



CENTRE FOR INNOVATION IN
CAMPUS MENTAL HEALTH



Canadian Mental
Health Association
Ontario

Mental health and the learning environment

A toolkit for faculty and staff

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Introduction

An increasing number of students from a variety of backgrounds are choosing to pursue post-secondary education. As the number of students on campus increases, there has been an upward trend in students reporting feelings of anxiety, helplessness, and being overwhelmed when it comes to their college or university experience. Alongside these trends, campus mental health services are reporting significant increases in year-over-year demand for service (Baik, 2019). Rates of depression and suicidal ideation are on the rise (NCHA, 2016).

Furthermore, students are reporting increased levels of academic-related stress. In 2016, a sampling of students from across Ontario revealed that over the course of one year, 59.3 per cent of post-secondary students found their academics to be hard to handle or traumatic (NCHA, 2016). This level of stress can lead to students experiencing mental health issues and negative impacts on their ability to learn (Baik et al., 2019).

One of the first places where mental health issues are first noticed on campus is in the classroom (Plieto-De Rango, 2017). The learning environment is the centrepiece of a student's post-secondary experience. Every student has a touchpoint with their classes, whether online or in person. How students experience their learning environment impacts their ability to learn and can impact their mental well-being. (Stanton et al., 2016)

Post-secondary students are, due to their age, at a higher risk of developing signs of a mental illness. Furthermore, within this population there are underrepresented demographics (such as women and 2SLGBTQ+ identified people) at an even higher risk (Baik et al., 2019). At the same time, the amount of work teaching staff have in their portfolios is on the rise, and they too are expressing increased stress levels. Faculty members who are stressed may unintentionally bring this stress into the classroom, creating a tense environment for students.



*A university occupational health study conducted by Canton et al. (2010) found that **85 per cent** of faculty experience stress related to their workload, and **76 per cent** experience stress related to work-life conflict*

There are many resources available to support student mental health, both on campus and in the community, but students often encounter barriers to accessing supports in either setting. Less than half of students who need services access them, and when they do, they often prefer to access supports from non-professionals, such as peers or faculty (Plieto-De Rango, 2017). Some of the reasons why students choose to not access services include lack of awareness of what is available, difficulty identifying the need to seek help and the potential for administrative repercussions (MacKean, 2011). For students entering post-secondary with a mental health issue, they often choose not to disclose it because of the stigma around mental health (Wada et al., 2019; MacKean, 2011).

Students have identified that mental health issues have an impact on their ability to learn as well as on their academic performance. Mental health creates a foundation from which students can build their potential and optimize their ability to learn. (MacKean, 2011)

When students learn how to maintain their mental health while experiencing success in the post-secondary setting, they are more likely to be mentally healthy community members (MacKean, 2011).

There is mounting evidence that student mental health and well-being are central to both their ability to learn and academic success (Fernandez et al., 2016). Therefore, it is essential to ensure the virtual or in-person classroom and all other spaces at a post-secondary institution are designed to promote well-being. Supporting student mental health has moved from being at the periphery to a central component of academic success with which post-secondary staff and faculty must engage (MacKean, 2011). Given the close relationship between mental health and the post-secondary institution's academic mandate, campuses would benefit from supporting the well-being of those within their campus community, students and staff included (Baik, 2019). The tide is moving toward more colleges and universities using a "whole campus" or systematic approach where mental wellness is a commitment at every level – from students to faculty and administration – and engrained in the policies that govern the campuses' practices and procedures (Okanagan Charter, 2015; Plieto- De Rango, 2017; MacKean, 2011). There is a part to play for every person who works at a post-secondary campus.

Incorporating practices that support student mental health may sound overwhelming. This toolkit will help faculty and teaching staff take steps within the classroom in a collective effort to support student mental health. We hope this toolkit and its recommendations can be a support for faculty working to embed mental well-being into everyday practice.

The role of faculty

Faculty/teaching staff play a vital role in co-creating the learning environment with which students engage and can contribute to reducing the number of stressors in that environment. This can be done through teaching practices and the beliefs and attitudes that are part of a positive teaching style (Baik, 2019). Through work and actions that foster well-being and support, positive student mental health is possible. This is not to say faculty/teaching staff need to become mental health experts or provide counselling, but there are steps they can take in the classroom to positively impact students' mental health.

The learning environment consists not only of the physical or virtual space where learning takes place, but also the educational approach and the conditions for learning (Dyjur, 2017). By utilizing the learning environment as an opportunity to promote well-being, faculty/teaching staff demonstrate caring and respect for student concerns. In turn, caring and respect positively impact students' educational experience (Baik, 2019).

When asked to define well-being, students often speak about finding a balance between the different parts of their lives and say the achievement of this balance lends itself to feeling happy and fulfilled. They note the relationship between learning and well-being is a positive feedback loop and the effects of this relationship, whether positive or negative, influence other areas of a student's life. This viewpoint highlights how important it is that mental well-being is a part of the classroom environment and that students' well-being in this space impacts their overall wellness (Stanton et al., 2016).

Over the course of their time in post-secondary, students may often develop a rapport with faculty and turn to them in their times of need. Students, in particular first-year students, are frequently interacting with faculty. They are speaking to faculty about career plans, course topics (when outside of class) and interacting with faculty in activities other than coursework. The number of first-year students engaging in this behaviour has increased by more than 10 per cent from 2004 to 2019 (NSSE, 2019). Therefore, it is important that faculty are equipped with the mental health tools and knowledge needed to support a student (MacKean, 2011). Ideally, part of the faculty/teaching staff role is to be able to notice the signs when a student is struggling with their mental health. Examples of some signs are absenteeism, submitting assignments late, anxiety, anger, or being disengaged in class (Dyjur, 2017). The promotion of mental health promotion is meant to empower those experiencing challenges with their mental health and give them the ability to make choices and exercise control over their own mental health, while also providing the space for their community to support them in this process (MacKean, 2011).

Studies show faculty members are, more often than not, willing and wanting to support students with their mental health, but they may not have the tools and/or the confidence they need to do so. An Australian study by Gulliver et al. (2018) showed the following regarding faculty members' ability and willingness to support students:

72%

72 per cent chose to initiate a conversation with a student they were concerned about regarding their well-being and took the time to listen to that student's concerns and sympathize with them

60%

60 per cent of staff don't feel they are informed enough to support student mental health

12%

12 per cent have received some form of formal training on student mental health, while **67 per cent** feel they should be receiving training on how to respond to these issues

67%

- o Some of the topics faculty in this study wanted to learn more about include: where to direct students for services, standard procedures, depression, anxiety, self-harm, eating disorders and substance misuse

74%

74 per cent of faculty don't know if their institution has a written policy on how to respond to student mental health issues



Understanding why curriculum design and the learning environment need to reflect mental health

One area where faculty can have the most significant impact is in curriculum design, since curriculum design can impact workloads, due dates, stress, anxiety, and wellness of both students' and faculties (Dyjur, 2017). When a curriculum is designed inclusively through an intersectional approach, it takes into consideration the mental well-being of the students who are engaging with it as well as their cultural and social backgrounds. It also takes into consideration the policies and values of the school, the particular faculty, and the individual faculty members (Dyjur, 2017). Designing a flexible curriculum by using universal design eliminates the need for numerous individual student adjustments on an ad hoc basis (Bunbury, 2018). This sense of flexibility can be created through how courses are structured and delivered (Stanton et al., 2016). Flexibility within the curriculum is something that students have highlighted as being valuable. In particular, students note that faculty members' willingness to adapt and be flexible when students are facing challenges helped to minimize their stress and allowed them to refocus on learning the course material (Stanton et al., 2016). One way to be flexible is to provide a date range within which an assignment can be due, as opposed to a specific day.

INTERSECTIONALITY:

Intersectionality a means of assessing how different forms of inequality operate together and exacerbate each other (Steinmetz, 2020)

An intersectional approach is that takes into account the context of people's lives with regards to their identities and shapes programs based on their needs, capacities and experiences. (Ontario Human Rights Commission, n.d; Chaplin et al., n.d)

Ensuring the creation of a course that has a manageable scope of learning and a number of course outcomes can help to avoid unnecessary burdens on both faculty and students (Dyjur, 2017). The end goal of curriculum design is to create a curriculum that can be responsive to students' needs and optimizes their learning without singling them out for differential treatment. (MacKean, 2011). For more on this and how health knowledge and skills can be brought into curriculum, see the section on curriculum infusion that follows.

Creating a space where students can make meaningful contributions and connections is also very important (Lane et al., 2018). Students indicate that participating and sharing their unique perspectives and experiences helps to increase their well-being, sense of worth and learning outcomes. Students' positive connection to faculty members and classmates helps them participate more fully in the learning environment. This positive connection helps to ensure that students can actively participate in dialogue and conversation with both teaching staff and each other. (Stanton et al., 2016, Dyjur, 2017). Building a non-hierarchical environment where deeper relationships can be fostered gives students the space to develop trust in faculty members, which is crucial to supporting a person dealing with a mental health challenge (Morosanu et al., 2010). Though a student with a mental health issue may hesitate when asking for assistance, they may seek support for academic concerns. These interactions are opportunities to notice or pick up on the signs of distress that may be tied to mental health and direct students to the right resources and supports, if necessary. If a student needs help, intervention at this early stage could help to increase the number of students who end up getting the proper care to meet their needs (Gulliver et al., 2018).

Incorporating a feedback process throughout a course can also be helpful. Students note that when they're able to give their feedback throughout the semester and feel it is being received, this contributes to their overall feeling of being supported in the learning environment (Stanton et al., 2016). These moments of reflection also help to provide insights into any difficulties within a course where faculty/teaching staff can then support students in figuring out how to cope with these difficulties in positive ways (Dyjur, 2017).

Based on the [Okanagan Charter](#) (2015) approach for health-promoting colleges and universities, along with similar research, we know students learn best when they are holistically supported in a safe classroom environment (Lane et al., 2019). Students describe a safe classroom environment as non-judgmental when someone makes a mistake or has a differing opinion and where one can participate in ways that are encouraging to self and others.

But, curriculum design does not have to work alone in a silo. It can be paired with curriculum infusion. The combination of these two methods creates courses that centre the mental health and wellbeing of both students and faculty.

CURRICULUM INFUSION:

Curriculum infusion is the act of bringing health issues/information into the academic curriculum through means such as readings, assignments and discussions (Riley and McWilliams, 2007)

The case for curriculum infusion

What is curriculum infusion?

Curriculum infusion (CI) is a public health teaching practice that helps professors develop class activities that introduce vital health information and life skills, such as sleep hygiene, safer sex practices, and stress management, directly into their courses.

CI supports an institution's academic mission by increasing students' awareness of, and reflection upon, their well-being in a manner that enhances and reinforces course content. It is an important tool in a broader approach to student well-being in COVID-19 and beyond by engaging faculty in health promotion efforts and giving them a concrete way to meaningfully impact their students' health and well-being. CI can be done at the faculty, program/department or course level through collaboration with your colleagues and students.

Getting buy-in

Effective CI programs require the buy-in of both university executives and faculty.

Engaging executives

An effective CI program requires buy-in from high-level/executive campus decision-makers who support and endorse the idea. Their support can be enlisted by linking CI to the mission and vision of higher education, the strategic directions of the university, and university commitments.

Many colleges and universities espouse valuing their students' health and wellness. Campus decision makers are increasingly acknowledging the need to address students' health and wellness through the whole university system. For example, nationally, many Canadian universities have adopted the [Okanagan Charter](#). They have committed to:

- Embed health into everyday operations, business practices and academic mandates
- Lead health promotion action and collaborate locally and globally

An example of a strategic framework and executive commitments can be seen through the work UBC is doing (see links).

Implementing a CI program can help fulfill these commitments in innovative ways.

Engaging faculty

Those already implementing CI at their institutions know that for this practice to be embraced by faculty, it must meet their needs and be flexible enough to be implemented. In this spirit, it will be helpful to offer a variety of CI 'packages' that offer various levels of engagement, from which professors can select, as proposed in the previous 'How should I do it?' section.

It is unrealistic to expect faculty to only participate out of good will or personal interest. Professors' time and resources are often stretched thin, having to fulfill the many demands of their role: teaching, supervising, research, service. Faculty may also resist being 'told' how to teach and structure their courses. Importantly, this is not the intention of CI. At all times, CI offers an invitation to faculty to experiment with new ways of teaching and bringing life-skills and topical, real-world concerns into the classroom in a manner that enhances and reinforces course content.

To help enlist participation, CI can be ‘endorsed’ by a high-level university body. Further, the ‘return on investment’ must demonstrably benefit the faculty members (as well as the students) and these benefits to faculty must be clearly communicated:

- Acknowledge the additional load incurred through involvement in the CI program by allowing participation to fulfill some faculty administrative requirements.
- Offer extrinsic and career-enhancing incentives for participating in the CI program, such as stipends, grants to support class-related activities, and research funds for projects that explore the benefits/impacts of CI.
- Highlight intrinsic rewards, such as the ability to connect with students on a new level, and improved job satisfaction.

Other ways to engage faculty include:

- Acknowledge CI ‘champions’ through the creation and appointment of CI faculty fellowships. Fellowships provide recognition and also come with a teaching reduction and a stipend.
- Promote the opportunity in new faculty orientations and through recurrent messages to faculty.
- Run faculty conversations that create a community of colleagues for deep exploration of various topics that relate to teaching and well-being.

o An example of a [community of practice](#) is one created at UBC for folks interested in teaching and student well-being (see link).

[Section Source: Gabriella Szabo, Concordia University (2020)]

Why should I consider it?

CI’s benefits include:

- Teaching health behaviours and related life-skills in a structured way; the approach points to the limitations of assuming that students will learn these vital skills on their own
- Increasing students’ awareness of – and reflection upon – issues of health and wellness in ways that enhance and reinforce the intellectual content of their courses
- Influencing students’ health-related knowledge, attitudes and behaviours in ways that reduce their risk of declining mental health related to stress and mental health issues
- Strengthening the campus ‘safety net’ by training faculty, teaching assistants and peers (classmates, friends) to recognize signs of distress and well-being challenges in students, understand how to approach these students effectively, and know where to direct them for help
- Creating relationships among campus health and mental health providers and students so students will feel comfortable approaching these professionals for their personal health needs

How to recognize when a student may need support

Even with all that can be done to create a learning environment that promotes student well-being, students may still be struggling with their mental health for a variety of reasons. In these cases, it can be helpful to know what signs to look out for that may indicate a student needs support. Below are a few of the indicators that may be noticed:

Academic indicators

- Decreased work quality
- Missed assignments/exams
- Repeated absences

Physical indicators

- Change in physical appearance
- Bloodshot/watery eyes
- Disorganized, rapid or slurred speech

Behavioural/emotional indicators

- Expressions of severe anxiety
- Difficulty controlling emotions
- Seeming more withdrawn or more animated than usual

Safety/emergency indicators

- Expressions of hopelessness or helplessness
- Written/oral statements concerning despair, death or suicide
- Physical aggression towards themselves or others
- Disruptive behaviour that seems unmanageable

Upon noticing any of these behaviours, decide if they are a cause for concern. If they are, take the time to talk to the student in private when it is appropriate. In this conversation, note the changes you have seen, offer your support and connect them to resources if necessary.

For more information on how to recognize, respond and refer students in distress, and how to reflect on this experience, please visit CICMH's More Feet on the Ground training at www.morefeetontheground.ca. This free online mental health training provides valuable training for non-clinical staff and faculty on campuses wishing to support students.

Actions faculty can take

Faculty can be proactive in promoting student wellness in several ways. This work can be done at the course level, program/department level and/or the faculty level.

Below are suggestions for a range of things that can be done in the classroom, whether in-person or online, to help support student mental well-being. It is important to be proactive and gain an understanding of the process of connecting students to services on campus. You may want to contact your health and wellness or counselling centre to get a better understanding of the services available on your campus and how to refer to these services.

Prior to bringing these tools into the classroom, take a mental health literacy training, like [More Feet on the Ground](#), to learn more about how to recognize when students are having mental health issues and how to support them.

Note: Before engaging with students in this way, be sure to define personal limits and set boundaries. Faculty/teaching staff are not expected to be a mental health expert or provide counselling. One way to maintain boundaries is to ask students only for the information needed to make a referral for them (e.g. you do not need to know if they have a specific diagnosis).

Be sure to also respect student confidentiality. Do not share or record more personal information than necessary and be honest with students about the level of confidentiality you can provide (e.g. let them know that if they are in imminent danger, you will need to share that information with the campus health centre to get them help).



In the virtual classroom

Engagement

- Set the tone for a positive classroom culture via email, a class announcement or in the first class
- Open your classroom a few minutes early so that students can join/log in and have conversations with other students, similar to the way they would in in-person classes (these could be prompted to encourage engagement as well)
- Encourage students to ask questions as a way of increasing direct interactions
- Motivate students by using technology like Microsoft Teams or Zoom to engage in fun activities and challenges
- Offer students the opportunity to connect with each other outside of the classroom (via engaging discussion boards, text, WhatsApp, etc.)
- Consider uploading information about campus and community mental health supports to the online learning platform (Blackboard, Canvas, D2L, Moodle)
- Have your students come up with a list of ways they can support each other throughout the school year

Reach out

- Take the time to reach out to a few students each week throughout the course to check-in and see how they're doing
- Connect students to mental health supports when necessary ([More Feet on the Ground](#) provides a list of resources available on all Ontario campuses)

Curriculum design

- At the beginning of class, take some time to do a quick overview of the previous lecture to remind students of what was last covered
- Structure the course to enable small group discussions through breakout groups, virtual discussion groups, etc., in order to create spaces for comfortable collaboration and engagement between students
- Set online office hours where students can come to get clarification on course material
- Incorporate breaks into online lectures to help encourage students to move, relax their eyes and have a mental break throughout the day
- Consider making synchronous learning pieces (such as live lectures) available asynchronously, or have other asynchronous options (such as pre-recorded lectures or detailed lecture notes/summaries) with which students can engage so they can participate in coursework at the time they're most productive
- Remember students may be scrambling – they may not yet have all the materials for the course for a variety of reasons, including finances, lack of access to their belongings, anxiety about the course/school year, etc.
- Be sure to balance the notions of rigour and support to help students grow their skills while still being flexible

In-person

Engagement

- Make time to get to know students – there are many ways to do this, from sending out an email/survey to students to setting one-on-one meetings
- Take the time to remind students:
 - o To take care of their mental health by engaging in activities that promote positive mental health (such as connecting with loved ones, exercise)
 - o That stress is a normal part of the post-secondary experience
 - o That accessing help when things become overwhelming is a positive thing to do
- Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking in students who are less likely to request support
- Create space for students to get to know each other and bond by having them introduce themselves, even if it's just to the person next to them
- Help students build “academic buoyancy” by developing assignments that involve:
 - o Group study
 - o Becoming familiar with campus mental health services
 - o Leading classroom discussion on how to manage time and cope with stress
- Proactively reiterate the importance of well-being, which may include:
 - o Information in the course outline about this being a safe classroom
 - o That mental health matters in your opening statement or introduction to your course
 - o Providing resources (such as counselling office contact information)
 - o Identifying yourself as someone who can help students connect with appropriate support
 - o Addressing issues that affect multiple students (such as stress, test anxiety, etc.)
- Be approachable and empathetic; consider sharing your personal experience as a post-secondary student and the [struggles you faced](#), as an example of how your students can also learn to cope and thrive in this environment (this will additionally help to build a rapport with students)
- Incorporate mental health into lectures, or dedicate one lecture at the beginning of your course to mental health and the on-campus resources available to students

Curriculum design

- Demonstrate an understanding that students' lead complex lives in the course outline and workload
- Provide some structured flexibility with deadlines and assignment formats and/or have a grace period for assignments handed in past the due date. For instance, you can have an assignment due over the course of a week, instead of at a particular time on a particular day
- Remind students their marks do not determine their worth
- Make sure students are gaining access to the resources required for class. You can do this by utilizing free or low-cost course resources and ensuring required readings are available through your campus' library.
- Talk to other teaching staff about course workloads; if possible, try to co-ordinate to ensure assignments and examinations are not all happening on the same day
- Work with students to ensure assignments and projects are feasible based on the learning outcomes for the course
- When possible, provide textbooks and course materials in advance to help relieve pressure starting from the beginning of the semester
- Consider co-designing the curriculum with students, which allows for the students to recognize their own expertise and that they can contribute based on their experiences. One way to do this would be asking for their input on the weight of the course's assignments

Karolina Kulinska, Lambton College (2020), Baik et al. (2019)

Baik et al., 2019, Insidehighered.com (2019), CICMH (2020), SFU (2020)

Gather information

- Consult and collaborate with the student wellness centre for help with situations that are beyond the faculty/teaching staff skill set
- Get familiar with helpful information, people and tools on campus, such as the institution's website, professional development department, your campus' universal design specialist (if available) and student services
- Take a mental health training course, like [More Feet on the Ground](#), that teaches how to recognize, respond and refer students experiencing mental health challenges, and reflect on the impact of that process
- Talk with administrators and wellness staff about the role of faculty in supporting student well-being and potentially request professional development on the topic

How to do Curriculum Infusion

The goals of CI are supported by a variety of methods from which professors can select at their discretion. Importantly, CI is accessible to all levels of interest and offers a warm invitation to faculty to experiment with new ways to bring life skills and topical, real-world concerns into the classroom in a manner that enhances and reinforces course content. Broadly, there are two main ways to introduce CI:



Infuse health topics and health education into the content of existing academic courses

The process to infuse health topics into curricula is best viewed as a spectrum of opportunity or a menu of options. For example:

- Including [pre-written descriptions, website URLs and contact information for campus wellness resources into syllabi](#), course outlines, learning platforms and in-class presentations
- Inviting a resource person to present on key student services
- Working alongside health promotion or teaching and learning centre staff to review course curricula and consider ways to add health-and-well-being-focused components that will reinforce course content while simultaneously increasing student awareness of health-related issues
- Components may include: assigned readings, guest speakers, discussions, graded projects and assignments, and community-based experiential learning components such as placements/stages

Many academic courses can readily include a health focus, including subjects where the link between health topics and academic material may be less obvious. For example:

- **Business students** could investigate the impact of substance misuse on workforce productivity and labour relations. They can also explore the qualities of an effective workplace drug and alcohol recovery program. As personal finances are also an important element of wellness, business classes could also give assignments that help students better understand their own finances or debt.
- **Communications students** could examine the media's positive and negative impacts on youth and adult body image.
- **Linguistic students** could be assigned health-related readings that aid their cultural awareness. For example, mental health can be a taboo topic in certain cultures and can be stigmatised through language. Offering it as a topic for discussion in English as a second language classes could improve awareness of services.
- **Engineering students** could learn about innovative safety barrier options when learning about bridge design.
- **Women's studies students** could learn about public health concepts, such as gender as a social determinant of health, by examining different health outcomes between males and females, and how improving gender equity can reduce health inequities.
- **Math students** could practice mathematical modeling using the effect of food intake, sex and weight on alcohol impairment. Students in statistics class could practice quantitative reasoning through working with population health data sets.

2 For-credit health-and-wellness-focused courses

Institutions may also consider offering for-credit courses. As an example, Concordia University's students shared their desire for such courses in the [Student health and wellbeing review](#) (2018). Students, staff and faculty asked that life skills and healthy behaviors be taught in classrooms and to not assume emerging adults could or would acquire these skills on their own. The review also found [students are most inclined towards credit-level courses](#) as opposed to non-credit courses.

Unless wellness topics are built into a course's grading scheme, few students will be willing or able to invest time into it. Students will prioritize projects that will earn them grades.

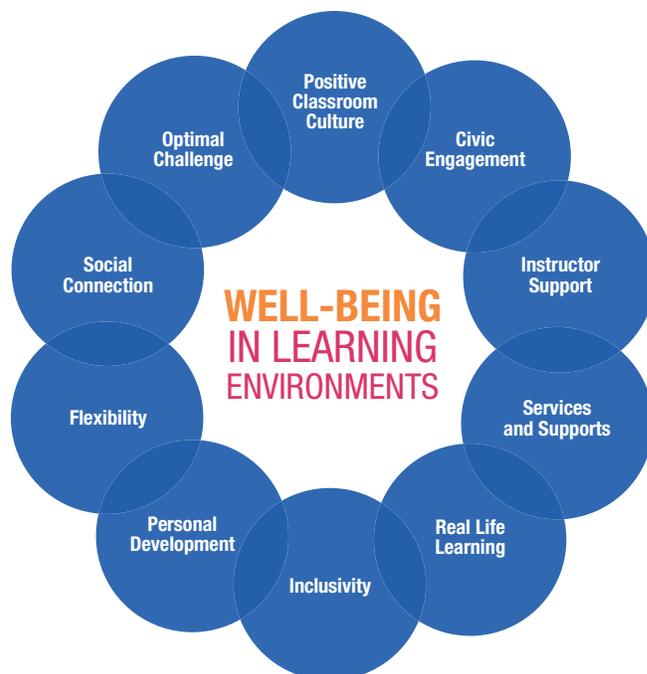
Methods to introduce for-credit courses

The university can promote for-credit health-and-wellness-themed courses to students as electives that are available to students from all faculties as e-courses (Appendix 2 has viable examples from Concordia University).

Institutions that seek to go further could consider introducing a pre-determined number of health/wellness/health promotion credits as a degree requirement (see Appendix 2 for examples).

In response to this new requirement, new for-credit electives could be created, inspired by topics requested by students in consultations, as well as by courses that are being offered at other universities (see Appendix 2 for examples). When there are sufficient course offerings, the university could create a minor in health and wellness. Minors are popular with students because they allow them to study another discipline in-depth. A wellness minor could be attractive to prospective students who are seeking a well-rounded learning experience from their degree (see Appendix 2 for examples).

An example of a framework for student well-being in the classroom is 'Well-being In Learning Environments' from Simon Fraser University, which showcases 10 conditions for student well-being. Each of these conditions is important because they can have a positive impact on student mental health when properly implemented. SFU uses this framework to inform course content, in-class activities and their teaching practices. For more information about these 10 conditions, see SFU's guide on the resources tab of this toolkit.



Source: <https://www.sfu.ca/healthycampuscommunity/learningenvironments.html>

Another example is UBS's teaching practices that promote student wellbeing. These teaching practices can help teaching staff create more universally accessible courses that take students' mental health and wellbeing into account. For more information, visit the resources tab of this toolkit.

Student wellbeing is improved through



1 *Students are motivated to learn and feel they are learning successfully*

- Helping students find value in the subject matter
- Helping students find value in the learning process
- Structuring the course effectively
- Delivering the material effectively
- Supporting learning outside the classroom



2 *Students feel connected to their peers and instructors*

- Fostering instructor-student relationships
- Fostering peer-to-peer relationships



3 *Instructors recognize that the students' experience extends beyond academics*

- Recognizing that students have lives outside academics
- Openly discuss wellbeing-related topics
- Creating a safe classroom environment

How can you support your own mental health?

Faculty/teaching staff face many demands on their time. Every year, many faculty are designing and teaching more courses, taking on more students, figuring out how to embed the latest technology into these courses, and doing research. This can cause stress and anxiety. This can lead to adverse changes in mental health, as well as decreased productivity and overall satisfaction with work (Dyjur, 2017). Specifically, in the time of COVID-19, many faculty members, like workers across the globe, have had to quickly move all their work online on top of personal responsibilities, such as caregiving duties. This has created a stressful and challenging situation for many. If the work environment is not a mentally-healthy one, faculty and teaching staff will face issues when it comes to supporting their mental health and may be unable to support students when they experience mental health challenges (MacKean, 2011).

Many faculty members are wary of speaking out about their own mental health because of the fear of how others may perceive them after such a disclosure (Price, 2017). But to normalize mental health among faculty and change how it is perceived, mental health has to become part of the conversation. Speaking about mental health will not only help faculty and teaching staff connect to the supports they may need, it will also help them to connect with other faculty members about the topic.

It has been shown that one of the main factors that contributes to student mental health is the support of faculty (Warwick et al, 2008). Having good institutional supports lets faculty know they are valued and their mental health also matters. Over the past few years, many colleges and universities have added to the support services they offer to faculty. Unfortunately, many faculty/teaching staff do not know what is available for them to access. In a study by Price et al. (2017), it was noted that approximately 70 per cent of faculty were either not at all familiar or slightly familiar with the support services they could access on campus.



Below are some of the things that can be done to support faculty mental health so they are able to bring their best selves to work:



Connect with the employee assistance program or staff health and wellness department to see what mental health services and supports are available on or off-campus, like [BounceBack](#).



Talk to the department/faculty chairperson about any difficulties being experienced around mental health



Encourage the faculty/department to create a community of practice dedicated to mental health support and strategies



Stay connected to colleagues and engage in open conversations about mental health

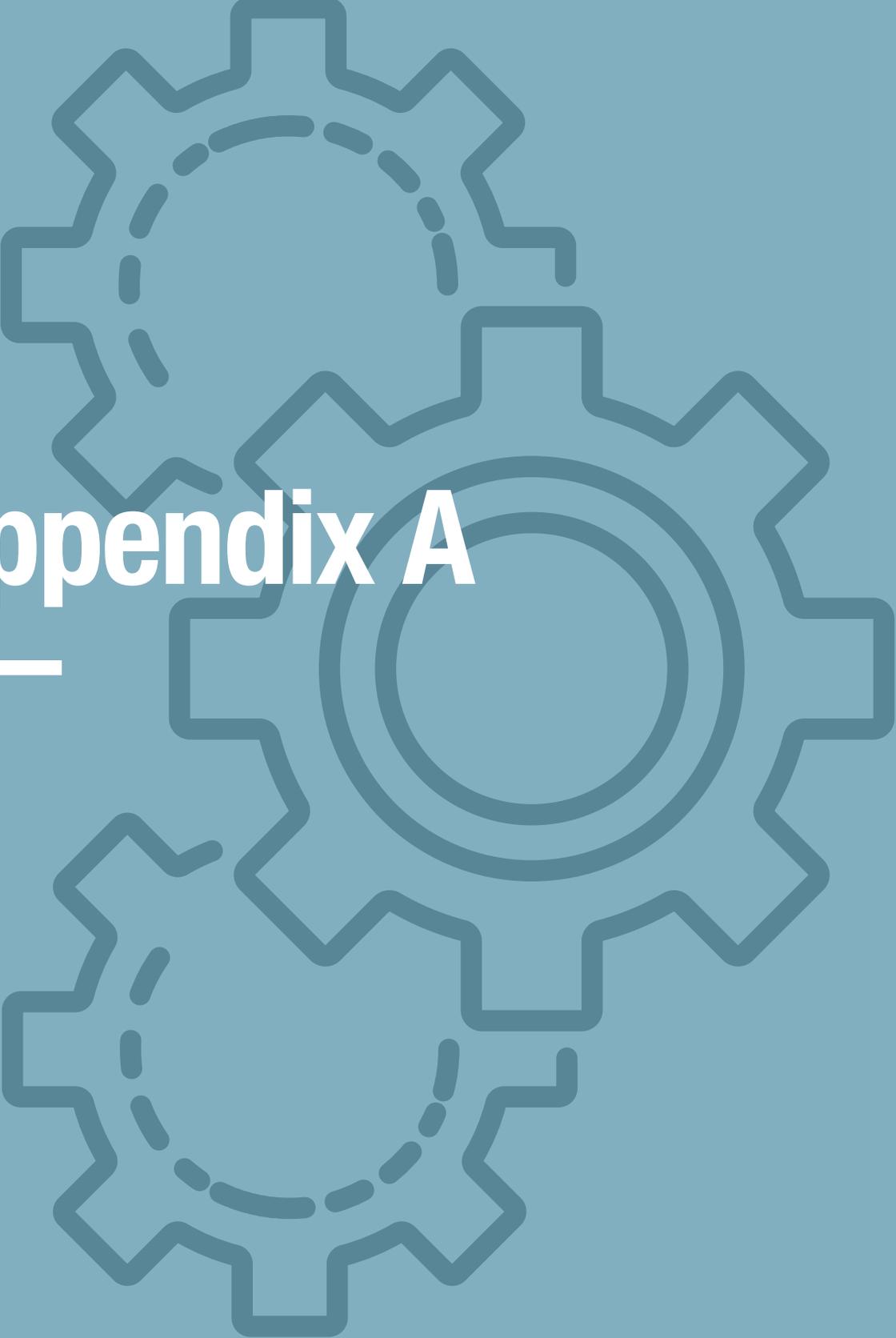


Engage in self-care to help reduce chances of burnout

- o Many resources available online, like [this webinar](#) by the Centre for Innovation in Campus Mental Health (CICMH), that can help with finding the right self-care practice



Participate in mental health trainings like [More Feet on the Ground](#), [Mental Health Works](#) and [The Working Mind](#) to get equipped with the tools to support faculty mental health



Appendix A

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Appendix A

Resources for teaching assistants and graduate assistants

Teaching assistants (TA) and graduate assistants (GA) straddle the roles of student and educator in the post-secondary environment. This can make things complex when they are working to support student mental health while also maintaining their own mental health. Below are some resources to help them support student mental health and their own mental health. For more resources, take a look at CICMH's graduate student mental health [toolkit](#).

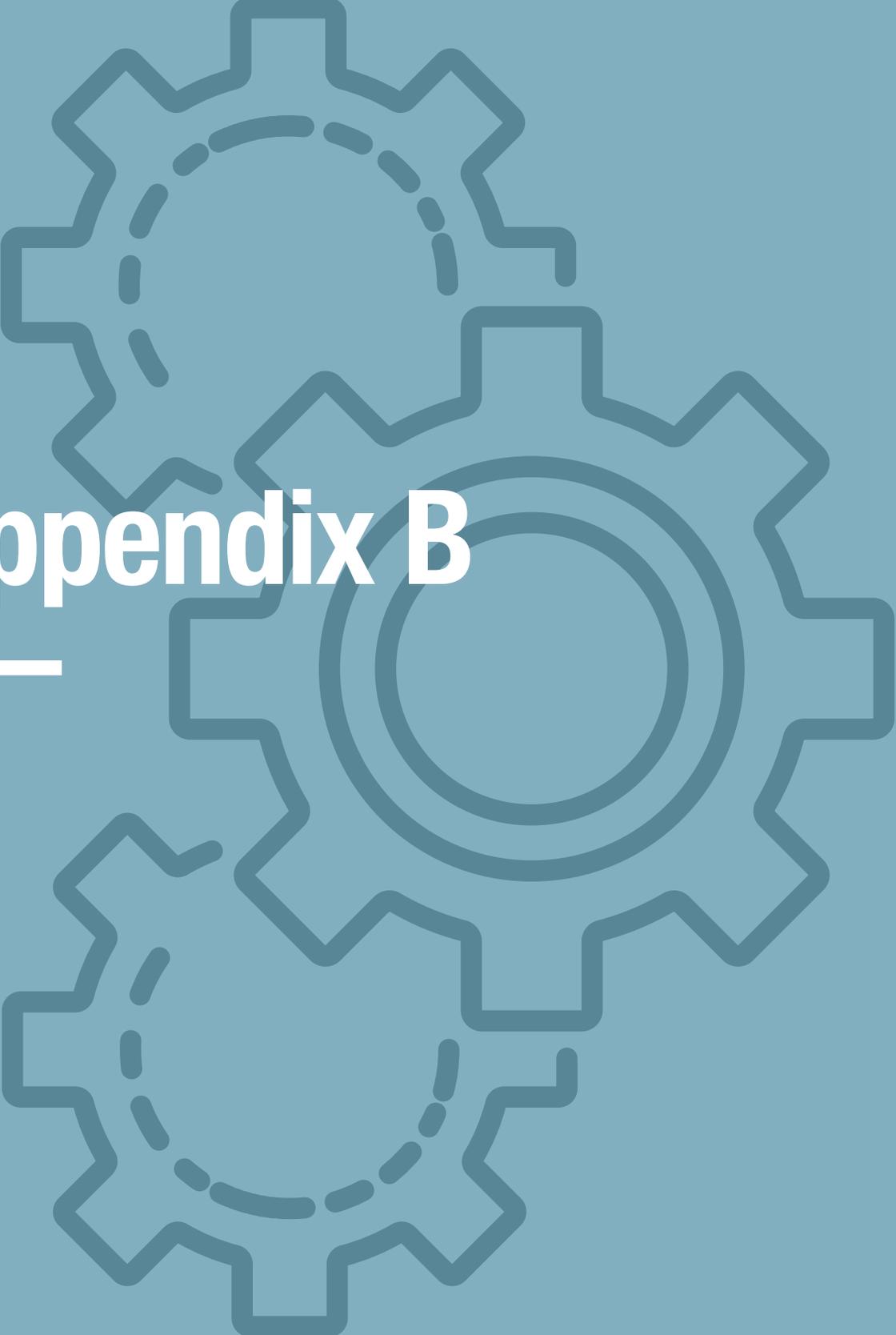
Supporting student mental health:

- Engage with the TA training program on campus to learn more about creating well-being-enhancing conditions in labs/tutorials/classes
- Take mental health training to learn to recognize the signs that students may be struggling (such as [More Feet on the Ground](#), safeTALK)

Supporting your teaching/graduate assistant mental health:

- Consult the TA training program to see if they offer sessions/training about resilience and well-being for graduate students
- Work toward using time management skills to divide TA/GA work from work as a graduate student
- Build a positive relationship with the faculty member for whom you assist
- You can build a positive relationship with them in the following ways:
 - Clearly state your needs so they can respond and mentor you effectively
 - Communicate with them regularly
 - Discuss the expectations for your work so you can come to a common understanding of what is expected
 - Address any issues/conflicts with the faculty advisor or faculty member as soon as they arise
 - Seek additional supports through the department/institution if you feel them necessary
 - Utilize your employee assistance program or insurance to access mental health supports
 - There are also free resources like [BounceBack](#)

[Sources: SFU TA Wellbeing Project (2020), UBC Centre for Teaching, Learning and Technology (2020), Queens University (2020), UBC Graduate and Postdoctoral Studies (2020)]



Appendix B



Appendix B

Curriculum Infusion, Course/Degree Requirement and Minor Program Examples

<https://uwaterloo.ca/centre-for-teaching-excellence/teaching-resources/teaching-tips/teaching-tips-planning-courses-and-assignments/supporting-students-mental-wellbeing-course-design>

<https://journalhosting.ucalgary.ca/index.php/pplt/article/view/42227>

<https://teaching.utoronto.ca/teaching-support/course-design/>

<https://teaching.utoronto.ca/teaching-support/strategies/inclusive-teaching/strategies-for-instructors/design-information/>

<https://teaching.utoronto.ca/teaching-support/course-design/developing-a-syllabus/>

<https://teaching.utoronto.ca/wp-content/uploads/2015/08/LCT-Small-Group-Learning-Structures.pdf>

Case studies/examples of Curriculum Infusion programs

A number of North American universities have started considering how CI (in various forms) could be brought to the institutions. They include:

- Georgetown University has had a formal CI program for many years: the [Engelhard Project](#)
- Indiana University of Pennsylvania has a formal [CI program to help influence the campus culture around alcohol use](#)
- The Tennessee Suicide Prevention Network uses [CI toward suicide prevention](#)
- Georgia Tech has a [mental health curriculum infusion program](#) in their first-year seminars
- [McGill's Wellness Enhanced Lifelong Learning \(WELL\) Office](#) delivers a wellness curriculum across all four years of medicine that includes formalized lectures with questions on exams, support groups and wellness days
- Although it was not part of a formal CI program, a [class research project](#) at Concordia effectively involved undergraduates in the research and scientific process, and allowed them to invest a semester engaging deeply in that topic (in this case, gut health)
- UBC runs [CI events](#) as a part of their well-being initiatives and also encourages [institution-wide program design](#).

Examples of health-and-wellness-focused electives at Concordia

- [AHSC 460 Health Promotion](#)
- [AHSC 312 Sexuality in Human Relations](#)
- [BIOL 203 Fundamental Nutrition](#)
- [EXCI 233 Current Issues in Personal and Community Health](#)
- [EXCI 251 Fundamentals of Health and Physical Activity](#)
- [PSYC 241 Stress, Health, and Coping](#)
- [RELI 310 Self and Other: Identity and Ethical Development](#)
- [RELI 371 Health, Healing and Religion](#)
- [SOC 321 Sociology of Health, Illness and Medicine](#)
- [FINA 200 Personal Finance](#) (“designed to help individuals better manage their current and future financial affairs.”)
- [FFAR 291 HIV/AIDS: An Interdisciplinary Introduction to Scientific, Social and Cultural Aspects](#)
- [ANTH 474 / SOCI 474 The Body Social](#) (“Topics include body image and self-esteem, the symbolism of beauty and ugliness, height, hair, dress, the face, body language, health and fitness, eating and drinking patterns.”)
- [EXCI 453 Stress, Health and Disease](#)
(This is a core course in Health, Kinesiology, and Applied Physiology program; perhaps some core courses could be opened up to the broader student community, or reworked into electives for students who are not registered in that particular program)

Examples of health credits as a degree requirement

- Rochester Institute of Technology: Two [wellness courses](#) are part of their [graduation requirements](#)
- Pennsylvania State University has [three credits of health and wellness](#) learning requirements in their [baccalaureate degree general education](#) programs
- All undergraduate students at Binghamton University must fulfill a [two-credit physical activity/wellness](#) requirement
- University of Richmond does not attach credit, but completing “[a three-part series on wellness](#)” is an undergraduate degree requirement
- Undergrads at Brandeis University fulfill the [health, wellness and life skills degree requirement](#) by completing three non-credit, six-week module courses. One module is standard for all students, while the other two modules are flexible, and students can select from a variety of topics, including fitness classes, mindfulness modules, resilience-building modules, etc.

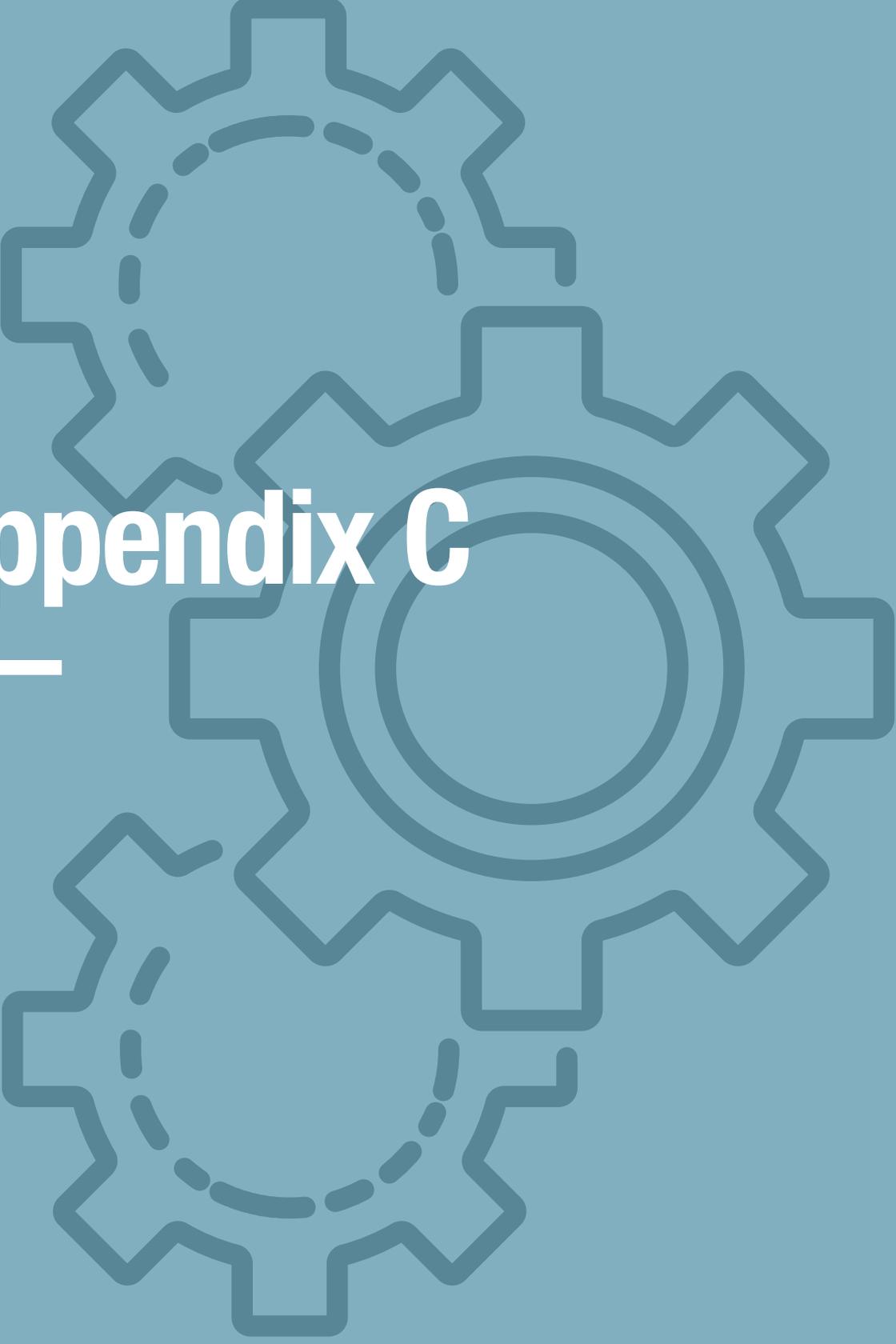
Examples of for-credit electives offered by different universities

- University of Minnesota has many [for-credit elective courses that focus on integrative healing and well-being](#), such as [CSPH 320: Mindfulness-Based Stress Reduction \(MBSR\)](#).
- University of Illinois: [OT360: Promoting Wellbeing](#)
- University of Guelph: [PSYC1300: Learning Disabilities: Experience to Understanding](#); [PSYC1400: Mental Health: Experience to Understanding](#) (these credit courses are open to students who are registered with student accessibility services)
- University of Michigan's [ALA 270: Being Well Now: Coping and Resilience Skills for College Students](#) and [ALA 240: Living Well in College and Beyond](#) provide three credits when taken together
- Yale University's The Science of Well-Being is a [free course offered through coursera.org](#) that can be taken for credits after completion of certain assignments or just for personal development
- Northwestern University: [HDPS 341-0 Marriage 101: Building Loving and Lasting Relationships](#)
- University of Alberta: [HE ED 110: Introduction to Personal Health and Well-Being](#)
- Ryerson University's [FIN 562 Personal Finance](#) targets “students who may not have a strong math ability and/or interest so they will be better able to manage and plan their own finances”
- University of Rhode Island: [EDC 278: Mental Health First Aid](#) one-credit course; [KIN 123: Foundations of Health](#) three-credit course
- Penn State has [many courses](#) that help their undergrad students meet their three credits of health and wellness learning requirements, including:
 - FDSC 105: Food Facts and Fads
 - HDFS 108N: Art and Science of Human Flourishing
 - KINES 83: Exercise for Stress Management
 - NUTR 251: Introductory Principles of Nutrition
 - Several ‘gym/exercise’ courses, such as Resistance Training, Swim Conditioning, Walking for Fitness, Introduction to Tai Chi Ch'uan, Yoga for a Lifetime, etc. whereby students fit in exercise a few times a week through the semester and earn credit towards their degree at the same time
- Binghamton University offers many courses that help their undergrad students meet their two credits of physical activity/wellness requirements, including:
 - HWS 100: Healthy College Living
 - HWS 210: Men's Personal Wellness
 - HWS 216: Women's Wellness
 - HWS 233: Stress Management

Examples of minors

- [Minor in wellness at University of Missouri](#): The wellness minor is intended for both non-science and science students interested in coursework focused on empowering them to make informed decisions related to lifelong personal nutrition and exercise choices
- [Minor in wellness at Southern Connecticut State University](#): The wellness minor addresses personal behaviors and environmental conditions that affect the quality of personal and public health; it is intended to increase the capacity of the individual to adopt health-benefiting behaviours and lifestyles
- [Wellness minor at University of Denver](#): An undergraduate who completes a minor in wellness will have an increased ability to navigate in the health care, wellness or corporate arenas, which are increasingly embracing preventative, proactive approaches to health
- [Wellness minor at Missouri Western State University](#): A minor in wellness could be especially helpful for students who wish to self-implement a wellness program
- [Health and wellness minor at Old Dominion University](#): This interdisciplinary minor fosters an appreciation for personal responsibility for health, and strategies to enhance and preserve the individual's and the public's health
- [Wellness minor at North Dakota State University](#): A minor in wellness will provide students with knowledge and life skills to enhance the quality of their own lives. This minor can be a good addition to any major because wellness is an important part of life and has been shown to impact professional success.



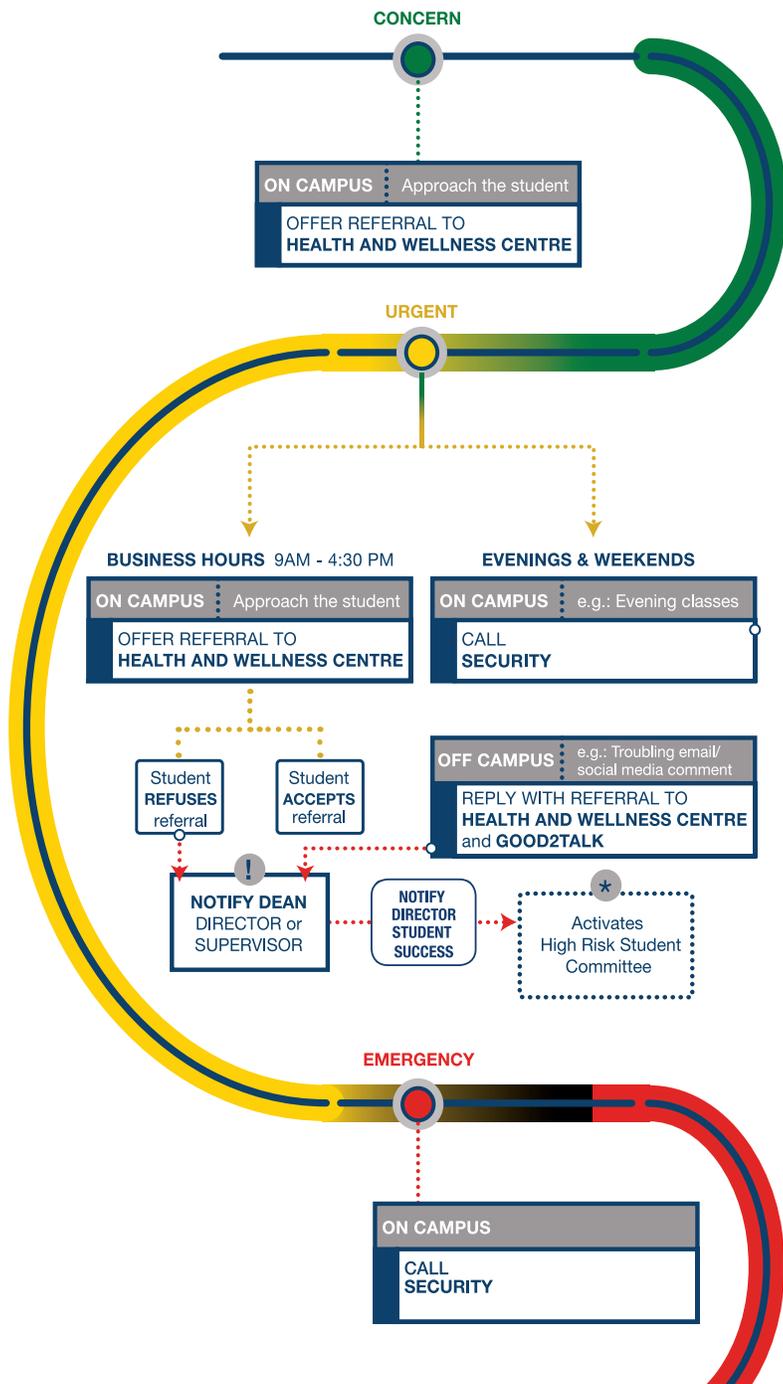


Appendix C

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Appendix C

Protocol for SUPPORTING STUDENTS IN DISTRESS Mental Health Initiative



HEALTH & WELLNESS CENTRE
Medical & Counselling Services
MONDAY TO FRIDAY 9AM - 4:30PM

GOOD2TALK POST-SECONDARY HELPLINE
Counselling & Mental Health Resources
AVAILABLE 24/7/365
1-866-925-5454 | Good2Talk.ca

COLLEGE EMERGENCY SERVICES
Medical Crisis Intervention, Crime Prevention

CAMPUS RESOURCES AND SUPPORT

| | |
|--|-------------------------------|
| College Emergency Services | Counselling Services |
| International Support | Health & Wellness |
| Aboriginal Cultural & Learning Centre | Food Bank E Residence Housing |
| PEER Support Sexual Assault Accessibility Centre | Financial Aid |
| | The Rock |

External Resources

- Canadian Mental Health Association
24Hr Crisis: 519-336-3445
- Family Counselling Centre
24Hr Distress Line: 519-336-3000
- Good2Talk 24Hr Help Line
1-866-925-5454 or 211

As a faculty or staff member, helping a student in distress can affect your personal well-being. Take steps to maintain your own wellness. It may be important to debrief with supervisors or colleagues or to contact the Employee and Family Assistance Program 1-800-387-4765 which offers confidential counselling and other support services for faculty and staff. For more information on Student Mental Health Strategy or for other resources, please visit the Mental Health Hub at mylambton.ca/sos/ Information on relevant college policies is available at mylambton.ca/policies

Protocol for SUPPORTING STUDENTS IN DISTRESS

Mental Health Initiative

YOUR ROLE & RESPONSIBILITY

Front-line staff, faculty and students have a shared responsibility to:

- 1. NOTICE** signs of distress and follow the Student to take the necessary action.
- 2. ENGAGE** with the student by simply having a direct conversation. Take approach of helpfulness if safe to do so.
- 3. REFER** the student to appropriate support resource, as recommended in the protocol blow.

 Your role is not to serve as a counsellor, diagnose a student and/or solve the student's problems.

If there is risk of immediate harm to self or others contact 911 or College Emergency Services Ext. 3333

CONCERNING SITUATIONS

Those who are showing signs of concerning behaviours likely have options for support, but may need to be reminded of these and/or to be connected with similar supports in the campus community.

INDICATORS

- Change in the mood and attitude
- Isolating oneself from others
- Change in class participation
- Procrastination on personal commitments or academic assignments
- Slight drop in attendance and grades
- Lack of motivation
- Deterioration in personal hygiene or dress
- Dramatic weight gain or loss and/or change in appetite and food behaviours
- Heightened levels of stress and anxiety
- Changes in sleep patterns
- Increase in risk-taking behaviour

WHAT TO DO

- Using the steps from the “How to Help” section address the individual’s situation in an empathetic non-judgmental way.
- If required, provide resources and follow up.
- Connect to Support on Campus Peers Accessibility Academic or Financial Aid

URGENT SITUATIONS

Those who are showing signs of critical behaviours likely need professional support and/or intervention due to the ongoing and/or disruptive nature of their concerns. These situations need to be addressed and followed up with, but may not require immediate action.

INDICATORS

- Extreme mood swings, aggression, or other disruptive behaviour
- Significant depressive state or devoid of emotion
- Extreme emotional distress or high levels of anxiety and worry
- Bullying or harassment
- Dominating classroom discussion
- Hostile or sarcastic remarks
- Significant problems with roommate, partner, friends and/or family
- Disclosure of self harm, disordered eating, substance abuse, current or prior sexual assault and/or partner/family violence
- Serious academic concerns (e.g. significant drop in attendance and grades)
- Serious/prolonged illness or injury
- Lack of food, shelter, and/or financial means

WHAT TO DO

- Listen to the individual and use the “Quick Referral Guide” to help get the individual to appropriate support services
- Contact Counselling to note concerns, establish a follow up plan, and discuss further support for the individual

EMERGENCY SITUATIONS

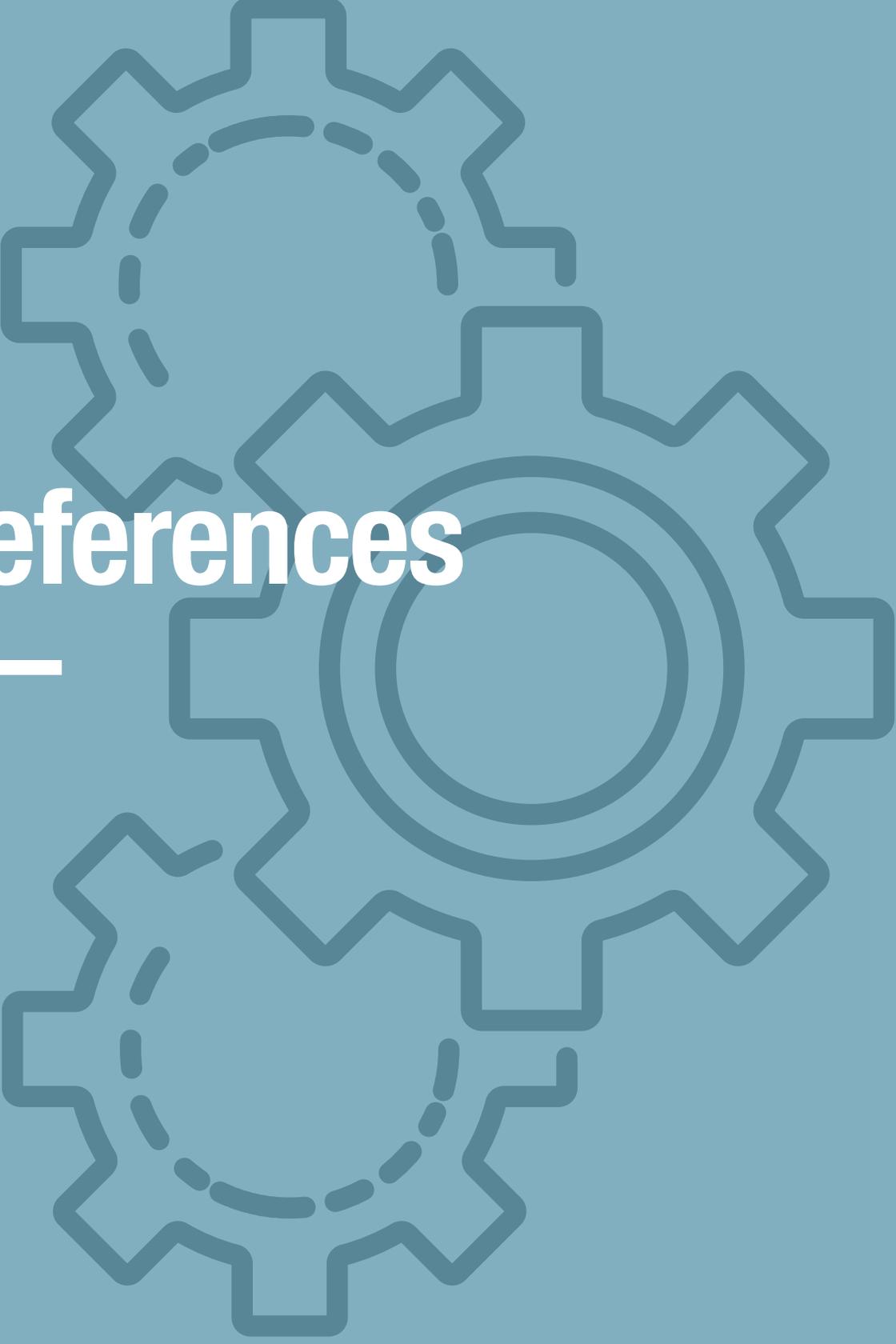
Those who are showing signs of severe behaviours are in need of immediate attention and intervention by other helping professionals and/or emergency services.

INDICATORS

- Thoughts of suicide or suicidal behaviours
- Threats and actions of aggression towards others (physical, verbal, correspondence)
- Imminent threat or action of serious injury to others
- Serious actions of harassment towards others (physical, verbal, online)
- Persistence of unwanted/unwarranted contact or harassment/bullying
- Physical contact/attack
- Presence of or threat to use a weapon

WHAT TO DO

- If on campus, contact College Emergency
- If off campus, contact 911



References

References

Baik, C., Larcombe, W., & Brooker, A. (2019). How universities can enhance student mental wellbeing: The student perspective. *Higher Education Research & Development*, 38(4), 674-687. doi:10.1080/07294360.2019.1576596

Bunbury, S. (2018). Disability in higher education – do reasonable adjustments contribute to an inclusive curriculum? *International Journal of Inclusive Education*, 24(9), 964-979. doi:10.1080/13603116.2018.1503347

Catano, V., Francis, L., Haines, T., Kirpalani, H., Shannon, H., Stringer, B., & Lozanski, L. (2010). Occupational stress in Canadian universities: A national survey. *International Journal of Stress Management*, 17(3), 232-258.

Chaplin, D., Twigg, J., & Lovell, E. (2019, April). Intersectional approaches to vulnerability reduction and resilience-building (Rep. No. 12). Retrieved from <https://www.odi.org/sites/odi.org.uk/files/resource-documents/12651.pdf>

Dyjur, P., Lindstrom, G., Arguera, N., & Bair, H. (2017). USING MENTAL HEALTH AND WELLNESS AS A FRAMEWORK FOR COURSE DESIGN. *Papers on Postsecondary Learning and Teaching*, 2, 1-9.

Farr, M. (2019, October 24). What role should faculty play in supporting student mental health? Retrieved from <https://www.universityaffairs.ca/features/feature-article/what-role-should-faculty-play-in-supporting-student-mental-health/>

Fernandez, A., Howse, E., Rubio-Valera, M., Thorncraft, K., Noone, J., Luu, X., . . . Salvador-Carulla, L. (2016). Setting-based interventions to promote mental health at the university: A systematic review. *International Journal of Public Health*, 61(7), 797-807. doi:10.1007/s00038-016-0846-4

Gulliver, A., Farrer, L., Bennett, K., Ali, K., Hellsing, A., Katruss, N., & Griffiths, K. M. (2018). University staff experiences of students with mental health problems and their perceptions of staff training needs. *Journal of Mental Health*, 27(3), 247-256. doi:10.1080/09638237.2018.1466042

Inside Higher Ed. (n.d.). Retrieved from <https://www.insidehighered.com/advice/2020/03/11/practical-advice-instructors-faced-abrupt-move-online-teaching-opinion>

Inside Higher Ed. (n.d.). Retrieved from <https://www.insidehighered.com/digital-learning/article/2017/11/15/peer-advice-instructors-teaching-online-first-time>

Lane, K., Teng, M. Y., Barnes, S. J., Moore, K., Smith, K., & Lee, M. (2018). Using Appreciative Inquiry to Understand the Role of Teaching Practices in Student Well-being at a Research-Intensive University. *The Canadian Journal for the Scholarship of Teaching and Learning*, 9(2). doi:10.5206/cjsotl-rcacea.2018.2.10

Mackean, G. (2011). Mental health and well-being in postsecondary education settings. *CACUSS*, 1-59.

Martin, A. J. (2013). Academic buoyancy and academic resilience: Exploring 'everyday' and 'classic' resilience in the face of academic adversity. *School Psychology International*, 34(5), 488-500. doi:10.1177/0143034312472759

Morosanu, L., Handley, K., & O'Donovan, B. (2010). Seeking support: Researching first-year students' experiences of coping with academic life. *Higher Education Research & Development*, 29(6), 665-678. doi:10.1080/07294360.2010.487200

Ontario Human Rights Commission. (n.d.). An introduction to the intersectional approach. Retrieved from <http://www.ohrc.on.ca/en/intersectional-approach-discrimination-addressing-multiple-grounds-human-rights-claims/introduction-intersectional-approach>

Price, M., & Kerschbaum, S. L. (2017). Promoting Supportive Academic Environments for Faculty With Mental Illness. Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, 1-29.

Queens University Health, Counselling and Disability Services. (n.d.). Fostering Strong Supervisory Relationships: How Can Supervisors Assist? (Rep.). Retrieved from [https://www.queensu.ca/sgs/sites/webpublish.queensu.ca.sgswww/files/files/Students/FACULTY booklet--Supervisory Relationships.pdf](https://www.queensu.ca/sgs/sites/webpublish.queensu.ca.sgswww/files/files/Students/FACULTY%20booklet--Supervisory%20Relationships.pdf)

Rango, M. L. (2017). Situating the Post-Secondary Instructor in a Supportive Role for the Mental Health and Well-Being of Students. *International Journal of Mental Health and Addiction*, 16(2), 284-290. doi:10.1007/s11469-017-9740-4

Riley, J.B., & McWilliams, M. (2007). Engaged Learning through Curriculum Infusion. *Peer Review*, 9(3). Retrieved from <https://www.aacu.org/publications-research/periodicals/engaged-learning-through-curriculum-infusion>

Simon Fraser University Engaging the World. (n.d.). Retrieved from <https://www.sfu.ca/dean-gradstudies/blog/year/2017/08/well-being-project.html>

Simon Fraser University Health and Counselling | Health Promotion. (n.d.). 10 WAYS TO EMBEDWELL-BEING INTO REMOTE LEARNING ENVIRONMENTS (Rep.). Retrieved from [https://www.sfu.ca/content/dam/sfu/healthycommunity/PDF/WLE/WLE Remote Learning \(Revised\).pdf](https://www.sfu.ca/content/dam/sfu/healthycommunity/PDF/WLE/WLE%20Remote%20Learning%20(Revised).pdf)

Stanton, A., Zandvliet, D., Dhaliwal, R., & Black, T. (2016). Understanding Students' Experiences of Well-Being in Learning Environments. *Higher Education Studies*, 6(3), 90. doi:10.5539/hes.v6n3p90

Steinmetz, K. (2020, February 20). Kimberlé Crenshaw on What Intersectionality Means Today. Retrieved from <https://time.com/5786710/kimberle-crenshaw-intersectionality/>

University of Manitoba. (n.d.). SUCCESS THROUGH WELLNESS Enhancing the campus community to promote and support mental health and well-being University of Manitoba's Campus Mental Health Strategy (pp. 1-30, Rep.).

TA Institute – TA Wellness. (n.d.). Retrieved from <https://events.ctit.ubc.ca/tag/ta-institute-ta-wellness/>

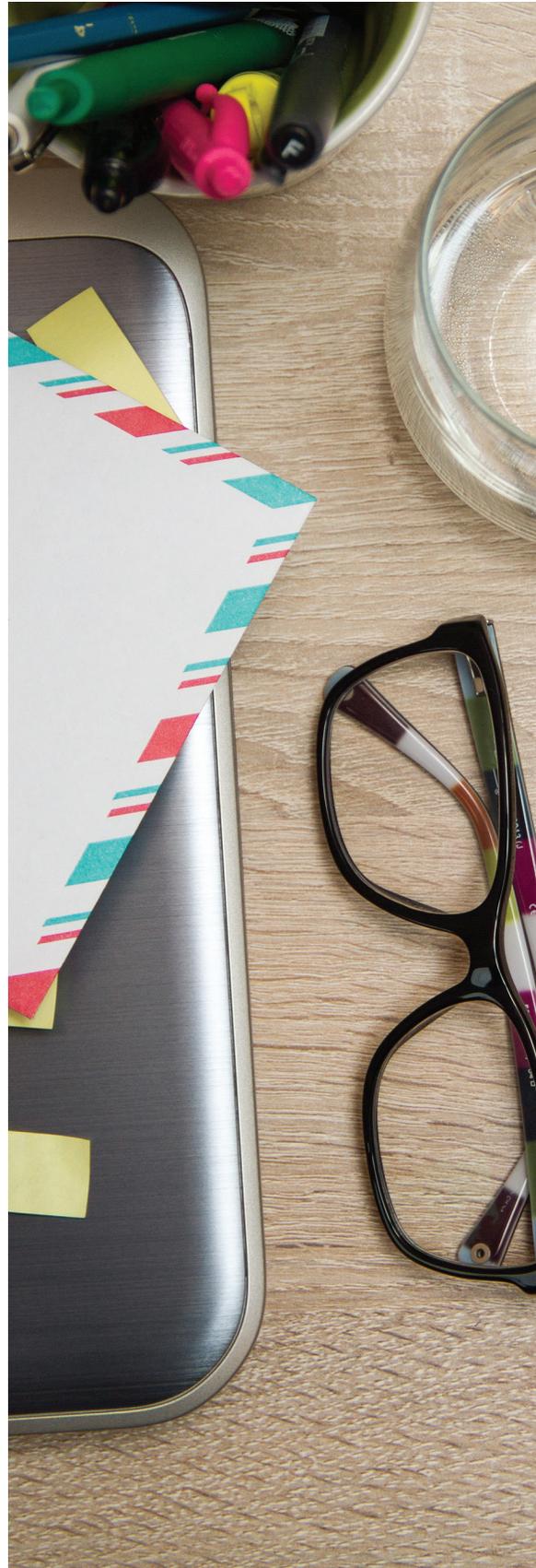
UBC Graduate and Postdoctoral Studies (2020). Building an Effective Graduate Student-Supervisor Relationship. (n.d.). Retrieved from <https://www.grad.ubc.ca/faculty-staff/information-supervisors/building-effective-graduate-student-supervisor-relationship>

UBC. (2018). TEACHING PRACTICES THAT PROMOTE STUDENT WELLBEING:A Tool for Educators. Retrieved from http://blogs.ubc.ca/teachingandwellbeing/files/2018/11/TLEF_Handout_October-2018.pdf

Wada, M., Suto, M. J., Lee, M., Sanders, D., Sun, C., Le, T. N., . . . Chauhan, S. (2019). University students' perspectives on mental illness stigma. *Mental Health & Prevention, 14*, 200159. doi:10.1016/j.mph.2019.200159

Wiens, K., Bhattarai, A., Dores, A., Pedram, P., Williams, J. V., Bulloch, A. G., & Patten, S. B. (2019). Mental Health among Canadian Postsecondary Students: A Mental Health Crisis? *The Canadian Journal of Psychiatry, 65*(1), 30-35. doi:10.1177/0706743719874178

Winger, A. T., & Olson, M. R. (2015). College Student Mental Health: The Experiences of Faculty Members and Student Affairs Personnel. *Focus on Colleges, Universities, and Schools, 9*(1), 16. [http://www.nationalforum.com/Electronic Journal Volumes/Winger_Austin_College_Student_Mental_Health_FOCUS_V9_N1_2015 .pdf](http://www.nationalforum.com/Electronic Journal Volumes/Winger_Austin_College_Student_Mental_Health_FOCUS_V9_N1_2015.pdf)





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