

University of Toronto

Presidential & Provostial Task Force on Student Mental Health

Final Report & Recommendations – December 2019



UNIVERSITY OF
TORONTO

Presidential & Provostial Task Force on Student Mental Health – Final Report & Recommendations

Letter from the Task Force Chair & Assessors

Dear President Gertler and Provost Regehr,

The three of us are honoured to have been asked to lead the Presidential & Provostial Task Force on Student Mental Health that was convened in spring 2019. We have a deep appreciation of the significance of this work and its importance to the entire University community at this moment.

We want to sincerely thank everyone who participated in the outreach and engagement activities to share their personal experiences, stories, suggestions, and comments with the Task Force. Student mental health is a topic that we cannot address without the collective voices of the U of T community – especially those of our students. Thank you to our Outreach and Engagement Co-leads, Bonnie Kirsh and Caroline Rabbat, and the student team at the Innovation Hub, led by Julia Smeed and Kate Welsh, for their incredible work and support throughout this process. We are also extremely grateful for the dedication, expertise, generosity, and thoughtfulness of the Task Force members. Collectively, we have carried the weight of the community's expectations with us during the process and this too has been a source of great strength and motivation.

The Task Force was asked to look at four key areas: review student mental health services and delivery at the University; review the coordination of services among the three campuses; explore expansion of community partnerships; and look at the spaces in which we are offering mental health services at the University.

We heard the call for change throughout our consultations. Specifically, we heard again and again that we cannot address and support mental health and well-being at the University of Toronto without looking at the fact that our culture may be an important contributing factor to the challenges that our students face. The perception that U of T does not care about student mental well-being is a narrative that needs to change. We must also recognize that our culture of academic excellence has led to an environment of intense competition for many students. Across the entire institution, we must strive towards being known as a place where people feel welcomed, valued, and supported. We understand that this will take some time and some heavy lifting, and a shared commitment to make this a priority at U of T.

As a group, the Task Force has felt a great deal of support from the entire U of T community for the idea of making a significant shift in our culture towards a 'Culture of Caring' at U of T, specifically when it comes to our students' mental health. Our report brings forward bold recommendations to promote a holistic approach to excellence and mental well-being at the University of Toronto that will truly help our students to thrive.

Sincerely,



L. Trevor Young
Vice-Provost, Relations with Health
Care Institutions and Dean of the
Faculty of Medicine



Joshua Barker
Vice-Provost, Graduate Research &
Education and Dean of the School of
Graduate Studies



Sandy Welsh
Vice-Provost, Students

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Preamble

In April 2019, the University of Toronto convened the Presidential & Provostial Task Force on Student Mental Health, chaired by Dr. Trevor Young, Vice-Provost, Relations with Health Care Institutions, Dean of the Faculty of Medicine, and Professor of Psychiatry. The Task Force is part of a four-part action plan on student mental health and wellness, outlined in the President's [letter to students, staff, and faculty on March 28, 2019](#).

The Task Force consisted of a tri-campus membership of students, staff, and faculty, and was supported by two Assessors – Professor Joshua Barker, Vice-Provost, Graduate Research & Education and Dean of the School of Graduate Studies, and Professor Sandy Welsh, Vice-Provost, Students. The President and Provost charged the Task Force with conducting widespread consultation with students, staff, and faculty to review existing services and programs related to student mental health, and to explore potential new solutions in this area.

The Task Force convened in June 2019, the first of eight meetings held in the summer and fall of 2019. To support their work and engage the U of T community, the Task Force embarked on an extensive Outreach & Engagement Plan in July 2019. Phases 1 and 2 of the Plan involved in-person focus groups and open listening sessions on all three campuses; an online feedback form; and student-led Innovation Hub feedback events. In addition, the Task Force visited the three campus health centres to tour the spaces where mental health services are provided and to hear from service providers. Phase 3 of the Outreach & Engagement Plan entailed sharing a draft summary of themes – “This is what we heard: did we miss anything” – back to the University community in November 2019 for further comment.

The Task Force was charged with consolidating its findings into a summary report and recommendations for the President and Provost by the end of December 2019. The twenty-one recommendations of the Task Force outlined in this report seek to impact immediate, short-term, and long-term efforts to create a caring and safe campus environment at the University of Toronto when it comes to student mental health.

Mandate

The [Presidential and Provostial Task Force on Student Mental Health](#) was charged with providing recommendations in four key areas:

- Review **mental health service delivery** at the University and make recommendations for strengthening such services, particularly with regard to students with mental illness;
- Review the **coordination of student supports** related to mental health across the University's three campuses and make recommendations for improving internal coordination;
- Review **partnerships with community-based organizations and hospitals** and make recommendations for strengthening such external partnerships; and,
- Consider the **physical spaces** in which mental health services are provided on all three campuses and recommend improvements as necessary.

(The Task Force's [Terms of Reference](#) are available on the Provost's website and are included as *Appendix C*.)

Outreach & Engagement

The Task Force membership was announced in May 2019. A *Draft Outreach & Engagement Plan* was simultaneously shared on the Provost's website, inviting all members of the University community to review it and provide feedback between May 31 and June 21, 2019. Phase 1 of online consultation and in-person focus groups followed in July and August. Understanding that many community members are not on campus during the summer months, the Task Force planned for a Phase 2 of consultation, including another online consultation form, more focus groups, and more in-person open sessions in the fall term.

To support the work of the Presidential & Provostial Task Force on Student Mental Health and to help provide a confidential and safe environment for community members to share their feedback and personal stories, the Provost appointed two Outreach & Engagement Co-leads (Bonnie Kirsh, Professor, Department of Occupational Science and Occupational Therapy, Faculty of Medicine, and Caroline Rabbat, Director, Critical Incidents, Safety & Health Awareness, Faculty of Arts & Science) to chair in-person listening sessions.

The Co-leads were charged with conducting extensive in-person consultation with members of the University community during August, September, and October 2019 (Phases 1 and 2) to gather data and feedback for the Task Force to review. Project team members attended the feedback sessions to help consolidate data and take notes. Together the Co-leads facilitated a total of 43 listening sessions, consisting of focus groups and open sessions of students, staff, and faculty members, during Phases 1 and 2 of the [Task Force's Outreach & Engagement Plan](#). Of the 43 sessions, the 34 focus groups included key tri-campus stakeholder groups, such as students, student leaders, health and wellness/counselling teams, accessibility services, deans of students, registrars, campus police, residence dons, equity officers, staff, faculty, and members of senior leadership. The nine open sessions for students, staff, and faculty respectively, were held across the three campuses in late September.

In addition to the listening sessions conducted by the Co-leads, the Task Force partnered with the [Innovation Hub at the University of Toronto](#) to provide student-led opportunities for engagement. The Innovation Hub ran six feedback sessions in September across the three campuses. (See *Appendix F* for a full listing of the listening sessions). Additionally, Task Force members and project team support staff participated in various welcome and orientation fairs across the three campuses in September 2019.

Phase 3 of the Outreach & Engagement Plan involved sharing a summary of broad themes that the Task Force heard during Phases 1 and 2 of consultation and inviting all members of the University community to provide further feedback. Phase 3 was entitled: *"This is what we heard: did we miss anything"*. Community members were invited to share comments via an online form (November 7 – 25) and via pop-up events led by the Innovation Hub on all three campuses during the week of November 11 – 15. The final [summary of themes](#) is available on the Provost's website and listed in *Appendix B* of this report.

Thank you to everyone who participated in the Outreach & Engagement activities; the Task Force greatly appreciates your feedback and the shared commitment to making student mental health and well-being a priority at the University of Toronto.

Introduction

The following report provides insights and recommendations on the four key areas in the mandate (listed above). It also includes comments that expand beyond the original scope of the mandate in two areas: Culture at U of T and Institutional Systems and Policies. It became apparent to us that discussion of the core mandate areas required considering the potential impacts of underlying issues related to the culture at the University. This sentiment was heard throughout the Outreach & Engagement phases, so we have reflected it here as part of the commitment to bring forward the feedback that was gathered during our extensive consultation process.

The University of Toronto is not alone in facing issues related to increased demand for student mental health resources. Mental health is a post-secondary sector issue, a community issue, and a societal issue. Health Canada reports that 20% of Canadians will experience mental health issues in their lifetime, and that 70% of mental health problems and illness onset occurs during childhood and adolescence – before the age of 25. The 2019 [National College Health Assessment](#) (NCHA) survey found that 52 per cent of Canadian post-secondary students reported feeling so depressed in the last twelve months that it was difficult to function (this had increased from 44 per cent in 2016 and 38 per cent in 2013); 69 per cent reported experiencing overwhelming anxiety in the previous year (up from 65 per cent in 2016 and 56 per cent in 2013); and 2.8 per cent reported a suicide attempt within the previous year (up from 2.1 per cent in 2016 and 1.3 per cent in 2013).

The University supports a large population of students who, due to various factors, are high-risk for mental illness, creating a greater demand for a greater range of support and services. Such factors include: de-stigmatization and increased help-seeking more students with pre-existing mental illnesses are attending post-secondary school; the stresses of transitioning to post-secondary; the highly competitive and challenging environment of research-intensive universities; cost of living in a large urban city; the fact that 19% of our undergraduate students are first generation and 22% international; and the experience of graduate students in some disciplines feeling isolated. A recent study by [Nature](#) regarding mental health among PhD students showed that “71% are generally satisfied with their experience of research, but that some 36% had sought help for anxiety or depression related to their PhD”. NCHA survey results show similar trends, as graduate students reported stress (33 per cent of respondents), anxiety (24 per cent of respondents), and depression (17 per cent of respondents) are impacting their academic progress.

Student mental health is a shared responsibility, and we need to think of all the ways we can work together, within U of T, with community partners, and with all levels of government, to address this issue. We are confident that the University strives to provide the best services and experience for our students. Continuing to do so will likely require additional resources, a reimagining of mental health service delivery, and changes to how we communicate.

This report endeavours to highlight areas for enhancement, streamlining, and growth at the University, while acknowledging that mental health service providers and student-facing staff and faculty at U of T are deeply committed to the importance of supporting student mental health and well-being, and are doing this work in a resource-limited environment.

This report does not supersede the [Student Mental Health Framework](#) report published in 2014; it reignites the importance of continuing that work and moving towards a more comprehensive institutional approach and mental health strategy for the University of Toronto.

Findings & Recommendations

Mandate 1: Review mental health delivery at the university and make recommendations for strengthening such services, particularly with regard to students with mental illness

Student mental health concerns present on a continuum from mild/moderate (e.g., relationship issues, stress, anxiety, academic issues) to more severe mental illness, which requires more intense clinical resources. There are expectations in our community that the University should provide mental health services at all points of this continuum and that the University should identify and communicate a scope of care and service for this range of needs. We heard varying feedback from the community to the question of whether the University is achieving this high service expectation. This feedback included discussions around resources that appear to be misaligned with needs. The issues are compounded by lack of transparency and clear understanding regarding available options for mental health care across the continuum as well as challenges with communication.

Balancing expectations with regard to the types of services and programming that should reasonably be situated in an institution of higher education, like the University of Toronto, versus in clinical settings is an enormous challenge. We do not believe it is practical to expect that the University will reach a point where all immediate, long-term, and/or complex cases of mental illness can be managed internally. However, we believe that frustration, confusion, and misconceptions about services and care could be mitigated with enhanced communication and awareness-raising about the options for students along the continuum of care. This is a key area where the University can leverage partnerships to work more collaboratively to ensure effective matching of student needs and resources.

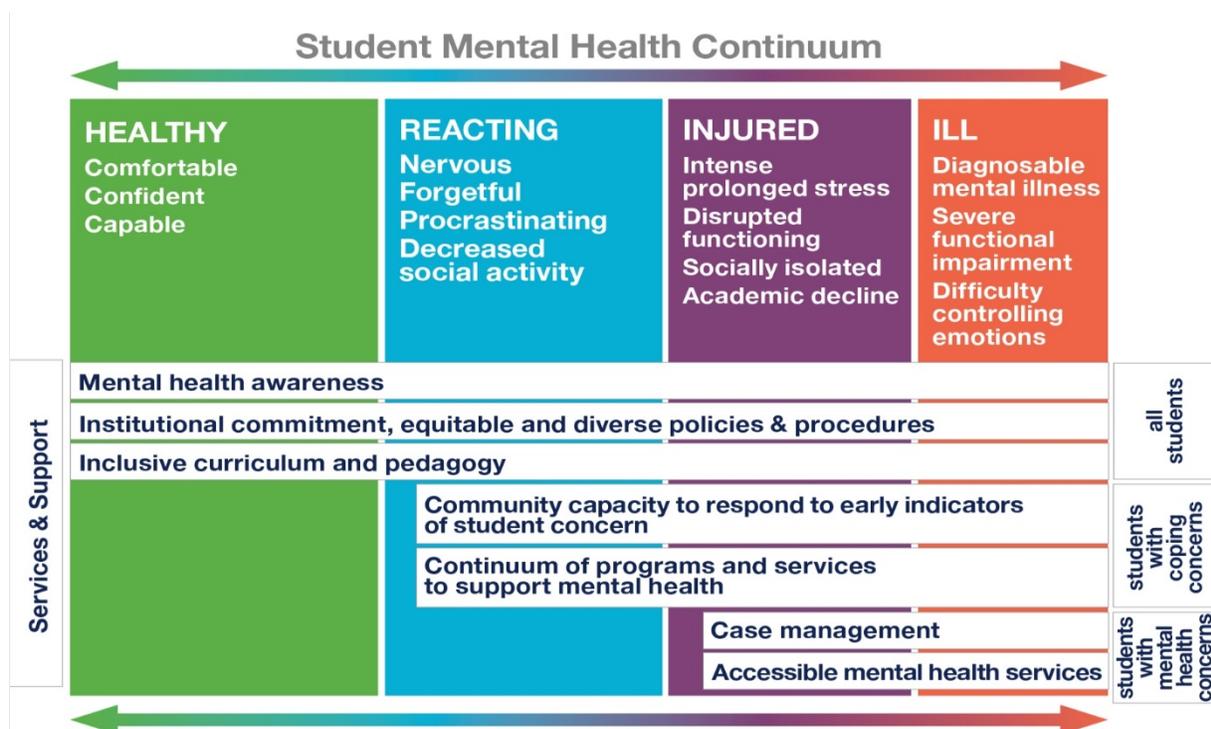


Figure 1: Copied from the 2014 U of T Student Mental Health Strategy and Framework, pg. 2 and adapted from Dr. Mike Condra, Mental Health Handbook prepared for the Council of Ontario Universities (COU) and the Framework for Post-Secondary Student Mental Health, CACUSS, 2013, p. 8-9.

It is essential to provide clear information and to educate students about the available models of mental health care and service delivery, starting at orientation and throughout the student life cycle. A comprehensive communications strategy may alleviate concern over things like caps on service, waitlists, missed appointment fees, etc. The University should undertake education, communication, and improved navigation efforts so that all community members, whether seeking services for themselves or referring others to a service, have a clear understanding of what they can expect at every stage.

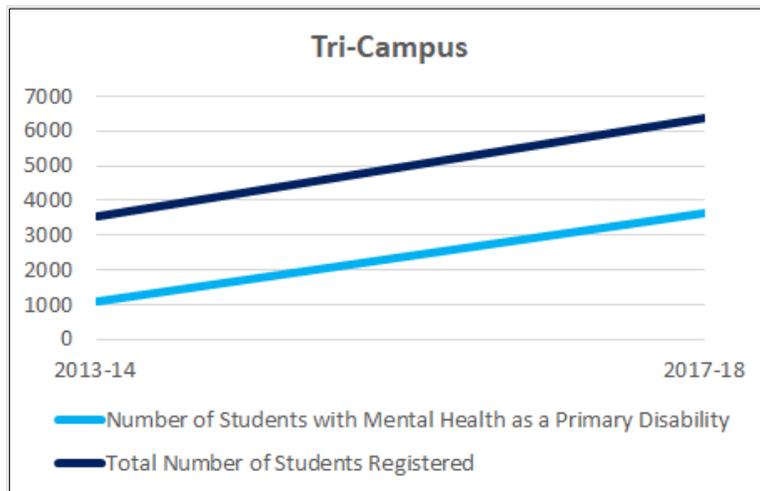
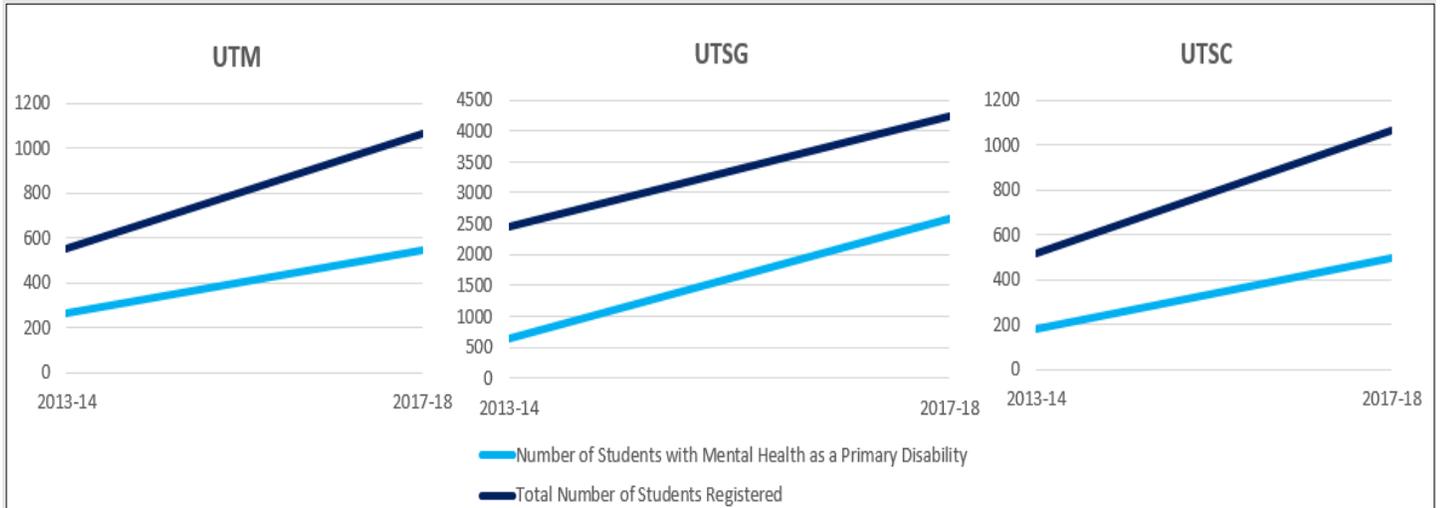
On all three campuses, accessibility services and mental health services have seen significant increases in demand for mental health-related appointments. Over the past five years, there has been an increase in usage in counselling appointments at U of T health centres across the three campuses, with the exception of the 2017-2018 year where we see dips at both the St. George campus and UTSC. Looking at the data from a tri-campus perspective we see that the number of total visits has increased by about 22% since 2013-14 and the number of those visits that were counselling appointments has increased nearly 30%.

Tri-Campus Health Centre Usage 2013-2018

Year	UTM		St. George		UTSC		Tri-Campus	
	# of visits	Counselling appointments						
2017-2018	16,116	3,353	58,973	23,142	21,000	4,813	96,089	31,308
2016-2017	15,061	3,319	59,889	23,729	18,259	5,200	93,209	32,248
2015-2016	15,898	2,930	57,553	21,628	14,739	4,414	88,190	28,972
2014-2015	10,141	1,496	56,184	20,855	12,243	3,475	78,568	25,826
2013-2014	11,574	1,492	55,744	19,206	11,217	3,788	78,535	24,486

In recent years, there has also been a marked increase in demand for accessibility services. This is reflected in overall registration as well as a concurrent increase of mental health issues as diagnosed disabilities requiring accommodation. As illustrated in the graphs below, UTM has seen its overall registration with accessibility services double from 551 registered students in 2013-14 to 1062 in 2017-18. On the St. George campus in 2013, 41% of the 2,449 students registered with accessibility services had a mental health primary disability; for 2018-19, total accessibility Services registration at St. George was 4,230, with 2,578 (61%) of those students with mental health disabilities. Accessibility services at UTSC has seen a similar increase in demand and registration over the past five years. In 2013-14, UTSC had 514 students registered, with 183 of those students listing mental health as a primary disability (35%). In 2017-18, 1,062 students were registered with Accessibility Services, and 494 (47%) had mental health listed as the primary disability.

Tri-Campus Accessibility Services registration statistics



Many of our conversations focused on how simply adding more counsellors and clinical staff resources would not adequately address these issues of increasing demand. Most students who are seeking support from U of T health services are reaching out for early intervention to deal with stress and life issues. Intake for such non-crisis students who are looking to book appointments for one-on-one counselling can become backlogged due to the increased demand in general, as well as the growing number of crisis and complex cases. There is a need to ensure that resources are appropriately tailored to students' mental health needs. Early support for students dealing with stress and life issues within the mild/moderate range of the continuum should include health promotion programs, peer support programming and low intensity interventions such as guided self-help activities, skill-building workshops and access to counselling in different formats (and not necessarily in-person, one-on-one counselling). In contrast, students experiencing significant distress should have access to timely one-on-one counselling appointments. Offering alternative methods to increase access to early mental health supports and care (e.g., through community partners, or using counselling services that are online, text-based, and over the phone) will be discussed in further detail in the recommendations for this mandate.

We did hear as a common theme the belief that student mental health services and supports at the University of Toronto are under-resourced, especially given the increase in demand for services. While those consulted agree that additional funding alone is not the solution to addressing student mental health, many community members

feel that core services (such as health services, accessibility services, and the Student Crisis Response and Academic Program Progress Team) are not meeting increased demands and require more resources. While the Task Force understands that additional funding allocations may be necessary to address the need and respond to recommendations put forward in this report, it is beyond the scope of our mandate to advise on specific allocations or increases. We also recognize that we release this report in an environment of declining provincial funding for universities and limits on tuition increases.

R1: Simplify pathways to care to increase accessibility to resources and supports

Our review demonstrated that there are many existing services and supports available to our students across the three campuses at the institutional, divisional, college, and unit levels, but that navigating these offerings is a challenge. Students, staff, and faculty expressed that they struggle to navigate the services available and do not know how to access resources or make referrals appropriately. Students experiencing mental health challenges or crises may find it especially difficult to find the services they need.

Community members want one clear contact point to find information about mental health resources and services, such as a common phone or online service (like the municipal 311 phone number that serves as a central line for city services). There is a need for one access point where anyone can easily query what to do if a student is seeking support or is in distress, regardless of campus, division, or college. Current websites and online listings of services are perceived as confusing, difficult to navigate, and not user-friendly. Students want easier ways to communicate with health and wellness centres, including an updated booking system (with online and text-based options). Other suggestions included: streamlined access to care (e.g., having one app, one card, one logo, one key website), simplification of service offerings, and greater access to services. This concept of coordination is discussed further under *recommendation 7*. Changes such as this might also require “re-branding”, simplification of messaging, common way-finding signage, and greater integration across campuses.

Below are some action items to implement this recommendation (we return to some of these points later in the report).

Action Items:

- Map services and resources at all levels of the institution (unit, college, division, faculty, etc.) to create a road map of all options and entry points;
- Create a single, easy to navigate, user-friendly web presence for mental health at U of T that local sites link to instead of duplicating;
- Offer text-based and online access to information and appointment booking/confirmations;
- Examine existing staffing resources with a view to providing increased after-hours care, including evening and weekend hours (particularly during high stress/exam times);
- Continue to offer same day appointments and crisis support for students; and
- Continue to bring mental health staff to students – dispersed around campus (using the successful recent ‘on-location’ or embedded counselling model).

R2: Develop a comprehensive strategy to enhance mental health literacy among students, staff, and faculty, including knowledge of mental health supports and services

Many students, staff, and faculty expressed the need to raise awareness about mental health, how to support student mental health, and how to have conversations about mental health and well-being with students. All members of the U of T community would benefit from training to identify mental health concerns and refer students to appropriate services. The University also needs to clarify and better communicate information about the mental health services it provides for students. As noted in the introduction to this section, while some services may be beyond the scope of the University, it is important to clearly identify where that line is and what situations may result in students being referred to community organizations for support.

The University needs to develop an internal strategy to engage all stakeholders in promoting wellness and supporting student mental health. This strategy should build knowledge about mental health services and supports at the University, outlining that everyone has a responsibility to create a safe and caring campus. Such a strategy would also provide transparent and accurate information about service expectations (e.g., waitlists, appointment caps, missed appointment fees, etc.), and provide clear information and guidelines around what the University can and cannot provide. It would also include establishing expectations around all community members' participation in mental health training, as well identifying ways of measuring impact and follow up on this as a priority.

Action Items:

- Clearly define and communicate the roles and responsibilities of stakeholders (students, staff, faculty, administrators, etc.), as well as of the University, hospital and community partners, and others in order to establish clear expectations around scope of practice at the University and mutual responsibilities in providing mental health services to U of T students;
- In collaboration with key stakeholder groups and academic units, expand education and training for faculty and staff to enhance skills and knowledge related to mental health in order to effectively and compassionately respond to student mental health concerns as part of a commitment to developing a culture of caring (e.g., develop a single resource companion to help navigate services);
- Adopt a tri-campus approach to information sharing via classroom announcements, advertisements, campus digital screens, student group listservs, postings on ACORN, etc.;
- Expand mental health curriculum into core training for all student leaders (including teaching assistants, course instructors, residence dons, orientation leaders, etc.);
- Enhance education and information to help all members of the University community better understand the continuum of mental health and how to recognize when they should seek help for mental health concerns and/or refer others; and to increase student awareness of mental health resources, how to access those resources, and what to expect from them; and
- Help students understand how to access and navigate their own insurance benefits – often provided by their student unions – for coverage of external mental health supports such as counselling.

R3: Increase the focus on and resources for mental health promotion broadly across the University

Students, staff, and faculty expressed a desire for the University to shift to a more proactive approach to mental health and well-being. We heard suggestions for integrating wellness programming and personal skills-building into core student experiences, for enhancing partnerships with colleges and faculties engaged in health promotion, and

for engaging with student groups on preventative mental wellness initiatives. There is a need for an increase in resources for proactive and preventive approaches to mental health services, supports, and education, and to enhance the promotion of training, information, and appropriate space for students to develop strategies related to healthy habits and foster overall well-being (including the benefits of yoga, mindfulness, and other recreational, wellness, community building, and self-care related activities, workshops, and outreach), as well as personal skills development (coping skills, time management skills, self-care, sleep, physical activity, etc.). It is also important to highlight the importance of physical space dedicated to health promotion and wellness activities; this will be covered under *recommendations 13 and 14*.

Action Items:

- Embed life skills/mental well-being into the first-year curricula and graduate student professional development offerings;
- Include consistent mental health information in courses through just-in-time slides, syllabi, etc., and provide instructors with these tools; and
- Engage in a supportive and coordinated way with U of T student groups that address and support student mental well-being through their programming and initiatives (e.g., peer support programs, mental health awareness programs, student advocacy initiatives).

R4: Increase access to timely mental health care (in person and via other means such as phone/text-based)

Students are seeking more just-in-time delivery and immediate availability of mental health services and supports, such as same-day appointments, on-location services, online/phone/text-based access, and extended hours. Same-day appointments have been well received at UTM and UTSC and are being piloted at St. George in the current academic year (2019-20). Pop-up or just-in-time counselling, such as the Robarts Library pilot during the Spring exam season on St. George campus, has been well received.

To help with the ongoing demand and increase access to timely care, the University should consider the integration of apps and other ways for students to interact with health professionals online. The St. George pilot of the [My SSP](#) (My Student Support Program), which offers international students 24/7 confidential, culturally relevant, multilingual support services by phone or chat was well received. The Task Force was pleased to learn that the University has recently expanded this service so all students (domestic and international) on each campus now have access to My SSP for U of T students.

Students, staff, and faculty expressed general interest in student-led peer support programs, but also raised concern over imposing additional responsibility on peers. The programs would need to be bolstered by effective training and supports for peers in support roles. Students highly recommended this type of programming as they reported being comfortable speaking with peers, and value the shared experience component. They also noted that peer support is often more timely and more accessible, and that it helps build community.

Below are some suggestions to continue incorporating innovative and evidence-informed approaches to service provision that help to ensure students have access to timely and effective care. It is important to note that all of these items will require new resources.

Action Items:

- Enhance and communicate a U of T-specific ‘stepped care’ model for all three campuses. The Stepped Care Model is a system of delivering and monitoring mental health treatment so that the most effective, yet least resource-intensive treatment, is delivered first, only “stepping up” to intensive/specialist services as required and depending on the level of patient distress or need;
- Continue to explore and implement tech-based interventions, such as [My SSP](#)-type supports that are provided in preferred languages and online CBT training.
- Continue to look at ways to deliver extended support during peak periods of student stress (e.g., midterms and final exam periods);
- Expand availability and staffing complement of emergency/crisis response teams (see *recommendation 6*);
- Expand and support the use of trained peer supporters (with appropriate training and supervisory support and designated community spaces); and
- Establish a campus-wide case management model to improve the coordination of care for students with complex cases of mental illness.

R5: Expand the diversity of mental health service providers for students

The University has a number of initiatives underway that emphasize that equity, diversity, and inclusion is a priority. In line with that, it is important to underscore that there is room for improvement in the diversity of our staffing complements across the University and that everyone benefits from diversity. Not all students from underrepresented communities feel the current counselling options are adequate to support their needs and experiences. Some students are dissatisfied that the staff providing mental health services are not representative of the diversity of students seeking help. When a student encounters an individual at campus mental health services who seems unable to understand them, this can be a barrier to seeking support. Therefore, this recommendation asks the University to address both the diversity of hiring as well as the training of those employed to effectively connect with students from diverse backgrounds and experiences.

Expanding the diversity of mental health support (and offerings, as noted in the previous recommendation) should take into account that our students carry a range of life experiences, responsibilities, and backgrounds. For example, graduate student experiences and needs may align with those of undergraduates in some areas, but also be quite distinct in others. Consideration of specialized and separate offerings and services for graduate students is needed.

There remains a need for increased diversity in counsellors, broader mental health knowledge, as well as comprehensive education and training for all U of T employees in order to increase their competencies in working with students from Indigenous, LGBTQ+, and racialized communities, often with intersecting identities. In addition to an increase in the diversity of mental health providers and training, students would also like to see an expansion of services beyond traditional Western medicine and more availability of supports in their preferred language.

Action items:

- Where appropriate, include service provider biographies on the clinic website(s) that list their backgrounds and areas of specialty so that students are able to identify counsellors they think are compatible;

- Consider cultural sensitivity and literacy as part of mental health training and services; in particular, U of T has a large international population, with diverse beliefs and attitudes toward mental health, including language to describe it and attitudes towards help-seeking; and
- Prioritize increasing the diversity and competencies of staff to support the diversity of U of T students (persons with diverse cultural backgrounds, including international, Indigenous, ethno-cultural/racial groups, different languages; as well as students with diverse gender identities, disabilities, possible experience with sexual violence, gender-based violence, and addiction, as well as other diverse life experiences).

R6: Enhance coordination and expand direct crisis response support and resources, and establish a tri-campus mobile team for after-hours support

The lack of after-hours, weekend, and evening support on all three campuses is a serious concern – particularly in crisis situations. Staff and faculty are often called upon to support students experiencing mental health crises after-hours without access to any on-campus services, other than Campus Police. This presents a strain on individual staff and faculty, and results in police involvement where it might otherwise not be required. The reliance on Campus Police may also create a barrier for some students in seeking support and services, as not all students are comfortable with police assistance in these matters. The Task Force understands that the University is not a hospital, so 24-hour services are not practicable. However, given our student population, the number of students living in residence, and the fact that classes, co-curricular activities, and graduate student research extend beyond the regular nine-to-five, Monday - Friday schedule, the University would benefit from having a mobile, on-call, after-hours urgent mental health response team for evenings and weekends.

Action items:

- Ensure all students have access to and are able to use 24hr My SSP service providers (such as [My SSP](#)) and other existing resources;
- Establish a mobile, on-call, after-hours mental health response team and ensure all team members receive UofT-specific training;
- Provide enhanced mental health training for Campus Police and increase collaboration between Campus Police and other on-campus first responders (e.g., crisis response team, residence life staff);
- Enhance faculty and staff training related to handling after-hours student crises.

Mandate 2: Review the coordination of student supports related to mental health services across the University's three campuses and make recommendations for improving internal coordination

Our review underscored the tension inherent in the University's decentralized structure, which allows for local autonomy and flexibility and the establishment of smaller, more tightknit communities, but which can lead to inconsistent or uncoordinated experiences and levels of service. Earlier sections addressed the difficulty of navigating the resources and services available to students. The variance among campus offices amplifies this challenge both for effectively communicating with students and for reaching those who are referring students to

appropriate services. Many of those consulted affirmed the University's goal of "One University, three campuses"; the recommendations in this area will likely be impacted by the Tri-Campus Review that is currently underway.

R7: Provide more integrated and coordinated care across campuses that promotes ease of access to supports for students

Greater integration of services and an enhanced institutional approach to mental health and accessibility services at the University would provide a better experience for students. Students face bureaucratic processes that create barriers to seeking and accessing mental health support and services. This is due in part to the fact that intake processes and services are not consistent across the University. A harmonization of these services would mean one approach to supports and resources for students regardless of their campus affiliation. Students may take courses at more than one campus or live closer to a campus other than their primary affiliation. They would like to access services at whichever campus is most convenient, and therefore we agree that intake processes, service offerings, registration systems, and databases should be consistent and connected.

Students registered at one campus but taking courses at another campus are required to register with each campus office for an academic accommodation related to a mental health disability, and recommended accommodations are not transferable from one campus to another. The current model is burdensome to students and acts as a deterrent to seeking assistance for accommodation needs when taking courses outside of their primary campus. The goal should be one registration process and an institutional accommodation letter for students who require accessibility services. We also heard feedback on the need for an enhanced institutional approach to mental health and accessibility services.

We also recommend shared databases to allow for consistent electronic records and reporting across the accessibility offices and across the health centres at the three campuses (shared between each campus location of the respective services, but not linking accessibility services with health centres information). Currently the health services on the three campuses are not connected, which presents issues of student user experience and limits the University's ability to manage complex/crisis situations. For both mental health and accessibility services, we recommend a single hub of services, where a student has one point of entry and needs to register only once to receive care and service across the University. This streamlining would include establishing a single intake process, service protocol, database, and care model.

R8: Establish a Clinical Director role with oversight of the three health centres to provide leadership and streamline processes and protocols related to mental health services

To enhance coordination across campuses and to offer consistent, streamlined, and equitable health services for students, the Task Force recommends creating a Clinical Director role to provide leadership and management of the University's three health clinics and oversight regarding how mental health is integrated into the health and wellness centres. The Clinical Director would also be responsible for identifying emerging trends and challenges in the provision of mental health service delivery within postsecondary environments, conducting ongoing review and quality assessments of clinical practices, and monitoring and evaluating the treatment outcomes of mental health services across the institution. This tri-campus Clinical Director role would spend time at each of the University's health clinics to directly support staff in the development and provision of mental health service delivery that is innovative, adaptive, equitable, and informed by current evidence-based research and best clinical practices. The Task Force recognizes the complexities associated with the establishment of such a position. Care must be taken to

ensure that the vision and scope of the role are clear, and consideration is given to the unique individual needs of each campus community.

R9: Implement an institutional integrated support system that facilitates early access to mental health resources for students

We heard in consultations that not all students know how to seek help or are connected to the appropriate resources in a timely manner. We suggest that the university would benefit from an Early Access and Support system that prompts students, staff, and/or faculty to reach out for guidance if they or students they know are in need of access to mental health resources. We heard concerns about students ‘falling through the cracks’ and not having support systems in place until their mental health issues reached a crisis point. We also heard about students not finding supports at all. Having a university-wide support system in place to refer students and facilitate their early access to care would allow for early intervention and support assessment for potential mental health-related needs. Pursuing this option would require student consultation and input and would also benefit from investigating best practices employed by peer institutions.

Mandate 3: Review partnerships with community-based organizations and hospitals, and make recommendations for strengthening such partnerships

As noted in the introduction, the University of Toronto is not alone in facing issues and challenges related to demand for student mental health supports and services. To meet the wide-ranging needs of students and to effectively manage the complexity of some cases of mental illness, the University relies on community organizations and hospitals to provide specialized and ongoing support to students.

The Task Force heard that community services are often overburdened and that community partners often perceive that the University is better resourced and/or positioned to manage student mental health care. The result of this misconception is that community organizations tend to refer students back to U of T mental health services for care, when in many situations, community supports might be more appropriate for the student’s needs. Capacity is not the only strain on partnerships. Location is another pressure for UTM and UTSC; St. George campus has better access due to its proximity to the hospitals and more resources in the downtown area. Relationships with external partners vary across the campuses given their geographic location and catchment areas of students. The recommendations in this section emphasize the importance of continuing to build partnerships with these external services and identify areas of potential improvement and opportunity.

R10: Continue to invest in and strengthen diverse community partnerships

We strongly recommend that the University strengthen its partnership with CAMH to provide ongoing and consistent care for students with mental health issues. All three campuses’ health centres spoke about the benefits of existing partnerships with CAMH and expressed interest in expanding in these areas. Proximity to our downtown campus coupled with CAMH’s leadership in mental health – excellence in research education, group and individual care, and health promotion – make CAMH the ideal partner for U of T to strengthen the quality of care that the University is able to provide for its students on all three campuses.

Additionally, as noted in *Recommendation 5*, the University should consider enhancing and expanding partnerships with mental health organizations that reflect and support the diversity of students (e.g., LGBTQ+ organizations, organizations that offer services in multiple languages, etc.).

R11: Increase programs that bring community resources to the University's campuses to provide services for students and to provide education for students, staff, and faculty

Students would like to see the University collaborate with community partners (such as CAMH, local hospitals, Morneau Shepell [the company that runs My SSP], etc.) to provide counselling and support services on campus for groups and individuals. This requires prioritizing space for these activities and creating spaces that are conducive to wellness.

Due to geographic location and distance from community services, the need for on-campus services is particularly evident at UTM and UTSC. Bringing programs to campus alleviates additional stressors for students like commuting time and costs associated with accessing community-based supports. Students are also more confident and comfortable with practitioners who are connected with the University and are likely to have a better understanding of the University context.

The University should provide mental health training, with compensation where appropriate, for University service providers in other areas, including Elders, Chaplains, and academic advisors, as well as training for these staff members, faculty members, teaching assistants, and mental health counsellors on U of T policies that might relate to student mental health (e.g. academic policies, code of conduct, sexual violence, etc.).

R12: Improve relationships, case management, access, and navigation support for students being connected with community resources

The transition of students to and from community organizations and hospitals is an area of concern on all three campuses. Students experience barriers and issues with accessing off-campus resources; long wait times for referrals and/or appointments; challenges with location and transportation to off-campus resources, hours of care, and matching care with need; a lack of follow up to make/attend appointments; financial constraints for private services, etc. Issues around community referrals create compounding challenges for some students (such as losing time before necessary care begins, feelings of being shuffled around, and experiencing stress and anxiety from having to repeat their story to multiple people).

The ineffective referral of students was identified as a huge issue across all three campuses. The University should consider investing resources to hire community liaisons who would maintain a list of partnerships, make referrals that align with student needs (financial, schedule, location, language, etc.), and support student follow-up and referral. The University should also undertake greater communication with community partners around supports it can provide, as well as how to better match care and service needs with community services. Those consulted also identified a need for effective follow-up with students to ensure they bridge effectively to community care; additional support is needed for students seeking support when transitioning from university services to the community, and vice versa.

While relationships with local hospitals have improved in recent years, there are still gaps. Scarce resources at local organizations and hospitals are a pressure point in terms of referring students; community agencies are also stretched and often have long waitlists and issues meeting demand that are even more acute than the issues facing the University. The University might consider jointly advocating with community organizations to the government for financial support to offer additional and specialized care.

Action Items:

- Expand and enhance dedicated case manager roles to help students with complex mental illness navigate University systems and supports;

- Consider hiring community liaison roles to coordinate referrals and help bridge moving to and from care in the community.

Mandate 4: Consider the physical spaces in which mental health services are provided on all three campuses and recommend improvements as necessary

During visits to each of the campus health centres, the Task Force noted that physical spaces are a limiting factor to expanding or diversifying services. We also noted in some cases the deteriorating condition of the space; issues with physical space reinforce perceptions that mental health is not a priority for U of T. Improving and expanding the space in which mental health programs and services are offered at the University would send a strong signal that student mental health and well-being is a priority at the University.

R13: Increase access to functional and therapeutic space for health promotion, mental health services and spaces for mental health programming

There is a need to increase access to new mental health and wellness space and to improve existing space. From a functional standpoint, physical space is impacting service expansion at each campus. For example, there is a lack of space for additional treatment rooms or office space limitations for the hiring of additional clinical staff. On-location services received much positive feedback in our consultations, with a great interest in offering more of these services. The desire to expand these programs is University-wide, however the Task Force noted particular need at UTM and UTSC, where such programs have been limited due to physical space.

In addition to issues with the amount of physical space, there are concerns about the quality of current spaces for mental health services at the University. For example, spaces are busy and crowded and lack privacy. Clinics lack the space needed to provide privacy and anonymity in entries and waiting areas, and to allow for confidential intake and triaging. Group sessions and workshops (discussed in *recommendation 11*) facilitated by both U of T staff and/or community partners on campus are a good option for providing additional opportunities for treatment and education, but offerings are restricted due to lack of space to hold sessions.

From a therapeutic perspective, there is also concern with the condition of the spaces. The health clinics on each campus have serious space concerns: they may be hard to find or navigate and they lack comfortable furniture, adequate wayfinding and lighting, and greenery. Specific issues that were raised for each campus include: UTM's basement location requires students to walk through a high traffic area to go for counselling appointments; UTSC space is limited (though we heard plans for new space in the near future); St. George is at capacity in their current space and needs renovation and rethinking of space for better integration of services, privacy, and way-finding. Additionally, given the size of the St. George campus, we recommend consideration of more resources in the north part of campus.

Space for mental health services and programming should be private, confidential, regenerative (with access to lights, windows, natural elements) and generally more visually appealing. Privacy should be balanced with easy to find, inviting spaces that reduce stigma and make students feel welcomed. The clinics should be more visible and easier to locate: increased wayfinding signage would be helpful. There is also a need on all three campuses for additional space for mental health and wellness programming (e.g. peer support activities, training, and group sessions).

R14: Focus on creating non-academic wellness spaces for students across the three campuses in existing and new buildings

Many factors have an impact on mental health, including feelings of isolation, loneliness, and lack of community. Space is also part of this equation. Having space to unwind and connect is a key element in building community among students. All three campuses – especially UTSC and UTM – lack wellness spaces as well as non-study lounge space where students can socialize, build connections, hold peer programming, and rest between classes and academic activities. All three campuses need more inviting and comfortable student spaces that allow for a variety of community-building activities. All academic units should provide student activity space that that may be used for various student engagement and/or wellness activities. These types of spaces are important for all students to help build local community, but particularly for our commuter student population and graduate students who spend most of their time in their home department. This has been done well in the de-stress spaces at UTSC, and in the Robarts Library Reflection room for mindfulness, yoga, prayer, meditation, and relaxation. Creating more of this space in existing buildings and making it a consideration for new capital projects and renovations should be a priority. The Task Force also proposes ongoing safety reviews all existing buildings, labs, work and study spaces.

Culture at U of T

As noted in our introductory letter, the Task Force acknowledges that its findings and recommendations on mental health services and programming are influenced by considerations of other related issues that could impact student mental well-being at the University of Toronto. The Task Force has chosen to include such feedback, gathered through extensive Outreach & Engagement activities, thereby broadening the scope of the Terms of Reference somewhat. Our intent is to share this information with all levels of the University to open dialogue and inform policies and practices going forward.

The University of Toronto has a strong reputation for its culture of academic excellence. This culture needs to be balanced with an awareness of how it may impact mental health in the University community. Some students reported feelings of loneliness and isolation (e.g., a lack of community on campus) – feelings that are exacerbated by a lack of time due to academic and other life demands. Students’ determination to work harder because of U of T’s culture of studying can fuel more feelings of isolation. Undergraduate students might experience “imposter syndrome” when faced with repeated messages of excellence, and in some programs, their status can be contingent on achieving high grade-point cut-offs or maintaining high averages. Academic struggle or failure (in POSTs, exams, grades, etc.) without a community of support can be a challenging combination for student mental health and well-being.

Some graduate students emphasized feelings of isolation and loneliness that impact their mental well-being due to time spent in labs for STEM disciplines, and writing alone in the arts and humanities, especially during later stages of their programs. During the Outreach & Engagement activities, all stakeholder groups raised the need to foster a more supportive community to help students thrive. Some students do not feel they are supported by the University, or that the University cares about their mental well-being. We heard a strong call to promote change through the work of the Task Force, the Expert Panel on Undergraduate Student Educational Experience (which recently completed its work on a unifying vision) and the School of Graduate Studies Mental Health Working Group (which is currently meeting and will submit its recommendations in April 2020).

The Task Force heard the call for significant change in the academic culture at the University of Toronto. Transforming the culture at U of T and achieving the goal of fostering a culture of caring across the three campuses will require significant, sustained investment from all stakeholders and the leadership of the University.

This culture shift will require an appreciation for the immense diversity of students at the University and the many different lived experiences that they bring. Students said that non-academic needs and obligations (such as working, commuting, family obligations, extra-curricular activities) impact their mental health and well-being. Additionally, students reported many other significant stressors that impact their mental health (e.g., recent changes to OSAP, costs of education, cost of commuting, high cost of living in the Toronto region, working part-time, food insecurity, job market changes, cultural barriers to accessing care, concerns about political environment and climate crisis, living away from home or in a different country, etc.). Students who do not live close to campus or who are away from the University (e.g. study abroad, in placements, or doing fieldwork) face challenges accessing mental health resources and supports. Graduate students highlighted stress within the supervisor-student relationship. International students and/or first-generation students face unique additional stressors, including lack of family support, financial burdens, fear of failure, etc., that are compounded by a fear of losing their visas/status in country. Additionally, counsellors may not speak their primary language, or these services may not be culturally aligned with their own worldviews and experiences.

All of these factors highlight the diversity of our student body and emphasize the need for a systemic, strategic, and caring approach in order to comprehensively address issues of mental health and well-being at the University of Toronto.

R15: Build a culture of caring on all three campuses and engage the U of T community in improving student mental health

There is an awareness of the need to foster an environment of compassion and community at the University, as some feel there is no room for mistakes or failure along the path to success within U of T's culture of excellence. This "culture of excellence" can lead to intense competition and negative impact on well-being for some students. It can also negatively impact Faculty, raising stress and anxiety levels, which in turn will affect the student experience. The University should expand this notion of excellence to include wellness, in addition to excellence in research and academics, and truly become a "culture of caring". Updating the University's mission statement or institutional priorities to include wellness as a core value would help to signal that the mental health and well-being of the entire community is a priority at U of T.

Although many community members acknowledge a general decrease in stigma related to mental illness, many of those consulted (students, staff, and faculty) indicate that mental illness is still perceived as a weakness, something you do not speak about, and a barrier to success at U of T. To continue destigmatizing mental illness, we strongly recommend that the University embark on a communication campaign to talk about mental health. This should be prominent, with community members showcased to share stories of their own lived experience. The campaign is intended to further normalize discussion of mental health and demonstrate that there are many definitions of success at the University of Toronto.

To become an institution with a culture of caring, the University must engage the whole community in addressing and supporting the mental health of students, faculty and staff. This idea is threaded throughout this report. Such engagement would include: the campus environment, organizational structure, academic and non-academic policies and practices. This recommendation speaks to the need for a renewed institutional commitment to student mental health and well-being, and for mental health to be identified as a priority throughout the University. To foster this commitment, the University should consider: 1) adopting the Mental Health Commission's National Standard on Psychological Health & Safety for Post-Secondary Students, 2) adopting the Okanagan Charter: An International Charter for Health Promoting University and Colleges, and 3) continuing the work of the U of T Mental Health Framework from 2014.

As we discussed in the opening, we understand that there is much work to be done to shift the culture of U of T and to build trust and foster an environment of compassion and community. Changing the culture at an institution of this size will not be quick or easy. While it will be important to embrace ambitious goals in this area, we must also build trust by showing concrete progress on the more granular recommendations of the Task Force. We do not presume that all of the Task Force recommendations can happen instantly and understand that time is required to fully envision and implement some of them. In the short-term, we recommend that the University add wellness as a point of excellence that is valued at U of T in the mandate of the University. Once progress is underway, and members of the community have had a chance to see for themselves the changes happening, we recommend implementing a University-wide campaign to build community resilience, reduce the stigmas associated with mental illness, and to share stories of lived experience.

Institutional Systems and Policies

The University needs to build a more positive and inclusive student experience by intentionally designing programs, services, and policies around the concept that students' mental health is impacted by many factors. The Task Force encourages all divisions, units, and offices to review their practices and policies to identify and modify processes that unnecessarily add stress and create barriers for students. Students and student societies expressed great interest in being part of these discussions and contributing to the ideas for positive and progressive changes.

R16: Review bureaucratic and academic policies that act as stressors or barriers to students

Students come to U of T for the academic rigour, and at times can be frustrated that efforts to meet the heavy academic workloads are impeded by cumbersome bureaucratic policies and structures – for example, to register for courses, fulfill degree requirements, participate in experiential learning opportunities, etc. This is especially problematic if a student is experiencing a mental health challenge/illness while trying to navigate these systems. This is compounded by the fact that academic policies can differ across the three campuses and by department, causing confusion, stress and hardship for students trying to navigate the systems. We recommend that all stakeholders consider academic policies that impact student mental well-being and explore ways to mitigate these stressors. Students, staff, and faculty offered tangible suggestions to address these concerns at an institutional level.

Action items:

- Examine policies across the campuses and across courses in order to make them more consistent (where feasible with division's accreditation requirements) and create standardized syllabus language in as areas such as: transfer credits, academic calendar, extension protocols, grading policies, credit/no credit deadlines, retake policies, late withdraw, excessive late penalties, lecture recording, and changing graduate supervisors;
- There has been contention about the practice of handcuffing students who are apprehended by Campus Police under the Mental Health Act and taken to the local hospital for further assessment. We recommend this practice be reviewed by the University and that a trauma-informed protocol to support Campus Police in their evaluation of the safety and risk of students transported to the hospital for further assessment be developed. This will require tri-campus consideration about how it might work on each campus. The University should also explore and consider whether alternative methods of transporting students to hospital for emergency psychiatric assessment can be used under certain circumstances;
- Remove the requirement for verification of illness (VOI) forms in favour of self-declared sick notes. The VOI (sick note) is viewed as frustrating and inefficient for both students and service providers. Response to recent pilots at the University to remove the VOI have been received well by community members from all stakeholder groups.

R17: Advocate for consistent and equitable mental health coverage for all students

Mental health insurance coverage is determined by the respective student unions. Depending on a student's campus affiliation, their level of study (graduate, professional, or undergraduate; full-time or part-time; and/or whether or not they are a teaching assistant), a student's insurance plan coverage can vary considerably. The

University leadership should support student unions to advocate for improvements and more consistency where appropriate in these plans. This is especially important since insurance provides students the ability to access community-based mental health supports without incurring large out-of-pocket expense. Recent changes to the Association of Part-Time Undergraduate Students' (APUS) plan was a positive example of rethinking coverage options.

Currently, inequity in mental health coverage leads to disparity across various student groups, mixed messages, and confusion about benefits and coverage. The issues surrounding mental health coverage are also related to uncertainty among students, staff, and faculty about what is available for students and how students can access benefits. Many students (as well as staff and faculty) are not aware of their own health benefits, how to access them, or that benefits are determined by their student unions or bargaining units (including Teaching Assistants and Post-Doctoral Fellows). Generally, improved communication and education is needed to help students understand how to access and navigate insurance benefits for coverage of external mental health supports as they begin their programs and throughout the student life cycle.

R18: Improve understanding of and ensure robust review of the University-Mandated Leave of Absence Policy

We find it concerning that the [University-Mandated Leave of Absence Policy](#) (UMLAP) is viewed by some members of our community as a potential barrier to students seeking mental health services. We recommend the university address this issue to ensure that students understand they will not be put on leave for simply seeking medical care, as demonstrated by the policy's limited use in its first year. The University should continue to make the supportive and compassionate intent of the policy more apparent through a comprehensive educational strategy for the wider University community. This would complement the policy's annual reporting requirement to Governing Council, which recently indicated that eight students were placed on a leave (two of which were voluntary) during the first year the policy was in effect (2018-19) due to serious cases of threats against others or themselves. Such an educational strategy could include student participation in the development of communication materials for the University community, and updating appropriate websites. We also encourage periodic review of the policy, which is written into it in section *VII Annual Reporting and Periodic Review*. The Task Force recognizes that there are real philosophical differences within our community over the policy's goals. Disagreement is a fundamental aspect of our scholarly community, and we have a responsibility to continue the discourse on topics like this that challenge us. Our recommendation is to keep the dialogue open and continue engaging with students through the periodic review and evaluation of this policy as well as additional educational and communications efforts.

R19: Develop a transparent protocol related to tragic events at U of T

Concerns about timeliness and transparency of communication after a student death were raised by various stakeholder groups. In recent news articles and governance meeting remarks, we were glad to see the University administration share best practices in public reporting on suicide and explain that confidentiality and family requests for privacy limit the information that can be shared in these cases.

The University should publish a public protocol related to tragic events. Students, staff, and faculty would benefit from understanding what to expect in terms of communications and information-sharing in these situations. Such a protocol would also outline resources and supports, training, follow-up activities, and aspects of trauma-informed care that are available at different levels, such as the unit impacted, as well as more public messaging for the broader University.

Next Steps

The opinions voiced by students, staff, and faculty throughout this process emphasized that the community is hoping to see transformative action and change on the issue of student mental health. There is considerable uncertainty in the University community regarding the response to this report and what specific actions will follow. To help address these concerns about next steps and to ensure that dialogue on these important issues continues, the Task Force has two final recommendations.

R20: Establish a wellness advisory board (students, staff, and faculty) to keep the conversations going, review progress, and assess outcomes, including the establishment of a timeline for review

We are confident that the University wants to continue to dialogue on these important issues with students and other members of our community. It is important to create opportunities, formal and informal, for these conversations to continue. We recommend a formal structure for such dialogue to continue and to assess the outcomes of changes that may arise from this report. Student mental health is a responsibility that we all share and an issue that we must all engage in as a caring community. A representative wellness advisory board would provide space to discuss issues of mental health services and programming, as well as culture issues that might relate to student mental health. The advisory board should prioritize membership of those with lived experience, be diverse, and ensure that students are compensated for their involvement. The Board would be advisory to the Clinical Director and/or the Vice-Provost, Students.

R21: Utilize our expertise in mental health research at the University to establish an institutional strategic research initiative focused on student mental health

The University of Toronto should utilize its internal expertise to establish a multi-disciplinary strategic research initiative in student mental health at U of T. This initiative would bring together diverse scholarly experts and evidence-informed practitioners, and create opportunities for students to get involved in mental health research and participate in mental health conferences and workshops. Eventually, with academic divisional support or interest, the University could develop an academic centre, which could house a collaborative specialization program in postsecondary student mental health with opportunities for staff, undergraduate, graduate and professional students. The centre could develop course materials for undergraduates, coordinate student placements in student mental health programs on campus, support the mentorship program, , do independent research, evaluate the work the University does, and develop new treatment or intervention programs that the University could test.

Conclusion

This report has been shaped by Task Force members' expertise and guidance, as well as feedback gathered from the Outreach & Engagement activities, oral and written submissions, and the Task Force's review of these materials. The recommendations outlined in this report envision the next steps (short-term and long-term) in fostering a tri-campus environment that promotes and protects student mental health and well-being. Thank you again to all members of the University community who participated in the process and shared their thoughts and insights with us. We appreciate the incredible effort put forth by students, staff, and faculty in making their views

known on these important issues. We were extremely impressed with the level of engagement and openness throughout our consultations.

Over the past six months, the Task Force has been communicating with the health centres and accessibility services offices across the three campuses and are keenly aware of how deeply the staff in these areas care, and how they are trying to meet the demand for their services and provide appropriate supports for students. Additionally, we recognize the pressure, tensions, fatigue, and potential burnout that those in these key roles – and all student leaders, staff and faculty in front-line and student-facing roles – can face. We hope that these recommendations will help to ease their concerns and move us towards a better state where all members of the community can feel equipped and empowered to help others and themselves, and to feel valued.

We understand that some of the changes and suggestions discussed in the report are already being considered and that some are underway. This is encouraging and we look forward to seeing the response to and implementation plans for the recommendations put forward for consideration by the University.

It is important to remember that mental health and wellness are issues that impact all of us. This is not an issue that is unique to the University of Toronto. Mental health is a growing challenge for higher education institutions globally and we are grateful that the President and Provost that are ensuring that U of T will remain at the forefront of the search for solutions.

Appendices

Appendix A: List of Recommendations

Mandate 1: Review mental health delivery at the university and make recommendations for strengthening such services, particularly with regard to students with mental illness

- R1: Simplify pathways to care to increase accessibility to resources and supports
- R2: Develop a comprehensive strategy to enhance mental health literacy among students, staff, and faculty, including knowledge of mental health supports and services
- R3: Increase the focus on and resources for mental health promotion broadly across the University
- R4: Increase access to timely mental health care (in person and via other means such as phone/text-based)
- R5: Expand the diversity of mental health service providers for students
- R6: Enhance coordination and expand direct crisis response support and resources, and establish a tri-campus mobile team for after-hours support

Mandate 2: Review the coordination of student supports related to mental health across the university's three campuses and make recommendations for improving internal coordination

- R7: Provide more integrated and coordinated care across campuses that promotes ease of access to supports for students
- R8: Establish a Clinical Director role with oversight of the three health centres to provide leadership and streamline processes and protocols related to mental health services
- R9: Implement an institutional support system that facilitates early access to mental health resources for students

Mandate 3: Review partnerships with community-based organizations and hospitals and make recommendations for strengthening such partnerships

- R10: Continue to invest in and strengthen diverse community partnerships
- R11: Increase programs that bring community resources to the University's campuses to provide services for students and to provide education for students, staff, and faculty
- R12: Improve relationships, case management, access, and navigation support for students being connected with community resources

Mandate 4: Consider the physical spaces in which mental health services are provided on all three campuses and recommend improvements as necessary.

- R13: Increase access to functional and therapeutic space for health promotion, mental health services and spaces for mental health programming

R14: Focus on creating non-academic wellness spaces for students across the three campuses in existing and new buildings

Culture at U of T

R15: Build a culture of caring on all three campuses and engage the U of T community in improving student mental health

Institutional Systems & Policies

R16: Review bureaucratic and academic policies that act as stressors or barriers to students

R17: Advocate for consistent and equitable mental health coverage for all students

R18: Improve understanding of and ensure robust review of the University-Mandated Leave of Absence Policy

R19: Develop a transparent protocol related to tragic events at U of T

Next Steps

R20: Establish a wellness advisory board (students, staff, and faculty) to keep the conversations going, review progress, and assess outcomes, including the establishment of a timeline for review

R21: Utilize our expertise in mental health research at the University to establish an institutional strategic research initiative focused on student mental health

Appendix B: Summary of Themes

Student Mental Health Task Force - Themes from Outreach & Engagement

To support our work and engage the University of Toronto community, the Presidential & Provostial Task Force on Student Mental Health embarked on an extensive consultation plan in July 2019. The initial phases of the [Outreach & Engagement Plan](#) involved: in-person focus group and open campus listening sessions; an online feedback form; and student-led Innovation Hub feedback sessions. The Task Force also visited each of the three campus health centres. Phase 3 involved going back to the University of Toronto community in November, and saying, *“This is what we heard: did we miss anything?”* Overall, the feedback validated that we were on the right track and also identified some areas that needed additional consideration. Our goal was to address this feedback in our final report as well as by making minor updates to our Themes.

This is a summary of the broad themes that we heard from students, staff, and faculty during the Outreach & Engagement activities in summer and fall 2019. Thank you to everyone who participated in the online and in-person consultation activities. We greatly appreciate your time and effort to participate and share your comments with us.

Themes

Communication

- The paths to seek mental health supports need to be more transparent and accessible. Students, staff, and faculty struggle to navigate the array of services and resources available, not understanding how to access them and/or refer appropriately.
- Websites and online listings of services are confusing, difficult to navigate, and not user-focused
- Some students have a lack of understanding of the compassionate purpose of the University Mandated Leave of Absence Policy (UMLAP), which leads to uncertainty around how the policy is applied and fear about its potential impacts. There is some philosophical disagreement amongst community members (students, staff, and faculty) about the Policy that requires ongoing dialogue and review.
- Students report wanting easier ways to communicate with health and wellness centers (including online and text-based booking and appointment management).
- There is a lack of clarity around the roles and responsibilities of the University when it comes to supporting mental health on campus. There is need for clarification and communication of information about the mental health services the University can provide to students.
- Some community members express concern over a lack of transparency in communication after tragic events.

Education, Training, and Awareness

- Many students, staff and faculty report having limited knowledge about mental health, how to support student mental health, and how to have conversations about mental health and well-being. Training for identifying mental health issues and referring to appropriate services is needed across all members of the community.
- Community members recognize the need to increase education, information, and conversations about mental health to encourage help seeking behaviour and to reduce the stigma associated with mental illness.

- Students shared how significant - positive or negative - the impacts of interactions with staff and/or faculty are on their mental health and well-being.
- Though some progress was described resolving conflict in graduate student-supervisor relationships, these were emphasized as pressure points for graduate students.

Services

- Concerns about waitlists for initial assessment appointments and follow-up appointments are an issue and may deter some students from help-seeking behaviours.
- There is concern about limits on the number of appointments available per student for counselling, and confusion about how these limits are determined and applied.
- Students feel concerned that fees for missed appointments could lead to being locked out from accessing services.
- The lack of after-hours resources on all three campuses for evenings and weekends is a large issue, especially for crisis situations.
- Same-day and extended service hours at tri-campus health centres is positive and students want more of those services.
- On-location (embedded) counselling and accessibility in Divisions, Faculties and Colleges is working well and there is desire for more.
- Pop-up or just-in-time counselling, such as the Robarts pilot during Spring exam season at St. George campus has been well received.
- Accessibility Services and Health Services struggle to meet demand on all three campuses.
- There remains a need for increased diversity in counsellors, broader mental health knowledge, as well as comprehensive education and training for the whole staff complement to increase their competencies on providing services to students from Indigenous, LGBTQ+, and racialized communities with intersecting identities. Not all students from underrepresented communities feel the current counselling options are adequate to support their needs and experiences.
- In addition to an increase in the diversity of mental health providers and training, students would also like to see an expansion of services beyond traditional Western medicine and availability of supports in their preferred language.
- Case management of complex student cases is an area of weakness.
- Staff (including front line providers) and faculty also experience mental health concerns, and need support around mental health as well.

Space

- Space constraints related to where mental health services are provided on each campus limits the Health & Wellness/Counselling centres' ability to expand services.
- Students, staff, and faculty noted that the physical locations of the H&W clinics on campus were often hard to find, were dark, poorly light and lacked comfortable furniture or greenery. This enhanced their perception that mental health is not a priority at UofT.
- Privacy is an issue in clinics due to lack of space for confidential intake and triaging.

- All three campuses – especially UTSC and UTM – lack wellness spaces, non-study lounge space where students could socialize, build connections, hold peer programming, and rest between classes and academic activities.

Partnerships

- The University works with community organizations and hospitals to provide the best possible supports, services, and expertise to meet the diversity of student needs represented (e.g. long-term care and complex cases).
- Community services are often overburdened and perceive that the University is better resourced, so they tend to refer students back to U of T mental health services for care, when community supports may be more appropriately matched to the students' needs.
- Models where partners provide counselling services on campus for groups and individuals are well received.
- Students and staff note barriers and issues with accessing off-campus resources: resource lists can be confusing, long wait times for referrals and/or getting an appointment, location and transportation to off-campus resources, hours of care, matching care with need, follow up to make/attend appointments, financial constraints for private services, time, etc.
- The St. George campus benefits from proximity to downtown hospitals, but that is more challenging for UTM and UTSC given their geographic location and catchment areas of students.
- The University should consider enhancing and expanding partnerships with organizations that reflect and support the diversity of students.

Culture at U of T

- U of T's culture of excellence can lead to intense competition and negative impact on well-being for some. Competition to 'get in' is expected, but competition to 'stay in' is problematic.
- Some students do not feel they are supported or that the University cares about their mental well-being.
- The University should continue to expand the notion of excellence to include wellness (not just research and academics) – become a 'community of care'.
- Students face a heavy academic workload and some perceive structures as punitive when they do not excel. Academic struggle or failure (POSTs, exams, grades, etc.) without a community of support can be a challenging combination for student mental health.
- Students, staff, and faculty expressed the importance for the University to shift from a reactive to a proactive approach to mental health. This feedback included integrating wellness programming and personal skills building into core student experiences.
- Feedback underscored the importance of a "whole campus" approach to supporting student mental health (in which all community members are informed about mental health, share mental health information, and are engaged in efforts to support student mental health).

Isolation & Loneliness

- Students' determination to work harder because of U of T's study culture can lead to more isolation.
- Some students have difficulty finding community on campus, due to not having time to adequately engage in social activities outside of all their other commitments.

- Emphasis for graduate students on the issues of isolation and loneliness impacting mental well-being due to time spent in labs for STEM, and writing for arts & humanities, especially during later stages of their programs.
- Imposter syndrome is experienced by many students who are high-achieving and feel a need to measure up academically to meet what can seem like unrealistic expectations.

Added stressors on mental health

- Financial insecurity is a common stressor for U of T students, including recent changes to OSAP, costs of education, cost of commuting, high cost of living in the Toronto-region, and working part-time.
- Students shared that demands beyond classes (like working, commuting, family obligations, extra-curricular activities) impact their mental health and well-being.
- International students and/or first-generation students face unique additional stressors, including lack of family support, financial burdens, fear of failure, etc., that are compounded by a fear of losing their visas/status in country. Additionally, counsellors may not speak their primary language or these services may not be culturally aligned.
- Graduate students emphasized the impact of the student-supervisor relationship and their desire for more University services and resources in this area.
- Students who do not live close to campus or who are away from the University (e.g. study abroad, in placements, or doing fieldwork) face increased challenges accessing mental health resources and supports.
- Students also noted additional stressors like food insecurity, the climate crisis, political environment, job market changes, and the Toronto-region housing and rental market.

Institutional systems & policies

- Students face systemic issues of bureaucratic processes causing barriers, in part because access and processes are not streamlined. For example: there are different processes at each campus for accessing mental health services; students described issues with verification of illness forms (VOI); and the communication systems for appointments and websites are unclear, including the application process for appointments/referrals.
- Intake processes and forms are viewed as arduous, and issues with referrals create compounding challenges for some students: losing time, feeling of being shuffled around, and experiencing stress and anxiety of having to repeat their story to multiple people.
- There is concern that the University Mandated Leave of Absence Policy (UMLAP) fosters stigma around mental illness at the University and creates a barrier to student seeking support for mental health.
- Complex cases in which students need immediate care and connection with services can be complicated by U of T's organizational structure and silos.
- Across the three campuses, there may be an inconsistent approach to cases involving Ontario's Form 1 ("Application by Physician for Psychiatric Assessment") as well as apprehension under the Mental Health Act, and therefore there is a desire for the University to undertake procedural review of how such cases are handled.
- There are discrepancies in benefit packages for students depending on their campus, and whether they are graduate or undergraduate, full-time or part-time. Many students are not aware of these benefits, how to access them, or that benefits are determined by their student unions or bargaining unit (including Teaching Assistants and Post-Doctoral Fellows).

- Some academic policies and processes are cumbersome and perceived as punitive, especially if a student is experiencing mental health/illness challenges.

Appendix C: Task Force Terms of Reference



Presidential and Provostial Task Force on Student Mental Health Terms of Reference - April 2019

Context

The University of Toronto strives to foster a caring and supportive educational environment that supports all aspects of student learning, undergraduate and graduate. Our community, individually and collectively, shares a commitment to mental health, wellbeing, and intellectual development. This shared value is foundational to creating an environment that enables all members to thrive.

In a [letter to students, staff and faculty on March 28](#), President Gertler announced that the University will implement a four-part plan of action on student mental health and wellness: 1) convene a Presidential and Provostial Task Force on Student Mental Health; 2) utilize the Undergraduate Student Educational Experience (USEE) Expert Panel and School of Graduate Studies (SGS) consultations on student experience to provide a foundation to enhance the culture of support for students; 3) engage with our partners in the health system in the Toronto region to better serve students with mental illness; and 4) redouble efforts to impress upon the provincial government the need to provide significantly more resources for university student mental health.

Young adults are experiencing higher levels of stress and reporting higher rates of mental health challenges in recent years. Health Canada reports that 20% of Canadians will experience mental health issues in their lifetime, and that 70% of mental health problems and illness onset occurs during childhood and adolescence – before the age of 25 (Health Canada 2006). In Ontario, approximately 80% of people aged 18-24 attend college or university, highlighting the prevalence of mental illness at post-secondary institutions due to the common age of onset (OUCHA 2017). And, Health Canada reports that suicide is among the leading cause of death in 15-24 year old Canadians. Mental health challenges greatly exacerbate other challenges students commonly face at this stage in life – their first encounter with the demands of post-secondary studies, and for some, their first experience of living away from home.

In response to these challenges, we have been working steadily to address the needs of our students across our three campuses through collaborative partnerships with on-campus and external community partners. Through the U of T [Student Mental Health Framework](#), launched in 2014 under the leadership of the Provost following extensive consultation with the University community, we have made progress on several fronts, including the addition of ten new on-site Counsellors in Colleges and Faculties, as well as ten new on-site Accessibility Advisors over the past two years. However, despite the Provost's allocation of these additional resources, we have not yet managed to meet the overwhelming increase in demand; on the St. George campus alone, from 2013-14 to 2018-19, the number of students registered with Accessibility Services with a mental health disability has more than doubled.

As a complement to ongoing initiatives, and as a key part of the President's four-point plan, the President and Provost are convening a *Task Force on Student Mental Health* to further our shared commitment to creating an environment at U of T that enables all students – including those experiencing mental illness – to thrive.

We encourage academic divisions to form their own working groups to look at localized issues of student mental health and wellbeing; the findings from these working groups will feed into and inform the work of the Task Force.

Mandate

The Presidential and Provostial Task Force on Student Mental Health will consult with students and other stakeholders in our community to review existing services and programs related to student mental health, and to explore potential new solutions in this area. The Task Force will:

- Review mental health service delivery at the University and make recommendations for strengthening such services, particularly with regard to students with mental illness;
- Review the coordination of student supports related to mental health across the University's three campuses and make recommendations for improving internal coordination;
- Review partnerships with community-based organizations and hospitals and make recommendations for strengthening such external partnerships; and, Consider the physical spaces in which mental health services are provided on all three campuses and recommend improvements as necessary.

Membership

Chair:

Professor Trevor Young, Vice-Provost, Relations with Health Care Institutions and Dean of the Faculty of Medicine

Senior Assessors:

- Professor Sandy Welsh, Vice-Provost, Students
- Professor Joshua Barker, Vice-Provost, Graduate Research & Education and Dean of the School of Graduate Studies

Project Support:

Staff members in the Office of the Vice-Provost, Students will provide project support for the Task Force.

Members*:

The President, Provost, and Chair invite nominations of students, staff and faculty to join the Task Force. In addition to the Chair, the composition of the Task Force will include:

- Four students (one graduate, one professional, two undergraduate);
- Three faculty members; and
- Three administrative staff members.

Task Force members will have research, scholarly, and/or professional or volunteer experience related to issues of mental health.

Timeline

The Task Force will begin its work immediately and will consult widely among individual members of the University community and all stakeholder groups, especially students. The Task Force will present its findings and recommendations to the President and Provost by December 2019.

** Note membership composition updated in May 2019. Two additional members added: 1 undergraduate student and 1 administrative staff member.*

Appendix D: Task Force Membership

Chair

Trevor Young, Vice-Provost, Relations with Health Care Institutions and Dean of the Faculty of Medicine

Students

Egag Egag, MSW Student, Factor-Inwentash Faculty of Social Work

Jayson Jeyakanthan, University of Toronto Mississauga

Corey McAuliffe, PhD Candidate, Dalla Lana School of Public Health

Aurora Nowicki, Faculty of Applied Science and Engineering

Faculty

Chloe Hamza, Assistant Professor, Applied Psychology & Human Development, Ontario Institute for Studies in Education

William Ju, Associate Professor, Teaching Stream, Human Biology Program, Faculty of Arts & Science

Ruth Ross, Chair and Professor, Department of Pharmacology and Toxicology, Faculty of Medicine

Administrative Staff

Elsie Obeng-Kingsley, Student Welfare Case Coordinator, University of Toronto Scarborough

Melinda Scott, Dean of Students, University College, University of Toronto

Sherry Yuan Hunter, Associate Registrar, Student Success, University of Toronto Mississauga

Senior Assessors:

Joshua Barker, Vice-Provost, Graduate Research & Education and Dean of the School of Graduate Studies

Sandy Welsh, Vice-Provost, Students

Task Force Support

In addition to the Task Force core membership, Bonnie Kirsh, Professor, Department of Occupational Science and Occupational Therapy, Faculty of Medicine, and Caroline Rabbat, Director, Critical Incidents, Safety & Health Awareness, Faculty of Arts & Science, served as Outreach and Engagement Co-leads. They chaired the in-person outreach and engagement sessions that took place throughout the summer and fall.

Staff members in the Office of the Vice-Provost, Students provided support for the Task Force: Katie Bobra, Assistant Director, Health Promotion and Strategic Projects; Jeff Burrow, Manager, Assessment & Analysis, Student Life; and Cheryl A. Gibbs, Assistant Director, Office of the Vice-Provost, Students (Lead Project Manager).

Appendix E: PDAD&C Memos

[Memo 1: Presidential & Provostial Task Force on Student Mental Health \(PPTFSMH\) Call for nominations \(PDAD&C#72, April 3, 2019\)](#)

OFFICE OF THE VICE PRESIDENT & PROVOST

PDAD&C #72, 2018-19

From: President Meric Gertler
Cheryl Regehr, Vice-President & Provost

Date: April 3, 2019

Re: **Call for Nominations – Presidential & Provostial Task Force on Student Mental Health (PDAD&C#72)**

In a [letter to students, faculty, and staff on March 28](#), President Gertler announced that the University of Toronto will implement a four-part plan of action on student mental health and wellness: 1) convene a Presidential and Provostial Task Force on Student Mental Health; 2) utilize the Undergraduate Student Educational Experience (USEE) Expert Panel and School of Graduate Studies (SGS) consultations on student experience as a foundation for enhancing the culture of support for students; 3) engage with our partners in the health system in the Toronto region to better serve students with mental illness; and 4) redouble efforts to impress upon the provincial government the need to provide significantly more resources for university student mental health.

To initiate part one of the action plan, we are writing to call for nominations for the **Presidential & Provostial Task Force on Student Mental Health**. We recognize that end of term is a very busy time of year, but also know that this cannot wait. The Task Force will build upon the progress underway on the priorities identified in the [Student Mental Health Framework](#). The full mandate of the Task Force is outlined in its [Terms of Reference](#), available on the Provost's website.

The Task Force will be chaired by Dr. Trevor Young, Vice-Provost, Relations with Health Care Institutions and Dean of the Faculty of Medicine. Senior assessors to the Task Force will be Professor Sandy Welsh, Vice-Provost Students, and Professor Joshua Barker, Vice-Provost, Graduate Research and Education, and Dean of the School of Graduate Studies. In addition to the Chair and Assessors, the composition of the Task Force will include:

- Three students (one graduate, one professional, one undergraduate);
- Three faculty members; and
- Two administrative staff members.

Nominations (including self-nominations) may be submitted via online form <https://forms.provost.utoronto.ca/mental-health-task-force-nominations/> by **April 24, 2019**. Nominees should have research, scholarly, and/or professional or volunteer experience related to issues of mental health.

The Task Force will begin its work immediately and will consult widely among all stakeholder groups in the University community, especially students. The Task Force will present its findings and recommendations to the President and Provost by December 2019.

Questions about the Presidential & Provostial Task Force on Mental Health may be directed to Cheryl Gibbs, Assistant Director, Office of the Vice-Provost Students, who will be providing support to the Task Force, at studentmentalhealth@utoronto.ca.

[Feeling distressed? Find someone to talk to right now](#) – and if there is an immediate risk, call 911.

The following are some of the mental health services available to students on all three campuses:

Downtown Toronto: [Health and Wellness Centre](#) (416-978-8030), located at [Koffler Student Services](#)

U of T Scarborough: [Health & Wellness Centre](#) 416-287-7065

U of T Mississauga: [Health & Counselling Centre](#) 905-828-5255

Round-the-clock support

Free 24/7 support is available outside the university. Students, staff and faculty can speak to a trained crisis worker at any hour of the day.

[Good 2 Talk](#) 1-866-925-5454

[Gerstein Crisis Centre](#) 416-929-5200

[Distress Centres of Greater Toronto](#) 416-408-HELP (4357)

The Centre for Addiction and Mental Health at [250 College Street](#)

[Anishnawbe Health Toronto Mental Health Crisis Line](#) 416-360-0486

[My SSP for U of T Students](#) 1-844-451-9700. Immediate support is available in 35 languages and ongoing support in 146 languages.

Appointed faculty and staff have access to the [Employee & Family Assistance Program \(EFAP\)](#), offered through Homewood Health, online and by phone at 1-800-663-1142.

For the following memoranda please see links to the Provost's Memo website:

[Memo 2: PPTFSMH Membership Announcement and Draft Outreach & Engagement Plan \(PDAD&C#90, May 31, 2019\)](#)

[Memo 3: PPTFSMH Outreach & Engagement Plan – Online Consultation Phase 1 \(PDAD&C#4, July 12, 2019\)](#)

[Memo 4: PPTFSMH Outreach & Engagement Plan – Phase 2 \(PDAD&C#12, September 5, 2019\)](#)

[Memo 5: PPTFSMH Outreach & Engagement Plan – Phase 3 \(PDAD&C#23, November 7, 2019\)](#)

Appendix F: Outreach & Engagement In-Person Sessions

The Task Force's in-person Outreach & Engagement sessions occurred from August through November 2019. Below is a listing of the focus groups and open sessions. In addition to the sessions listed below, the Task Force participated in welcome day events across the three campuses on September 3, 2019 (UTM, UTSC, and School of Graduate Studies), and UFEST: Street Festival on the St. George campus on September 11, 2019. Please see details and the full [Outreach & Engagement Plan](#) on the Provost's website.

O&E Sessions	Date
Accessibility Services staff - St. George	August 13, 2019
St. George Deans of Students groups	August 13, 2019
Student Crisis Response & Student Progress and Support Team	August 13, 2019
UTM senior leadership & administration	August 15, 2019
Health & Counselling staff - UTM	August 15, 2019
Accessibility Services staff - UTM	August 15, 2019
University of Toronto Mississauga Students' Union (UTMSU)	August 15, 2019
Health & Wellness Staff - UTSC	August 20, 2019
Scarborough Campus Students' Union (SCSU) Exec team	August 20, 2019
Accessibility Services staff - UTSC	August 20, 2019
Registrars across the University - 2 concurrent sessions	August 22, 2019
Campus Police - all campuses	August 22, 2019
Equity Officers on all three campuses	August 22, 2019
Health & Wellness staff - St. George	August 27, 2019
St. George Student Life senior administrators	August 27, 2019
School of Graduate Studies (SGS) and senior graduate administrators	August 27, 2019
Health & Wellness management team - St. George (by invitation)	September 10, 2019
St. George College Society student leaders	September 10, 2019
Indigenous Student Services & Indigenous Initiative Office	September 10, 2019
University of Toronto Students' Union (UTSU) Exec Team	September 10, 2019
Association of Part-time Undergraduate Students (APUS) Exec Team	September 10, 2019
Tri-campus Residence & Commuter Dons (upper year)	September 12, 2019
Graduate Business Council (GBC) & Students' Law Society (SLS)	September 12, 2019

Dental Students' Society (DSS), Medical Society (MedSoc), Nursing Undergraduate Society (NUS), Undergraduate Pharmacy Society (UPS), Occupational Therapy & Physical Therapy Graduate Students Council (OT/PT) <i>note: note all societies could attend, some submitted written feedback</i>	September 12, 2019
Engineering Society (EngSoc), Kinesiology and Physical Education Undergraduate Association (KPEUA), Faculty of Music Undergraduate Association (FMUA), Architecture and Visual Studies Students' Union (AVSSU) <i>note: note all societies could attend, some submitted written feedback</i>	September 12, 2019
FAS Conference - Undergrad Students session	September 17, 2019
FAS Conference - Graduate Students session	September 17, 2019
UTSC Chairs and Academic Directors (CAD) (by invitation)	September 18, 2019
In-person open consultations at UTSC x 3 (staff, students, faculty)	September 18, 2019
In-person open consultations at UTM x 3 (staff, students, faculty)	September 19, 2019
In-person open consultations at St. George x 3 (staff, students, faculty)	September 24, 2019
Graduate Student Advisory Committee (GSAC) & Grad2Grad	September 26, 2019
Provost's Undergraduate Student Advisory Group (PUSAG)	October 1, 2019
UTSC senior leadership & Student Welfare Committee	October 8, 2019
University College Literary (UCLIT) (by invitation)	October 17, 2019
University College Council (by invitation)	October 18, 2019
Hart House staff (by invitation)	October 28, 2019
Phase 3: Innovation Hub Pop-Up events x 5 (St. George, UTM, & UTSC)	November 11 – 15, 2019
International Student Experience Advisory Committee (ISEAC) (by invitation)	November 18, 2019
Students for Barrier-Free Access (SBA)	November 26, 2019

Appendix G: Outreach & Engagement Online Forms

Consultation Online Form: Feedback on Draft Outreach & Engagement Plan

Community members were asked to review the Task Force's Terms of Reference and the Draft Outreach Engagement Plan and provide comments. This form was open from May 31 and June 21, 2019.

Questions:

- 1) In addition to the items outlined in the Draft Outreach & Engagement Plan, what additional ways could the Task Force consult with University of Toronto students, staff, and/or Faculty?
- 2) What are the most important questions for the Task Force to ask during their online and/or in-person consultations?
- 3) Please indicate your affiliation with the University of Toronto (student, staff, faculty, other)

Consultation Online Form: Phase 1 & 2

The questions asked in the Online form for Phase 1 & 2 also informed the basis on conversation in the in-person focus groups and open sessions. Participants were asked to review the Task Force terms of reference and mandate. This form was open from July 12 – October 15, 2019.

Questions:

1. Tell us about your experience/impressions with the University's mental health service delivery (accessibility, timing, quality, etc.).
2. What are your experiences/impressions with the coordination of student mental health supports across the three campuses (if applicable)? Do they meet your expectations?
3. The University would like to continue to strengthen and broaden partnerships with community health organizations. Do you have any suggestions for the Task Force in this area?
4. Please provide any comments on the physical spaces in which mental health services are provided for students on the three campuses - in central clinics and on location (at divisions/colleges) counsellors.
5. Please provide any additional feedback that you would like to share that you think would be relevant to the work of the Task Force.
6. Please indicate your affiliation with the University of Toronto (student, staff, faculty, other)
7. Please indicate your campus affiliations (UTSG, UTM, UTSC)

Consultation Online Form Phase 3

Phase 3 of the Outreach & Engagement plan involved sharing a *Draft Summary of Themes* from Phase 1 & 2 consultations. The Task Force asked the community to review the Draft and provide any additional feedback. ***"This is what we heard: did we miss anything?"*** This form was open from November 7 – November 25, 2019.

Questions:

1. What aspect(s) of the Draft Summary of Themes resonates the most with you?
2. What, if any, aspect(s) of the themes do you think is missing/and or misstated?
3. Please provide any additional feedback that you think would be relevant to the work of the Task Force.
4. Please indicate your affiliation with the University of Toronto (student, staff, faculty, other)
5. Please indicate your campus affiliations (UTSG, UTM, UTSC)