



Mental health and well-being for post-secondary students



Mental Health Commission of Canada
Commission de la santé mentale du Canada



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CSA Z2003:20 Mental health and well-being for post-secondary students



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Contents

Technical Committee for Mental Health and Well-being for Post-Secondary Students	3
Preface	7
0 Introduction	9
0.1 Approach	9
0.2 Intent	10
1 Scope	10
1.1 General	10
1.2 Applicability	10
1.2.1 Audience	10
1.2.2 Equity, diversity, and inclusion	11
1.2.3 Exclusion	11
1.3 Terminology	11
2 Reference publications	11
3 Definitions	11
4 Guiding principles and models	16
4.1 General	16
4.2 Guiding principles	16
4.3 Guiding models	17
4.3.1 General	17
4.3.2 Mental health dual continuum	17
4.3.3 Socio-ecological model	18
4.3.4 Continuous improvement	19
5 Mental health and well-being framework	20
5.1 General	20
5.1.1 Planned approach	20
5.1.2 Alignment	20
5.1.3 Framework elements	20
5.2 Institutional level activities	22
5.2.1 General	22
5.2.2 Leadership	22
5.2.3 Commitment, policy, and practices	22
5.2.4 Confidentiality	23
5.2.5 Stakeholder participation and engagement	23
5.3 Planning	24
5.3.1 General	24
5.3.2 Assessment of psychosocial factors	24
5.3.3 Gathering data	26
5.3.4 Objectives and targets	27
5.3.5 Action plans	28
5.4 Components of a socio-ecological based framework for mental health and well-being	28

5.4.1	General	28
5.4.2	Supportive, safe, and inclusive post-secondary environment	28
5.4.3	Literacy, education, and stigma reduction	29
5.4.4	Accessibility	30
5.4.5	Early intervention	31
5.4.6	Mental health supports	31
5.4.7	Crisis management and postvention	33
5.5	Evaluation and reporting	33
5.5.1	General	33
5.5.2	Evaluation plan	33
5.5.3	Institutional reporting	35
6	Continuous improvement and sustaining efforts	36
6.1	Continuous improvement	36
6.1.2	Reviews	36
6.1.3	Advancing knowledge	36

Annex A (informative)	— Sample internal audit tool	37
Annex B (informative)	— Bibliography	54

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Preface

This is the first edition of CSA Z2003, *Mental health and well-being for post-secondary students*.

This Standard is intended to align with other relevant standards, such as CSA Z1003/BNQ 9700-803, *Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation*, and with recognized management system oriented standards.

This Standard was prepared by the Technical Committee for Mental Health and Well-being for Post-Secondary Students, under the jurisdiction of the Strategic Steering Committee on Health and Well-being, and has been formally approved by the Technical Committee.

This Standard has been developed in compliance with Standards Council of Canada requirements for National Standards of Canada. It has been published as a National Standard of Canada by CSA Group.

Notes:

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- 2) *Although the intended primary application of this Standard is stated in its Scope, it is important to note that it remains the responsibility of the users of the Standard to judge its suitability for their particular purpose.*
- 3) *This Standard was developed by consensus, which is defined by CSA Policy governing standardization — Code of good practice for standardization as “substantial agreement. Consensus implies much more than a simple majority, but not necessarily unanimity”. It is consistent with this definition that a member may be included in the Technical Committee list and yet not be in full agreement with all clauses of this Standard.*
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 - b) *provide an explanation of circumstances surrounding the actual field condition; and*
 - c) *where possible, phrase the request in such a way that a specific “yes” or “no” answer will address the issue.*

Committee interpretations are processed in accordance with the CSA Directives and guidelines governing standardization and are available on the Current Standards Activities page at standardsactivities.csa.ca.

- 5) *This Standard is subject to review within five years from the date of publication. Suggestions for its improvement will be referred to the appropriate committee. To submit a proposal for change, please send the following information to inquiries@csagroup.org and include “Proposal for change” in the subject line:*
 - a) *Standard designation (number);*
 - b) *relevant clause, table, and/or figure number;*
 - c) *wording of the proposed change; and*
 - d) *rationale for the change.*

Acknowledgement

The Mental Health Commission of Canada (MHCC) championed the development of this voluntary standard in collaboration with the Canadian Standards Association (CSA Group) as the standards development organization, with funding from Bell Let's Talk, The Rossy Foundation, The RBC Foundation, and Health Canada.

MHCC Executive Advisory Committee

The MHCC leads this Committee which is made up of diverse key stakeholders including representation from Bell Let's Talk, The Rossy Foundation, The RBC Foundation, CSA Group, Universities Canada, Colleges and Institutes Canada, the Canadian Alliance of Student Associations, as well as a number of students.

Supporting Tools and Resources

CSA Z2003 Guide

In order to support the community and to achieve the goals associated with the standard, the Technical Committee is developing a Guide for CSA Z2003, *Mental health and well-being for post-secondary students*. The Guide provides supplementary information regarding many topics including:

- mental health dual continuum;
- policy;
- executive sponsor;
- privacy and confidentiality;
- cultural safety;
- psychosocial factors;
- data gathering and evaluation;
- learning environment strategies;
- suicide prevention, crisis management, and postvention; and
- alignment with CAN/CSA-Z1003-13/BNQ 9700-803/2103, *Psychological health and safety in the workplace*.

The Z2003 Guide is hosted on the online CSA Community.

CSA Community

CSA Z2003, *Mental health and well-being for post-secondary students*

Enabling access and supporting implementation and an ongoing dialogue with the community.

The Mental Health Commission of Canada (MHCC) is supporting an online community in order to:

- provide access to the CSA Z2003 standard;
- host access to a template for CSA Z2003 Annex A, Sample internal audit tool;
- host access to the *CSA Z2003 Guide*; and
- enable an ongoing dialogue in the community around the Standard, to ask questions and share perspectives, resources, case studies, and discuss innovative approaches or solutions.

CSA Community: community.csagroup.org

Keyword: Z2003

Join: Select *Join this Group* to receive updates

CSA Z2003:20

Mental health and well-being for post-secondary students

0 Introduction

0.1 Approach

This Standard presents an opportunity for post-secondary institutions to affirm their commitment to promote positive student mental health and well-being. Achieving this requires an approach based on compassion and informed by human rights. This Standard is an instrument to ignite further action. With recognition of the complex and varying needs of Canadian post-secondary institutions, the Technical Committee sought to provide guidance with an emphasis on continuous improvement to address the factors relevant to the mental health and well-being of post-secondary students. In undertaking this journey, post-secondary institutions will strengthen their contributions to the cultural, ecological, social, and economic sustainability of their communities and wider society.

By embedding mental health and well-being into learning environments, everyday operations, business practices, policies, and academic mandates, post-secondary institutions will inspire lifelong learning and foster more creative and innovative communities.

Student mental health and well-being is a shared responsibility. Post-secondary institutions cannot meet this growing challenge alone. An approach to supporting student mental health and well-being that encompasses all students, faculty, and staff within the post-secondary community, in addition to all stakeholders in the broader community, is vital.

Post-secondary institutions and students can utilize this Standard to bolster the co-creation of opportunities for students to develop competencies about, and capabilities that support, their health and wellness, address barriers to wellness which exist as part of the institution and its community, as well as offer a variety of services, programs, and policies to support the existing and emerging needs of students.

As we work to create safer and more supportive post-secondary communities across this country, and inspire action across the globe, the Technical Committee seeks to underline the need to work in respectful collaboration with Canada's diverse communities from coast to coast to coast. We recognize that this Standard has been developed and will be applied on traditional lands of Indigenous communities. This reality informs the work and initiatives put forth in the Standard, as we endeavor to support the health and success of all students. Embedded throughout the underlying principles and approach of this Standard is a celebration of the strength and power of students who showed up despite the obstacles and challenges in their path, to tell stories, and transform post-secondary environments into more inclusive and more equitable spaces where all students can flourish.

It is highly recommended that users of this Standard consider and integrate CAN/CSA-Z1003-13/BNQ 9700-803/2013, *Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation* for the staff and faculty of the institution. Addressing the mental health and well-being of staff and faculty working within post-secondary institutions is necessary to support an authentic movement for student mental health and well-being.

0.2 Intent

This Standard is intended to be used by any post-secondary institution that seeks to develop, implement or enhance, and sustain a mental health and well-being framework using a socio-ecological approach to support a healthy and safe environment.

1 Scope

1.1 General

This Standard specifies requirements for post-secondary institutions for the development and implementation of a framework to safeguard, promote, and continually improve the mental health and well-being of students.

This Standard provides a foundation for a socio-ecological framework for the development, implementation, and continuous improvement of policies, programs, environments, and initiatives, including

- a) promotion of student well-being through enhancement or creation of sustainable environments which reduce modifiable stressors or risk factors;
- b) recommendations for a systemic or holistic approach which include
 - i) addressing institutional level activities (e.g., leadership, commitment, confidentiality, and stakeholder participation and engagement);
 - ii) psychosocial factors linked to mental health and well-being;
 - iii) post-secondary environments;
 - iv) literacy, education, and stigma reduction;
 - v) accessibility;
 - vi) early intervention, mental health supports, and suicide prevention; and
 - vii) crisis management and postvention;
- c) articulation of roles and responsibilities;
- d) protective factors to consider; and
- e) indicators to measure success.

1.2 Applicability

1.2.1 Audience

This Standard is applicable to any post-secondary institution that seeks to develop, implement, or enhance, and sustain a framework that supports student mental health and well-being.

Post-secondary institutions are made up of communities of diverse individuals. The guidance in this Standard is intended to be inclusive and mindful of this diversity in all institutional policies, programs, environments, and initiatives; representing the human rights of all students.

This Standard is meant to guide post-secondary institutions to continue to work towards the sustainability of a vibrant post-secondary community, by striving to create an environment of inclusivity for all students, by respecting and affirming the dignity of each member of their community.

The intended audience for this Standard is post-secondary institutions. However, the Standard could be used by any organization that is interested in developing programs and initiatives aimed at strengthening mental health and well-being for post-secondary student populations.

1.2.2 Equity, diversity, and inclusion

This Standard is inclusive and mindful of all students as manifested by their ability, age, ancestry, culture, disability, ethnicity, family status, gender, gender expression, gender identity, geographic location, language or linguistic background, marital status, nationality or national origin/place of origin, political beliefs or association, race, religion, religious beliefs or association, sex, sexual orientation, socioeconomic status, source of income, student status, other relevant characteristics, or any and all intersection(s) of the above.

1.2.3 Exclusion

This Standard does not cover specific mental health concerns, nor does it cover treatment or care for specific mental health concerns.

1.3 Terminology

In this Standard, “shall” is used to express a requirement, i.e., a provision that the user is obliged to satisfy in order to comply with the standard; “should” is used to express a recommendation or that which is advised but not required; and “may” is used to express an option or that which is permissible within the limits of the Standard.

Notes accompanying clauses do not include requirements or alternative requirements; the purpose of a note accompanying a clause is to separate from the text explanatory or informative material.

Notes to tables and figures are considered part of the table or figure and may be written as requirements.

Annexes are designated normative (mandatory) or informative (non-mandatory) to define their application.

2 Reference publications

This Standard refers to the following publications, and where such reference is made, it shall be to the edition listed below.

CSA Group

CAN/CSA-Z1003-13/BNQ 9700-803/2013

Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation

Canadian Health Promoting Campuses

Okanagan Charter: An International Charter for Health Promoting University and Colleges (2015)

Truth and Reconciliation Commission of Canada

Truth and Reconciliation Commission of Canada: Calls to Action (2015)

3 Definitions

The following definitions shall apply in this Standard:

Notes:

- 1) For the purposes of this Standard, the term “organization” refers to a post-secondary institution.
- 2) For the purposes of this Standard, the term “student” is inclusive of the post-secondary level.

Accessible learning — the process of designing courses and developing an approach to teaching that leads to meeting essential requirements and that maximizes the learning outcomes to meet the needs of individuals from a variety of backgrounds, abilities, and learning styles.

Anti-oppression — requires giving up power, being inclusive of all groups, of all marginalized groups, having representation from these groups and having joint decision-making about policy, procedures and practices.

[Source: www.oacas.org.]

Broader community — individuals and organizations outside the post-secondary institutions providing mental health and well-being support to post-secondary students.

Confidentiality — a right that requires information such as healthcare, psychological, or counselling information is kept private within the established circle of care. Confidentiality is assumed by the individual providing the information; this information can only be released to designated others through a signed consent by the person whose information is being released. See **Privacy**.

Critical event — an event or series of events that has a stressful impact sufficient enough to overwhelm the usually effective coping skills of an individual or a group.

Cultural safety — an approach that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences. It is created through an environment that is emotionally, linguistically, physically, psychologically, socially, and spiritually safe for people; where there is no assault challenge or denial of their identity, of who they are, of what they experienced, and what they need. It is about shared respect, shared meaning, shared knowledge, and experience of learning together.

Note: *Practitioners are self-reflective/self-aware with regards to their position of power and the impact of this role in relation to patients. "Safety" is defined by those who receive the service, not those who provide it.*

[Source: www.heretohelp.bc.ca.]

Diversity — the wide variety of visible and invisible difference that contribute to the experiences of individuals and groups. These include both individual and group/social differences.

[Source: *University of British Columbia*; equity.ubc.ca.]

Early intervention — a structured, formal program that provides opportunities for an individual to receive assistance and support after a critical event or upon early detection of any hazard or potential harm to their mental health and well-being.

Equity — the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

[Source: *World Health Organization*.]

Note: *Equity is a way to address marginalization. In contrast to equality, which seeks the same treatment for all individuals, an equity-based approach recognizes that different actions are required to achieve similar outcomes for different individuals or groups due to the uneven distribution of power, wealth, and other resources in society.*

[Source: *Canadian Mental Health Association*.]

Equity-seeking groups — populations within a community who are striving to achieve equity.

Evidence-informed — the process of distilling and disseminating the best available evidence from research, practice, and experience and using that evidence to inform and improve decision-making.

[Source: *Adapted from National Collaborating Centre for Methods and Tools*.]

Harm reduction — focused on minimizing consequences without needing the activity to stop.

Health — a state of physical, mental, and social well-being, and not merely the absence of disease or infirmity.

[Source: Adapted from World Health Organization.]

Health promotion — the process of enabling people to increase control over and improve their health.

[Source: *Health Promotion Glossary, BNQ 9700-800, Okanagan Charter, OUCHA.*]

Human rights — rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

[Source: *United Nations.*]

Inclusion — actively, intentionally, and continuously bringing historically and currently underrepresented and marginalized individuals and groups into processes, activities, and decision and policy making in a way that shares power. Inclusion seeks to achieve equity. See **Equity**.

[Source: *University of British Columbia, equity.ubc.ca.*]

Note: *Inclusion is about the collective. It is about creating a culture that strives for equity and embraces, respects, accepts, and values difference. See **Diversity**.*

[Source: *Canadian Centre for Diversity and Inclusion.*]

Indicator — a trend or fact that indicates a state or result.

Indigenous — those who belong to First Nations, Métis, and Inuit communities. First Nations, Métis, and Inuit people have unique histories, language, cultural practices, and spiritual beliefs.

Indigenous ways of knowing — local and Indigenous knowledge refers to the understandings, skills, and philosophies developed by societies with long histories of interaction with their natural surroundings. For rural and Indigenous peoples, local knowledge informs decision-making about fundamental aspects of day-to-day life.

[Source: *United Nations Educational, Scientific, and Cultural Organization (UNESCO).*]

Informed consent (service provision) — the right for any individual, or individual's representative, to make choices about their own health and well-being, including how their personal information is collected and shared with others.

Note: *Informed consent is both an ethical and legal concept and requires that health professionals abide by related laws as well as professional obligations and standards of practice.*

Intersectionality — the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect, resulting from the intersection of various identities, especially in the experiences of marginalized individuals or groups.

Note: *Intersectionality is a term used to observe and analyze power imbalances that was coined by Kimberle Crenshaw, and which emerged from the ideas debated in critical race theory. This term is colloquially used to describe a theory for understanding the complex and intersecting identities of individuals, and how the whole individual is more than simply the sum of their identities.*

Mental health — a state of well-being in which the individual realizes their own abilities, can reasonably cope with the stresses of life, can live, study, and work well, and is able to make a contribution to the community.

Notes:

1) *Synonym: "psychological health".*

- 2) *The World Health Organization states, “[...] in this positive sense, mental health is the foundation of well-being and effective functioning for an individual and for a community.”*
- 3) *Substance use disorder can be a coping strategy to the “stresses of life”, many individuals have concurrent disorders, and mental health includes an individual’s relationship with substances.*
[Source: Adapted from World Health Organization.]

Mental health concerns — a spectrum of concerns that can range from distressing temporary symptoms to a wide range of mental health disorders and illness affecting one’s mood, thinking, behaviour, or physiological responses.

Mental health literacy — the ability to recognize stress, specific disorders, as well as one's knowledge about

- a) risk factors and causes of mental health issues;
- b) diverse professional help services;
- c) how to obtain and maintain positive mental health, including self-care skills;
- d) how to seek mental health information; and
- e) knowing when and where to seek help.

Notes:

- 1) *Mental health literacy is underscored by the belief that without an adequate understanding of the elements listed above it is impossible to determine whether what someone is experiencing warrants help, and how to seek out appropriate support.*
- 2) *The above can be based on multiple mental health lenses such as Indigenous Ways of Knowing, biomedical, and the biopsychosocial models of mental health.*

Mental illness — characterized by alterations in thinking, mood, or behaviour associated with significant distress and impaired functioning that interfere with relationships and affect a person’s ability to function on a day-to-day basis. See **Mental health concerns**.

Peer support — a wide range of approaches wherein participants with shared roles or experiences provide structured assistance to their peers.

Notes:

- 1) *Peer support is different from friends providing informal assistance because peers providing support are typically appropriately trained and potentially supervised in providing mental health support.*
- 2) *Peer support also differs from professional supports because no power differential is intended between supporters and those supported.*
- 3) *It is important to emphasize the primary goal of peer support: a non-directional and non-judgmental active listening service that empowers students to find their own solutions.*
[Source: CAN/CSA-Z1003/BNQ 9700-803.]

Post-secondary community — all members of the post-secondary institution including faculty, staff, students, and administration.

Post-secondary environment — the largest view of the diverse spaces (virtual or physical) at the post-secondary institution which form the community ecosystem; inclusive of the learning and academic environments.

Academic environment — the diverse spaces (virtual or physical), approaches, contexts, and cultures that an educator employs to deliver formal learning outcomes; an academic requirement that contributes towards the successful completion of a formal learning outcome.

Learning environment — the diverse spaces (virtual or physical), approaches, contexts, and cultures in which teaching and learning take place; inclusive of the academic environment.

Post-secondary institution — any public or private organization supporting education beyond high school level education including, but not limited to, a CEGEP, college, technical institute, or university.

Post-secondary student — any person enrolled in a post-secondary institution.

Postvention — the provision of mental health support for those affected, bereaved, or traumatized by a critical event.

Privacy — privacy is a right, this involves any communication about a person, whereby public access of this personal information is restricted and free from public interference and is the choice of a person to release this information. See **Confidentiality**.

Procedure — a documented method to carry out an activity.

[Source: CSA Z1000.]

Process — a set of interrelated or interacting activities that transforms inputs into outputs.

[Source: CSA Z1000.]

Psychological health — see **Mental health**.

Risk — the combination of the likelihood of the occurrence of harm and the severity of the harm.

[Source: CAN/CSA-Z1002.]

Risk analysis — the systematic use of information to identify hazards and estimate the risk.

Notes:

- 1) *Risk analysis provides a basis for risk evaluation and risk control.*
- 2) *Information can include current and historical data, theoretical analysis, informed opinions, and the concerns of stakeholders.*

Risk assessment — the overall process of risk analysis and risk evaluation.

Senior management — the person(s) at the highest level of an organizational structure responsible for leading, managing, and/or directing an organization.

Social determinants of health — the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between countries.

[Source: World Health Organization.]

Spiritual — whatever or whoever gives ultimate meaning and purpose in one's life that invites particular ways of being in the world in relation to others, oneself, and the universe.

[Source: Wright, L. M. (2005). *Spirituality, suffering, and illness: Ideas for healing*. Philadelphia: F. A. Davis Company.]

Stakeholder — any person or organization that can affect or be affected by, or perceive themselves to be affected by, the decisions or activities related to mental health and safety factors.

[Source: Adapted from ISO Guide 73.]

Stigma — a set of negative attitudes and unfair beliefs or stereotypes that lead to stigmatization, discrimination, and social inequity experienced by individuals and groups. For example, organizations may exclude or disadvantage individuals who experience less than optimal mental health or mental illness. Stigma can be organized into social stigma, structural stigma, and self-stigma.

[Source: Health Canada.]

Trauma and violence-informed — practices that recognize the connections between trauma and violence, and negative health outcomes and behaviours. These practices acknowledge the role trauma and violence has played in the lives of those at risk of, or affected by, trauma that emphasize physical, psychological, and emotional safety for everyone. Trauma is not considered an illness or weakness but an injury.

Well-being — the presence of the highest quality of life in its full expression of the following dimensions:

- a) cultural;
- b) emotional;
- c) mental;
- d) physical;
- e) social; and
- f) spiritual.

4 Guiding principles and models

4.1 General

The principles outlined in Clause [4.2](#) should guide the institution’s implementation of this Standard to strengthen student mental health and well-being.

4.2 Guiding principles

This Standard is based on the following guiding principles:

- a) **Student-centred** — Being student-centred means prioritizing the mental health and well-being of students and including them in the process of developing, implementing, and evaluating the institution’s framework.
Students are valuable partners and their opinions are required, valued and respected as vital expertise.
- b) **Equity, diversity, and inclusion** — The diversity of a post-secondary environment should be respected, celebrated, and promoted, while applying an intersectional lens. This includes ensuring policies, programs, services, and environments are inclusive, accessible, adaptive, anti-oppressive, and promote cultural safety. Institutions should provide and facilitate all programs, services, environments, and opportunities to all students in an equitable manner.
- c) **Knowledge-informed** — The institution’s framework should incorporate lived expertise, evidence-informed, trauma and violence-informed, practice-informed, and Indigenous ways of knowing. The framework should reflect changing circumstances, emerging trends, and issues and be reviewed regularly with a focus on measurable and assessable improvement.
- d) **Health promotion and reducing harm** — Institutions should enable people to increase control over, and improve, their health. To reach a state of physical, mental, and social well-being, an individual or group should be supported to identify and realize aspirations, satisfy needs, and change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health promotion is not just the responsibility of the health sector and goes beyond healthy lifestyles to well-being (Okanagan Charter, 2015).
Using an approach to student mental health and well-being that aims to promote health as well as reduce harms is a well-researched, knowledge-informed approach. Policies and practices should focus on reducing the harmful effects of activities that pose a degree of risk.

This is underpinned by harm reduction, more specifically, and the focus on minimizing negative consequences without needing the activity to stop. This practice is grounded in the belief that people have the right to choose how they live their lives and that they deserve respect.

Note: One aim, for example, could be to promote safer use of substances to prevent harm.

- e) **Thriving community and culture of well-being** — This includes acting proactively and intentionally to create empowered, connected, and resilient communities that foster an ethic of care, compassion, collaboration, and community action.

A key priority is to encourage transformational learning environments that enable and inspire members of the post-secondary community to become, and continue to be, healthy and engaged citizens and leaders both locally and globally.

- f) **Continuous improvement** — Making ongoing improvements in commitment, strategy, and process all help to strengthen the institution's and the community's capabilities to support the mental health of post-secondary students.

4.3 Guiding models

4.3.1 General

The development of this Standard is informed by two models: a mental health dual continuum model and a socio-ecological model. The models provide perspectives that empower post-secondary institutions to develop and sustain an environment that supports mental health and well-being for students. Institutions may utilize other models to inform the development of their framework. These models can include, but are not limited to, the First Nations Mental Wellness Continuum Framework (Thunderbird Partnership Foundation), Post-Secondary Student Mental Health: Guide to a Systemic Approach (CACUSS), the Medicine Wheel, and Marshall's Two-Eyed Seeing Model. Ongoing review, evaluation, and continuous improvement, typical to any management system, are also critical expectations.

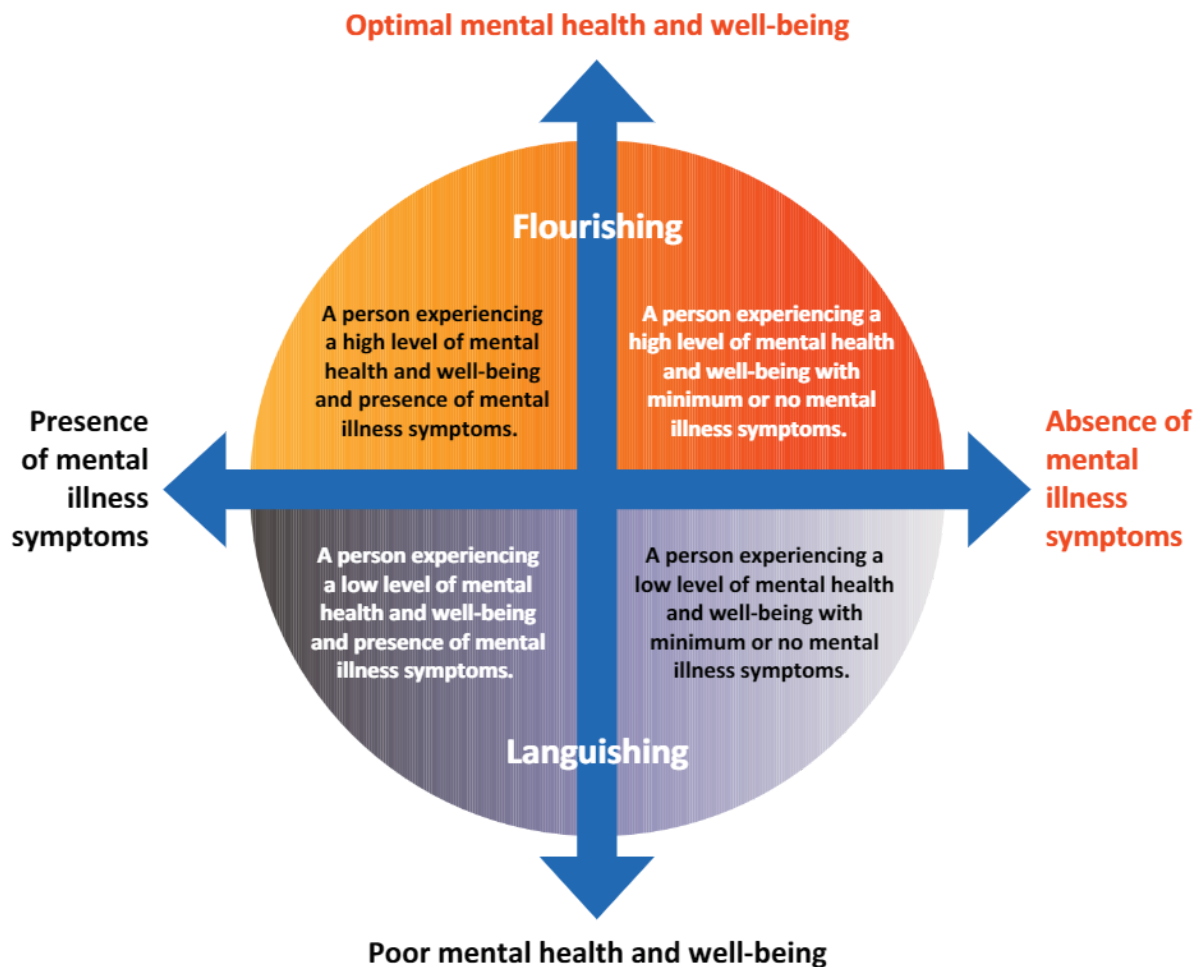
4.3.2 Mental health dual continuum

Mental health promotion and protection is premised on a dual continuum model (see Figure 1). Mental health promotion and protection aims to improve mental health. The intent of mental health promotion and protection is to target all members of a population, including those with positive mental health and those with less than optimal mental health.

A mental health dual continuum considers biological and psychosocial factors of mental health and well-being. It emphasizes that mental health and mental illness can co-exist, such that individuals experiencing mental illness can thrive in our societies and post-secondary communities. Post-secondary environments shall operate beyond individual factors and consider upstream initiatives that prevent less than optimal mental health in whole post-secondary student populations. This Standard is designed to assist post-secondary institutions to support the mental health and well-being of all students, including students with mental illness, and enable them to flourish.

It is important that post-secondary institutions choose to be inclusive and anti-oppressive in all services and programs. Students who do not have equitable access to opportunities and services in a post-secondary environment (due to historical and current marginalization, discrimination, and oppression) will encounter barriers to flourishing.

Figure 1
Mental health dual continuum
 (See Clause 4.3.2.)



Notes:

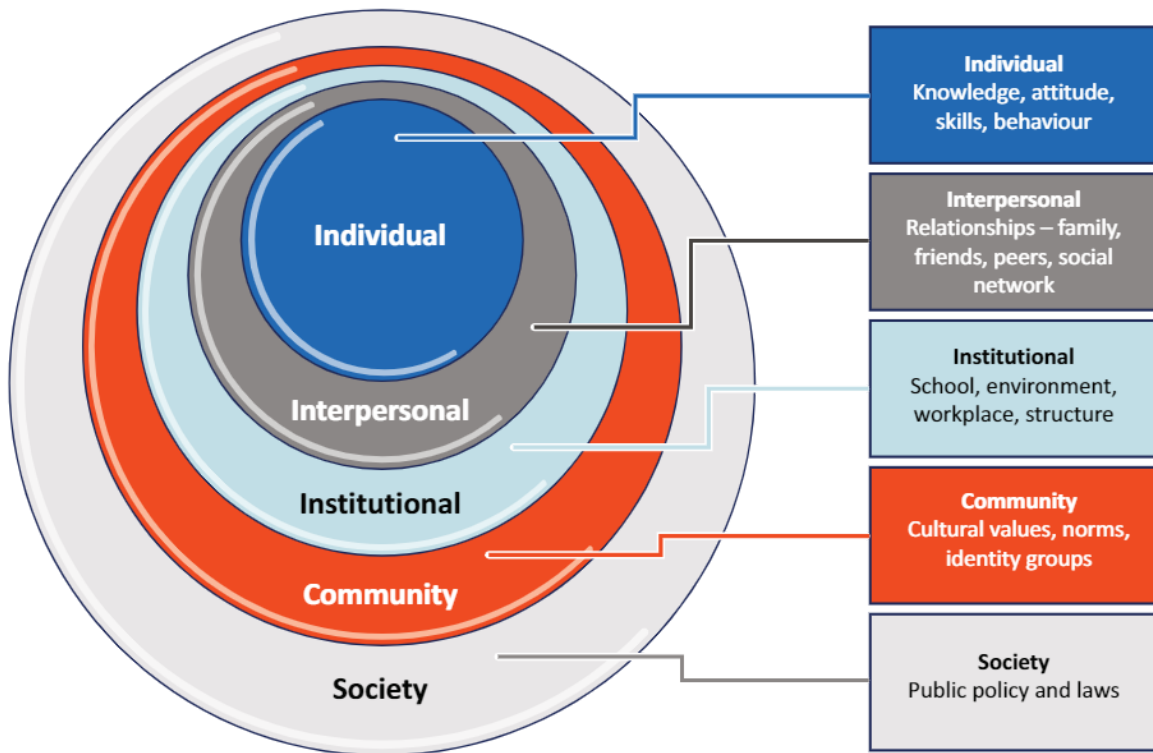
- 1) Reproduced with permission from Keyes, Corey, Emory University (2019).
- 2) Health is understood as having multiple dimensions including mental, physical, social/cultural, and spiritual.
- 3) Mental health is inclusive of psychological, emotional, and social aspects of well-being. There is an interdependency among the aspects of well-being; any mental health interventions should recognize these interdependent factors.

4.3.3 Socio-ecological model

In order to look beyond addressing individual mental health concerns to offer broader, more holistic approaches to support student mental health and well-being, a socio-ecological model guides the recommendations of this Standard.

This model considers the complex interplay between individual, interpersonal, institutional, community, and social system factors that shape mental health and well-being and can support or hinder one's ability to flourish. These systems are overlapping and demonstrate how factors in one ecosystem are likely to influence the factors of another. The layers in the model are fluid and not fixed. See Figure 2.

Figure 2
Socio-ecological model
 (See Clauses [4.3.3](#) and [5.3.2.1](#).)



Notes:

- 1) Adapted from U. Bronfenbrenner's (1994) ecological model of human development.
- 2) The descriptors are non-exhaustive.

This approach aims to integrate mental health and well-being into the whole post-secondary environment, including academic structures, policies, and practices and is consistent with the Okanagan Charter. This Standard includes recommendations for various components of this approach, including prevention, early intervention, interventions, and postvention strategies across multiple levels. A socio-ecological approach builds on and leverages the strengths of all stakeholders. This model will help post-secondary institutions create a framework and support institutional and environmental conditions that promote positive mental health and well-being for all students and provide targeted programs for students who would benefit from support.

4.3.4 Continuous improvement

This Standard has been developed with the expectation that it can be used by a post-secondary institution to conduct its own review (see Annex [A](#)) and support ongoing evaluation and continuous improvement.

The Standard enables the institution to make a self-declaration that it conforms to the requirements in this Standard. The Standard may also be used as a guide by others who are external to the post-secondary institution. External assessment of conformity with this Standard may be used to verify self-declaration.

5 Mental health and well-being framework

5.1 General

5.1.1 Planned approach

The post-secondary institution shall establish, document, implement, and maintain a comprehensive mental health and well-being framework. The institution's framework shall reflect a planned approach (see Figure 3).

5.1.2 Alignment

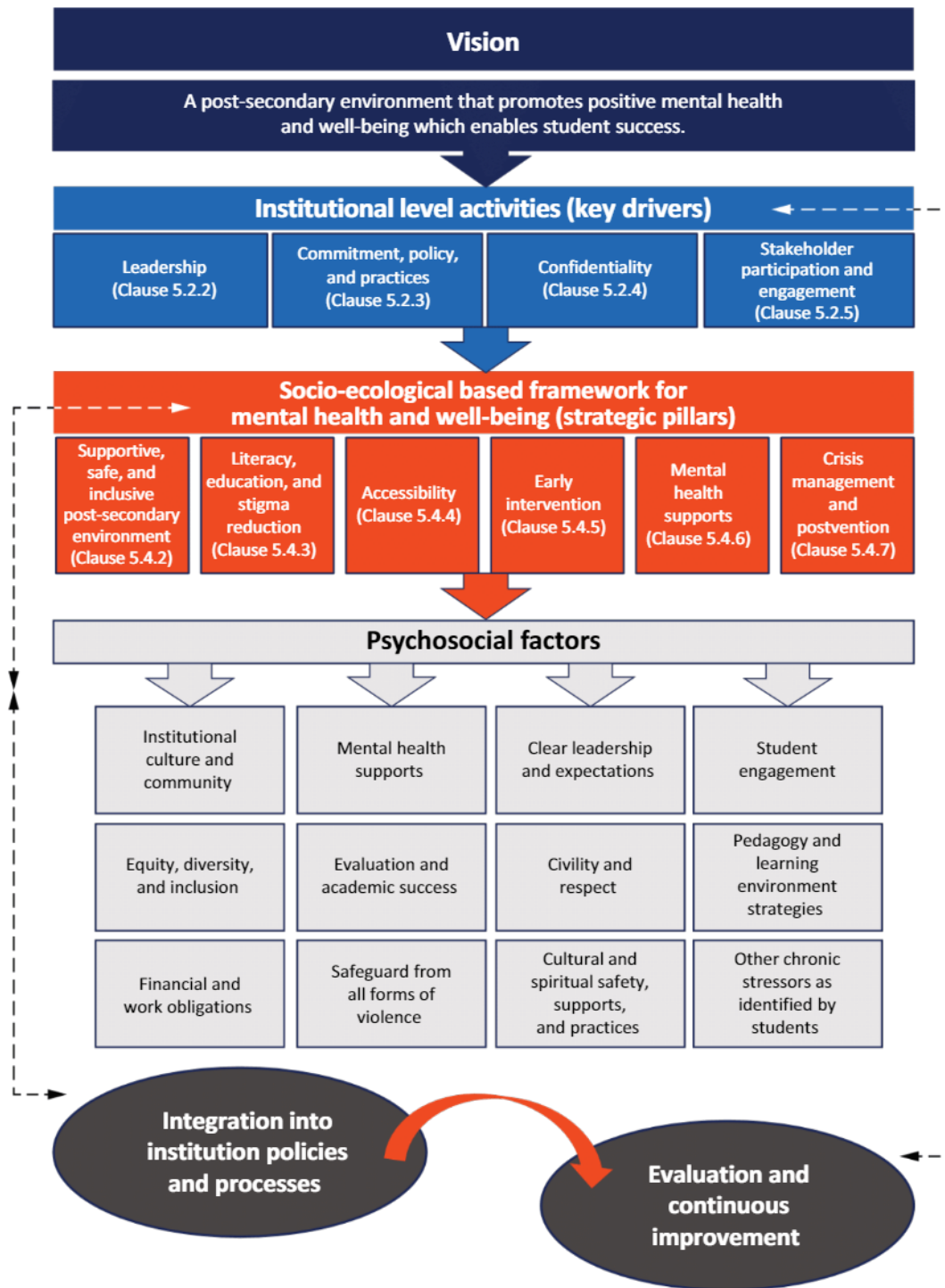
This framework should align with the mission and values of the institution and be integrated into, or compatible with, governance practices and other systems in the institution. The institution's framework should also guide local research, program planning, and policy efforts.

5.1.3 Framework elements

The framework shall include consideration of the following foundational elements:

- a) initial assessment of current state;
- b) institutional level activities including leadership, commitment, confidentiality, and stakeholder participation and engagement (see Clause 5.2);
- c) planning (see Clause 5.3);
- d) implementation (see Clause 5.4); and
- e) evaluation and continuous improvement (see Clauses 5.5 and 6).

Figure 3
Planned approach to developing an institutional mental health and well being framework — Addressing modifiable factors
 (See Clause 5.1.1.)



Note: Adapted from CAN/CSA-Z1003-13/BNQ 9700-803/2013.

5.2 Institutional level activities

5.2.1 General

At the organizational level, the post-secondary institution shall establish a comprehensive student mental health and well-being framework. This shall include the development of institutionally appropriate mechanisms that demonstrate the leadership's strong commitment to student mental health and well-being. It may include the building of institutional structures such as action teams or committees to plan, develop, implement, and evaluate initiatives.

5.2.2 Leadership

5.2.2.1 Executive sponsor

The senior management and/or executive sponsor shall cultivate ongoing and sustained leadership and instill accountability for student mental health and well-being. An ongoing and visible commitment from institution leaders (including student, faculty, staff, and administrative leadership) is fundamental to sustaining efforts and creating an inclusive, supportive, and mental health and well-being promoting post-secondary environment.

5.2.2.2 Responsibilities

People in senior management roles shall

- a) oversee and promote the development and implementation of the institution's framework;
- b) following the principles of equity, diversity, and inclusion; support and reinforce the inclusion of all members of the post-secondary community in the implementation and promotion of the framework;
- c) develop and implement measurable objectives and targets related to this Standard, and regularly review (annually) and internally report on the institution's progress and performance in implementing this Standard;
- d) endorse and support the institution's framework, communicate key messages, and drive and sustain action across the institution;
- e) allocate resources (financial and human resources) to support student-centred initiatives that support mental health and well-being, as outlined in the framework;
- f) monitor the execution and ongoing sustainability of the framework;
- g) ensure that the decision-making processes of the institution prioritize the mental health and well-being of students; and
- h) regularly review and respond to performance results.

5.2.3 Commitment, policy, and practices

5.2.3.1 Strategic approach

The policies and practices that support student mental health and well-being should inform the institution's strategic goals, planning, resource allocation decisions, and appropriate community relationships. As many post-secondary institutions in Canada are already on a journey towards reconciliation, this lens should also be incorporated in mental health and well-being policies and practices for Indigenous students, staff, faculty, and administration.

5.2.3.2 Mental health and well-being lens

The post-secondary institution shall implement a process to review existing policies with a student mental health and well-being lens and be informed by the guiding principles outlined in Clause [4.2](#).

5.2.3.3 Commitment

The post-secondary institution shall determine appropriate mechanisms that demonstrate their commitment to student mental health and well-being and the development and implementation of a systemic and holistic approach that supports student mental health. The institution shall ensure that these mechanisms are approved by senior leadership and the governing body (where applicable).

5.2.3.4 Mechanisms

The approved mechanisms shall be based on the institutional commitments to

- a) establish, promote, and maintain a framework in accordance with this Standard;
- b) align with the mission, ethics, and stated values of the institution;
- c) comply with all applicable human rights requirements and accessibility legislation, such as accommodation of students with disabilities;
- d) establish and implement a process to evaluate the effectiveness of the framework and implement changes as necessary;
- e) delegate authority necessary to assess, implement, and evaluate an effective framework;
- f) ensure that all members of the post-secondary community are actively encouraged to participate in the development, implementation, evaluation, and continuous improvement of the framework;
- g) provide the required resources to develop, implement, evaluate, and maintain the framework; and
- h) recognize that it is everyone's responsibility to promote and enhance a supportive learning environment consistent with the principles of mutual respect, confidentiality, and cooperation.

5.2.4 Confidentiality

5.2.4.1 Principles and intended outcomes

Although different members of the post-secondary community are governed by privacy legislation in different ways, respecting the privacy and confidentiality of all students gives rise to the trust required to optimize mental health and well-being and reduce stigma.

Interactions with students shall be undertaken with a clear appreciation of the principles of privacy and confidentiality which apply to the entire post-secondary community and community partners, including but not limited to, administrators, faculty, staff, Elders, and substance use and addiction counsellors. All interactions with students should adhere to the specific provincial, territorial, and federal legal privacy requirements.

5.2.4.2 Informed consent

The institution and those representing the institution shall respect students' rights to confidentiality and ensure informed consent before sharing private and personal health information, with the exception of what is required by applicable law.

5.2.5 Stakeholder participation and engagement

Developing a systemic and holistic framework to promote mental health and well-being for students shall promote participation from the post-secondary community, particularly students. The success of the framework depends on this participation throughout the planning, development, implementation, operation of specific programs, and evaluation of the framework and its impacts.

To ensure such participation, the post-secondary institution should

- a) engage stakeholders, including any community supports and providers, in active regular dialogue that facilitates understanding of stakeholders' needs, goals, and limitations;

- b) collaborate with student associations, student unions, and student groups (including equity seeking groups such as, but not limited to, racialized students and 2SLGBTQ+ students) to increase student participation in the development of the institution's framework and its review;
- c) promote inclusion of students involved in multiple aspects of student life;
- d) actively involve students in the evaluation process through the use of recognized methods and instruments such as focus groups, surveys, validated measurement tools, and audits;
- e) ensure that the results generated by the evaluation process and the resulting action plans are effectively communicated within the institution's post-secondary community (where applicable); and
- f) ensure active and meaningful participation from all groups representing and reflecting the diversity of students, including those with lived experience and students from equity-seeking groups across post-secondary institutions, such as, but not limited to
 - i) Indigenous students;
 - ii) students with disabilities; and
 - iii) international students.

Fostering student centeredness, students should be involved throughout all steps of the planning process.

Note: *The institution may establish different degrees of participation for different groups within the post-secondary community.*

5.3 Planning

5.3.1 General

The planning process involves gaining an understanding of the current context, including established values, engaging stakeholders, gathering data, and using that data to make informed recommendations about how to address any identified opportunities for enhancement or areas of improvement. The planning process is necessary to establish appropriate goals, objectives, and targets. Planning must also include a commitment to continuous improvement.

The key change management steps should include

- a) gathering assessment data to establish an institutional baseline or current state (see Clause [5.3.3](#)) with an emphasis on assessing the psychosocial factors (see Clause [5.3.2](#));
- b) identifying strengths, problems, gaps, and opportunities [e.g., through a SWOT (strengths, weaknesses, opportunities, and threats) analysis];
- c) setting of priorities, goals, objectives, and targets;
- d) determining strategies and interventions;
- e) building capacity to deliver strategies and interventions (e.g., through the application of a management system Plan-Do-Check-Act cycle); and
- f) reporting on progress of outcomes for approved strategies and interventions using the data collected (see Clauses [5.2.1](#) and [5.2.2](#)).

5.3.2 Assessment of psychosocial factors

5.3.2.1 General

In the context of the socio-ecological model, psychosocial factors exist at various levels within different systems: the individual student, the interpersonal system level, the institutional level, the community level, and the society level (see Figure [2](#)).

5.3.2.2 Assessment

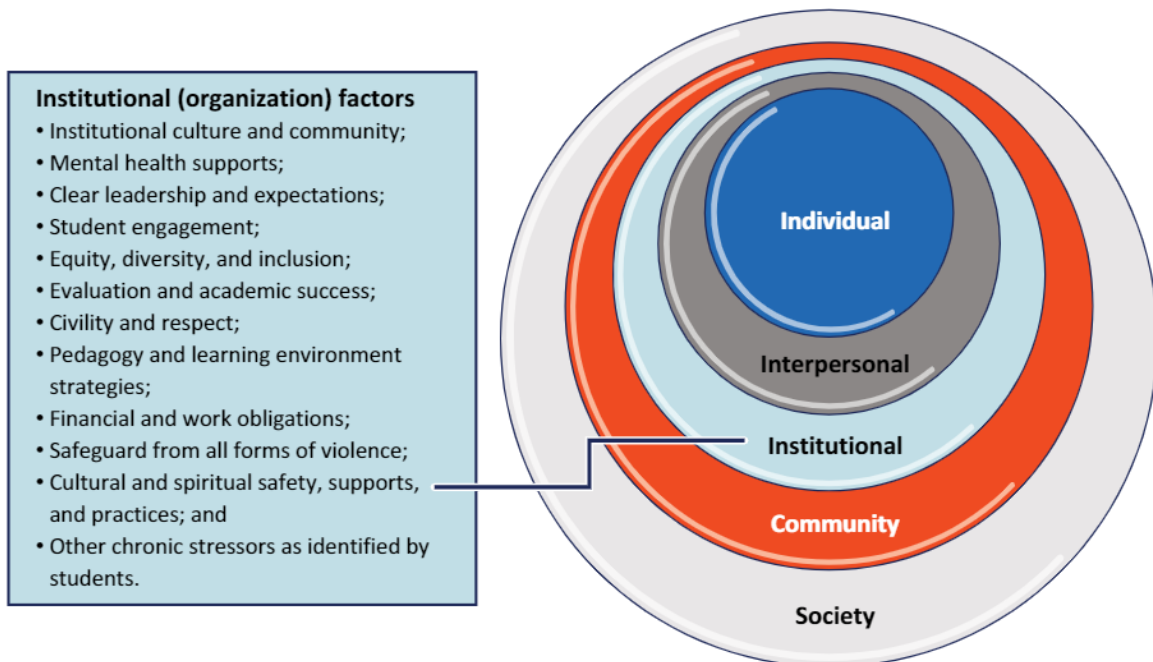
The post-secondary institution shall conduct an assessment of psychosocial factors.

5.3.2.3 Institutional factors

Factors to assess should include, but are not limited to, the following institutional factors, which might be influenced by dynamics between systems within the socio-ecological model, and that impact the mental health and well-being of post-secondary students (see Figure 4):

- a) institutional culture and community (including substance use, social pressures, racism and discrimination, and other aspects contributing to the post-secondary environment);
- b) mental health supports;
- c) clear leadership and expectations;
- d) student engagement;
- e) equity, diversity, and inclusion;
- f) evaluation and academic success;
- g) civility and respect;
- h) pedagogy and learning environment strategies;
- i) financial and work obligations;
- j) safeguard from all forms of violence;
- k) cultural and spiritual safety, supports, and practices; and
- l) other chronic stressors as identified by students.

Figure 4
Post-secondary factors modifiable at the institutional
system level of the socio-ecological model
 (See Clause [5.3.2.3.](#))



Note: Adapted from U. Bronfenbrenner's (1994) ecological model of human development.

5.3.2.4 Other factors

In addition to assessing institutional factors, the post-secondary institution should assess individual and interpersonal factors that safeguard mental health and well-being and include, but are not limited to,

- a) ability to cope and manage stress (resilience);
- b) accessibility;
- c) colonialism and reconciliation;
- d) emotional, physical, and mental self-esteem;
- e) experience and confidence in managing multiple demands;
- f) family support;
- g) financial confidence and stability;
- h) health promotion (e.g., self-care, healthy eating, sleep, exercise, and recreation);
- i) historical and intergenerational trauma;
- j) positive interpersonal interactions;
- k) problem-solving and help-seeking;
- l) social support (e.g., peer, community); and
- m) spiritual care.

Additional individual factors may be added where relevant to a specific post-secondary environment.

5.3.3 Gathering data

5.3.3.1 Student needs

The post-secondary institution shall gather data on the specific needs of students related to mental health and well-being, and shall identify strengths, problems, gaps, and opportunities for continuous improvement and to set priorities for action.

5.3.3.2 Methods

The institution shall establish a data gathering process using qualitative, quantitative, or mixed methods. The degree of detail required will depend upon the complexity of the institution, the reasonable accessibility of reliable data, and the decision-making needs of the institution.

5.3.3.3 Compliance

Any collection of data shall comply with all privacy requirements, legislation, institutional ethics approvals, collective agreements, and policies.

5.3.3.4 Records

The institution shall keep a record of the data collected and of the methods used in data collection.

5.3.3.5 Current state

This stage should include assessment of current policies, services, resources, programs, and student outcomes across three socio-ecological levels: individual, institutional, and community.

Data sources and reference documents may include

- a) existing organizational policies and plans pertinent to student mental health and well-being at the institution;
- b) aggregated data, such as
 - i) rates of dropped courses, course withdrawals, and retention;
 - ii) voluntary and involuntary leave;
 - iii) accommodation data;

- iv) mental health and well-being services and programs and health services and programs;
- v) accessibility services usage data;
- vi) review of critical incident reports;
- vii) gender-based violence, including sexual harassment and assault claims; and
- viii) health risk assessment data;
- c) laws and regulations, including human rights;
- d) standards, codes, and guidelines (e.g., mental health concerns in student conduct proceedings);
- e) institutional student engagement indicators and student feedback (e.g., surveys, participation rates, evaluation of integrated learning opportunities);
- f) report(s) from student associations or student groups on mental health concerns or risk factors associated with mental health;
- g) equity, diversity, and inclusion perspectives (including, but not limited to, for example, those with lived experience or expertise of mental health issues, international students, Indigenous students, and 2SLGBTQ+ students);
- h) results of an internal institutional audit;
- i) established best practices; and
- j) current research.

5.3.4 Objectives and targets

5.3.4.1 General

Based on the data collected and the assessment of factors and indicators within the systemic structures, the post-secondary institution shall select its strategic priorities as part of the planning process.

5.3.4.2 Documentation

The post-secondary institution shall document its framework's objectives and targets for the various functions and departments in the institution. The objectives and targets shall be

- a) measurable;
- b) consistent with the institution's approach to mental health and well being (see Clause [5.2.3](#)), in compliance with legal requirements, accountabilities, and other requirements, and have a commitment to continuous improvement;
- c) based on past reviews, including past performance measures and any mental health data;
- d) based on the results of the data collection, psychosocial factors, and key opportunities for improvement that have been identified;
- e) determined after consultation with the post-secondary community employing an intersectional lens;
- f) aligned with the institution's operational and business requirements; and
- g) reviewed and modified in planned intervals and according to changing information and conditions, as appropriate.

5.3.4.3 Allocation

The post-secondary institution shall identify and allocate necessary resources and means to achieve its objectives and targets.

5.3.4.4 Improvement

The institution should consider objectives and targets that reinforce existing strengths and promote new opportunities for improving the mental health and well-being of the post-secondary community.

5.3.5 Action plans

The post-secondary institution shall establish and maintain an action plan which is inclusive, informed through student engagement, and reflective of a systemic and holistic approach for achieving its objectives and targets. The plan should include

- a) the designation of responsibility for achieving objectives and targets;
- b) identification of the means and time frame within which the objectives and targets are to be achieved;
- c) clarification of objectives, outcomes, and evaluation;
- d) anticipation and connection to internal/external drivers and forging of links to relevant expertise;
- e) links to local, provincial, territorial, and national partners;
- f) aligning with relevant local, provincial, territorial, national, or international standards and accreditation criteria;
- g) mobilization of students in implementing the action plans; and
- h) links to internal stakeholders and post-secondary community members.

5.4 Components of a socio-ecological based framework for mental health and well-being

5.4.1 General

This socio-ecological approach is characterized by actions or interventions at multiple system levels, which integrate mental health and well-being into institutional and environmental structures, policies, and practices. The multiple levels include

- a) the individual;
- b) interpersonal;
- c) institutional;
- d) community; and
- e) society.

These layers are not static and can be felt in varying ways; there is fluidity between the layers. Everyone has a unique experience around the way these layers intersect. This Clause encompasses broad health promoting factors through to prevention, early intervention, service provision and crisis intervention, and outlines recommendations for components of a systemic framework based on existing and promising best practices.

5.4.2 Supportive, safe, and inclusive post-secondary environment

5.4.2.1 General

A post-secondary institution shall establish a supportive, safe, and inclusive environment that contributes to an institutional culture that is conducive to student mental health and well-being. Creating a supportive post-secondary environment can include efforts directed at the physical, social, online, academic, and learning environments. Physical spaces that promote positive interactions between members of the post-secondary community help create a positive sense of community, minimize stressors or risk factors, and promote a healthy environment. Efforts directed at key transition times in the student life cycle (e.g., admission, orientation, transfers, graduation) are also essential to enhancing a flourishing and supportive learning environment.

5.4.2.2 Physical environment

Creating a supportive, safe, and inclusive physical learning environment should include

- a) creating a vibrant, accessible, and functional environment that serves the needs of the post-secondary institution's community;
- b) having comfortable and inviting physical and social spaces with opportunities for students to connect meaningfully and create community in institutional activities;
- c) physical spaces that encourage social connection, collaboration, and active learning among students and community members;
- d) providing spaces that highlight connections to the land and incorporating nature into interior spaces to enhance health and well-being;
- e) designs that are as flexible as possible in order to adapt to diverse needs and activities, and anticipate innovations in pedagogy and technology;
- f) accessible and inclusive spaces that support active and healthy lifestyles;
- g) spaces that demonstrate an accessible and inclusive design approach, incorporate effective access and control for people of all intersectionalities, and enhance sense of place; and
- h) creating spaces for diverse cultural practices and ceremonies, including but not limited to smudging, ablution, and multi-faith rooms.

5.4.2.3 Learning environment

Creating a supportive, safe, and inclusive learning environment should include

- a) mentorship and student life programs, as well as supports for broader social determinants of health;
- b) inclusion of accessible learning principles throughout the curriculum;
- c) resources the learning community to promote equity, diversity, inclusivity, and anti-oppression;
- d) information about, and access to, spiritual and cultural communities, as well as culturally appropriate mental health and well-being supports for students;
- e) academic programs that integrate opportunities for meaningful engagement and learning;
- f) processes that recognize and mitigate barriers for students with disabilities, such as informing students about their rights against prejudice and discrimination and their choice of mental health resources and supports;
- g) a culture that recognizes that the entire post-secondary community is responsible for the mental health and well-being of its members and that mental health affects learning;
- h) safeguards from all forms of violence, including but not limited to, racism, transphobia, bullying, and sexual assault;
- i) encourage empathy, kindness and civility; and
- j) the environment being informed by psychosocial factors and mitigating barriers (see Clause [5.3.2.3](#)).

5.4.3 Literacy, education, and stigma reduction

5.4.3.1 General

Mental health awareness and understanding of the factors that contribute to a positive mental health, are essential to creating and maintaining a healthy, supportive, and inclusive environment. Promoting mental health awareness plays a role in reducing the stigma around mental health issues and contributes to a culture of help-seeking.

5.4.3.2 Increasing competencies and understanding

The post-secondary institution shall identify and deliver initiatives that promote an optimal mental health environment. These recommended initiatives include, but are not limited to

- a) post-secondary community training on the social determinants of health and their impact on student learning and mental health;
- b) post-secondary community training on mental health literacy;
- c) post-secondary community training on harm reduction;
- d) implementing anti-stigma programming and campaigns;
- e) raising mental health awareness through programming and campaigns;
- f) consistent messaging promoting positive mental health across a range of communication channels;
- g) mental health awareness activities which are culturally inclusive;
- h) an environment which encourages help-seeking and helping behaviours across the institutional community;
- i) increasing knowledge of community resources and services for mental health and well-being that are available to students;
- j) providing referral pathways to services and resources in the wider community and within the institution's community; and
- k) educating and equipping the post-secondary community to respond to early warning signs of mental health concerns and identify students who might need connection to resources and services.

5.4.4 Accessibility

5.4.4.1 General

While respecting human rights legislation and legal obligations, post-secondary institutions shall include the duty to accommodate free from discrimination and undue hardship. Post-secondary institutions shall ensure that their policies, programs, environments, and initiatives provide respectful, equitable access to learning environments without compromising the quality or integrity of education/programming. The ultimate goal is to help students remain within their post-secondary institutions, to feel respected and supported while providing the tools to allow for flourishing within their personal and academic journey.

5.4.4.2 Policies and procedures

Post-secondary institutions shall develop clear and consistent accommodation policies and procedures for those students who disclose disabilities as well as those students with mental health concerns who might not yet have documentation.

5.4.4.3 Key elements

Key elements of these policies and procedures shall be consistent, transparent, use plain language, and be easily accessible to all members of the post-secondary community and should include

- a) reasonable modifications to policies and/or accommodations to remain in school, such as, but not limited to
 - i) excused absences for mental health and physical health treatment;
 - ii) flexibility in class schedules;
 - iii) flexibility in learning assignment formats and pedagogical design;
 - iv) mental health leave; and
 - v) service animals in housing or institutional facilities;
- b) training and education for all post-secondary community members to help understand and apply these policies and procedures;

- c) clarification, clear communication, and coordinated implementation of required documentation to receive accommodations (e.g., medical notes as per legal requirements);
- d) available support during a critical event (individual) such as a mental health crisis or bereavement leave (e.g., securing permissions for deferred exams or assignments); and
- e) recognition of carers (caregivers) and available accommodations associated with their obligations.

5.4.5 Early intervention

5.4.5.1 Recognition

Post-secondary institutions shall implement systems and programs to equip the post-secondary community with the knowledge to recognize, respond, and refer students who are exhibiting warning signs of mental health and well-being issues to appropriate resources and services.

5.4.5.2 Programs

Early intervention approaches should include

- a) programs and resources that encourage student agency and assist students to self-identify mental health needs and develop self-management skills at the student's discretion;
- b) navigators from the post-secondary community to help students connect to appropriate resources in mental health literacy to help recognize and respond to signs of declining mental health;
- c) creating space for students with disabilities; including but not limited to mental health challenges, and establishment of flexible pathways for resources;
- d) review of policies, processes, and resources to ensure they support values of student autonomy, equity, and inclusion;
- e) screening students for psychosocial needs when students seek primary care services, where appropriate;
- f) training for the post-secondary community to help recognize and respond to signs of declining mental health;
- g) providing consultative services and enhanced support to faculty and staff when they become aware of a student experiencing challenges who might need additional support; and
- h) helping students understand their rights to confidentiality and ensuring informed consent before sharing personal and personal health information.

5.4.6 Mental health supports

5.4.6.1 General

Mental health and well-being supports are a critical component of a systemic and holistic approach to mental health and well-being for post-secondary students. These may include, but are not limited to

- a) access to a broad range of services such as peer support;
- b) e-mental health;
- c) substance use and addiction counselling;
- d) harm reduction;
- e) mindfulness;
- f) sweat lodges;
- g) smudging spaces;
- h) outdoor programs such as land-based initiatives and walking sessions; and
- i) professional counselling and psychiatric services.

5.4.6.2 Equity

Post-secondary institutions shall endeavor to provide or establish relationships with the broader community that facilitate and sustain equitable access to either the provision of, or connection to, financially accessible, culturally safe and inclusive, trauma and violence-informed mental health and well-being supports and affirmative care.

5.4.6.3 Accessibility

Mental health support services should be timely, coordinated, and accessible. These mental health supports may include institutional services, external providers, and community-based services. Support services and resources shall be communicated widely to students.

5.4.6.4 Coordination

These services should be streamlined and coordinated across the service areas to ensure that students are linked to the appropriate level of care.

5.4.6.5 Approaches

The development and maintenance of these services, designed in consultation with students, should support the following approaches:

- a) be designed from a student-centred focus;
- b) provision of a range of supports along the mental health continuum, which are based on knowledge-informed, culturally inclusive practices;
- c) services which are sensitive and responsive to diverse needs, perspectives, and changing needs of students, including but not limited to, financial well-being (e.g., tuition and financial aid, food security, affordable housing);
- d) collaboration and partnerships with community mental health and addictions services, local hospitals, culturally appropriate service providers, spiritual leaders, Elders, student and assistance programs, and provincial and territorial networks;
- e) training on competencies for service providers to support equity-seeking groups;
- f) access to a broad range of services such as peer support, e-mental health, harm reduction, mindfulness, and sweat lodges;
- g) timely consultative services to administration, faculty, and staff to support specific student or program issues in accordance with provincial privacy and confidentiality legislation;
- h) where professional service providers are present, they are compliant with established professional standards and qualifications;
- i) be supported through enhanced communication on availability of services and monitoring of outcomes;
- j) supporting the institutions journey to reconciliation by following the *Truth and Reconciliation Commission of Canada: Calls to Action*, institutions should recognize the distinct histories and resulting barriers; and
- k) programs and services that draw on the strengths and ways of knowing of Indigenous communities that provide mental health and wellbeing support for Indigenous students.

5.4.6.6 Suicide prevention

Upstream efforts to provide suicide prevention awareness and resources for students are an effective way to reduce suicide attempts and suicide (World Health Organization, 2010). Post-secondary institutions should provide for suicide prevention initiatives, in the absence of crisis, and as a consistent effort.

5.4.7 Crisis management and postvention

5.4.7.1 General

Crisis management processes enable the post-secondary institution and community to respond effectively to crisis situations, which often involve acute distress or imminent risk harm to self or others. Such situations require an elevated level of response to ensure the safety of all involved, as well as postvention to provide support following a crisis or a critical event.

5.4.7.2 Processes and protocols

Post-secondary institutions shall develop, document, and sustain transparent processes/protocols for crisis management which include

- a) ongoing training and role clarity for post-secondary community on emergency procedures, crisis response, and postvention;
- b) awareness building about signs of mental health crisis;
- c) clear policies about protection of personal information and sharing of information;
- d) dissemination of information about services such as crisis hotlines;
- e) resources for post-secondary community to build their capacity to recognize, respond, and refer students in distress to appropriate services;
- f) efforts to support cross-training, communication, and coordination with community partners (e.g., first responders, emergency department, health care, security);
- g) identification of a post-secondary institution spokesperson responsible for engaging with media and/or other groups to address concerns;
- h) information/programming for the post-secondary community impacted by critical incidents;
- i) review of legal and professional guidelines that can affect decision-making;
- j) resources to support a student and the broader community after a critical event (after a crisis); and
- k) the opportunity for responders to debrief and reflect following a critical incident.

5.5 Evaluation and reporting

5.5.1 General

The post-secondary institution shall engage students and a broad range of stakeholders in the post-secondary community to determine (see Clause [5.2.5](#))

- a) what needs to be monitored and measured;
- b) the methods for monitoring, measurement, analysis, and evaluation, as applicable, to ensure valid outcomes;
- c) the acceptance criteria to be used;
- d) when the monitoring and measuring shall be performed;
- e) when the outcomes from monitoring and measurement shall be analyzed and evaluated; and
- f) when and how the results will be disseminated to the relevant or affected community.

5.5.2 Evaluation plan

5.5.2.1 Consideration

The evaluation plan shall be considered throughout the planning and implementation stages.

5.5.2.2 Structure, process, and outcome indicators

The plan should include structure, process, and outcome indicators, drawing on quantitative and qualitative information.

5.5.2.3 Performance evaluation

The post-secondary institution shall evaluate its performance and the effectiveness of the mental health and well-being framework.

5.5.2.4 Improvement

As part of the evaluation, post-secondary institutions should collect information about activities and outcomes of the strategies and interventions to inform future initiatives in terms of the development of programs and activities.

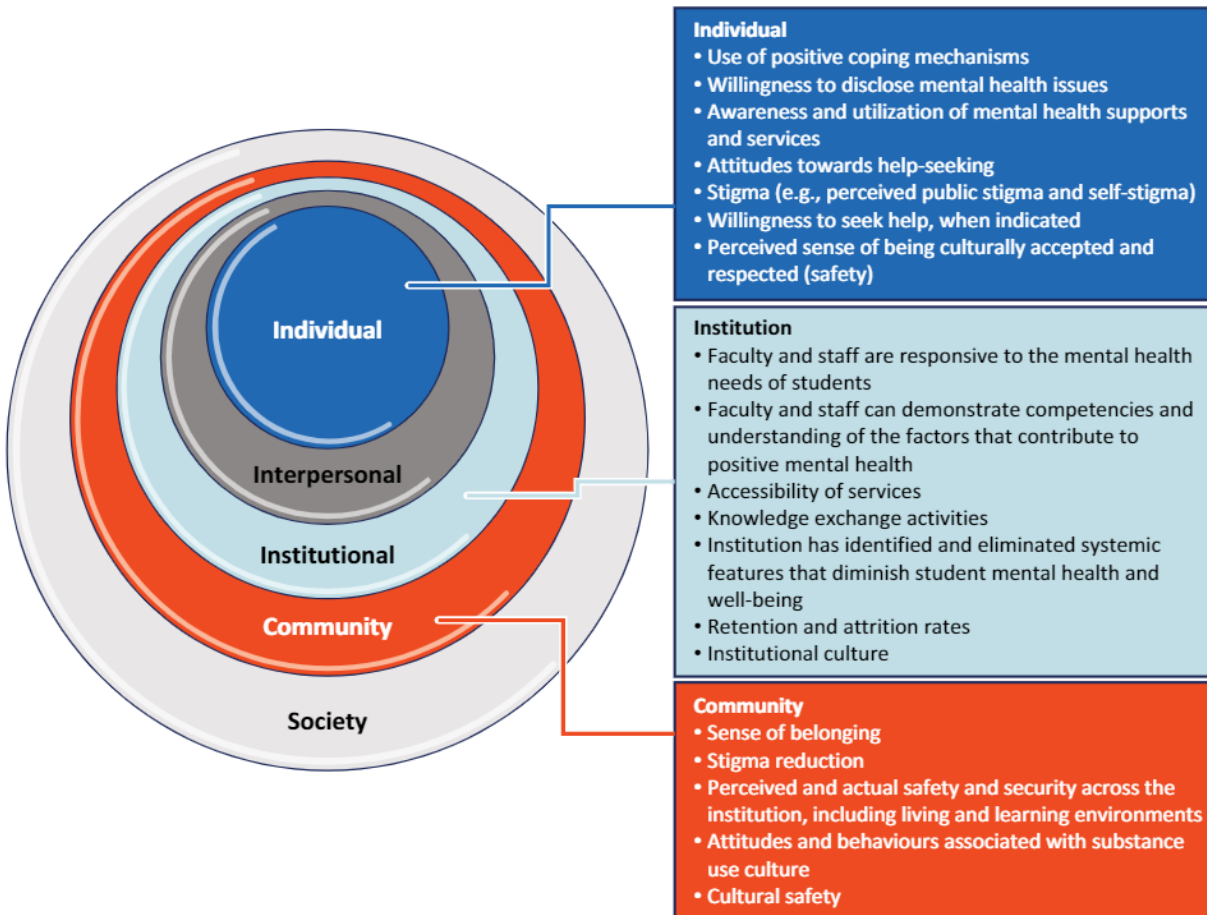
In the context of the socio-ecological model, outcome indicators exist at various levels: individual, interpersonal, institutional, community, and societal/cultural. Potential indicators (see Figure 5), which could be influenced by dynamics between systems within the socio-ecological model, may include

- a) community and society:
 - i) sense of belonging;
 - ii) stigma reduction;
 - iii) perceived and actual safety and security across the institution, including living and learning environments;
 - iv) attitudes and behaviours associated with substance use culture; and
 - v) cultural safety.
- b) institutional:
 - i) faculty and staff are responsive to the mental health needs of students;
 - ii) faculty and staff can demonstrate competencies and understanding of the factors that contribute to positive mental health (e.g., mental health literacy);
 - iii) accessibility of services;
 - iv) knowledge exchange activities (e.g., training, development of resource materials);
 - v) institution has identified and eliminated systemic features that diminish student mental health and well-being;
 - vi) retention and attrition rates; and
 - vii) institutional culture (e.g., substance use, gender-based violence).
- c) individual and interpersonal:
 - i) use of positive coping mechanisms;
 - ii) willingness to disclose mental health issues;
 - iii) awareness and utilization of mental health support and services;
 - iv) attitudes towards help-seeking;
 - v) stigma (e.g., perceived public stigma and self-stigma);
 - vi) willingness to seek help, when indicated; and
 - vii) perceived sense of being culturally accepted and respected (safety).

5.5.2.5 Data sources

Institutions should use data from various sources to better understand the needs of their student population and improve related programs and services.

Figure 5
Outcome indicators mapped to socio-ecological model
 (See Clause [5.5.2.4.](#))



Note: Adapted from U. Bronfenbrenner's (1994) ecological model of human development.

5.5.3 Institutional reporting

5.5.3.1 Dissemination

The evaluation plan should include strategies for the dissemination and sharing of results with the post-secondary community and broader stakeholders as appropriate. It is important that post-secondary institutions celebrate progress on the action plan.

5.5.3.2 Record retention

The institution shall retain appropriate documented information as evidence of the monitoring, measurement, analysis, evaluation, and their outcomes.

6 Continuous improvement and sustaining efforts

6.1 Continuous improvement

6.1.2 Reviews

6.1.2.1 Ongoing evaluation

The post-secondary institution shall engage in a process of continuous improvement based on ongoing evaluation, sharing, and knowledge exchange with mental health and post-secondary communities.

6.1.2.2 Shared results

Contextualized results should be readily available and shared with all members of the internal post-secondary community.

6.1.2.3 Outcomes

The outcome of the evaluation/review process shall include

- a) opportunities for improvement and, where deficiencies/variances are identified, corrective actions to be implemented;
- b) a review and update of the organizational mechanisms and procedures specific to, or related to, the institution's framework for mental health and well-being, and work towards ensuring that mental health efforts are embedded into institutional culture and policies;
- c) a review and update of objectives, targets, and action plans;
- d) communication opportunities to enhance understanding and application of results; and
- e) feedback from the post-secondary community.

6.1.3 Advancing knowledge

6.1.3.1 General

Post-secondary institutions have a unique opportunity to advance knowledge and disseminate evidence-informed best practices.

6.1.3.2 Strategies

As part of continuous improvement, post-secondary institutions should consider the following strategies:

- a) Use cross-functional approaches to embed an understanding and commitment to mental health and well-being across all disciplines and curricula, thus ensuring the development of future citizens with the capacity to act as agents for health promoting change beyond institutional communities.
- b) Advance research, communities of practice, teaching, and training for mental health promotion knowledge and action. Contribute to health promoting knowledge production, application, standard setting, and evaluation that advance multi-disciplinary and trans-disciplinary research agendas.
- c) Lead and partner towards local and global action for mental health and well-being. Build and support inspiring and effective relationships and collaborations internal and external to the institutional community to develop, harness, and mobilize knowledge and action for health promotion locally and globally.

Annex A (informative)

Sample internal audit tool

Notes:

- 1) This Annex is not a mandatory part of this Standard.
- 2) This Annex is based on Annex E from CAN/CSA-Z1003/BNQ 9700-803. It has been modified to address the requirements and guidance within this Standard. For the purposes of this audit tool, the term “organization” refers to a post-secondary institution.

A.1

Table [A.1](#) is a sample audit tool that may be used by organizations to conduct internal audits. This audit tool may be modified to suit the size, nature, and complexity of the organization. The audit tool may also function as a “gap analysis” tool to highlight those areas that require further work to meet the requirements of this Standard.

Most organizations that implement this Standard will do so over a period of time. This Standard addresses different aspects of the subject at three levels:

- a) requirements (expressed with “shall” throughout the body of this Standard), which are mandatory aspects that are required in order to implement this Standard;
- b) recommendations (expressed with “should” throughout the body of this Standard), which suggest aspects that are deemed valuable for full implementation of this Standard, but not at the same level of requirements; and
- c) options which reflect best practices and are considered as “nice to have” parts of the socio-ecological framework for mental health and well-being.

The column labelled “Level” in Table [A.1](#) indicates those audit questions that relate to the item categories “a”, “b”, and “c”.

Note: The sample internal audit template might not include all the details included in the referenced clause.

Table A.1
Sample organizational audit tool
 (See Clause [A.1](#).)

Item	Level	Yes	No	Findings	Comments
Clause 5.2.2 — Leadership					
5.2.2.1 Executive sponsor The senior management and/or executive sponsor shall cultivate ongoing and sustained leadership and instill accountability for student mental health and well-being.	a				
5.2.2.2 Responsibilities People in senior management roles shall a) oversee and promote the development and implementation of the institution’s framework; b) following the principles of equity, diversity, and inclusion; support and reinforce the inclusion of all members of the post-secondary community in the implementation and promotion of the framework; c) develop and implement measurable objectives and targets related to this Standard, and regularly review (annually) and internally report on the institution’s progress and performance in implementing this Standard; d) endorse and support the institution’s framework, communicate key messages, and drive and sustain action across the institution; e) allocate resources (financial and human resources) to support student-centred initiatives that support mental health and well-being, as outlined in the framework; f) monitor the execution and ongoing sustainability of the framework; and g) ensure that the decision-making processes of the institution prioritize the mental health and well-being of students; and h) regularly review and respond to performance results.	a				
Clause 5.2.3 — Commitment, policy, and practices					
5.2.3.1 Strategic approach The policies and practices that support student mental health and well-being should inform the institution’s strategic goals, planning, resource allocation decisions, and appropriate community relationships. As many post-secondary institutions in Canada are already on a journey towards reconciliation, this lens should also be incorporated in mental health and well-being policies	b				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
and practices for Indigenous students, staff, faculty, and administration.					
5.2.3.2 Mental health and well-being lens The post-secondary institution shall implement a process to review existing policies with a student mental health and well-being lens and be informed by the guiding principles outlined in Clause 4.2 .	a				
5.2.3.3 Commitment The post-secondary institution shall determine appropriate mechanisms that demonstrate their commitment to student mental health and well-being and the development and implementation of a systemic and holistic approach that supports student mental health. The institution shall ensure that these mechanisms are approved by senior leadership and the governing body (where applicable).	a				
5.2.3.4 Policy The approved mechanism shall be based on the institutional commitments to a) establish, promote, and maintain a framework in accordance with this Standard; b) align with the mission, ethics, and stated values of the institution; c) comply with all applicable human rights requirements and accessibility legislation, such as accommodation of students with disabilities; d) establish and implement a process to evaluate the effectiveness of the framework and implement changes as necessary; e) delegate authority necessary to assess, implement, and evaluate an effective framework; f) ensure that all members of the post-secondary community are actively encouraged to participate in the development, implementation, evaluation, and continuous improvement of the framework; g) provide the required resources to develop, implement, evaluate, and maintain the framework; and h) recognize that it is everyone's responsibility to promote and enhance a supportive learning environment consistent with the principles of mutual respect, confidentiality, and cooperation.	a				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
Clause 5.2.4 — Confidentiality					
<p>5.2.4.1 Principles and intended outcomes Interactions with students shall be undertaken with a clear appreciation of the principles of privacy and confidentiality which apply to the entire post-secondary community and community partners, including but not limited to, administrators, faculty, staff, Elders, and substance use and addiction counsellors. All interactions with students should adhere to the specific provincial, territorial and federal legal privacy requirements.</p> <p>[See full clause for details.]</p>	a				
<p>5.2.4.2 Informed consent The institution and those representing the institution shall respect students' rights to confidentiality and ensure informed consent before sharing private and personal health information, with the exception of what is required by applicable law.</p>	a				
Clause 5.2.5 — Stakeholder participation and engagement					
<p>5.2.5 Stakeholder participation and engagement To ensure such participation, the post-secondary institution should</p> <ul style="list-style-type: none"> a) engage stakeholders, including any community supports and providers, in active regular dialogue that facilitates understanding of stakeholders' needs, goals, and limitations; b) collaborate with student associations, student unions and student groups (including equity seeking groups such as but not limited to: racialized students and 2SLGBTQ+ students) to increase student participation in the development of the institution's framework and its review; c) promote inclusion of students involved in multiple aspects of student life; d) actively involve students in the evaluation process through the use of recognized methods and instruments such as focus groups, surveys, validated measurement tools, and audits; e) ensure that the results generated by the evaluation process and the resulting action plans are effectively communicated within the institution's post-secondary community (where applicable); and 	b				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
<p>f) ensure active and meaningful participation from all groups representing and reflecting the diversity of students, including those with lived experience and students from equity-seeking groups across post-secondary institutions, such as, but not limited to</p> <ul style="list-style-type: none"> i) Indigenous students; ii) students with disabilities; and iii) international students. <p>Note: <i>The institution may establish different degrees of participation for different groups within post-secondary community.</i></p>					
Clause 5.3 — Planning					
<p>5.3.1 General The key change management steps should include</p> <ul style="list-style-type: none"> a) gathering assessment data to establish an institutional baseline or current state (see Clause 5.3.3) with an emphasis on assessing the psychosocial factors (see Clause 5.3.2); b) identifying strengths, problems, gaps, and opportunities [e.g., through a SWOT (strengths, weaknesses, opportunities, and threats) analysis]; c) setting of priorities, goals, objectives, and targets; d) determining strategies and interventions; e) building capacity to deliver strategies and interventions (e.g., through the application of a management system Plan-Do-Check-Act cycle); and f) reporting on progress of outcomes for approved strategies and interventions using the data collected (see Clauses 5.2.1 and 5.2.2). 	b				
Clause 5.3.2 — Assessment of psychosocial factors					
<p>5.3.2.2 Assessment The post-secondary institution shall conduct an assessment of psychosocial factors.</p>	a				
<p>5.3.2.3 Institutional factors Factors to assess should include, but are not limited to, the following institutional factors, which might be influenced by dynamics between systems within the socio-ecological model, and that impact the mental</p>	b				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
<p>health and well-being of post-secondary students (see Figure 4):</p> <ul style="list-style-type: none"> a) institutional culture and community (including substance use, social pressures, racism and discrimination, and other aspects contributing to the post-secondary environment); b) mental health supports; c) clear leadership and expectations; d) student engagement; e) equity, diversity, and inclusion; f) evaluation and academic success; g) civility and respect; h) pedagogy and learning environment strategies; i) financial and work obligations; j) safeguard from all forms of violence; k) cultural and spiritual safety, supports, and practices; and l) other chronic stressors as identified by students. 					
<p>5.3.2.4 Other factors In addition to assessing institutional factors, the post-secondary institution should assess individual and interpersonal factors that safeguard mental health and well-being and include, but are not limited to,</p> <ul style="list-style-type: none"> a) ability to cope and manage stress (resilience); b) accessibility; c) colonialism and reconciliation; d) emotional, physical, and mental self-esteem; e) experience and confidence in managing multiple demands; f) family support; g) financial confidence and stability; h) health promotion (e.g., self-care, healthy eating, sleep, exercise, and recreation); i) historical and intergenerational trauma; j) positive interpersonal interactions; k) problem-solving and help-seeking; l) social support (e.g., peer, community); and m) spiritual care. 	b				
Clause 5.3.3 — Gathering data					
<p>5.3.3.1 Student needs The post-secondary institution shall gather data on the specific needs of students related to mental health and well-being, and shall identify strengths, problems, gaps,</p>	a				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
and opportunities for continuous improvement and to set priorities for action.					
5.3.3.2 Methods The institution shall establish a data gathering process using qualitative, quantitative, or mixed methods. The degree of detail required will depend upon the complexity of the institution, the reasonable accessibility of reliable data, and the decision-making needs of the institution.	a				
5.3.3.3 Compliance Any collection of data shall comply with all privacy requirements, legislation, institutional ethics approvals, collective agreements, and policies.	a				
5.3.3.4 Records The institution shall keep a record of the data collected and of the methods used in data collection.	a				
5.3.3.5 Current state This stage should include assessment of current policies, services, resources, programs, and student outcomes across three socio-ecological levels: individual, institutional, and community.	b				
Clause 5.3.4 — Objectives and targets					
5.3.4.2 Documentation The post-secondary institution shall document its framework's objectives and targets for the various functions and departments in the institution. The objectives and targets shall be a) measurable; b) consistent with the institution's approach to mental health and well being (see Clause 5.2.3), in compliance with legal requirements, accountabilities, and other requirements, and have a commitment to continuous improvement; c) based on past reviews, including past performance measures and any mental health data; d) based on the results of the data collection, psychosocial factors, and key opportunities for improvement that have been identified; e) determined after consultation with the post-secondary community employing an intersectional lens; f) aligned with the institution's operational and business requirements; and	a				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
g) reviewed and modified in planned intervals and according to changing information and conditions, as appropriate.					
5.3.4.3 Allocation The post-secondary institution shall identify and allocate necessary resources and means to achieve its objectives and targets.	a				
5.3.4.4 Improvement The institution should consider objectives and targets that reinforce existing strengths and promote new opportunities for improving the mental health and well-being of the post-secondary community.	b				
Clause 5.3.5 — Action plans					
5.3.5 Action plans The post-secondary institution shall establish and maintain an action plan which is inclusive, informed through student engagement, and reflective of a systemic approach for achieving its objectives and targets.	a				
5.3.5 Action plans The plan should include a) the designation of responsibility for achieving objectives and targets; b) identification of the means and time frame within which the objectives and targets are to be achieved; c) clarification of objectives, outcomes, and evaluation; d) anticipation and connection to internal/ external drivers and forging of links to relevant expertise; e) links to local, provincial, territorial, and national partners; f) aligning with relevant local, provincial, territorial, national, or international standards and accreditation criteria; g) mobilization of students in implementing the action plans; and h) links to internal stakeholders and post-secondary community members.	b				
Clause 5.4.2 — Supportive, safe, and inclusive post-secondary environment					
5.4.2.2 Physical environment	b				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
<p>Creating a supportive, safe, and inclusive physical learning environment should include</p> <ul style="list-style-type: none"> a) creating a vibrant, accessible, and functional environment that serves the needs of the post-secondary institution's community; b) having comfortable and inviting physical and social spaces with opportunities for students to connect meaningfully and create community in institutional activities; c) physical spaces that encourage social connection, collaboration, and active learning among students and community members; d) providing spaces that highlight connections to the land and incorporating nature into interior spaces to enhance health and well-being; e) designs that are as flexible as possible in order to adapt to diverse needs and activities, and anticipate innovations in pedagogy and technology; f) accessible and inclusive spaces that support active and healthy lifestyles; g) spaces that demonstrate an accessible and inclusive design approach, incorporate effective access and control for people of all intersectionalities, and enhance sense of place; and h) creating spaces for diverse cultural practices and ceremonies, including but not limited to smudging, ablution, and multi-faith rooms. 					
<p>5.4.2.3 Learning environment Creating a supportive, safe, and inclusive learning environment should include</p> <ul style="list-style-type: none"> a) mentorship and student life programs, as well as supports for broader social determinants of health; b) inclusion of accessible learning principles throughout the curriculum; c) resources the learning community to promote equity, diversity, inclusivity, and anti-oppression; d) information about, and access to, spiritual and cultural communities, as well as culturally appropriate mental health and well-being supports for students; 	b				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
e) academic programs that integrate opportunities for meaningful engagement and learning;					
f) processes that recognize and mitigate barriers for students with disabilities, such as informing students about their rights against prejudice and discrimination and their choice of mental health resources and supports;					
g) a culture that recognizes that the entire post-secondary community is responsible for the mental health and well-being of its members and that mental health affects learning;					
h) safeguards from all forms of violence, including but not limited to, racism, transphobia, bullying, and sexual assault;					
i) encourage empathy, kindness and civility; and					
j) the environment being informed by psychosocial factors and mitigating barriers (see Clause 5.3.2.3).					
Clause 5.4.3 — Literacy, education, and stigma reduction					
5.4.3.2 Increasing competencies and understanding The post-secondary institution shall identify and deliver initiatives that promote an optimal mental health environment.	a				
5.4.3.2 Increasing competencies and understanding Recommended initiatives include, but are not limited to	b				
a) post-secondary community training on the social determinants of health and their impact on student learning and mental health;					
b) post-secondary community training on mental health literacy;					
c) post-secondary community training on harm reduction;					
d) implementing anti-stigma programming and campaigns;					
e) raising mental health awareness through programming and campaigns;					
f) consistent messaging promoting positive mental health across a range of communication channels;					
g) mental health awareness activities which are culturally inclusive;					

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
<p>h) an environment which encourages help-seeking and helping behaviours across the institutional community;</p> <p>i) increasing knowledge of community resources and services for mental health and well-being that are available to students;</p> <p>j) providing referral pathways to services and resources in the wider community and within the institution's community; and</p> <p>k) educating and equipping the post-secondary community to respond to early warning signs of mental health concerns and identify students who might need connection to resources and services.</p>					
Clause 5.4.4 — Accessibility					
<p>5.4.4.2 Policies and procedures Post-secondary institutions shall develop clear and consistent accommodation policies and procedures for those students who disclose disabilities as well as those students with mental health concerns who might not yet have documentation.</p>	a				
<p>5.4.4.3 Key elements Key elements of these policies and procedures shall be consistent, transparent, use plain language, and be easily accessible to all members of the post-secondary community and should include</p> <p>a) reasonable modifications to policies and/or accommodations to remain in school;</p> <p>b) training and education for all post-secondary community members to help understand and apply these policies and procedures;</p> <p>c) clarification, clear communication, and coordinated implementation of required documentation to receive accommodations (e.g., medical notes as per legal requirements);</p> <p>d) available support during a critical event (individual) such as a mental health crisis or bereavement leave (e.g., securing permissions for deferred exams or assignments); and</p> <p>e) recognition of carers (caregivers) and available accommodations associated with their obligations.</p>	a				
Clause 5.4.5 — Early intervention					
<p>5.4.5.1 Recognition</p>	a				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
Post-secondary institutions shall implement systems and programs to equip the post-secondary community with the knowledge to recognize, respond, and refer students who are exhibiting warning signs of mental health and well-being issues to appropriate resources and services.					
<p>5.4.5.2 Programs</p> <p>Early intervention approaches should include</p> <ul style="list-style-type: none"> a) programs and resources that encourage student agency and assist students to self-identify mental health needs and develop self-management skills at the student's discretion; b) navigators from the post-secondary community to help students connect to appropriate resources in mental health literacy to help recognize and respond to signs of declining mental health; c) creating space for students with disabilities; including but not limited to mental health challenges, and establishment of flexible pathways for resources; d) review of policies, processes, and resources to ensure they support values of student autonomy, equity, and inclusion; e) screening students for psychosocial needs when students seek primary care services, where appropriate; f) training for the post-secondary community to help recognize and respond to signs of declining mental health; g) providing consultative services and enhanced support to faculty and staff when they become aware of a student experiencing challenges who might need additional support; and h) helping students understand their rights to confidentiality and ensuring informed consent before sharing personal and personal health information. 	b				
Clause 5.4.6 — Mental health supports					
<p>5.4.6.2 Equity</p> <p>Post-secondary institutions shall endeavor to provide or establish relationships with the broader community that facilitate and sustain equitable access to either the provision of, or connection to, financially accessible, culturally inclusive and safe, trauma and violence-informed mental health and well-being supports and affirmative care.</p>	a				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
<p>5.4.6.3 Accessibility Mental health support services should be timely, coordinated, and accessible. These mental health supports may include institutional services, external providers, and/or community-based services</p>	b				
<p>5.4.6.3 Accessibility Support services and resources shall be communicated widely to students.</p>	a				
<p>5.4.6.4 Coordination These services should be streamlined and coordinated across the service areas to ensure that students are linked to the appropriate level of care.</p>	b				
<p>5.4.6.5 Approaches The development and maintenance of these services, designed in consultation with students, should support the following approaches:</p> <ul style="list-style-type: none"> a) be designed from a student-centred focus; b) provision of a range of supports along the mental health continuum, which are based on knowledge-informed, culturally inclusive practices; c) services which are sensitive and responsive to diverse needs, perspectives, and changing needs of students, including but not limited to, financial well-being (tuition and financial aid, food security, affordable housing); d) collaboration and partnerships with community mental health and addictions services, local hospitals, culturally appropriate service providers, spiritual leaders, Elders, student and assistance programs, and provincial and territorial networks; e) training on competencies for service providers to support equity-seeking groups; f) access to a broad range of services such as peer support, e-mental health, harm reduction, mindfulness, and sweat lodges; g) timely consultative services to administration, faculty, and staff to support specific student or program issues in accordance with provincial privacy and confidentiality legislation; h) where professional service providers are present, they are compliant with established professional standards and qualifications; 	b				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
i) be supported through enhanced communication on availability of services and monitoring of outcomes; j) supporting the institutions journey to reconciliation by following the Truth and Reconciliation Commission of Canada: Calls to Action, institutions should recognize the distinct histories and resulting barriers; and k) programs and services that draw on the strengths and ways of knowing of Indigenous communities that provide mental health and wellbeing support for Indigenous students.					
Clause 5.4.6.6 — Suicide prevention Upstream efforts to provide suicide prevention awareness and resources for students are an effective way to reduce suicide attempts and suicide (World Health Organization, 2010). Post-secondary institutions should provide for suicide prevention initiatives, in the absence of crisis, and as a consistent effort.	b				
Clause 5.4.7 — Crisis management and postvention					
5.4.7.2 Processes and protocols Post-secondary institutions shall develop, document, and sustain transparent processes/protocols for crisis management which include a) ongoing training and role clarity for post-secondary community on emergency procedures, crisis response, and postvention; b) awareness building about signs of mental health crisis; c) clear policies about protection of personal information and sharing of information; d) dissemination of information about services such as crisis hotlines; e) resources for post-secondary community to build their capacity to recognize, respond, and refer students in distress to appropriate services; f) efforts to support cross-training, communication, and coordination with community partners (e.g., first responders, emergency department, health care, security); g) identification of a post-secondary institution spokesperson responsible for engaging with media and/or other groups to address concerns;	a				

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Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
h) information/programming for the post-secondary community impacted by critical incidents; i) review of legal and professional guidelines that can affect decision-making; j) resources to support a student and the broader community after a critical event (after a crisis); and k) the opportunity for responders to debrief and reflect following a critical incident.					
Clause 5.5 — Evaluation and reporting					
5.5.1 General The post-secondary institution shall engage students and a broad range of stakeholders in the post-secondary community to determine (see Clause 5.2.5) a) what needs to be monitored and measured; b) the methods for monitoring, measurement, analysis, and evaluation, as applicable, to ensure valid outcomes; c) the acceptance criteria to be used; d) when the monitoring and measuring shall be performed; e) when the outcomes from monitoring and measurement shall be analyzed and evaluated; and f) when and how the results will be disseminated to the relevant or affected community.	a				
5.5.2.1 Consideration The evaluation plan shall be considered throughout the planning and implementation stages.	a				
5.5.2.2 Structure, process, and outcome indicators The plan should include both process and outcome indicators, drawing on quantitative and qualitative information.	b				
5.5.2.3 Performance evaluation The post-secondary institution shall evaluate its performance and the effectiveness of the mental health and well-being framework.	a				
5.5.2.4 Improvement Post-secondary institutions should collect information about activities and outcomes of the strategies and interventions to inform efforts and to undertake future programming activities. Potential indicators may include indicators at various system levels: a) community and society;	b				

(Continued)

Table A.1 (Continued)

Item	Level	Yes	No	Findings	Comments
b) institutional; and c) individual and interpersonal. [See Clause 5.5.2.4 for specific indicators recommended at each system level.]					
5.5.2.5 Data sources Institutions should use data from various sources to better understand the needs of their student population and improve related programs and services.	b				
Clause 5.5.3 — Institutional reporting					
5.5.3.1 Dissemination The evaluation plan should include strategies for the dissemination and sharing of results with the post-secondary community and broader stakeholders as appropriate.	b				
5.5.3.2 Record retention The institution shall retain appropriate documented information as evidence of the monitoring, measurement, analysis, evaluation, and their outcomes.	a				
Clause 6 — Continual improvement and sustaining efforts					
6.1.2.1 Ongoing evaluation The post-secondary institution shall engage in a process of continuous improvement based on ongoing evaluation, sharing, and knowledge exchange with mental health and post-secondary communities.	a				
6.1.2.2 Shared results Contextualized results should be readily available and shared with all members of the internal post-secondary community.	b				
6.1.2.3 Outcomes The outcome of the evaluation/review process shall include a) opportunities for improvement and, where deficiencies/variances are identified, corrective actions to be implemented; b) a review and update of the organizational mechanisms and procedures specific to, or related to, the institution's framework for mental health and well-being, and work towards ensuring that mental health efforts are embedded into institutional culture and policies; c) a review and update of objectives, targets, and action plans;	a				

(Continued)

Table A.1 (Concluded)

Item	Level	Yes	No	Findings	Comments
d) communication opportunities to enhance understanding and application of results; and e) feedback from the post-secondary community.					
Clause 6.1.3 — Advancing knowledge					
<p>6.1.3.2 Strategies As part of continuous improvement, post-secondary institutions should consider the following strategies:</p> <p>a) Use cross-functional approaches to embed an understanding and commitment to mental health and well-being across all disciplines and curricula, thus ensuring the development of future citizens with the capacity to act as agents for health promoting change beyond institutional communities.</p> <p>b) Advance research, communities of practice, teaching, and training for mental health promotion knowledge and action. Contribute to health promoting knowledge production, application, standard setting, and evaluation that advance multi-disciplinary and trans-disciplinary research agendas.</p> <p>c) Lead and partner towards local and global action for mental health and well-being. Build and support inspiring and effective relationships and collaborations internal and external to the institutional community to develop, harness, and mobilize knowledge and action for health promotion locally and globally.</p>	b				

Annex B (informative)

Bibliography

Note: This Annex is not a mandatory part of this Standard.

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