Integrating mental health literacy and student wellbeing into all stages of education

Speech to the Council of Ministers of Education, Canada, July 5, 2018

Thank you, Minister Mark.

I would like to acknowledge some of the other post-secondary education leaders from across B.C. in the room today, including Kathy Kinloch from BCIT and Ken Tourand from the Nicola Valley Institute of Technology. I would also like to acknowledge Karen Ranalleta, the head of CUPE 2950 at UBC, and general vice president of CUPE BC.

Ministers, Deputy Ministers and guests. I am delighted to be here.
Student wellbeing is a topic close to my heart and one of increasing importance in higher education.

We are all working together – whether at universities, colleges, polytechnics, high schools or elementary schools or trades – for all of our students.

Urban students, inner-city students, Indigenous students, rural students, immigrants, refugees – all reflect the world we live in, and we want all of them to thrive in our schools and to successfully transition to post-secondary campuses and beyond.

B.C.’s Ministry of Education defines the purpose of the public school system this way: to enable students to develop their individual potential and to acquire the knowledge, skills and abilities needed to contribute to a
healthy society and a prosperous and sustainable economy.

Student wellbeing is fundamental to this purpose.

Educators aim to create an environment in which our students are exposed to a variety of ideas, and acquire the knowledge and skills that will enable them to achieve their personal goals and become responsible members of society, regardless of their choice of job or profession.

This is why it is so important to integrate mental health literacy and student wellbeing into all stages of education, from kindergarten through Grade 12 through college and university.

One in five Canadians – regardless of age,
ethnicity or income level – will experience a significant mental health condition at some point in their lives.

Many more will be touched by mental illness through its effect on family, friends and co-workers.

Statistics Canada reports suicide as the ninth leading cause of death in Canada, but in the age 1-to-24 grouping, 20 percent of deaths are attributed to suicide.

I can speak from my own personal experience.

When I was young, I twice tried to commit suicide.

I was 14 years old the first time I tried to take my own life.
I was desperate and I was depressed about how I was doing in school.

I’m very grateful I woke up the next day.

Several years later, as a young adult, I again tried to take my life.

I was depressed because I had tried to get an experiment to work for several months and it seemed like every single time I tried the experiment wouldn’t work.

I struggled with mental health issues throughout my youth and young adult life, including my years at the University of Chicago, McGill University, John Hopkins University and Harvard University.

But I kept those struggles to myself. There was a stigma around mental illness that made me reluctant to seek help.
Looking back, I feel very fortunate to have received the medical and psychological support I needed to recover.

For the last 25 years, I've been symptom-free. A big part of the balance in my life is that I have a loving family, and they're always there for me.

The lesson in my story is if you have the proper counseling and support, it’s really possible for you to move past that and move back into functioning life.

While physical health is easy to measure and talk about openly, mental health is under the surface and often not talked about at all.

This prevents people from asking for the help they desperately need.
The Canadian Mental Health Association b4stage4 campaign asks a thought-provoking question – what if we waited until stage 4 to treat cancer?

We would never allow our medical system to wait that long to treat cancer. We fully expect to have preventative education, screening, and early treatment.

Now, imagine if the standard of treatment was equal between mental and physical health conditions. Not only would it significantly improve the lives of those living with a mental illness, it would save lives.

We need to stop the stigma that prevents individuals from asking for help, because the sooner a condition is identified, the sooner it can be healed.
The early diagnosis and treatment of mental disorders is associated with better social, academic and vocational outcomes. Untreated mental illness, on the other hand, can have a negative impact on physical health, academic outcomes and future job prospects.

Mental health literacy is the foundation for mental health promotion, prevention and care.

I’m proud of the work of the UBC Faculty of Education in developing a mental health literacy program and online curriculum resource for teachers.

Mental health issues affect students in every year of study, including PhD students, who often feel they can’t open up about their struggles for fear of appearing weak.
With regard to first-year students, many of them are away from home for the first time, without the support of their family and friends, in a new, confusing and seemingly uncaring environment.

The diversity of campus communities – including students of all ages, Indigenous students, youth formerly in care, families, single parents, LGBTQ+ – brings unique challenges and requirements for support. We need to provide resources to help students connect, build coping skills, learn to recognize early when they may need assistance, and get help when they need it.

UBC is committed to healthy and sustainable workplaces, undergraduate and graduate student experiences, and the development of a vibrant intellectual community.
This includes a commitment to enhancing mental health and wellbeing of students, staff and faculty.

That’s why we established UBC Wellbeing. UBC Wellbeing is a collaborative effort to make the university a better place to live, work and learn through a systems-wide approach to wellbeing across our campuses.

The work of UBC Wellbeing is guided by the Okanagan Charter.

The Charter came about in June 2015, when UBC co-hosted the International Conference on Health Promoting Universities and Colleges at our Okanagan campus.

The conference brought together participants from 45 countries, representing both educational institutions and health
organizations, including the World Health Organization and UNESCO.

Over three days, these organizations collaborated on the development of the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges.

In October 2016, UBC became one of the world’s first universities to adopt the Charter. This commitment sends a powerful message about the type of institution that UBC aspires to be—one that excels in teaching, learning and research and recognizes this excellence is supported by the wellbeing of our people and places.

The Charter provides institutions with a common language, principles and framework
to become a ‘health and wellbeing promoting campus’ and outlines two Calls to Action:

• To embed health into all aspects of campus culture, across the administration, operations and academic mandates;
• To lead health promotion action and collaboration locally and globally.

These two Calls to Action guide the UBC Wellbeing approach, and are the foundations of creating wellbeing for all of our communities.

Putting the Okanagan Charter into practice requires embedding health into all aspects of campus culture – administration, operations, academic, residential and social.

UBC Wellbeing focuses on five priority areas:
• Physical activity and sedentary behavior
• Built and natural environments
• Food and nutrition
• Social connection, and
• Mental health and resilience

We have shown our commitment through an ongoing investment that includes dedicated staff positions on UBC campuses, awareness campaigns, and other means.

One example at UBC is *Thrive*, a program for students, staff and faculty to promote healthy bodies and healthy minds.

*Thrive* creates awareness of the connection between mental health, wellbeing and academic success, and links students to services and resources that help build positive mental health and resilience.
Another example is *Move UBC* – a program to reduce sedentary behaviour and increase movement – everything from standing more in meetings, to taking frequent, active breaks, to committing to an exercise program.

The top five factors essential to wellbeing are – sleep, nutrition, friends, purpose, and exercise. Financial literacy and financial planning are also important to wellbeing. Students need to learn how to maintain good health and wellbeing habits across the course of their life.

This year at UBC, we have made wellbeing a key priority in our new strategic plan. We have also begun to develop a Wellbeing Strategic Plan, which will channel university-wide efforts and ensure continued focus.
I’ve been discussing UBC in detail because, it is of course, the institution with which I am most familiar. But UBC – and other post-secondary institutions – are just one element in the ecosystem of support. All elements in the education system – from pre-school to elementary to high school to post-secondary – need to play our role in supporting our vulnerable young people.

And the education system as a whole needs to partner with community resources, health authorities, and government. A network of support beyond the school is crucial.

For example, the Mental Health Commission of Canada provides a program called *Mental Health First Aid*.

This program is designed to provide help to a person who may be developing a mental health problem, experiencing the worsening
of an existing mental health problem, or in a mental health crisis.

Just like physical first aid is provided until medical treatment can be obtained, Mental Health First Aid is given until appropriate support is found or until the crisis is resolved.

Over the past decade, more than 300,000 Canadians have taken this training, including courses for diverse communities, such as youth, Indigenous peoples, seniors and veterans.

We must work with others in the community. We need a strong partnership with the province to ensure our health and wellbeing services are resourced and that we are supporting the full continuum of care. Research and evidence-based practices that are piloted on campus and focused on the
university population, will ultimately support broader community-based innovation and benefit society as a whole.

As a university president, I witness plenty of evidence that today’s students – given the proper support – can and do, indeed, thrive.

Today, young people are much more aware of their mental health than when I was in university, and that’s a good thing.

Much of the success of campus wellbeing programs relies on student leaders trained to provide peer support. Students can be a real inspiration, and they are empathetic to one another.

When young people realize they are not alone in experiencing mental health issues, it motivates them to do something about it;
and they are motivated to demand their leaders do something about it, too.

How do we respond? What can we – as educators, politicians, administrators – do to help our students thrive?

We must encourage and enable our institutions to cultivate resilience, and to provide students the freedom to try, to fail, to learn from failure, and to try again.

And we must put special emphasis on traditionally less well-served groups, such as Indigenous students, marginalized groups, and first-generation students.

We must ensure we have institutional supports in place. I’ve mentioned some of the supports we have at UBC. They are a good first step, but we need to constantly evaluate
those supports and ensure that they are working.

We must create environments that lend themselves to balanced healthy lifestyles. For example, we need to think about the ways in which academic programs are designed, the ways that students are encouraged to engage on campus, and how career-building experiences are prioritized.

I’m pleased with UBC’s efforts to date and the supports we have available. When I was younger, there were few supports. But I did have some significant help, for which I am grateful.

I recognize that not everybody has those supports, and that’s why it’s important that we live up to the ideals of the Okanagan
Charter, and that we give students of all ages the support they need, when they need it.

We in the post-secondary sector are determined to work with you to make our campuses better places to live, work and learn. Student wellbeing is integral to our success, and it is a source of influence for positive change in society.

I would like to end with a challenge to you: I urge you – as the ministers and deputy ministers of education – to reach beyond your specific ministries, to work with your ministerial colleagues and partners to develop comprehensive approaches that will follow students from K-12 to post secondary and beyond into adulthood.

One of the challenges in mental health is how to fill the gaps between services as clients
move through and then out of the education system.

We need better transitions and we need a fully coordinated ecosystem of care. You, and your governments can provide that. And we in the postsecondary sector will support your efforts, through expertise, facilities or other means.

Together, we can give the next generation the support they need to thrive.

Thank you.