Mental Health and Addictions

Expiry: April 30, 2029

1. Preamble

One of the primary concerns of the University of Alberta Students Union (UASU) is advocating for increased mental health supports for Undergraduate students. This policy was created with the intention of guiding the UASU advocacy to create campus mental health supports that help all Undergraduate students.

2. Definitions

1. **Mental Health:** “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood." [1]
2. **Aboriginal Relations and Reconciliation Committee Recommendations (ARRC)**: The recommendations outline clear ways that the UASU can support First Nations, Métis and Inuit (FNMI) students and make mental health supports more accessible to them. [2]
3. **Alberta Advanced Education (AAE):** The Ministry of Advanced Education, commonly referred to as AAE, is the ministry responsible for the public funding of post-secondary education institutions in the province of Alberta as well as the funding of loans, scholarships and grants for post-secondary education students. [3]
4. **Harm Reduction:** “Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws." [4]
5. **Intergenerational Trauma:**
   - Is trauma that is passed down through generations following traumatic events; [5]
   - This can result in psychological distress, anger, anxiety, PTSD, depression and much more; [6]
   - Some examples of communities impacted by intergenerational trauma are:
     - Ukrainians who were impacted by the Holodomor [7]
     - Communities (including but not limited to Jewish communities) impacted by the Holocaust [8]
     - And Indigenous communities impacted by historical and ongoing colonial genocide [9]
6. **Substance use and addiction:**
   - Addiction is defined as “the fact or condition of being addicted to a particular substance, thing, or activity." [10]
   - Substance use includes but is not limited to the use and abuse of alcohol, cannabis, tobacco, and recreational drugs.

3. Facts

1. Mental health plays a crucial role in the student experience and how successful they are in their academics.
2. Numerous factors contribute to a student's mental health. These factors could include but are not limited to:
   - Discrimination because of one’s gender, sexual orientation, race, ethnicity, indigeneity, class or disability;
   - Relationship with addiction and substance abuse;
   - Having been sexually harassed or assaulted;
   - Trauma (including physical, emotional or mental trauma);
   - And work-school-life balance.
3. The World Health Organization (WHO) states that: [11]
   - “Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live”;

- Social inequalities are associated with an increased risk of many common mental disorders.

4. The Mental Health Commission of Canada developed a National Standard for Mental Health and Well-Being for Post-Secondary Students. This lays out the roles and responsibilities institutions have with respect to their students. [12]
   - This includes calling for culturally appropriate mental health and well-being support for students.
5. There are numerous supports available to students on campus. Many of these services provide access to health care professionals including psychologists and therapists, culturally sensitive mental health supports, and other resources (such as the Campus Food Bank) that can help improve students' well-being. These services include but are not limited to:
   - Counselling and Clinical Services;
   - First People’s House;
   - The Peer Support Centre;
   - Empower Me;
   - Access Team.
6. The National College Health Assessment Survey found that between 2013 and 2019; [13]
   - For students, feelings of overwhelming anger, overwhelming anxiety, very sad, very lonely, overwhelmed by everything to do and that things were hopeless, all significantly increased;
   - Treatment for panic attacks, depression and anxiety doubled; and
   - Students who attempted suicide seriously considered suicide, and intentional self-harm nearly doubled.
7. The last National College Health Assessment was conducted in 2019. University of Alberta specific from National College Health Assessment (2019):
   - 69.6% of respondents felt very lonely at any time within the last 12 months;
   - 76.7 % of respondents felt very sad in the past 12 months;
   - 66.4% felt overwhelming anxiety at some point within the 12 months;
   - 47.2.% felt so depressed it was difficult to function at any time over 12 months;
   - 62.9% of respondents felt things were hopeless at some point within the last 12 months.
   - 13.7% had seriously considered suicide at some point in the previous 12 months, and 1.8% had attempted it in that time frame.
8. Canada’s Mental Health Strategy includes the following First Nation-specific mental wellness priorities. [14]
   - Close critical gaps in the continuum of mental wellness services, treatments and supports for First Nations, including traditional, cultural, and mainstream approaches;
   - Disseminate and share knowledge about promising traditional, cultural, and mainstream approaches to mental wellness, such as mental wellness teams and recognizing the role of Elders;
   - Support and recognize the community as its own best resource by acknowledging local knowledge and by developing community capacity to improve mental wellness;
   - Enhance the knowledge, skills, recruitment and retention of the range of service providers able to provide effective and culturally safe services, treatments and supports for First Nations mental wellness; and
   - Strengthen collaborative relationships among federal, provincial, territorial and First Nations governments to improve policies, programs and services related to mental wellness.
9. Canada’s Mental Health Strategy includes the following Métis-specific mental wellness priorities: [15]
   - Consult and engage Métis people to develop a Métis-specific mental health and substance-use strategy;
   - Build Métis knowledge through research to understand fully the intergenerational effects of colonization and the mental health needs of Métis people today;
   - Develop, increase and sustain Métis mental health human resources;
   - Improve access to a full continuum of culturally competent and culturally safe mental health services, treatments and supports for Métis people; and
   - Develop and strengthen collaborative relationships at all levels of government to advance and improve Métis mental health and well-being.
10. Canada’s Mental Health Strategy includes the following Inuit-specific mental wellness priorities: [16]

- Close critical gaps in the continuum of mental wellness services, treatments and supports for Inuit, including traditional, cultural, and clinical approaches;
- Support Inuit to respond to their mental health needs by drawing on the knowledge and strengths in their communities;
- Provide adequate, sustained funding and support to develop the mental health workforce and strengthen recruitment and retention of mental health workers;
- Increase the availability of Inuit-specific mental wellness data, research, information, knowledge and training; and
- Bring about transformation in mental wellness services through strong partnerships with government, non-government organizations, foundations and the private sector.

11. According to the University of Alberta Students' Union (UASU) 2020 Annual General Survey Report: [17]
    - "13% of respondents with neurological, cognitive, or psychiatric conditions had experienced mental-health-related discrimination/unfair treatment from University of Alberta Protective Services (UAPS) or law enforcement
      on or near campus. 12% had seen it happen to other people;"
    - According to qualitative data, many students did not feel as though UAPS was the best group to meet their needs during mental health crises;
12. Substance abuse and addiction can have an impact on one's mental health and academic success. According to the 2019 National College Health Assessment (NCHA) substance abuse and addiction are issues that impact University of
    Alberta students: [18]
    - Alcohol use and abuse is by far the most common substance-related issue on campus;
        - "0.8% of male students and 0.1% of female students (0.5% of the total sample, comparable to roughly 160 students) reported using alcohol for every one of the past 30 days",
        - "2.8% of respondents (comparable to roughly 900 students) stated that alcohol use impacted their academic performance within the past 12 months",
        - In the 2022 UASU mid-semester survey, the number of students participating in binge drinking has fallen by 50% since the 2019 NCHA. Binge drinking was highly gendered with cisgender men and all gender minorities were significantly more likely to binge drink than cisgender women, stable by year of study, and strongly associated with Science and professional faculties.
        - Alcohol use and abuse has also been tied to hazards and dangerous/harmful behaviours such as drinking and driving,
    - "1.1% of respondents (comparable to roughly 350 students) stated that drug use impacted their academic performance within the past 12 months";
    - Substance abuse is often stigmatized which is one of the biggest barriers for people seeking and receiving treatment for substance abuse.[24]
13. Homelessness continues to impact University of Alberta students:
    - The 2022 UASU Annual Survey found that 4% of respondents had, in the previous two years, been in unstable housing situations (e.g. couch-surfing, living in a vehicle, or sleeping rough), 10-11% had been in other unhealthy or unsafe housing situations (e.g. with an abusive partner/family member/roommate), rising to 20-35% for Indigenous, transgender, and/or disabled students. These results were consistent with the 2021 Annual Survey.
    - Since enrolling at the University of Alberta, 1.1% had slept on campus, other than at the Commuter Study Hostel, because they had nowhere else to go; 0.7% had stayed in a car, abandoned building, or other place not meant for housing; 2.7% had couch surfed or stayed with friends without paying formal rent; and 0.4% had identified as unhoused/homeless. These results were consistent with the 2018 Annual Survey.
    - Being homeless or living in an unsafe/insecure environment can impact an individual's mental health;
    - Many individuals experiencing homelessness, addiction, or mental health crises seek refuge on our campus. These individuals are often seen as a threat and are removed from campus.
14. An individual's ability to access and relationship with food can have a huge impact on one's mental health:

- Using the Health Canada HFSSM survey module, the UASU has found that severe food insecurity in the student body has increased significantly, from 13% in 2019 to 16% in 2022.
- 25% of students indicated that they would run out of food before they got money to buy more. Severe food insecurity was high among international students, disabled students, transgender and gender minority students, Black students, Indigenous students, and several particular faculties.
- Specific burnout questions had a correlation with food insecurity (e.g. frequency of thinking 'I can't take it anymore' or 'I feel weak and susceptible to illness')

15. Intergenerational trauma can have a serious impact on an individual's mental health [23]
16. Mental health supports are often difficult to access because:
    - Counselling and Clinical Services has long waitlists and often refers students to other clinics adding time to the process;
    - Prescription medications are often expensive particularly without insurance;
    - Mental health resources are often stigmatized which can impact an individual's willingness to access supports;
    - And because students are unaware of the variety of on-campus resources available to them.
17. Harm reduction can be used to meet the needs of those struggling with mental health crises and prevent mental health crises in the first place: [24]
    - Harm reduction can also be used to address things outside of drug abuse such as sexual assault, crime, and mental health;
    - Some examples of harm reduction on campus include:
        - Naloxone kits provided at University Health Centre Pharmacy
        - The Residence Community Standards Policy that is based on harm reduction and works to address cases of sexual assault and other misconduct using harm reduction.
18. In 2018 The University of Alberta created a Suicide Prevention Framework: [26]
    - This report recognizes suicide as one of Canada's "most serious public health issues";
    - They report that 14.9% of students have seriously considered suicide and 2.1% have attempted;
    - They created a list of recommendations including:
        - Demonstrate a visible commitment to mental health through top-down leadership support,
        - Create a suicide prevention implementation committee to move the university forward on initiatives and recommendations,
        - Create a full-time suicide prevention coordinator position to help with the continuation of this initiative,
        - Provide support to key units and services that will be involved in the implementation framework,
        - Engage with the greater Edmonton and area community on suicide prevention initiatives,
    - Most of these recommendations have not been fulfilled.
    - In the UASU's Fall 2022 Mid-Semester Health Check-In Survey, 24.7% disclosed that, in the past few weeks, they had wished they were dead, up from 17.6% in April 2022. These responses were highest among first- and second-year students (particularly international students), and women and gender minorities.
19. The UAlberta gets most of its mental health funding from the provincial government. According to the Alberta 2030 Review: [27]
    - The government recognizes that mental health is a serious and pervasive issue in post-secondary;
    - The province will " Continue to equip institutions with resources to support students' mental well-being through the Mental Health Grant";
    - "AAE will continue to provide annual funding (~$8.6M total is budgeted annually) to PSIs and FNCs to support on-campus mental health resources";
    - The University no longer needs to apply for funding every year. Rather they have been guaranteed approximately $1.3 billion a year for the next three years.

4. Resolutions

1. The UASU will advocate for the University's Mental Health and Wellness Policies to be developed using a set of diverse factors such as race, gender, and socioeconomic status.

2. To meet the needs of First Nations Students and align with Canada's Mental Health Strategy, the UASU will advocate for the University to:
    a. Develop mental health supports that work to close critical gaps in the continuum of mental wellness services at the University. This means developing treatments and supports for First Nations students, including traditional, cultural, and mainstream approaches;
    b. Create resources that recognize the role of Elders and First Nations communities in providing mental health supports;
    c. Work to create and bolster culturally safe services and supports for First Nations students;
    d. Disseminate and share knowledge about promising traditional, cultural, and mainstream approaches to mental wellness, such as mental wellness teams and recognizing the role of Elders;
    e. Support and recognize the community as its own best resource through acknowledging local knowledge and by developing community capacity to improve mental wellness;
    f. Enhance the knowledge, skills, recruitment and retention of the range of service providers able to provide effective and culturally safe services, treatments and supports for First Nations students' mental wellness; and;
    g. Strengthen collaborative relationships among federal, provincial, territorial and First Nations governments to improve policies, programs and services related to mental wellness.
3. To meet the needs of Métis students and align with Canada's Mental Health Strategy for Metis people, the UASU will advocate for the University to :
    a. Consult and engage Métis students to develop Métis-specific mental health and substance-use strategy;
    b. Build Métis knowledge through research to understand fully the intergenerational effects of colonization and the mental health needs of Métis students today;
    c. Develop, increase and sustain Métis student's mental health human resources;
    d. Improve access to a full continuum of culturally competent and culturally safe mental health services, treatments and supports for Métis students; and
    e. Develop and strengthen collaborative relationships at all levels of government to advance and improve Métis students' mental health and well-being.
4. To meet the needs of Inuit students and align with Canada's Mental Health Strategy for Inuit-specific mental wellness priorities, the UASU will advocate for the University to:
    a. Close critical gaps in the continuum of mental wellness services, treatments and supports for Inuit students, including traditional, cultural, and clinical approaches;
    b. Support Inuit students to respond to their mental health needs by drawing on the knowledge and strengths in their communities;
    c. Provide adequate, sustained funding and support to develop the mental health workforce and strengthen recruitment and retention of mental health workers;
    d. Increase the availability of Inuit-specific mental wellness data, research, information, knowledge and training; and
    e. Bring about transformation in mental wellness services through strong partnerships with government, non-government organizations, foundations and the private sector.
5. The UASU will advocate for or work to create a traditional medicine garden on campus for Indigenous students to have access to traditional medicine on campus.
6. The UASU will continue to advocate for the development of more diverse mental health supports on campus:
    a. This should include support for diverse communities;
    b. More supports on campus including more councillors;
    c. And more funding supports for mental health on campus.
7. The UASU will advocate for UAPS to improve its policies and practices for responding to those in distress and/or with mental health issues.
8. The UASU will continue to advocate for and take part in programs that work to decrease substance use on campus and support those with addictions.
9. The UASU will continue to advocate for and provide support to those who experience food insecurity through supporting solutions like the Campus Food Bank and the Access Fund.

10. The UASU will advocate for students to have better access to housing, by advocating to different levels of government and the university to provide and fund more affordable housing options.
11. The UASU will advocate for the creation of mental health supports for those who are impacted by intergenerational trauma.
12. The UASU will advocate for the University of Alberta, the Provincial Government, and the Federal Government to provide more financial and staffing support to counselling and clinical services:
    a. This should include advocating for the provincial government to substantially increase the Post-Secondary Mental Health Grant.
13. The UASU will advocate for and take part in efforts to decrease the stigma surrounding mental health struggles and accessing supports.
14. The UASU will continue to advocate for the creation of and provide services, supports and programs that focus on harm reduction:
    a. Examples of this could include increasing access to naloxone kits, Mental Health First Aid Training, bystander intervention training and queer affirming sexual health and wellness.
15. The UASU will continue to plan and support events and programming that helps improve students' mental health.
16. The UASU will advocate for the University to create a suicide prevention and implementation committee to move the university forward on initiatives and recommendations outlined in the Suicide Prevention Policy.
17. The UASU will advocate for the creation of a full-time suicide prevention coordinator position to help with the continuation of prevention and response initiatives.
18. The UASU will work with community supports and members of the community to create solutions to mental health crises and suicide prevention.
19. The UASU will work to address the issues that contribute to mental health crises and advocate for the University to do the same.
20. The UASU will continue to advocate for and take part in programs that work to decrese substance use on campus and support those with addictions, excluding:
21. The UASU will continue to advocate for and take part in programs that work to decrease substance use on campus and support those with addictions, excluding:
    a. Substances that are used for spiritual or ceremonial practices.
22. The UASU will advocate for and take part in efforts to decrease the stigma surrounding substance abuse and access to supports.
23. The UASU will advocate for better services to support students dealing with various addictions.

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