

Ryerson Mental Health And Wellbeing Advisory Committee: Terms of Reference

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Background

Each of us in the Ryerson community experience periods in our lives when we are flourishing while other times we find ourselves languishing or struggling. As a post-secondary institution, Ryerson is positioned to support the wellbeing of all of its members and acknowledge well-being as a fundamental aspect of a thriving, engaged and healthy academic community.

Post-secondary students are uniquely vulnerable to issues of mental health and substance abuse, as the challenges associated with transitioning to a complex and less structured environment can trigger more serious, underlying mental health issues. Surveyed Ryerson students acknowledged that mental health and wellbeing issues have impacted their academic outcomes. may also affect staff and faculty, and can interfere with their success and impact on the university's mission.

Self-reported mental health and wellbeing concerns are rising for post secondary students. As demonstrated in the latest iteration of the National College Health Assessment conducted in 2016, anxiety, depression and thoughts of self harm have increased compared to 2013 virtually across the board at every university in Canada, with Ryerson being no different. Post secondary institutions are struggling to keep up with the downstream ramifications of this trend. At capacity utilization of counselling centres and academic accommodation services has been reported widely in the media, across our networks, and the data is showing us the same impacts here at Ryerson.

From an employee perspective, things aren't much different. Mental health represents the most often cited reason for both sick leave and long term disability. Workshop offerings, whether focused on addressing mental health in the workplace or focused on individual health and resilience, routinely reach capacity shortly after they are posted. Employee Assistance Program (EAP) utilization rate, the rate at which Ryerson employees access our third party EAP, ranges from 15 - 20 percent (2016/17 academic year).

There are multiple determinants of mental health and wellbeing, covering the biological, social and cultural aspects of life, and require a systematic cross-campus approach. Stigma, discrimination, stereotypes and sanism (see Appendix B) are only effectively addressed from an institutional perspective.

Since the Ryerson community is home to a diverse student, staff and faculty community, mental health and wellbeing issues may manifest in multiple ways. Therefore it will be important that we embrace this diversity of experience and perspective as we cultivate and actualize our mental health and wellbeing strategy by allowing for emergent strategic thinking as we support our campus community.

Vision

A vibrant, flourishing university community and environment that promotes mental health and wellbeing for all members to succeed.

Informed by multiple approaches, we understand mental health to be “The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections, and personal dignity” (Public Health Agency of Canada)

In keeping with our diverse community, mental health extends not only to medical conceptions of illness and health but Indigenous conceptions of social, spiritual and community wellbeing, critical notions of Madness (see Appendix B) and disability (see Appendix B), and cultural interpretations of wellness.

Purpose

1. To create a comprehensive mental health strategy for Ryerson, in alignment with the Academic Plan, that aims to develop and maintain a campus environment that fosters this broad vision of mental health and wellbeing.
2. To provide continuing oversight in the strategy’s implementation, sustainability, evaluation processes, and timeliness to ensure it is responsive to the community and its diverse and evolving needs and perspectives.
3. To provide advocacy for mental health and wellbeing through supporting policy development, contributing to a community of caring by providing leadership in the eradication of stigma, sanism and discrimination related to mental health on campus, and infusing mental health and wellbeing principles where possible into the classroom, workplace and Ryerson community.

Guiding Principles

The Committee will conduct its work through the lens of the following principles:

- Creates strategy that will align with the Ryerson University mission, the Academic Plan, diverse knowledge bases, campus cultural centres and external strategies.
- Focuses on a holistic approach to mental health and wellbeing for the entire Ryerson community - students, staff, and faculty – which a) addresses underlying determinants of mental health, and environmental factors (physical, social, cultural, etc.)
- Aims to integrate into school activities, including into the classroom and experiential learning experiences, and workplace.

- Upholds equity, diversity and inclusion, social justice and individual autonomy
- Utilizes a broad based approach to inquiry and review including evaluation, research and social inquiry
- Includes the student, staff, and faculty, perspectives including self-identified people with mental health experiences such as users, consumers, consumer-survivors, survivors, refusers (see Appendix B), people with lived experience, Mad people (see Appendix B), and others.
- Collaborates with the broader local community

Structure and Responsibilities for Committee and Working Groups

- Strategic Advisory Committee
 - Reports to the Provost , VP Academic and VP, Administration and Finance
 - Responsible for:
 - Creating the Ryerson Mental Health and Wellbeing Strategy, to be approved by the Provost, VP Academic and VP, Administration and Finance
 - Approving and overseeing the annual committee work plan
 - Setting direction and coordination of potential working groups
 - Establishing processes (eg. assessment, evaluation, documentation) to ensure the smooth operation of the committee
 - Co-chairs:
 - Director, Student Health and Wellness
 - Manager, Workplace Wellbeing Services
- Working groups
 - To be determined at November 2017 meeting

Meetings Guidelines

Frequency

Every 4 weeks as needed, 1-2 hour meetings

Ground Rules Include:

- Following the roles and responsibilities as laid in this terms of reference document
- Confining discussion to the topic
- Being respectful of others.

Values and ground rules should be reviewed annually.

Role of Chairs

- Ensure that the terms of reference are adhered to
- Draft the agenda
- Ensure that meetings are well facilitated

- Ensure the recording and distribution of minutes to relevant stakeholders
- Recognize the efforts and accomplishments of committee members
- Report activities of the working group to the steering committee, report activities of the steering committee to the Provost and VP, Administration and Finance

Role of Members/ Participants

- Prepare for meetings in advance by reviewing the agenda
- Ensure any assigned action items from previous meetings have been completed
- Be prompt and regular in attendance. Send regrets in advance to the Chair
- Update respective teams on the progress of their work
- Share particular expertise with committee members in order to achieve specific goals and deliverables
- Liaise with affiliated group (ie. student group, faculty, department) as required to gather specific information, insight or expertise

Decision-making: Consensus

Consensus in decision making means that all members generally agree that the decision is acceptable. Consensus does not require that everyone be in complete agreement, but only that all be willing to accept—consent to—a decision.

Dissenting Options

Raise Concerns

Willing to allow a decision to pass but register one’s concerns with the group. If there are significant reservations about a direction, the decision-making facilitators may choose to modify the proposal

Stand Aside

Willing to let the decision go forward, due to the issue not being relevant; or not being knowledgeable enough about the issue to offer a constructive alternative.

Block

Express concerns with the direction and seek to block the group from continuing in the current direction. Individuals choosing to block a developing direction should seek to offer an alternative that can best meet the needs of the branches.

Budget

To be determined

Appendix A - Stakeholders

The stakeholder membership consists of participants who possess perspective, expertise or authority that will be drawn upon for specific sub-committees or initiatives. Additional ad hoc members will be added as needed both from Ryerson and the broader external community.

- Vice Provost, Students
- Director, Athletics
- Student Affairs:
 - Learning Support
 - Academic Accommodation Support
 - Student Life
 - Student Health & Wellness
 - Director, Student Health and Wellness
 - Clinical Coordinator, Centre for Student Development and Counselling
 - Physician Team Leader, Medical Centre
 - Health Promotion Program Coordinator
 - Career Centre
 - Housing & Residence Life
- Office of Sexual Violence, Support and Education
- Student Conduct Officer
- Registrar's Office
- Human Rights Services
- Human Resources
- Security
- Environmental Health & Safety
- Marketing and Communications
- Yeates School of Graduate Studies
- Faculty of Community Services
- Faculty of Engineering and Architectural Science
- Faculty of Science
- Faculty of Arts
- Ted Rogers School of Management
- Faculty of Communication and Design
- Chang School
- Learning and Teaching Office
- Ryerson Faculty Association
- OPSEU
- CUPE
- Ryerson Student Union / RyeAccess
- Continuing Education Students' Association of Ryerson
- Madvocates/Mad Student Society
- SMASH

- External community services/ agencies (St. Michael's, Centre for Addiction and Mental Health, Canadian Mental Health Association)
- Others as appropriate

Formal Linkages

- Access Ryerson Steering Committee
 - Vice President, Equity and Community Inclusion on steering committees for both RMHWC and Access Ryerson
 - Mental Health group representation on Access Ryerson Committee
- Employee Assistance Program (HR)
- Others as appropriate

Appendix B - Glossary of Terms

Sanism

A belief system that makes it okay to pick on, make fun of, discriminate, reject, silence, discredit, pathologize, de-centre, kindly undermine and commit violence against the mad. Sanism is an oppression, it is the reason for stigma, and it can happen even with the best of intentions (J. Poole)

Madness

A term linked to 'Mad Pride', which is a movement to reclaim the terms 'mad' and 'madness', which connote a biochemical etiology of mental health disability. Embracing these terms allows those who identify with them (i.e., Mad People) to use the terms to celebrate identities, cultures and communities. Ryerson is a pioneer and global leader in the field of 'Mad Studies'.

Social Model of Disability

Identifies systemic barriers, negative attitudes and exclusion by society (purposely or inadvertently) as the main contributory factor in 'disabling' people. While physical, sensory, intellectual, or psychological variations may cause individual functional limitation or impairments, these do not have to lead to disability unless society fails to take account of and include people, regardless of individual differences.

Users, consumers, consumer-survivors, survivors

Suite of terms encompassed under the psychiatric survivors movement (or Mad Pride movement), which is a diverse association of individuals who either currently access mental health services (known as consumers or service users), or who are survivors of interventions by psychiatry, or who are ex-patients of mental health services and seek to honour the experiences of psychiatric disabilities and knowledge.

Refusers

Those who refuse formal mental health/psychiatric services, either with or without prior experience with these services.