



<b>SUBJECT</b>	<b>STUDENT HEALTH AND WELLBEING UPDATE</b>
<b>MEETING DATE</b>	<b>NOVEMBER 26, 2018</b>

Forwarded on the Recommendation of the President

**APPROVED FOR SUBMISSION**

Santa J. Ono, President and Vice-Chancellor

**FOR INFORMATION**

<b>Report Date</b>	November 6, 2018
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**Presented By** Andrew Parr, Interim Vice-President Students  
 Deborah Buszard, Deputy Vice-Chancellor and Principal, UBC Okanagan  
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**EXECUTIVE SUMMARY**

UBC is committed to supporting and enhancing the health and wellbeing of our students as a foundational practice in advancing the teaching and learning, and research mission of the University.

UBC Vancouver and Okanagan student service operations share a vision for student health and wellbeing services and a focus on strategic priorities to advance that vision.

Our strategic priorities:

1. Foster a **supportive campus environment**
2. Support changes in **policy** to reinforce values and behaviours that support student learning, health and wellbeing
3. Shift to a more **integrated program of health services**
4. Strengthen **access** to health care on campus and work in partnership with **community resources and off-campus health services**
5. Involve **students** in prioritizing actions to enhance student health and wellbeing

UBC’s accomplishments in supporting the health and wellbeing of our students provides a solid foundation upon which to implement further new initiatives to advance these priorities.

This update to the Board outlines the guiding vision for student health and wellbeing services, provides an overview on emerging institutional responses and best practices, summarizes progress toward supporting student health and wellbeing.

**Attachment**

1. Emerging Institutional Responsibilities and Best Practices in North America

## INSTITUTIONAL STRATEGIC PRIORITIES SUPPORTED

Learning
  Research
  Innovation
  Engagement  
 (Internal / External)
  International

or  Operational

**DESCRIPTION & EVIDENCE-BASED RATIONALE** Overall Vision for Student Health & Wellbeing Services at UBC

- ▶ **Providing high quality, easily accessible health and wellbeing services for students is a necessary practice in advancing the mission of post-secondary education.** These services – primary health care, counselling, mental health care, health promotion/wellness, and disability accommodations and services – reduce or remove barriers to student engagement and learning and strengthen students’ readiness and ability to learn. These outcomes in turn advance students’ learning, retention, persistence, and personal and academic success. Health-related programs and services are therefore central to the core educational mission of colleges and universities.
- ▶ **Leading post-secondary institutions are prioritizing student health and wellbeing as a campus-wide responsibility, led – but not exclusively owned – by student health and wellbeing services.** Connections between health and wellbeing services and many other campus units and departments – including recreation and athletics, advising, student activities, housing, food services and the Faculties – can constitute a safety net that facilitates recognizing and responding to the needs of students who are experiencing any form of psychological or health distress or illness.
- ▶ **Campus-wide responsibility for student health and wellbeing supports student success through an ethic of care.** The definition of “student success” is no longer limited to or sufficiently measured by indicators of retention, persistence, and graduation; it now incorporates the quality and quantity of learning, both on campus and in longer-term preparation for life and career. This reflects the adoption of a “partnership” model, in which universities share responsibility of outcomes with students; the embrace of an “ethic of care” in how institutions support students and their experience; and the recognition of the importance of challenges to health and wellbeing as factors in students’ readiness to learn.
- ▶ **Demand for health and wellbeing services – especially mental health care – is rising, as are the acuity, complexity, and urgency of students’ psychological concerns.** An increasing number of students – both undergraduate and graduate/professional – matriculate having had previous counselling or mental health care, often including the treatment of mental illness with psychotropic medications; their expectations for service may exceed the capacity of an institution. Increasing diversity in the student population calls for thoughtful and effective responses to cultural, demographic, and other differences, including the ways that some students will understand and experience care for health and wellness problems. All post-secondary institutions face challenges in meeting these needs.

- ▶ **There are reasonable limits on the scope of health-related programs and services that post-secondary institutions can provide.** Just as student health services do not offer complex specialist medical care or major surgery, campus mental health services must prioritize the use of their limited resources. Access and crisis response services have highest priority. In most post-secondary settings, there are restrictions on the scope, intensity, and duration of psychological care provided; campuses depend on collegial and referral relationships in their area to make longer-term or more complex services available to students.
- ▶ **“Stepped care” is an increasingly common best practice.** Stepped care service models prioritize access and allocate different resources to align with the needs of different students – complementing brief individual therapy with a broad range of other program and service types and options. These other service types might include, but are not limited to, group therapy, psycho-educational programming, self-care resources, peer support programs, apps and online resources, mindfulness and meditation programs and activities, and collaborative programming with partners in Student Services. Students seeking care may be offered experiences with one or more resources before being scheduled for an appointment for individual counselling. Early assessment at both campuses has shown that more tailored services for specific populations, such as some cohorts of international or Indigenous students are required, and we are seeking a greater understanding of these differences.
- ▶ **Integrated health services have well demonstrated efficacy in improving timeliness to care, clinical outcomes and cost effectiveness of care. Many leading institutions are integrating physical health, counselling, mental health, and health promotion/wellbeing services into a single organization.** Integration takes a variety of forms and carries a host of different complications – conflicts between healthcare professionals’ approaches to care, tensions about sharing information and medical records, etc. However, these challenges should not serve as obstacles to meeting students’ needs in more holistic, and sustainable, ways.

### Emerging Institutional Responses and Best Practices

- ▶ **As demand for health and wellbeing resources rises on campuses across North America, the roles, responsibilities, and practices of counselling and mental health services are evolving in ways to more effectively respond to students’ needs.** There is a typical pattern of currently-defined best practices and emerging innovations in the field. See Appendix A for examples.

#### *Staffing: Numbers and Ratios of Providers vs Service/Outcome Metrics*

- ▶ **Comparative data can inform decisions regarding UBC’s level of staffing for counseling and mental health services.** The most recent survey of the Association for University and College Counseling Center Directors (AUCCCD) shows that the mean number of FTE clinical providers at institutions as large as UBC – which were only 9, or less than 3% of respondents – is 30.25, and the mean FTE staff to student

ratio is 1:2,027; the mean figure for all institutions is 1:1,578.<sup>1</sup> The International Association of Counseling Services (IACS), which accredits campus counselling centers, recommends a ratio of one provider for every 1,000 to 1,500 students, and notes that ratio is “aspirational by nature, encouraging counseling centers to approximate the range in order to ensure that there are an adequate number of professional staff members to meet the clinical needs of the students, as well as the other service needs of the campus community.”<sup>2</sup>

- ▶ **Comparisons of staffing numbers and ratios, and the IACS recommendations in particular, are increasingly unhelpful in evaluating whether counseling centers are appropriately staffed.** IACS itself notes that “Although the ‘counselor-to-student’ ratio is frequently utilized in estimating the adequacy of existing counseling center staff, what is considered a ‘good’ ratio varies greatly from one institution to another, depending on factors such the percent of the student population that utilizes the counseling center.”<sup>3</sup> IACS ratios are based *only* on providers of “talk therapy,” and fail to consider medical providers (physicians, psychiatrists, psychiatric social workers, psychiatric nurse practitioners, mental health nurses, etc.). More useful metrics include wait lists, time delays between an initial assessment and the first formal visit, numbers and percentages of “no-shows” for appointments, provider productivity, and the achievement of intended therapy goals and/or student learning outcomes.
- ▶ **It is not possible for most universities – including UBC – to expand staff to levels that will fully meet demand for individual counselling therapy.** Limitations in resources – staff, funds, and space, as well as the need to avoid distorting institutional mission – have inspired new approaches to meeting demand, such as the “stepped care” approach described above. It is not fiscally feasible for UBC to compensate an increasing number of providers using institutional funding, and the Vancouver campus would jeopardize the \$1.9M in provincial funding<sup>4</sup> it receives if it were to adopt a fee-for-service model to help underwrite those costs.

<sup>1</sup> <https://www.aucxcd.org/assets/documents/Governance/2017%20aucxcd%20survey-public-apr26.pdf>

<sup>2</sup> <http://www.iacsinc.org/staff-to-student-ratios.html>

<sup>3</sup> Ibid.

<sup>4</sup> According to the APP grant (Schedule A, Section 3.4.2), permitted fee-for-service billing includes supplemental psychiatry. Through this funding, UBC supports 0.5 FTE psychiatry, and only 0.4FTE of physician hours can be dedicated to medical administration; any additional psychiatry services are through fee-for-service.

- Better stewardship of resources calls for enhanced prevention and health promotion, nurturing and supporting a culture of health,<sup>5</sup> changes in staffing patterns and disciplines in health and counselling, mental health centers (especially, diversifying the training and disciplines of mental health providers to include, for example, more master’s level staff and mental health nursing staff), and changes to the service model (including single session therapy, stepped care, group therapy, and earlier referral to community resources, as well as a shift toward more peer programming models/services—e.g., the UCLA Grand Challenge model: <https://grandchallenges.ucla.edu/depression/>).

### Update on UBC’s Health and Wellbeing Strategic Priorities

- **UBC has responded to students’ evolving and increasing needs for health and wellbeing services in responsible and strategic ways, emulating – if not leading – best practices in the field.**
  - In 2015, the campus community in Vancouver worked together to prioritize student health and wellbeing through the UBC Mental Health and Wellbeing Strategy. Soon after, in the context of a new, substantial, and annually recurring investment of financial resources, the University engaged in a consultative, collaborative, and deliberative process of determining how it would best use existing and new resources to advance student mental health and wellbeing. The emphasis in this process was on developing new approaches and models that would make the highest and best use of resources and be shared as a priority by the entire campus.
  - In summer 2015, the UBC Okanagan campus hosted the International Conference on Health Promoting Universities and Colleges, which inspired and generated the Okanagan Charter – a call to action for post-secondary institutions to (1) embed health into all aspects of campus culture, across the administration, operations, and academic sectors, and (2) lead health promotion action and collaboration locally and globally. UBC’s overall health and wellbeing strategy is a direct and forceful response to that call to action.

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<sup>5</sup> A culture of health is one in which, as described in the Okanagan Charter (see description later in this document), members of the community have opportunities to develop “resilience, competence, personal capacity and life enhancing skills”—which may include, but not be limited to, healthy diet and exercise habits, sleep, social connections, and sense of purpose and personal values. As Stan Kutcher described, a reverse “cultural phenomenon” has led many college-aged students to equate personal challenges with mental health issues: “It is essential to become mental health literate. It is essential to understand what the words mean and to use them correctly. It is essential that daily challenges and opportunities be embraced and addressed, not with therapy, pills and interventions, but with courage, support from those who matter most to us and with the desire to learn the competencies that help us cope and adapt to the exigencies of life.” Source: <http://teenmentalhealth.org/news-posts/get-loud-right-language/>.

- ▶ UBC has taken important steps in implementing its strategy:
  - **Fostering improvements in the campus environment and culture to better support the health and wellbeing of the community:** through its health promotion work, UBC has moved toward a wider range of social and environmental interventions in order to embed health as a priority in all areas of campus. Examples to date include:
    - The Teaching Practices and Wellbeing TLEF project has resulted in the Centre for Teaching, Learning, and Technology embedding wellbeing within existing faculty and TA development activities. (UBCV)
    - Through a Campus Health initiative, a student group has created a menu of classroom wellbeing practices for dissemination. (UBCO)
    - The Wellbeing Liaison program for faculty, staff, and TAs helps to build their capacity to effectively respond to students in need of support. (UBCV)
    - A working group on substance use and harm reduction has been formed. (UBCV)
    - Following dissemination of findings from the VOICE - Campus Health longitudinal research project<sup>6</sup> earlier this year, a working group of staff, faculty and students was developed to promote and enhance mental health and wellbeing within the School of Engineering. (UBCO)
  - **Support changes in academic policy that advance student mental health and wellbeing:** this has been a robust conversation among the Vancouver and Okanagan University Senates – that academic policy can *underscore* wellbeing rather than be a barrier to it.
    - Current committees working on a review of Policy 73, Academic Accommodations for Students with Disabilities, and addressing the Senate Policy on Academic Concession.
    - Discussion of a fall reading break are well underway through Academic Policy Committee.
  - **Changes to the service delivery model:**
    - Ongoing implementation of the **early alert system**, a central connector on the UBC-V and UBC-O campuses that supports a coordinated approach to recognizing and responding to the needs of students of concern.
    - Implementation of more **collaborative and stepped care service models** (as described earlier) that align the type and intensity of interventions more closely with students' needs in a supportive and caring manner<sup>7</sup>.

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<sup>6</sup> <http://campushealth.ok.ubc.ca/voice/>

<sup>7</sup> Pilots for September 2018 include Saturday Clinic at Student Health Services for the Winter Session, and Counsellors in Residence, and in the Faculty of Law.

- Integration of **online resources and services** to improve access and complement other services.
- **The integration of health, counseling, mental health, and health promotion and education services**, to be led by a capable and experienced Executive Director at UBC Vancouver, and already in place at UBC Okanagan.
- **Investment in space:**
  - At both campuses, a review of space is required to align with any further investment of services or staffing, as well as to ensure that operations are as effective and efficient as possible. Space is a significant enhancement of operations.
  - At UBC Vancouver, services are currently operating out of five different locations based on necessity. The long-range plan for space needs will include the following:
    - Short term (2019-2022): Two temporary space solutions have been approved including an Integrated Health Service centre in Orchard Commons and a new modular space unit to consolidate Counselling Services in Brock Hall. Further operational changes will be taken to ensure that better access is achieved including strategically embedding services in Student Housing.
    - Intermediate term (Beginning 2023): population-specific embedded services in Brock Commons (integrated health, counseling, and psychiatry), Hospital Clinic, Student Housing.
    - Long term: One facility for all health services with appropriate and well-designed embedded services in Student Housing.
- **Investment in Systems and Technology:** there has been a significant under-investment in IT on both the Vancouver and Okanagan campuses; UBC IT will be developing a five-year road map that will serve both campuses.
  - In June & July 2018, UBC IT undertook an IT Applications Environment Assessment of the Student Development and Services portfolio in Vancouver, to understand the present systems landscape and future IT requirements. UBC IT's preliminary conclusion is that there is a requirement for new investment to stabilize as well as consolidate the applications needed to support the work in this portfolio and the functional areas it oversees (Student Health and Wellbeing, Career and Workplace Learning, Volunteer and Community Engagement, International Student Advising, Accessibility for Students with Disabilities). In addition, a plan should be developed to incorporate new digital technologies that could considerably enhance the student experience as well as provide better access to information through analytics.

- Going forward, Student Development and Services, in concert with UBC-O, will be working closely with UBC IT and the Office of the CIO to develop a five-year road map for software environment enhancements, integrations and/or replacement options. The first phase will focus on fixing and stabilizing the current state, identifying early and substantial improvements, sequencing recommendations, and identifying those that will require capital investment. The second phase includes the application of new technologies that align with a proposed Digital Futures initiative to support the future of learning, research and work across the institution.
  - Based on the assessment, UBC IT will develop a project charter and recommends the hiring of a project manager and a business analyst for two-year period to advance the first phase projects.
- ▶ **UBC's achievements in supporting its health and wellbeing strategy provide a solid foundation upon which to implement new initiatives that will further advance this work.**

#### Next Priorities

- ▶ Resources and processes are unique to each campus community as are the capacities to address priorities. Current and future foci include the following:
- **Strengthening access to health care on campus:** Taking full advantage of the collaborative opportunities provided by **the new integrated program and service model and continued commitment to evidence-based practice.** Specific commitment for deeper collaboration between UBC Vancouver and Okanagan. Specific commitment to service delivery for **graduate students, and specific populations.**
  - Deeper integration and partnership with **community services** through Vancouver Coastal Health and Interior Health.
  - Further promotion of **mental health literacy**, in partnership with the Faculty of Education, including normalizing moments of stress and reaching out for support (UBC Vancouver & Okanagan).
- ▶ UBC Vancouver:
- Executive Director began September 2018. Further review of current models and assessment of staffing and resources in advance of budget submission for 2019-20.
  - Further diversification of **health care providers (September 2018)**, including, mental health nurses, embedded counsellors in Student Housing, Empower Me,<sup>8</sup> and a case manager for Aboriginal students.

<sup>8</sup>[http://www.studentcare.ca/rte/en/UniversityofBritishColumbiaAMSGSS\\_EmpowerMe\\_EmpowerMe](http://www.studentcare.ca/rte/en/UniversityofBritishColumbiaAMSGSS_EmpowerMe_EmpowerMe)

- **Pilot (September 2018) a new central wellness centre** in the UBC Life building for health promotion and education (inclusive of a nurse, sexual violence prevention programming, harm reduction programs, and chaplaincy).
  - Launch of a **Student Health and Wellbeing Advisory Committee** to gather feedback and promote ongoing dialogue about health and wellbeing on campus.
  - Launching an **assessment process** to evaluate the outcomes of many of the aforementioned initiatives, assess their effectiveness, and make changes and interventions where appropriate. In particular, UBC needs to ensure that there is in place an appropriate system of care for on-campus students and the diversity of the student community. The University will prioritize making data-driven decisions and utilizing national best practices in meeting the needs for care and support of our student community.
- ▶ UBC Okanagan:
- Review and continued enhancement of **stepped care model** now in its second year of implementation.
  - Conduct a review of **all campus initiatives related to health and mental health** and consider recommendations for expanding services and hiring additional counselling and health education staff.
  - Hire additional **case managers** in the Health and Wellness Centre to handle complex and difficult student cases.
  - Review of **after-hours service** to consider support for residences, Sexual Violence Prevention and Response, and campus security.
  - Additional work on **addiction prevention** includes further stigma reduction initiatives and the formation of a Substance Use Education Working Group.
- ▶ UBC remains committed to working in collaboration between the Vancouver and Okanagan campuses, and through programming, space, and technology toward an integrated, evidence-based program of health education and promotion.
- ▶ UBC's strategy also requires a connection to other key priorities that relate broadly to students' health and wellbeing, sense of belonging, and preparation for life after graduation. This includes evidence-based best practices and service models that assume developmental approaches toward supporting students' resiliency, personal growth, and capacity to thrive and succeed, and respond effectively to the differing needs of the growing diversity of our students. Other key initiatives include, but are not limited to, the following:
- **Recreation space and programming** to support physical activity and social connections.

- Aligning work with the **First Year Experience** program to ensure strong communication about a culture of health, to introduce programs and resources available to students, and to encourage asking for help when needed. Move towards the allowance for all first year students to be more strongly connected to UBC through either living on campus or being a member of a collegium community.
- Focusing on **residence life** to ensure access to services is streamlined and efficient.
- Developing a shared strategy with **career development** that supports students' transition from UBC to life and career.

As noted at the outset of this document, these are among the safety net of services that facilitate recognizing and responding to the needs of students who are experiencing any form of psychological or health distress or illness.

## Attachment 1 – Emerging Institutional Responsibilities and Best Practices in North America

- **New York University (NYU)** implemented the “Wellness Exchange,” a private hotline that students can call at any time—for themselves or regarding a student about whom they are concerned—to access professional assistance. Link: <https://www.nyu.edu/students/health-and-wellness/wellness-exchange.html>.
- **Simon Fraser University** offers “Active Health”—a collaboration between physicians, counsellors and recreation to provide personal trainers for students with moderate to severe anxiety or depression. Link: <https://www.sfu.ca/sfunews/stories/2017/07/sfus-active-health-program-wins-international-award.html>.
- **Princeton University** offers TIGERSPAW, an integrated service that brings together physicians, counsellors, and athletic trainers to provide specialized services—especially counselling—for student-athletes.  
Other universities have embedded counselling, mental health professionals in athletic departments or academic schools/colleges to improve access and care for particular groups of students. NYU has placed counsellors in the Tisch School of the Arts; the University of Missouri in the School of Veterinary Medicine; Southern Methodist University and Syracuse University in Athletics.
- **Michigan State University** has had demonstrated success with embedding health and wellness professionals in its “Neighborhoods”—clusters of residence halls, each with their own Engagement Centers that also include advisors, tutors, and other services. Link: <http://nssc.msu.edu/engagement-centers.php>.
- **The University of Victoria** is well along on a path toward integrating its health and counselling services in an extensively renovated facility that is being designed in ways that are responsive to and respectful of the customs and traditions of Aboriginal students.
- **Duke University** recently opened an inspirational new facility that incorporates non-Western approaches to wellbeing in its design. Link: <https://studentaffairs.duke.edu/wellness/about-the-center>.
- **Vanderbilt University** recently launched redesigned counselling services in a new University Counseling Center and initiated a Student Care Network that also includes health education and prevention services, thereby introducing students to a host of resources to support their health and wellbeing and mitigating demand for individual therapy. Link: <https://www.vanderbilt.edu/studentcarenetwork/>.
- For all of the above institutions and many more (**Chicago, Columbia, Berkeley, and Stanford** among them), increasing degrees of organizational, programmatic, operational, and/or spatial integration of health, counselling, mental health, and health promotion/wellness services has created the opportunity for improved, better stewardship of shared human and financial resources, greater success in meeting the increasing demand for services, and improved case management—all of which improve student outcomes.