EXAMPLARY PROGRAMS, POLICIES AND PRACTICES IN POST-SECONDARY STUDENT MENTAL HEALTH

ANALYTIC RUBRIC

"Best practices" are not necessarily the most popular, most frequently implemented, or most creative/innovative. They are strategies that can move institutions to a higher level of achievement in attaining health promotion outcomes in their student populations (CICMH, 2015). Overall, that means the "exemplary level" in the following rubric is achieved for a given policy, practice or program if it:

- ✓ Integrates as many socio-ecological levels as possible to achieve systemic change; that is, aiming for changes beyond the individual-level and looking to increase information/collaboration/coordination within the institution and/or with the community;

- ✓ Incorporates as many points of view and types of evidences as possible, especially from students and from marginalized groups, ranging from *ethical considerations to design, to implementation, and to evaluation*;

- ✓ Has a clear review process for continuous improvement (re: design, implementation, outcomes), including considerations for sustainability and scaling-up (if applicable).

To get more guidance on what an "exemplary" practice looks like re: the strategic pillars of the *National Standard of Canada - Mental health and wellbeing of postsecondary students* (CSA Z2003:20), please refer to the following clauses in the Standard:

- Supportive, safe and inclusive post-secondary environment (Clause 5.4.2)

- Literacy, education, stigma reduction (Clause 5.4.3)

- Accessibility (Clause 5.4.4)

- Early intervention (Clause 5.4.5)

- Mental health supports (Clause 5.4.6)

- Crisis management and postvention (Clause 5.4.7)

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Rubric

CRITERIA	Exemplary practice	Proficient practice	Limited or no practice
	Presence of elements that goes beyond the Standard (i.e., evidence of "should")	Presence of elements meeting the "shall."	Does not meet elements of the Standard
1. Practice is knowledge-informed using multiple types of sources to define and address needs *Gathering data 5.3.3* *Clause 4.2 General Principles-Knowledge informed*	• Addresses a need or issue that has been identified through assessment across at least three socio-ecological levels (individual, interpersonal, and institutional factors) to bolster systemic change (Clause 5.3.3.5). • Multiple sources of evidence are used in combination (research, practical experience, lived experience or traditional knowledge & teachings).	The initiative is derived from an assessment of at least one type of psychosocial factors (Clause 5.3.2.2)	May have a clearly identified audience, but the rationale for intervention and the needs assessment process is unclear or inadequately executed.
2. Students have been meaningfully involved at multiple stages (from design to evaluation) *Clause 5.2.5–Stakeholder participation and engagement*	• Mental health supports are designed in consultation with students, from a student-centred focus approach (Clause 5.4.6.5) and encourage student agency; • Students from diverse groups concerned by the program policy or practice are involved at all stages beyond design–implementation, operations and evaluation.	Students from diverse groups concerned by the program, policy, practice participated in the process of at least one component of the following: planning, development, implementation, operations and evaluation.	Some groups of students participated in the process of at least one component of the following: planning, development, implementation, operations and evaluation but the extent to which diversity of perspectives have been gathered is not demonstrated.
3. Practice(s) use an anti-oppressive lens *Clause 4.2 General Principles-Equity diversity inclusion* *Clause 5.4.6.2 Equity* *Clause 5.4.2.3 Safeguards from all forms of violence*	Implementation of strategies such as • Cluster hiring • Incorporation of cultural humility/self-reflection practices for staff/service providers • Safeguards from all forms of violence (Clause 5.4.2.3); • Engaging in a collaborative process and partnerships in the community with culturally appropriate service providers, spiritual leaders, Elders (Clause 5.4.6.5)	Evidence of: - Co-creation process (see above) addressing mindful language and outreach strategies to increase access for racialized groups - steps to be taken, so students feel safe and comfortable. • Process in place for equitable access to well-being and mental health supports that	Evidence of awareness and acknowledgment of core elements of an anti-oppressive lens but does not have actionable strategies/resources in place yet.

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Clause 5.4.6.5 Engaging in a collaborative process and partnerships in the community with culturally appropriate service providers, spiritual leaders, Elders		are culturally inclusive, and trauma and violence informed in the community.	
4. Clear consent processes and/or confidentiality procedures have been introduced into practice *5.2.4.2 Principles and intended outcomes* *5.2.4.2 Informed consent*	• Evidence of an external or internal formal review process to revise consent, procedures and tools. • Monitoring and follow-up on privacy breaches with different subgroups groups to improve processes.	Interactions, processes and protocols involving students re: principles of privacy and confidentiality apply to the entire post-secondary community and community partners and are provided in plain language and available on hand. **(**Clause 5.2.4.2)	Application of principles of privacy and confidentiality in processes and protocols involving students re: is limited to the school and/or are difficult to find/understand.
5. Practice encourages an inclusive environment and equitable access *5.4.2 Supportive, safe and inclusive post-secondary environment*	Evidence of **transformational learning environments*** (defined below), efforts to aim at changing culture for subgroups identified (Clause 5.4.2.3)	Evidence of efforts are directed at creating or improving **one or more** of the physical, social, online, academic, learning environments conducive to mental health and well-being (Clause 5.4.2.1)	Principles of inclusion for equitable access are available for one or many of the learning environments targeted by the intervention but do not cover all relevant and lack clarity about subgroups needs.
6. Practice(s) encourages accessibility *5.4.4 Accessibility*	Includes innovative ways (e.g., training and education) to improve a shared understanding of accommodation policies, or consistency of application across the post-secondary community (Clause 5.4.4.3) AND/OR Accommodations to improve access covers a broad range **of key elements***	Accommodation policies and procedures are clear, transparent and accessible (e.g., using plain language and without ambiguity) and consistent for those students who disclose disabilities/mental health concerns or not (Clause 5.4.4.2)	Accommodation policies and procedures are inconsistent, unclear or are not applying or partially applying to those students with mental health concerns who don't have documentation yet.

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7. Practice is monitored and evaluated to support the learning process. *5.5.1 General*	• Existence of structure, processes, and outcome indicators, drawing on quantitative and qualitative information (Clause 5.5.2.2) and at various levels (individual, interpersonal, institutional, community, and societal/cultural. (Clause 5.5.2.4) • Include knowledge-to-action strategies for the dissemination and sharing of results with the post-secondary community and broader stakeholders [e.g., CoP, training development, roundtables, advocacy, etc.].	• The evaluation plan considers the planning and implementation stages as well as outcomes and dissemination strategies [Clause 5.5.2.1] • Evidence of a participatory approach to determine what needs to be monitored and measured, when, and with which methods. [Clause 5.2.5]	Little information is available about a review process, no learning opportunities for continuous improvement in place or focus on outcomes solely.
8. Practice(s) are supported by the institution and align with strategic goals Clause 5.2.2.2	• Evidence that practice[s] aimed at sustainability in informed PSIs' strategic goals and/or support capacity-building and communications among the post-secondary • Have full transparency in operation and communications [e.g., roles and responsibilities are clearly defined and effectively communicated], communication opportunities to enhance the initiative, includes feedback from the post-secondary community [Clause 6.1.2.3]	There is a clear endorsement from the direction [Clause 5.2.3.3] by the way it promotes and communicate practice(s) allocates human and financial resource (including for evaluation) and *is committed* to drive and sustain practice(s) across the institution.	The direction is aware and supports the practice(s) while not clearly allocating resources *from planning to evaluation* or is not proactive at communicating/demonstrated its commitment.

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Definitions and Examples

Anti-oppressive lens — an approach that requires giving up power, being inclusive of all groups, including marginalized groups, having representation from these groups and joint decision-making about policy, procedures and practices [Source**:** *www.oacas.org*.]

Cultural safety — an approach that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences. It is created through an environment that is emotionally, linguistically, physically, psychologically, socially, and spiritually safe for people; where there is no assault challenge or denial of their identity, of who they are, of what they experienced, and what they need. It is about shared respect, shared meaning, shared knowledge, and experience of learning together. Note: *Practitioners are self-reflective/self-aware with regards to their position of power and the impact of this role in relation to patients. "Safety" is defined by those who receive the service, not those who provide it.* [Source**:** *www.heretohelp.bc.ca*.]

Cultural humility — Cultural humility is characterized by principles of mutual learning and critical self-reflection, recognition of power imbalances, and the existence of implicit biases (Ranjbar et al., 2020).

Exemples of transformational learning environments*:

- Student "hubs" (e.g., Student wellness and equitable learning Center (SWEL) aiming at providing under one roof students services (from College reps)

- Application of Universal Design for Learning or other accessibility learning principles (from College reps)

- Mentorship, peer-support and student life programs,

- Processes and features that encourage empathy, kindness and civility

- Processes that recognize and mitigate barriers for students with disabilities, such as informing students with disability about their rights against prejudice and discrimination and their choice of mental health resources and supports;

- A culture that recognized that the entire post-secondary is responsible for the mental health and well-being of its members and that mental health affects learning

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Examples of accommodations to improve access covering a broad range of key elements*

- excused absences for mental health and physical health treatment;

- flexibility in class schedules

- flexibility in learning assignment formats and pedagogical design;

- mental health leave; and

- service animals in housing or institutional facilities

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