

# Our Time to Lead and Mental Well-being at Ryerson

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Ryerson’s new academic plan, **Our Time to Lead**, is guided by an important set of values, one of which is:

***People first: The university is committed to the success of its students, faculty, and staff by creating a safe, secure, and healthy environment that puts people first, is supportive of the whole person and enhances the development of physical, mental and spiritual well-being.***

Other Ryerson values include equity, diversity, and inclusion, and it is important to note that these values encompass all members of the Ryerson community, including those with mild or significant mental health issues. Additionally, the Ontario Human Rights Code protects people in Ontario with mental health disabilities and addictions from discrimination and harassment under the grounds of “disability”.

Over the past two years – and as the Academic Plan was being developed – the Ryerson Advisory Committee on Mental Health has been meeting to address issues of mental health and mental well-being for students, faculty, and staff at Ryerson<sup>1</sup>. The committee was established, at least in part, in response to data indicating that mental well-being issues are a significant concern for the Ryerson community.

The committee has generated a **Ryerson Statement of Commitment to Mental Well-Being**:

***Ryerson is committed to the success of all its community members by creating an environment that is supportive of mental well-being. This includes an ongoing dedication to creating and sustaining a supportive campus culture and institutional ethos without stigmatization and discrimination, with regard to mental well-being.***

***Drawing from the Public Health Agency of Canada definition of mental health, Ryerson’s understanding of mental well-being is: “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 well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.”***

***Issues of mental well-being, stigma, and discrimination against people with perceived mental health issues can affect all members of the Ryerson community, and can interfere with their success as well as impact the university’s mission. In order to support Ryerson’s vision, the aim of this statement is to develop and maintain a vibrant, flourishing university community and environment that sustains mental well-being for all members to succeed. This will be achieved through***

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<sup>1</sup> In this document, unless otherwise stated, “staff”, “faculty” and “student” are generic terms. “Staff” refers to all employee groups (e.g. MAC, OPSEU, and contract), “faculty” includes all units (RFA, CUPE-1 and CUPE-2), and “students” includes all undergraduates, graduates, part-time, full-time, and continuing education

***providing opportunities for mental well-being promotion, education, capacity-building and support.***

***Equity, respect and fairness will be promoted through an accessible and accommodating work, learning and social environment. Ryerson will take a proactive stance regarding the mental well-being of all members of the community. Ryerson recognizes the shared responsibility of the institution and all community members to support mental well-being on campus, and encourages collaboration among all faculty, staff and students to this end. Ryerson will provide a range of services and programs that promote mental well-being awareness, education and support for all community members.***

Both the Provost and Vice President Academic, and the Vice President Administration and Finance, have endorsed the Statement of Commitment. In addition, they have asked the Advisory Committee on Mental Health to suggest some ways in which the statement could be operationalized as units create their own individual Our Time to Lead plans.

This document offers some examples of the ways in which specific strategies that are described in the Our Time to Lead academic plan, could be achieved in the context of Ryerson's commitment to mental well-being. The Committee selected a number of strategies to use as examples of what would be inconsistent or "not acceptable" with respect to Ryerson's commitment to mental well-being, what would be "acceptable", and what would be demonstrative of "innovation".

It is important to note that this document serves to spark ideas by offering ideas and suggestions. It is *not* intended as an exhaustive list of either strategies or ways to operationalize a particular strategy.

In addition to specific examples, a series of questions should be kept in mind for each strategy/initiative/action, for example:

- How does the strategy/action/initiative support *People First* and the values of Inclusion, Equity and Diversity?
- How does the strategy/action/initiative decrease unnecessary stress and anxiety, and create flexibility and balance?
- How does the strategy/action/initiative support, reduce, or remove barriers for those with actual or potential mental health issues?

As units prepare their plans, please note that members of the Advisory Committee are available to act as resources and help in any way.

Strategy	Not acceptable	Acceptable	Innovative	How can we start to improve?
<b>#1. Attract and retain high quality faculty and staff with diverse backgrounds</b>	We assume, evaluate, and treat everyone as though no one has mental health issues or disabilities	We respect individual histories and trajectories (e.g., gaps in resumes and service that could be due to mental health issues or maternity, illness, immigration, etc.) Understand that these gaps should not be assumed to reflect negatively on the individual	We value the different and rich life experiences people bring as part of merit and excellence	<p>Develop job descriptions, job postings, interview processes. etc. that are inclusive with respect to mental health issues (in collaboration with HR)</p> <p>Request and encourage education around mental well-being, disability, and discrimination by building in regular sessions and discussions for staff and faculty</p> <p>Determine and establish the required structures, processes, and change management needed to effectively implement improvements that support well-being for all faculty and staff</p> <p>Create a culture of collegiality and collaboration by intentional team building</p>
	Little understanding of the ways in which mental well-being and mental health issues affect the ability of faculty and staff to work effectively, and the role played by diversity within this context	Some understanding of the need to take mental well-being into account as an important “retention tool” and the ways in which the experience of well-being varies among groups and individuals. Scattered or fragmented structures and processes to support staff and faculty mental well-being	Full understanding of how different people experience well-being  Established structures and processes across Ryerson that ensure the mental well-being of all faculty and staff	

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	Inadequate mechanisms / ad hoc reactive methods for dealing with interpersonal conflicts/lack of civility (often at least partly grounded in diversity issues) that lead to significant stress and anxiety	Established processes for addressing issues of conflict/ lack of civility early  Support for ongoing and intentional discussion and dialogue on interpersonal differences, the potential negative impacts of interpersonal conflicts, and ways to deal with these inclusively	Systematic and structural initiatives that prevent, as well as address conflict, such as prioritizing ongoing discussion, dialogue, and education. Impacts of initiatives are monitored.	activities and structures, rewarding collaboration, and establishing mentoring and staff/faculty peer supports  Develop a plan to increase diversity within units (work with HR)  Design, develop, and review relevant and sustainable services and supports for faculty and staff with mental health issues
<b>#2. Assess administrative structure, processes and services to ensure ongoing effectiveness of university assets, support for academic programming and SRC activity, and enhanced space utilization</b>	Assessments (and their resulting changes or improvements) are focused mainly on efficiency without attending to impact on users	Assessments (and their resulting changes or improvements) consider the impact of change on the people who will be affected by them	Assessments include analyses of the impact of structures, processes and services on stress, “quality of work-life” and mental well-being with resulting changes focused on the People First value, as well as on efficiency	Involve relevant stakeholders in evaluating, monitoring and reporting on processes and programs, through mechanisms such as surveys, focus groups, and other relevant community engagement activities
<b>#3. Continue the ongoing evolution of Ryerson’s high quality curriculum, so that programming and its delivery remain innovative and responsive to students. Courses will be made more accessible;</b>	The absence of any curriculum relevant to mental health self-care  Mental health curriculum that perpetuates stigma and discrimination	Some mental health self-care curriculum is integrated into selected courses  Mental health curriculum taught with an equity, diversity and	Expanded menu of electives available to all students that include mental health issues, self-care, and health equity lens	Incorporate mental health modules into current courses and participate in the development of stand-alone course(s), as appropriate  Spotlight faculty champions and resources for universal

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students will be given more choice....		inclusion lens		
<b>#5. Evolve and expand experiential learning opportunities</b>	Students with mental health disabilities are excluded from traditionally offered internships and experiential learning opportunities because their unique needs cannot be addressed	Students who require accommodations can access a range of (traditional and non-traditional) opportunities for experiential learning with internal and external community partners	Support structures are in place so that students with mental health disabilities have equal opportunity to the same traditional internships and experiential learning	Assess experiential learning opportunities for barriers that impact students with mental health disabilities and address them  Educate non-participating community partners about how they can accommodate and benefit from engaging students with mental health disabilities
<b>#6. Offer services, supports, spaces, and improved engagement opportunities that enable student success at all levels...</b>		Staff and faculty are confident in supporting and referring distressed students to appropriate services and supports	A cross-campus system that identifies and responds to students early in the development of difficulties, to prevent worsening problems	
<b>#7. Develop access and</b>	Status quo or marginal	Increase in the number	Provision of additional	Consider mental well-being

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<p><b>program initiatives to support under-represented groups, including Aboriginal and first generation students, students with disabilities, and internationally educated professionals</b> (These populations have unique stressors and social determinants that impact mental health)</p>	<p>growth of existing programs such as Spanning the Gaps, the Aboriginal summer experience program, Tri-Mentoring programming, Access Centre initiatives, etc.</p>	<p>of students supported by existing programming</p> <p>Intentional focus on access and support for those experiencing mental health issues within the programs</p>	<p>programming that considers mental well-being, and include new elements such as peer supports (both in-person and on-line) and program ideas coming from community members who will benefit – i.e. think in terms of both “Spanning AND Banning the Gaps”</p>	<p>and health issues within the context of the programs</p> <p>Define SMART<sup>2</sup> goals to increase programming</p> <p>Engage in partnerships and fundraising efforts to support new programming</p>
<p><b>#9. Enhance pathways and transition support for students transferring from other post-secondary institutions ...</b></p>	<p>No consideration of mental health issues of students transferring into Ryerson</p>	<p>Reactive processes that respond to transferred students, as mental health issues arise</p>	<p>Early identification of student needs and connecting them with supports, as appropriate</p>	<p>Targeted promotion and collaboration with the Access Centre and other supports, to transfer students with mental health issues</p>
<p><b>#10. Recognize high-quality teaching and provide opportunities for faculty, instructors, and teaching and graduate assistants to continually develop their teaching practices and skills, and encourage the use of new and diverse learning and teaching methods</b></p>	<p>Educators (including academic support staff) who use teaching practices that perpetuate stigma and discrimination, and compromise the mental well-being of students</p>	<p>Capacity for educators to continually develop, understand the impact of their teaching practices on the mental well-being of all students and adjust their practice to be mental health supporting</p>	<p>Educators use the diversity of the classroom (with respect to mental health issues and mental well-being) as a way to create a richer teaching and learning environment for everyone; ensure that this approach is embedded in all academic supports and</p>	<p>Develop resources for educators to understand and assess the impact of their teaching practices</p> <p>Create ways for instructors to learn from each other, eg. through teaching chair program, peer mentoring, and by promoting targeted LTO workshops</p>

<sup>2</sup> SMART: Specific, Measurable, Agreed-upon, Realistic, Time-Bound

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			services	
<b>#11. Develop a university-wide blended e-learning strategy</b>	E-learning programming that does not consider mental health issues of distance learners	E-learning programming that considers, at least in part, its impact on the mental health of distance learners	E-learning programming that intrinsically embeds processes that identify, address, and support distance learners with mental health issues	Educate instructors on how to create programs that are supportive and non-triggering.  Educate instructors on how to respond to the mental health issues of students during the course (ie. distance support and referral to resources)
<b>#12 ...to provide greater opportunities for undergraduate and graduate student involvement with research</b>  <i>and</i> <b>#14. Attract top graduate students by ... fostering excellence in graduate student supervision</b>	Rigid expectations of students with mental health disabilities with regards to attendance, deadlines, participation, etc. that result in compromising their mental well-being through unrealistic expectations regarding productivity, hours, etc.	Clear accountability and transparency with respect to expectations; undergraduate and graduate students have clear sense of expectations and “rights”	Clear markers of excellence in undergraduate and graduate student supervision; encouragement of graduate student peer support groups	Supervisor training regarding best practices with respect to clear expectations, communications (feedback), and support of student development (ie. the “whole student”) for all students and flexible accommodation for students with mental health issues  Written contract for expectations for supervisor and student  Regular survey of undergraduate and graduate student wellbeing (eg. adopt the Psychology Department model)
<b>#15. Strengthen graduate education...implementing</b>	No consideration of mental health issues in	Programs that address and support the mental	In addition to programs, policies that	Assess graduate student needs for mental health

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<b>policies that support program quality and timely program completion</b>	the development of policies and programs in graduate education	health of graduate students	address and support the mental health of graduate students.	
<b>#19. Expand SRC partnerships and sponsored research with industry, government and community organizations as well as other academic institutions, locally, nationally and internationally ...</b>	<p>Few research and practice partnerships around mental health and well-being</p> <p>Most of the support going to the 'for-profit' sector with relative lack of support for non-industry partnerships</p>	Better balance with additional efforts made to secure support for community organization partnerships around mental health	Strong mandate and pro-active support for partnerships with community and community based groups around mental health and the social determinants of health	Develop research partnerships around mental health topics that impact students, staff, and faculty
<b>#20/#21 ... expand commercialization, knowledge translation and mobilization capacity of researchers...support increased research dissemination...</b>	Knowledge mobilization of mental health research is not widely disseminated or in accessible formats or in language for wide audiences		Seeing knowledge mobilization and research dissemination as an important public service and community engagement tool around mental health	
<b>#23/#24. Support and</b>	No efforts to explore	Existing innovations	Develop a mental	Connect relevant/appropriate



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<b>encourage entrepreneurship and innovation across... discipline(s)... Develop and expand Ryerson’s experiential zone learning concept in a manner that encourages the participation of students and faculty ...</b>	mental health and well-being as part of potential entrepreneurship and innovation initiatives, and the expanded experiential zone learning	around mental health and mental well-being are highlighted, (e.g., the work done in Disability Studies). Encouragement of more initiatives	health and well-being zone that engages with industry and community agencies to design innovative solutions for the growing mental health burden within Canada and abroad	academic programs and university services to spearhead the development of a mental health and well-being zone and invite community partners
<b>#27. Cultivate relationships with Aboriginal communities and students to create an educational environment that embraces and supports Aboriginal perspectives and experiences, and builds community...</b>	Lack of recognition of the impact of social injustice on the mental health of Aboriginal students, staff, and faculty	Appreciation of Aboriginal perspectives and experiences and the impact of social injustice on the mental health of Aboriginal students, staff, and faculty	Incorporation of Aboriginal perspectives and experiences in programs and curriculum	Seek input from Aboriginal communities and students when designing curriculum and programs

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