The Broadening of Mental Health:

The next paradigm shift in higher education

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Overview

- Landscape of mental health in higher education
- The broadening of "mental health"
- Taking a systems view & operationalizing change
- Emerging movements & Implications

Landscape of College Mental Health

Crisis narrative & increased demand

Lack of strategy in addressing problem

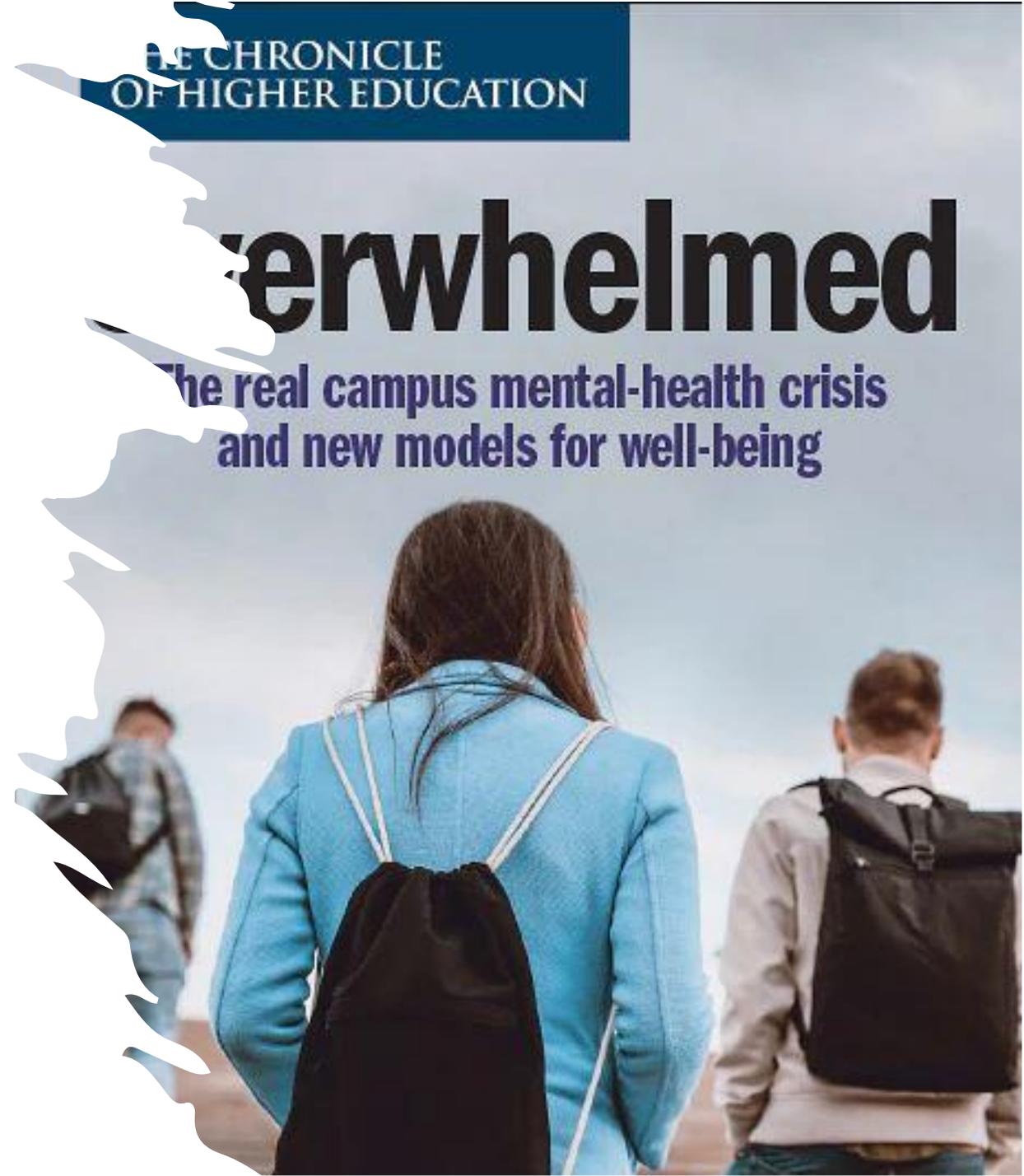Still have students with significant mental health needs

People are leaving the field

THE CHRONICLE OF HIGHER EDUCATION

erwhelmed

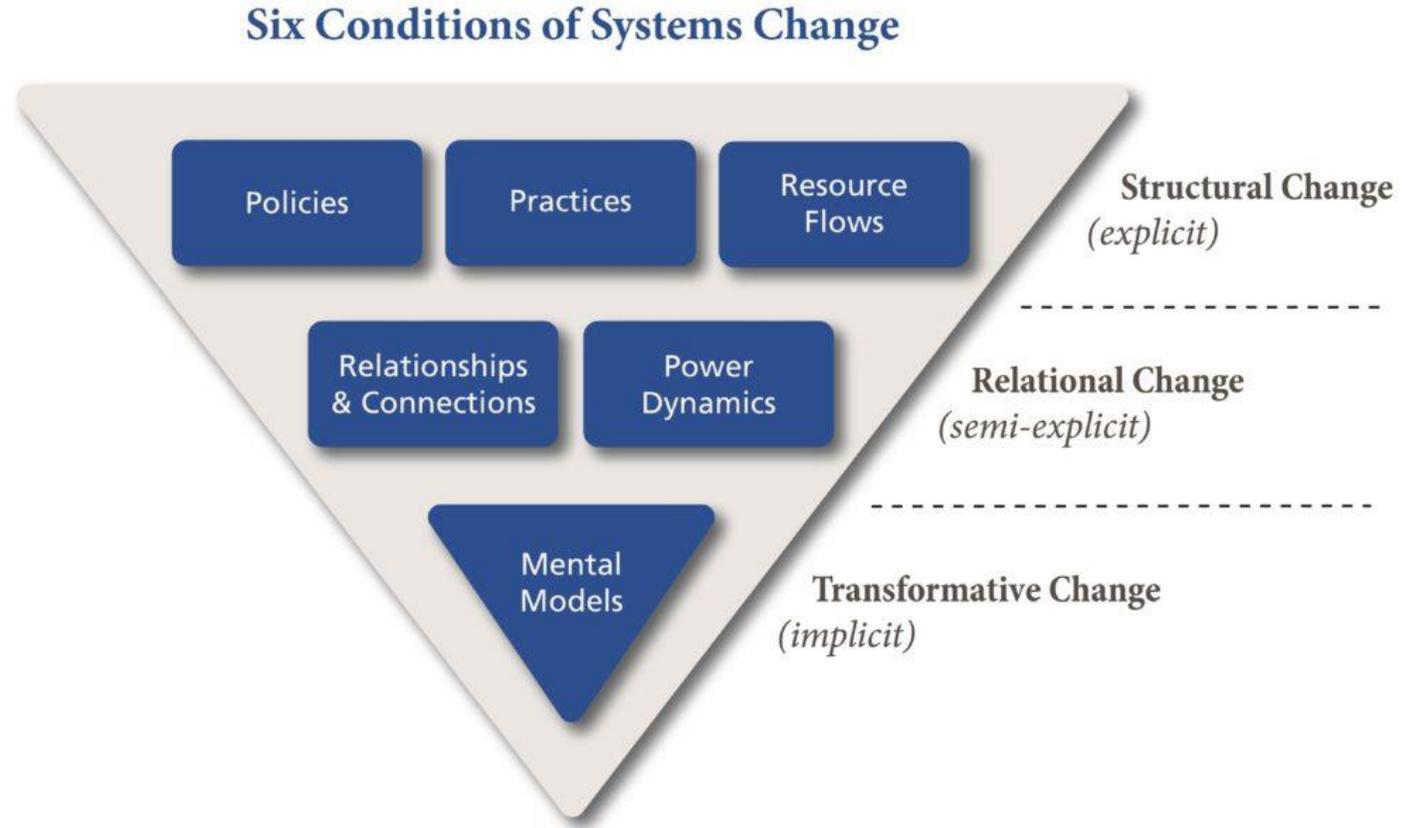The real campus mental-health crisis and new models for well-being

Current Strategies & Ways of Thinking

- Students:
  - Broadened scope of "mental health"
  - Narrow clinical language & scope of who can be helpful
- Employees:
  - Narrowed scope of mental health
  - Clinical language = elevated level of distress & narrow scope of who should contribute
- Current ways of doing business have reached their limit

Systems Change

- Our task is to broaden ways of thinking & align with new worldviews
- Our mental models shape the world we inhabit
- Systems change is about shifting the conditions that hold a problem in place

Six Conditions of Systems Change

Policies | Practices | Resource Flows — Structural Change *(explicit)*

Relationships & Connections | Power Dynamics — Relational Change *(semi-explicit)*

Mental Models — Transformative Change *(implicit)*

The Water of Systems Change, John Kania, Mark Kramer, and Peter Senge 2018

What is in the water?

"If the frogs in a pond started behaving strangely, our first reaction would not be to punish them or even treat them. Instinctively, we'd wonder what was going on in the pond."

Dan Reist, UVIC, Canadian Institute for Substance Use Research

Operationalizing Change

Traditional Approach	Systemic Approach
Mental health is responsibility of the clinicians/providers	Mental health is a shared responsibility of the system & the people in it
Setting individual department goals/outcomes	Setting shared and mutually reinforcing goals/outcomes
Focus on pathologizing	Focus on lived experience (e.g., Art of Living)
Reliance on short-term solutions and traditional approaches	Strategic, sustainable, and foundational change in outcomes
Institutional success in managing mental health is measured by demand and/or how "well" demand is managed (i.e. wait times)	Institutional success is grounded in the capacity of an institution's culture and values to engender & support conditions that lead to positive mental health and increased interconnections

Finding the Heart of It

- What's it been like out there?
- What have you been holding onto?
- How have we defined ourselves?

Implications

- Our responsibility is not to fix people
- Responsibility of higher education is creating the conditions in which wellbeing can bloom
- Specific Implications:
  - Reconceptualizing "meeting demand" (CLI, what is "mental health" & "help")
  - Understanding & Incentivizing "collaboration" (not just integration)
  - Letting Go of Roles
  - Embracing Functions
  - "Horizontalizing" Help
  - Emphasizing Connection & Belonging

A Paradigm Shift is Coming

- We can't keep doing it the same way (and expect a different outcome)

- Movements are emerging:
  - Discussions in the field (e.g., Chronicle, webinars, Surgeons General conversation)
  - Position Papers (e.g., AUCCCD)
  - Okanagan Charter
  - Health Promoting Campus Movement

Summary

- Things have been hard & ways of thinking have changed

- Lots of focus on Frogs, not Ponds

- We all have a role in change

- How do you want to shape what's next?

Discussion and Q & A