Mental Health Plan

Adopted by the Legislative Council: 2020/01/30
Expiry Date: 2023/01/01
Link to Motion

1. The Mental Health Commissioner

1.1 Timeline
The sitting VP Student Life is to release the job application to the McGill population no later than March 1 of each year. The official 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 plan 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.

1.2 This individual will be responsible for:

1.2.1 The hiring of two committee coordinators (Advocacy and Outreach)
1.2.2 The directions and long-term goal setting of the MH Outreach and Advocacy Committees.
1.2.3 The maintenance of institutional memory via the creation of exit reports and the updating of this Policy.
1.2.4 Ensuring the provisions of this policy are pursued and implemented in a timely manner.
1.2.5 The attendance of any and all mental health meetings to which they are invited at the Hub.
1.2.6 Maintaining strong relationships and bi-directional communications with Rossy Hub leadership.
1.2.7 Active involvement in the budgeting and distribution of the SSMU Mental Health Budget and the SSMU Mental Health Fund.

1.2.8 Weekly meetings with the VP Student Life.

1.2.9 Any other mental health initiatives, as directed by the VP Student Life.

2. 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.

2.1 About the Committees:

2.1.1 The committees will exist under the portfolio of the SSMU VP Student Life.

2.1.2 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.

2.1.3 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.

2.1.4 Each committee shall meet at least twice a month, alternating meetings between Outreach and Advocacy every week.

2.1.5 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.)

2.2 Formation of Each Committee:

a. Chair (1): The Outreach or Advocacy Coordinator

b. Assistant to the Chair (1): The CC of the opposite committee. Should take notes, support the chair, fill in when necessary, etc.

c. 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).
d. 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.

e. Regular attendance at relevant meetings/events during the semester is required.

f. 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 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.

g. 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 Resource and Support Centre, 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.

i. These same community members may also be invited to participate in the Round Table (see Section 3 for more details).

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

2.3 Committee Objectives:

2.3.1 Outreach, Collaboration and Cohesion:

a. Serve as primary facilitator of mental health collaboration between student groups.

2.3.4 Increase inter-group awareness of activities and projects

b. Prevent resource splitting by encouraging all mental health groups to share knowledge, financial burdens, and human resources.

c. Increase student education of various institutional and student-run services; increase referral of students between groups.

d. Plan the agenda for the Mental Health Round Tables (held 1-2 times per semester, see Subsection C)

e. Facilitate the collaboration of various student groups for the Mental Health and Mental Illness Awareness Weeks.

2.3.2 Communication:

a. Update and maintain social media presence on Facebook and Instagram.

b. 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).

c. Work with the Hub communication team to ensure cohesive and effective communication strategies that reflect student feedback.
2.3.3 Education
   a. Fund and oversee the Student Mental Health Website alongside relevant student groups.
   b. Ensure the accuracy and maintenance of up-to-date information by working with the Hub and other student groups.
   c. Create educational campaigns surrounding student health insurance plans and coverage available.

2.4 Advocacy

2.4.1 Rossy Wellness Hub Accountability
   a. Maintain and actively monitor student feedback of the Hub.
   b. 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.
   c. Evaluate successes and setbacks on Hub projects and policy goals.
   d. Evaluate and Monitor Progress

2.4.2 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.
   a. Allocate funds (from the SSMU Mental Health fee levy) and further resources, and determine their use.
   b. 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 media when deemed necessary.

2.4.3 Allyship
   a. 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.
   b. Advocate in particular for the needs of students who may be under-represented and marginalized by services.
   c. Encourage and support other universities and organizations when lobbying for improvements to larger healthcare institution policies.

2.5 Advocacy and Outreach

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

3. 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.

3.1 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:

3.1.1 The MHRT shall be held at least twice a semester and will be hosted by the SSMU MH Commissioner and the two Coordinators.
3.1.2 Groups who participate should commit to the entire year if possible, and designate an executive from their team to attend each MHRT.
3.1.3 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.
3.1.4 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.
3.1.5 The SSMU Mental Health Fund should be used to fund the MHRT’s initiatives.

4. Campus Communications

Improving institutional and student-driven communication will be critical goals over the next three years. Historically, McGill’s bi-directional communication with students has not been 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.

4.1 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.

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

4.2 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 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 is 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.

4.2.1 The website should seek to:
   a. Describe the specific services provided by the Hub and various student-led organizations.
   b. 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.
   c. Provide easy access to the anonymous student feedback form.
   d. Provide an interactive Google Calendar where students can stay informed of upcoming events held by the Hub and student groups.
   e. Provide the current information (the Outreach committee is responsible for actively requesting new information through the Slack communication channel and the MH Commissioner).

5. 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).
6. Integration of Student Academic and Health Dialogues

6.1 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.

6.2 As the Standard highlighted numerous times, mental health policies can no longer exist in a vacuum. Academic responsibilities are 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.

6.3 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:

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

7. The McGill Suicide Prevention and Education Framework*

7.1 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.
7.2 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.

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

8. Institutional Advocacy

8.1 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.

8.2 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.

8.3 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:

a. The Rossy Hub Leadership Board
b. Co-chair of the Student Wellness Hub Advisory Board

c. The Suicide Prevention and Postvention Campaign Steering Committee and Advisory Board

d. The Student Health Insurance Advisory Board

e. The Healthy Living Annex Advisory Board

f. Health and Dental Review Committee