

Reframing Accessibility to Improve Access to Campus Mental Health Services

by

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ABSTRACT

The ability for post-secondary institutions to create safe and inclusive communities, identify mental health issues early, and provide effective resources and support to all students requires a shift in perspective. This paper employs a human-centred service design approach, and proposes that by looking at the issues of student mental health through the lens of accessibility, campuses across Ontario can better meet the needs of students, support academic success, and positively impact the lives of young people. Combining Service Design methods with Futures and Systems Thinking, this study concludes that by focusing on the issues of mental health accessibility post-secondary institutions can facilitate better access to mental health services for students. This exploratory research positions the issue of campus mental health within the context of accessibility and offers a set of design principles and a road map to change that supports the ongoing work happening at OCAD University.

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INTRODUCTION

As reported by Health Canada, most mental illnesses occur during adolescence and young adulthood. With this in mind it is easy to see why university and college campuses are becoming an integral part of Ontario's broader Mental Health Strategy, and why in 2013 Queen's Park committed \$27 million specifically to better address the needs of young people. Moreover, in order for the province to achieve its vision of an Ontario where "every person enjoys good mental health and well-being throughout their lifetime, and where all Ontarians with mental illness or addiction can recover and participate in welcoming, supportive communities" (Government of Ontario, 2011) colleges and universities must play a leading role in creating safe and inclusive communities, identify mental health issues early, and provide effective resources and support to all students.

As part of a faculty led research project I had the opportunity to join a research team looking at the overall service design for the Health and Wellness Centre at

OCAD University. Through this research we focused primarily on the students' journey to accessing the support and services that they needed. We paid specific attention to the ways in which the Health and Wellness Centre was currently interacting with students, and identified possible interventions intended to allow the Centre to reach students more effectively.

The findings of this initial study were published in *Touchpoint*, a peer-reviewed publication for service design. The focus of my Major Research Project builds on the team's earlier work and carries our service design approach through to completion. For that reason, the findings of the team's earlier work are also included in this paper.

This research deepens our understanding of the student experience to access mental health, explores the various systems that impact a comprehensive campus mental health strategy, and identifies key shifts that have the potential to impact the future of student mental health. The result of this research is a proposed innovation that is both sustainable and possibly scalable across the province.

Over the last ten or so years much has been written about mental health issues in our country, and great improvements have been made. However, one in five Canadians experience some form of mental illness each year, and young people aged 15-25 make up the largest percentage of those affected (CAMH, n.d.).

More specifically, based on the American College Health Association – National College Health Assessment (ACHA- NCHA-II):

- 23 percent of Ontario university and college students reported that they “felt that things were hopeless” in the last twelve months,
- 18 percent reported that they “felt so depressed that it was difficult to function”,
- 21 percent reported that they “felt overwhelming anxiety”, and
- 6.5 percent of students reported that in the last twelve months alone they “have seriously considered suicide”.

Post-secondary institutions can play an important role in supporting those students who experience some form of mental illness, but perhaps more importantly they are uniquely positioned to positively impact the mental health, and ultimately the lives, of all students. By enhancing access to mental health services, and ensuring that these services are designed with all help-seekers in mind, our universities and colleges can teach young people important skills such as stress management, coping techniques, and how to strive for balance in their lives. These are important skills related to academic success, but also to overall mental wellness.

Through this research, and as described in this paper, I discovered that there is a great deal of good work being done by individual institutions as well as various groups who are dedicated to supporting students and young people. This work is guided by a clear vision for what mental health services could look like in our province, and is made possible through investments recently made to move us towards achieving that vision.

OCAD University was an ideal institution to conduct this research because in 2011 the University began the process of developing a mental health strategy, demonstrating its commitment to addressing student mental health needs.

The OCAD University Mental Health Steering Committee was established by a group of committed staff, faculty and students and funded by a provincial grant through the Ministry of Training, Colleges and Universities, Mental Health Innovation fund. As part of their mission, the committee committed to using Design Thinking to inform the University's overall strategy and specific interventions (Bronstein, 2014). This provided a platform to conduct our design research, and allowed us to leverage some of the other work being done on Campus around student mental health including a series of three "open dialogue" events intended to gain insight from students, faculty, and staff about mental health on campus. Not surprisingly OCAD University also utilized art-based approaches to raise awareness, reduce stigma and provide students with a creative outlet to express what mental health means to them (Bronstein, 2014).

The committee established four pillars that were used to guide its work:

- 1) Curriculum and pedagogy
- 2) Programs and services
- 3) Awareness, education, and training
- 4) Policies and procedures

My research is intended to support the committee's work and specifically asks the question: How might we improve access to mental health services on campus? At the outset I thought my work would focus on the programs and services available, but the findings of my research reaffirm the importance of all four pillars. In this report I propose a holistic approach to improving access. Drawing comparisons to the work that has been done around improving accessibility for students with disabilities I put forward a framework around mental health accessibility. This framework is intended to support the work of the steering committee, and catalyze change around student mental health at OCAD University.

BACKGROUND

The literature review for this project is was framed around four (4) major themes:

1. Public policy in Canada and Ontario related to mental health
2. Student Mental Health
3. Frameworks for student mental health
4. Accessibility

1. Public policy in Canada and Ontario around mental health

Much of the attention that has been paid to mental health and improving mental health services in Canada stems from the 2006 publication of *“Out of the Shadows at Last”*. In this report The Standing Senate Committee on Social Affairs, Science and Technology, led by The Honourable Michael J.L.Kirby, Chair and The Honourable Wilbert Joseph Keon, Deputy Chair used first person accounts to highlight the challenges faced by Canadians around their mental health, mental illness and addictions. The submissions received by the committee highlight feelings of confusion and frustration around the type of services available, a lack of knowledge and compassion, and many examples of stigma and discrimination (Government of Canada, 2006).

In this report the Senate Committee developed specific recommendations intended to inform the work of institutions, service organizations and various groups that are working to improve the lives of individuals living with mental illness in Canada, and put forward a vision for mental health and wellness that places Recovery at the centre of Canada’s mental health strategy. As the report states:

“Recovery is not the same as being cured. For many affected individuals, recovery constitutes living a satisfying, hopeful, and productive life even with the limitations caused by mental illness; for others, recovery means the reduction or complete remission of symptoms related to mental illness.”

In a Recovery based approach individuals living with mental illness, whenever possible, are involved in the decision making process around the types of services that are available and the delivery of those services. This is an active process, and each person’s path to recovery will be different based on the help and support that they receive from family, friends, their community, and when necessary, professional intervention. As mentioned above, Recovery is not seen as an end point but rather as a process that enables the individual to reach their full potential.

One of the key recommendations that came out of the Senate Committee’s work was the establishment of the **Mental Health Commission of Canada (MHCC)**. Once again under Kirby’s leadership, the MHCC published “*Toward Recovery and Well-being: A framework for Mental Health in Canada*” (Mental Health Commission of Canada, 2009). The framework lays out seven goals intended to inform Canada’s mental health strategy.

Goal 1: People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.

Goal 2: Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.

Goal 3: The mental health system responds to the diverse needs of all people in Canada.

Goal 4: The role of families in promoting well-being and providing care is recognized, and their needs are supported.

Goal 5: People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs.

Goal 6: Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.

Goal 7: People living with mental health problems and illnesses are fully included as valued members of Canadian society.

From this framework the MHCC developed *Changing Directions, Changing Lives*. This strategy document builds on the goals outlined in the 2009 document and articulates six strategic directions that together form the blueprint for a changed mental health system in Canada.

The specific strategic directions put forward by the MHCC are not individually relevant to this project, but the Commission does stress the importance of Mental Health across the lifespan in homes, schools and workplace, prevention of mental illness and suicide wherever possible, and articulates that to be effective we must provide access to the right combination of services treatments and supports when and where people need them.

As the MHCC learned from their earlier work, mental health is not restricted to the health sector alone and *Changing Directions, Changing Lives* recognizes the role that various parts of government (education, justice, corrections, social

services and finance) play in ensuring that the appropriate policies are in place, and makes clear that workplace, non-governmental agencies, and well as the general public have an impact on the mental health of Canadians.

Moving from the federal level of government to focus specifically on Ontario's mental health strategy we turn to *Every Door is the Right Door*. This document builds on the MHCC framework and lays out our Province's 10-Year Mental Health and Addictions Strategy.

With a stated Vision that, "every Ontarian enjoys good health and well-being, and Ontarians with mild to complex mental illness and/or addiction live and participate in welcoming, supportive communities", (Government of Ontario, 2009) the strategy establishes four goals:

1. Improve health and well-being for all Ontarians
2. Reduce incidence of mental illness and addiction
3. Identify mental illness and addictions early and intervene appropriately
4. Provide high quality, effective, integrated, culturally competent, person-directed service and supports for Ontarians with mild to complex mental illness and/or addictions.

This report acknowledges the complexities of the mental health system and proposes seven directions that are designed to work together to ensure that every door is the right door for people with mental illnesses and/or addictions to find the support and services they need. Because student mental health is an important part of the overall strategy it is important that any proposed intervention support these goals and the proposed strategic directions can help to inform some of our thinking.

The seven directions are:

1. Act Early
2. Meet people on their terms
3. Transform the system
4. Strengthen the Mental Health and Addictions Workforce
5. Stop stigma
6. Create Healthy Communities
7. Build Community Resilience

It is through the integration of services across sectors, and with strong collaboration across the broad system, that the authors of this strategy believe Ontario will achieve their stated goals. The desired future state includes a system that provides real choice for people to access the services and supports they need, where they need them, and when they need them. The proposed transformed system will place the individual at the center. Coordinated, integrated and effective mental health and addiction services will revolve around the individual, and people will be able to move in and out of the system seamlessly. Services and supports will be easier to find and accessible through a variety of channels.

For students one of the entry points into the system is the Health and Wellness Centres on campus. If we are going to effectively integrate the work happening on campus to support young people it is important to understand the goals of the broader system and the policies that are currently in place. In doing so we can better understand some of the barriers and identify opportunities for improvement and innovation.

2. Student mental health

As we move from the policy level to post-secondary institutions specifically, a number of groups put forward submissions to the Ministry of Health and Long-Term Care (MOHLTC) in response to the *Every Door is the Right Door* report that specifically address the key issues for students and articulate their unique needs around mental health services.

The response from the **Council of Ontario Universities (COU)** for example speaks to the increase in the number of students living with mental illness currently enrolled at post-secondary institutions. Based on the literature, it is not totally clear why this increase has occurred, but this report suggests that it could be due to increased effectiveness of medication, the power of early diagnosis and intervention, and efforts made to reduce the level of stigma associated with mental illness. Improvements in these areas may make post-secondary education possible for individuals who until recently may not have seen that as an option for them.

Furthermore, this report highlights the services—Access Offices for Students with Disabilities, Counseling Services and Health Services—that are available on university and college campuses and the important role that they play in supporting students.

Each of these offices plays a slightly different role, but it is clear from this report that the current structure on many campuses is not effectively able to respond to the seven strategic directions laid out in *Every Door is the Right Door*. Funding models, organizational structures, faculty training and development, and the evolving student population are just some of the barriers that post-secondary

institutions must overcome if they are going to be able to meaningfully promote student mental health and effectively support students living with mental illness.

Similarly, the **Ontario College Health Association (OCHA)** developed a response that articulates the crucial role that colleges and universities play as partners in a comprehensive mental health strategy. Once again recognizing the fact that most mental illness presents in individuals between the age of 15-24, university and college students are a key population, and post-secondary institutions play a vital role in addressing their mental health needs. Not only are university and college students statistically more likely to suffer from mental illness, but the social and academic demands placed on college and university students make these young adults especially vulnerable.

With early intervention at the forefront of the province's comprehensive strategy it is imperative that college and university campuses are well equipped to identify students at risk, and are able to respond appropriately with the services, support, and guidance required.

In addition to addressing the needs of students with mental illness, universities and colleges have a unique opportunity to promote mental, and physical, health across campus. Health promotion plays an important role in the prevention of mental health problems. The facilities that exist on most campuses, as well as the efforts of dedicated staff, allow post-secondary institutions to implement broad health promotion initiatives and disseminate evidence-based information intended to contribute to life long health..

Finally, **The Association of Canadian Community Colleges** sponsored a study by the Canadian Council on Learning that focused on the pivotal role of

student services specifically. Not only does this report stress the role that student services play, but it proposes a shift in focus from a system that primarily attends to individual student's health to one that addresses the broader campus health through a holistic, community-based approach.

While this report does not deal exclusively with mental health issues it is clear that through the creation of a healthy campus post-secondary institutions can best address the health needs of its students, including student mental health. Not only are healthy campuses better equipped to address the needs of students with mental illness but a healthy campus community also takes steps to reduce stigma associated with mental illness and supports students' overall wellness and learning.

Each of these groups put forward sets of recommendations intended to help guide university and colleges in the development of meaningful policies and procedures around campus mental health. For the most part these recommendations are consistent with Ontario's overarching strategy and reiterate the importance of raising awareness and reducing stigma, addressing mental health concerns early, providing support and services that are meaningful to students, and creating an integrated and coordinated system.

While these are positive developments, and important steps to improving the mental health of students, research conducted out of the University of Michigan suggests there are substantial unmet needs (Eisenberg, Golberstein & Gollust, 2007). In fact this study revealed that among those students who screened for mental health issues only 45 percent accessed services. Recognizing this data is more than eight years old perhaps the percentage of help-seekers accessing services has improved, but unfortunately the identified barriers to access and

the factors that led to students not receiving the type of services that they need remain relevant today. The students who participated in this study reported financial constraints - even though more than 95% of students had coverage, knowledge of services, concerns about privacy, and lack of time as barriers to access. Moreover the researchers identified that there remains a high level of skepticism around the effectiveness of therapy and medication, stigma, and perhaps most importantly lack of perceived need as limiting factors (Eisenberg, Golberstein & Gollust, 2007).

The significance of stigma as it relates to mental health is well documented. Patrick Corrigan for example has written a number of papers on the detrimental effects that both public and self-stigma can have on an individual (Corrigan, 2002). As Dr. Corrigan and his colleagues describe, stigma around mental health stems from the attitudes and beliefs held about people with mental health issue or mental illness. These beliefs, compared to what is thought to be normal, often vary from culture to culture (Abdullah & Brown, 2011) and so in a city as diverse as Toronto it can be difficult for an institution like OCAD University to address all of the issues surround mental health related stigma.

As mentioned above, Corrigan differentiates between public stigma, which are the attitudes and beliefs held by others, and self-stigma which are the feelings that one has about their own mental health issues. While there are important difference in the two types of stigma, it can not be overstated that both are extremely detrimental and can significantly hinder help-seeking behaviour of students (Martin, 2010).

Another US based research engagement conducted by the **National Assembly on School Based Health Care** asked students what schools can to do to better

address the mental health needs of all students. The Assembly identified a set of key lessons that are relevant to this research and help us better understand the student experience:

- Confidentiality is important when helping students. While students understand that some information may need to be shared with other staff members they expressed the need for greater clarity around the kind of information that will be shared and with whom.
- Not surprisingly students are most likely to talk to adults they trust, regardless of their training, and staff-student interaction is critical to gaining the trust of students and making them feel supported.
- Regarding their overall mental health, students identified the many benefits of extracurricular activities such as stress reduction, increased self-esteem, and the development of important social skills.
- In addition to the basic principles of dignity and respect for diversity it was very important to students that staff be open to, and willing to learn more about students' backgrounds and cultures.

This report demonstrates the important role that schools play in reducing barriers to accessing mental health services, and highlights the need for additional staff training on mental health issues and policies. Moreover, we can see from this research that a positive school environment is critical to the mental health of all students. Of course the most important lesson learned through these engagements is that each student has individual needs when it comes to their mental health, and we need to support students in a way that is meaningful to them.

3. Frameworks for student mental health

In 2011 the **Canadian Association of College and University Student Services (CACUSS)** hosted a conference in Toronto titled, *Student Mental Health: A call to Action*. In preparation for those meetings Dr. Gail MacKean published *Mental Health and Well-being in postsecondary education settings: A literature and environmental scan to support planning and action in Canada*. This paper was incredibly helpful in guiding my research. Specifically it provides a comprehensive review of the Mental Health Models most commonly used on university and college campuses not only in Ontario but around the world.

Before examining the three of the frameworks described a little later in this section it is important to highlight the 2013 report also published by CACUSS: *Post-Secondary Student Mental Health: Guide to a Systemic Approach*. This report presents a frameworks around student mental health that focuses on the environmental factors that lead to mental health issues, and places a greater focus on promoting overall health and wellness on campus as a way to mitigate against the risks of mental illness. The framework as seen below acknowledges that post-secondary institutions are not equipped to 'treat' all students' mental health issues and therefore presents a systemic approach to student mental health.

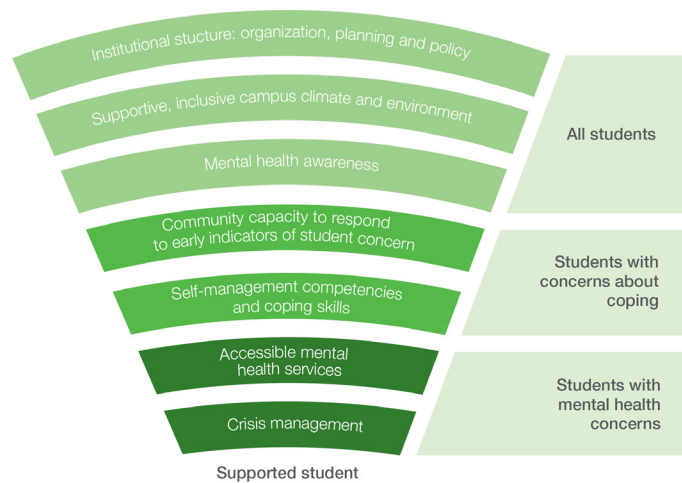


Fig 1: Framework for Post-secondary Student Mental Health (CACUSS, 2013)

This is an important framework, but as will be articulated later in this report, linking Accessible Mental Health Services to students with mental health concerns specifically may reinforce some of the barriers to access identified earlier and impede some students from accessing supports that could prove to be helpful to them simply because they do not see themselves as a student with a mental health concern. This is not to suggest that these services are only available to students with documented mental health concerns but from the students perspective this hierarchy suggests that these services are not for “all students”.

This is an important misconception that I will address later in this paper and put forward a strategy designed to ensure that all students know the full spectrum of services that are available on campus.

The three most common models of providing mental health services being used by post-secondary institutions as outlined by Dr. MacKean are:

1. *The National Association of Student Personnel Administrators (NASPA) Ecological Model* identifies student mental health as a key factor for academic success, and encourages administrators to carefully examine the institutions policies, procedures, and culture that exist on campus and the impact that they might have on student mental health.
2. *The Suicide Prevention Resource Center/JED Foundation's Comprehensive Approach Model* looks at specific risk factors around student mental health and targets interventions at those students who are most at risk of being a danger to themselves or others.
3. *The World Health Organization's (WHO) Healthy Universities/Campuses Model* takes a holistic approach to the issues of student mental health and suggests that universities and colleges must:
 - Create supportive environments
 - Strengthen community actions
 - Develop health services
 - Build healthy policy
 - Develop personal skills

Each of the three models make clear that student mental health is a significant concern for universities and colleges, but it remains clear that institutions still struggle to understand how they can most effectively support their students. In reviewing these models it appears that the consensus among Ontario post-secondary institutions is to strive for a balanced approach, along the lines of the WHO's Healthy Campus Model. This approach seems to have the greatest potential but as will be seen creates significant resourcing challenges within universities and colleges.

More recently the Centre for Innovation in Campus Mental Health commissioned an *Environmental Scan of Promising Practices and Indicators Relevant to Campus Mental Health* (CICMH, 2015). The report reiterates the fact that mental health services and programs vary greatly from campus to campus, and that there remains a lack of true evaluation of the effectiveness of these programs.

The CICMH utilizes the framework developed by CACUSS described earlier to evaluate various initiatives, recommendations, and programs that are currently in place including of course access to mental health services on campus. Overall the best-practices identified by CICMH are consistent in their approach: provide counselling services to students with identified mental health disabilities, raise the general level of awareness across campus, ensure that policies, procedures, and funding are in place to support student mental health, and create an environment where there is a commitment to positive campus mental health.

Once again, the problem with these best practices is that mental health services are linked only to students with “identified mental health disabilities”. This classification, and use of clinical language, is problematic because it may not resonate with some students, and may not be easily understood by others. Clearly the Health and Wellness Center will provide services to any student, but this kind of language creates a barrier to access because it suggests to students and all help-seekers that the services available are for students who have a disability.

4. Accessibility

Recognizing the barriers that linking services to disability create I decided to examine the issues of access to services from the perspective of accessibility. In the later stages of my research it was important to go back and conduct a subsequent literature review around the topic of accessibility as it relates to student mental health.

While the Accessibility for Ontarians with Disabilities Act (AODA), enacted in 2005, lists mental health related disabilities, it provides little guidance around how institutions should improve accesses to services for individuals. Similarly the Ontario Human Rights Code includes “a mental disorder” as an identified disability. This ensures that Ontarians aren’t discriminated as a result, however, the literature does not articulate specific standards related to mental health related disabilities (OHRC, 2012) and therefore institutions are left to develop their own procedures.

All post-secondary institutions have an Accessibility Plan in place as part of their requirements under the AODA and many institutions have published student handbooks intended to ensure that students with disabilities, including mental health related disabilities, are aware of their right to accommodation and the process by which to access these services. Generally speaking the accommodations that are most commonly offered to students include more time to complete assignments, some supportive services and the introduction of some coping skills such as time management (McCloskey & Meissner, 2013).

Dr. Mike Condra at Queen’s University, in collaboration with his colleagues at St. Lawrence College, recently released a student guide that provides students with

mental health disabilities with a comprehensive set of guidelines to access the support and accommodations that they might need, and establishes a set of standards for post secondary institutions in Ontario (Condra and Condra, 2015).

This work builds on the belief that we can learn a great deal from the progress that has been seen over the past 20 years in Ontario for students with learning disabilities. In that time, because of the types of accommodations that post-secondary institutions are making, these students have gone from “likely failure to likely success” (McCloskey & Meissner, 2013). By providing students with learning disabilities with the necessary accommodations they are able to achieve academic success, participate fully in the post-secondary school environment, and benefit from experiences that they might otherwise have missed.

By identifying effective accommodations Dr. Condra and his colleagues hope to see the same kind of success for students who are currently struggling to be successful in their post-secondary programs as a result of their mental health related disabilities.

There is good evidence to suggest that these students will benefit from the services available on campus. Dr. MacKean’s report and the Centre for Innovation in Campus Mental Health both cite that more than 50 percent of students who access mental health services report that the services available on campus enabled them to complete their course requirements (CICMH, 2015). These services, whether they were group sessions, individual counselling, or academic coaching led to better mental health for these students, which in turn led to better learning, academic success and more positive outcomes.

It is important to note that the self-advocacy commonly taught to students with learning disabilities or physical disabilities is not often taught around one's mental health. This is in part because the onset of mental health concerns is most likely to present while in post-secondary programs, and as mentioned above the high levels of stigma make it less likely for these students to self-advocate for the support that they need (Mowbray, et al., 2006).

In 2010 Carleton University in Ottawa launched the From Intention to Action (FIT: Action) program. Their mandate is:

... to prevent the academic failure of students who are experiencing significant stress during their post-secondary education, as well as to promote mental health and prevent distress from escalating towards mental illness. Therefore, the program aims to improve the mental health and learning strategies of these students on an ongoing basis.

Enrollment in the program is entirely voluntary but students do have to agree to participating fully in the program including an intake interview, weekly meetings and a formal assessment. The results of the program show that 91 percent of program participants completed post-secondary education within 7 years and 75% of these students reported that they are interested in enrolling in additional post-secondary degrees.

These are clearly very positive results for a group of students who might not have otherwise reached graduation but we know that only about 5% of students in Ontario are registered with The Offices of Students with Disabilities while the anticipated number of students who would benefit from these services are much higher (MOTCU, 2004). The requirements for entry into programs like FIT: Action

may be a significant barrier to entry for a number of students because of the kind of stigma described earlier that still exists. Furthermore, this program seems to be effective for students who already have a fairly high level of awareness about their personal mental health challenges but would likely not be the first point of entry for a help-seeker who was experiencing a first episode.

Accommodation clearly plays an important role in supporting students who are experiencing mental health challenges, but as I will expand on further in chapter 3 the policies in place mean that these formal accommodations are only available to students with a diagnosed mental health related disability, and must be requested by the student themselves. Based on the literature review alone it is easy to see how stigma around mental health in general and the barriers described by students specifically could result in many students falling between the cracks and not successfully accessing services that might prove to be helpful to them while enrolled in school.

It is my hope that this project highlights the importance of effectively communicating to all students that there are services available and intended to improve their mental health, regardless of where they feel they are along the mental health continuum. It is clearly an unintended consequence, but I worry that the language currently being used to describe the types of services available on campus is excluding many students simply because they do not, or do not want to, see themselves as someone with a mental health concern or issue.

The steps towards mental service innovation this research considers are in line with the “soft-service” approach. “Soft-services”, as described in conversation with my advisor Peter Jones are the “ambient information available and accessible before or between the touchpoints of service provision”. This may

include sense making tools for patient and other help-seekers, navigational resources, or peer support networks. I propose that by carefully considering the soft-services around mental health we can :

- Increase awareness
- Mitigate against prevailing stigmas
- Provide accessible and accurate information and communications
- Ensure service wayfinding is meaningful for all the stages of help

This approach holistically considers the ways we might support students in all the issues that surround student mental health. Focusing our interventions and innovations in this way has the potential to significantly improve access to mental health services on campuses like OCAD University and potentially at other post-secondary institutions as well.

METHODOLOGY

In collaboration with Karen Oikonen, a fellow student in the Strategic Foresight and Innovation (SFI) program at OCAD University a project and research methodology was developed that combines service design with foresight and systems thinking to identify and propose human-centred, viable, and sustainable innovations.

As a collaborator, Karen was involved in some of the primary research, synthesis of findings, and provided ongoing consultation throughout the project. Similarly, I worked closely with Karen on her MRP, *Bridging the Distance: Communication to Distance Family Members During Palliative Care*. While our user groups are different we felt that as vulnerable help-seekers they had a number of similarities, including the challenges of navigating a complex system, and addressing issues and concerns that many people are still uncomfortable discussing openly.

Design research is an evolving field (Sanders & Stappers, 2012), especially within a healthcare system that is strongly rooted in an evidence-based approach, it can be difficult at times to influence change to clinical work flows or specific patient touchpoints. That said, if, we can effectively engage those with lived experiences to identify needs, opportunities, and challenges, we should be able to influence some of the soft-services described earlier.

When selecting research methods and techniques it was important to involve individuals with lived experience as co-creators in the formulation of the proposals. This participatory approach is important because the success of any proposed innovation will ultimately be measured by the uptake of these services and, as such, services must provide value to users themselves.

The methodology incorporates elements of four service design methodologies including:

- The integrated design process developed by Hugh Dubberly (Dubberly & Evenson, 2010) that encourages designers to Observe, Reflect, Make, Socialize, and Implement

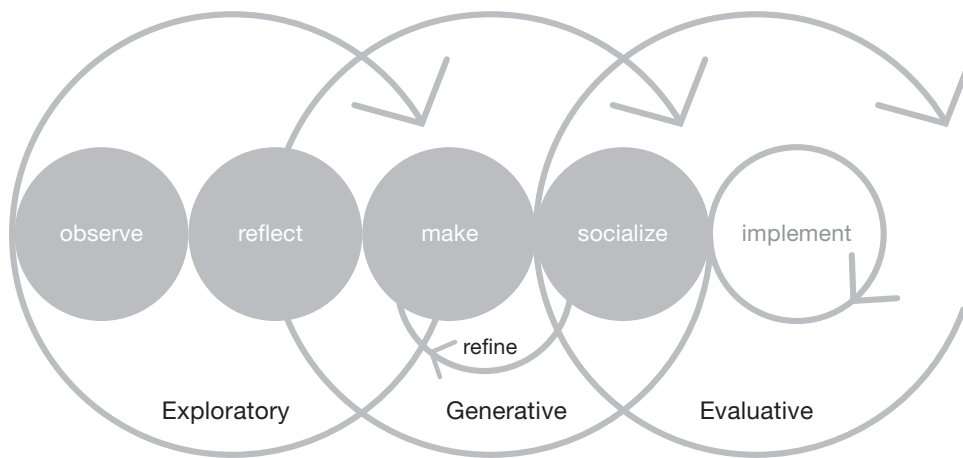


Fig 2: An Integrated Service Design Process (Dubberly & Evenson, 2010)

- The Design Council's Double Diamond (Design Council, 2014), which proposes a four phase approach that, includes Discover, Define, Develop and Deliver.

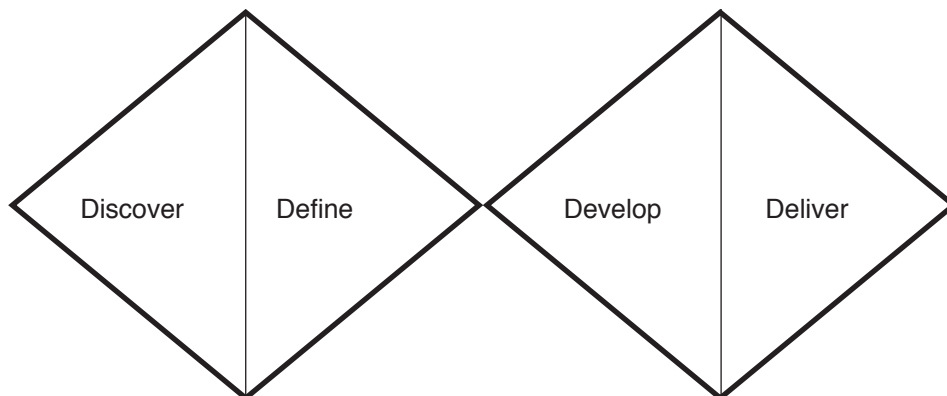


Fig 2: Double Diamond Process (Design Council, 2014)

- Stickdorn and Schneider’s framework that articulates that service design should be user-centred and co-creative, that services, both tangible and intangible should be seen as an interconnected sequence of actions, and finally, the entire environment where these services live should be considered holistically (Stickdorn and Schneider, 2011).
- Finally, this project was influenced by *Design for Care* (Jones, 2013) and the idea that caring design, as described by Dr. Jones, must be rooted in the principles of “empathic care, doing no harm, health for the whole person and helping people live sustainable lives”.

It can be difficult to influence change in a system that we were not personally embedded in, and so Dubberly’s illustration specifically of the importance, and time required, to socialize an idea resonated strongly with us. Moreover, the generative nature of The Design Council’s framework was important in this project, and has also become a consistent practice in Karen and my work. Stickdorn and Schneider emphasize the importance of looking at the services holistically and this is something that I will touch on a little later in this section. And finally, *Design for Care* and Peter’s ongoing guidance was a strong reminder about the importance of this work, and the role that empathic design research plays in designing services within a healthcare environment.

In addition to the service design processes illustrated above, we identified the need to include foresight methods and system mapping as a way to ensure that we are designing solutions that are both viable within the system, and sustainable into the future. This is not to suggest that we followed a strict foresight methodology, but rather drew on our experience of the methods to ensure that we were giving consideration to trends that pointed to key shifts that have the potential to impact the system or a proposed innovation.

Project Methodology

A proposed service design methodology that incorporates foresight and systems thinking with the goal of developing a solution that is human-centred, viable and sustainable.

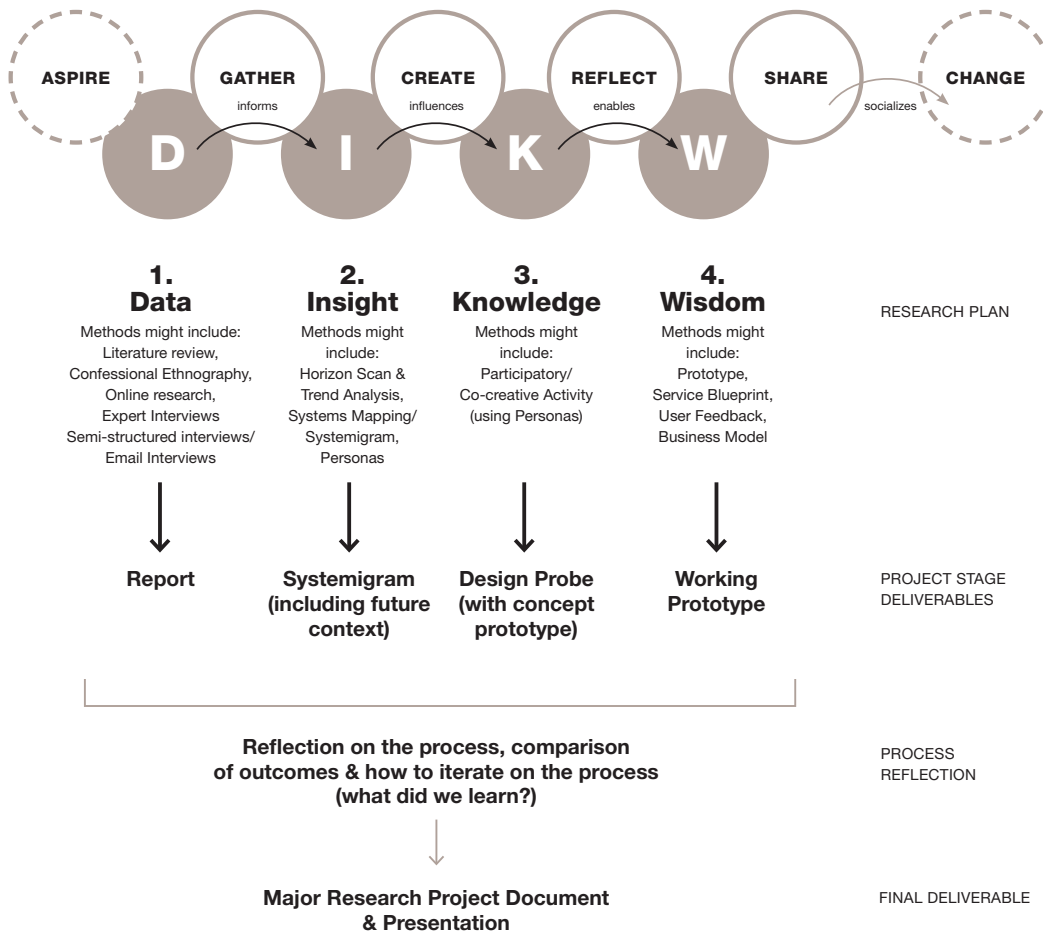


Fig 4: Project Methodology (Oikonen and Starkman, 2014)

The research plan for this project builds on a framework that was developed during SFI coursework (Starkman and Oikonen et al, 2013). The framework is an adaptation of Russell Ackoff's D.I.K.W model, (Ackoff, 1989) and as interpreted by Sanders and Stappers, (2013) proposes that by carefully selecting appropriate research methods Data collection informs Information, information influences Knowledge and finally knowledge enables Wisdom.

We feel that this framework, and the research methods selected, enables us to deepen our understanding, consider a wide range of perspectives, ideate effectively and propose meaningful design innovations.

The analysis of this research was guided by Russell Ackoff's traditional D.I.K.W. model and the principles of Grounded Theory (Glaser and Strauss, 2009) provided us with a systematic way to capture, code and analyze our data.

DIKW Model

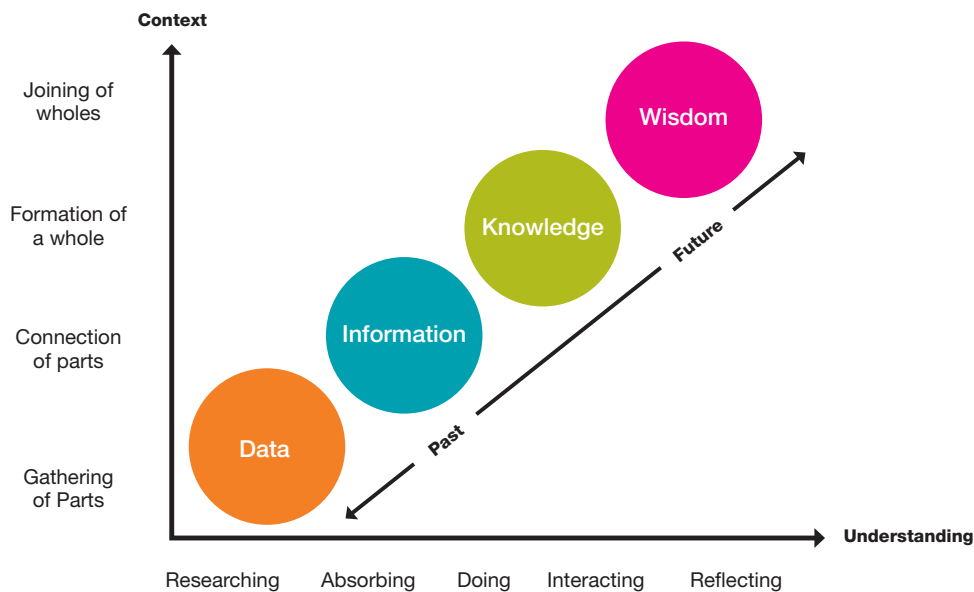


Fig 4: From Data to Wisdom (Ackoff, 1989)

As articulated in the image above the proposed methodology identifies a variety of methods that could be appropriate for each stage of research. I selected the following methods for this project:

Data

- Literature review
- Ethnographic Observation*
- Expert Interviews*
- Semi-structured interviews*

Insight

- Personas
- Environmental Scan & Identification of influential shifts
- Systems Mapping

Knowledge

- Participatory/co-creative design workshop*

Wisdom

- Design Principles

* *Methods requiring approval from the Research Ethics Board (REB)*



CHAPTER ONE: DATA

In addition to the literature review described earlier I used ethnographic observation, expert interviews and semi-structured interviews with individuals with lived experiences to gain a better understanding of the current state of campus mental health.

The Data phase of this project provided important learning opportunities, but it is important to acknowledge that this project was limited to a single institution, a relatively small number of experts, and a small sample size of students with lived-experience. The observations, as analyzed and presented resonated with broad audiences when this work was presented both at the Relating Systems Thinking and Design Symposium (RSD3) and the Flourishing Campuses Conference hosted by the Centre for Innovation in Campus Mental Health in Toronto.

Ethnographic Observation

The OCAD University Health and Wellness Centre provides medical and counselling services to students that are accessible and responsive to issues relating to gender, race, age, culture, abilities, sexual orientation, income and faith. Under the leadership of Jennifer Robinson, Clinical Director, the Health and Wellness Centre provides support to students while they are at OCAD University so they can have a positive and fulfilling experience and maintain optimal physical and mental health while pursuing their post-secondary education.

The team supports student mental health needs through a number of different programming options including group sessions, one-on-one counselling sessions, email therapy and referrals to community based services where students can get additional, ongoing support while at OCAD University.

As a first step in the design process it was important to understand the current delivery of service. Some work in this areas had already been done through the Mental Health Steering Committee at OCAD University but as can be seen below this work looked specifically at work flows and it was important to observe the services more holistically. We used the 9D observation technique as a way to being to understand the current design. The 9D method forces researchers to systematically observe across nine dimensions. The observations of the research team are summarized on the following page.

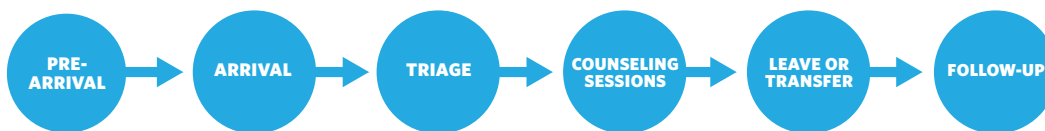


Fig 5: Current Service Flow



Fig 5: OCAD University Health and Wellness Centre Waiting Area

Space:

The current physical space creates some challenges regarding client experience. For example the waiting room is small and doesn't allow for any privacy. The overall feel of the centre is clinical. This is especially relevant when trying to create a comfortable, welcoming, and safe environment for mental health counselling.

Actors:

The Receptionist plays a key role in guiding the client experience. Other actors include medical doctors, counsellors and volunteers.

Time:

On the day of our observation we arrived just before 1:00 pm (note: HWC used to be closed for lunch between 12:00 – 1:00 pm). Our observations happened to be on a Tuesday, which is a day when the medical doctor is in to see patients.

Acts:

Many of the acts that we were able to observe were administrative such as requesting health card, insurance information, and scheduling future appointments. All of these acts happened both in person and over the phone.

Activities:

Again there were a fair number of requests to “complete this form”. There was some waiting involved for all clients that we observed as the physician moved in and out of exam rooms to see patients.

Events:

The receptionist welcomes clients, gets them to complete the required forms, and asks them to wait in the waiting room. As soon as an examination room is available she brings clients into the room.

Objects:

The waiting room is small with no more than 10 available seats. The seats are comfortable but positioned close together to maximize the available space. There is a lot of promotional information (posters, brochures, and information sheets) around the clinic—a lot of them have to do with sexual health, sexuality, and relationships.

Goals:

Being a day when the doctor was in, meant that the goal for the majority of clients that we observed was to see the doctor. Some were there for a scheduled appointment, but others arrived hoping to see a doctor as a walk-in. Lastly, some clients were there to ask a question about insurance or other administrative requests.

Feelings:

For the most part there was a very positive feeling throughout the HWC. The staff were collegial and seemed to enjoy each other’s company. We observed frustration from clients around the fact that “I fill out these forms every time I’m here”, and a number of questions related to what the forms were, who they were for, where they were to be sent.

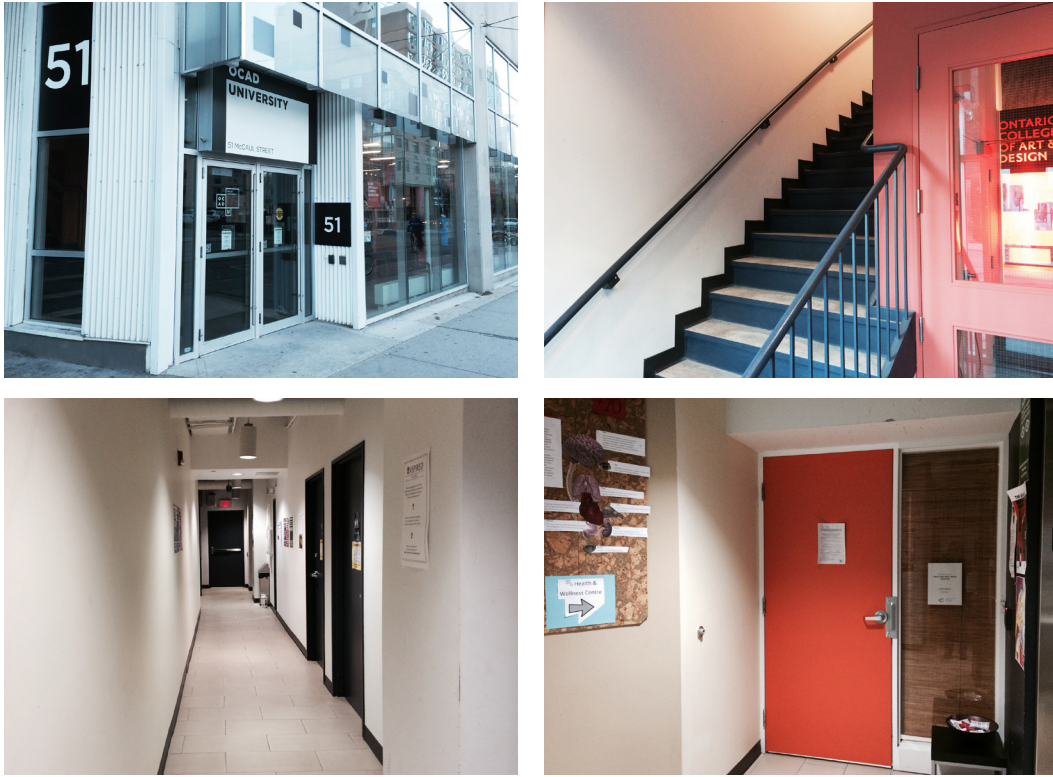


Fig. 7,8,9,10: Structured observations of the OCAD U Health and Wellness Centre were conducted to understand the physical environment.

We observed that the current service design at OCAD University’s Health and Wellness Centre relies heavily on the receptionist, and her ability to appropriately balance a variety of requests from a number of different sources including new clients, existing clients, clients in crisis, staff, community, and healthcare professionals. These requests come in person, by email, or over the phone and can be scheduled or unscheduled. Finally, these requests vary a great deal in their urgency from the simple administrative tasks to ensuring that a client in crisis is able to get the immediate help that they need.

Without any way to predict what type of request is coming, the receptionist is left to triage every single interaction and respond appropriately.

Semi-Structured Interviews:

This research draws on a total of nine expert interviews and a series of six student interviews. The intention of these interviews was to gain a better understanding of the student experience with the Health and Wellness Centre, develop an empathetic understanding of what it was like to work in the Health and Wellness Centre at OCAD University, and deepen my knowledge about the student mental health space in general.

The student interviews focused solely on the student experience of accessing mental health services, and the interview guide was carefully designed not to ask any questions that might force students to share personal health information.

As we observed, and validated through these interviews, the Health and Wellness Centre's current space presents a variety of challenges regarding client experience. For example, as described above, the waiting room is small and doesn't allow for any privacy for clients as they wait for their appointments. The space had no natural light, and while the staff have made attempts to improve the space with art and decorating, the overall feeling remains institutional. Rooms are often used for multiple purposes, or have been converted to accommodate clients as best they can. As described by the students and staff, the combination of these elements creates a physical environment that is less than ideal - especially when one of the overall goals of the Centre is to create a space for students that is comfortable, welcoming, and safe.

Staff interviews also confirmed our observation that at times the receptionist, and in fact all of the staff, felt overwhelmed by the volume of students and the nature of requests for support that they are receiving. This is especially true at

high periods of stress on campus such as during mid-terms, “critique week” and leading up to final project deadlines. When students described this bottleneck in the service they expressed frustration around having to wait or return to visit at a less busy time.

When asked how students learned about the services available in the HWC we discovered that access to services can be difficult to navigate, and the entry point into the Centre varied from student to student. For example some students reported that they learned about the available services from a friend or classmate who had either told them about a session that they had attended, or invited them along one day. Other students found themselves in the Health and Wellness Centre initially in a state of crisis, and attribute a great deal of their ability to recover and cope with the support they received. Finally, one student reported that she was brought to the Health and Wellness centre by a faculty member who had expressed concern about her wellbeing.

It was interesting to learn that none of the students interviewed attributed outreach or awareness campaigns on campus to their ability to access services. In fact as reported by the students interviewed there was an overwhelming sense that awareness across campus is low. On two different occasions students commented that they personally knew of peers that they felt needed support, but who were not aware of the kind of services offered. One student even said in the interview, “I should probably let him know.”

Again, these interviews were carefully designed not to ask questions about the specific services accessed by individual students, but did seek to understand the overall satisfaction of the student around their experience. For the most part students who participated in the interviews were very pleased with their

experience and were grateful for the services available. That said, even for students who had successfully accessed services there seemed to be some confusion around the types of services that were available on campus and the overall structure of the Health and Wellness Centre. For example, one student was quite disappointed to learn that the university was not able to provide the ongoing care that she needed but would be happy to help identify and provide a referral to community based support. This conversation highlighted the importance around providing clarity around what a student can, and can't, expect from the Health and Wellness Centre and how the services offered on campus integrate with the broader mental health system.

Wait times and perceived inefficiencies were common complaints from students regarding their experience. Students commented that it took a long time to get an appointment, and staff confirmed that wait times for an appointment have easily been three weeks or more. To address this concern identified through our research the Health and Wellness Centre implemented a "drop-in day". Based on a rotation, counsellors now take turns seeing drop-in students for 15 minute sessions. The idea behind this approach is that in those initial 15 minutes the student will have an opportunity to at least talk to someone about their concerns and begin to feel that they have a plan in place to get the support they need. Students confirmed that this was a significant improvement and commented that at least they felt like they had someone to talk to even if it was only for a few minutes.

In the later stages of this research additional interviews were conducted with individuals with expertise in public policy, clinical psychology, community health practice, healthcare systems, and advocacy. These interviews were specifically

designed to gain a better understanding of some of the cultural, systemic, and institutional barriers that exist around campus and student mental health.

All of the experts interviewed expressed serious concern around the issues of student mental health. This is not overly surprising because each of the participants are, or were until very recently, directly involved in trying to address these concerns. There is a sense from those interviewed that student mental health is a growing issue, and while the services and support that are in place today are far greater than they were five or ten years ago there remain significant gaps in service.

These interviews also provided an important opportunity to gain some perspective outside of OCAD University. While the services available from school to school may differ there seems to be a common reality that counselling services on campus are all filling gaps in the broader mental health system. For example, it was noted by two experts that due to the fact that it is so difficult for young adults to access community based care for moderately complex mental health concerns the centres on campus are forced to try to address student needs that they are not adequately resourced to support. Of course this is better than students not having access to these services at all, it puts a huge strain on the HWC, and limits their ability to engage with a broader student population.

Another common theme in these interviews is the acknowledgment that post-secondary institutions are struggling to find the right balance between the core mission of the institution (education) and supporting student mental health. Issues around capacity, funding limitations, and the significant variety of needs presenting on campus suggest to the experts interviewed that prevention and early intervention around mental health issues are key opportunities around

student mental health. Students who are dealing with first episode issues provide “the biggest bang for our buck”. Post-secondary institutions do not have the resources in place to deal with chronic moderate mental health issues, such as persistent clinical depression or anxiety, which means that these students are often moved to the bottom of the list so that staff can support students in crisis. Unfortunately the centres do not have the expertise to deal with these complex cases, so this is not particularly effective either. However, experts felt that if they can make a connection with a student who is experiencing a first episode, they can provide them with important coping and life skills and prevent more severe mental illness or addictions. This is not only important from the perspective of the individual student, but this type of preventative intervention saves the system a great deal in costs and resources.



CHAPTER TWO: INSIGHTS

As described in the project methodology, the data collection informed some important insights that helped to guide further research and began to shape some of the initial design work, but it was important to deepen our understanding of the issues surrounding student mental health.

Furthermore, the generative process of identifying and qualifying possible innovations was informed through the process of engaging a broader range of stakeholders, employing some foresight techniques, and developing an initial system map.

Dialogic Design Workshop

As a way to engage a broader range of stakeholders the research team partnered with Design with Dialogue (designwithdialogue.com) and facilitated a dialogic design workshop that included students, faculty, university staff and members of the broader community. Through this workshop we explored four perspectives around student mental health:

- Societal
- Institutional
- Psychological
- Individual

As a way of raising the level of awareness for the entire group and in order to provide a common level of understanding around the room, the workshop began with brief presentation from an expert from each perspective. Following the four brief remarks the research team facilitated a World Café style discussion and asked participants to break out into four groups and self-select the perspective that they would like to explore further as part of a smaller group. A facilitator was available to each group to assist the participants create a record of their conversation.

Following the initial small group discussion we asked one member of the group to remain behind and act as host for the next group of people who were interested in exploring that particular perspective. Hosts welcomed the new group into the discussion and once again recorded the additional insights that the new group brought to the conversation.

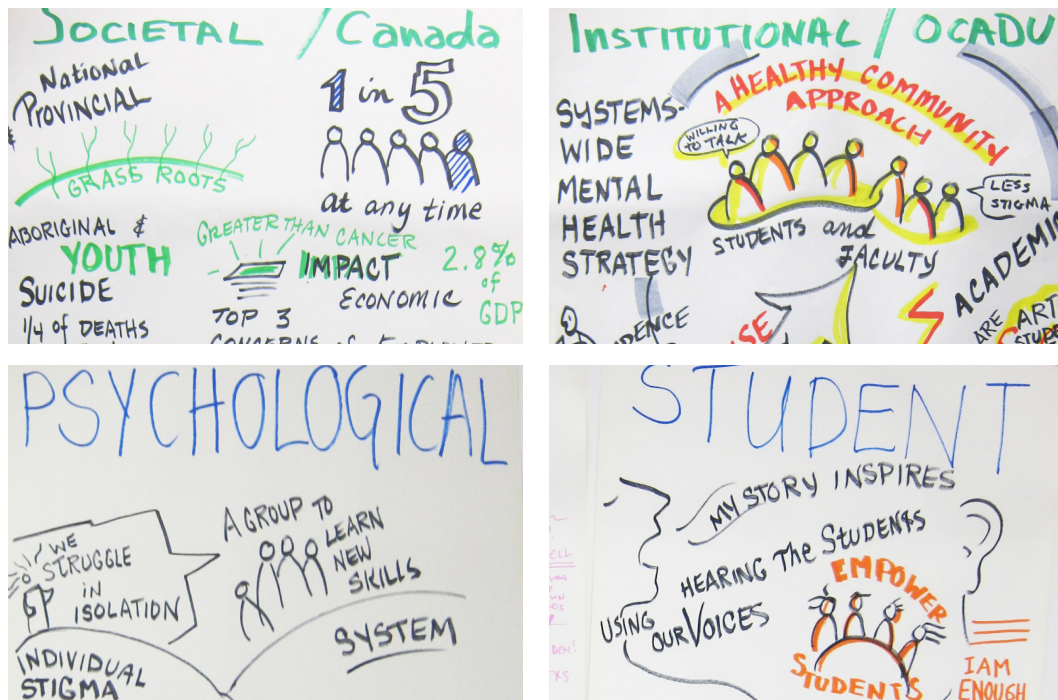


Fig. 11, 12, 13 and 14:
Artifacts generated through a dialogic design workshop
facilitated in partnership with Design with Dialogue.

As intended this engagement provided a great deal of insight from a broader range of stakeholders. We heard students describe feelings of being overwhelmed by the amount of work that they had, and the pressure that they felt to be successful. Because this forum was hosted at OCAD University we also heard unique challenges faced by art and design students which are described in more detail later in this section. That said, we also heard students enrolled in other programs, and past students, express similar academic challenges and the added challenges of balancing school work with financial responsibilities, and social pressures.

We heard of students struggling in isolation to find support, and express how stigma around their mental health negatively impacted their lives and help-

seeking behaviour. We also heard empowering stories from students who had successfully accessed services, and who are now were using their voice to promote mental wellness across campus and more broadly.

Staff in attendance identified limited resources and a lack of awareness as a barrier to improved student mental health, but also acknowledged the importance of making student mental health a campus wide initiative. One faculty member was even more direct in saying that institutions need to look at their policies, procedures and culture and reflect on the impact that these elements have on student mental health.

It is important to acknowledge that post-secondary institutions are not islands and can not effectively support student mental health alone. Mental health issues, and specifically mental health issues for transitional age youth present significant challenges. As we heard in this workshop, not only do these challenges impact individual's well-being, but they have significant implications to society in general in terms of cost of care and loss of productivity.

Personas

The research described thus far enabled us to develop two student personas that proved useful throughout the remainder of the research. Personas are not sufficient by themselves to describe all of the characteristics of a particular user group, but Madison and Olivia's stories reflect key insights and patterns from the actual interviews and observations. We believed these were important to keep at the front of our mind as we worked to improve the service design. These insights were drawn from the original research as well as some of the secondary research conducted.

The two personas are specifically developed to reflect different help-seeking journeys. As we learn from Madison, many students leave home to attend college or university. In their new city they are isolated from their family, friends and other support networks that they may have relied on in the past.

Madison's journey also highlights the fact that many students are attracted to OCAD University specifically because of their love for art and design and their desire to join a community of creative people. That said, students who were interviewed and attended the dialogic design workshop reported that their parents were not always supportive of them enrolling in art and design school. These students described their parents as more traditional in their beliefs about desirable career choices, and the kinds of programs that would lead to a "good job".

Another insight reflected in Madison's story is the fact that while all enrolled students have successfully demonstrated their ability to produce work that meets the University's acceptance criteria, many have not had their work

compared to other students who are as talented and creative as they are.

Furthermore, students who took part in the workshop described the incredible amount of pressure they felt from their faculty and peers to be “more creative”, “more daring” and “more innovative”. These students were attracted to OCAD University because of their love for art and design, but they reported that the demands of their program’s took the fun out of it and created a lot of pressure and anxiety around their work.

The process by which students’ work is commonly evaluated in art and design was a key insight. Critiques, or “crits” as they are commonly referred, involve a student putting their work up on display and having it critiqued publicly by both faculty and peers. Again students who participated in this research described this process as highly stressful, and at times upsetting. Even more interesting than the students’ reports of this process was the recognition by some faculty members involved of the damage that this process could cause to a student’s mental health. If crits are not conducted in a productive and supportive manner, these faculty member acknowledged that the traditional practice of “tearing down” a student as a way to make their work better and prepare them for the criticism that they would face in the “real world” could add to the mental health challenges reported by students. The weeding out process described in Madison’s story is not limited to art school but was also described by participants in the workshop who attended engineering programs and business schools.

Finally, including Madison’s friend Marcus in the persona was important because we learned from students, and staff within the Health and Wellness Centre, that it is quite common for students to arrive at the Health and Wellness Centre with a friend. In fact it is not uncommon for students to request that they see a counsellor together. This is somewhat surprising but it reinforces the soft-service

insight that social supports have a significant role. In campus life, perhaps friends play an important role in supporting each other's mental health, and this also highlights how important it is to consider the various help-seekers including friends who might be asked by a peer to support them through their coping process.

Olivia's story describes a different student journey. Graduate students are for the most part older and at a different life stage than undergraduates - especially first year students like Madison. In addition to the stress associated with their program requirements these students reported added stress due to other demands on their time such as work or family commitments.

The fact that these students have a network of support around them can be important, but they still described feelings of isolation when it came to their help-seeking journey. The fact that they may have had earlier mental health challenges, or even a previously diagnosed mental illness, means they may be aware of the kind of support that they need, but these students still described a variety of barriers to accessing services.

Stigma is reported by both younger and more mature students, but the mature students involved described self-stigma including a desire to "prove it to themselves that they can manage", more than undergraduate students. This desire to manage without the kind of support that they had benefited from in the past resulted in delayed help-seeking, in one case self-medicating behaviour, and compounded feelings of disappointment in their perceived inability to cope.

As a result of past experiences some students knew of the types of services that would be beneficial to them but still weren't clear on how to access these

services in the community. Based on the expert interviews conducted it became clear that in part this was related to the broader challenges around limited resources and a fragmented mental health system in general. For these students the campus Health and Wellness Centre acted as an important resource centre and one student commented that without the support of the Health and Wellness Centre she wasn't sure that she would have been able to successfully complete her program.

Both of the student personas developed through this research are female, which is a result of the fact that male students were underrepresented in this study. Male students participated in the workshop engagements but no male students volunteered to be part of the semi-structured interview and therefore the development of a male persona would be speculative. This limitation of the research is discussed in more detail later in this report, and I have provided some proposed next steps intended to better engage male students in future work.



Madison

First Year Undergrad Student
Bachelor of Fine Arts, Drawing and Painting

Madison moved from northern Ontario to attend OCAD University.

In high school she enjoyed painting and did well in art class. Her parents weren't very supportive of her going to "art school" but agreed to let her try it for a year.

Madison didn't have any friends when the semester started. Her closest family member was an aunt living 45 minutes from the downtown Toronto campus.

She poured her heart and soul into her first projects but after getting her first critiques and grades, Madison felt that her instructors and peers treated her unfairly.

She felt defeated, depressed and worried that her parents would make her drop out and come home.

After two weeks of not eating or sleeping, Madison and her new friend Marcus walked into the Health and Wellness Centre and asked to see a counsellor.



Olivia

Second Year Graduate Student
Master of Fine Arts, Criticism & Curatorial Practice

After being accepted into the Master of Fine Arts in Criticism & Curatorial Practice Program at OCAD University Olivia and her husband moved to Toronto from Halifax, Nova Scotia.

Working at the Art Gallery of Nova Scotia for about four years Olivia saw the program as an ideal opportunity to elevate her career to the next level.

Just before graduating from undergrad Olivia was diagnosed with borderline personality disorder. With the support of a few different psychotherapists she was, for the most part, doing very well managing her symptoms.

Olivia and her husband have been fighting a lot and he noticed that she seemed more depressed lately. Olivia agreed it was becoming more and more difficult to manage the extremely demanding course work and her part-time job.

With her husband's encouragement Olivia reached out to the Health and Wellness Centre to inquire about how to find a Cognitive Behavioural Therapist in Toronto.

Strategic Foresight

Any proposed change or innovation should take into account the current situation while being mindful of the forces that are shaping the future. (Stein, 2007) Drawing on foresight methodologies such as Scanning (Popper, 2008) allowed me to identify, examine, and understand emerging trends around social, technological, environmental, economic, political and values (STEEP-V) changes that might impact student mental health (Loveridge, 2002).

For the purposes of this project my scan was limited to an environmental scan and the identification of key shifts that could impact the sustainability of a proposed innovation.

Shift One: Campuses are becoming more and more multicultural

Over the last decade or so a great deal of work has been done in Ontario to raise awareness and reduce the level of stigma around mental health. (Stuart, 2005). Stigma, whether it originates from others or from within one's self, can be extremely detrimental to an individual's ability to access the appropriate care. (Corrigan, 2012). Furthermore, we know that stigma is very much culturally defined. Specifically it is our "cultural norms that help us determine what behaviors to consider normal, which to consider odd, and which may denote mental illness" (Abdullah & Brown, 2011).

This is important to note because our campuses continue to become more and more culturally diverse. Based on 2010 statistics, Ontario alone saw the number of international students rise from 62,266 in 2004 to 85,280 in 2010. Of this more than 85,000 students 68 percent were enrolled at post-secondary institutions. (Foreign Affairs, Trade and Development Canada). These numbers do not

account for the diversity of domestic students, but we know based simply on the demographics of Ontario that visible minorities make up 25.9 percent of the total population and that 26.6 percent of all Ontarians report their mother tongue as being neither English or French (Ministry of Finance, 2015).

This shift is relevant to this project because it highlights how important it is that any proposed intervention be culturally sensitive. In order to be successful we will have to consider the variety of cultural norms that exist on campus and the impact that this could have on the adoption of our proposal.

Shift Two: Technology is playing an increasing role in providing mental health services

Information technology and the use of data are reshaping every aspect of our lives, at an astonishing speed (Rhodes, 2014). The same unfortunately cannot be said about mental health services. In fact, until quite recently there has been a real reluctance to leverage technology to provide more access to mental health services to those who need it (Mental Health Commission of Canada, 2014).

This however is beginning to change. For example, within the institutional healthcare setting there is an increased use of telepsychiatry. This technology is an important way to provide services to those who, because of their geographic location, simply wouldn't be able to access the types of services they need. There are also emerging practices that use email or text messaging as a way to provide support to an individual in need. These text-based services are especially important to younger people who tend not to want to talk on the phone, or meet face-to-face the way older generations do (kidshelpphone.ca).

Telepsychiatry and e-Mental Health platforms such as the text-based practices described earlier generally utilize technology to provide more traditional types of mental health services, but there are a number of emerging technologies that are pushing the envelope even further. For example, wearable technologies that have been specifically developed for this purpose allow an individual to monitor behaviours, activities, and their physiology including heart rate, and other stress indicators. This information can be reviewed with the individual during a therapy session, or can provide real-time feedback to the wearer as a way of improving their mental health (Mental Health Commission of Canada, 2014).

Like computerized interventions that allow for services or support to be available at any time, gaming is another area where we are seeing some developments related to mental health. These programs and games are usually developed around a traditional form of therapy, Cognitive Behavioural Therapy (CBT) for example, but do not require a therapist to be present at the time of intervention.

Shift Three: The role of post-secondary institutions is changing

“By encouraging the growth of a culture that values students’ health as a process of caring for the mind, body and spirit as one entity, we can better address students’ current health care concerns” (OUSA, 2014).

Of course the primary mandate of all post-secondary institutions is to provide excellence in education, but it is becoming more broadly accepted that universities and colleges play an important role in equipping young adults with the life skills that they need to be successful as well.

This is especially true of students' mental health. Because mental health challenges of students are often identified earlier they are generally easier to treat, and by providing support to these students early in their journey they are less likely to develop severe issues of substance abuse, depression or anxiety (OCHA, 2009).

Changing directions, changing lives: The mental health strategy for Canada encourages post-secondary institutions to create "broad programs that promote mental health for all...". However, many institutions continue to find their stride in this role. As Daniel Woolf, Principal and Vice-Chancellor at Queen's University said, "Universities are still trying to define their exact role when it comes to students' mental health. We are not a treatment facility... our role is education and research, and to some degree, community service. That said, we do have a care [sic] and nurturing role over the young people that come to us" (Maclean's, 2012).

Corey Keyes takes this idea even further and puts forward six dimensions of wellness that he believes colleges and universities should be promoting and teaching to their students. Keyes believes that by instilling these qualities in young people we will be able to mitigate against many of the risk factors that lead to mental illness, and support healthy *flourishing* individuals (Ryff & Keyes, 1995).

Based on the Theory-Guided Dimensions of Well-Being an individual is flourishing when they have a high degree of:

Self-Acceptance:

Possess a positive attitude toward the self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life.

Positive Relations With Others:

Has warm, satisfying, trusting relationships with others, is concerned about the welfare of others; capable of strong empathy, affection and intimacy; understands give and take of human relationships.

Autonomy:

Is self-determining and independent, able to resist social pressures to think and act in certain ways, regulates behavior from within, evaluates self by personal standards.

Environmental Mastery:

Has a sense of mastery and competence in managing the environment, controls complex array of external activities, makes effective use of surrounding opportunities, able to choose or create context suitable to personal needs and values.

Purpose in Life:

Has goals in life and a sense of directedness, feels there is meaning to present and past life, holds beliefs that give life purpose, has aims and objectives for living.

Personal Growth:

Has a feeling of continued development, sees self as growing and expanding, is open to new experiences, has sense of realizing his or her potential, sees improvement in self and behavior over time, is changing in ways that reflect more self-knowledge and effectiveness.

This trend is relevant to this project in part because of the impact that this type of general wellness promotion and preventative health measures can have on the individual student, but also because of the significant financial and social cost savings that it provides to the system (Ontario Ministry of Health and Long-Term Care, 2009). Not only is it in the best interest of the individual student for universities and colleges to impart these important life skills on them, but it is also in the best interest of society as a whole.

Systems Thinking

As designers we are uniquely positioned to bring “a holistic and systemic design perspective to the complex problems of healthcare” (Jones, 2013). It is through this holistic and systemic approach that we are able to identify and define problems, generate new ideas, converge on solutions that can be implemented and ultimately result in positive change (Bassadur, N.D.).

Once again, this project does not address the systemic challenges that exist within our province’s student mental system, but in order to identify meaningful opportunities for change, or targets for innovation, it was important to understand the system in which we are operating. It is in our understanding of the whole that will enable us to influence specific parts of the system (Ackoff, 2004).

Systems mapping is an effective visualization tool that communicates the complexity of the system, and through the iterative evaluation of the system map allows for more effective and meaningful strategy development (Blair, Boardman, & Sauser, 2007).

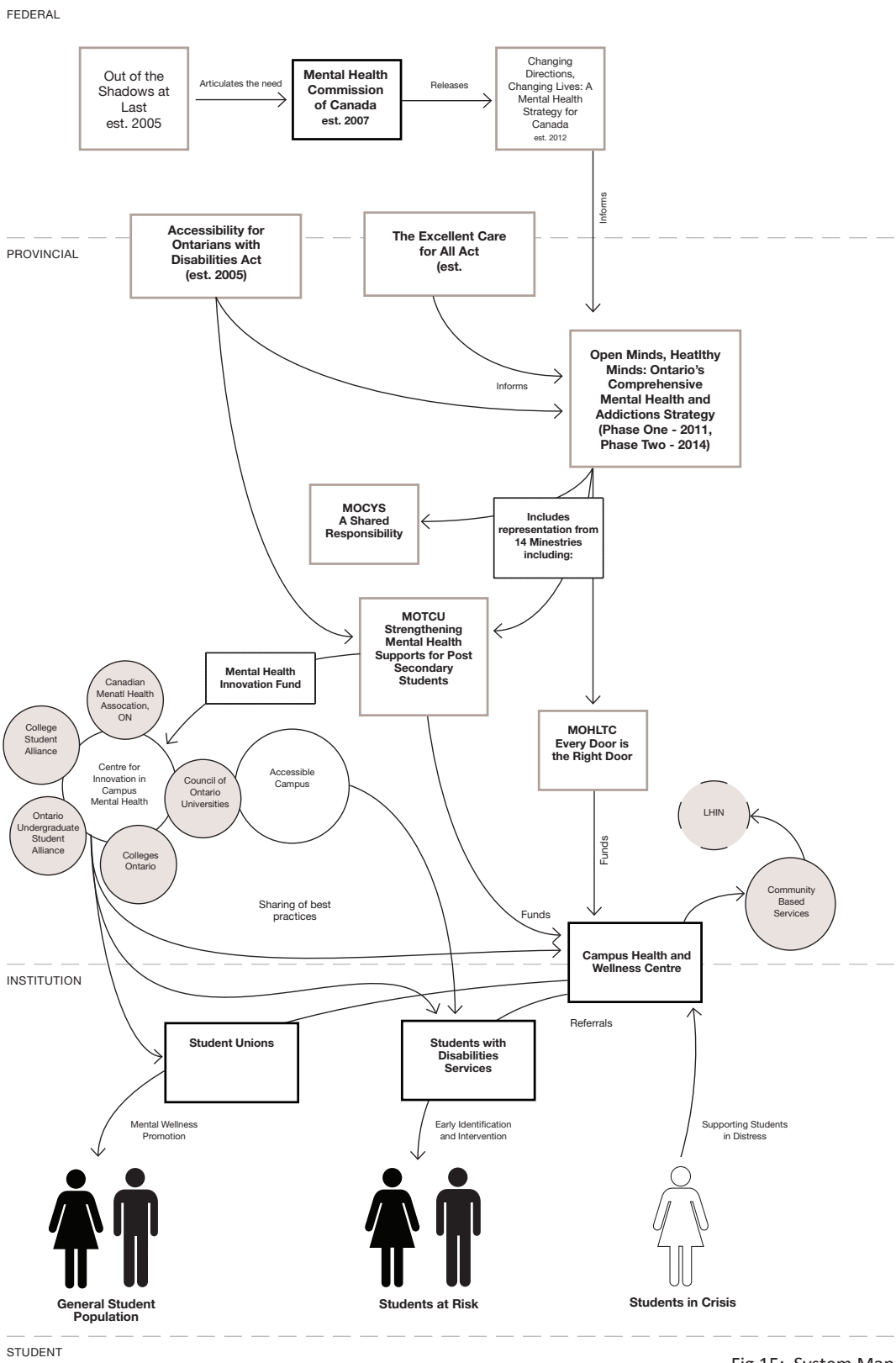


Fig 15: System Map

As can be seen from the system map, and as articulated in the literature review of this paper, Canadian agencies have articulated clear directives for improving mental health services and outcomes, but due to the huge number of stakeholders involved things start to become less clear as we move down the map. For example with 14 different ministries involved in Ontario's Mental Health and Addictions strategy it is easy to imagine how difficult it would be to coordinate activities, avoid duplication of efforts, and ensure a streamlined process for help-seekers.

As we move from the provincial policy level of the map to implementation at the institutional level things become even more complicated. This map only illustrates a fraction of the initiatives that are currently underway. In fact, through the Mental Health Innovation Fund there are more than 21 different funded initiatives (Office of the Premier, 2015). As a result the services and resources available are fragmented and often depend on whether an institution is participating, and therefore receiving funding, in a particular project.

The Centre For Innovation in Campus Mental Health was one of the projects funding through the Mental Health Innovation Fund and it was established to: Facilitate a community of practice, Coordinate Access to Expertise, and Foster and Support Innovation. The need for this type of coordination can be seen on the system map and once again highlights the complexity of the Student Mental Health System.

As Phase 1 of the Centre for Innovation in Campus Mental Health nears completion (September 2015) a review was commissioned by the Executive Committee. This report, conducted by Drs. Michael Cooke and Phil Wood, recognizes the work done by the centre throughout start-up phase of the initiative, celebrates its early achievements, and puts forward a set of recommendations intended to inform future funding and the strategic direction of Phase 2 of the Centre's work.

Finally, as we move to the individual student we notice that while there is a great deal of work happening in the area of student mental health there remains very few access points into the system for the student.

The System Map also depicts the challenge that post-secondary institutions face around providing services to a broad spectrum of student needs. As described earlier in the three student mental health models most commonly employed by post-secondary institutions there appears to be a real need for a combination of universal interventions designed to promote wellness across campus, selective interventions for those students at risk, and intensive interventions specifically for students in crises.



CHAPTER THREE: KNOWLEDGE

The findings of the Data and Insights phase of the project led to the development of a set of maps including the current service flow, identified barriers to help-seeking, and ultimately a proposed service framework designed to improve access to campus mental health services. While this research was limited to OCAD University's Health and Wellness Centre the findings were peer-reviewed and published in *Touchpoint*, presented at the 2014 Relating Systems Thinking and Design (RSD3) conference (Jones, Oikonen, Robinson, Starkman & Yip, 2014) and the Flourishing Campus Symposium presented by the Centre for Innovation in Campus Mental Health. The feedback that we received from both of these presentations suggests that while there may be some elements that are unique to OCAD University student experience, our findings could be relevant to a broader audience both across Ontario and perhaps even internationally.

As described earlier, our research shows that many students spend a long time in the pre-arrival phase of their journey to access services, and that there exists a number of barriers, both physical and emotional, to help-seeking.



Fig 16: Student Journey Pre-Arrival

For example, some students reported fear associated with their mental illness as a barrier to them accessing services, and while much work in recent years has been done to combat the stigma that surrounds mental illness, many students still described comments or behaviours of family members, peers, and others as a barrier to them accessing the support that they needed. For the student, these experiences, either intentionally or unintentionally, reinforced the stigmas in their mind and make accessing mental health services even more difficult.

Based on our own observations, and as articulated in some of our interviews students also identified lack of information and awareness about the available services as a barrier to help-seeking. But, perhaps the most enlightening learning from the first stages of our research was the complexity of the journey that students described. With each and every wrong-turn, misstep, or false start that the individual has as they struggle to deal with their own mental health issues their fears, feelings of desperation and isolation escalate. From this it is not surprising that, as reported by the staff of the Health and Wellness Centre, many students arrive at the Centre in a state of crisis.

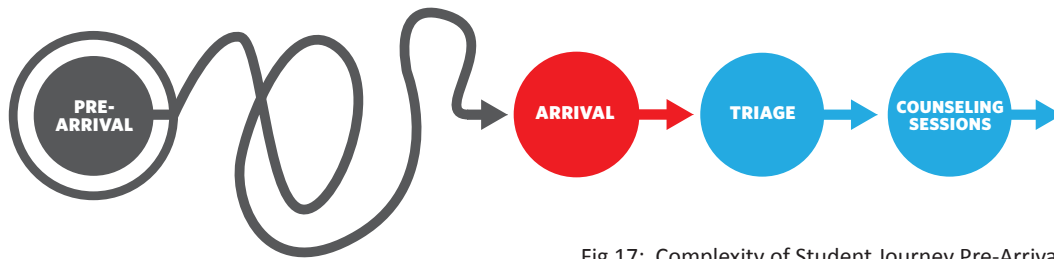


Fig 17: Complexity of Student Journey Pre-Arrival

Specifically we identified three factors that we felt hindered a student's ability access care or support. While awareness campaigns have helped to raise the profile of the issues around mental health many students still lack awareness about the symptoms and early warning signs of mental health issues. Moreover, even if they do identify a need for help there is often a high level of uncertainty around the type of support that is available on campus and how to access that help. Finally, many students reported feeling isolated and alone in their help-seeking journey.

Our initial service framework puts forward a number of initiatives that an institution like OCAD University could implement to build greater awareness, facilitate better understanding, and create increased connection for students. By introducing these elements to campus we feel that university and colleges can better address the needs of more students, help direct students who need additional support to the Health and Wellness Centres more effectively, and identify students in crises sooner (Jones, Robinson, et al, 2014).

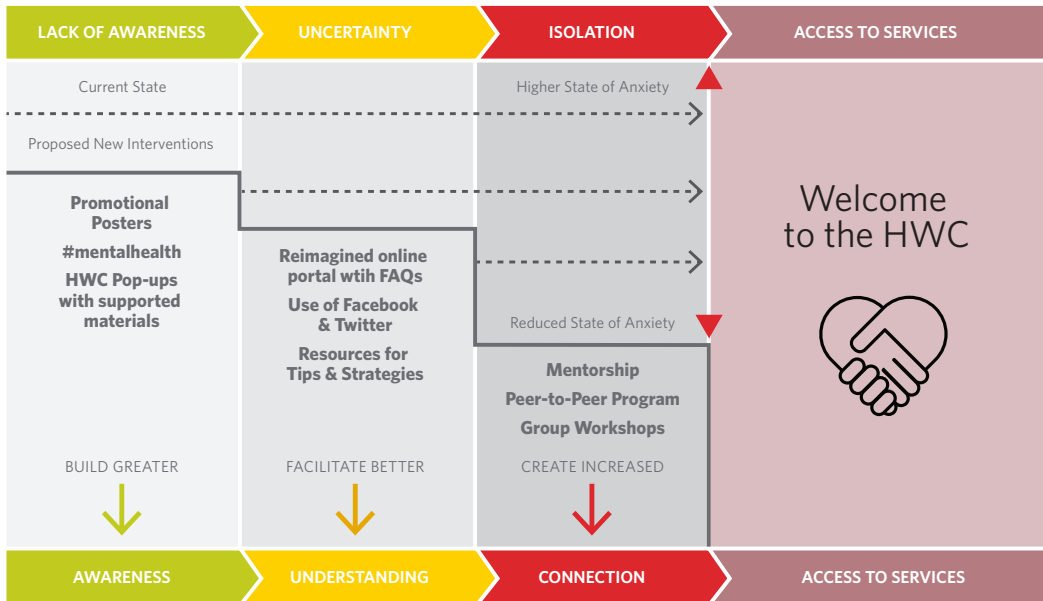


Fig 18: Proposed Service Framework (Jones, Robinson, et al. (2014)

Reflecting on the earlier stages of research and through the subsequent expert interviews it became apparent that many of the initiatives identified in our Service Framework already exist. They were not universally adopted across Ontario post-secondary institutions, and while the Centre for Innovation in Campus Mental Health had established some sharing of best practices there is not yet a coordinated approach, or a comprehensive strategy in place across the province. (Review of Phase 1 Centre for Innovation in Campus Mental Health, 2015).



The result of what we learned in the research process led to a remarkable insight and an opportunity not currently addressed in mental health services. If work is being done to reduce stigma and raise awareness about mental health, and if there are a variety of effective services available on campus, then why are less than half of the student who would benefit from services accessing the support they need?

As suggested earlier in this paper I decided to pivot and explore the question of access to mental health services from the perspective of accessibility. It is important to note that accessibility in this context is not limited to accommodation, although as the literature demonstrates this is an important piece for some students and should not be ignored. Rather I am suggesting that we adopt a broad definition when looking at mental health accessibility, and work to incorporate the full spectrum of services available.

Currently the term “mental health services” is generally used to describe services such as individual counselling, group sessions, some peer-to-peer support, and other campus specific programs. “Wellness programs” on the other hand generally include physical activities, social programs, stress management, and other skills that as we know lead to positive mental health. By differentiating these in the mind of students we create a potential barrier to access. As described earlier, many students who might benefit from more focused or targeted services do not see these services as being for them, because in their mind they do not have a mental health concern. These students are just feeling down, or are overwhelmed by the amount of work that they have to do, or are able to make themselves feel much better after a few drinks and the opportunity to “blow off some steam”. Of course in isolation none of these feelings or

behaviours would suggest a mental health concern, but if we can identify a pattern earlier and provide meaningful intervention to those in need, we know that we can help mitigate against some of the known risk and help these students find a path towards recovery sooner.

The issues of accessibility, and more specifically the practice of accommodation, are broadly understood and have been integrated into post-secondary institutions over a number of years. Schools are resourced, and in fact mandated to have certain policies and procedures in place, to ensure that students with disabilities are able to participate fully in the college or university community. Accommodation for students with documented disabilities - learning, physical, or as described earlier in some cases psychological - is one example that is well understood. Post-secondary institutions know how to approach and engage with these students, have policies in place to accommodate them, and have built a culture that recognizes the importance of doing so. My research suggests that this is not yet the case for mental health. Work is happening in the space but in speaking with experts in the field I learned of an ongoing lack of resource, a limited understanding of the importance of mental health service, a lack of coordination within the institution itself and with the broader system, and in some cases there is not even a universal feeling of obligation of the part of the institution to address the needs of these students.

As described earlier, the introduction of the Accessibility for Ontarians with Disabilities Act (AODA), does include mental health related disabilities. This is an important fact, but there is little guidance around specific standards for mental health related disabilities. The legislation does however guarantee students with disabilities, including mental health related disabilities, equal treatment in post-secondary institutions, and mandates that all publicly funded schools are to have

an Office for Students with Disabilities (OSD) to help facilitate the appropriate accommodations (Ontario Human Rights Commission, 2009).

Accommodation, according to the Ontario Human Rights Commission, is a “means of preventing and removing barriers that impede students with disabilities from participating fully in the educational environment in a way that is responsive to their own unique circumstances”. The principle of accommodation involves three factors: dignity, individualization and inclusion. Again, this is important but even the concerns around mental health related disabilities is emerging.

Just this year, as part of the Ministry of Training Colleges and Universities (MTCU) Mental Health Innovation Fund (MHIF), Queen’s University and St. Lawrence College launched a project to develop standards intended to help students with mental health disabilities access academic accommodations more easily. (supportcampusmentalhealth.ca, 2015) The Accommodations Project, as it is known, recently released a student guide that outlines the rights and responsibilities of students, as well as the post secondary institutions, and the process by which students with mental health related disabilities can access the appropriate accommodations on campus.

This is definitely a positive development, but as described in the student guide, and as published in all school’s policies and procedures, institutions are only obligated to provide accommodation to students with a diagnosed mental disease, and who are able to provide a written note from a doctor. (University of Ottawa, 2014) Moreover, like all other accommodations within post-secondary institutions, students with mental health related disabilities are required to seek out and initiate the accommodation process themselves. (Transition resource guide, 2014)

As we heard from our interviews with students with lived experience, and saw in the literature, this alone can be a real barrier to the help-seeker. These policies leave students experiencing a first episode of mental illness, those who may not have had access to, or found the courage in their own personal journey to seek out appropriate mental health services, and those who medical intervention might not be appropriate, vulnerable and without the kind of support that they need to be successful on campus.

With this in mind, I propose that by broadening our thinking around mental health accessibility, and extending some of the formality that exists around other forms of accessibility to include the full continuum of mental health, that we can better address the issues of access to services identified in this paper. The opportunity for real service innovation is to re-frame the meaning of accessibility to ensure that it includes the full spectrum of mental health. This is a new concept and it is important to recognize that the infrastructure that surrounds accessibility as we understand it today did not happen over night. A great deal of work would be required to launch a full scale initiative around mental health accessibility. In the discussion section of this paper I present a set of next steps intended to inform potential future work in this area. As a starting place I developed a participatory design workshop as a way to explore this idea further.

If we can engage with students earlier, and provide them with the tools that they need to better manage their stress, cope with challenges, and build self-esteem we can prevent more complex mental health issues. As articulated earlier through the expert interviews this offers post-secondary institutions, and the broader mental health system the “biggest bang for their buck”.

Design Workshop

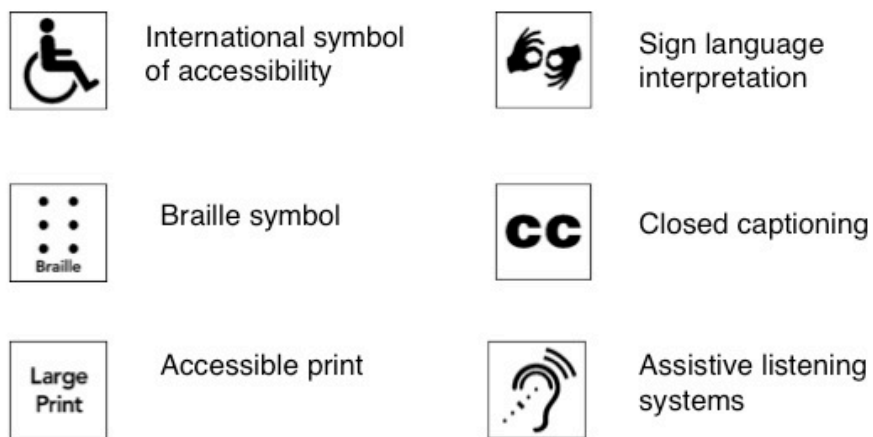
As a way to explore access to effective student mental health services through the lens of accessibility I worked with my faculty advisor to plan a participatory workshop with mental health and student service experts intended to:

1. Facilitate a conversation about campus mental health services and socialize the idea of evaluating mental health services through the lens of accessibility.
2. Co-create a set of early stage prototypes of an icon, or visual representations, for mental health accessibility.
3. Identify the various stakeholder groups that would need to be engaged in order to move this service design innovation through to implementation.

Participants for this three hour workshop were carefully recruited from the group of individuals who had participated in expert interviews earlier in my research and the sampling was crucial to inform the concept. Confirmed participants suggested, and in some cases facilitated an introduction to, other experts who they felt might be interested in taking part. In total there were 12 participants in attendance including health and wellness centre staff, faculty, students, representatives from student associations, and experts from the community who have an interest in the topic.

The workshop began with a short presentation of the earlier research around students' journey to access mental health services on campus. This presentation was intended to provide a common understanding for the group and frame the challenge within the university and college environment.

As a group we examined the current symbols being used on university and college campuses to promote accessibility and discussed the effectiveness of these symbols:



Source: Council of Ontario Universities. Understanding the universal symbols of accessibility

Fig 19: Understanding the universal symbols of accessibility

Our conversations surfaced issues around clarity of the images used, the perceived meaning of the symbols, and the expectations that these icons communicate. For example, while the international symbol of accessibility is highly recognizable, the group was not unanimous in their understanding of its meaning. Some participants felt that the icon was used to reserve, or provide special access to individuals with mobility issues. While others interpreted the sign as an indication that the facility displaying the sign was free from barrier, or at a minimum that alternate access could be provided to an individual with limited mobility.

In the cases where the icon is not as frequently used, such as Sign language interpretation or Assistive listening systems, the group struggled a little bit to understand the meaning behind the icon, and commented on the anxiety that a lack of clarity might cause.

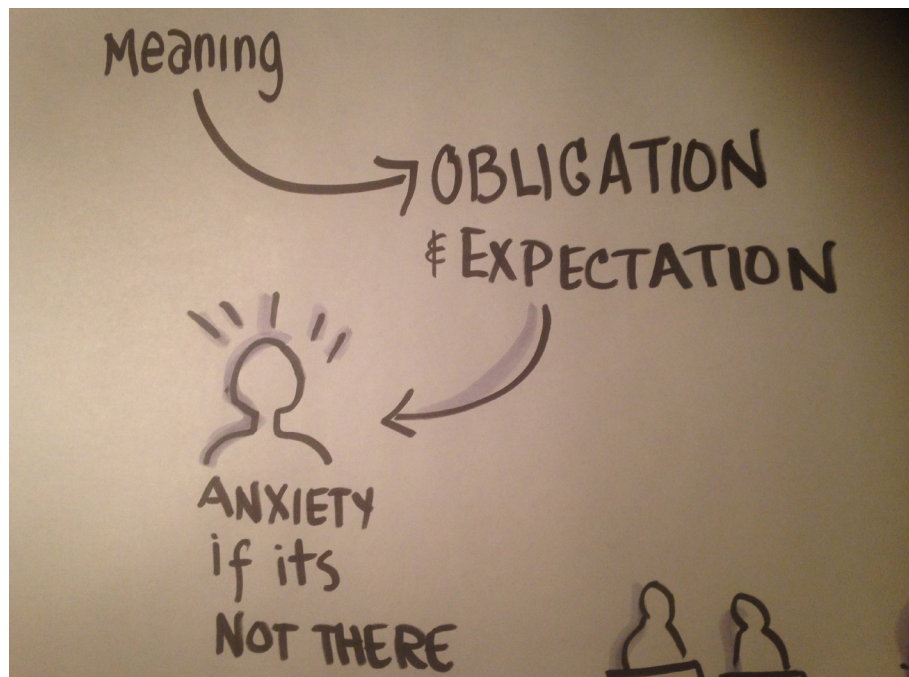


Fig 21: Artifact from Design Workshop
Image courtesy of Patricia Kambitsch (www.playthink.com)

For some the lack of clarity was an issue of effectiveness of the sign itself, but these conversations also raised an interesting question around for whom are these symbols intended. No one in the group required sign language interpretation or makes use of an assistive listening system, so these symbols were not particularly relevant to them. However, these icons may very well be immediately recognizable and perfectly clear in their meaning to an individual who is seeking out those services specifically.

Co-creation of inspiration boards:

In small working groups participants drew on personal experiences about times when they recognized that an experience or benefit was not accessible, physically, emotionally or symbolically, and used pictures, images cut out of magazines, and hand drawn sketches to visually describe what mental health accessibility could look like.

This workshop confirmed that there is value in looking at access to campus mental health services from the perspective of accessibility. It is important to note that the intention of this workshop was not necessarily to propose or design an initial working icon, but rather to use the visual language that has been accepted around physical accessibility as a tool to discuss the gaps that exist around mental health. By better incorporating mental health into the accessibility work of post-secondary institutions colleges and universities will be forced to look at their policies, procedures, and campus culture to ensure their institutions are actively working to remove barriers that might exist for all students.

Based on the feedback from participants there was agreement that through visual language, and the use of a symbol or icon, post-secondary institutions could effectively communicate to their communities a commitment to student mental health, and therefore better help students find the types of support that they need. Finally, the group felt that adopting a single icon might help to bring together the various initiatives currently underway across Ontario. Recognizing that implementation will vary from campus to campus, a proposed icon would at least frame the various initiatives under a common umbrella and demonstrate alignment to a set of agreed upon tenets.



CHAPTER FOUR: WISDOM

The enthusiasm from the group is encouraging, but this is an exploratory project and additional workshops, with various stakeholder groups, are clearly needed. That said, through the analysis of the earlier phases of research and the insights gained through the design workshop I propose the following design principles intended to help inform future conversations about mental accessibility. It is my recommendation that by using these principles as a framework institutions like OCAD University can build on the positive work that is ongoing, and improve access to the full range of mental health services available.

The fact that the students who participated in this research described a number of the same issues included in research studies published five or even ten years ago suggest that something isn't working.

Design Principles

1. Open to serve full spectrum of moods.



Fig 20: Artifact from Design Workshop
Image courtesy of Patricia Kambitsch (www.playthink.com)

Students with mental health related disabilities represent a segment of the students who are in need of, or who would benefit from, enhanced access to mental health services. However, if services are understood, or perhaps even more importantly perceived, to only be intended for students with mental health related disabilities than we are missing the mark and potentially creating a barrier for a large segment of students who could benefit from services. Rather the services, and all communication around these services, must speak to the full spectrum of mental health and resonate with all help-seekers.

2. Signify a supportive, positive, and safe space.



Fig 21: Artifact from Design Workshop
Image courtesy of Patricia Kambitsch (www.playthink.com)

The workshop reaffirmed an observation from our earlier student interviews – some students are desperately looking for a place on campus where they feel safe, supported and comfortable to be themselves. Already the campus health and wellness centre is filling that need for some students as best they can, but this principle should be carefully understood as the Health and Wellness Centre considers and evaluates their physical space. Efforts should be made to reaffirm the feeling of security and comfort that students need and that experts in the field identified as a best practice.

3. Guarantee empathy and listening are the first step.

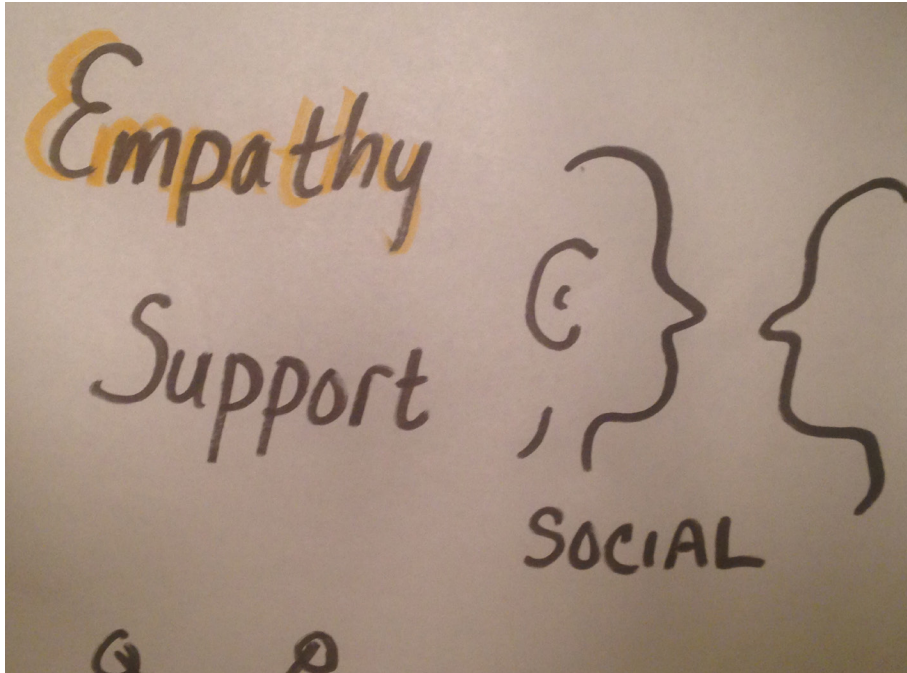


Fig 22: Artifact from Design Workshop
Image courtesy of Patricia Kambitsch (www.playthink.com)

If students are going to be able to access the kind of mental health services that they need they must feel that they have someone on campus to talk to. It is often the first conversation that a student has with someone about his or her mental health that sets the course for a positive outcome. For faculty and staff it can often be difficult to know what to say, or how to support a student in need. It is important that in any given opportunity that we reinforce the message that the most important thing an individual can do is listen, and show the student that they genuinely care about their wellbeing.

4. Commitment to removing barriers.

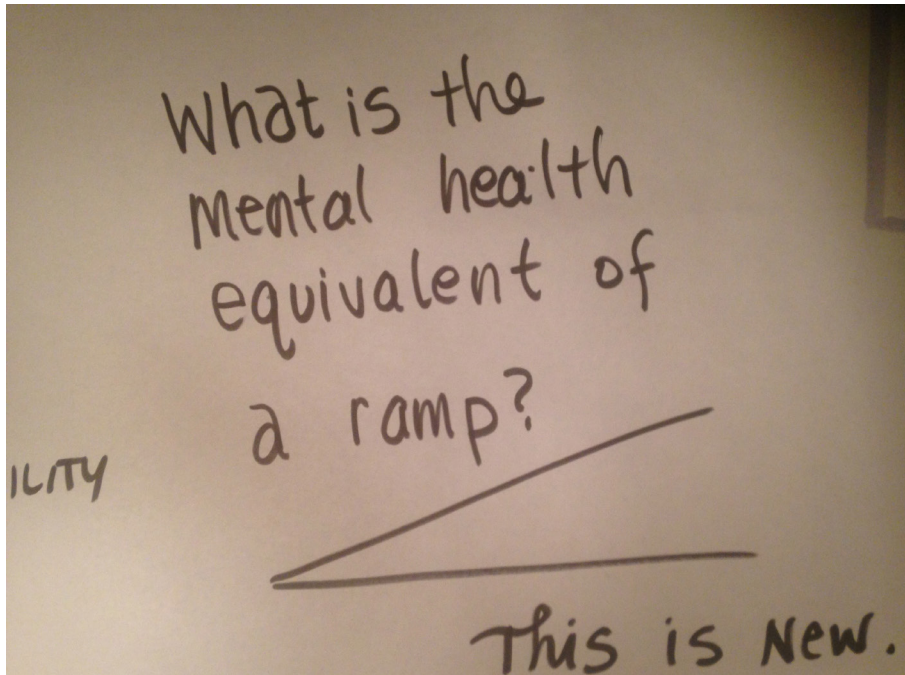


Fig 23: Artifact from Design Workshop
Image courtesy of Patricia Kambitsch (www.playthink.com)

Even more so than with physical disabilities the types of barriers experienced by someone around their mental health are varied and far reaching. For this reason it is difficult to imagine how any post-secondary institution could become one hundred percent barrier free for mental health concerns. However by thinking about these issues through the lens of mental health accessibility it is proposed that institutions will make a stronger commitment to work towards removing identified barriers for individual students no matter what they are.

5. Avoid medicalization.

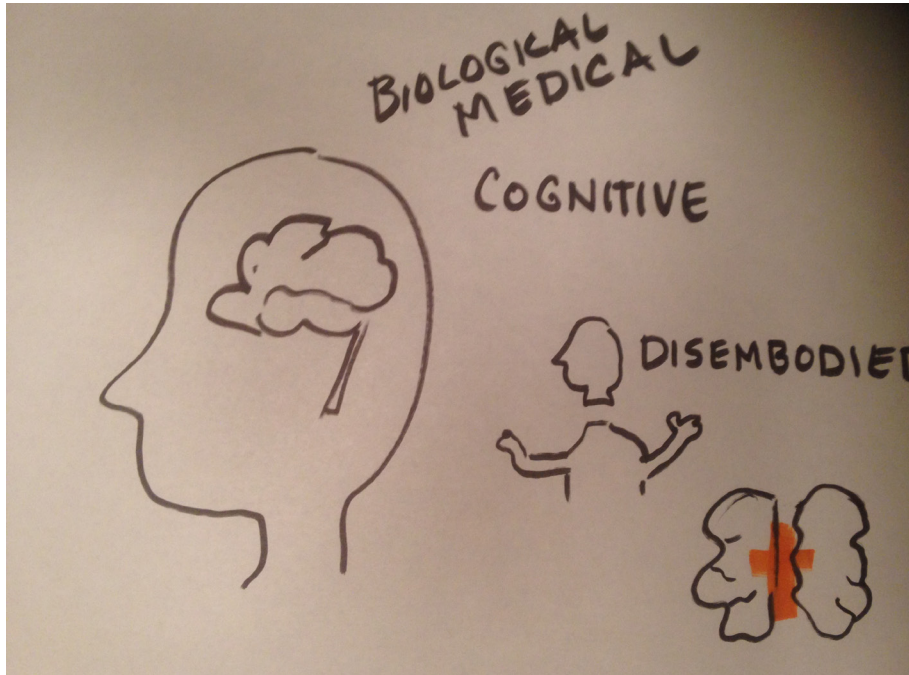


Fig 24: Artifact from Design Workshop
Image courtesy of Patricia Kambitsch (www.playthink.com)

Some students seeking mental health services will have, or will be diagnosed with, a mental illness, but these are not the only help-seekers. Avoiding medicalized images, such as an illustration of the brain, or language such as mental health illness, concern or disability, will help to ensure that the services offered are seen to be available to all students not just those looking for medical or psychological intervention. Furthermore, by focusing only on the brain we move away from the idea of a holistic approach to student mental health that includes physical and emotional health as well.

6. Every Door is the Right Door.

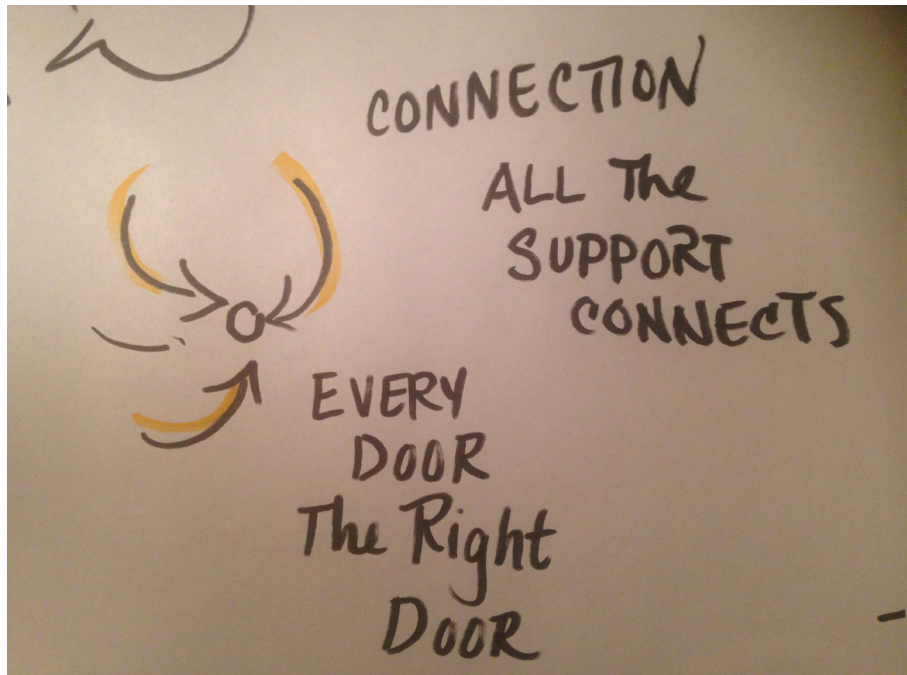


Fig 25: Artifact from Design Workshop
Image courtesy of Patricia Kambitsch (www.playthink.com)

Universities and colleges have an infrastructure in place that doesn't exist elsewhere. Because of the defined roles and responsibilities that exist within these institutions it is somewhat easier on campus to direct individuals to the appropriate services than it is in the general community. Greater awareness is still needed about the role of the Health and Wellness Centre, but once again this initiative is intended to foster that conversation and help promote the services that are available. Once a student is aware of the Health and Wellness Centre, and has made initial contact with the staff there, they often report that things start to improve.

CONCLUSION

Universities and colleges play a unique and important role in Ontario's Mental Health Strategy. Campuses across the province provide an excellent opportunity to demonstrate a commitment to the vision of an Ontario where "every person enjoys good mental health and well-being throughout their lifetime, and where all Ontarians with mental illness or addiction can recover and participate in welcoming, supportive communities" (Government of Ontario, 2009).

Embedding effective mental health services in post-secondary institutions provides the opportunity to offer guidance, resources, and support to a segment of the population that is especially vulnerable to mental health challenges. Through an integrated approach that recognizes the full spectrum of mental health, colleges and universities can not only support students directly in their pursuit of academic excellence, but can also provide important coping skills that graduates will carry with them as they go on to be productive members of society.

The challenges surrounding student mental health services are complex, and the ability to develop viable solutions intended to improve access to campus mental health services requires an understanding of the system, an appreciation for the various stakeholder groups involved, and a truly empathic approach.

Through this research we heard from students with lived-experience and as a result have a better understanding of some of the challenges they face and the barriers that they experience when trying to access mental health services. Staff from the Health and Wellness Centre at OCAD University and other Post-Secondary Institutions described the negative impact that limited resources have on their ability to support students. This is especially true as more and more

students arrive at campus health centres with more complex and chronic mental health concerns. We heard from experts about some of the systemic challenges that exist for campus mental health services specifically, but also for the broader mental health strategy.

This project also revealed that there is great work happening at OCAD University, and at other universities and colleges, and that the groups of professionals, student advocates, peer-supporters and many others who are committed and dedicated to improving student mental health are having a real impact on the lives of students. We know from this research that for some the journey towards recovery can take a long and complicated path, but that the earlier along that journey a student can find support the better the outcome is for them. While it is not always easy to know the best way to offer that support, post-secondary institutions need to continue to be creative in raising the level of awareness about mental health, reducing stigma and creating a culture on campus that is supportive and safe for all students.

Focusing on mental health accessibility reinforces the need for universities and colleges to take a broad holistic approach, and helps to ensure that our institutions are providing support to all students, regardless of where they fall within the mental health spectrum. Currently some of the frameworks in place, and some of the language used to describe and promote the types of services that are available may unintentionally be creating a barrier to access simply because students don't see themselves as having a mental health concern. Moreover, looking at mental health through the lens of accessibility provides institutions with the opportunity to carefully examine the policies and procedures currently in place and seriously consider the impact that they could be having on student mental health. Institutions have been mandated to address accessibility

issues on campus, and by placing mental health firmly in that context we can leverage the rigour that is being applied to these issues. All students have the right to good mental health and this initiative can help drive change to ensure that the campus is truly accessible to all students.

A Road Map to Change

This work is still exploratory in nature but the design principles developed, and the concepts that they illustrate, are relevant to the ongoing work happening at OCAD University specifically and are aligned with the Mental Health Steering Committee's four pillars outlined earlier: 1) curriculum and pedagogy, 2) programs and services, 3) awareness, education and training, 4) policies and procedures; and provides an initial road map to change.

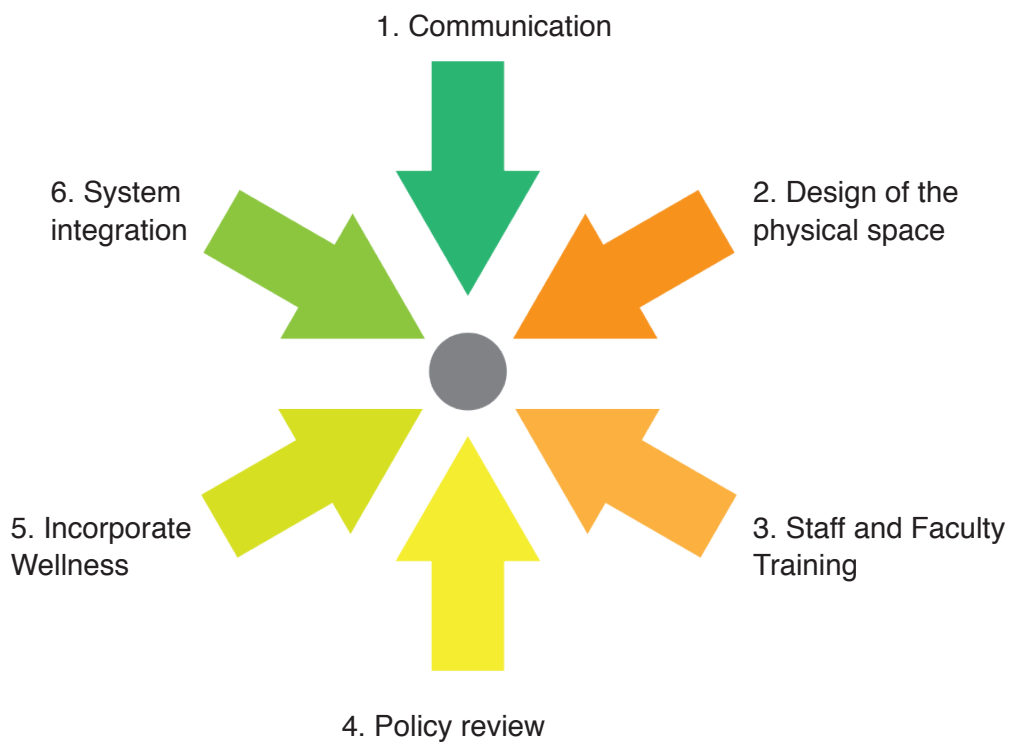


Fig 26: Innovation Road Map

Using the six principles that emerged from the participatory design workshop, and that are supported by my research, as a framework for mental health accessibility I put forward the following recommendations:

1. Communication: It is important that all communication around mental health services speak to the full spectrum of mental health and that messaging does not focus on mental health concerns or issues. For example the current Health and Wellness Centre website primarily speaks about medical and counselling services and only briefly mentions the health promotion work that happens within the centre. This means that a student would have to acknowledge that they are in need of medical or counselling support in order to see the services available as potentially beneficial to them.

Recognizing that the “Mental Health 101” section is still being developed I recommend that careful attention is given to the kind of language that is used and how it could be interpreted by a student who doesn’t know, or want to admit, that they have a mental health concern.

2. Design of the physical space: The upcoming move of the Health and Wellness Centre offers an ideal opportunity to carefully look at the Centre’s physical environment and design a new space that will foster the type of client experience that the Health and Wellness Centre is committed to providing for students at OCAD University.

In order to effectively facilitate this important design work OCAD University must engage specific stakeholders including: Students (clients and non-clients), Health and Wellness Centre Staff, University

Administration, Faculty, and Facilities managers, to understand their needs and move them towards a shared vision. It is through this collaborative process that a comprehensive plan that allows the Health and Wellness Centre to provide a safe, efficient, and welcoming environment for students can be developed.

3. Staff and Faculty Training: Meaningful work in this area has already started but it is important that the training for staff and faculty continue. OCAD University Protocol for Supporting Students in Distress clearly states that it is not the responsibility of front-line staff or faculty members to “serve as a counsellor, diagnose a student, or solve the student’s problem”, and it does provide a concise map to help for students in crisis. But, as described earlier in this paper, it is important that the entire campus community understand the importance of, and is trained to effectively listen and demonstrate true empathy for a student’s wellbeing. This alone can have a profound impact on a student’s mental health.

4. Policy Review: Earlier in this paper we looked specifically at the critique process as a potentially detrimental experience for some students. This is just one example of how policies, procedures and the University’s culture can impact student mental health. If OCAD University is truly committed to improving student mental health then as an institution it must conduct a comprehensive review of its policies and procedures to ensure that they are not putting undue stress on students, making them feel overwhelmed, unsupported, or isolated.

Improving student mental health cannot be the work of the dedicated staff of the Health and Wellness Centre alone. It must be part of every aspect

of the student experience.

5. Incorporate Wellness: Once again it is important to build out the service offerings to include health promotion and wellness programs. Prevention is a key factor in improving student mental health, and as the research shows can mitigate against more serious mental illness and addictions. This is not to suggest that these types of programs don't currently exist on campus, but they should be incorporated into the mental health strategy and promoted alongside the other services that are available. One idea that originated out of the initial research engagement was the establishment of Mental Health Pop-ups. These engagements were designed to meet students where they were and offer mental health skills such as stress reduction techniques, time management, or healthy sleep habits, as a way to promote good mental health.

6. System Integration: It is important not to forget, or to ignore, the fact that the Health and Wellness Centre is faced with real resource limitations. The Centre is not able to respond to every student need, provide ongoing support for chronic mental health concerns, or effectively support students with severe mental illness. Improving student mental health requires integration with the broader mental health system and continued alignment with community based services.

Integration also speaks to the importance of better collaboration within the university itself. It is important that the Health and Wellness Centre, the Centre for Students with Disabilities, and the Diversity and Equity Initiatives Office work closely together to identify and remove

barriers to better mental health. And, it is important that these services are recognized as important and valuable aspects of the University community.

A great deal of work is already underway and OCAD University is uniquely positioned to initiate a pilot project around mental health accessibility. It is my hope that this research validates and supports the work of the Mental Health Steering Committee, and offers some additional guidance and direction for further work.

Broadening our thinking around mental health services, and ensuring that our programs, policies, and school culture speak to the full spectrum of mental health, will help to improve access to a variety of services that have been proven to positively impact student mental health.

Discussion

Human Centred Design enables us to examine and address the unique needs and desires of a specific stakeholder group. Through an empathetic approach we are better able to consider people's physical capabilities, their cognitive abilities, the social systems in which they live, and the cultural considerations that make up their world.

Limitations

This project attempted to understand the needs and desires of college and university students when attempting to access mental health services on campus. This project was limited by a number of factors including:

- Research conducted at one institution only
- Small sample size of participants
- Recruitment challenges
- Resource limitations of researcher

With these limitations in mind it is recommended that further research is required. Specifically there is a significant need to engage male students in the conversation to understand how their needs might differ from their female peers. Through this project I attempted to balance the sample but was still unsuccessful in recruiting male participants. Understanding the gender differences in help-seeking behaviour is out of scope for this project but it is important to acknowledge as a gap in this research.

As a starting point it would be interesting to look at the split between male and female students currently accessing mental health services. This might give us an indication of whether the issue is that male students are not accessing

services as frequently as female students or whether male students are just less likely to respond to the kind of research request that I put forward. As articulated in some more detail a little later, recruitment of student participants was a significant challenge in general but it would also be valuable to explore what kind of initiatives, workshops, or engagements would attract male students and allow us to engage with them in a meaningful way about their ability to access the kind of mental health services they are looking for.

Furthermore, administrators were absent from the various engagements of this research and this would be another important stakeholder group to engage in a next phase of work. It will be important to understand any concerns that they might have in launching a campaign of this nature, as well as the kinds of opportunities that they see for these initiatives. As stated in the road map, collaboration is key to the success of this initiative and so University administrators need to be actively engaged in the discussion.

Recruitment of student participants, specifically those willing to be interviewed was challenging. This was made more difficult due to unforeseen delays in gaining Research Ethics Board approvals, but participant recruitment for this project relied on word of mouth and direct referrals from members of the health and wellness team. At the time I thought that this would be the most effective way to identify and engage with students who were interested in the topic but in retrospect a different method of recruitment might have proved more successful.

The time required to participate in a full interview may have been a barrier, and the fact that these interviews were conducted face-to-face may have also deterred some students. Perhaps short intercept interviews on campus would provide greater penetration into the student body. Likewise, there could be real

value in developing an online survey that could be sent out more broadly. As we learned in this research, current students are much more comfortable engaging in conversation about sensitive topics online.

It is important to note that this research was limited simply by the fact that it was conducted as part of a part-time Masters program. Balancing this research with a full-time job and a family was definitely challenging at times, and so I acknowledge that this research would benefit from full-time attention and additional resources.

Reflection

I am incredibly grateful to have had the opportunity to employ many of the skills and methodologies that I learned in the Strategic Foresight and Innovation program in a project as meaningful as this. Through my own independent research, and more importantly by engaging with individuals with lived experience, I have come to appreciate how important campus mental health services are. Many students experience significant transformations in their lives while at college or university, and through this project I have discovered that post-secondary institutions can play a vitally important role in promoting good mental health, teaching valuable life skills, and supporting students in need.

As someone who entered the SFI program with no formal design training it was wonderful to be introduced to new ways of approaching problems, identifying opportunities, generating solutions, and implementing change. This project reinforced for me the power of design thinking, the importance of systems thinking and the value of futures thinking. While I was not able to see any one of these practices through to their full potential in this project I think the results

of this research demonstrate how these methods could be effectively used to address some of the concerns around student mental health.

Implementation in my opinion remains a challenge. I hope that through the discussion section of this paper I have provided sufficient direction for future work, but clearly issues around stakeholder buy-in, funding, and institutional readiness could stall or even halt the progress of this initiative.

On a couple of occasions throughout this project I had the opportunity to present my work publicly. Not only was this a valuable experience for me personally, but on both occasions I was approached by people from the audience who wanted to tell me that my work really resonated with them personally. This was not only encouraging but also inspiring. Approaching me and sharing the fact that they had experienced mental health challenges in their lives demonstrated a great deal of courage on their part, and for that I am incredibly grateful.

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