The final report of the Principal’s Commission on Mental Health is the result of a year-long process based on wide-ranging input from the Queen’s and broader communities. Commissioners Lynann Clapham, Roy Jahchan, Jennifer Medves, Ann Tierney and David Walker (Chair) heard from students, faculty, staff, parents, alumni, mental health professionals and community members, who generously gave their time to provide valuable insight and expertise. The commission’s activities are detailed on its website at www.queensu.ca/cmh.

Mental health is clearly an increasing issue among young adults in Canada. A significant proportion of students at Queen’s and across the country find themselves affected by stress, distress and illness to a degree that impairs their optimal personal and academic development and achievement. While recognizing the need to promote a culture of health and wellness at university, it is similarly important to openly and effectively acknowledge and address the burden of serious acute and chronic mental illness on campus.

A PYRAMIDAL APPROACH

The commission has developed a four-level pyramidal framework for a mental health strategy for Queen’s. It contains 116 recommendations. Some will take significant time to achieve; others have already been implemented. Many are complex; some are relatively simple. A chart appended to the report lists each recommendation by section, identifies the unit(s) responsible and notes its status. 54 recommendations are complete or in progress.

PYRAMID LEVEL 1 — PROMOTING A HEALTHY COMMUNITY

This level contains recommendations that aim to promote a culture of health and wellness, inclusivity, understanding and helpfulness. Suggestions are made related to academic programming that cover areas including:

- policies and processes for accommodations;
- scheduling;
- course design and course information;
- student advising; and
- student supports.

Additional recommendations relate to systematic education and literacy, campus facilities, health promotion, faith-based supports, peer supports, community supports and recruitment materials.
University life is composed of a number of transitions that can pose particular challenges to students. The report identifies the following transitions and makes recommendations aimed at addressing their associated challenges:

- transition from high school to university;
- transition from residences to community living;
- transition among new upper-year students;
- transition from undergraduate to graduate student;
- transition to the working world.

The commissioners also recommend that formal and informal programs be developed to foster resilience among students – to help them learn how to manage adversity, minimize isolation and build confidence.

To encourage help-seeking behaviour, the commissioners make recommendations related to pre-arrival and self-identification, setting expectations about the normality of stress, the need to be proactive about the files of transfer students, as well as potential financial obstacles to seeking help. In addition, the importance of reducing stigma is highlighted.

The commissioners acknowledge the vulnerable populations of students on campus – those who are socially marginalized and who would benefit from targeted outreach and programs. Recommendations include intercultural education programs for staff and faculty, as well as ensuring that spaces and services across campus are safe, welcoming and inclusive.

There are several recommendations about the university’s counselling services that include expanding the “hub-and-spoke” model and increasing awareness of after-hours supports. The commission also recommends exploring an enhanced insured benefits package for students, developing an early intervention protocol, and addressing perceived privacy constraints that may cause faculty members or staff to hesitate sharing information about a student of concern.
PYRAMID LEVEL 4 – PROVIDING EFFECTIVE RESPONSE, SERVICE AND CARE

The commissioners make several recommendations directed to Health, Counselling and Disability Services (HCDS). They also recommend a comprehensive review of HCDS, recognizing that over time this unit has managed an increasingly important role in delivering care, compassion and service to students in crisis, those living with mental illness and those in need of support. The dedication of HCDS staff was repeatedly drawn to the commission’s attention and described as having a profound effect on the lives of students.

This section of the report also includes recommendations about crisis intervention and follow-up, as well as the need to continue developing voluntary and involuntary withdrawal, re-admission and re-entry policies, as many other universities in Ontario, Canada and North America are doing.

IMPLEMENTATION

The Office of the Provost will provide leadership for the implementation of the report’s recommendations. A mechanism for overseeing consideration and implementation of the recommendations will be developed and an annual progress report will be prepared for the review of the Principal and university community.

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