Mental Health and Wellness Preliminary Report

June 2020

President’s Advisory Committee on Mental Health and Wellness

uOttawa.ca/vice president academic/advisory committee mental health wellness
INTRODUCTION

Mental illnesses and mental health problems affect one in five people in Canada every year.\(^1\) For our university community of 42,000 students and 13,000 full- and part-time staff members and faculty, this means over 10,000 people will study, work and live while facing challenges to their mental health.

According to the Ontario College Health Association, postsecondary students are a “unique and critical” population that falls into the highest risk age group for mental illness.\(^2\) These numbers are growing: in Ontario universities, for instance, the number of students who identified their primary disability as a mental health disability more than doubled between 2011 and 2016.\(^3\)

We have seen these trends reflected in our uOttawa community. In 2019, for the first time, the University participated in the National College Health Assessment survey.\(^4\) Our results mirrored those of other universities in several troubling areas:

- 9.1% of uOttawa students had seriously considered suicide within the last 12 months (versus 10.1% in the pan-Canadian sample).
- 66.8% of uOttawa students had found their academic work traumatic or very difficult to handle (versus 59.5% in the pan-Canadian sample).
- 48% of uOttawa students reported that stress had affected their individual academic performance (versus 41.9% in the pan-Canadian sample).

AN ADVISORY COMMITTEE ON MENTAL HEALTH AND WELLNESS

In January 2020, President Frémont and Provost Scott asked Kevin Kee, dean of the Faculty of Arts, to chair a President’s Advisory Committee on Mental Health and Wellness. The committee was charged with a three-part mandate:

- Undertake a thorough and comprehensive listening exercise to hear the views of students, professors and staff, to gain a deeper understanding of the mental health challenges faced by the University of Ottawa community and a sense of the opportunities and barriers within the current offering of services and resources.
- Conduct an environmental scan of best practices among Canadian postsecondary institutions.

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\(^4\) NCHA II Canadian Reference Group Executive Summary, Spring 2019 (American College Health Association) in *Roadmap to Wellness at uOttawa*. Ottawa: University of Ottawa, 2020, p. 20. The NCHA is a national research survey that provides information to colleges and universities about the health of the student population, including mental health.
Produce a report based on the two exercises above, identifying gaps in our services and recommending other measures. This report will align the findings and recommendations of the Campus Action Group on Mental Health.

Dean Kee assembled the committee in February 2020, following the fifth student death at the University in less than a year. Committee members included the following:

- **J. Craig Phillips**, Vice-Dean, Governance, Faculty of Health Sciences
- **Sharon Whiting**, Vice-Dean, Faculty Affairs, Faculty of Medicine
- **Éliane Boucher**, part-time professor and student in the Faculty of Law, Civil Law Section
- **Joëlle Perron-Thibodeau**, undergraduate student, Faculty of Law, Civil Law Section
- **Maxime Lê**, graduate student, Faculty of Arts
- **Nathalie Saumure**, Student Experience Lead, Faculty of Social Sciences
- **Jessica Simon**, Equity and Wellness Counsellor, Faculty of Law, Common Law Section

In addition, **Rachelle Clark**, Director, Wellness and Recreation Sector, and **Lise Griffith**, Director, Health and Wellness, Human Resources, served as resource persons.

The listening exercise was kicked off on February 27, 2020 with a town hall accompanied by an online consultation for those who could not attend in person. Approximately 100 people participated in the town hall, and the recording of that event, together with the online consultation, generated approximately 30,000 words of feedback.

Our first in-person meeting as a committee was held on March 11. We developed a listening tour schedule so that we could hear from as many of our community members as possible in a short timeframe. The schedule was as follows:

- Monday, March 30, 4–6 p.m.: Undergraduate students
- Tuesday, March 31, 4–6 p.m.: Undergraduate students
- Wednesday, April 1, 4–6 p.m.: Graduate students
- Wednesday, April 15, 4–6 p.m.: Roger Guindon campus
- Wednesday April 29, 4–6 p.m.: Professors
- Wednesday May 13, 3:30–5 p.m.: Support staff

Our plan following the completion of the listening tour was to submit a report outlining our findings and recommendations to President Frémont and Provost Scott by the end of May.

**COVID-19 DISRUPTION**

In response to the COVID-19 pandemic, the University of Ottawa, along with all universities in Ontario, moved operations online during the third week of March. The committee’s activities followed suit, and our second meeting was held virtually on March 26. The Committee was unanimous in its agreement that we continue our work in the face of the crisis and resulting disruption.
In fact, we were convinced that our work had become more critical than ever. Mental health researchers and professionals, as has been noted by major media outlets, are concerned that quarantine-induced isolation and increased anxiety related to the health as well as socio-economic effects of this crisis will have an impact for years to come. In the midst of this crisis, we recognized our special obligation: to make recommendations that would aid students, staff and professors living through, and beyond, the pandemic.

Given that we could not conduct our listening exercise in person in March and April as planned, we revised our initial schedule and decided to:

- Table this preliminary report to President Frémont in June 2020, with our findings to date, based on the first town hall and online consultation, conversations with mental health professionals and community members, and our environmental scan.

- Table a final report in fall 2020, after we have heard (online or in person) from our community, using that feedback to supplement and potentially modify our preliminary report. Recommendations in the final report will include medium or long-term transformational initiatives which may require a more substantial investment.

**BUILDING ON PREVIOUS WORK, INCLUDING THE CAMPUS ACTION GROUP**

This preliminary report includes initial recommendations for immediate implementation to address pressing needs and produce positive, short-term results. As noted above, these recommendations are derived from our initial consultation with our community. In addition, we have benefited from the expertise and work of those who have preceded us. Notable among them is the Campus Action Group (CAG), which was created in January 2018 to promote, coordinate and optimize mental health and well-being activities on the campus. The CAG submitted its Roadmap to Wellness in January 2020. Our findings are consistent with the CAG’s, particularly with respect to the four key pillars of community awareness, mobilization, training, and strengthening supports and services. Our objective in this preliminary report is to propose actionable recommendations linked to those pillars, to help us better address the needs of our students and our community.

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This document is only the beginning of a vast undertaking. Our goal is to provide President Frémont with concrete recommendations for immediate changes that will improve the mental health and well-being of all members of our community. Transformation 2030, the University of Ottawa’s plan for the future, speaks to the need to “Create a comprehensive campus mental health plan to build on work already done in this area.” This initial report bears witness to the aspirations of our students, staff and faculty, as will the final report. We hope that this report will provide a roadmap to go forward, so that wellness becomes an institutional priority, part of our everyday lives at the University of Ottawa.

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METHODOLOGY

LISTENING EXERCISE PLUS DATA GENERATED AND QUALITATIVE ANALYSIS

As noted above, in keeping with the mandate given to us by President Frémont, the committee had organized a listening exercise for March to May 2020. Those plans were sidelined by the COVID-19 pandemic. However, on February 27, 2020, a general town hall was held, accompanied by an online feedback form which generated over 30,000 words worth of content. We are exceptionally grateful for our community’s engagement and participation in both initiatives, especially to our students. The input we received was critical to helping us form many of the recommendations outlined in this preliminary report.

The committee used the data that emerged from this exercise in a research-informed manner. We wanted to ensure that every voice was heard and every opinion captured, especially marginalized voices that have too often been left out of the conversation.

With this in mind, we enlisted the assistance of two uOttawa researchers to assist us with a qualitative analysis of the feedback received, Marie-Pier Vandette, PhD, C. Psych., postdoctoral fellow at the Centre for Psychological Services and Research, co-chair of the School of Psychology's Mental Health Committee; and Marie-Pierre Daigle, PhD student in clinical psychology and co-chair of the School of Psychology's Mental Health Committee.

Braun and Clarke's guidelines on inductive thematic analysis were used to conduct the qualitative analysis. The lead coder developed a codebook (a document logging all the themes identified during the reading of the document) for every type of data gathered, including comments made during the town hall, online feedback, and comments received via the Slido platform live during the town hall. The second coder independently coded 25% of the document in order to evaluate inter-rater reliability, and thus determine the accuracy of the initial coding. The coders then ensured that they agreed on the codes and citations. Finally, the main coder identified the main and secondary themes.

The committee acknowledges with appreciation Marie-Pierre Daigle and Marie-Pier Vandette, whose work was critical to the production of our recommendations. The qualitative research exercise that they led resulted in a rich analysis allowing us to identify recurring pain points and areas of improvement. Over 210 recurring themes were identified in the course of this analysis, including 85 recommendations suggested by the community.

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ENVIRONMENTAL SCAN

The second part of the mandate President Frémont gave the committee was to conduct an environmental scan. This is a process of taking an objective look at how an issue is managed within and beyond an organization and ultimately develop improved organizational strategies on the basis of a comparative exercise. In our case, this meant examining mental health and wellness structures, initiatives and policies in place at our peer institutions to identify gaps in our system and find potential solutions and opportunities. The committee studied several documents in the course of this exercise, the details of which can be found in Section 5 below.

Finally, the committee’s development of the recommendations below was informed by conversations with experts across and beyond the University. The University of Ottawa is home to remarkable researchers, teachers, staff and students with an interest in, and passion for, mental health and well-being. We received generous offers of support and engagement from all corners of our community. A resource group comprising students, professors, clinical practitioners and survivors will be supporting our ongoing work, and enriching these recommendations, as we move from rapidly crafting this preliminary report to expanding and refining our listening towards the tabling of our final report this fall.

MAJOR FINDINGS: WHAT WE HAVE LEARNED TO DATE

The committee’s first task was to understand our community’s concerns related to the University’s current wellness practices and resources. Our major findings below are based on the data provided by the town hall and online feedback. These findings will be supplemented and built upon by our expanded listening exercise over the coming months.

COMMUNICATIONS

General communications: Many students, professors and staff reported that they were unaware that resources exist or misinformed about the services available. Students indicated that they did not know how, when and where to go for help with mental health issues and professors reported that they were unsure where to point students in need. We heard that additional outreach and awareness measures should be implemented to ensure that our community knows what supports are there for them.

Communications regarding student deaths: We heard that the University’s notices regarding student deaths were distressing to many and triggering to some. Some community members asked that we stop sending these messages, offer the option of opting in to receive these messages or explore other options, such as emails specific to that part of the University community where the member was known.
CULTURE

Members of our community told us that we must build a culture of mental health and wellness at the University; many felt that this was missing. There is a sense that mental health needs are not fully supported by the University in terms of service provision and prevailing attitudes among community members. We heard that the University does not sufficiently promote wellness and self-care, nor balance them with the rigours of academic life. Additionally, we heard that there is a lack of literacy and understanding throughout the University regarding mental health, and that there remains a stigma surrounding seeking professional care or needing to take time off for mental health reasons. We heard that the issue should be treated holistically, to instill a culture of wellness.

ISOLATION

Loneliness and its harmful impact on mental health were concerns often repeated by students in particular. We heard that students felt isolated on campus and felt that they did not have opportunities to develop or maintain strong social networks. We were encouraged to find ways to promote healthy social activities and create opportunities and places to gather in both non-academic and academic settings, to create a more connected, empathic and caring community.

RESOURCES

Students asked the committee to add more service providers and consider enhanced digital solutions for providing care. Students mentioned the following challenges:

- Long wait times for services, which discouraged students from seeking care and exacerbated their condition.
- Mental health conditions needed to be acute to gain access to services; students felt they had to "prove" that they were worthy of an appointment.
- They were "falling between the cracks."
- A disparity in the services available to francophone students as compared to anglophone students.
- A lack of specialized services (examples included adding more psychologists and psychiatrists, and adding specialized counselling for sexual violence survivors, for nutrition disorders, for specific demographics such as graduate students, etc.).

TRAINING

We heard that mental health and wellness training is available for students, professors and staff, but not used for a variety of reasons (respondents were unaware it existed, did not have the time to do the training, were not paid for the time to take the training or the training was not mandatory). We also heard that training occurs too infrequently, such that, to cite but one example, a professor who took a training module at the beginning of her employment might not remember key aspects of the training module years later. Professors and frontline staff told us that they needed more systematic education so that they could connect students to the appropriate professional mental health support services. Students indicated that they
would feel more comfortable communicating with their professors about mental health concerns if they knew that their professors had taken this training.

ACADEMIC PRACTICES, GUIDELINES AND REGULATIONS

Professors reported challenges, such as large class sizes, that make it difficult, if not impossible, to have individual relationships with students, much less check in on their mental health. Students asked that more flexibility be built into our academic policies, such as (1) extensions for students experiencing mental health difficulties; (2) guidelines to limit workload, especially during peak periods such as midterms, Reading Week, or finals examinations; (3) regulations permitting therapists to sign medical certificates; and other changes that would foster a supportive academic environment.

PREVENTION

We heard that community members perceive the University to be more reactive than proactive. We heard that we should move towards a more holistic model of care and institutionalize practices that would strengthen student wellness, in addition to responding to mental illness.

ENVIRONMENTAL SCAN

To fulfill the second part of our mandate, the committee conducted an environmental scan of Canadian universities to identify gaps in our system and ensure that our recommendations were based on best practices at our peer institutions. We examined mental health and wellness structures, initiatives, policies, training and programming, with a special focus on our Ontario counterparts.

We made use of the following resources in this work:

- An environmental scan prepared by our own uOttawa senior mental health advisor, April MacInnes, examining mental health strategies in place at other Canadian universities
- An additional supplementary analysis examining mental health strategies at other Canadian universities, including over 40 mental health strategies and initiatives across the U15
- The Council of Ontario Universities report on mental health and wellbeing initiatives in Ontarian universities⁷
- The Wellness Resource Scan produced by the University of Saskatchewan, examining current practices and resources available at other Canadian universities⁸
- An analysis of mental health and wellness practices specific to Indigenous students at other universities prepared for the committee by member Joëlle Perron-Thibodeau.

The environmental scan provided by April MacInnes assembled best practices organized according to key themes, including strategic planning and governance, vision, culture,
awareness and communications, training and service provision. As we shaped our recommendations, many aligned with the same themes.

The supplementary analysis revealed that postsecondary institutions are giving special priority to mental health and wellness. We found that, like us, other universities are experiencing a sharp increase in demand for mental health resources. They are also grappling with the same challenges we face, including but not limited to effective communication, service provision, barriers to access, lack of training, lingering stigma, resource confusion, and underdeveloped partnerships with local health and community providers.

Universities across Ontario and Canada as a whole are recognizing and addressing gaps in the system at all levels — on campus, between campuses and provincial health services and within the provincial health care system itself. Solutions exist, as shown by the compendium of best practices below, and we can harness them to equip our community with the services and resources they need to thrive.

Below is a high-level summary of the findings and best practices that informed the development of our recommendations in this preliminary report.

1. **Planning and Governance**

   - **Adopt the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges.** This charter supports institutions as they integrate health in all aspects of campus culture and lead health promotion action and collaboration locally and globally. The Okanagan Charter has been adopted by 20 institutions nationwide.

   - **Adopt the National Psychological Health and Safety Standard for Post-Secondary Students.** The standard will provide a framework and guidance on protecting and promoting the mental health of postsecondary students, and is expected to include mental health awareness, promotion, prevention, intervention, accommodation and training. It will also include benchmarks to measure success. (Adopted by Carleton University, University of Calgary).

   - **Implement a mental health strategy or framework related to institutional needs and goals as was done at Carleton University, the University of Guelph, the University of Windsor, York University, the University of Toronto, the University of Calgary, McMaster University, Western University, Wilfrid Laurier University and the University of Saskatchewan.**

   - **Use the Post-Secondary Student Mental Health: Guide to a Systemic Approach resource, a joint initiative of the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA).** This online, interactive inventory is designed to help colleges, institutes, and universities self-evaluate and plan action to support mental health on campus.\(^9\)

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\(^9\) For more information: [http://cacuss-campusmentalhealth.ca](http://cacuss-campusmentalhealth.ca).
2. POLICIES AND PROCEDURES

- Review policies and procedures to integrate the prioritization of mental health and wellness (examples: Queen’s University, Ryerson University, Wilfrid Laurier University).

- Engage students in providing guidance and direction regarding campus mental health through committees, focus groups, etc. (examples: Queen’s University, Western University, York University).

- Implement coordinated, comprehensive mechanisms for students experiencing mental health crises (examples: McMaster University, University of Windsor, York University).

- Create local, faculty-level mental health roles (examples: faculty-specific task forces at University of Toronto).

3. COMMUNICATIONS AND AWARENESS

- Engage students, faculty and staff in a systemic approach to awareness, education and training (examples: University of Windsor, OCAD University, University of Saskatchewan, University of Toronto).

- Create a suite of online resources, especially with the onset of COVID-19, including websites or hubs with online mental health assessments, online counselling options, resources, etc. (in use across the board in our peer institutions).

- Linked to the above, create a mapping document capturing programs, initiatives and events (example: Ryerson University).

4. TRAINING AND ACADEMIC PROGRAMS

- Train staff and faculty on how to recognize, respond to and refer students in distress (programs such as More Feet on the Ground, Bringing in the Bystander, and SafeTalk, in place variously at Brock University, Carleton University, University of Guelph, Lakehead University, Laurentian University, McMaster University, Queen’s University, Ryerson University, University of Toronto).

- Implement resiliency programs or curricula for students and staff (examples: University of Guelph, Laurentian University, University of Toronto, Trent University, Brock University).

- Implement for-credit courses on mental health (examples: Guelph’s Mental Health: Experience to Understanding).

- Create transition-to-university support programs (examples: University of Guelph, Lakehead University, Queen’s University, Ryerson University, University of Toronto, University of Waterloo).
5. **SERVICE PROVISION**

- Implement a Stepped Care 2.0 model for service provision (implemented in multiple universities in Canada and internationally; endorsed by the Mental Health Commission of Canada and the Canadian government).

- Create a “one-stop shop,” such as a student wellness centre, both physical and online (examples: Brock University, McGill University, Wilfrid Laurier University).

- Online or e-therapy models (implemented by necessity by the COVID-19 pandemic across the board).

- Peer and mentorship programs for mental health education.

**RECOMMENDATIONS**

As noted above, our conversation with the University community was delayed by the closure of the campus in March. However, our initial listening exercises and ongoing conversations with stakeholders have revealed some obvious, immediate areas of improvement. This preliminary report aims to address some of the more pressing needs raised by our students, staff and faculty in regard to mental health and wellness. In the weeks and months to come, as we engage in a fuller discussion with our community members, we expect to add to and expand upon these recommendations.

As a committee composed of students, professors and University employees, we are cognizant of the fact that studying and working at a university is by its nature a challenging, often stressful, experience. We acknowledge that some of the sources of stress inherent to a world-class research and teaching environment cannot be removed; however, our university can do more to identify pain points and create an environment that is supportive and responsive.

The following recommendations are starting points for what will be a vast, multi-year process of change, requiring ownership at all levels of the University. Our vision is a campus where mental health and wellness is everyone’s business, where wellness is embedded in what we do and how we think, and where, even in this highly rigorous academic setting, people come first.
SUPPORTING ALL OF OUR COMMUNITIES

Recommendations from committees such as ours inevitably focus on general solutions. Our committee has been continually mindful of the need to support the many communities that make up the University of Ottawa family. For instance, as we write this report in June 2020, we are especially focused on the needs of Black students, staff and professors following the recent tragic death of George Floyd in Minneapolis and the systemic racism that has taken the lives of many other people of colour. This is not just an American problem; we must all do better.

Every group within our community will face different challenges to their mental health: an Indigenous student entering first year law will face different stressors than a single mother finishing her PhD. Mental health and wellness measures are highly context-dependent, and as a result, the recommendations that follow will need to be implemented in different ways for different students. Our goal as a committee is to make recommendations that, once implemented, will respond to specific needs while simultaneously bringing tangible results for all: improved access to services, more awareness, less stigma, stronger prevention measures, increased resilience among our population and overall fostering of a supportive academic culture.

1. **SIGN THE OKANAGAN CHARTER AND IMPLEMENT THE STANDARDS**

   - The Okanagan Charter contains two calls to action: (1) To embed health into all aspects of campus culture, across the administration, operations and academic mandates; and (2) To lead health promotion action and collaboration locally and globally. The charter would connect the University of Ottawa with other universities who have taken action on mental health and wellness, and provide us with a set of guidelines on how to become a health-promoting university.

   - Implement the National Standards for Psychological Health and Safety in the Workplace and the Standard on Mental Health and Well-Being for Post-secondary Students. The latter will be released by the Mental Health Commission of Canada in July 2020. The Board of Governors approved the implementation of the standards in January 2020 based on the recommendations of the Roadmap to Wellness.

2. **APPOINT A SPECIAL ADVISOR ON MENTAL HEALTH AND WELLNESS**

The University of Ottawa provides a host of resources to support the mental health and wellness of our community members. What we need now is alignment among these various resources and offices, so that we “mind the gaps” between and among them that impede student progress from one resource to another. We recommend the creation of a special advisor, reporting to the provost, who would:

   - Ensure alignment of our resources, initiatives and offices, especially in support of students in crisis.
- Develop and implement a long-term strategy for achieving mental health and wellness at uOttawa. Such a strategy would be similar to those implemented at the University of Toronto, the University of British Columbia, and closer to home, at Carleton University.

- Ensure implementation of the stepped care model. The model was implemented in 2018 in certain sectors. It was intended to be a University-wide strategy but has not yet been fully implemented across the board.

3. **DEVELOP A TRANSPARENT COMMUNICATIONS STRATEGY AND REVISIT PROTOCOLS**

- Mental health and wellness must become a central theme in the University's communications.

- Students expressed concern about the goals, timeliness and transparency of the well-intentioned University communications about student deaths. More targeted communications (to members of the department and/or faculty community), alongside moments for the community to gather in mourning, could address those concerns.

4. **STRENGTHEN AND INCREASE THE PROFILE OF THE WELLNESS WEBSITE AND IMPLEMENT A VIRTUAL WELLNESS HUB**

Where do community members go when they need mental health and wellness support? The University’s mental health and wellness website, launched in 2016, was developed to be a “one-stop shop,” but many students, staff and faculty do not know that this resource exists; many others know it exists but do not know where to find it. Those who find it are faced with a plethora of resources, tools and information related to mental health, but navigating the circuitous system of supports can be overwhelming, confusing and misleading. University resources and public health system resources and the relationship between them must be made clear. We recommend that the University:

- Increase the profile of the “Mental health and wellness” website by implementing a “best in class” marketing and promotion campaign.

- Implement a virtual wellness hub and include a wellness assessment to help members navigate the system of resources available and quickly access the services and supports most appropriate for their level of wellness; add resources where appropriate (such as a live chat function).

- Include related resources, so that the hub includes links to “transition to university” courses referenced below, programming on sleep, depression, anxiety, etc.
5. **Respond to student concerns regarding staffing of student support services and access**

- Hire professional counsellors as required to ensure access to supports and services with short wait times.

- Evaluate the need for specialized counsellors (focusing on areas such as racism, discrimination, sexual violence, LGTBQ2S+ or disordered eating), in both English and French, and then take appropriate action.

6. **Strengthen partnerships with community-based organizations and hospitals**

The University of Ottawa, through its research, teaching and expertise, can serve the community, and in turn be served by community organizations, hospitals, and care centres that specialize in mental health and well-being. The final report will expand on this, but for the moment, immediate attention should be given to:

- Reviewing access to the provincial medical system for psychologists and psychiatrists (currently provided through University of Ottawa Health Services), to prioritize access to services for students most in need.

- In the context of COVID and physical distancing, expand the telepsychiatry agreement with the Royal Ottawa Hospital to increase the number of consultations with a psychiatrist.

- Expanding our partnership with Suicide Prevention Ottawa (a group of organizations working together in Ottawa to make services more effective at preventing suicide among children, youth and young adults).

- Expanding our partnership with the Centre for Innovation for Campus Mental Health, which is dedicated to helping Ontario colleges and universities enhance their capacity to support student mental health and well-being.

7. **Expand training for professors and staff**

- Collaborate with Human Resources and other related offices, academic units, collective bargaining units and the administration to ensure that mental health and wellness training programs are accessible and used by faculty members and staff. This mandatory training would address one’s own mental health and well-being, and as well as how to support it in others.

- Develop mental health and wellness programming offerings at the Centre for Academic Leadership for professors with a special interest playing a leadership role, so that they can better support students, staff and fellow professors.

- Extend SafeTalk training to all student staff on campus.
8. **Provide both University-wide and Community-Specific Support**

- Ensure the delivery of community-specific resources to our diverse student communities. For instance, at this time, we are especially mindful of Black students and students of colour.

- Facilitate the embedding of resources in spaces and centres dedicated to the support of specific communities. For example, the University could enhance services offered through the Mashkawaziwogamig Indigenous Resource Centre. These services are culturally appropriate and help ensure that the transition to university life is less isolating and traumatic for Indigenous students. This could be accomplished in collaboration with Indigenous communities in the National Capital Region, including Pikwàkanagàn and Kitigan Zibi, as well as local Inuit and Métis organizations.

9. **Support Students Leading or Participating in Mental Health and Wellness Initiatives**

- Students have launched a variety of initiatives for fellow students that could be enhanced. These include both University- and faculty-based initiatives, mentoring and support groups.

- As noted below, students should be supported in engaging with researchers in evidence-based research and participating in conferences and workshops.

10. **Expand Support within Faculties**

Student, staff and faculty identity is usually specific (e.g., “I’m a second-year student in the MD Program”), and needs vary. Students reported feeling isolated and lonely within their departments and faculties. Faculty-based initiatives such as mentors and support groups could build local communities of support so that students do not feel isolated. These initiatives could include:

- Faculty-based support programs, similar to the Wellness Check programs in the Faculty of Medicine.

- Wellness advisors who spend time in faculties, where they can meet students and guide and support them in accessing mental health and wellness support delivered elsewhere on campus. At the Faculty of Engineering, for instance, special initiatives have been launched to assist international students.
11. **INCLUDE MENTAL HEALTH AND WELLNESS IN SYLLABI AND DEVELOP AND OFFER MENTAL HEALTH CURRICULA**

The University and its professors could make their commitment to student mental health and wellness clear by including related information and resources in their course outlines and mentioning them in their first lectures or seminars. A brief slide deck might be provided to all professors with examples of how they could address mental health and well-being with their students. In addition, both credit and non-credit curricula and courses could be developed for students. These could include:

- A credit course for all first year students that would essentially be a uOttawa 101 with a focus on wellness and related University and faculty services.

- A mental health certificate, which would be specialized certification for students (and employees, where applicable) that they could receive alongside their degree. It would appear on their transcript. The certificate would draw on existing uOttawa courses.

12. **LAUNCH A MULTIDISCIPLINARY MENTAL HEALTH AND WELLNESS RESEARCH CLUSTER**

We have a special opportunity as a research-intensive university to bring together diverse scholarly experts and practitioners who could draw on their medical, scientific, social, cultural, legal, management and educational perspectives to generate new knowledge and practices to strengthen our community’s mental health and wellness. This cluster could also provide opportunities for students to engage with professors in evidence-based research and participate in conferences and workshops. With dedicated funding, the cluster (which could be developed into a centre or institute) could launch a variety of research initiatives, such as:

- Nationally- and locally-focused conferences, including one on psychiatry (which would provide a research-based, University-supported counter-narrative to the Scientology exhibit that caused so much hurt on our campus).

- Internal assessments and reviews of how the University’s wellness and mental health initiatives are functioning, so we know which are most helpful and where to expand.

- Pilot projects to test the use of problem-solving therapies delivered via smartphones, an initiative of special importance given the need during the current pandemic to provide expanded services online and at a distance. Such a study might examine, for example, how online interventions compare to in-person or in-patient visits: Are these interventions acceptable to service recipients? Do care recipients perceive that their needs are met by this type of service compared to in-person or in-patient visits?

**CONCLUSION AND NEXT STEPS**

This preliminary report is a response to our community's most pressing needs. While the mental health and wellness challenge on our campus is significant and complicated, and cannot be resolved by the work of one committee over nine weeks, we hope that this will mark the beginning of a multi-faceted, holistic approach to mental health and wellness at the
University of Ottawa. Our goal in this report is to provide President Frémont with recommendations for immediate action, so that we can better support our students, faculty and staff in September 2020.

As noted above, the COVID-19 pandemic forced a change in our plans. In the months to come, the committee will proceed with our listening exercise, in virtual form. We will hold a campus-wide listening event in June or early July 2020, followed by a series of smaller virtual cafés in the Fall. Members of our community will receive invitations to these events. Those who cannot attend are invited to provide feedback to the committee using the online form on our Web page. We look forward to this expanded conversation with the members of our communities, to receiving their feedback as we develop our final report.

In closing, the members of the President's Advisory Committee on Mental Health and Wellness wish to thank the students, staff and faculty who shared their stories with us and supported this work. We are especially grateful to our undergraduate and graduate students, whose passionate advocacy ensured that they remained exactly what they must be: our first priority and primary focus. We are proud to share our campus with these remarkable students. Thanks to you, we have been able to assemble this call for action.

In the fall, having completed our listening tour, we will evaluate and supplement these preliminary report recommendations. The work that lies ahead is significant. This document is only the beginning.
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4. Roadmap to Wellness at uOttawa - Mental Health and Wellness Report 2020:
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5. Information resources on mental health and wellness:
   https://www.uottawa.ca/wellness/about/wellness-topics

6. Virtual Wellness at uOttawa: https://www.uottawa.ca/wellness/covid-19/virtual-series

7. Employee and Family Assistance Program: https://www.uottawa.ca/human-resources/health/employee-and-family-assistance-program