SSMU Mental Health Policy and Plan

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S. MENTAL HEALTH POLICY

Date of Adoption: 2020/01/30

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Adopted Motion (Link)

I. Executive Summary

This document explicates the Students' Society of McGill University's approach to student mental health and wellness. It contextualizes the approach with a comprehensive description of the current mental health climate on McGill's campus and across comparable Canadian post-secondary institutions. This compiled research informs the three overarching, multifaceted commitments that the Students' Society of McGill University (SSMU) shall work towards in the next three academic years. This policy is meant to be understood in conjunction with the SSMU Mental Health 2020-2023 Three Year Plan.

II. The SSMU Vision for Student Wellness on Campus

Toward continued resilience, accountability, and solidarity.

The last five years have brought significant changes to the landscape of mental health (MH) on McGill's campus. Student wellness is a subject that has been propelled to the fore-front of instructional dialogue thanks to strong student advocacy and a national recognition that mental health is a fundamental component of student success. This policy is meant to lay out a long-term vision for SSMU's continued dedication to the improvement of mental health resource access, promotion, and institutional accountability. The SSMU recognizes not only the importance of working with the Postgraduate Students' Society (PGSS) and the Macdonald Campus Students' Society (MCSS), but also the crucial input of student groups in order to better represent the unique mental health needs of all McGill students.

This policy is a living document and will serve as the foundation for future mental health projects. This policy's mandate will last for the next three years; goals and timelines should be updated every

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semester by the mental health commissioner and their team to ensure accountability between years, and the achievement of the long-term goals highlighted in the Three Year Plan.

This policy seeks to continue the work that has been started by countless mental health advocates on campus in the last five years. Through organizations such as the Peer Support Centre, McGill's chapter of Jack.Org, McGill Nightline, the Sexual Assault Center of the McGill Students' Society, and more, mental health has become a priority and a topic of critical importance. As such, this policy seeks to build upon these foundations and advocate for tangible changes to the accessibility and diversity of resources; the implementation of new promotional and educational campaigns; and the integration of the 2020 Mental Health Commission of Canada's Post-Secondary Standards.

It is important to highlight that this document is intended not only to advocate for the students who suffer from poor mental health and/or mental illness, but to further empower student leaders to tackle the upstream, cultural realities at McGill that contribute to the harmful environment underlying the mental health crises students may face. The academic pressure, competitive environment, and cultural attitude of "work hard, play hard" manifest in symptoms of anxiety, chronic stress, and the overall increased potential of a mental health crisis.

Though every student experiences and responds to their mental health in a unique way, we strongly believe there are fundamental realities of the McGill student experience that can be inherently detrimental to student health. In the past, these community triggers have been minimized and neglected as causes of student distress. As such, this policy intends to highlight the ways in which small, student-driven changes can help diminish, or balance, the negative effects of the high intensity environment.

The introduction of the Rossy Wellness Hub in July of 2019 is an example of a fundamental shift-McGill services will hopefully no longer silo mental health, physical health and academic policies. Rather, the Hub represents a more holistic, integrative model. By working with this new system, rather than against it, we can hope to achieve long-term institutional developments that create a healthier learning environment that is accessible to all.

The SSMU founding principles mandate that every student has the right to live and study in a safe environment. The SSMU recognizes the impact its student leaders have by representing student rights at the community and institutional levels. Further, this document represents a promise that the individual and unique needs of students shall be respected and recognized, regardless of a student's ethnicity, religion, sexual orientation, country of origin, level of ability, economic status, etc. In addition, the SSMU shall ensure that the voices of marginalized student groups be elevated in every sphere of mental health service provision and promotion.

In recognition of the 2020-2023 Mental Health Policy's overarching goals to increase accountability, representation, and solidarity in mental health services, our vision is to gather together student

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groups, community members, stakeholders, faculty, and McGill administration, to create a stronger network of professional and student-driven services that will respect and represent the diversity of needs of McGill's student population.

III. Background

In 2019, the Mental Health Commission of Canada (MHCC), in collaboration with Bell Canada, the Royal Bank of Canada, and the Rossy Foundation, published the National Standard for the Psychological Health and Safety of Post Secondary Students (the Standard). The Standard presented the most recent data on the health and behaviours of post-secondary students and presented stakeholders with a series of concrete individual, community, and legislative recommendations to decrease the psychological burden on students, and increase overall wellness on Canadian campuses. This SSMU policy intends to incorporate the findings and recommendations of the Standard in order to advocate for changes that are founded in evidence and validated by the research highlighted in the Standard. Further, the Standard shall be used to increase institutional accountability as McGill administration shall hopefully recognize their responsibility in meeting the MHCC's recommendations.

The American College Health Association's National College Health Assessment II Survey (NCHA II), last conducted during the 2016-2017 academic year, is the largest source of data on the mental health and behaviours of Canada's post-secondary students. The survey collected the responses of over 43,000 students across 41 canadian institutions; this data was synthesized and used to inform the Standard. Its major findings are highlighted below.

I.   The Canadian Context

Stress

- 42.2% self-reported stress is negatively affecting their academic performance.
- Self-reports of overall stress level in the last 12 months:
    - 46.2% felt above average stress overall.
    - 15% felt tremendous levels of stress overall.
- Main stressors (and percent of students reporting it difficult to handle)
    - Academics (58.1%)
        - Amount of coursework
        - Lack of time to complete assignments
        - Difficulty of content
        - Fear of failure

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- Inability to concentrate
    - Finances (40%)
        - Having to work to pay for expenses is taking time away from academics and personal relationships.
    - Sleep difficulties (37%), intimate relationships (33.8%), career (33.7%), personal appearance (33.4%)

Distress

- Self-reported in the last 12 months:
    - Felt overwhelmed by all you had to do (89.5%)
    - Felt exhausted, not from physical activity (88.2%)
    - Felt very sad (73.7%)
    - Felt very lonely (69.6%)
    - Felt overwhelming anxiety (64.5%)

Diagnosed mental illness

- Students who self-reported having received clinical diagnoses for:
    - Anxiety (18.4%)
    - Depression (14.7%)
    - A panic disorder (9.3%)
    - Insomnia (5.3%)
- Importantly, prevalence of professionally diagnosed conditions is significantly lower than prevalence of self-reported symptoms that underline the same disorders.
    - For example, 44.1% of students self-reported feeling "so depressed it was difficult to function," a fundamental symptom of Major Depressive Disorder.

Substance Use

- Percentage of students who self-reported using the following substances at any point in the last 30 days:
    - Alcohol (62.8%)
    - Marijuana (24.7%)
    - Cigarettes (10.8%)
    - E-Cigarettes (10.7%)

Suicidality

- Self-reported in the last 12 months:
    - Intentionally self-harmed (10.5%)
    - Seriously considered suicide (16.4%)

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- Attempted suicide (2.8%)

Campus Environments in Canada

Culture
- Sense of belonging and community are important predictors of student coping and overall wellbeing.

- Prejudicial attitudes (racism, homophobia, transphobia, sexism) actively harm the mental health of students subpopulations.
- Recurrent pressure to engage in substance abuse or other social activities is a source of stress for some students.

Safety
- 24% of students experienced sexual harassment during their first semester of post-secondary education.
- 55% of women reported at least one experience of sexual harassment; 22.4% of women reported multiple occasions.
- 40% of students have received a rape disclosure from another student.
- 25% of students cited experiences of stalking as having a negative effect on their mental health.
- Only 36.7% of students felt "very safe" on their campus at night and only 21.8% of students felt "very safe" in the community surrounding their campus at night.
- Demographic Considerations:
    - Students who identified as male cited academic competition, financial pressure and workload as main contributors to feelings of suicidality. Also self-reported higher perceived stigma with seeking help for emotional health.
    - Students who identified as female cited family pressure, expr, experiences of sexual assault, prior mental illness, and heartbreak as main contributors to feelings of suicidality.
    - Students who self-identify as being a member of the queer community reported increased feelings of suicidality, increased victimization of sexual assualt, and decreased satisfaction with the tailoring of mental health resources to their needs.
    - Students who self-identified as being a member of the queer community and students who self-identified as being a visible minority had increased feelings of suicidiality.

Student Resilience
- Varies as a function of:
    - Individual characteristics like optimism, locus of control, and self-efficacy

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- The use of positive or negative coping mechanisms
- The quality of an individual's support system

Help-Seeking Behaviours
- Individuals cited the following as barriers to seeking help:
  - Time restraints
  - Concerns with confidentiality
  - Not feeling their problem warrants professional intervention
  - Uncertainty that interventions will help
  - Preference of other personal resources (family, friends, partner, community groups etc.)

II. McGill University

The MHCC report offers a synopsis on the status of mental health at major Canadian institutions, including McGill. The following data are the responses of the 2016 survey:

- When compared to the average Canadian data, the following are McGill results whose differences are statistically significant (p=0.05) and should be considered when applying the recommendation of the Standard.
  - International students: 29% (Canada: 9%)
  - Students who self-identified as being of an ethnocultural background that was not White or Indigenous: 40% (Canada: 36%)
  - Students living off-campus (but not with parent/guardian): 62% (Canada: 44%)
- McGill Student Mental Health:
  - In the last 12 months, 1 in 4 students were diagnosed or treated for a mental health condition.
  - 91% felt overwhelmed by all they had to do on a weekly basis.
  - 80% of students consumed alcohol in the last 30 days (compared to the Canadian average of 69%)
  - Between 2013 and 2016, the percentage of students who reported they "felt very sad", "felt overwhelming anxiety", "felt overwhelming anger," and "seriously considered suicide," all saw statistically significant increases.
- Help Seeking Behaviours
  - 42% of students sought psychological counselling (Canada: 37%)
  - 19% of students sought psychiatric counselling (Canada: 12%)
  - 27% of students sought university counselling and/or health services (Canada: 19%)

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III.   Key Themes

The MHCC's report highlighted key findings in student mental health services and policies, pulled from the academic literature and the NCHA II survey results. These themes should be used to inform positive changes at the institutional and national levels.

- Student health is seen as an institutional and provincial responsibility; as such, there is a lack of national collaboration. Future policies should advocate for pan-Canadian knowledge transfer and federal funding for large scale, national intervention.
- There must be increased communication and collaboration between post-secondary institutions and community stakeholders, such as health professionals, policy-makers, all levels of government, and community organizations.
- When providing services, the definition of mental health must be expanded to include substance misuse and harm reduction strategies.
- Post-secondary institutions must recognize the importance of a whole-campus approach. This includes reviewing and updating all health and mental health policies and institutional structures; financial assistance policies; and mental health related academic accommodations.
- As part of the institutional response, faculty and staff members should be trained to support early identification and appropriate referral of students with emerging or ongoing mental health problems.
- There must be ongoing monitoring of quality assurance assessments and systematic evaluations to ensure the interventions and policies are effective and evidence-based.

IV. The Rossy Wellness Hub

The Rossy Wellness Hub ('the Hub"), began operations in July 2019. Using a campus-wide "hub and spoke" model, the Hub incorporates facets of holistic medicine. For example, the use of the Wellness Wheel that stipulates one's wellness is the culmination of 8 different facets of health (financial, spiritual, social, academic, physical, mental, career, and cultural) that must be balanced during a student's time at McGill.

Among other major developments, the Hub introduced 14 Hub staff, known as the Local Wellness Advisors (LWAs), that work within the faculties as a means of bridging academic advising and student health. Academic pressure is the number one stressor for students, therefore having LWAs integrated into academic settings increases the presence of mental health support and hopefully, will increase the likelihood that students reach out (see Subsection F of the Three Year Plan for more details). Further, these staff are highly trained in the specific environments of their respective faculty, and are

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more able to adapt to the unique needs of their student population. The policy's Resources section includes links for more information about the Hub's operations.

The Hub is a long-term commitment to bettering student services and this policy aims to push student-driven feedback and advocacy to the forefront of institutional dialogue, while the Hub is in its infancy. Though the Hub's first months have been a source of student frustration, positive changes are occurring over time, especially as the Hub integrates student feedback. Strong collaboration and bi-directional communication between students, mental health advocates, student leaders, and the Hub will be necessary in order to work together as successfully as possible.

V. SSMU Mental Health Commitments

The American College Health Association's Healthy Campus 2020 is an evidence-based, multi-systemic framework that incorporates various tools and resources to drive positive change in health service provision (see Resources). Their five recommendations were used to inform both the three overarching commitments that the SSMU has chosen for this policy and the goals of the Three Year Plan.
1. Creates a comprehensive, strategic framework that unites health issues under a single umbrella and aligns them with the mission and values of institutions of higher education.
2. Requires tracking of data-driven outcomes to monitor progress and to motivate, guide, and focus action.
3. Engages a network of multidisciplinary, multisectoral stakeholders at all levels.
4. Guides local research, program planning, and policy efforts to promote health and prevent disease, and
5. Utilizes population-level interventions, while addressing the social determinants of health.

Commitment 1: Resource Promotion and Increased Accessibility

The SSMU will work with passionate student groups, both on and off campus, to provide a diverse array of services that meet the unique needs of every student.
The SSMU MH Committees will provide an environment for student groups and campus allies to create functional, streamlined service promotion and educational campaigns in order to minimize overlap and maximize the number of students reached. Most importantly, the SSMU shall prioritize service accessibility by increasing collaboration with students who are underrepresented and whose needs may not currently be met by McGill services.

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Commitment 2: Accountability and Follow-Through

Due to the constant turn-over of student leadership, strong collaboration between each year's Mental Health Commissioner (MH Commissioner), SSMU Vice-President Student Life, and the Rossy Wellness Hub, is critical to ensuring the follow-through of long-term goals. This policy shall represent a new commitment to accountability by including concrete steps and detailed timelines that will facilitate the achievement of goals that may require multiple years to complete. Further, when students enter their new positions in May, they will be given detailed exit reports, updates on year's goals, and all necessary information to jump head-first into the role. As a result, there will be a MH Commissioner who ensures the Hub's accountability throughout the entire year, including over the summer and in September (during which institutional accountability and communication is known to decrease).

Commitment 3: Advocacy and Solidarity

Ultimately, by striving to better understand the unique experiences of student sub-populations, the SSMU can help to ameliorate the experiences of students who feel isolated and/or marginalized. Building on Commitment 1, the SSMU must recognize that mental health services at MGill do not equally cater to the lived experiences of marginalized student groups. Further, the burden of mental distress disproportionately affects the same individuals that services frequently underrepresented. As such, the SSMU MH Commissioner and their team must be allies for student groups and advocate for personalized mental and physical health care that reaches the students who may need it most.

VI. Resources

1. Mental Health Commission of Canada's National Standard for Psychological Health and Safety of Post-Secondary Students
   ○ Executive Summary:
     https://www.mentalhealthcommission.ca/sites/default/files/2018-10/Scoping_Review_Post_Secondary_Student_Mental_Health_eng.pdf
   ○ The full report can be requested on the MHCC'S website.
2. National College Health Assessment Canadian Data Executive Summary (2016)
   ○ https://www.cacuss.ca/files/Research/NCHA-II%20SPRING%202019%20CANADIAN%20REFERENCE%20GROUP%20EXECUTIVE%20SUMMARY.pdf
3. National College Health Assessment Healthy Campus 2020
   ○ https://www.acha.org/healthycampus
4. McGill University's Rossy Wellness Hub
   ○ https://www.mcgill.ca/wellness-hub/

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Three Year Plan

The following is the SSMU Mental Health Plan for 2020-2023.

A. The Mental Health Commissioner

Timeline: The sitting VP Student Life is to release the job application to the McGill population no later than March 1. The officially hiring process is to begin as soon as the VP Student Life for the next academic year is hired. Commissioner must be hired before April 30. The month of May shall serve as a transition period between old and new commissioners.

This policy represents a change in the organization of SSMU's Mental Health staffing. The VP Student Life and a human resources representative from SSMU shall hire one Mental Health Commissioner based on the application and interview process. This student should be extremely well educated about student mental health and the Rossy Wellness Hub. They should have strong communication and organizational skills; be able to confidently lead two staff members; and feel comfortable advocating in a professional and effective manner in meetings with McGill administration, faculty, and policy-makers. Commissioners should see their primary role as one of advocacy at the institutional level, as they will be one of very few students invited to participate alongside McGill's health policy-makers, faculty, and administration. They should be able to commit a small number of hours (to be decided by the commissioner and the VP Student Life) from May-August in order to be prepared to officially begin work September 1.

This individual will be responsible for:
- The hiring of two committee coordinators (Advocacy and Outreach)
- The directions and long-term goal setting of the MH Outreach and Advocacy Committees.
- The maintenance of institutional memory via the creation of exit reports and the updating of this Policy.
- Ensuring the provisions of this policy are pursued and implemented in a timely manner.
- The attendance of any and all mental health meetings to which they are invited at the Hub.
- Maintaining strong relationships and bi-directional communications with Rossy Hub leadership.
- Active involvement in the budgeting and distribution of the SSMU Mental Health Budget and the SSMU Mental Health Fund.
- Weekly meetings with the VP Student Life.
- Any other mental health initiatives, as directed by the VP Student Life.

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B. The SSMU Mental Health Committees

Benchmarks and Timeline: The sitting VP Student Life shall post the two job applications no later than April 1. When the new MH Commissioner is hired, they shall work with the VP Student Life to hire one Outreach Coordinator and one Advocacy Coordinator at the end of the academic year (May). Committee members shall be chosen no later than the last week of September, and will meet for the first time no later than the first week of October. Both committees shall be recognized as official committees of the Legislative Council. Committees must provide formal exit reports and the end of each semester. Each year's reports are to be synthesized and added as an appendix to this policy.

About the Committees:

- The committees will exist under the portfolio of the SSMU VP Student Life.
- The Committee Coordinators (CCs) shall chair their respective committees. They will manage the day-to-day responsibilities such as communications, bi-weekly meetings, short-term goal setting, and overseeing the committee's projects/events/initiatives etc.
- The MH Commissioner shall work with the CCs to facilitate the achievement of long-term goals, as outlined in this policy, and ensure committees are working effectively. The Commissioner shall meet weekly with their CCs to discuss the direction of the committees and to provide any necessary support for the committee's initiatives.
- Each committee shall meet at least twice a month, alternating meetings between Outreach and Advocacy every week.
- The CCs shall write formal exit reports at the end of each semester (to be presented to the MH Commissioner before the end of the respective exam periods.)

Formation of Each Committee:

- *Chair (1)*: The Outreach or Advocacy Coordinator
- *Assistant to the Chair (1)*: The CC of the opposite committee. Should take notes, support the chair, fill in when necessary, etc.
- *Core Membership (5-7)*: Undergraduate students, chosen by the MH Commissioner and the relevant CC, through a formal, written application (to be released to the McGill public between the last week of August or the first week of September).
    - Individuals must be educated and passionate about mental health and should not be chosen as tokens for key student demographics. Rather, they should be dedicated to the improvement of mental health services at McGill.
    - Regular attendance at relevant meetings/events during the semester is required.
- *Community Consultants (Undetermined)*: The CCs shall email McGill students groups and offer the opportunity to submit a consulting member to the   committee. Attendance at meetings

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is not required, nor necessary. Community members and consultants must be called upon to liaise and collaborate on events, decisions, and/or advocacy work when particularly meaningful to the experiences of student sub-populations.

- Such student groups may include, but are by no means limited to: the Health and Dental Review Committee, the Black Student Network, the Indigenous Student Alliance, Queer McGill, the Eating Disorder Advocacy and Support Group, Jack.Org, the Peer Support Centre, International Student Services, the McGill Office for Spiritual and Religious Life, the SSMU Equity Committee, the Hub's Peer Health Ambassadors, Nightline, cultural and religious groups, and the student mental health commissioners of each student faculty organization.
- These same community members may also be invited to participate in the Round Table (see Subsection C for more details).

- *VP Student Life and MH Commissioner*: May attend meetings as much as necessary; should aim to attend one meeting per month each.

Committee Objectives:

Outreach
- Collaboration and Cohesion:
  - Serve as primary facilitator of mental health collaboration between student groups. Increase inter-group awareness of activities and projects
  - Prevent resource splitting by encouraging all mental health groups to share knowledge, financial burdens, and human resources.
  - Increase student education of various institutional and student-run services; increase referral of students between groups.
  - Plan the agenda for the Mental Health Round Tables (held 1-2 times per semester, see Subsection C)
  - Facilitate the collaboration of various student groups for the Mental Health and Mental Illness Awareness Weeks.

- Communication:
  - Update and maintain social media presence on Facebook and Instagram.
  - Create and monitor the Mental Health Slack channel. Ensure yearly membership by student groups is maintained through the transition of student executives (see Subsection D).
  - Work with the Hub communication team to ensure cohesive and effective communication strategies that reflect student feedback.
- Education
  - Fund and oversee the Student Mental Health Website alongside relevant student groups.

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- ○ Ensure the accuracy and maintenance of up-to-date information by working with the Hub and other student groups.
- ○ Create educational campaigns surrounding student health insurance plans and coverage available.

Advocacy

- Rossy Wellness Hub Accountability
  - ○ Maintain and actively monitor student feedback of the Hub.
  - ○ Prepare summaries of data collected on student mental health to be used by the MH Commissioner to drive policy changes, and to be shared with the Round Table.
  - ○ Evaluate successes and setbacks on Hub projects and policy goals.
- Evaluate and Monitor Progress
  - ○ Monitor the Mental Health Policy and Plan to ensure long-term goal achievement. Keep records of relevant campus updates and changes to inform exit reports.
  - ○ Allocate funds (from the SSMU Mental Health fee levy) and further resources, and determine their use.
  - ○ Documenting long-term trends in service provision and student satisfaction by creating any necessary means of student feedback collection (ex: campus surveys, feedback forms, user satisfaction etc.) Publish the results to the McGill when deemed necessary.
- Allyship
  - ○ When appropriate, collaborate on mental and physical health related advocacy initiatives of other student groups. Such projects shall include, but are not limited to: improvements in the inclusivity and accessibility of health insurance for all McGill students; increased specialization of care for marginalized student populations; and the strengthening of health accommodations for students through the Office for Students with Disabilities and the Office of the Dean of Students.
  - ○ Advocate in particular for the needs of students who may be under-represented and marginalized by services.
  - ○ Encourage and support other universities and organizations when lobbying for improvements to larger healthcare institution policies.

Advocacy and Outreach

- Integration of Academic and Health Dialogues (see Subsection F)
  - ○ Both committees will be fundamental in pushing for the continued integration of academic and health policies.
- Institutional Memory

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- Create a detailed exit report of the successes and barriers of mental health provision, education, and promotion every year by soliciting feedback from the Hub, student groups, and the Outreach Committee. This Final Report is to be added as an Appendix to this policy document every year.
- The MH Commissioner, Coordinators , and committee members that take over the following year must read the reports of their predecessors in order to better understand how to pick up where previous students left off, and learn from the experiences of other student groups.

C. Fostering Mutual Support

Benchmarks and Timeline: Bi-semesterly Mental Health Round Tables; the collection and synthesis of yearly exit reports from all Round Table membership groups. Continued financial, promotional, and resource support of mental health events and initiatives hosted by student-groups.

The Commissioner and their Committees should prioritize supporting, promoting, and collaborating with pre-existing student and university-led services and clubs to create a larger, more well-rounded safety net for students in need of support. In order for this to be successful, there needs to be regular and consistent communication between all these resources.

I. Mental Health Round Table (MHRT)

Due to its unique position on campus, the SSMU and its staff are in the perfect position to invite community members together to discuss themes in mental health service provision, barriers to success, and collaborations each semester. As such, in December 2019, the MH Commissioners hosted the first Mental Health Round Table. After this first meeting (that hosted more than 10 campus mental health collaborators) the following guidelines were decided upon and shall continue to grow with the new initiative:
- The MHRT shall be held at least twice a semester and will be hosted by the SSMU MH Commissioner and the two Coordinators.
- Groups who participate should commit to the entire year if possible, and designate an executive from their team to attend each MHRT.
- The groups shall provide exit reports in December and May of what each organization accomplished, and what they contributed to the MHRT. Every year, the Outreach Coordinator will synthesize the information into one MHRT report to maintain institutional knowledge year to year.
- Groups shall collaborate on the planning, funding, and hosting of a Mental Illness Awareness Week (or something similar) in early November, and a Mental Health Awareness Week (or something similar) in mid-February.
- The SSMU Mental Health Fund should be used to fund the MHRT's initiatives.

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D. Campus Communications

Improving institutional and student-drive communication will be critical goals over the next three years. Historically, McGill's bi-directional communication with students has not effective therefore strategies shall be put in place to facilitate smooth communication from the Hub and student groups to the student populations. This policy hopes to decrease the overlapping of social media and communication campaigns; increase the awareness of the correct information; increase collaboration between mental health groups; and decrease the volume of redundant and repeat information that students are bombarded with.

I. Mental Health Slack Channel

Benchmarks and Timeline: To be created in early winter 2020. Membership is to be reconfirmed every September through a mass email to all relevant parties from the MH Commissioner and CCs; this email should explain the Slack's purpose and encourage the new student leaders of each group to continue to participate. Slack channel shall also be brought up at the first MHRT of every year.

Campus communication between like-minded students who are passionate about mental health has been disjointed for several years. The Slack channel is a project that seeks to overcome the communication barriers that currently limit group collaboration and effective advocacy and outreach. The current MH commissioners shall launch the first Slack channel and invite relevant groups such as Jack.Org, Healthy McGill, the Peer Support Centre, campus research and interprofessional groups, and the faculty Mental Health Commissioners to join. It is to be maintained by the Outreach Committee.

The Slack channel should seek to:
- Decrease overlap in the events being planned and therefore limit redundant spending of valuable resources.
- Increase cross-promotion of events and initiatives between groups
- Reach student groups that are underrepresented
- Brainstorm new projects and campus initiatives
- Work toward the completion of large projects such as the Mental Health Website.

II. Student Mental Health Website:

Benchmarks and Timeline: To be designed and researched Winter/Summer 2020; to be piloted early Fall 2020; to be officially launched late Fall 2020.

This website is to address the siloing of resources, interventions, and educational materials that are spread between different social media sites and web pages. By creating one website where students

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can access all mental health education and support information, the SSMU can reach more students and limit the information bombarding students and ensure the information spread it accurate and up to date. The website shall be the continued effort of the MHRT meetings in Winter 2020 and should reflect the collaboration of many student groups.

The website should seek to:
- Describe the specific services provided by the Hub and various student-led organizations.
  - The term "services" is to be interpreted holistically and ranges from therapeutic intervention by professionals, peer support, group support, cultural and social support, financial and insurance support, and self-help information.
- Provide easy access to the anonymous student feedback form.
- Provide an interactive Google Calendar where students can stay informed of upcoming events held by the Hub and student groups.
- Provide the current information (the Outreach committee is responsible for actively requesting new information through the Slack communication channel and the MH Commissioner).

E. Mental Health Fee Levy

Benchmarks and Timeline: Mandatory Fee to be proposed in the 2020 Winter Referendum, fee increase to be proposed in the 2020 Fall Referendum. Goal to have an increased, mandatory student fee by Fall 2021.

This fee, which currently exists as an opt-outable fee paid by semester by all members of the SSMU, is used to fund the position of the MH Commissioner and Committee Coordinators. Remaining funds are allocated by the SSMU Funding Committee, in order to support student-led mental health initiatives (all fund allocations must be approved by the MH Commissioner).

The fee renewal shall be proposed as a mandatory student fee on the semester's Winter 2020 SSMU Referendum. Should the proposal not pass, the SSMU VP Student Life and MH Commissioner shall decide to either A) propose a mandatory fee again or B) propose a fee increase in the next referendum (Fall 2020). Should the Winter 2020 proposal pass, the fee increase may be proposed at either the 2020 Fall referendum or 2021 Winter referendum (the amount of the increase is to be decided by the aforementioned SSMU staff, along with the SSMU VP Finance).

F. Integration of Student Academic and Health Dialogues

Benchmarks and Timelines: Introductory meetings with the Dean of Students and Deans of Academics will be held in Winter 2020. LWAs and faculty allies will be contacted as well to help pilot the classroom interventions in Winter 2020. The implementation of a fall reading week would ideally occur for Fall 2021.

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As the Standard highlighted numerous times, mental health policies can no longer exist in a vacuum. Academic responsibilities is the fundamental sources of student distress on McGill's campus and the SSMU can no longer ignore that the larger institutional policies and campus environment are detrimental to student health. As such, mental health advocates on campus must begin to shift advocacy efforts and campus dialogue towards the upstream determinants of student health- such as the competition in McGill's culture, unrealistic academic workload, and harmful academic policies. The incredible success of the Local Wellness Advisors in their first few months on campus illustrates the magnitude of student need, and should be considered a positive step towards increased academic and health integration.

In December 2019, the MHRT participants unanimously agreed that this must be one of the primary goals for the next three years. Below is a non-exhaustive list of projects/initiatives that were brainstormed and will be priorities for student mental health groups on campus in the next three years:

1. A mandatory mental health information passage in all syllabi.
2. A mandatory mental health information slide in all classrooms at the beginning of semesters, and during times of heightened student distress.
3. A health information package for incoming students, sent before they arrive in September.
4. Returning the salary to student note takers at the Office for Students with Disabilities.
5. The implementation of a fall reading week.
6. A formal evaluation of McGill's exam policies (for example, abolishing exams that comprise more than 50% of a student's grade).

G. The McGill Suicide Prevention and Education Framework*

Benchmarks and Timelines: The Steering Committee first met in November 2019. Advisory Committees and Working Groups will be meeting bi-weekly from January-April 2020. The current MH Commissioner will ensure the incoming MH Commissioner is included in the consultation period of new executives in May 2020. The proposed launch date of the Framework is September 10, 2020.

The Office of the Dean of Students, in collaboration with the MHCC and Suicide Action Montreal, is in the first stages of establishing the McGill Suicide Prevention and Education Framework*. This is a critical project in which the 2019-2020 MH Commissioner and other student leaders and executives are extremely involved. Future work will include monitoring the success of the framework's launch and the continued participation in the Steering/Advisory Committees. When the program components are piloted, the monitoring of student feedback and campus reception will be crucial to improve the Framework over time.

*Note: This is a working title and should not be cited as the final title of the framework.

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H. Institutional Advocacy

Benchmarks and Timelines: Semesterly summaries of feedback gathered and distributed among SSMU VP Student Life, University Affairs, MH Commissioner/Committee Heads, and the Hub leadership; semesterly feedback requests from the Hub; Commissioner should have monthly meetings with Hub Leadership, and bi-semester attendance at the Mental Health Round Table in order to communicate and update relevant groups; Commissioner attendance at relevant working groups and steering committees as required.

The current anonymous feedback form was borne of the Hub's strenuous first few operational months. A proper series of feedback channels facilitates the collection of testimonies relating to poor-quality services, barriers to care, and malpractice. Feedback is also critical to follow-through on bench-marks, track progress, and hopefully in time, provide evidence for praise where praise is due. Student voices must be recognized and validated, therefore the SSMU MH Commissioner and Coordinators should seek to stand in solidarity with students and tackle the problems that have the most significant impact on daily lives. For example, advocating for an increase in the diversity of Hub staff expertise and experience through the hiring of, and/or collaboration with, more people of colour and gender diverse individuals.

A significant responsibility of the MH Commissioner is to foster long-term positive and respectful relationships with Hub leadership in order to advocate effectively. Ultimately, working alongside the Rossy Wellness Hub is one of the most sustainable ways to increase student satisfaction with mental health service provision over the next few years. By being present and active in the various mental health-related Hub working groups and steering committees, the Commissioner should aim to be heard in as many administrative and institutional settings as possible as they will often be one of very few student advocates invited. For reference, the committees on which the current MH Commissioners sit are listed below:
- The Rossy Hub Leadership Board
- Co-chair of the Student Wellness Hub Advisory Board
- The Suicide Prevention and Postvention Campaign Steering Committee and Advisory Board
- The Student Health Insurance Advisory Board
- The Healthy Living Annex Advisory Board
- Health and Dental Review Committee