice-Presidents (PVP), that mental health issues arising in the context of the COVID-19 pandemic and in the virtual learning environment needed to be quickly considered and addressed.

In response to this recommendation, the Provost, Dr. Susan Tighe, tasked the McMaster Okanagan Committee, chaired by Vice-President & Dean Faculty of Health Sciences Paul O'Byrne, to consider mental health issues facing McMaster students, faculty and staff in the pandemic and beyond.

Dr. O'Byrne appointed Dr. Catharine Munn to chair the Task Force to address these issues, subsequently named the Okanagan Mental Health and Well-being Task Force. Dr. Munn appointed two co-chairs, Drs. Nick Kates and Sandra Moll.

From the outset, the task force chairs recognized that in order to tackle the issues strategically and comprehensively, within and beyond the pandemic, it would be important to consider and make recommendations in two key intersecting areas:

- **Individual Mental Health and Well-being Considerations:**
The task force sought to understand the issues facing individual (and groups of) students, staff and faculty and to make recommendations regarding how best to promote mental health and well-being, prevent mental health problems and disorders from arising or worsening, and intervene to address them when they do arise, consistent with the university context and mandate.
- **Systemic Psychological Health and Safety Considerations:**
The task force sought to understand the ways in which the university environment is influencing student, staff and faculty mental health and well-being, positively and negatively. This builds on the premise that the university, as both a school and a workplace, plays an important part in helping to maintain and protect mental health and well-being, yet it can also contribute to or exacerbate the problems which students, staff, and faculty encounter. Increasingly, it is understood that workplaces and schools must attend not only to physical health and safety but to psychological (mental, emotional) health and safety as well.

McMaster signed on to the Okanagan Charter¹ in 2017, as one of the first Ontario universities, and the McMaster Okanagan Committee² was formed in 2018 to promote the Okanagan Charter, which was the outcome of the 2015 International Conference on Health Promoting Universities and Colleges³ held in the Okanagan region of BC. The purpose of the Charter is to guide and inspire higher education institutions to promote the importance of health and well-being. The Okanagan Committee and office is the only current office or initiative at McMaster which addresses the health, mental health and well-being of all students, faculty, and staff as its core mission.

This report refers to 3 key concepts, - mental health, well-being and psychological health and safety – which can be defined as follows:

- **Mental Health (MH):** a state of well-being in which the individual realizes their own abilities and potential, can cope with the normal stresses of life, can work (or study) productively and fruitfully, can form and maintain supportive relationships, and is able to make a contribution to their community (adapted from World Health Organization⁴)
- **Well-being (WB) or Subjective Well-being:** a person’s cognitive (i.e., thinking) and affective (i.e., feelings, emotions) evaluations of his or her (their) life⁵
- **Psychological Health and Safety (PHS):**
 - Includes both promotion of psychological well-being *and* protection from psychological harm in the workplace/school
 - Team Psychological Safety: a shared belief held by members of a team that the team is safe for interpersonal risk-taking⁶
 - Present when participants in a workplace (or school) are confident that if they ask for help, seek feedback, admit errors or a lack of knowledge, try something new or raise ideas, questions, suggestions or concerns, they will not be exposed to punishment, humiliation or interpersonal or social threats to their self or identity, their status or standing, or to their career or employment (adapted from Guarding Minds at Work⁷)
 - Related to the concept of Organizational Trust: the expectation within an organization that an individual is willing to allow themselves to be vulnerable and can expect the organization to be trustworthy⁸

Impact of the Pandemic / COVID-19

The COVID-19 pandemic and resulting lockdowns have resulted in:

- Significant, direct (COVID-related) and indirect negative health impacts among Canadians, and internationally, including direct neuropsychiatric complications of COVID⁹⁻¹¹
- Significantly increased rates of psychological distress, mental health and substance use symptoms and disorders among all Canadians with more negative mental health impacts among youth of post-secondary age, teenagers and children¹²⁻¹⁴
- More negative health and mental health impacts for people from equity-deserving groups including those with pre-existing mental health problems and disabilities¹⁵⁻¹⁷
- Unclear effects on rates of self-harm, suicide attempts and completed suicide¹⁸⁻²¹

The pandemic has also led to an increased recognition of:

- Mental health problems (i.e., anxiety, mood and eating disorders, substance use disorders) as being common with serious and significant problems leading to negative consequences for individuals and families, particularly if not addressed in a timely way²⁶

Statistics related to COVID-19

- Ratings of life satisfaction from 2018 to June 2020 indicate only 40% of Canadians reported high life satisfaction during the pandemic (2020), down from 72% in 2018 – there was a larger drop in the 15-29 year old age group than 30-59 year olds and among people born in Asia and the United States/Europe/Australasia than among people born in Canada²²
- 81% of Canadian workers reported that the pandemic is negatively impacting their mental health, indicating a significant drop in overall worker mental health since the beginning of COVID-19²³
- 25% of Canadians aged 35-54 and 21% of those aged 18-34 have increased their alcohol consumption since social distancing and self-isolation since COVID-19 began²⁴
- Rising rates of opioid-related deaths in Ontario in the pandemic, particularly in young adults <35 years²⁵

- Inequities in the distribution of health and mental health conditions and disorders and in access to health and mental health care with increased awareness of equity, inclusion, diversity and accessibility issues²⁶
- The consequences of trauma exposure (i.e., exposure to COVID risk, witnessing death, near-death, and suffering in COVID) for many, including front-line providers, individuals who experienced severe COVID symptoms, family members and others²⁷
- Challenges in accessing mental health care and supports through the health care system, particularly for youth; weaknesses and gaps in our national, provincial and local mental health care and support systems²⁸
- Weaknesses and gaps in the systems of mental health support and care within post-secondary settings²⁹ for students, staff and faculty, particularly in settings with clinical health sciences programs (i.e., where many have dual roles as trainees/educators and as front-line providers of health care)
- Intersection/conflict between work and personal life concerns given the work-from-home and quarantine context (i.e., child-care, elder-care, school closures), with differing experiences and advantages/disadvantages to these changes for staff and faculty³⁰
- Mental health and substance use disorders as a key contributor to disability, and the leading cause of short- and long-term disability in workplaces in Canada, incurring significant costs³¹ which appear to be growing at McMaster and beyond
- Opportunities for virtual mental health care and education³²⁻³⁴

At McMaster, it increasingly appears that the pandemic has led to the important realization that, as a workplace and school, mental health and well-being and psychological health and safety are of paramount importance to students, staff, and faculty, and that everyone has a role to play in our recovery.

Proposed Vision for McMaster University related to Mental Health and Well-being

In response to discussions around the task force “tables” about the current challenges facing McMaster and the Academy, a committee member Dr. David Clark, wrote this provocative piece, “[Abolish the University: Build the Sanctuary Campus](#)”.⁹ He writes, “A sanctuary university is a university that welcomes others, creates the conditions of human flourishing; it makes promises about ensuring the health and well-being of its citizens and then acts on those promises everywhere and at every level”.⁹

This essay and responses to it led to productive and challenging conversations about a vision for McMaster – what McMaster could become if the mental health and well-being of all its’ people were to become an institutional priority and commitment. The task force team suggests that McMaster could aspire to be:

A psychologically healthy, inclusive, and accessible university which promotes and supports the mental health and well-being of every student, staff and faculty member in all of its activities and creates the conditions for all to flourish.

Task Force Process

One oversight committee and two sub-committees were established to consider the issues of mental health and well-being and psychological health and safety among students, staff and faculty across campus at McMaster, during and following the pandemic. While there was significant overlap in the discussions of the sub-committees and oversight committee,

- The first sub-committee focused on the Workplace and Academic Environment and considered issues arising in those environments which can influence mental health and well-being in positive and negative ways; potential solutions were also discussed
- The second sub-committee focused on Mental Health Education, Promotion and Services and the types of programs and services available and needed to promote mental health and well-being, prevent mental health symptoms and disorders, and intervene when issues are present
- The oversight committee focused on issues and solutions coming out of the two sub-committees and how to understand and address key issues, particularly in relation to current institutional planning, structures, and budgets

The two sub-committees have been chaired by Dr. Munn together with Dr. Sandra Moll (Associate Professor, Department of Rehabilitation Science) and Dr. Nick Kates (Chair, Department of Psychiatry). Students, faculty, and staff members with expertise, lived experience and/or interest in mental health and well-being were recruited to the sub-committees. An oversight committee of senior leaders in key areas related to student, faculty and staff mental health and well-being was formed has been chaired by Dr. Munn. Both sub-committees met monthly from January to June 2021 and the oversight committee met from January to September 2021. Committee members are named on the [website](#).

A core task force team, with Drs. Munn, Kates, and Moll, Okanagan Committee administrator Lynn Armstrong, and project research assistants Dr. Maria Bargeman and Lisa Wolfe met weekly throughout the task force to gather, collate, and summarize data and information and to identify themes and key issues. The Task Force website has been regularly updated since January 2021 with information and updates on the task force committees, activities, opportunities for input, and mental health and well-being information and resources.

Data and Information Gathering:

From January to April 2021, the Task Force team have been gathering qualitative and quantitative information and data from multiple sources to identify key issues, concerns, themes, and potential approaches and solutions to consider related to the mental health and well-being of students, faculty and staff at McMaster, in the midst of the COVID-19 pandemic, but not restricted to issues arising in or resulting from the pandemic.

Information and data were gathered from the following sources between January and June 2021 to inform this report:

1. Students, faculty and staff stakeholders on the three committees (61 members, 19 meetings, informal surveys and discussions)
2. Regular, weekly meetings of the task-force team – made up of chairs (CM, NK, SM), coordinator (LA) and assistants (MB, LW)

3. Individual and group stakeholder consultations (n=180) requested by the Task Force Team; a complete list of the stakeholders consulted is available
4. Anonymous submissions to the website from McMaster community members (n=95)

Scans and reviews were conducted to identify the following:

- Current McMaster supports, programs, services, processes and policies related to mental health and well-being
- Institutional data (campus-wide, faculty, administrative units, programs) including surveys and reports focused on the mental health and well-being of students, faculty and/or staff
- Research and grey literature focused on the mental health and well-being of post-secondary students, staff and faculty and the impact of the pandemic and quarantine
- Successful programs and initiatives at other North American workplaces and post-secondary institutions

Populations at McMaster:

There are three core populations at McMaster which our report attempts to address – students, faculty and staff – and within these groups are many sub-groups. Some individuals are part of more than one of these groups (e.g., TA's are both students and staff, a staff member may also be a part-time student). We have not addressed alumni or families of students, faculty and staff, however we recognize they can have impact on staff, faculty and student mental health and well-being and potentially play important roles.

In 2020-21, there were 28,290 undergraduates and 4,857 graduate students, for a total student population of 33,147 at McMaster. On the faculty and staff side, there were 6,210 full-time employees and 9,406 part-time employees, for a total employee population of 15,616 employees at McMaster. This gives a total university population of almost 49,000 people.

It is important to further define these groups and sub-groups when considering mental health and well-being because they may face different mental health and well-being issues and challenges and may not have access to the same programs and services at McMaster (i.e., some faculty and staff sub-populations have access to different benefits plans). It is important to be as clear and specific as possible about the identified target population(s) when developing and/or implementing mental health and well-being programs, processes, and policies to limit navigation and access challenges and frustration (i.e., a service might indicate it is available to “all students” but excludes graduate, part-time or continuing education students).

Surveys of Mental Health and Well-being:

The Task Force Team considered whether to conduct surveys to assess student, staff and faculty mental health and well-being and psychological health and safety at McMaster as part of task force activities and specifically during COVID-19. This was addressed through the following process:

- A decision was made to first gather and collate existing surveys in these areas for students, staff and faculty before conducting additional surveys in this complex area
- It was a challenging process to identify all the surveys available and to secure results, as they have not been previously gathered or summarized, and issues of access, privacy and confidentiality emerged – as a result it took until June to gather the surveys we have now collated and summarized
- Many surveys of McMaster students have been conducted and were identified - these focused primarily on mental health and well-being although some address issues of psychological health and safety
- No surveys of McMaster staff and faculty which specifically focus on mental health and well-being or psychological health and safety were identified or appear to have been conducted at McMaster to date
- Relevant existing surveys and data as well as surveys and tools for future consideration and use will be summarized in the final report

Identification of Key Issues and Development of Guiding Framework

All of the information and data gathered, particularly feedback from the community about the issues and concerns related to mental health and well-being, have been collated and organized into themes. The issues identified focused on the challenges, weaknesses, and gaps we need to address and have been incorporated throughout the recommendations.

Throughout the process, many strengths were also identified at McMaster, reflecting the hard work and commitment of many leaders, stakeholders, advocates and employees who have been working to bring forward and address these issues for many years before and during the pandemic. Much good work has already been done and progress made across our campus to address mental health, well-being and psychological health and safety. This report and its recommendations are not intended to be critical of the significant efforts made in the past, but rather to help us build on those efforts in order to move forward, particularly given the rate at which the presence of mental health problems has accelerated during the pandemic.

Considering the issues being identified and other available data and information, as well as solutions and strategies being proposed by the community and at the task force tables, a guiding framework with five broad overarching themes was constructed. It has been shared with all committees and updated based on feedback received. These five themes appear to capture the core issues identified over the course of the task force.

Guiding Framework and Key Principles of the Task Force

The overarching, guiding recommendations of the task force to address mental health and well-being (MHWB) fall into 5 categories. They can be applied to all McMaster populations (student, staff, faculty), and should be taken into consideration by all stakeholders and leaders before implementing the specific immediate, short-term, and long-term recommendations and when considering and seeking to address issues of mental health and well-being and psychological health and safety. They are intended to help and inspire campus leaders, in particular, to:

<p>Improve institutional planning, decision-making and implementation related to mental health and well-being programming, policies, and processes and ensure meaningful engagement of members of equity-deserving groups throughout</p>	<p>Create and promote more inclusive and psychologically healthy learning and working environments</p>	<p>Improve navigation and access to compassionate, safe, timely, inclusive, stepped, and effective peer and professional mental health supports & services</p>	<p>Increase availability and access to relevant, evidence-informed promotional, preventive, and educational mental health and well-being activities</p>	<p>Increase our campus-wide capacity to address and improve the mental health and well-being of students, faculty and staff through improved collaboration and use of best available evidence and practices</p>
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1. Improve institutional planning, decision-making and implementation related to mental health and well-being programming, policies, and processes and ensure meaningful engagement of members of equity-deserving groups throughout. Inclusion of persons with lived experience of mental health and substance use disorders and inter-sectionality, and representatives from relevant student, staff and faculty sub-groups is essential
2. Create and promote more inclusive and psychologically healthy learning and working environments and cultures and ensure that threats to inclusion and psychological health and safety (i.e., mistreatment, discrimination, harassment) are identified and addressed early and systematically
3. Improve navigation and access to compassionate, safe, timely, inclusive, stepped, and effective peer and professional mental health supports (staff, faculty and students) and services (primarily students) which meets the needs of students, staff and faculty, including in urgent and emergency situation
4. Create and/or increase availability and access to relevant, evidence-informed promotional, preventive, and educational mental health and well-being activities and offerings appropriate to the university context and specific to the needs of students, faculty, and staff
5. Increase our campus-wide capacity to address and improve the mental health and well-being of students, faculty and staff through improved collaboration and use of best available evidence and practices. This requires improved campus-wide communication, navigation, coordination, planning, evaluation, research, and knowledge translation

Immediate & Short-term Recommendations

Given the changing COVID-19 context, there are a number of immediate recommendations to address as we enter the first academic term from September to December 2021. Longer term recommendations will follow to take us into 2022 and beyond. The immediate recommendations are focused on setting the stage and groundwork for future recommendations and addressing issues which can and should begin to be addressed over the next several months. Some have already begun to be implemented given discussions taking place during the task force.

Despite the promise of the vaccine and realization of some potentially positive learnings and outcomes of the pandemic, we must anticipate continued challenges to the mental health and well-being of students, faculty, and staff this fall, as we return in large numbers to work and school, and as students, staff and faculty continue to wrestle with the pandemic and its consequences.

In order to address these issues, we must focus both on helping our entire campus community, particularly students, to efficiently navigate to high-quality mental health and well-being supports, care and resources when needed, and on building psychological health and safety, creating the conditions at McMaster which allow students, staff and faculty to move through this transition, prevent and limit unnecessary stress and distress, perform to their potential, and flourish in their lives.

Key contextual factors at this time include:

1. *Existing strengths, capacity and resources at McMaster which can be reinforced and brought to bear to improve mental health and well-being in COVID and beyond.* McMaster is fortunate to have many skilled, dedicated and compassionate leaders and champions of mental health in every corner of campus, from Student Affairs staff to Facilities and Hospitality staff to Human Resources to student group leaders to Academic Advisors to instructors and far beyond. Many leaders and units have been particularly stretched during the pandemic and have demonstrated their resilience and commitment to psychological health and safety and mental health, despite this. It is also particularly fortunate that McMaster has proactively and strategically invested in student mental health initiatives for more than a decade. Additionally, McMaster's research and educational expertise in the mental health arena across faculties is a real strength, not shared by all post-secondary institutions, which can potentially directly benefit McMaster student, staff and faculty mental health and well-being if harnessed.
2. *Entering a new phase of the pandemic, with loosening restrictions due to the vaccine availability, though there is continued uncertainty.* McMaster is currently transitioning from a high degree of lockdown and only essential activities on campus, to increasing in-person school and work, with plans for September 2021 for a mix of in-person and virtual school and work, including a return of students to on-campus residences. This will have positive consequences for mental health and well-being for many, but the transition and return-to-campus presents challenges for some and will place different demands on our infrastructure, particularly at the end of a long and difficult 18 months, which has placed additional stress and burden on many.
3. *Projected changes in levels of psychological distress, mental health and substance use disorders (MHSUD) with some groups more impacted than others.* The pandemic led to deterioration in

mental health among many Canadians, including increased rates of certain conditions such as anxiety, depression, eating disorders, and substance use disorders, and increased severity for those with pre-existing mental health and substance use disorders (MHSUD). Increased levels of distress, as well as challenges in help-seeking for MHSUD during the pandemic, are expected to increase demand for mental health services compared to demand pre-pandemic levels for students, staff, and faculty. Demand for mental health care and counselling pre-pandemic was high and growing and exceeded supply, for students in particular.

4. *Growing evidence for and heightened awareness of the differential impact of the pandemic and quarantine on the health and mental health of specific populations* – on campus and broadly. Equity-deserving groups, including people identifying as Indigenous, racialized, LGBTQ2S+, women, people with disabilities, and youth broadly, have been particularly hard hit in the pandemic and were already at elevated risk of mental health and health problems. Beyond pandemic-specific factors, there is also increased recognition of the importance of equity, diversity, inclusion, and accessibility (EDIA) as influences on mental health and well-being. This has occurred due to the pandemic itself and events occurring *during* the pandemic, including many incidents of anti-black racism, the discovery of the remains of Indigenous children on residential school grounds in Canada, and other global events.
5. *Increased recognition of the impact of the work/school environment on mental health and well-being, given the pandemic experience* (e.g., increased and changing workload, experience of health care and essential workers, increased rates of burnout). Connected to this, increased recognition of the importance of psychological health and safety for all in the university environment and an expectation that the university will work to protect it and to address threats to it.

As COVID has taught us, we can recover and rebuild ourselves and our community best if we work together, in a coordinated but flexible manner - connecting with one another, supporting one other, sharing experiences, expertise, knowledge, and skills. The following recommendations are intended to move us more quickly forward on this journey through and beyond COVID.

The 10 recommendations have been arranged into 3 main categories: General, Student, and Faculty and Staff.

A. General

1. Declare a public commitment to fostering psychological health and safety (PH&S), denounce mistreatment in all forms at McMaster, and establish clear processes, policies and linkages to ensure threats to psychological health and safety are addressed efficiently and effectively
2. Continue to recognize and prioritize the importance of mental health and well-being in our pandemic response and back-to campus transition planning
3. Articulate a model and develop a centralized organizational structure (hub), with strong links to Faculties and key administrative units (spokes), to improve institutional capacity to address mental health and well-being and psychological health and safety broadly and to support the implementation of these recommendations for all populations at McMaster in a sustained, coordinated, systematic and evidence-informed manner

B. Student-focused

4. Improve campus-wide triage and early intervention capacity in order to identify and respond to students in distress and difficulty and with mental health problems as early and efficiently as possible
5. Develop and deliver campus-wide resources and training aimed to enhance competencies in effective supervisory relationship practices and strategies for research and clinical mentors and trainees, and to improve awareness and efficacy of supervision standards and guidelines
6. Begin audit process outlined within the National Psychological Health and Safety Standard for Post-secondary Students as the first step in the implementation of the Standard
7. Promote awareness and participation in the McMaster Professor Hippo-on-Campus Student Mental Health Education Program for Educators and Navigators, which aims to increase faculty and staff mental health literacy including their ability to respond to students in distress and difficulty, and develop a sustainability plan to allow for maintenance and expansion of this program to other target audiences and topic areas

C. Faculty & Staff-focused

8. Increase capacity and resources in the Employee Health Services (EHS) unit of Human Resources Services to meet the anticipated increasing numbers and needs of McMaster employees experiencing mental health problems and related disability
9. Expand leader training in order to build Psychological Health and Safety and to ensure leaders are prepared to effectively and appropriately respond to employees with mental health concerns
10. Assess and increase access to training and support for frontline providers who provide support and care for students in distress and difficulty and with mental health and substance use disorders

General Recommendations

- 1. Declare a public commitment to fostering psychological health and safety (PH&S), denounce mistreatment in all forms at McMaster, and establish clear processes, policies and linkages to ensure threats to psychological health and safety are addressed efficiently and effectively**

Issues & Contextual Factors:

- There is increasing awareness of the importance of PH&S and systemic contributors to mental health and well-being issues on campus, as well as the need for systemic solutions.*
- Many concerns were brought forward about the need for McMaster to address psychological health and safety and mistreatment issues more clearly and publicly. Some expressed frustration, referencing recent high profile international, national, local and McMaster-specific events of mistreatment (i.e., violence, racism, sexism, discrimination, harassment, sexual violence) or threats to PH&S, related to perceived inaction or insufficient action at McMaster*
- Among McMaster Indigenous students, staff, faculty and allies, there is frustration that despite discussions, the university has not articulated a clear plan forward as it relates to addressing the recommendations of the Truth and Reconciliation Commission of Canada. A clear plan would have a profound impact on their mental health and well-being and is important to fostering institutional trust*
- Positive reaction to the EDI strategy and Action Plan and targeted hiring of BIPOC (Black, Indigenous and People of Colour) faculty have been expressed*
- Complex situations in which the behaviour of students, faculty and/or staff influence many community members have been raised and require more coordinated, systemic approaches*

Detailed Recommendations:

- 1.1 Commit to being a campus that prioritizes psychologically healthy, safe, inclusive, equitable and accessible environments and prioritizes the mental health and well-being of staff, faculty, and students
- 1.2 Commit to implementing relevant recommendations from the [Truth & Reconciliation Commission of Canada \(TRC\)](#) and the [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#) in collaboration with McMaster's Indigenous communities and leadership and the Equity and Inclusion Office
- 1.3 Continue to publicly denounce mistreatment in all forms on campus (i.e., discrimination, harassment, sexual violence, bullying), clarify and educate the community on pathways to report it within administrative units, faculties, and programs, and on initiatives planned or in place to address mistreatment when it is identified (i.e., including reporting offices of EIO, Professionalism, Student Support and Case Management, Employee and Labour Relations/HR)
 - 1.3.1 Specific attention is required to address incidents of mistreatment that do not rise to the threshold of harassment, discrimination, sexual violence, or violence (i.e., bullying, exclusion), incivility) to prevent escalation and ensure these incidents are identified and addressed as early and locally as possible.

1.3.2 Building enhanced processes in HR to investigate and address such incidents, and development of a representative working group to develop a civility policy should be considered to address this recommendation. Development of a disclosure policy (for whistleblowers), and a review of the Faculty Code of Conduct should also be considered

1.4. Develop a workplan and identify resources including the budget required to implement, audit and review objective psychological health and safety metrics and key performance indicators, specifically the audit processes within the National Health and Safety Standards ([Workplace](#) and [Post-secondary Student](#) Standard). Work related to the Student Standard has begun as part of Task Force activities, in collaboration with Student Affairs, by securing a Bell Let's Talk Grant related to the Student Standard (see Recommendation 6).

This will require additional funding for tracking software, supports and expertise for enhanced data collection and analysis to enable key campus partners to understand and report on trends related to mental health and well-being of faculty, staff, and students and to use this to inform case management. Key Campus Partners include HR, Student Affairs, Professionalism Office, Academic Integrity Office, Secretariat's Office, Equity and Inclusion Office, and others.

1.5 Establish processes to identify, support and holistically manage complex situations which threaten or have impact on the psychological health and safety of multiple community members (staff, faculty and/or students), including circumstances in which many have been subject to or exposed to mistreatment or a traumatic event (e.g., student suicide, harassment, bullying)), to ensure institutional alignment and collaboration among key campus partners. This may include HR, Security, Legal Services, Student Support and Case Management, EIO, Professionalism and others involved units.

1.6 The Faculty Code of Conduct requires review and revision to reflect current concerns and should be reflected and embedded in current standards and guidelines in order to meaningfully address psychological health and safety and mistreatment.

1.7 Revise the Workplace and Environmental Health and Safety Policy (RMM 100) to include the provision of providing a psychologically healthy environment as well as a physically healthy work and learning environment.

Recommended Timeline to Start:

- Immediately

2. Continue to recognize and prioritize the importance of mental health and well-being in our pandemic response and back-to-campus transition planning

Issues & Contextual:

- *Some campus populations (i.e., essential workers on campus, low-income workers and those on contract and without benefits, faculty/students who are health-care providers) and equity-*

deserving groups (i.e., women, parents, racialized people) have expressed frustration with a lack of recognition of the impact / consequences that the pandemic and quarantine has had on their lives and families. These groups express that they feel the university has insufficiently taken action around addressing inequalities, and that they are at continued disadvantage and risk – occupationally, academically, physically and mentally

- *Existing literature supports that these groups and youth are at higher risk of MHSUD and negative consequences from the pandemic*
- *Those with children express concerns about lack of acknowledgement and support to address school and childcare issues*
- *Requests for more frequent and improved communications have been voiced.*

Detailed Recommendations:

- 2.1. Continue to recognize, privately and publicly, the impacts on faculty, staff and students and the efforts they have made during the pandemic (including, particularly, essential workers on campus; faculty, students and staff working in health care, faculty/staff/students frequently supporting others in difficulty or distress)
- 2.2. Ensure that communications recognize the diversity and intersectionality of needs among staff, faculty and students for mental health and well-being support and care, including those with mental health and substance use disorders
- 2.3. Build awareness of the supports available to all students and employees (i.e., academic supports, career supports, counselling supports, Employee and Family Assistance Plan, benefits, processes for seeking accommodations and leaves, financial supports). Proactively ensure that people understand what is available and how to access support, particularly those who have begun school or work at McMaster during the pandemic, who may be unfamiliar with resources
- 2.4. Encourage/build informal and formal opportunities for peer mentorship/support within faculties and administrative units
- 2.5. Implement strategies for managing expectations and workload within administrative units (e.g., flexible timelines, email protocols, reduced expectations, additional resources or staff etc.)
- 2.6. Distribute and encourage use of the [Compassionate Communications Toolkit](#), developed by the Task Force, available on the [Okanagan Committee website](#), to encourage and support leaders to address some of the communication challenges in the transition, with mental health in mind

Recommended Timeline to Start:

- Immediately

- 3. Articulate a model for the development of a centralized organizational structure (hub), with strong links to Faculties, key administrative units, and student organizations (spokes), to promote culture change and to improve institutional capacity to address mental health and well-being and psychological health and safety broadly for all populations at McMaster in a sustained, coordinated, systematic and evidence-informed manner**

Issues & Contextual Factors:

- *Mental health and well-being and psychological health and safety issues are addressed by many units, departments and programs across McMaster as part of their mandates and from particular vantage points or perspectives, typically focused on one or two populations (e.g., students within Student Affairs services) or aspects*
- *No existing office, service or program addresses the health and mental health needs of the entire campus community of students, faculty and staff or has mental health as a primary or core mandate, with the exception of the Okanagan Committee*
- *This leads to duplication, silos, a lack of coordination, collaboration, and consistency, lost opportunities and additional costs*
- *Best evidence and practices and quality improvement are not always been used to inform decision-making and improve mental health programs, processes and policies*
- *Gaps in knowledge and sharing of resources across campus (e.g., multiple departments introducing similar initiatives separately, benefit from collaboration and cross-pollination)*
- *Some resources and programs which are/would be suitable for multiple populations or could benefit from coordination (e.g., Professor Hippo-on-Campus, peer facilitation and training, other educational programs, surveys) do not have a natural or suitable 'home' given the existing divisions/silos; resources and benefits cannot be easily shared or realized*
- *Insufficient leadership, vision, and ability to innovate to address broad mental health issues influencing many across campus*
- *Establishing and enhancing key partnerships with administrative units such as HR, Student Affairs, EIO, and Faculties to collaboratively and strategically address shared mental health and well-being challenges could facilitate more rapid progress for all*
- *The Okanagan Mental Health and Well-being task force have taken on some of these tasks from January to June 2021 (e.g., grant-writing for mental health project grants, development of resources and toolkits) but have insufficient mandate and capacity to address in an ongoing manner*
- *McMaster models such as the Office of Community Engagement, MacPherson Institute and others have been suggested as potential inspiration, and potential expansion of the Okanagan Committee has been suggested*

Detailed Recommendations:

In order to improve culture and address mental health and well-being for all as a priority at McMaster in an ongoing manner, and to implement these and future recommendations of the task force, it is important to recognize that there are many shared challenges which cut across multiple areas and populations and warrant a more coordinated, systemic, evidence-informed approach. Bringing together key stakeholders across campus, mobilizing resources and expertise, and establishing leadership, could result in cost-saving, innovative solutions and broad benefits.

[University of British Columbia](#), [University of Calgary](#) and [Cornell University](#) have developed models

which McMaster can learn from, and McMaster could bring its unique strengths and capacities to bear.

Some of the challenges which a more strategic, systemic approach could address include:

- *Navigation*: given problems navigating to mental health supports and services at McMaster for students, staff and faculty, particularly given growing reliance on and opportunities for online navigation
 - *Coordination*: to address lack of coordination of many activities – surveys, training, education, evaluation, grants, research
 - *Communication*: to improve and centralize communication regarding mental health and well-being and resources given the challenges
 - *Use of Evidence, Knowledge Translation and Continuous Quality Improvement strategies*: to bring together and identify experts and resources which many groups can benefit from and which can inform programs and services, and to better use improvement science to improve mental health and well-being programming
 - *Mental Health Education and Promotion Program Development*: to benefit from existing and new program opportunities which could be tested, developed and/or spread to multiple populations, including mental health literacy programming, co-design models of education/programs (i.e., programs built together with users), psychological health and safety training, peer facilitation training; could spread beyond McMaster
 - *Research*: to engage in advance-planning, collaboration and organization to identify and pursue opportunities for campus mental health-focused project and research grants and opportunities
 - *Strategies for Advancement*: organization, planning to secure additional funding, requires leadership, clear vision
- 3.1 Bring together a strategic planning committee with key stakeholders to determine a model and organizational structure to address mental health and well-being in a sustained, systematic, evidence-informed manner
- 3.2 Consider need for leadership (centralized and distributed) to better address strategic pan-institutional mental health and well-being initiatives and priorities

Recommended Timeline to Start:

- Immediately

Student-related Recommendations

4. Improve campus-wide triage and early intervention capacity in order to identify and respond to students in distress and difficulty and with mental health problems as early and efficiently as possible

Improving campus-wide system navigation to mental health supports and services for students is essential and will be a future, longer-term recommendation of the task force, building on current strengths, requiring additional coordinating and resourcing (see Recommendation 10). At this time, useful resources include: the [Responding to Students in Distress and Difficulty Protocol](#), the [Okanagan Committee website](#), the [Student Wellness Centre website](#), [Archway](#), and the [Professor Hippo-on-Campus Mental Health Education Program for Educators and Navigators](#), which teaches about how and when to navigate to available resources. Future recommendations may address non-traditional learners and environments (e.g., Continuing Education, part-time students), however this recommendation is focused primarily on full-time undergraduate, graduate and health-professional students.

4.1. Improve campus-wide triage and response coordination for students in urgent situations of distress and difficulty (see Responding to Students in Distress and Difficulty Protocol for description) with reduced reliance on Security

Issues & Contextual Factors:

- *Prior to the pandemic, there were increasing numbers of urgent, emergency, and complex student mental health situations arising; this continued in different forms during the pandemic but should be expected to increase as students return to campus post-pandemic*
- *Many complex situations were and continue to be case managed within the Student Support and Case Management office, which many faculty and staff indicated is a highly valued resource*
- *Emergency mental health situations are managed by Security as current process, all of whom receive additional mental health training*
- *During the task force, concerns were expressed by students, faculty, and staff regarding reliance on security in urgent and emergency situations and requests for more responsive “in the field” mental health expertise as an alternative to or in collaboration with Security and in addition to Student Wellness Centre and Emergency Services, particularly by racialized students. This is an issue which campuses and communities are facing across North America*

Detailed Recommendation: Create additional response capacity to triage and respond to urgent mental health situations involving students across campus, centred in Student Support and Case Management, with phone and mobile support components. This will require clear lines of communication, coordination and collaboration with Student Wellness Centre and Security. The goal will be to manage situations in an efficient, effective and non-stigmatizing manner, and to link to appropriate supports, preserving student dignity, autonomy and privacy to the greatest extent possible while protecting the safety for all involved. Will require additional resourcing, in order to facilitate training and hiring of additional employees/case managers within SSCM to assist in triage, navigation and

response in urgent situations and given need for evening coverage. Additional budget will also be required to train case managers for urgent situations, given this expanded role. Student Wellness Centre and Security will need to outline processes to ensure timely and streamlined support are available to the case managers when needed in urgent and emergency situations.

- 4.2. In order to plan for and address the growing numbers of students and increased complexity of student mental health concerns presenting to the Student Wellness Centre, additional data is required, including data regarding the flow and disposition of students into, within, and out of the Student Wellness Centre.
- 4.3. Development of a robust student advisory committee within Student Wellness Centre will also help to inform planning and decision-making, including management of urgent situations.

Issues & Contextual Factors:

- *Prior to the pandemic and for the last decade there has been increasing complexity and growing demand by students for health and counselling visits related to mental health. There appeared to be reduced demand in the pandemic but also a reduced physician complement*
- *Given increased substance use and eating disorders as well as anxiety, depression, and the potential for more academic distress post-pandemic, numbers should be expected to rise above the pre-pandemic numbers*
- *There has been overall growth in numbers of Student Wellness Centre counsellors in recent years, and their offerings, including the development of many group programs which are well-received*
- *Balancing high levels of demand for mental health care and finite resources requires striking a delicate balance between numbers of new student visits versus numbers of repeat visits*
- *It is anticipated post-pandemic with an almost “double cohort” of new students to campus that there will be increased demand, particularly for urgent situations and for students who have never been seen previously*
- *Students, faculty, and staff expressed concerns about access for students to timely initial visits and also subsequent visits (after the first visit) pre-pandemic with counsellors and family physicians*
- *Concerns about timely access to psychiatry consultation pre- and during the pandemic were also reported*
- *A best practice in youth mental health care is to ensure that diverse youth are directly engaged in planning of service delivery and programming*

Detailed Recommendation:

- 4.2.1 Measure and monitor flow and disposition into, through and out of Student Wellness Centre to determine ability to meet high and increased flow post-pandemic. Tracking should include students seeking appointments and care within Student Wellness Centre with mental health care providers (counsellors, family physicians, psychiatrists), their subsequent disposition, visits and discharge within the centre, and referrals made to other mental health services and providers outside the centre. This data can inform development of benchmarks for quality improvement purposes, to

determine if current resources are being used to maximal benefit, and to develop strategies to manage predicted further growth in case numbers and severity within and following the pandemic. Particular attention to current capacity for same-day, walk-in and urgent professional triage and visits for brief support and counselling is recommended with an eye to the need to increase this capacity. Increased resources and expertise for data-gathering and analysis may be required to undertake this recommendation. Provision of a detailed report regarding metrics to Student Affairs leadership and other key stakeholders is recommended.

- 4.2.2 Assess the current triage system and consider implementation of more robust [stepped care](#) or tiered care approaches to manage growing numbers of students presenting for counselling and mental health care, particularly urgent presentations
- 4.2.3 Identify and work to create additional opportunities and connections for community and tertiary care partnerships and timely, facilitated referral processes to increase flow through and out of the Student Wellness Centre when appropriate, particularly for students with severe, and persistent mental health conditions
- 4.2.4 Establish a student advisory committee to inform and inspire Student Wellness Centre processes and programs, including triage processes. This should include a broad range of students, including those with lived experience of mental health conditions and other intersectionalities, including Indigenous students, racialized students, 2SLGBTQ+ students, and students with disabilities.

Recommended Timeline to Start:

- Immediately

5. Develop and deliver campus-wide resources and training aimed to enhance competencies in effective supervisory relationship practices and strategies for research and clinical mentors and trainees, and to improve awareness and efficacy of supervision standards and guidelines, in order to promote positive practices and prevent conflict and mistreatment

In this set of detailed, short-term recommendations, the focus is on graduate students, however similar processes and recommendations should be considered by stakeholders for other populations including undergraduate and professional school (i.e., Health Sciences Professionals and others) students, and may be addressed in subsequent recommendations by this Task Force.

Issues & Contextual Factors:

- *Significant issues have been identified regarding the psychological health and safety of students and mistreatment in the context of the research (graduate and undergraduate) and clinical (Faculty of Health Sciences and other clinical programs) supervisory relationship, particularly within 1:1 supervisory relationships, given the inherent power imbalance between faculty and students*
- *Students, staff, and faculty have requested clearer processes and pathways to follow when supervision breaks down, or when there is challenging behaviour and conduct within the*

supervisory dyad and have requested increased support to navigate these situations and for mediation and dispute-resolution

- *Concerns have also been voiced by faculty who supervise trainees, and staff who support them, regarding their role in and the need for resources to better support research and clinical trainees in distress and difficulty, at arm's length from themselves and academic programs and others in evaluation roles*
- *Models of support for students developed in Student Affairs (UGME) and Resident Affairs (PGME) Affairs within the DeGroot School of Medicine have been suggested as potentially suitable for adoption for graduate students and other Health Sciences professional school students but require significant investment*
- *Within the graduate school, efforts have been made to address these issues, including the document "[Getting the supervisory relationship off to a good start](#)", however there is a need for more robust resourcing to develop training in support of existing [standards and guidelines](#), including the creation of written and participatory resources for education and training, the implementation of recommendations identified in 2019-2020 Graduate Council Working Group Report on Student Supervisor Relationships, and delivery of relevant objectives outlined in McMaster University's Equity, Diversity, and Inclusion Action Plan (2019-22), particularly strategic actions towards Objective 6(i): to enhance the recruitment and retention of equity-seeking students*

Detailed Recommendations:

- 5.1 Create a 2-year position and accompanying resources to support the work of an implementation team focused on Graduate Students, with joint oversight by the Vice-Provost and Dean of Graduate Studies and AVP Teaching & Learning, and with input from graduate students, faculty, and staff. In the first year, this will allow for the development of materials, gathering of expertise, and development of an organizational strategy, and in the second year will allow for the piloting of education and training deliverables.
- 5.2 It will be essential to align any training and resources with the Faculty Code of Conduct (which is recommended for review; see Recommendation 1.6), the current Student Code of Conduct ([Code of Student Rights & Responsibilities](#)), and other relevant policies and guidelines
- 5.3 Dedicate resources to update 'Getting the Supervisory Relationship off to a good start' template, based on earlier evaluation of the template developed within the MacPherson Institute

Recommended Timeline to Start:

- 6 months

6. Begin audit process outlined within the National Psychological Health and Safety Standard for Post-secondary Students as the first step in the implementation of the Standard

Issues & Contextual Factors:

- *With increasing awareness of the importance of PH&S and the importance of ensuring that student mental health and well-being issues are being addressed using a systemic lens, there is a growing expectation for campuses to review their processes, policies, and programs to ensure they are robust and that gaps and weaknesses in policies, programs and processes are addressed*
- *Given that McMaster has already undertaken two student mental health strategies and this task force, we are in a good position to be among the first in Canada to conduct this audit which was developed in 2020*

Detailed Recommendation: Funding was already secured to begin the audit process from a grant secured during the task force from [Bell Let's Talk](#) (\$25K) in a collaboration between the task force executive and Student Affairs. Using this funding, it is recommended that the audit process begin in July 2021, supported by a part-time recently graduated undergraduate and PhD student, and a consultant with expertise in psychological health and safety, in consultation with a small advisory group. By beginning this process early, it will also allow for a potential grant application to a larger Bell Let's Talk Fund, designed to allow campuses to fill gaps and areas of weakness identified in the audit.

Recommended Timeline to Start:

- Immediately (has already started)

7. Promote awareness and participation in the McMaster Professor Hippo-on-Campus Student Mental Health Education Program for Educators and Navigators, which aims to increase faculty and staff mental health literacy including their ability to respond to students in distress and difficulty, and develop a sustainability plan to allow for maintenance and expansion of this program to other target audiences and topic areas

Issues & Contextual Factors:

- *Professor Hippo-on-Campus virtual training program has been noted by many to be a valuable, evidence-informed mental health resource (currently designed for a faculty and staff audience to increase mental health literacy)*
- *Provides practical information for faculty and staff supporting students, and teaches specifically about the Responding to Students in Distress and Difficulty protocol and how create inclusive, mental health-positive learning environments*
- *To date over 500 completion certificates have been issued and over 1000 staff and faculty have interacted with the modules, with over 200 senior leaders and champions have completed complimentary workshops, with very high levels of satisfaction reported, largely during the pandemic, with significant changes in mental health literacy pre-post training*
- *Currently a one-hour version for the new TA training is being developed within the MacPherson Institute*
- *MSU/Student Affairs have interest in partnering to develop a student leader and student-facing version.*

- *Program for Faculty Development have interest in partnering to better serve the Faculty of Health Sciences*
- *Users have requested development of additional modules focusing on graduate and health professional student concerns, as well as expanded faculty and staff mental health-focused modules and workshops*
- *Currently, it is not possible to significantly refine or improve modules, offer virtual or in-person workshops or to expand, without a commitment of additional resources and a plan for sustainability and dissemination thereafter*

Detailed Recommendations:

- 7.1 Establish consistent funding and decide on most appropriate 'home(s)' for the program. The development of a strategic plan is required and would allow planning to move quickly forward, building in opportunities for program spread beyond McMaster given interest and demand from other post-secondary schools in North America. A budget should be developed to achieve the goals outlined above, including planning and developing modules for target audiences including students, maintaining, and disseminating existing modules, and supporting workshop development and delivery.
- 7.2 Build advisory group (Student Affairs, MSU, GSA, EIO, HR, faculty, staff, and student representatives with lived experience) with individuals tasked to inform direction, module updates and content

Recommended Timeline to Start:

- Immediately

Faculty and Staff-related Recommendations

8. Increase capacity and resources in the Employee Health Services (EHS) unit of Human Resources Services to meet the anticipated increasing numbers and needs of McMaster employees experiencing mental health problems and related disabilities

Issues & Contextual Factors:

- *Leaders have expressed concerns about how and where they are to direct employees and to be able to obtain timely responses to their inquiries for immediate or ongoing assistance as they identify and support those struggling with mental health and substance use issues and related disabilities*
- *Many staff and faculty identified confusion about processes and some shared experiences of discrimination, stigma, and lack of confidentiality when they have disclosed mental health problems or diagnoses, requested accommodations or leaves*
- *By providing efficient informational and instrumental support to employees with mental health issues and to leaders including accommodations, leaves, stay-at-work and back-to-work support and planning, this has been shown to increase satisfaction, performance, and retention and to reduce leaves and disability claims*
- *In and following the pandemic, rising rates of stress and MHSUD, will likely increase demand in EHS*

Detailed Recommendations:

- 8.1 Perform a service review of the EHS office including a gap analysis
- 8.2 Develop increased capacity within EHS to triage and respond to inquiries by employees and managers requesting information or support to address mental health concerns that employees are facing. This should include additional assistance to ensure employees navigate to and receive the appropriate supports/services and provision of advice re: relevant processes, policies and guidelines, particularly for managers/leaders.
- 8.3 Increase number of EHS staff and offer all staff additional mental health training to address the increasing numbers and complexity of mental health disorders being experienced and expected among employees. It is recommended that an Occupational Therapist be added to this team to support complex mental health accommodations and to offer enhanced support for psychological health and safety
- 8.4 Invest in new software to document cases and track flow and progress through EHS
- 8.5 Develop detailed reports within EHS on absenteeism, short-term leaves of absence, long-term leaves of absence, and employee accommodation use related to mental health, to inform and improve prevention activities, services and supports (e.g., stay-at-work and back-to-work plans). Will require linkage with faculty-based HR units and others involved in tracking attendance, leaves and accommodations

Recommended Timeline to Start:

- 3-6 months

9. Expand leader training in order to build Psychological Health and Safety and to effectively and appropriately respond to employees with mental health concerns.

Issues & Contextual Factors:

- *Employees and leaders, particularly those managing large numbers of employees, have identified concerns about having insufficient time and variable levels of knowledge, skill and confidence to support staff and faculty who are experiencing distress, difficulty or mental health and substance use problems, and have requested more training and support in order to communicate about, prevent, and address workplace issues that may contribute to these problems (e.g., high levels of stress, traumatic incidents, bullying, conflicts, requests for accommodations and leaves)*
- *Employees have described variable levels of knowledge and skills amongst leaders and managers, with some describing a lack of timely and effective response to requests for support or to address workplace issues, and others describing positive experiences with managers/leaders/HR and that having significant, positive impact*
- *Employee Wellness has recently announced a new leadership training opportunity and have PH&S workshops*

Detailed Recommendations:

- 9.1 Provide funding to pilot established best-practice leadership training offered in the community by supporting representative groups of 15-20 McMaster Leaders to attend trainings ([Mindful Leader](#), [The Working Mind](#), [Joy in Work](#), [Beyond Silence](#)) and consider feasibility and application to McMaster context and needs, and integration into the overall leadership training initiatives coordinated by Human Resources Services
- 9.2 Distribute and encourage use of three new toolkits created during the task force and collation of relevant institutional and research data on staff, faculty and student mental health and psychological health and safety for leaders (on Compassionate Communication, Approaches to Assessment of Faculty and Staff Mental Health and Psychological Health and Safety, Approaches to Psychological Health & Safety Training)
- 9.3 Continue to explore service offerings under the Employee and Family Assistance Benefit and plan for expansion and marketing of workshop offerings in the fall

Recommended Timeline to Start:

- 6 months

10. Assess and improve training and support for front-line providers who provide support and care for students in distress and difficulty and with mental health and substance use disorders

Issues & Contextual Factors:

- *While student needs/demand for assistance, mental health supports and services have decreased in some areas during the pandemic, it has increased markedly for others, particularly within Faculties and some administrative units, as students have struggled and*

will continue to present with academic challenges, requests for accommodations, and other issues

- *[SAS](#) has reconfigured substantively to address growing pandemic-related and overall demand for accommodations, including the development of the Interim Accommodations Program*
- *[Student Support and Case Management](#) also continues to offer case management to support faculty and staff dealing with students with complex needs.*
- *The [Archway](#) program, which is now located in the Student Success Centre, will continue to assist those students in first-year virtually*
- *Student Wellness Centre health and counselling staff will likely face considerable and rising responsibility and burden related to student mental health concerns in 2021-22*
- *Some staff and faculty have reported feeling overwhelmed and exhausted both pre- and post-pandemic by the student needs and demands, which will continue to grow in the 2021-22 year*
- *Supporting students in distress is both rewarding and challenging work, however if there is insufficient capacity, support or training in place, there can be negative consequences for providers (i.e., burnout, moral distress) and for students*
- *Those supporting employees are also at-risk and deserving of additional resources but are not addressed in this recommendation, may be addressed in future recommendations*

Detailed Recommendations:

- 10.1 Chairs, deans and administrative leaders should assess the capacity of their current complement of staff and faculty who are frequently supporting students in distress and difficulty within faculties and administrative units to ensure there are sufficient numbers in place and that they are offered support and training. This is important both for those who are not mental health professionals and for those who are (see 9.3 for professionals). This includes, but is not limited to, Faculty Offices, MSU Services, Financial Aid, Registrar, Athletics and Recreation, Libraries, Security and Parking Services and others.
- 10.2 Once 10.1 completed, ensure access and time to complete training regarding how to support student mental health. Current no-cost programs on campus include the [Professor Hippo-on-Campus Student Mental Health Education Program for Educators and Navigators](#) (3-4 hours, online, asynchronous) and [Mental Health First Aid](#) (2 day, in-person, synchronous), and other low-cost community programs including [Applied Suicide Intervention and Support Training \(ASIST\)](#) and [The Working Mind](#).
- 10.3 For staff and faculty who are mental health professionals (i.e., primary profession or occupation involves supporting students in distress and difficulty or in mental health crises), leaders should assess current levels of stress and burnout and re-assess throughout the year, and provide opportunities for mutual support, specialized resources and training to support staff and faculty mental health and well-being and to prevent burnout, compassion fatigue and moral injury. Recent example of appropriate training has been arranged by Allison Drew-Hassling with the support of an [Okanagan Special Project Grant](#).

Recommended Timeline to Start:

- Immediately

In conclusion, if McMaster can emerge from the pandemic having realized the critical importance of mental health and well-being to students, faculty and staff, and can work toward becoming a place where all feel they are welcomed, valued, and belong and there is a stronger sense of connection to and trust in one another and the university, we will be better able to harness our strengths

to create a brighter world at McMaster and beyond.

We hope these recommendations will help us move toward this vision.

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