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Enhancing Support for Student Mental Health and Wellbeing through Service Renewal at a Canadian College

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ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

Abstract

As the postsecondary education sector has evolved toward mass education, the proportion of students studying at postsecondary institutions experiencing mental health and wellness-related challenges has continued to rise. This continued growth in prevalence and severity of mental health and wellness conditions impacting students in the postsecondary sector has occurred without similar growth in resourcing for departments responsible for supporting these students in successfully navigating their learning environments. These realities require that institutions begin developing strategies to address this gap. This Organizational Improvement Plan (OIP) presents a possible solution to enhance the capacity of a large urban College in Canada to support the increasing complexity of, and demand for, mental health and wellness-related services and interventions which foster students' personal and academic success.

Introducing the Model for People-Centred Leadership through Praxis (PCLP Model), which incorporates principles of transformational and distributed leadership through a social justice lens, this OIP addresses the gap between institutional capacity and student demand for support while also navigating the process of amalgamating personal counselling and accessible learning departments. Through meaningful engagement and co-construction, this OIP focuses on three key priorities: unifying the team's vision and values, identifying opportunities to enhance services and collaborative approaches, and communicating and integrating the new state into the institutional culture. This OIP may provide a model for other institutions working toward empowering students in meeting their wellness goals while creating conditions that maximize students' potential to thrive.

Keywords: mental health, wellbeing, college, social justice, people-centred leadership

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Executive Summary

Student mental health and wellness needs have become increasingly top-of-mind for postsecondary institutions in recent years due to an increasing prevalence of complex need and demand for service on campuses. As society has continued to progress toward mass education models, it has become incumbent on postsecondary institutions to adapt in order to meet diversity of student need in order to foster environments which facilitate academic and personal success. Perceptions of a “mental health crisis” (Schwartz & Kay, 2009; Gabriel, 2010; Eiser, 2011) across the country have pushed a narrative of outdated service models, ineffective interventions, and a languishing generation of students; however, the literature indicates that increased access to postsecondary education for individuals with disabilities and mental health challenges results in reduced stigma and increased help-seeking behaviours (Basch, 2011; CACUSS & CMHA, 2013; Dodson, 2016; Eisenberg, Lipson, & Posselt, 2016; Jaworska, De Somma, Fonseka, Heck, & MacQueen, 2016; Locke, Wallace, & Brunner, 2016; CASA, 2017; Colleges Ontario, 2017; Cornish et al., 2017; Whittaker et al., 2018). Postsecondary institutions across the country continue to seek strategies to effectively meet these needs as the demand for adequate and responsive services continues to rise. This Organizational Improvement Plan (OIP) proposes a process to address the following Problem of Practice (PoP): *“How can the gap between existing capacity at a Canadian College to support the increasing complexity of, and demand for, mental health and wellness-related services and interventions which foster student academic and personal success be addressed?”*

The first chapter provides a contextual analysis of a Canadian College, including the organizational structure as it pertains to mental health, wellness, and disability-related support services. A review of the literature frames the problem of practice by highlighting the urgency of

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institutions to address the gap between growing numbers of students with mental health and wellness-related challenges and the availability of access to timely and appropriate support which is correlated to the impact that proactive and effective mental health and wellbeing support can have on student belonging, engagement, and retention (Frank & Kirk, 1975; Illovsky, 1997; Wilson, Mason, & Ewing, 1997; Turner & Berry, 2000; Basch, 2011; Porter, 2011; Jones, Brown, Keys, & Salzer, 2015; Prince, 2015; Eisenberg et al., 2016; Whitaker et al., 2018). Further analysis of the PoP reveals substantial internal and external stakeholder support; however, any changes will require careful navigation and balancing of budgetary limitations and quality care for students. These political realities must be addressed in order to make significant change toward a more accessible learning environment for those facing challenges with their mental health and wellbeing.

Chapter 2 demonstrates how the Model for People-Centred Leadership through Praxis (PCLP Model) utilizes transformational (Bass, 1990; Bass & Avolio, 1993; Kouzes & Posner, 2017; Smith & Vass, 2019; Owusu-Agyeman, 2019) and distributed leadership (Gronn, 2002, 2009; Spillane, 2005; Lumby, 2012) approaches through a social justice lens (Fraser, 2009, 2013; Fraser & Honneth, 2003; Furman, 2012; Blue, Rosol, & Fast, 2019) to facilitate change and meaningful stakeholder engagement. This chapter also uses Nadler and Tushman's (1989) Organizational Congruence Model to examine the organization's current culture and capacity to achieve this change. Informed by this assessment, three possible solutions are explored to address the PoP. Blending the existing Counsellor roles to support mental health and wellness-related needs and adapting Stepped Care 2.0 (Cornish, 2017; Cornish et al., 2017) to enhance service modalities are chosen as the best solution.

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The third and final chapter presents an implementation, evaluation, and communication plan. Three key priorities are identified to advance this change. The strategies and actions required are outlined and integrated into an outcome measurement plan to define the indicators of success and measurement tools to enable effective monitoring and adjustment as needed. The communication plan adapts Cawsey, Deszca, and Ingols' (2016) four phase model to ensure meaningful engagement with key stakeholders and set positive foundations for potential next steps and future considerations.

This OIP seeks to address student mental health and wellness-related needs in a way that enables iterative growth and improvement while also providing a framework that other institutions can use to design strategies to support their own student body.

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Acknowledgments

The past three years have been among the most challenging and, somehow, fulfilling years of my life personally and professionally. The only consistent through-line of this period of time has been this academic journey and Doctor of Education program. A couple of months prior to beginning this journey, my husband passed away unexpectedly at 32. Just over a year later, my father would pass away from Cancer at 54. In each of these moments, while everything was shaken, this program offered some stability, kept me grounded and focused, and encouraged me forward toward the goals and aspirations that led me to apply in the first place.

Completing a degree at a distance is a complex experience. As someone who learns best when immersed in the material, able to reflect deeply, and explore ways to problematize assumptions, the online model was difficult, sometimes frustrating, and challenged me to direct my own learning in ways I wouldn't have expected. I would like to thank my cohort for the community we've developed, the support we've offered to each other when we needed elevating and motivation, and the great work that you all do in your roles and lives. I would also like to thank the faculty for their feedback, coaching, and advice along the way.

Thank you to my partner, Jazz, for your patience, understanding, food and coffee deliveries on late evenings and weekends when I'm in the office, and overall cheerleading. When we met, I can't imagine you expected to share so much of my time and energy with this program and OIP development, but you've done so with empathy and grace. Thank you also to my dog, Dex, who somehow hasn't grown to resent the reduction in time allotted for cuddles, playing, and lounging around. More of that to come soon – I promise!

To my Mom, I could honestly not have done any of this without you. During the darkest of days, you made sure to remind me of my purpose, encourage me from afar, and demonstrate

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your pride in all of my work and accomplishments. It is from you that I've gotten my strength, resilience, and confidence. Alyssa, you and your family offered the reprieve that helps maintain sanity. Getting video messages, photos, and messages from you all has been a real gift in my life and support through this journey. You're a star of a sister, a gem of a Mom, and an overall credit to our family.

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Finally, I dedicate this to my late father, Darryl. You have played an instrumental role in this journey. During the last year, I have completed this work alongside working with the family to lead memorial fundraising initiatives in your name and without all of these competing projects, I don't know that I would've managed my time so wisely. You were never an academic and always confused about why I would want to keep adding degrees to my name, but nevertheless you supported me with pride and confidence that I had it all under control. I miss you deeply.

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Glossary

Culture: based upon Nadler and Tushman's (1989) description as the unofficial control system which guides how members of the team act and approach their work.

Diversity trap: introduced by Radd and Grosland (2019) as equity efforts which seek to include underrepresented groups in conversations, spaces, situations, and actions where they have been absent and have been viewed as the "property" of the dominant group which actually fortify their oppression.

Flourishing: defined by Keyes (2002, 2007) as a state of mental health where an individual has a high-level of positive emotions and high positive functioning.

Languishing: defined by Keyes (2002, 2007) as a state of mental health where an individual has a low-level of positive emotions and low positive functioning.

Mass education: the effort to increase participation rates in postsecondary education, in opposition to the origins of the sector which focused on educating the elite.

Praxis: originated by Freire (1985), is the concept of how theory and practice inform each other - understood most simply by Furman (2012) and Mahon, Heikkinen and Huttunen (2019) as ongoing and iterative reflection toward informed action.

Social justice: remains undefined in the literature and therefore is grounded in Fraser (2009, 2013) and Fraser and Honneth's (2003) three-dimensional concept that considers what structural conditions prevent participatory parity for all in order to draw attention to the distance between real (current) and ideal states.

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Acronyms

CACUSS: Canadian Association of College and University Student Services

CCVPS: Coordinating Committee of Vice Presidents Students

CMHA: Canadian Mental Health Association

EHR: Electronic Health Record

LPI: Leadership Practices Inventory

MAESD: Ministry of Advanced Education and Skills Development

OIP: Organizational Improvement Plan

OSAP: Ontario Student Assistance Program

PCLP: People-Centred Leadership through Praxis

PESTE Analysis: Political, Economic, Social, Technological, and Environmental Analysis

PoP: Problem of Practice

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Chapter 1: Introduction and Problem

Student mental health and accessibility needs have become increasingly top-of-mind for postsecondary institutions seeking to meet the progressively diverse needs of students. As the postsecondary sector has shifted toward mass education, practices have not kept course to reflect the growing variance of students' learning needs. The prevalence and severity of mental health and wellness conditions at postsecondary schools are projected for continued growth (MacKean, 2011; CACUSS & CMHA, 2013; Locke, Wallace, & Brunner, 2016; Robinson, Jubenville, Renny, & Cairns, 2016; Cornish et al., 2017). As student needs and demand for service continues to increase, expectations of colleges and universities in service provision will as well, creating a challenge to meet these demands proactively and systemically (Blackmore, 2013; Brown, 2015; Busch, 2014; Lumby, 2012). This Organizational Improvement Plan (OIP) endeavours to investigate how College X in Ontario, Canada will meet these demands in a way that embraces the changing landscape of postsecondary education, acknowledges the unique context and demographics of the institution, and fosters conditions for student flourishing and wellness.

Organizational Context

History

College X is a public diploma and degree granting institution with five campuses and three learning sites in Southern Ontario, Canada. College X has long served as a sector leader in working to level the playing field for students with diverse backgrounds, emphasizing the importance of ensuring access to education for historically underrepresented student populations. College X has established itself as an institution focused on global citizenship, equity, and inclusion - working to embed these principles within the fabric of the organization at all levels. Much like many other Canadian postsecondary institutions, the student services division of the

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College has long offered services to respond when students are seeking support for a mental health, wellness, or disability-related challenge.

Historically, the accessible learning (formerly disability services) and personal counselling teams were co-located at each of the campuses but provided specialized supports and reported through different organizational structures. As the College has continued to grow, the number of students bringing diverse experiences as well as mental health and wellness needs have continued to grow as well. As a result, each of the separate functional areas began experiencing increased tensions in supporting students toward personal and academic success feeling constrained by existing staff complements, budgetary restrictions, and approaches to providing appropriate care. In 2017, based upon this growing student demand and pressures upon the staff teams to do more with the same amount of resourcing and support, an external review was completed which recommended that these co-located services be organizationally amalgamated within a new reporting structure to enhance collaborative practices and staff capacity. In Fall 2018, a new Director and Manager role were hired to support this reorganization and the health and wellness education portfolio was identified for integration for Fall 2019. My current role is Manager for this new department.

Mission, Vision, and Goal Alignment

The guiding mission and vision of the college is deeply rooted in establishing the foundations for students' personal, academic, and career success through learning experiences which prepare them for the global workforce (College X, 2019a). The recent reorganization of these three teams (personal counselling, accessibility services, and health and wellness education) into the new cohesive department was established in order to better enable the institution to support student personal, academic, and career resilience through its mental health

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and wellbeing services. The realignment of these teams structurally facilitates greater collaboration, integration, and support for these correlated and increasingly integrated services. While the separate teams were strategically aligned to the institutional mission and vision, operationally, the teams were not well positioned to demonstrate the direct impact of their work to this end. In a time where institutions, especially Ontario Colleges, are feeling increased political pressures to produce outcomes and demonstrate their value, it is crucial that the newly formed department determine how their work contributes to the College's priorities and ways in which this can be measured and communicated in meaningful ways to a variety of key audiences. Leading this work will be my responsibility and will greatly inform this OIP – facilitating processes to explore how to best meet increasing demands while aligning to the mission and vision of the institution toward its stated goals.

In the most recent strategic plan document, College X (2019a) committed to enhancing student mental health and wellbeing support by establishing “a more robust and accessible suite of evidence-based modalities” (p. 7). The organizational realignment of the three teams which provide this support was a first step in realizing this objective. Recognizing that these teams exercise significant influence and accountability for facilitating student personal, academic, and career resilience through their work, the leadership of the new department (myself included) will be key figures in moving this effort forward. While the strategic objective is community oriented and systemically positioned, the department, and this OIP, will also need to consider how this work is informed by increased access to postsecondary education for individuals with wellness and mental health challenges; reduced stigma related to mental health issues; and increased help-seeking behaviour amongst students toward student wellness, persistence, and retention (Basch, 2011; CACUSS & CMHA, 2013; Dodson, 2016; Eisenberg, Lipson, & Posselt, 2016; Jaworska,

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De Somma, Fonseka, Heck, & MacQueen, 2016; Locke et al., 2016; CASA, 2017; Colleges Ontario, 2017; Cornish et al., 2017; Whittaker et al., 2018).

Organizational State

Present State. While highly regarded by students and colleagues, the three teams' distinct reporting structures fostered inefficient and cumbersome navigation pathways for students facing multiple and often intersecting challenges in pursuit of their wellness goals. Much like counterparts across the sector, these teams faced the challenge of “fragmented services, reactive responses, piecemeal funding, [and] high resource needs” (Jaworska et al., 2016, p. 767). Reliance on traditional approaches, such as regular, ongoing psychotherapy as a primary service modality, has also added barriers to accessing services including long wait times to secure an appointment which often results in students withdrawing from services. Numerous reviews of Canadian postsecondary mental health and wellbeing-oriented support services confirm that great work is happening with positive outcomes, but the capacity of current approaches limit the ability to meet the needs of an increasingly diverse student population - promoting a narrative of a “mental health crisis” in postsecondary education where demand is not being met with service (MacKean, 2011; Jaworska et al., 2016; Eiser, 2011; Gabriel, 2010; Schwartz & Kay, 2009; Eisenberg et al., 2016; Robinson et al., 2016; Whitaker et al., 2018). While the perceived crisis may more accurately be reflective of a growing population with pre-existing challenges alongside increased comfort and reduced stigma around help-seeking behaviours, the issue of unmet needs must be addressed. The disconnect between the presenting needs and the capacity to provide adequate, proactive, and responsive support demonstrate where the gap exists in the present model at College X and potential future opportunities.

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The introduction of the new department, with a new Manager and Director, emphasizes the College's commitment to addressing these issues. This change is also occurring alongside the transition of the role of the President and CEO of the institution. Where these transitions could create additional tensions and complexities in addressing the problem, the team has indicated a strong support for the leadership changes, articulating feelings of increased support, renewed energy, and enhanced awareness of the needs of the students they serve. While this may be reflective of a honeymoon phase and approached with cautious optimism, it does demonstrate the awareness of the team as it relates to their inability to meet demand by maintaining course due to capacity and function, the desire to see some organizational shifts to better support their work, and a desire for these pressures to be explored and assessed toward new directions.

Envisioned Future State. The optimal future state will see the newly formed department well positioned to empower students in meeting their individual wellness goals and creating a flourishing campus community. This future state will leverage the organizational realignment to explore and offer a collaborative and integrated approach to supporting student mental health and wellbeing at the College which acknowledges the growing number of students facing complex and intersectional challenges in the postsecondary sector and studying at the College. Working toward this future state will require the team to be involved in rethinking approaches to their work and considering service modalities that seek to engage students prior to the point of crisis or requiring high-intensity interventions while also maintaining a high quality of care. The vision for this future state will be developed throughout this OIP, but the specific characteristics will need to be established and co-developed by working together across roles within the department team. As such, it will also be prudent to assert the scope of our practice and mandate as a new department and engage community organizations who offer specialized services and crisis

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support as partners, clearly delineating services offered within the College and those which require more specialized training and ongoing support for sustained positive student outcomes. In order to foster conditions for this envisioned future state, I will need to have a clear understanding of my own leadership approach and how to best lean into my preferred strategies within the context of supporting and guiding the team. This strategy and approach will be discussed within the next section.

Leadership Position and Lens Statement

Entering into this work as the Manager of a newly created department composed of three historically separate functional units, I want to ensure that the team feels empowered, valued, and inspired as we chart out the course for change to realizing our shared ideal future state. Given the context of the organization and the nature of the work at hand, a social justice lens (Fraser, 2009, 2013; Fraser & Honneth, 2003; Furman, 2012; Blue, Rosol, & Fast, 2019) in conjunction with the relational and people-centred change approaches of transformational (Bass, 1990; Bass & Avolio, 1993; Kouzes & Posner, 2017; Smith & Vass, 2019; Owusu-Agyeman, 2019) and distributed leadership practices (Gronn, 2002, 2009; Spillane, 2005; Hargreaves & Fink, 2008; Lumby, 2012) will be applied in order to address the problem of practice (PoP). As such, the PoP will be approached in a way that acknowledges the landscape of the College and sector, the needs of the students, and the culture of the team – defined as the unofficial control system that guides how members of the team act and approach their work (Nadler & Tushman, 1989) – while also being attentive to the transitional state of the institution and the department.

Leadership with a social justice lens (Fraser, 2009, 2013; Fraser & Honneth, 2003; Furman, 2012; Blue et al., 2019) is focused on fostering conditions for equitable participation despite differences such as ability, race, gender, or capital. Consideration of all factors

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influencing participatory parity for students facing mental health and wellbeing challenges are critical to the success of this OIP and in facilitating positive student outcomes. Students experiencing mental health and wellness-oriented challenges are among the most vulnerable members of the College population – many even more so as they struggle with different cultural attitudes toward these challenges and the associated stigma (College X, 2017). Employing a social justice lens within my leadership approach ensures that the context surrounding the PoP, the issues which contribute to the problem itself, and any proposed solutions are analysed from multiple perspectives while working to reduce barriers to access support and facilitate conditions for all students to flourish.

While a concise and universally accepted definition of social justice remains undetermined in the literature, Fraser (2009, 2013) and Fraser and Honneth (2003) employ a three-dimensional concept, to be further unpacked in Chapter 2, that considers what structural conditions prevent participatory parity of all in order to draw attention to the distance between real and ideal states. To this end, the social justice lens allows me to interrogate the tensions that exist between the mission and vision of the institution and the civic responsibility of the field: education as a vehicle to prepare for working life and education as a means to help people participate fully and meaningfully in a world worth living in (Giroux, 2010; Kemmis, Wilkinson, Edwards-Groves, Hardy, Grootenboer, & Bristol, 2014). Where the former speaks to the external forces which hold the institution accountable and must be considered as key factors influencing the assessment of the PoP, the latter emphasizes the department's moral commitment to ensuring that students receive the most responsive and effective support possible. As such, the inclusion of the social justice lens allows this OIP to name and meaningfully balance the bureaucratic and

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market structures within the organization by adding human influence (Furman, 2012; Mahon, Heikkinen, & Huttunen, 2019).

Employing a social justice lens by facilitating processes which encourage praxis – introduced by Freire (1985) and understood most simply by Furman (2012) and Mahon et al. (2019) as ongoing and iterative reflection toward informed action – supports a people-centred approach to the two key aspects of the PoP: to better meet the needs of (1) the student population at College X as they engage with and navigate their learning environment and (2) staff in the provision of services.

Accomplishing these goals while attending to the existing strengths of current staff will require the coordination, cooperation, and collaboration of all team members toward a unified and inspired vision for the future. As a newly formed department, transformational leadership approaches (Bass, 1990; Bass & Avolio, 1993; Kouzes & Posner, 2017; Smith & Vass, 2019; Owusu-Agyeman, 2019) will be leveraged with an emphasis on integrity, authenticity, and transparency of process. Transformational leadership emerged as a leadership style in response to changes in market and workforce needs – evolving from transactional practices to flattening the organizational hierarchy in an attempt to enhance motivation and collaborative relationships, binding leaders and teams together in the process of transformation (Bass, 1990; Bass & Avolio, 1993). Transformational leadership focuses on building commitment toward organizational objectives with high standards while attending to the group's individual goals and needs through coaching, support, and open communication between all parties (Zhu, Avolio, Riggio, & Sosik, 2011; Walumbwa, Mayer, Wang, Wang, Workman, & Christensen, 2011; Kouzes & Posner, 2017). Recent studies by Smith and Vass (2019) and Owusu-Agyeman (2019) have found that transformational leadership approaches have increasingly enabled participative processes toward

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innovation, engagement, and outcomes with great agility and responsiveness, lending themselves to the dynamic nature of postsecondary education. This reinforces the value of a transformational approach in an effort to align the work of historically separate functional units within a new organizational structure at College X and toward an inspired future state while also navigating shifting political influences at an institutional level. While employee engagement and satisfaction measures evaluated by the College Human Resources team have indicated growth since the amalgamation and my time as Manager (College X, 2019c), the implication that this approach will lend itself to continued progression in individual employee and team satisfaction and engagement while also facilitating positive performance outcomes makes it an attractive model to adopt as Manager and affirms that doing so will yield an effective approach to resolving the PoP at hand.

While transformational leadership is primarily concerned with the process of inspiring team members as followers, Kouzes and Posner (2017) offer five practices which also consider individual team member's motivations and needs toward collective success: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. These practices are explored as a functional leadership model which operationalizes many of the characteristics of transformational leadership and will be represented in the conceptual leadership model which closes this section and also discussed in greater detail in Chapter 2. These behaviours offer the language to discuss many of the approaches I aspire to bring to my work as a supervisor and leader, while highlighting the alignment of my vision of what a strong leader brings to a team with the added value experienced when a team aims toward excellence together.

Similarly, distributed leadership aligns with transformational leadership and social justice approaches by considering the complexities of power, process, and experience beyond the

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specific formal and informal roles of each team member (Gronn, 2002, 2009; Spillane, 2005; Hargreaves & Fink, 2008; Lumby, 2012). Spillane (2005) defines distributed leadership as a process of sharing responsibilities amongst members of a team, including non-managers. This relationship also influences the interactions between various leaders, followers, and their environment (Spillane, 2005). Employing principles of distributed leadership where accountability is shared as a leadership practice within the OIP will allow me to encourage a reconsideration of historical models of labour and ownership within the department. As opportunities for team members to participate and contribute in leading efforts to address the PoP are explored, the traditional leader-follower paradigm (Gronn, 2000, 2002, 2009), as well as the hierarchical and bureaucratic systems such as those within the College that they operate within, will be disrupted to encourage and empower team co-authorship as it pertains to facilitating conditions for student wellbeing (Lumby, 2012; Hargreaves & Fink, 2008; Harris, 2008). Working to facilitate these opportunities for the team can help leverage that momentum and energy while also adding capacity to consider how to operationalize the chosen approach to the PoP determined in Chapter 2 in a way that recognizes the team's expertise, experience, and dedication to their work.

The transformational and distributed leadership approaches are presented as complementary ideologies which resonate with my individual leadership philosophy and values, focusing on the authenticity I am able to bring to my leadership role while empowering others within the department to contribute to achieving a shared goal. The social justice lens helps tie these together as a core value that I hold as an individual, a leader, and is deeply rooted within the institution. In leading a team through a period of individual and institutional transitions it is important to maintain people-centred perspectives while charting out practical applications and

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assessments in evaluating the PoP. This will require an agility as the team uncover emotional sensitivities and operational gaps, merge separate team cultures together toward a new direction, and establish milestones for the changes we seek to implement. It's vital that this process employ the praxis that is called for within the social justice lens to help guide the team in maintaining a focus on developing strategies which enable positive impact and outcomes pertaining to student mental health and wellbeing through our services and interventions, to anticipate challenges and engage others in the process to overcome these while maintaining support, and affect positive change within our team in order to advocate for broader systemic and ecological changes. Figure 1 introduces the conceptual leadership model formed by these approaches, which I have named the Model of People-Centred Leadership through Praxis (PCLP).

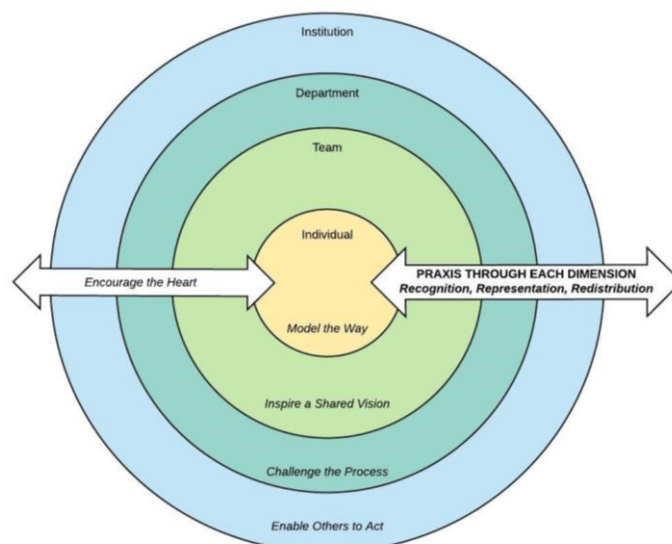


Figure 1. Model of People-Centred Leadership through Praxis (PCLP). Adapted from Furman's (2012) social justice model (p. 205) and integrating concepts presented by Fraser (2009, 2013), Fraser and Honneth (2003), and Kouzes and Posner (2017).

The dimensions in which the department is situated are shown in Figure 1, positioned in the top portion of each nested egg and are identified as individual (personal), team (interpersonal), department (collective), and institution (systemic), adapting the dimensions presented by Furman (2012). The lower portion of each nested egg, or dimension, identify the

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transformational behaviours presented by Kouzes and Posner (2017). The distributed leadership practices (Gronn, 2002, 2009; Spillane, 2005; Hargreaves & Fink, 2008; Lumby, 2012) are situated within the departmental and institutional dimensions as they are most congruent with the practices within those dimensions. In Figure 1, the arrows which transcend each dimension show how these practices and concepts of social justice presented by Fraser (2009, 2013) and Fraser and Honneth (2003) interact with the associated praxis supported by Furman (2012) and Mahon et al. (2019). This will be elaborated upon more in Chapter 2.

The PCLP Model encompasses my personal leadership philosophy and style, the attributes of the aligned transformational and distributed leadership practices which enable me to enact my leadership style, and embed the principles of social justice which underpin my personal values, the values of the institution, and elevate the voices and needs of those we, as a team, seek to serve through our analysis and collaborative work. My role as Manager can be regarded as an internal change agent and someone who has the opportunity to inspire the team toward a new vision for how we approach supporting student mental health and wellbeing that also acknowledges the team's own capacity, wellbeing, and expertise. In this way, the PCLP frames the context for how the team will work to merge their service models and practices within the new department to collaboratively support student mental health and wellbeing. In the following section, I will elaborate upon the challenges that College X, and surely other institutions within the Canadian postsecondary landscape, are facing as it relates to supporting student mental health and wellbeing within a Problem of Practice.

Leadership Problem of Practice (PoP)

An emerging challenge in postsecondary education is the steady increase in prevalence of mental health and wellness-related concerns amongst students (MacKean, 2011; Locke et al.,

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2016; Robinson et al., 2016; Jaworska et al., 2016; Cornish et al., 2017). In addition to those experiencing challenges which emerge during the course of study, the enhanced awareness and access for students with pre-existing wellness and mental health challenges has further contributed to an increased number of students accessing support services without these departments receiving comparable increases in budget or personnel (MacKean, 2011; Locke et al., 2016; Robinson et al., 2016; Jaworska et al., 2016; Cornish et al., 2017). Students accessing these services are increasingly facing intersecting challenges and diagnoses, or comorbidity, further highlighting the impact on their functional abilities effecting their learning and academic success. The distinct and separate approaches to mental health and wellness-oriented support at College X has exacerbated the issue: leading to long wait times to meet with Counsellors and practitioners for each of their needs, causing students to disclose their concerns to multiple parties, and conflicting advice for students and faculty in relation to how to best support the student's needs.

The Canadian Association of College and University Student Services (CACUSS) and Canadian Mental Health Association's (CMHA) 2013 guide to support postsecondary institutions in creating campus communities conducive to mental health and wellbeing cited the impact of mental health in students' abilities to actively and meaningfully participate in all aspects of their lives - including their academic endeavours. As institutions continue to face increasing pressures pertaining to persistence, retention, and completion through mandated reporting, competition, and performance measures, departments providing student interventions related to mental health and wellbeing must also consider how their work factors into the broader organizational equation. Numerous studies have directly linked student wellness indicators, students' sense of belonging supported through institutional resources and inclusive campus environments, and

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mental health services to have a positive impact on student retention (Frank & Kirk, 1975; Illovsy, 1997; Wilson, Mason, & Ewing, 1997; Turner & Berry, 2000; Kuh, 2009; Porter, 2011; O’Keeffe, 2013; Eisenberg et al., 2016; Whitaker et al., 2018). With increased pressures related to demand for service and need to support student persistence for institutional performance, leaders of these departments are challenged with attempting to meet these demands with limited resources while also ensuring that support services and interventions contribute to outcomes pertaining to student progression and academic success.

These changing realities require that institutions intentionally foster conditions for student wellbeing and learning. As such, the problem of practice considered for this OIP is the gap between the current capacity of a Canadian College to support the increasing complexity of, and demand for, mental health and wellness-related services and interventions which foster student personal and academic success.

Framing the Problem of Practice

The Ontario University and College Health Association (2017) highlighted the urgency for institutions to address growing numbers of students with mental health and wellness-related challenges pursuing postsecondary studies, referencing the Ministry of Advanced Education and Skills Development’s (MAESD) report indicating a 433% increase in students registering with mental illness disabilities in Ontario between 2004 and 2014. The findings of Canadian and American research are consistent; the number of postsecondary students facing these challenges are increasing and these challenges are affecting their academic pursuits (MacKean, 2011; Locke et al., 2016; Robinson et al., 2016; Eisenberg et al., 2016; Jaworska et al., 2016; Cornish et al., 2017; Whitaker et al., 2018). Colleges Ontario (2017) commissioned Deloitte to conduct a cost benefit analysis of the support provided to students at risk, where students with disabilities

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(including mental health disabilities) were included in the definition. The resulting conclusions indicated that the need and expectation for colleges to support students at risk and associated costs are increasing, and colleges face funding pressures for student at risk programs even as outcomes improve (Colleges Ontario, 2017). In recognition of this growth, Dodson (2016) outlined that there are increased challenges facing postsecondary institutions as they welcome more students with mental health challenges to their campuses which require that they adapt services in ways that address students' and institutions' educational needs. Basch (2011) echoes this, claiming that this is essential as health is a key factor in the learning equation and in many ways, this relationship is reciprocal. As numbers are anticipated to continue to grow, so will the demand on service providers.

The increased demands within the sector are also impacting College X. Departmental data shows that the teams have supported increasing proportions of the College population: up from 4% to 20% of the student body since 1990, with the proportion of students requesting support in relation to mental health challenges seeing a rapid growth of 48.5% from 2015-2018 (College X, 2019b). These numbers clearly demonstrate the increase in mental health and wellness needs at College X and are reflective of the ways in which societal views on mental health and wellbeing have continued to shift over time. In the 2019 National College Health Assessment, College X students who self-identified as experiencing health and wellness barriers also identified as experiencing significant academic difficulties – with most having a D/F grade average (College X, 2019c). Whitaker et al. (2018) identified the significance of engaging students, especially those from historically underserved sociodemographic groups such the majority of students studying at College X (2017), in mental health and wellness related support services early on in their academic studies as a means to foster a community approach to service promotion and

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reduce stigma around access of services. Locke et al. (2016) emphasized that these conditions require counselling centres to consider how to address the challenge of capacity while also embracing their role “in education, early intervention, prevention, and resilience building (p. 27).”

Student belonging and engagement is directly correlated with student retention and success and has been demonstrated to be positively influenced by supportive peer relationships, meaningful interactions with staff and peers, and seeing oneself as a contributing member of the institution’s community (Frank & Kirk, 1975; Astin, 1984; Illovsky, 1997; Wilson et al., 1997; Turner & Berry, 2000; Kuh, 2009; Porter, 2011; O’Keeffe, 2013; Eisenberg et al., 2016; Whitaker et al., 2018). O’Keeffe (2013) identifies students who are experiencing mental illness as a group that is vulnerable and at risk of leaving the institution prior to completion of their academic program, and argues that the most successful intervention is one that fosters this sense of belonging. Stebleton, Soria, and Huesman (2014) elaborate further, articulating that facilitating experiences that integrate individuals into a community such that they feel needed and valued, contributing in return, can be directly related to enhancing positive mental health. Unfortunately, stigma and different attitudes toward engaging in mental health and wellness initiatives serve as a significant barrier and, as such, solutions to the PoP will need to consider how to move from focusing solely on individual treatment strategies and consider ways to include systemic intervention and prevention strategies which will reduce these barriers to feelings of belonging (Jones, Brown, Keys, & Salzer, 2015). In this way, institutions are called upon to facilitate skill development for resilience, strong peer referral practices, and help-seeking behaviours to help facilitate institutional well-being and support the goals and capacity of mental

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health and wellness-oriented departments while also working to more proactively meet student needs (Locke et al., 2016; Eisenberg et al., 2016).

Access to education and support services for students experiencing mental health and wellbeing challenges is not simply transactional. Equitable access requires the removal of barriers that may otherwise inhibit students' "ability to participate, engage, and succeed" (Ward et al., 2015, p. 337). In this way, the capacity of counselling centres to support student mental health and wellbeing can be considered as an exercise in a redistribution of resources as a means to create "conditions that widen opportunities and choices of students and leaders" (Blackmore, 2013, p. 149). The inability of postsecondary institutions to adequately meet the increasing demand for service and complexity of need demonstrate that the standard resourcing and approach is insufficient for addressing the issues facing students and the institution. Rather than continuing to address systemic barriers and inequities within a 'one size fits all' approach, counselling centres need to meaningfully engage and embed stakeholders in capacity building processes to validate, honour, and celebrate the growing diversity of their institutional communities. These insights, as well as the PESTE analysis in the following section, will inform strategies to address the PoP that will be explored in Chapter 2 of this OIP.

PESTE Analysis

As has been established, the student community at College X is comprised of a very diverse collection of sociodemographic backgrounds; experiences with mental health and wellness-related challenges; and increasingly seeking supportive services and interventions from the College to support their academic and personal success. A PESTE Analysis, as outlined by Cawsey et al. (2016), will be completed to shed light on five factors which drive the need for change within an organization: political, economic, social, technological, and environmental. The

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ensuing analysis will also outline how these influences impact the ways in which we address student mental health and wellbeing at College X.

Political Factors. The Coordinating Committee of Vice Presidents Students' (CCVPS) White Paper (2015) highlights some of the key political factors surrounding the PoP beyond increased demand and complexity resulting from increasingly diverse student demographics. Primarily, the wide variety of roles within institutions and teams that are directly impacted in service model development and delivery, in addition to community stakeholders, create conditions for potential conflicts and additional complexity in designing solutions (CCVPS, 2015). Beyond this, the CCVPS (2015) identified the evolving role of counsellors beyond providing individual psychotherapy, and year-round service provision, as a political concern to be engaged with in conjunction with Bargaining Units and Human Resources teams in order to ensure adequate service for students, adjustments to counsellor accreditation, and increased community partnerships to meet student needs. Furthermore, consideration of existing departmental policies and procedures, a gap analysis within the institution's systems pertaining to mental health and wellness support, and integration with the changing legal frameworks related to case and risk management as societal norms continue to evolve bring forward additional areas for exploration aligned with the adopted social justice approach (Fraser, 2009, 2013; Fraser & Honneth, 2003; Furman, 2012; Blue et al., 2019; Mahon et al., 2019). Addressing these needs by setting clear expectations and goals for individual roles and considering the surrounding policy frameworks as it pertains to establishing conditions for student success and a systemic approach to fostering conditions for the department to support students in flourishing at the College.

Economic Factors. Financial challenges are experienced by institutions and students alike. At College X, it has been established that a large subset of the population faces financial

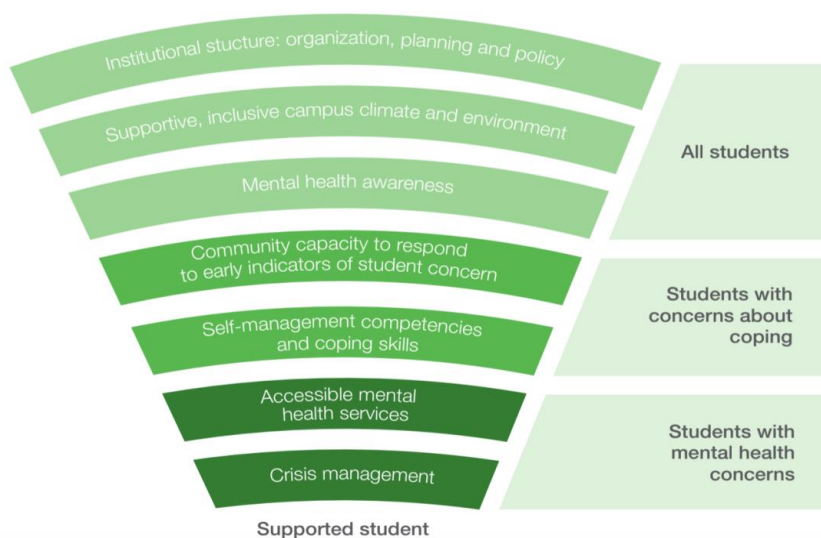
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difficulty - serving as a barrier to their accessing and succeeding in postsecondary studies. As a result, the College's operating budgets offset and support student access and, increasingly, support services offered to facilitate student persistence and retention. Colleges Ontario (2012) concluded that colleges are currently spending 8% of their total grant funding on delivering supports to students at risk. Responding to increased demand and complexity of need in ways which proactively engage students who are not yet in distress or experiencing crisis will raise this figure. Beyond costs related to pursuing education, students are also shouldering costs associated with specialized support services related to psychotherapy and counselling. Nunes et al. (2014) found that many college insurance programs do not provide sufficient coverage for the psychological treatment of common mental health problems. Difficulty accessing treatments, additional considerations where referrals are required, and the third-party insurance provided for international students making up a sizeable portion of the population at College X further highlights the barriers to adequate services for students seeking help.

Social Factors. There is a growing awareness and effort to reduce stigma around mental health and wellness-related issues. National campaigns, such as Bell Let's Talk, help facilitate conversations and increase visibility across postsecondary campuses. Providing support to students experiencing mental health and wellness-related challenges has become part of the core business of postsecondary institutions, increasing enrolment and educational attainment of the population. The CACUSS and CMHA's 2013 guide provides a conceptual framework for institutions to use and adapt in developing strategies to address mental health across three student populations: all students, students with concerns about coping, and students with mental health concerns. When targeting all students, emphasis is on the institutional structure, campus climate, and building mental health awareness (CACUSS & CMHA, 2013). Students with concerns about

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coping are supported by efforts to enhance the community's capacity to identify and respond to early indicators and developing student strategies (CACUSS & CMHA, 2013). Finally, as students identify mental health concerns, they are able to access mental health services and, if necessary, are a part of a case management process (CACUSS & CMHA, 2013). This is represented in Figure 2. In this framework, the majority of effort is directed to broad community needs and building capacity to flourish amongst the entire population; high-intensity services are saved for those directly requiring the support.



*Figure 2. CACUSS Systemic Approach to Supporting Mental Health. Reprinted from *Post-Secondary Student Mental Health: Guide to a Systemic Approach* (p. 9) by the Canadian Association of College and University Student Services and Canadian Mental Health Association, 2013. Reprinted with permission.*

Technological Factors. The development of and access to technology is another contributing factor that informs how postsecondary institutions are able to address issues related to student well-being. Technology offers a variety of modalities that can be employed to enhance access to services, resources, and strategies that promote wellness (Locke et al., 2016; Cornish et al., 2017; Whitaker et al., 2018). Postsecondary institutions are already promoting after hours counselling services through phone services; however, technology can also allow for 24/7 access

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to self-guided resources and exercises which promote wellness behaviours, online delivery of workshops and appointments can reduce barriers to participation for those with limited mobility and reduce social stigma, and hotlines staffed by professionals with expertise in mental health and referrals can ensure effective triage and support when campuses are otherwise unavailable (Locke et al., 2016; Cornish et al., 2017; Whitaker et al., 2018). These opportunities help increase capacity while also relieving pressure for additional personnel – particularly with the multiple campuses at College X - and are shown to support student readiness by meeting them where they are at within the service modalities available (Cornish et al., 2017).

Environmental Factors. The success of the PoP is closely connected to the ability to forge effective, collaborative care partnerships with community organizations. The location of College X does pose some barriers to this as it is spread across five campuses in Southern Ontario. Crossing community lines, and supporting students from a variety of cultural backgrounds, identifying and developing these partnerships will be challenging. Access to the various campus locations by public transit can also be an issue as many of the transit lines do not reach all of the campuses directly and require significant time commitments and energy - all of which can be extra daunting for someone with mental health and wellness-related needs. Beyond the local community environment, the complex and seemingly disjointed ecosystem of postsecondary institutions where students are often bounced between specialty offices to receive services create undue hardship and frustration (MacKean, 2011; Locke et al., 2016; Robinson et al., 2016; Eisenberg et al., 2016; Jaworska et al., 2016; Cornish et al., 2017; Whitaker et al., 2018). Balancing service provision across multiple campuses where services related to wellness and mental health are co-located but not integrated and cross-functional adds layers of

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complexity to an already complicated process and should be reconsidered in order to support students in a way that puts them first.

The results from the PESTE analysis raise a number of potential issues, challenges, and lines of inquiry related to the PoP. These will be explored in further detail in the following section.

Guiding Questions Emerging from the PoP

Four questions emerge upon examination of this problem of practice. First, how can College X better support the mental health and wellness-related challenges experienced by students who are less likely to access support due to different cultural beliefs and stigma associated with expressing these needs? At first glance, the numbers seem to indicate that the College is already serving a significant proportion of the student body and as such there are not any concerns about barriers to access and support. However, the diversity of the student population and literature surrounding the historically underserved sociodemographic groups that many students at College X belong to indicate that there may be a large number of the student population not receiving the needed support for their mental health and wellbeing. Furthermore, the teams' own organizational structures contributed to factors which further alienate students who had not yet accessed services from the department – for example, long wait times. Access and opportunity should be equitable between all students in a variety of ways, but with the current resource limitations at the College and cultural differences amongst students, the department has not had capacity to develop targeted outreach or less formal approaches to their work to facilitate this paradigm shift. This change is required for social justice in our service provision to occur: integrating marginalized and vulnerable groups of students into departmental efforts to support student wellbeing and resilience.

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Out of the previous question emerges three more. What needs to change to better facilitate conditions for all students to flourish while developing personal, academic, and career resilience at the College? What synergies currently exist between the service modalities and operational approaches across the three pre-existing teams (personal counselling, accessibility services, and health and wellness education) that could be leveraged in this change process? How does this change occur? The literature has clearly demonstrated that postsecondary institutions can play a productive, and indeed transformative, role in promoting positive student mental health and wellbeing and, in so doing, foster conditions for personal and academic success. By shifting the organizational structure of the associated services into one department, the efficacy of this team to meet the increasing complexity of, and demand for, student needs in a meaningful way is no longer compromised.

The most significant challenges that emerge from the main problem are: 1) the dynamic nature of the challenges faced by students experiencing mental health and wellness-related challenges in their studies, and 2) identifying strategies and models for service provision related to student wellness and academic success that bridge the professional roles and mandates of each distinct functional area within a new organizational structure. With these in mind, the team will need to remain at the forefront of best and emerging practices, awareness of trends in student issues, as well as develop and maintain relationships with specialized support services to ensure consistent and responsible student care. Aligned with these challenges are remaining closely connected to student needs and preferred modes of engagement in designing and delivering services which support student wellness and capacity to thrive. As advocated for by Cornish et al. (2017), the solutions presented to the PoP will need to consider these student needs while remaining agile enough to evolve with the students over time to remain responsive and relevant.

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This section has further clarified the priorities for change as a result of exploring the lines of inquiry stemming from the PoP at hand. The next section will leverage this information by translating the influences and factors impacting how College X supports student mental health and wellbeing as discussed throughout the chapter and my own leadership position toward identifying a future state, priorities for change to get there, and change drivers who can help achieve the envisioned state.

Leadership Focused Vision for Change

There is a gap between present and envisioned future state across three levels: the individual team roles, the department's ability to meet service demands, and the measurable contributions of the department to institutional objectives and performance outcomes. The vision for addressing the PoP is to enhance our ability to provide quality mental health and wellness support to the students accessing services from the department and foster conditions for success of the team providing them. Beyond this, and in doing so, the department will also be able to demonstrate the positive impact on students' academic performance, contributing to the increasingly relevant Ministry performance measures which govern institutional funding models and sector performance (Turner & Berry, 2000; Porter, 2011; O'Keeffe, 2013; Eisenberg et al., 2016; Whitaker et al., 2018).

The current distribution of labour between roles across the department and pre-existing organizational structure has significantly contributed to the teams' inability to address the growing student demand that has been coupled with increasing complexities requiring our support. Acknowledging that students accessing our services are less likely to successfully navigate the postsecondary learning environment without specialized supports, it is critical that we reconsider our own approaches to this work so as to evolve with the realities of the student

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population (Locke et al., 2016; Whitaker et al., 2018). In this way, as a key change agent, I am looking to leverage the existing strengths and expertise housed within the department as we transition from separate teams which offer specialized and individual treatment strategies and support (present state) to a more collaborative approach where we work together to increase help-seeking behaviour, enable students and staff ability to identify signs of distress, facilitate individual capacity to thrive, and foster a College community that supports wellbeing (future state). By doing this, I believe that we, the department, will be able to position ourselves to best meet student needs while also contributing to the institutional measures of student performance within the context of an increasingly accountability-driven sector which will maintain the institutional support required to engage in our work with appropriate resourcing. As a member of the leadership team responsible for the College's Health and Wellness Strategy, I will have agency to work collaboratively with other departments to make these changes as required.

Given that the team has undergone a series of significant organizational realignments in the last 12-24 months, it is important to acknowledge the potential for frustration and cynicism when determining and balancing priorities for change in order to effectively address team needs and morale, institutional objectives, and stakeholder demands. This OIP will focus primarily on working collaboratively with the team to reconsider their roles and how they interact to provide quality care and advocacy, establish new approaches to supporting student success within an academic learning environment to ensure participatory parity for those experiencing mental health and wellness-related challenges, and determine appropriate steps to develop an infrastructure able to address additional and emerging stakeholder and sector needs in recognition of our dynamic operational and political contexts using a social justice lens.

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Priorities for Change

There are three priorities for change within this OIP. The first significant priority for change is the establishment of a unified vision and values for the new department. Recognizing that the department has been recently formed by amalgamating three pre-existing functional unit teams (personal counselling, accessibility services, and health and wellness education), it stands to reason that while the work of each team has been highly aligned, that there are nuances and differences in approach which will need to be negotiated and articulated in order to establish a new team culture. Culture is reflective of actions, attitudes, and behaviours, and therefore, as this OIP will entail changes in practice, a focus on the team's professional mandate and norms is necessary (Nadler & Tushman, 1989). The leadership practices of Kouzes and Posner (2017) which are embedded within the PCLP Model (Figure 1) will allow myself and the Director to influence this culture by exhibiting and demonstrating the professionalism, openness, transparency, and curiosity we wish to see in the team (modelling the way) as we re-establish mental health and wellbeing-oriented service provision at the College. This can be supported through change agents, acting as emotional champions to garner support for the change through motivating and influencing peer and stakeholder perceptions and actions (Cawsey, Deszca, & Ingols, 2016). The co-constructed vision and values will need to resonate with all team members and direct the work of the department moving forward (Kouzes & Posner, 2017).

Ensuring effective and responsive services to support student mental health and wellbeing is the second key priority. Where the first priority is looking inward, this priority considers what existing strengths, weaknesses, and opportunities exist within the pre-existing teams' approaches and then looks outward to identify additional gaps and new opportunities for enhanced services and collaboration. This work is deeply rooted in the social justice lens employed in the leadership

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approach to the PoP and integrates the concept of praxis (Freire, 1985; Furman, 2012; Mahon et al., 2019; Blue et al., 2019) through the use of existing data, literature, and user-experiences to brainstorm, discuss, and evaluate new and revisited opportunities for the team to better meet the needs of students and stakeholders while maintaining a high quality of care, individualized approaches which acknowledge unique student needs and complexities, and expertise situated outside of the department and institution which could contribute to our success and goal attainment. In order to achieve the goals of this priority there will need to be significant College-wide engagement to ensure that chosen approaches to supporting student mental health and wellbeing reflect local priorities and needs.

This leads into the third priority – managing acceptance of the changes through a strategic and intentional communication plan. It is essential that I, as a leader, am addressing perceptions of change through my communication plan to inform and influence understandings pertaining to the directions and solutions identified to resolve the PoP at hand. Elving (2005) and Beatty (2015) argue that the communication of any change agenda is the most important aspect of sustained momentum and integration into the organizational culture, building upon Kotter's (1995, 2012) discussion of the most common reasons why transformational efforts fail – many of which remain salient today. Elaborated upon in Chapter 3, stakeholder engagement and transparent communication as the solutions to the PoP unfold will be critical to maintaining support related to this work and building momentum for its integration into the culture of the institution upon completion. Regular opportunities for information sharing, feedback, and multiple avenues to introduce the selected approaches to addressing the PoP will be embedded into the change approach to help maintain open dialogue, manage internal and external

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expectations, identify potential blindspots and anticipate barriers, and build momentum toward the outcome.

Change Drivers

A number of stakeholders – including leadership, the department staff team, faculty, campus and community partners, and students - need to be engaged in order to effectively navigate this change process. The role of each of these groups within the change plan is discussed below.

Leadership. The executive team must be engaged and supportive of efforts to re-envision mental health and wellbeing supports at the College in a way that is outcome-focused, student-centred, and engages a collaborative care team in order to ensure the most appropriate support services are made accessible to the student as needed. This commitment is significant as this group drives the strategic direction of the college, including resourcing and advocacy (Kotter, 1995, 2012; Cawsey et al., 2016). This group will need to be updated regularly on the scope of the services, the level of satisfaction amongst students accessing services, outcomes associated with the services provided, and return on enhancements in relation to institutional performance metrics in order to sustain support and engagement (Kotter, 1995, 2012; Beatty, 2015).

Department Staff Team. Addressing the PoP will require deep engagement of the existing teams toward new directions which are informed by the values of equity, access, and client-centred supports into the existing traditional organizational culture. Understanding the subtleties of the current practices across the pre-existing teams composing the new department, their culture, and operational standards will inform the impacts on the team and their perceptions of what this change will mean to their work (Kouzes & Posner, 2017). As such, we will co-

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construct approaches to best address existing weaknesses and opportunities, capacity needs, increasing complexity of student needs, and contribute to the performance of the institution.

Faculty. In depth consultation with this group will be vital in establishing future directions for enhanced collaborative care functions. As a key partner in establishing and fostering ongoing conditions for students to thrive toward their academic and career goals, faculty have a vested interest in how students are supported in periods of challenge pertaining to their personal and academic resilience. Faculty engagement will be key in assessing openness to, and perceptions of, change as it pertains to department services and the impact on student academic success. Faculty are the most consistent student-facing members of the institution; as such, faculty are critical partners in normalizing and stabilizing the new culture following the change process (Schein, 2017). Ensuring that this group endorses and contributes to plans which address the PoP will facilitate smooth transitions within the organization – including positive student experiences.

Campus Partners. While the wellness and mental health services are provided by our department, many of these issues are co-related with other pressure points students are facing across the college (e.g., finances, food insecurity, poor grades, etc.) (Locke et al., 2016; Robinson et al., 2016; Whitaker et al., 2018). These intersections require great consideration as it pertains to how we work with our campus partners in establishing conditions for student success, pathways for referrals, and development of resources which can positively impact student outcomes.

Community Partners. An important distinction must be made in areas of specialization when establishing a service model and identifying the modalities housed within it. The supports offered at College X are intended to support students in reaching their academic goals and to

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provide support in establishing strategies for resilience toward a future career path. That said, these College supports do not extend to crisis or after-hours support, and do not house the expertise of all of the possible needs that students may present with on our campuses. As a result, it's important to identify, establish, and maintain productive and collaborative relationships with community partners who provide specialized support services for areas beyond the scope of the department's work (Cornish et al., 2017). These relationships will require regular commitment and fostering in order to ensure their longevity and availability to the student population at College X.

Students. Collaboration with students, as the primary consumers of our services and client base, is a key priority in addressing the PoP. To undertake work which acknowledges the barriers students face in achieving their learning and wellness goals without students' direct involvement would continue to reinforce systemic barriers to access and participatory parity (Fraser, 2009, 2013; Fraser & Honneth, 2003; Blue et al., 2019). Students will be engaged through existing assessment and feedback mechanisms such as satisfaction surveys, health assessments, and key performance indicators, but will also need to contribute more directly and explicitly to solutions-oriented discussions and thinking as the team explores options for addressing the PoP.

Before any change drivers can be engaged, the readiness for change must be assessed to effectively inform the chosen approach. This readiness for change will be assessed in the next section.

Organizational Change Readiness

In order to establish an appropriate course of action for this OIP, it is crucial to form an understanding of the readiness for organizational change and ensure awareness of the internal

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and external forces which will shape and influence this change initiative. The tools selected to assess College X's change readiness are Cawsey et al.'s (2016) Rate the Organization's Readiness for Change Questionnaire and Lewin's (1975) Force Field Analysis.

Readiness for Change Questionnaire

Through the questionnaire, Cawsey et al. (2016) present six dimensions to consider when determining if an organization is ready for change: previous change experiences, executive support, credible leadership and change champions, openness to change, rewards for change, and measures for change and accountability. For each dimension, there are questions to guide critical reflection, based on yes or no responses. Points are then assigned to each response and a scoring guide is provided. Table 1 presents my assessment of College X's readiness scores in each dimension informed by my own experience as well as individual team member and group reflections.

Table 1

College X's Readiness for Change Data

Readiness Dimension	Readiness Score
Previous Change Experience	1 / 2
Executive Support	4 / 4
Credible Leadership and Change Champions	7 / 9
Openness to Change	8 / 15
Rewards for Change	1 / 1
Measures for Change and Accountability	2 / 4
<i>Total (Ranging from -10 to +35)</i>	<i>23 / 35</i>

The overall change readiness score for College X, located in Table 1, was 23. This score falls within a range that signifies that College X is in a readiness for change position. Specific indicator scores in the dimensions of executive support, credible leadership and change champions, and rewards for change demonstrate significant areas of strength. Previous change

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experience, openness to change, and measures for change and accountability present as viable areas of growth that will need to be mitigated to increase support for change, as explored below.

Previous Change Experiences. College X has had mixed results in large scale organizational change. The most recent example of a large-scale change that included organizational realignment did not adequately engage the front-line staff impacted, capture the imagination of the broader College, or build momentum by using data-driven approaches to understanding the need for the change. As a result, it was largely resisted and is still struggling to gain traction and integration into the College culture and operations beyond College lexicon (i.e., department name awareness). The chosen leadership approaches, which emphasize people-centred practices, directly attend to this need and reflect a commitment to learning from the organization's past experiences. Further to this, the social justice lens offers practical strategies for meaningful participative practices to engage stakeholders across the organization, explained in detail in Chapter 2, which can help mitigate the more cautious nature captured in this indicator.

Openness to Change. Currently the department does not have a mechanism in place to monitor the internal response to the proposed change. The openness exhibited during the organizational realignment and awareness of capacity limitations do demonstrate their willingness to engage in the exercises related to the OIP as a means to alleviate these pressures and enhance their ability to have a positive impact on students experiencing mental health and wellness challenges while studying at the College. As part of the reorganization, the department is introducing an Electronic Health Record (EHR) system which will help track referrals, service use, and outcomes and will be in place within the timeframe of the OIP. This, alongside institutional and sector measures around student satisfaction, progression metrics, and benchmarking around wellness outcomes will allow us to perform environmental scans to inform

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the change agenda. With any team consolidation there is a potential for conflict and “turf” protection, but the effort to foster a co-constructed vision and values toward establishing a productive and positive team culture are efforts to prevent this from impacting the OIP. Overall, these factors indicate a relatively strong change readiness level within this dimension, but should be monitored closely (Cawsey et al., 2016).

Measures for Change and Accountability. The department has not had a formal system to measure and monitor change – nor to measure and monitor service needs, outcomes, and satisfaction. Informal and anecdotal measures have guided the work of the teams historically and the introduction of the EHR will assist in shifting this toward more reliable and consistent measures. Key Performance Indicators sector-wide have historically demonstrated a high satisfaction rate amongst students, which indicate a particular area of strength for the team to leverage during this process. The new EHR system can be leaned into to enhance the measures for change and help monitor progression toward desired outcomes. This dimension of Cawsey et al.’s (2016) framework has been well received and demonstrated positive results, but is ultimately lacking in deep and meaningful measures. This will need to be built up within the chosen solution from Chapter 2 and examined in greater detail within Chapter 3.

Internal and External Forces

Identifying the internal and external forces which support and oppose change can assist in determining the readiness of the organization. Kurt Lewin (1975) created the force field analysis as a way to think about change as a dynamic balancing of forces working in opposite directions. I’ve chosen to partner Lewin’s (1975) framework with Bowman and Deal’s (2013) Four-Frame Model to help identify the forces that need to be leveraged in order to constitute changes. The Four-Frame Model (Bolman & Deal, 2013) – which considers that organizations have four

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complementary frames: structural, human resources, political, and symbolic – was chosen for its alignment to the social justice lens which informs the OIP in its analysis of the factors that inform and influence the gap between the current and ideal states (Fraser, 2009, 2013; Fraser & Honneth, 2003). The structural frame refers to institutional policies, procedures and their associated guiding mandates (e.g., Strategic Plans); the human resources frame refers to agendas, motivations, and fundamental human needs; the political frame includes references to coalitions and conflict; and the symbolic frame refers to the institutional memory (Bolman & Deal, 2013).

Figure 3 is a force field analysis depicting the forces internal to the College (teal) and external to the College (yellow) which impact this PoP and associated change. The proximity of the arrows to the desired end state depict the strength of each of these forces and their placement within the analysis depicts whether they are driving or restraining change. The analysis considers both immediate forces (e.g., immediate student demand) and longer term forces whose impact will be experienced further into the future (e.g., lack of training and supports).

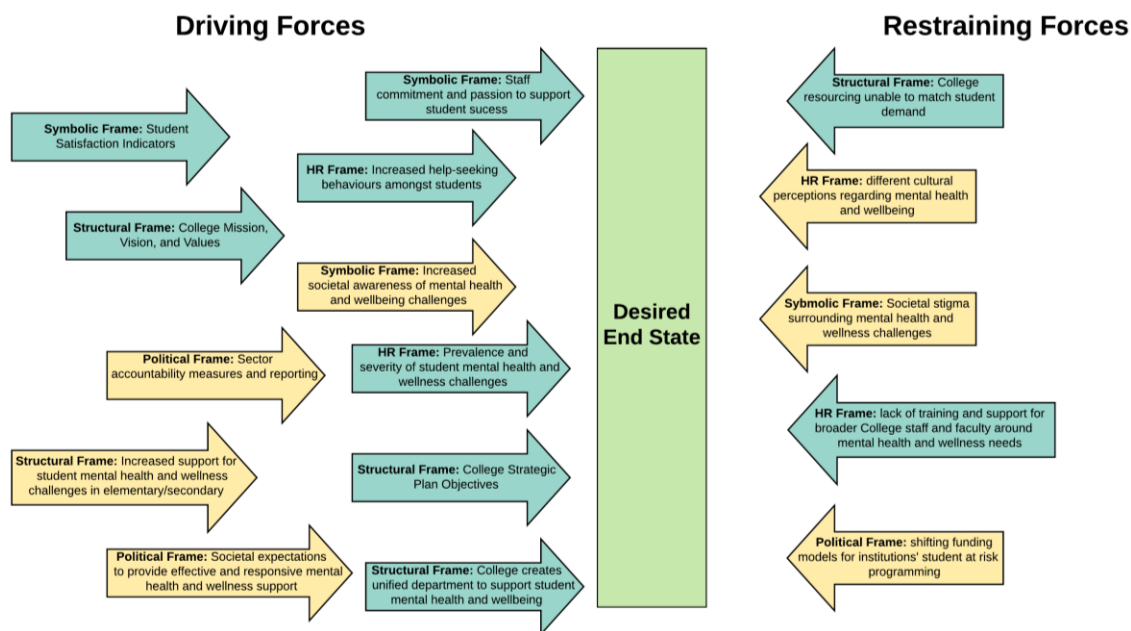


Figure 3. Four-Frame Force Field Analysis of College X. Adapted from Cawsey et al. (p. 196, 2016) using concepts of Bolman and Deal's (2013) Four-Frame Model.

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As illustrated in Figure 3 above, the force field analysis indicates an imbalance between the driving and restraining forces involved in the PoP. There are more driving forces at play, both internal and external, than there are restraining which Cawsey et al. (2016) present as ideal as instigating change requires a state of imbalance toward the desired state. While most factors are internal to the organization, the external factors do carry significant weight – particularly on the restraining side. The force field analysis suggests that efforts to address capacity in a way that does not add pressure to the budgetary restrictions can include improvements to training and associated supports for departmental and College staff. In addition, enacting successful change will require establishing strong outreach and community-oriented support to reach and engage students who struggle with stigma associated with their mental health and wellness-related challenges. Leveraging existing drivers within the institution toward balancing institutional accountability and reporting needs with quality care for students will be vital in establishing conditions for the team to engage wholly with the issues at hand and work together to develop solutions which attend to the forces identified.

Cawsey et al.'s (2016) Organizational Readiness for Change Questionnaire and Lewin's (1975) Force Field Analysis have informed my understanding of College X's change readiness and provided a clear indication that College X is in an optimal state of readiness to begin addressing the PoP toward the desired future state.

Conclusion

Chapter 1 introduces the problem of practice central to this OIP as well as the context in which it is situated. The literature framing the PoP suggests that the pressures facing College X are not unique, but that the ability to action change in order to address the PoP has been positively impacted by an organizational realignment and stated institutional commitment to

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support efforts to address enhanced demand, complexity of need, and ability to support the success of students requiring specialized mental health and wellness-related support within the College. The sector's movement toward a culture of increased accountability and reporting on student progression positions this work as key to the organizational objectives in order to maintain funding models while also aligning closely with College's mission and values. The Model for People-Centred Leadership through Praxis was introduced as the leadership approach to change which leverages transformational and distributed leadership practices with a social justice lens to guide this work. Chapter 2 will leverage these conditions, and build upon internal forces driving change, as well as the readiness of the team in cultivating a plan which will address the PoP.

Chapter 2: Planning and Development

Chapter 2 centres around the planning and development required to reach the desired change. Leadership practices from my Model for People-Centred Leadership through Praxis are described in light of their applicability to my leadership role at College X and their relevance to addressing the PoP. An in-depth examination of the complex factors influencing the department and their potential impact on the OIP will be completed and utilized to examine viable solutions to the PoP using Nadler and Tushman's (1989) Organizational Congruence Model and leveraging Cawsey et al.'s (2016) Change Path Model as a framework for addressing the PoP. The culmination of this process will provide the foundation for approaching the organizational change process within Chapter 3.

Leadership Approaches to Change

As a leader, it is important to me that the values that I hold are highly aligned with the institution where I lead, the team with whom I work, and guide the outcomes I seek to achieve. Transformational leadership behaviours and distributed leadership practices were introduced in Chapter 1 as complementary ideologies which build trust and capacity by increasing the commitment of the team toward organizational goals by breaking down structural silos, enhancing connectivity, and creating a climate of support and consideration of individual needs (Bass, 1990; Spillane, 2005; Northouse, 2016). Further propelled by currents of social justice, the blending of transformational and distributed leadership practices ensures effectiveness of approach and allocation of responsibilities within the team. Transparency, integrity, and participative processes are key to the success of the OIP in addressing the problem of practice at hand. In Chapter 1, these values were introduced and codified through the PCLP Model (Figure 1, p. 11), shown again in Figure 4.

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Figure 4. Model of People-Centred Leadership through Praxis (PCLP). Adapted from Furman’s (2012) social justice model (p. 205) and integrating concepts presented by Fraser (2009, 2013), Fraser and Honneth (2003), and Kouzes and Posner (2017).

The PCLP Model adapts Furman’s (2012) nested model approach to achieve social justice through praxis which have direct influence over the problem at hand: individual (personal), team (interpersonal), department (collective), and institution (systemic). As the dimensions expand from the individual, they broaden to represent both the unique approaches to praxis required at each level, but also the interdependence between them (Furman, 2012). In leading change to resolve the PoP, I must then build capacity within and across each of these dimensions. While PoP primarily impacts my department, these issues extend beyond our team and can have a profound influence over the ways in which others at the College approach their work and on institutional performance outcomes (e.g., student progression and graduation rates). These intersections require that change approaches at insular dimensions also consider the impact on an institutional level. This will ensure that solutions explored throughout the chapter are aligned with, and can be easily integrated into, the College.

Within the PCLP Model, praxis (Furman, 2012; Mahon et al., 2019) is interwoven with social justice (Fraser, 2009, 2013; Fraser & Honneth, 2003). In this way, the PCLP Model subscribes to the belief that participatory parity can only exist when political, cultural, and

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economic factors are attended to simultaneously through recognition, representation, and redistribution (Fraser, 2009, 2013; Fraser & Honneth, 2003). As such, these issues require continual interplay between reflection and action within and throughout each of the nested dimensions. In other words, in order to propel change forward I will need to ensure that praxis is occurring and building staff capacity within each dimension to ensure individual and collective capacity to address the PoP and contribute to the intended future state.

The transformational leadership behaviours introduced by Kouzes and Posner (2017) – model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart – offer practical ways to engage in each of the dimensions and foster conditions for ongoing praxis. Modelling the way requires the leader to set an example for the team by behaving in ways that align with, and reflect the values shared by the team and organization (Kouzes & Posner, 2017). This is positioned within the *individual* dimension in order to bridge the principles of transformational leadership with that of distributed leadership by sharing accountability toward an intended shared outcome (Gronn, 2002, 2009; Spillane, 2005; Lumby, 2012). While I am responsible for setting the example as leader, team members must also *recognize* their position within the institutional ecosystem and their influence throughout the broader dimensions and College culture (Fraser, 2009, 2013; Fraser & Honneth, 2003).

The interactions and interpersonal dynamics are housed within the *team* dimension. Here, the team is enlisted in imagining a future state that appeals to the values, interests, and hopes of the group to inspire a shared vision (Kouzes & Posner, 2017). This work has already begun by articulating the PoP and exploring viable solutions within this chapter. These processes guide the development of a vision which is aligned with the strategic direction of the institution and known to the leader, but refined in a way that the team feels ownership and investment (Kouzes &

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Posner, 2017). Individual praxis facilitates this work, where team members are encouraged to act in accordance with commonly understood behaviours and are able to articulate those expectations accordingly. These processes foster and reinforce clarity of my expectations as Manager and those of the College; but also, potentially most importantly, those of their peers, which enact multiple levels of accountability and encourage shared commitment to the success of the team.

The shared vision intends to inspire the team toward identifying barriers to achieving the future state and in building resilience to overcome them in order to challenge the process (Kouzes & Posner, 2017). In leading these efforts, we will also need to recognize that the other stakeholders within the *institution* must also be incorporated to best understand local needs and enable mutual action by promoting cooperative goals and building trust (Kouzes & Posner, 2017). This dimension is unique in that it allows for distributed leadership opportunities both within the department and with broader stakeholders. Recognizing the systemic barriers to addressing the PoP discussed in Chapter 1, and the availability of resources to address it, it will be critical to leverage relationships while balancing awareness of our team's mandate, owning our positionality as it pertains to direct service provision, and also advocating for broader engagement in order to develop conditions supportive of this work.

Distributed leadership is often confused with distributed power (Lumby, 2012). Expectation setting and role clarity is paramount in setting the PCLP Model up for success. I hold the role responsible and accountable to my supervisors for the output of this OIP; however, I do firmly believe that in order to achieve the best possible outcome, those directly impacted and involved should be inspired, engaged, and contribute to efforts toward the future state. Opportunities for team members to lead in projects and committees associated with implementing strategies to support student mental health and wellbeing at the College will be

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made available alongside coaching and Manager support. Situated primarily within the *department* and *institution* dimensions, distributed leadership opportunities such as these, need to be meaningful and reflective of the values within the PCLP Model. Blue et al. (2019) leverage Fraser (2009, 2013), Fraser and Honneth (2003), and Arnstein's Ladder of Citizen Participation (1969) to offer a graphic representation of what effective collaboration and parity of participation from a social justice lens should look like, as shown in Figure 5.

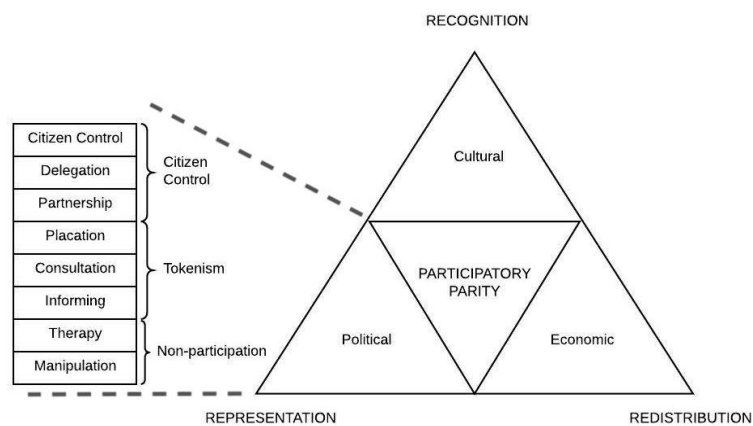


Figure 5. Justice as parity of participation: Situating Arnstein's ladder in Fraser's justice framework. Adapted from Blue et al. (p. 364, 2019).

The adaptation of Blue et al.'s (2019) work in Figure 5 depicts how the social justice lens can be operationalized alongside the leadership behaviours embedded within the PCLP Model as we navigate the change process. While building upon Fraser (2009, 2013) and Fraser and Honneth's (2003) comprehensive foundation for addressing the range of claims, demands, and concerns that are likely to be encountered in addressing the PoP and engaged within praxis, they also use Arnstein's (1969) ladder as a tool for assessing the degree to which parity and justice is achieved. This is accomplished through selected activities toward the intended future state by drawing attention to injustices that might otherwise be overlooked from my frame of reference. This tool is key to ensuring that I am attending to my own iterative reflection and action loop while facilitating the same processes for the team.

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Praise and celebration will be woven through each dimension to maintain momentum, engagement, and dedication in addressing the PoP. Recognizing individual and collective contributions to the success of the OIP is what Kouzes and Posner (2017) call encouraging the heart. Given the nature of the problem at hand, the team is consistently working through difficult situations, escalated tensions, and critical conversations as a part of their regular work. These pressures have significant impact on team members' motivation, especially as it comes to shifting practices and broader changes to expectations and duties. Recognizing the impact of the structural changes which have already taken place, it will be prudent to celebrate team accomplishments regularly to acknowledge individual effort, help highlight milestones, and build momentum from small wins toward the greater success of the OIP. The PCLP Model offers a new approach within the organization as it pertains to engaging the team and stakeholders toward addressing the PoP. The next section will outline the framework for leading this process.

Framework for Leading the Change Process

In order to operationalize this leadership model and facilitate change, this OIP will use Cawsey et al.'s (2016) Change Path Model which offers both descriptive and prescriptive approaches for transformation through four steps: awakening, mobilization, acceleration, and institutionalization. The Change Path Model (Cawsey et al., 2016) offers significant flexibility to adapt approaches to reflect unique organizational which lends itself well to the dynamic nature of postsecondary institutions, such as College X, while encouraging the development and maintenance of strong relationships, collaboration, and stakeholder engagement through the Model's embedded actions. These characteristics are salient and highly aligned to those of the College and the leadership approaches within the PCLP Model which will be elaborated upon in further detail within this section.

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The first stage of the Change Path Model, Awakening, incorporates an organizational analysis, such as the one completed using Nadler and Tushman's (1989) Organizational Congruence Model in the next section, involving the close examination of internal and external environments influencing the organization (Cawsey et al., 2016). Conducting this analysis will provide me with pertinent information required to establish and articulate the need for change as well as the distance between the current and envisioned future state (Cawsey et al., 2016). As senior leadership have already sponsored and completed some work to this end – through the organizational review and resulting in the creation of the department I am leading – the foundation has been set to begin work to enable enhanced support for student mental health and wellbeing. Nadler and Tushman's (1989) Organizational Congruence Model will provide additional insights relevant to how College X's change readiness, culture, and systems are reflective of and able to support this work.

The emphasis on team and individual praxis while navigating the change process supports the process of Awakening by ensuring that stakeholders who are not directly accountable for resolving the PoP are considered and engaged in a meaningful way when determining the solution (Blue et al., 2019). This understanding of how to ensure socially just approaches to leadership also helps with the dissemination of the vision and associated messages to the necessary stakeholders and throughout the broader College X community. Engaging those directly impacted by the department's inability to meet demand (e.g., students, faculty) and those who are directly responsible for providing mental health and wellbeing interventions in order to facilitate student wellness (staff) within the gap analysis and factor scanning helps to ensure that I will be fully aware of the nuances of how the PoP plays out across various roles and contexts. The change vision will need to make these dynamics evident as well as connect them to the

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stated mission and strategic objectives of College X. This stage is highly consultative (see Chapter 3 for greater detail) and as such, will have the greatest stakeholder involvement within the context of this OIP. As the leader, it will be my job to ensure this and to design a communication and engagement strategy in a way that considers each unique audience in order to demonstrate the need and how the outcome will benefit the entire institution.

Whereas Awakening seeks to build consensus toward an inspirational vision for change, the Mobilization step considers the formal and informal systems and structures which impact the OIP to further cement what specifically needs to change and the vision by which this issue is addressed (Cawsey et al., 2016). Building on the assessments completed in order to craft a vision in the Awakening stage, the Mobilization efforts dive deeper into existing data and focus on the power and cultural dynamics that exist within the organization in order to identify and leverage change drivers who can support, endorse, and contribute to the change vision and its implementation (Cawsey et al., 2016). Providing a succinct and compelling message for diverse audiences in an effort to build a strong supportive base is critical (Elving, 2005; Beatty, 2015; Kotter, 1995, 2012); however, is ineffective if it does not include a deep analysis of the underlying systems and structures which reinforce the current state (Cawsey et al., 2016).

Again, the social justice lens (Fraser, 2009, 2013; Fraser & Honneth, 2003; Furman, 2012; Blue et al., 2019) which has been embedded within the leadership approach articulated in the PCLP Model directly aligns with this framework for leading change. Employing praxis within and across political, economic, and cultural spheres, as well as personal, team, department, and institutional dimensions, is designed to challenge myself and my team to consider the ways in which student mental health and wellness challenges are reinforced and embedded within the College by virtue of the existing systems, structures, and the perspectives of

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those leading them (Fraser, 2009, 2013; Fraser & Honneth, 2003; Furman, 2012). By assessing engagement using the model brought forward by Blue et al. (2019), I hope to be able to disrupt these aspects of the institution by highlighting the lived experiences and barriers identified by students and the staff that work to assist them. The team and department dimensions allow for this exploration to occur at interpersonal and collective levels (Furman, 2012) while further reinforcing the need for change (inspiring a shared vision) and working to better understand the influencing factors that contribute to this state (challenge the process) (Kouzes & Posner, 2017). My own relationships and awareness of how to navigate the institutional processes, systems, and structures from an administrative perspective and from leading large-scale changes within previous roles will help me intentionally and strategically design these processes. However, the selection of change drivers and formation of a coalition from within the department to assume ownership and share accountability toward these outcomes will be critical in the sustainability and integration of any resolutions across five campuses.

As the vision and coalitions are formed, the change path is Accelerated. Here, the leader begins the process of action planning and implementing by using the insights from the earlier stages to affect the intended change (Cawsey et al., 2016). This process involves building the capacity of the coalition members by further developing skills, knowledge, and abilities which will support their efforts to help realize the envisioned change (Cawsey et al., 2016). As this occurs, the leader is able to implement an intentional and detailed change plan where little wins are accumulated to build momentum, stakeholders and coalition members are depended upon and empowered to enact aspects of the plan, and clear milestones are set and met along the path toward meeting the intended outcomes (Cawsey et al., 2016).

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The systematic planning and implementing of change in order to address the PoP happens across all of the dimensions identified but is most supported by enabling others to act (Kouzes & Posner, 2017). The formalization of distributed leadership opportunities acknowledges that the process of attaining the intended future state will not be linear and will require milestones and implementation practices to be reconsidered, shifted, and adapted (Hargreaves & Fink, 2008; Lumby, 2012). As such, transition management will be key. The plan will need to be developed with the entire department in mind (universal approach) which is informed by the needs and experiences across all five campuses (individual), but operationalized in such a way that allows for the unique features of the individual campuses to remain. In this way, whatever solution is chosen, the planning should offer streamlined approaches across campuses while still being adaptable enough to respond to the unique campus identities and cultures as a result of the programs offered, hours of operation, and other variables. This will also challenge me, as a leader, to celebrate milestones and strategically plan for a series of small wins in campus specific ways (encouraging the heart) (Kouzes & Posner, 2017). These campus specific nuances will be identified within the Mobilization stage and should inform the process of Acceleration.

Throughout the Change Path Model stages, coalitions are developed, nurtured, and maintained to support the transition toward the envisioned future state (Cawsey et al., 2016). The successful conclusion of the future state is a misnomer of sorts, as the process of Institutionalization occurs throughout the process and continues well after reaching the desired new state (Cawsey et al., 2016). In order to support the sustainability of change and prevent the department from reverting to the problem state, ongoing assessment and evaluation of outcomes as well as measures which detail risks that may need to be mitigated must be developed (Cawsey et al., 2016). Leveraging knowledge of the existing systems and attitudes as well as relationships

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with change drivers to support the steps toward realization and beyond will position us to effectively determine metrics that support the need for change, implementation, milestone accomplishment, and institutional integration as required to navigate between the phases and be revisited in regular intervals to account for any shifts (Cawsey et al., 2016). These measures should be considered within the social justice framework as well, engaging the same principles of meaningful participation in the design, delivery, and review of resulting information to maintain diversity of perspective, offer deeper insights into contributing factors, and strategies to maintain the newly realized state (Cawsey et al., 2016; Blue et al., 2019).

As I have discussed throughout this section, the characteristics of selected leadership approaches depicted in Figures 1 and 4 are highly aligned with the Change Path Model framework (Cawsey et al., 2016).

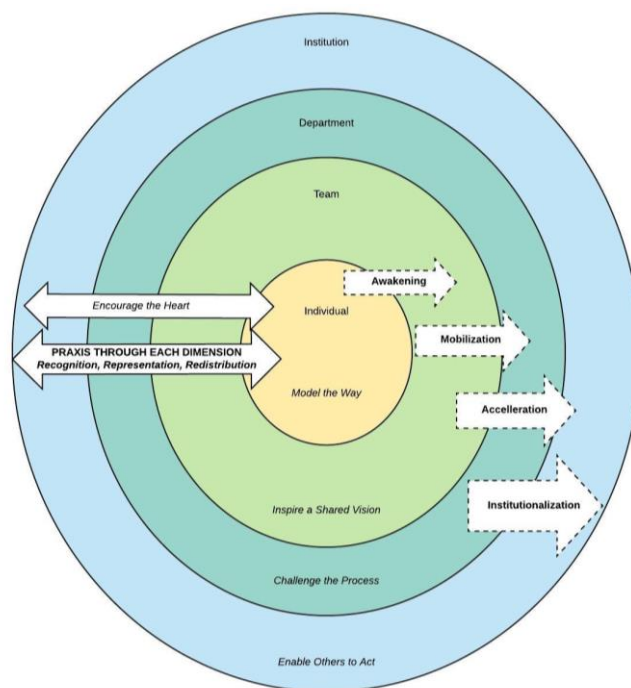


Figure 6. Model for People-Centred Leadership through Praxis integrated with the Change Path Model. Adapted from Furman's (2012) social justice model (p. 205) and integrating concepts presented by Fraser (2009, 2013), Fraser and Honneth (2003), Kouzes and Posner (2017), and Cawsey, et al. (2016).

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Figure 6 shows how the Change Path Model framework progresses through the nested dimensions connected with the transformational leadership behaviours within the dotted arrows. The arrows grow in size to reflect the intensity and duration of work to maintain the desired outcome. While this section explains the how an organizational analysis contributes to this process, the next section details what the critical organizational analysis involves using Nadler and Tushman's (1989) Organizational Congruence Model.

Critical Organizational Analysis

In an effort to successfully address the PoP in a way that sets the team up for long-term success, it is important to consider how the environmental factors discussed in Chapter 1 interact with other organizational variables which directly impact the ability of the department to contribute, and College to meet, our mission-related goals. To do this, a critical organizational analysis will be conducted to identify specific areas where student mental health and wellness-related issues can be better supported by the department. Nadler and Tushman's (1989) Organizational Congruence Model, shown in Figure 7, will be used as a tool to discuss, diagnose, and analyze complex issues underlying the PoP as well as potential gaps and opportunities to support potential solutions to the PoP within the next section.

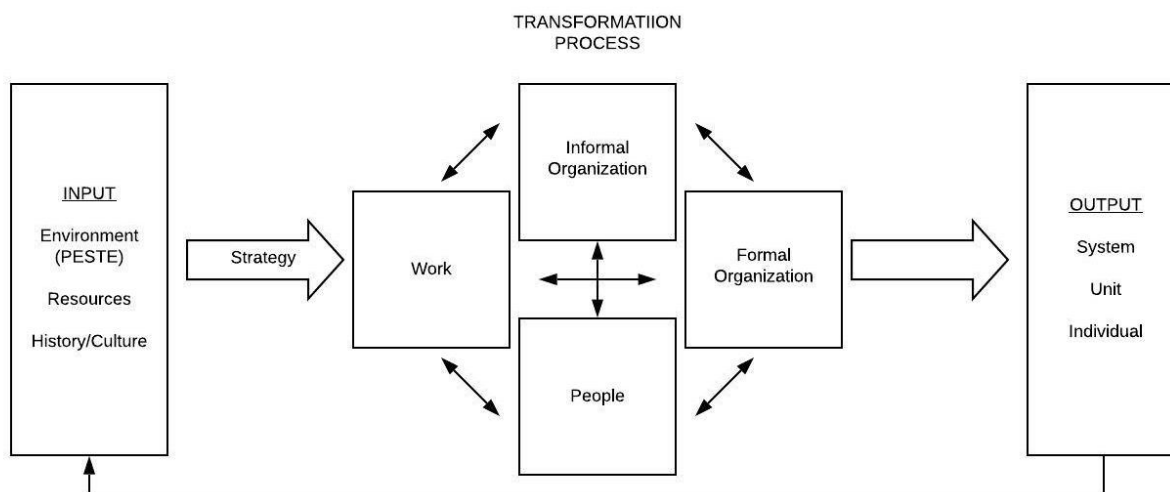


Figure 7. Organizational Congruence Model. Adapted from Nadler and Tushman (p. 195, 1989).

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Input

Nadler and Tushman (1989) identify three factors which directly influence the strategic approaches that leaders choose to pursue: environment, resources, and history/culture. The PESTE analysis and Four-Frame Force Field Analysis in Chapter 1 offer insights into why the department has evolved to its current state, why we are seeing increases in students identifying a need for mental health and wellbeing supports from the department, and how an institutional and sector climate that seeks to overcome these challenges impacting student success and wellbeing has been cultivated and informs the PoP (MacKean, 2011; Locke et al., 2016; Robinson et al., 2016; Jaworska et al., 2016; Cornish et al., 2017). These conditions require consideration of systemic approaches as a strategy to recognize the growth of self-advocacy and need for holistic services which provide wrap-around support for students within the institution (CACUSS & CMHA, 2013).

Institutions are increasingly being called upon to demonstrate their value at provincial and federal levels through standardized outcomes, such as retention, graduation, and graduate employment rates as a method to allocate funding (Blackmore, 2013; Brown, 2015). These metrics, while markers of some level of organizational success, are problematic as they are not designed with vulnerable student populations in mind (Brown, 2004; Evans, 2007; Theoharis, 2007; Jean-Marie et al., 2009; Dodson, 2016). Institutions with high proportions of students experiencing mental health and wellness challenges, such as College X, are less likely to perform well on these measures when positioned along ‘model routes’ and projected completion timelines (Basch, 2011; CCVPS, 2015). Many students who are experiencing mental health or wellness challenges require accommodations such as reduced course loads, pauses in their studies, or to access specialized supports to help address their individual needs in a concentrated way. These

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factors are not considered within standard metrics being presented within funding models by the current governments and could impact how services which facilitate mental health and wellness interventions are resourced at the institutional level.

Transformational Process

Nadler and Tushman (1989) present four elements, considered to be critical to the ability of the organization to perform and reach its goals, which compose the transformational process: tasks, individuals, informal organization, and formal organization. The more congruent these elements are, and the more aligned to the environmental factors and strategy of the organization, the greater the ability to bring about the desired outcomes (Nadler & Tushman, 1989; Cawsey et al., 2016).

Tasks. The primary goal of the OIP, as stated in Chapter 1, is to address the department's ability to adequately support student mental health and wellness needs at College X. The task at hand is to establish a clear understanding of the current state of student need and the gaps between this and the existing services offered by the department. Developing a common understanding across the department will help create a sense of clarity and consistency at the individual and team levels which will give us an area of focus as we navigate the change state toward the desired outcomes of the OIP. This approach honours the great work that has occurred historically, in many ways in spite of appropriate resourcing and awareness of growing demands, while also facilitating both a positive outcome and a more positive student experience (Colleges Ontario, 2012). In developing strategies for the transformation process, the positive attributes of the College's history and culture can be celebrated and translated into the work ahead, contributing to a newly articulated department culture. This work will occur throughout the Awakening and Mobilization stages of the Change Path Model (Cawsey et al., 2016) while also

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supporting the deeper cultural integration of the Institutionalization phase, demonstrating the applicability and correlation between the various models employed throughout this OIP.

People. The most important aspect of Nadler and Tushman's (1989) Model is that of the individuals who perform the tasks. Each team member will be entering into our shared task from different points, as such, efforts to minimize the discrepancies amongst the team will be facilitated by *modelling the way* and *inspiring a shared vision* (Kouzes & Posner, 2017); however, may not be sufficient in adequately setting the stage for the work ahead. Individualized approaches to develop the investment of team members and maintain engagement by *encouraging the heart* can support team member growth and development to enhance our ability to reach the stated organizational goals (Kouzes & Posner, 2017). The Change Path Model (Cawsey et al., 2016) also speaks to the need to leverage and mobilize human resources in order to facilitate change and reduce opportunities for deficiency of process and attitudes (Bass & Avolio, 1993; Smith & Vass, 2019; Owusu-Agyeman, 2019). The distributed leadership practices encouraged within the framework for leading change will assist in building a cohort of change agents (coalition) who can assist their peers in contributing to, and further developing their understanding toward, supporting a solution to the PoP (Gronn, 2002, 2009; Spillane, 2005; Lumby, 2012).

As outlined in Chapter 1, department team members are not the only individuals who must be considered in relation to the OIP. Various stakeholder groups need to be considered as their roles and levels of commitment to the transformation work and intended outcomes will impact the Acceleration and Institutionalization stages of the Change Path Model (Cawsey et al., 2016). The senior leadership at College X must remain supportive and enthusiastic champions of work related to levelling the playing field for students experiencing mental health challenges. In

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order to remain effective champions, I will need to ensure that they have clear sightlines into the work being taken on by the department to address the PoP and how it supports the institutional strategic plan and stated outcomes. Similarly, faculty must be highly engaged in early and ongoing consultative exercises to maintain alignment and effectiveness of the emerging strategies to address the PoP at hand. Faculty serve as key partners in the ways in which the change is supported and embedded in the fabric of the institution and the student experience. Ensuring that faculty are aware of, and endorse, the resulting strategies will be key to the success of the change process. This work begins in the Awakening stage of the Change Path Model, but needs to remain consistent throughout the entire process so as to facilitate a smooth transition between the current and future state as the work outlined within the OIP is completed at the Institutionalization stage (Cawsey et al., 2016).

Students accessing services from the department are the other primary stakeholders for consideration. Students will feel more engaged and supported in the services if their voices contribute to the development of strategies designed to support their needs (Astin, 1984; Tinto, 1993; Kuh, 2009; O’Keeffe, 2013; Eisenberg et al., 2016; Whitaker et al., 2018). Given the diversity of students being supported by the department, and the first-hand knowledge of the barriers and challenges that they require our support in navigating, it makes good sense that they contribute to any processes in which changes are explored by the department and College (O’Keeffe, 2013). This is also a key component of adhering to socially just practices and ensuring that efforts for engagement are not simply acts of tokenism and align more with the concepts of partnership and citizen control (Blue et al., 2019).

Formal Organization. One of the key components which contribute to how people support transformation processes, are the formal structures which guide their work – including

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reporting structures, policies, and procedures (Nadler & Tushman, 1989; Cawsey et al., 2016).

The purpose of the organization's formal structure is to enable task performance; for our purposes, the formal organization refers to the departmental organizational structure (Cawsey et al., 2016). Since this has recently been revised to support the strategic priorities of enhancing supports in an effort to address the PoP, the foundational work has been completed in order to enhance capacity in pursuit of strategic objectives. In the next section, I will explore how these organizational realignments influence strategies available to address the PoP and how they can be leveraged to facilitate change. These organizational realignments must also be accompanied by reviews in personnel management approaches (such as recruitment, selection, and onboarding) that will need to be updated to reflect the results of the OIP and to ensure cultural alignment throughout the transformational process as outlined by Nadler and Tushman (1989).

Informal Organization. Informal structures (e.g., relationships amongst the team, ways of approaching work, accepted norms) have significant influence over how, and whether or not, change efforts will be successfully integrated into the organization (Nadler & Tushman, 1989; Cawsey et al., 2016). The informal organization can be understood as the culture – that is, the unofficial control system that guides how members of the team act and approach their work (Nadler & Tushman, 1989). The cultural consideration is critical in considering how the task should be approached and the leadership approaches are implemented, and, ultimately, how successful the Institutionalization stage of the Change Path Model will be (Cawsey et al., 2016).

The framework for leading change presented in this chapter, offers insights into how the process of *modelling the way*, *inspiring a shared vision*, and *encouraging the heart* can help shape a constructive and open culture where members feel engaged, heard, and valued (Kouzes & Posner, 2017). These practices are demonstrated to yield positive results and offer valuable

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insights into incongruencies between the commonly accepted practices that are deeply embedded within current practice and those which are outwardly espoused and advocated for amongst the broader team (Zhu et al., 2011; Walumbwa et al., 2011; Banks, McCauley, Gardner & Guler, 2016; Kouzes & Posner, 2017; Smith & Vass, 2019; Owusu-Agyeman, 2019). Some team members and stakeholders may need some encouragement and guidance in recognizing the conditions that are reflected within the PoP and in maintaining focus in achieving the goal of adapting and evolving approaches to supporting students facing mental health and wellness challenges (Dodson, 2016). Challenging personal and systemic barriers will lead to the end goal of a more responsive department and require me to ensure that structures and systems are in place to support change drivers within the team in helping bring their peers along – explored further in Chapter 3 (Basch, 2011; Dodson, 2016; Eisenberg et al., 2016; Locke et al., 2016).

Output

The ultimate focus of the OIP is to enhance departmental capacity to support student mental health and wellbeing toward personal, academic, and career resilience. Aligned with the Congruency Model (Nadler & Tushman, 1989), the output is intended to recognize the increase in demand and complexity of needs, and develop a strategy for the department to provide adequate support for those accessing services while fostering an inclusive environment that encourages help-seeking behaviours for those who are not. These outputs, once determined, will need to be integrated within the broader College approach, but lead and driven by my department as the key practitioners with firsthand knowledge of the existing student needs. Options for outputs which address this PoP must also consider the existing gaps in a way that identifies and prioritizes these areas within the need to change in order to resolve the PoP.

Gap Analysis

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By assessing organizational challenges using the Congruency Model (Nadler & Tushman, 1989) a number of areas of need for change emerged connected to the PoP. In reviewing the various elements which influence how the department engages within the College and broader environments toward mission-driven goals, it is clear that the approach to service provision is an area that needs to be prioritized to address a number of emergent themes. Specifically, the capacity of the team to support increasing student demand across five campuses requires that the policies and procedures that guide the work of the department reflect the shifts that have been made structurally and align with the institutional goals pertaining to student resilience. This will require that the team's current understanding of their work, the potential gaps in their experience and knowledge pertaining to the operations that have been folded into the department, and the limits surrounding the increasingly specialized and intensive services required be fostered to ensure consistency of approach and clarity of roles. Socially just approaches (Fraser, 2009, 2013; Fraser & Honneth, 2003; Furman, 2012; Blue et al., 2019) will require increased participation of students in the design and, potentially, delivery of services to ensure student-driven outcomes which engage and acknowledge the benefit of peer support interventions (Sontag-Padilla et al., 2018). The results of this gap analysis help frame and position the possible solutions to the PoP explored in the next section.

Possible Solutions to Address the PoP

In seeking to address the high student demand on the department and increasing complexity of student needs, solutions that can enhance departmental capacity and influence institutional approaches are needed. Based on best practices and the research presented throughout the OIP, the three solutions outlined below may work to support efforts to better position students to be personally and academically successful.

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Solution 1: Blended Counsellor Roles

Given the contextual data presented throughout Chapter 1, it is clear that maintaining the status quo will not meet student needs in any meaningful way. Existing wait periods for individual counselling sessions to be oriented and introduced to the services of the department are indicative of the inability of the existing service model in meeting the demand for services at College X. That said, recognizing the massive undertaking that any change can bring, and the organizational realignment that has already occurred, it is important to consider the least amount of change (i.e., closest to maintaining status quo) possible that has the potential to yield positive results.

Recognizing that capacity at each campus location is currently divided between specialty counselling roles (disability and personal), the least intensive solution would be blending these responsibilities across the two roles. The division of roles as it currently exists is an informal structure as each role falls within a generic “Counsellor” position description across all Ontario Colleges within their Collective Agreement. Making this shift, from a human resources administrative standpoint, would only require informing the team of this change of positioning. If this was enacted, this would result in doubling the number of counsellors able to support disability and mental-health related issues at each location. Students who seek to access services would not necessarily face the same wait periods as they would be able to see any of the Counsellors assigned to that campus and could work with one Counsellor on all aspects of their mental health and wellbeing, rather than being required to work with two where their needs cross both portfolios. This would reduce the potential pressure one student could place upon two Counsellor’s schedules, reduce the need to share their story multiple times with different team

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members, and assist the student in developing a strong therapeutic alliance with their lead practitioner.

Additional advantages of this approach would be the ability to maintain current financial and human resourcing levels for Counselling staff. In theory, it is possible to assume that this solution would effectively double the available supports at no added cost. That said, this would not actually be true as finances would need to be devoted to ensuring adequate cross-training and competence around the piece of the portfolio that each Counsellor type had not been practicing during their time working at the College. These expenses would be nominal in most cases where existing team experience and expertise could be leveraged in facilitating professional development and in-house training; however, additional trainings would likely need to supplement this and could be integrated into an annual business plan with an expected \$25-30k budget. Time would not be overly critical of a resource as by virtue of their roles, they are all trained in various approaches to counselling and would primarily require training related to processes and policies around supporting students' academic needs when they have a disability for those who are not currently deeply entrenched in that work.

The primary shortcoming of this solution is that it is not likely to be a sustainable, long-term solution on its own. The number of students at College X who experience comorbid conditions and seek the support of both Personal and Disability Counsellors is high and is expected to continue to increase. As such, it is more likely that this will provide a temporary relief in terms of wait lists but will soon relapse to current states.

Solution 2: Adapted Stepped Care 2.0

Arguably beginning with the CACUSS and CMHA (2013) framework and recommendations to assist postsecondary institutions in supporting student mental health,

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systemic approaches and interventions have become a key theme increasingly taking hold across the postsecondary landscape in Canada. To this end, considering the issues of staff capacity to maintain traditional treatment modalities, requires that departments consider how to supplement the deep one-on-one counselling work with other services and approaches which facilitate skill development for resilience, strong peer networks, and help-seeking behaviour to promote institutional wellbeing in both proactive and responsive ways (Locke et al., 2016; Eisenberg et al., 2016).

A possible solution which considers the pressures faced by the department and the diverse needs of students seeking support, is an adaptation of the Stepped Care 2.0 model (Cornish, 2017; Cornish et al., 2017) for College X. In 2017, Peter Cornish developed Stepped Care 2.0 as a means to reduce wait times for students while offering the lowest level of intervention intensity warranted by the presenting concern and validated by an assessment by a professional. The approach aims to empower patients in maximizing their own abilities, strengths, and past successes in managing their health and wellbeing while maintaining access and support from a lead practitioner (Cornish, 2017; Cornish et al., 2017). This model was designed in recognition that traditional counselling models were providing standardized approaches to individualized needs; and as a result, a system would need to be designed to distribute the limited resources available for maximum effectiveness (Cornish, 2017; Cornish et al., 2017). The intention behind Stepped Care 2.0 is reserve the more intensive service modalities for cases where student autonomy would be at its lowest; demonstrating the higher stakeholder investment that comes with increasing complexity of mental health and wellness needs (e.g., acute care). As the student autonomy increases, service modalities are more open and community-based (Cornish, 2017; Cornish et al., 2017). A combination of these approaches is encouraged within the model to

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support individualized, or, for our purposes, student-centred approaches to service provision which empower the student to direct their personal wellbeing (Cornish, 2017; Cornish et al., 2017).

Similar to the context from which Stepped Care 2.0 emerged, College X has demonstrated a significant growth in students requiring support from the department. Maintaining traditional one-on-one counselling as the primary service modality will continue to prove ineffective and add pressure on an already flooded system (Cornish, 2017; Cornish et al., 2017). Finding a means to adapt principles of the Stepped Care 2.0 approach that are specific to College X as a complement to the one-on-one counselling models that already exist would serve to ensure that a) the dedicated one-on-one counselling supports are available for those who need it most, and b) those who are demonstrating help-seeking behaviour and may not require significant direct Counsellor intervention have access to resources that support their wellbeing and success (Cornish, 2017; Cornish et al., 2017). The recommendation would be that we not focus the departmental efforts on filling steps as outlined within Cornish's (2017) model, but that we look to adapt the model in a way that matches our existing resources, identifies opportunities for future growth and expansion, and sets clear expectations and boundaries as it pertains to Counsellor responsibilities within service provision.

In order to determine what service modalities would exist within an adapted model at College X, the team would need to be engaged in identifying what resources, programs, and initiatives already exist within the department and across the institution that support student mental health and wellbeing. This environmental scan will also be helpful in identifying possible coalition members and change drivers who are aware of the student need and challenges faced by students with mental health and disability-related issues, are actively working to address these

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issues within the College, and build a more systemic effort to reducing the impact of these experiences on students as they navigate their studies (Cawsey et al., 2016; CACUSS & CMHA, 2013). These efforts would serve to consolidate existing programs into a framework using Cornish's (2017) model as a template, mapping existing interventions by stakeholder investment and complexity of need (Cornish et al., 2017). Once this work is done, it would be beneficial to explore additional gaps in the offerings and to begin prioritizing so as to plan for their development and introduction over a set amount of time. Ultimately, these modalities would provide a next step for students after an intake with a Counsellor, determining a personalized action plan that addresses their presenting needs and takes advantage of their readiness for change as demonstrated by accessing our services (Cornish, 2017; Cornish et al., 2017).

The other aspect of this proposed solution that enables a Stepped Care 2.0 model, is the alignment of same or next-day counselling and brief intervention therapy principles (Cornish, 2017; Cornish et al., 2017). One of the main tenants presented by Cornish (2017) that sets the foundation for the value of a Stepped Care 2.0 model, is the reframing of counselling sessions to be primarily focused on brief, solution-focused therapy approaches so as to help the student develop skills to address their concerns as swiftly as possible by leveraging their existing strengths, past experiences, and resources available to support them (Cornish, 2017; Cornish et al., 2017). In this way, a same or next-day drop in model can be introduced to learn more about students' presenting issues, past experiences, and anticipated needs (Cornish, 2017; Cornish et al., 2017). From there, the Counsellor will work with the student to review the modalities available within to determine what an appropriate next step may be, with the idea being to begin with the least intensive option possible as agreed upon by student and Counsellor (Cornish, 2017; Cornish et al., 2017). Should the plan need to be reconsidered, the student and Counsellor would

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meet again to revisit and discuss. This aspect of the proposed solution and Cornish's (2017) model is especially interesting as it offers a pragmatic approach to key resource considerations and is respectful of student needs, time, and meets them where they are at.

In order to fully position this solution for success, professional development and ongoing opportunities to reflect on how shifting practices have supported the goals outlined within the OIP would need to be incorporated into the change agenda. Counsellors may have varying exposure and real-life practice with drop-in models, or brief, solution-focused approaches to their work and may need space to explore these more thoroughly before integrating into their practice. This time and effort should be taken if this solution is chosen as it will set everyone up for a more positive experience with these changes and build in space for learning and growth of the team and the model. This, much like the prior solution presented, is likely to require a \$25-30k budget for training and development; however, unlike in solution 1, will also require significant additional resourcing to enable resource development and additional modalities to be offered, incentives for participation and for peers or additional staff to facilitate which can be projected at approximately \$100k per year due to the strain on existing resources.

Additional considerations that will need to be explored in greater detail would include the framing of the model – Cornish's (2017) framing depicts a progression through steps; however, the intention is less about progressing toward greater intensity (surely, the goal of students accessing services would not be acute care), but rather that a number of options are available to be chosen from based on presenting need, assessment of support required, and intended outcomes (Cornish et al., 2017). This would need to be included in the development of messaging, the exploration of modalities for inclusion, and planning for further development. Furthermore, while this option enhances the modalities available (or tools in the toolkit for Counsellors), Counsellors

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would not have blended roles – meaning that separate access points for personal and disability needs would be required. This could add barriers to participation and negate the anticipated benefits of added modalities on things such as waitlists, pathways to accessing services, and clarity of process for students. These potential barriers have not been explored in the current research and would need to be considered in the unique College X context to determine additional adaptations required to set this option up for success (Cornish, 2017; Cornish et al., 2017).

Solution 3: Hybrid Solution

Given the complex nature of student needs and the projected increases in number of students facing these challenges to come, it is prudent to consider how to best anticipate future needs while also addressing the current state we are seeking to improve. In this way, the suggestions offered within the prior solutions offer an additional alternative which provide an immediate increase to capacity (solution 1) and foster conditions for immediate and future growth (solution 2). It seems reasonable to explore, then, how these two solutions could be incorporated into a present and future-facing option for consideration.

The primary shifts within solution 1 are around role descriptions (Personal and Disability Counsellor roles) and require time and information resources. Time would be spent in transitioning the existing Counsellor roles to a blended model where they would support all student mental health and wellbeing concerns presented to our department. Counsellors would then work with students in one-on-one counselling sessions to address their concerns, facilitate skill development to manage these challenges outside of the department, and make appropriate referrals to community groups and campus resources which may support continued progression and outcomes. In solution 2, the shift is focused on diversifying service modalities with the

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intention to emphasize lower level interventions where possible to help students resolve as many of their needs prior to escalating to the point that they may require ongoing one-on-one sessions with Counsellors. These efforts will require a significant amount of time, as discussed in solution 2, to explore current programs and interventions offered, as well as to assess their level of investment and the amount of autonomy students experience within these interventions (Cornish, 2017; Cornish et al., 2017). Even when this work is completed, additional time and human resources will need to be allocated to the further development of modalities and resources that support students in ways that those identified within an environmental scan do not. This trade-off is a value add; however, in that it ensures a wide variety of approaches are built-in to the approach at College X, offers opportunities for the participative development of programs and peer delivery models that encourage community wellness, and can enhance partnerships with community agencies and specialist service providers for the more complex needs that our team is not equipped or able to support.

At first glance, it would seem as though the resources discussed in the preceding sections for solution 1 and 2 would be added together to provide enough financial backing for a hybrid approach; however, the joining together of these approaches allow for some flexibility within the timelines and training needs. Like solutions 1 and 2, training would remain at around \$25-30k. Unlike solution 2, the additional \$100k could be reduced, especially in year 1, by engaging in distributed leadership practices (Gronn, 2002, 2009; Spillane, 2005; Lumby, 2012) where the Counselling team would work collaboratively with support staff in order to co-develop what each of the “steps” may look like. As such, by offering their own clinical expertise and supervision, we would be able to integrate a programming budget of approximately \$50k annually to develop and maintain more systemic interventions. Directing efforts increasingly toward the broader

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community approach, and implementing single-session attributes for low-intensity student needs, there will be an increase in capacity to plan, deliver, support, and assess these various interventions increasing their sustainability.

In this way, the Counsellor would serve as an available resource and partner who helps students develop a personalized care plan which incorporates available programs and services that best meet the current needs. As these needs may change, the Counsellor and student would reconnect to adjust the approaches accordingly. The community and systemic approaches help foster a broader commitment to the wellbeing of students who have yet to request or access support from the department which can increase visibility and awareness of services available, a harm reduction approach to supporting mental health and wellbeing across the institution while still concentrating the greatest resourcing toward those who require it most. Solution 3 brings the benefits of each of the prior solutions together.

Chosen Solution: Hybrid Solution

When exploring the benefits and potential limitations of the three solutions presented, solution 3 offers the most pragmatic solution when considering resourcing and the student experience. Within the hybrid solution, Counsellors are able to leverage the full benefits of a more personalized, solution-focused approach by considering all aspects of an individual student's needs. While investments will need to be made in relation to a) time to investigate opportunities for partnership and resources available within the institution and community, b) professional development to blend the existing portfolios and to enable Stepped Care 2.0 and brief, solution therapy approaches, and c) fiscal to ensure that these efforts are appropriately supported, the hybrid approach offers the most current and forward-thinking opportunities to directly address the PoP. Dedicating these resources toward an action plan which considers the

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pressures staff are facing in meeting student demand while facilitating positive student outcomes as well as offering the ability to engage students and stakeholders within the design and delivery of the solution aligns with the leadership approaches to change that underpins the OIP and the outcomes of the gap analysis presented in the sections prior. The implementation plan and resources required will be further discussed in Chapter 3. The next section will interrogate ethical issues which have emerged throughout the process of determining this solution.

Leadership Ethics and Organizational Change

The purpose of this OIP is to support the mental health and wellbeing of students at College X. In doing so, it is important to recognize that the intention and impact of actions while leading organizational change can be experienced differently by various stakeholders (i.e., students, faculty, staff, administration) and, as such, ethical considerations must be addressed upfront to reduce potential negative impacts throughout the process. This section will explore three ethical considerations that have emerged from the leadership approaches to change identified, the gap analysis completed, and the process of identifying a chosen solution to address the PoP.

The first ethical consideration surrounds the Counsellor roles within the department and how to best ensure that these key organizational actors are engaged, supported, and aware of the expectations of their role in supporting student mental health and wellbeing. A key ethical consideration for individual Counsellors surrounds compassion fatigue and knowing the boundaries of the therapeutic alliance. While this looks different for each Counsellor, the lack of boundaries, or setting of inappropriate boundaries, can have significant negative impact on the Counsellor, the student, and the institution. This consideration is paramount as we are directly working to address increased demand and complexity of cases being supported by Counsellors.

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As we seek to blend the role of Personal and Disability Counsellor, there is a possibility that Counsellors will feel responsible for supporting a caseload that is unsustainable, accountability for the sector-wide demographic influx, and charged with ensuring the academic success of each of the students that they are supporting. Ultimately, this is unattainable and an unhealthy approach to our work. In employing the PCLP Model, it will be crucial that the change process consider the Counsellor's front-line role critically so as to avoid these potential gaps. Some specific practices, to be further explored within Chapter 3, include: *modelling* appropriate boundary setting in relationships established with staff to ensure that I have a personal example with the members of the team to draw upon when needing to reinforce this practice; *inspiring* a common vision which emphasizes increased opportunities for students to access support through Stepped Care 2.0 approaches while simultaneously enabling Counsellors to focus on working more closely with students experiencing complex challenges; and *enabling* Counsellors to build and strengthen relationships within the College and community to facilitate the Stepped Care 2.0 approaches and foster strong referral partners. These practices can be reinforced by celebrating the effort and steps taken over time to *encourage* continued collaboration and work toward the shared outcomes (Kouzes & Posner, 2017).

Second, and in addition to the transformational practices that aide in navigating Counsellor's practical considerations, the Stepped Care 2.0 approaches (Cornish, 2017; Cornish et al., 2017) require that the team facilitate distributed practices which include working with community partners and student peers in addressing the PoP (Gronn, 2002, 2009; Spillane, 2005; Lumby, 2012). As a result, it is incumbent upon me to consider the potential for the standards which govern and guide our practice to be challenged and inadequately supported by these groups. In an effort to ensure that these potential gaps are accounted for, the Counsellor team will

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be deeply involved in the development of any peer support initiatives to ensure clinical supervision is adequately provided and included in the planning for any such efforts. Training and onboarding for all peer support roles, regardless of type (e.g., Intern, volunteer, or mentor) would be supported with a curricular approach and conduct agreements which mirror the expectations of professional staff so as to align with the role and type of work in which the peers are being engaged. Additionally, community partners will need to be vetted through a rigorous process, potentially in partnership with guiding professional associations and networks, to ensure value alignment, consistency of approach, and achievement of positive client outcomes which support student success in navigating the postsecondary environment.

Finally, the social justice lens of this work will require that the demographics of the student population, and the way in which we engage all stakeholders, is truly participative and not victim of the tokenistic approaches which are outlined by Blue et al. (2019). To ensure this, it is important to consider how these types of diversity traps have been categorized within the literature. Diversity traps is a term I am using specifically to acknowledge my own privilege as it pertains to my position, race, and gender. While seeking to ensure the voices of those whom we are supporting are included and represented in the service model that we design, it is critical that I consider how my power and privilege could play out in an effort to practice socially just distributed leadership. Radd and Grosland (2019) explain that equity efforts which seek to include underrepresented groups in conversations, spaces, situations, and actions where they have been absent and have been viewed as the “property” of the dominant group more often than not actually fortify their oppression. With this lens, alongside Arnstein (1969), Fraser (2009, 2013), Fraser and Honneth (2003), and Blue et al. (2019), require that all efforts to engage those accessing services into the discussion, design, and delivery stages are more than well intended,

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but are also designed to enhance substantive rather than simply procedural participation (Radd & Grosland, 2019). This careful integration, and awareness that inviting others to current tables and discussions is not enough, will help mitigate this diversity trap; however, will also require checkpoints at regular intervals to maintain the ethical balance and true power balance as presented in the PCLP model that has underpinned the OIP.

In summary, this OIP requires healthy approaches to the leadership of organizational change – whether in expectation setting of the team, identifying partners and standards of practice, or in establishing truly collaborative and participative process. Relationships are key at College X, in leading change, and establishing the foundations for the success of the OIP.

Conclusion

This chapter further elaborated upon the Model for People-Centred Leadership through Praxis presented in Chapter 1 and advanced the underlying concepts through a critical organizational analysis which identified existing gaps and interrogated potential strategies to address the PoP, ultimately choosing a preferred solution. This process required deep consideration of the influencing factors and existing culture explored in Chapter 1 and an exploration of ethical considerations emerging throughout the selected leadership approaches intended to enhance capacity at College X to meet demand to support increasing complexity of student mental health and wellness needs. The next chapter concludes the OIP by further developing the change implementation plan for the chosen hybrid solution, determining the associated resources, and planning a communication and engagement strategy to support the success of the OIP at College X.

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Chapter 3: Implementation, Evaluation, and Communication

The contextual and theoretical underpinnings of this Organizational Improvement Plan were explored in Chapters 1 and 2. Chapter 3 outlines the process by which the department will be guided to enable the chosen solution to the PoP to enhance capacity to support students facing mental health and wellness challenges at College X. Included in this chapter are practical applications, strategies, and approaches to facilitating staff and stakeholder engagement in the development of an enhanced service model as well as the change process. The implementation plan is multi-faceted in that it seeks to build capacity within the team to support students while also developing opportunities for distributed leadership across priority areas to support this work. In addition to this, students, as our primary focus, as well as other key stakeholders will be woven throughout the process and ongoing monitoring of the plan to ensure that the resulting work effectively meets their needs and offers meaningful opportunities for contributing to its implementation and design.

Change Implementation Plan

In Chapter 2, the comparative analysis of possible solutions determined that a hybrid of options was the best path forward for this OIP: that is, blending the existing Counsellor roles and adapting the Stepped Care 2.0 model (Cornish, 2017; Cornish et al., 2017) to enhance capacity and foster conditions for immediate and future growth through diverse service modalities. This solution aligns with the institution's strategic goal of establishing "a more robust and accessible suite of evidence-based modalities within the College that have a seamless connection within a circle of care involving community partners" (College X, 2019, p.7) and the broader, long-standing sector-wide need to enhance mental health and wellness related services to meet student need and support student success (Schwartz & Kay, 2009; Gabriel, 2010; Eiser, 2011; MacKean,

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2011; CACUSS & CMHA, 2013; CCVPS, 2015; Jaworska et al., 2016; Colleges Ontario, 2017; Cornish et al., 2017; OUCHA, 2017; Whitaker et al., 2018).

Using the Model of People-Centred Leadership through Praxis (PCLP Model) – introduced in Chapter 1 and elaborated upon in Chapter 2 - the Change Implementation Plan which follows seeks to engage the team and key stakeholder groups through reflective and practical exercises to achieve the anticipated new state and set the conditions for its successful integration into the College culture. This new state will be achieved using a number of strategies which leverage transformational leadership practices grounded in the work of Kouzes and Posner (2017) and distributed leadership approaches presented by Gronn (2002, 2009), Spillane (2005), and Lumby (2012), while attending to social justice through and between individual (personal), team (interpersonal), department (collective), and institution (systemic) dimensions via meaningful participation, praxis, and participatory parity presented by Fraser (2009, 2013), Fraser and Honneth (2003), and Blue et al. (2019). The plan which follows emphasizes three key priorities over a three-year period: (1) developing a unifying vision and values for the new department, (2) identifying opportunities for enhanced services and collaborative care to support student mental health and wellbeing, and (3) communicating and integrating the new state into the institution.

To ensure that these priorities are met, it is important that the systems and structures of the department are adapted in alignment with the future directions and enable the transformational and distributed leadership approaches embedded within the PCLP Model which guides the Change Implementation Plan. This means that the linear, leadership-directed approaches to change which have been utilized in the past need to be reconsidered to engage the newly-formed team as partners in co-constructing what the future state could look like - offering

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opportunities to focus on developing leadership capabilities, sharing knowledge, and enhancing relationships with students, staff, faculty, and community partners to maximize the efficacy of our work. As Manager for this department, it is key that I work closely with the Director to facilitate opportunities for this to occur in meaningful ways throughout the implementation process, pausing as needed to gauge effectiveness, while maintaining a balance between accountability for operational objectives, positive student outcomes, and partnership within and beyond our departmental team.

Charting responsibilities for the departmental leadership roles – myself and the Director – as well as the team, our stakeholders, and those to whom we report assures accountability to the changes we seek to implement and helps maintain momentum (Cawsey et al., 2016). Using a responsibility chart adapted from Cawsey et al. (2016), Table 2 identifies the actions to be taken, which priority they are aligned to, the responsible stakeholder(s), and the target date for completion of each action, assuming the implementation of this OIP begins in September 2020. Stakeholders are assigned a function for each action, including responsibility (R), approval (A), support (S), informed (I), or engaged (E). These actions work toward achieving the previously stated priorities of this organizational change which are represented as (1) developing a unifying vision and values for the new department, (2) identifying opportunities for enhanced services and collaborative care to support student mental health and wellbeing, and (3) communicating and integrating the new state into the institution.

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Table 2

Overview of Responsibilities and Actions to be Taken within Change Implementation Plan

Priority	Action	Stakeholders								Target Date
		Community Partners	Students	Staff / Faculty	Department Team	Manager (OIP Author)	Director	Dean	Executive Team	
1	Host a Fall Term Retreat facilitated by an external party to bring together the newly formed team in an exercise of open and transparent, yet facilitated discussion about the changes unfolding the department to reflect and honour the endings that are happening with the organizational change before we move toward new beginnings.	X	X	X	E	R	R	S	I	August 2020
1	Use previously scheduled campus team and department meetings to complete a series of collaborative and consultative exercises to determine a unified mission, vision, and values.	X	X	X	E	R	S	I	I	April 2021
2	Announce that the Personal and Disability Counsellor roles will be blended beginning in Fall 2021 in order to better serve the student population.	X	X	I	E	R	S	S	I	September 2020
2	Form a Service Model Working Group to co-construct important foundations which set the new department up for success by embracing principles of stepped and collaborative care to enhance our ability to responsively and effectively meet student demands for service.	E	E	E	R	R	R	I	I	April 2021
2	Completed consultations, robust needs assessment, and best-practice review to form recommendations to be presented to students, staff/faculty, the broader department team and Dean for feedback and further engagement prior to Manager and Director approval/endorsement.	X	E	E	R	S	S	E	I	May 2021
3	Develop and implement a Communication and Engagement Plan which ensures that all stakeholders are aware of the new department, its strategic underpinnings (i.e.,	E	E	E	R	R	S	I	I	August 2023

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	mission/vision/values), and service model. This will be a multi-modal, yearlong process involving facilities updates (sign and space adjustments), existing web and promotional material consolidation and revision, College-wide communications, and training on how to refer and support for front-line staff.									
3	Develop a team training and development strategy which is embedded into a team meeting structure which prioritizes immediate needs and future directions with additional support offered through one-on-one meetings (direct supervisor to staff) and Professional Learning Communities established for specific priority items (e.g., Electronic Health Record).	X	X	X	E	R	R	X	X	August 2023
3	Introduce Coordinator roles (term opportunities) where staff can express interest for to support key portfolios which enable departmental operations and align with priority areas (e.g., Intake and Triage). These roles form a Coordinator team (i.e., departmental leadership team) which will focus on strategic priorities and support the team in operationalizing these goals.	X	X	X	E	R	R	S	I	September 2021

Note: This chart assumes implementation commences in Fall 2020. Timelines may be adjusted as required.

In this section, the priorities, activities, and responsibilities related to this change have been defined. Table 2, column 7 illustrates my ongoing responsibilities and support for each of the key actions identified in enabling the chosen solution for the OIP over a three-year period. For many of these actions, my role as Manager requires that I effectively direct the implementation plan in close partnership with the Director and support of other key stakeholders. There is a progressively increased distribution of power and accountability across the team over the three-year period to ensure co-construction and meaningful engagement opportunities to foster support and reduce resistance to the changes identified. This will be elaborated upon in the

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next section alongside a discussion of the resources required to implement this plan, potential issues and limitations, and how those will be mitigated.

Transition management ensures that the organization continues to operate effectively throughout the change process (Cawsey et al., 2016). As such, it is important to attend to the needs and concerns of the stakeholders involved in the change, identify those within the organization who can be leveraged to support the implementation plan, secure and plan for additional resources required, and mitigate anticipated issues and limitations of the change implementation plan (Gardner, 2012; Cherkowski & Brown, 2013). Given that the educational sector often has, and requires, a number of change projects occurring simultaneously, it is critical that the people who are directly involved and impacted by this change implementation plan be considered at the forefront of the process alongside the operational objectives to ensure conditions exist for its success (Gardner, 2012; Cherkowski & Brown, 2013; Schulz-Knappe et al., 2019).

The first activities within the OIP are designed to recognize that changes have been implemented to the departmental team prior to my arrival as Manager and the Director in his, which may yield some unanswered questions and position the team in a space where the future is unclear and in formation. While this is normal in the context of this current state, a people-centred approach will require that we, as a department team, navigate these next steps with empathy, respect, and patience for ourselves and for others (Lumby, 2012; Kouzes & Posner, 2017). Prior to engaging other stakeholders in our change implementation processes, we will need to discuss and explore legitimate staff feelings and concerns, hopes and aspirations, and determine ways in which we can navigate the new terrain together. While students are the primary concern of our work, those responsible for delivering those mental health and wellbeing

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supports cannot be forgotten as the most critical resource to these ends and must be considered as such in this process (Radd & Grosland, 2019). Making time and space to honour our shared and separate histories, mourn any perceived losses, and celebrate new directions through the externally facilitated team retreat prior to the beginning of the term to mark the beginning of the Change Implementation Plan will inform next steps and offer opportunity to name predispositions surrounding the shared future (Kouzes & Posner, 2017).

In a 2019 study on predictors for support and resistance to organizational change, Schulz-Knappe et al. concluded that skepticism, openness, engagement, and influence on decisions were key predictors of change outcomes. These findings highlight the importance of people-driven approaches to change and leadership espoused in the PCLP Model. The emphasis on understanding the existing perceptions, feelings, and attitudes of the team is critical to the success of this plan as it demonstrates a genuine interest in the team's lived experiences during the process of becoming one department, acknowledges imperfections exist during these processes, and conveys an interest in working collaboratively to ensure we are all moving toward our future state together as positively and productively as possible (Schulz-Knappe et al., 2019). Given the significant changes already undertaken and the adjustment to come, the timelines have been designed to ensure multiple opportunities to contribute to the same objectives in different spaces to allow for individual processing, group discussions, and varied avenues to contribute. The process of co-developing a unifying mission, vision, and values will help facilitate positive team directions and hold us accountable to ensuring the team is meaningfully engaged throughout and beyond this process (Kouzes & Posner, 2017). Tactics such as the Employee Engagement Survey, Leadership 360 tool, and one-on-one meetings with each team member will be

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elaborated upon in the next section of the OIP and speak to how team involvement and engagement will be monitored and inform timeline and project adaptations.

Additional stakeholder engagements – with community partners, students, staff and faculty – will occur through a series of pre-existing meeting structures, surveys, and focus groups designed to learn more about the perceived strengths of current practices, gaps in programming and services, and opportunities for greater partnership and collaboration toward meeting our mutual goals of student wellbeing, personal and academic success. Informed by social justice approaches and recognizing that the changes we are seeking to implement are intended to improve and enhance students' ability to navigate their educational experiences, it will be critical to have a deep understanding of why students access our services, what they hope to achieve by doing so, what their experiences have been, and what they would hope for the future (Brown, 2004; Evans, 2007; Theoharris, 2007; Jean-Marie et al., 2009; Mahon et al., 2019). This will extend beyond a needs assessment which informs the work to come and be leveraged into ongoing opportunities to participate in the design, delivery, assessment, and brainstorming of service modalities to meet student mental health and wellness needs (Radd & Grosland, 2019).

The Change Implementation Plan seeks to identify potential risks and barriers to successfully realizing the new state emerging from the chosen solution to the PoP outlined in Chapter 2. These, as well as the resources required to accomplish the actions identified, are outlined in Table 3. This table carries over the activities introduced in Table 2 as key aspects of the implementation process and allows for greater detail about how limitations and issues identified in each action are to be mitigated.

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Table 3

Potential Issues and Resources Required for the Change Implementation Plan

Action	Potential Limitations/Issues	Strategies to Mitigate	Resources Required
Fall Term Retreat	<ul style="list-style-type: none"> potential for negative emotions and resistance to drive the day and reduce productivity 	<ul style="list-style-type: none"> facilitation and support approaches will be best to make space for uncertainty and to refocus/ reframe the changes toward positive new directions dedicate time to articulating the needs of the team as individuals, role teams, and as a whole department to productively move forward and feel supported external presenter should be used to ensure open and honest feedback and participation Manager and Director should participate as a ‘team’ within the group exercises to represent the new directions and be transparent about our own reflections on this process 	<ul style="list-style-type: none"> Facilitator preparation time Staff preparation time One-full day meeting Room rental: free Catering: \$5000 Facilitator: \$8000 Materials: \$150
Develop Mission, Vision, Values	<ul style="list-style-type: none"> that team members may not have participated in the process of developing or articulating mission, vision, and value statements for teams before may feel that they are not equipped to do so staff may feel as though this is another additional task on top of their work need to ensure that these directions align with the needs of students who access supports and the staff and faculty with whom we partner 	<ul style="list-style-type: none"> facilitate these activities strategically and over time to ensure that everyone feels as though they are able to contribute meaningfully and with purpose integrate these processes into existing and scheduled campus team and departmental meetings existing one-on-one meetings to check in on individuals and gain additional consultative insights into the process and how it’s landing for the individuals/team process of co-construction is intended to allow myself and the Director to <i>model the way as we inspire a shared vision</i>, but also allows staff to <i>challenge the process</i> as it relates to top-down visions and directions for the team the College has a number of existing opportunities to engage faculty and staff where we can present and gather feedback/workshop the mission and vision as it develops students will be engaged through anonymous feedback loops through email invitations to ensure that power dynamics that are perceived within the therapeutic relationship do not influence student contributions 	<ul style="list-style-type: none"> Conditions to Thrive from Fall Retreat report as starting point for value conversations Ethical guidelines for various professional roles within the team College X Strategic Plan (2019a) to ensure strategic and organizational alignment Manager and Director to lead and facilitate activities with department team, staff/faculty, and students (estimated 3-4 weeks of time over 8 months to develop activities, presentations, and consolidate feedback)
Blend	<ul style="list-style-type: none"> this decision may be controversial and 	<ul style="list-style-type: none"> ensure that we are articulating a year in advance and connecting the 	<ul style="list-style-type: none"> Time to prepare

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Counsellor Roles	the transition will require a lot of support to ensure all team members feel well equipped and prepared for these renewed expectations	<p>process of exploring new service modalities and approaches to this process</p> <ul style="list-style-type: none"> • position expectations aren't formally a shift in terms of job descriptions, etc., as there is only one Counsellor role description and it's housed within the Academic Faculty Collective Agreement – of which all Counsellor roles at Ontario Colleges belong • given that it is an operational adjustment to the ways in which the role exists in our College X context – work closely with HR and the Faculty Union to support the impacted team members 	<p>communication and support strategy</p> <ul style="list-style-type: none"> • Academic Faculty Collective Agreement • Human Resources and Faculty Union Leadership
Form Service Model Working Group	<ul style="list-style-type: none"> • Perceptions of who is steering this process • Potential for over-representation at more highly staffed campuses • Symbolic leadership could undermine the intention of the work • Louder team members (positive or negative) could override the contributions of others • Perceptions of time available to contribute/time away from students 	<ul style="list-style-type: none"> • leverage distributed leadership practices (Gronn, 2002, 2009; Spillane, 2005; Lumby, 2012) in order to involve members of the team who are interested in engaging in literature and data review, discussions around opportunities and existing successes, and facilitating stakeholder consultations to inform recommendations and, ultimately, an implementation plan to support, a new service model • ensure diverse representation to maintain buy-in across all functional roles and campus teams as well as help facilitate on-site and informal consultation and coaching • I will co-chair the group with the Director in order to ensure we maintain momentum, are aware of any issues that are arising, and can adjust course as needed • ensure meaningful discussions, students, faculty and staff will be engaged through consultative activities (e.g., presentations at existing meetings, surveys, focus groups) facilitated by Working Group representatives • the timeline of 8 months will also be a large commitment and in order to ensure its success, should be kept to a small group who can dedicate the time within their expectations and roles at the institution 	<ul style="list-style-type: none"> • 5 team members (1/campus) across functional roles and responsibilities • Time for meetings and preparing recommendations – 32 hours • (3 hour/month x 8 months; 1 additional hour/month for background work) • Dr. Cornish for PD session: \$15,000 (travel, accommodations, and workshop) <p>Key stakeholder meetings:</p> <ul style="list-style-type: none"> • Management Forum • College Council (Faculty) • Community Partners • Divisional teams • Student leaders • Students accessing services • College Wellness Committee

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<p>Develop and implement Communication and Engagement Plan</p>	<ul style="list-style-type: none"> difficulty in permeating to all levels of the institution given its structure: 5 campuses, additional learning sites, and hierarchical meeting structures difficulty in clear and consistent communications with an evolving service model 	<ul style="list-style-type: none"> emphasis on multi-modal approaches is intended to ensure that various audiences are reached in a variety of ways (i.e., repeat for retention) and that as the information is shared across groups, that it will begin to be integrated into the College culture remembering to attend to physical spaces and infrastructure (e.g., office spaces, directional signage) in conjunction with existing promotional and outreach materials (e.g., website, pop-up banners) will support an increased awareness of the changes and prompt further discussion must continue to evolve to be responsive and effective in meeting student mental health and wellness needs, engagements will also encompass students and stakeholders in ways that support the design, delivery, and review of service modalities offered by the department 	<ul style="list-style-type: none"> Marketing and Communications Facilities College Wellness Committee (and Terms of Reference) \$75,000 to enable marketing materials, space upgrades, etc. to be accounted for in operating budget (will need to request enhancements during the annual business planning cycle)
<p>Team Training and Development Strategy</p>	<ul style="list-style-type: none"> feeling that existing knowledge, experience, and expertise is not seen or valued perceived lack of trust/ability feelings of uncertainty about taking on another side to the role 	<ul style="list-style-type: none"> have existing team members support and provide training and coaching where skills align honour the existing expertise and accomplishments of the team facilitate training in existing meetings to reduce anxiety/stress/administrative commitment needed demonstrate support for ongoing learning and development to meet staff and students' needs 	<ul style="list-style-type: none"> Community partners for training needs on key areas of expertise Professional associations (incl. webinars, etc.) Formal/informal group case consults Professional learning communities formed around priority needs and topics \$30,000 – \$50,000 to be requested as part of business planning cycle and offset by external grant opportunities for topics which can't be facilitated in-house
<p>Introduce Coordinator Roles</p>	<ul style="list-style-type: none"> capacity to effectively support all team members during transition opportunities for staff growth and development focus on portfolios with intimate knowledge of day-to-day roles concerns/perceptions of a pre-meditated change agenda staff morale and investment in outcomes 	<ul style="list-style-type: none"> offer direct team leadership (functional, focus area-based) on an annual term basis to interested team members serve as lead consultants for department leadership and liaison to entire team gather informal information about process, needs, and concerns support morale and more delicate transitional periods as needed add capacity to key projects where needed and facilitate consultations with other partners as required 	<ul style="list-style-type: none"> \$28,000/ year (\$7,000/Coordinator role) Role descriptions Expression of Interest Process Faculty Collective Agreement (explains process for designation) HR to facilitate Coordinator Contracts

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By ensuring that the plan adheres to the leadership approaches embedded in the PCLP Model, I am highlighting the need for iterative review and readjustment within the three-year timeline. I think that the PCLP Model offers a number of strengths, primarily in the emphasis on the transformational leadership practices of modelling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart (Kouzes & Posner, 2017). These practices enable the plan, through the three key priorities, to rack up small wins and build momentum and trust within the team, acknowledging the changes that have already taken place and set the stage for these directions (Zhu et al., 2011; Walumbwa et al., 2011; Banks et al., 2016; Kouzes & Posner, 2017; Smith & Vass, 2019; Owusu-Agyeman, 2019). The plan is designed to also ensure that large-scale changes (such as introducing a new service model) are given plenty of time, co-constructed, and allowed to evolve as the plan progresses.

Emphasizing learning and development for the team and our stakeholders demonstrates my commitment to the individuals and the work we do. Adapting the working model to allow for these opportunities within the department's meeting structure further establishes a person-centred approach and creates a compelling argument for the commitment that I have to supporting a successful transition. The plan is focused on the first three years and has an aggressive agenda for the first year of its implementation. As outlined within Table 3, this is intended to be mitigated by including the staff and our stakeholders in strategic ways so as to not increase stress, anxiety, or concern about the amount of work to be done in this timeframe and allow leads to facilitate the deep dives into operationalizing the thoughts, feelings, and contributions of the broader cohort (Harris, 2008; Hargreaves & Fink, 2008; Pearce, Manz, & Sims, 2009; Cherkowski & Brown, 2013). While the agenda is aggressive, it is also necessary. Bringing these units together without a formal process in place creates conditions for resentment, resistance, and frustration (Schulz-

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Knappe et al., 2019). By signaling that this is not going to continue and engaging the team in the development of our future state together will hopefully foster commitment, feelings of support, and further develop trust in the new leadership (Schulz-Knappe et al., 2019). Ongoing concerns can be addressed through formal and informal channels and be facilitated by myself, the Director, and change drivers identified (e.g., early adopters, those who are outspoken about the need for positive change) to help ensure that the team moves at a reasonable pace, adjusts as necessary, and brings everyone along together.

The plan assumes that the work outlined is complex and takes time. I believe that chunking priorities into year terms will allow for adaptation and readjustment without sacrificing timely execution of the OIP. A key component of the success of this plan is the ongoing monitoring of perceptions, feelings, and attitudes of the team. The next section of the Chapter will outline how these will be assessed and monitored to ensure the success of the Plan; however, it is important to note that those assessments (both formal and informal) will be the measure by which readjustments to the course of the plan will be based.

The meaningful contributions and participation of students and key stakeholder groups is critical to the success of the plan. What is hard to capture within a table format is the breadth and depth of opportunities to participate within the three priorities and selected activities. Within the plan, I attempted to highlight the most critical contributions that these groups would have, but want to further state the importance of this level of deep collaboration to ensure socially just approaches to the team's work – both in implementation and design (Brown, 2004; Evans, 2007; Fraser, 2009, 2013; Theoharris, 2007; Jean-Marie et al., 2009; Blue et al., 2019; Mahon et al., 2019). Students are clients for the clinical team members and it is an invaluable resource to have access to their needs, barriers to access and participation, and experiences in navigating our

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services (past and present) and the College at large. Hearing first-hand experiences, having their insights as we build new programs and interventions, and having their support as ambassadors of our services will only strengthen the relationships that have been formed and opportunities to build new ones with students not yet aware of or accessing our support. Faculty and staff are common referral pathways and are often recipients of communication and support interpreting student needs. As such, their experiences, needs, and frustrations (past and present) can also help us reconsider our workflows, communication strategies, and service approaches for ongoing improvement and to foster greater collaboration and support across organizational lines.

This section has considered the key aspects of the management of this transition, including employee engagement, mitigation of potential issues and limitations, and resources required to achieve the ideal state. Given the focus of the department, it is easy for strategic discussions and tactical plans to become insular and focus on internal needs due to a lack of time/sense of urgency, perception of us versus them attitudes, and difficulties permeating silos and building communication inroads. By focusing on people rather than solely objectives, the implementation plan seeks to ensure accountability for operational objectives, positive student outcomes, and partnership within and beyond the departmental team. The framework for this accountability will be detailed further in the following section.

Change Process Monitoring and Evaluation

As explored throughout the OIP thus far, large-scale organizational change requires careful consideration of a number of influences, factors, and priorities. The previous section outlined how these variables informed the approach to resolving the problem of practice at hand. This section leverages that analysis to inform an intentional approach to monitor progress toward

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the anticipated ideal state, the impact of the leadership approach to change (i.e., PCLP Model) on the process, and the contribution of the resulting work into the goals of the institution.

The PCLP Model is a human-oriented approach to change management and leadership of the team. A core component of this is the social justice concept of praxis - the iterative process of reflection toward informed action (Furman, 2012; Mahon et al., 2019). This praxis is shown within the PCLP Model (most recently depicted in Figure 6, p. 46) to extend throughout each of the nested dimensions – a representation of the individual, collective, and systemic processes which guide the leadership approach (Furman, 2012). In this way, praxis serves as the embedded mechanism which ensures an ongoing commitment to review and refine the implementation plan and adjust course as required to maintain engagement of all members of the team, achieve key milestones, and progress toward intended outcomes. Praxis, while similar to the Plan-Do-Study-Act (PDSA) Model in intention, employs social justice approaches by ensuring participatory parity for all by emphasizing Fraser (2009, 2013) and Fraser and Honneth's (2003) concepts of recognition, representation, and redistribution which argue that parity only exists when political, cultural, and economic factors are considered simultaneously. As such, the tools and measures which are employed to track change, gauge progress, and assess change must be theoretically grounded and aligned in this way – emphasizing both the achievement of objectives and commitment to people-centred practices (Arnstein, 1969; Blue et al., 2019).

As outlined within the previous section, the change implementation plan is mapped out over a three-year term in order to co-construct the ways in which the chosen solution to the PoP are operationalized by the department. While driven by contributions of each of the identified stakeholders, this process will also need to be informed by outcome measures which are used to identify the current state (year 1 benchmarking while operations remain as status quo) as well as

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highlight the progress toward realizing the goals of this OIP (over years 2 and 3). Table 4 considers the outcomes of the PoP, indicators which measure the success of these outcomes, the method by which these measures will be collected, the timeline for collection, and who holds responsibility to collect this data.

Table 4

Outcome Measurement Plan

Outcome	Indicator	Data Collection Method	When Data will be Collected	Responsible
Meet increasing student demand	# of students accessing services (appts)	Electronic Health Record (EHR) system	At the end of each term	Manager and Director
	% of student population accessing services			
	avg # of appointments/student			
	avg wait time for services			
	avg student no-show rate for services			
	# of students accessing other modalities (non-appts)	Aggregate data from staff reports	Monthly	Individual team members
	% of student population accessing other modalities			
# of other modalities offered				
Meet increasing complexity of issues	# of training/professional development sessions provided to enhance practice	Departmental meeting agendas	At the end of each term	Manager
	# of community partnerships established for specialized and complex needs	Partner Directory	Annually	Coordinator
Contribute to institutional goals	% of students satisfied with the services provided	Session Rating Scale (SRS)	At the end of each session	Counsellor to send via EHR
		Departmental Survey	At the end of each term	Manager
	% of students accessing services who indicate that doing so positively impacted their academics	Departmental Survey	At the end of each term	Manager
	% of students accessing services who have experienced a positive impact on personal wellbeing	Outcome Rating Scale (ORS)	Prior to each session	Administrative team to send via EHR
		Departmental Survey	At the end of each term	Manager
% of staff who have indicated that they are engaged in their work at the College (aggregate results presented from staff indicating they agree or strongly agree with a number of retention drivers)	Employee Engagement Survey – Aggregate Results	Annually	Human Resources, coordinated externally	
Alignment to Leadership Approach to Change	% of leadership practices within or above normal distribution for each category (direct reports, non-direct reports, peers, supervisors)	Leadership Practices Inventory (LPI)	Annually	Manager

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The Outcome Measurement Plan within Table 4 is a critical tool by which the impact of the implementation plan can be monitored objectively and can inform processes of refinement.

A key outcome within Table 4 is the alignment to the leadership approach to change, the PCLP Model. Kouzes and Posner (2019) developed the Leadership Practices Inventory (LPI) instrument in order to support leaders in improving their use of the transformational leadership practices embedded within the PCLP Model: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart (Kouzes & Posner, 2017). This tool offers a 360-degree perspective through a self-assessment and observations by supervisors, direct reports, co-workers, and others. The results of these assessments outline how frequently each rater group believes you engage in these transformational leadership practices. Given the commitment to people-centred leadership and socially just approaches, the LPI will be an instrumental tool to gauge progress with each of the stakeholder groups as an anonymous feedback mechanism which can parse out the experiences of the department team (direct reports), staff and faculty (co-workers), and students (others) engaged in this process. As such, I have committed to use this tool annually with each stakeholder group as a means to inform and reflect upon my own approaches, as well as build and maintain trust and momentum throughout the process.

While the Outcome Measurement Plan (Table 4) emphasizes formal methods of data collection, this will need to be partnered with informal opportunities as well in order to offer insights in between the formal data collection points and to demonstrate the commitment to bringing everyone on the team along throughout the transitional processes. Opportunities such as one-on-one meetings with direct reports, campus team meetings, and departmental meetings will be key to gathering insight into the team's general perceptions, attitudes, and experiences during

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the various stages of change and to discuss findings from these collected metrics. Given that there are likely to be a number of team members who are more excited about or resistant to the change, these individuals may be more vocal and dominate consultative processes (Cawsey et al., 2016). In order to ensure that each team member's voices are represented and heard in the co-construction and operationalization of the selected solution, a variety of platforms and opportunities to learn more about everyone's perspectives, experiences, and concerns must be utilized (Gronn, 2009; Kouzes & Posner, 2017). These opportunities also symbolically reinforce my commitment to the team individually, allow for asking questions and learning more about how individuals are navigating these transitions, and provide space for coaching and reciprocal feedback (Schulz-Knappe et al., 2019).

The introduction of Coordinator roles during year 2 of implementation will enable the use of the formal and informal measures in order to further modify timelines, resources, and activities with more distributed leadership roles and change accountability (Gronn, 2002, 2009; Spillane, 2005; Lumby, 2012). These roles, ideally distributed across the various campuses, will have unique insights into the various aspects of the implementation plan and the level of team investment in the associated outcomes. The emphasis on each dimension of the institutional ecosystem within the PCLP Model encourages all team members to facilitate conditions which support the efficacy of this work; however, with more formalized Coordinator roles, there is an added accountability for this that the peer-to-peer relationship can uniquely foster and support (Gronn, 2002, 2009; Spillane, 2005; Harris, 2008; Pearce et al., 2009; Cherkowski & Brown, 2013). Having additional team leads to support the operationalization of the team and stakeholder recommendations will enhance capacity to be responsive to these needs and allow for greater diversity of interpretation and perspective which can benefit the overall work.

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The timelines for data collection captured within Table 4 reflect the academic cycle at College X, but also offer opportunities to engage the stakeholders who are serving as partners in this process in the exercise of praxis. Gathering this information and allowing stakeholders to review and engage with us is core to maintaining parity of participation (Blue et al., 2019; Mahon et al., 2019). The indicators identified provide observable and measurable insights pertaining to the changes being implemented in order to address the PoP. While the insights of the team directly responsible and accountable to the provision of services which constitute those measures are undoubtedly valuable, those who directly refer to, partner in delivering, or receive those services are inevitably going to provide additional information, considerations, and insights which may otherwise not be uncovered (Radd & Grosland, 2019). Sharing these measures will feel vulnerable and potentially uncomfortable, especially early on; however, the benefit of these perspectives and fostering a shared investment in our progress will foster conditions for greater support as we seek to integrate the results into the College culture.

It is critical that these processes be considered iterative and ongoing beyond the three-year scope of the OIP. Recognizing that the conditions which led to the PoP are evolving and the context of postsecondary education and College X continues to change along with it, it is prudent to maintain agility throughout this process to adequately respond to and meet these potential circumstances. This section has articulated an intention leverage tools and measures to collect data to facilitate successful progression toward the intended future state where students facing mental health and wellness challenges are adequately supported. In order for this to bear meaningful outcomes, there must also be a strategy to disseminate results on a regular basis with key stakeholders, the department team, and broader College community. The next section

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outlines this strategy to ensure meaningful communication and engagement throughout the change process.

Plan to Communicate the Need for Change and Change Process

Communication is a key factor in the success of any change implementation plan. The purpose of strategic communication surrounding the plan for change is four-fold: (1) share the need for change across the organization, (2) help individuals understand the impact that these changes will have on them directly, (3) outline how any adjustments will impact approaches to work, and (4) keep stakeholders informed of progress (Cawsey et al., 2016). As such, it is critical that a strategy to ensure effective communication within and across all stakeholder groups is devised early and is leveraged as a tool to refine the implementation plan as needed throughout the process (Elving, 2005; Beatty, 2015; Kotter, 1995, 2012). This section outlines the communication and engagement plan associated with enabling the chosen solution to the PoP introduced in Chapter 2 and elaborated upon earlier within Chapter 3.

Phases of the Communication Plan

A communication plan has four phases: pre-change approval, articulating the need for change, midstream change, and confirming the change (Cawsey et al., 2016). Each phase has a unique focus which requires different messages and strategies for delivering them. In the case of this OIP, the first phase – pre-change approval – has already been completed prior to my arrival as Manager for the team. In this phase, change agents are required to gain support and approval for change from leaders with authority (Cawsey et al., 2016). Given that the PoP has been identified as a result of an organizational restructuring with the goal of better supporting student mental health and wellbeing at the College, which included the creation of my role, it stands to reason that the endorsement for exploring ways in which we can operationalize this exists.

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Further to this, the sector-wide consensus of increasing demands for mental health and disability-related support interventions as well as increasingly complex needs (Gabriel, 2010; MacKean, 2011; CACUSS & CMHA, 2013; Dodson, 2016; Jaworska et al., 2016; Locke et al., 2016; Robinson et al., 2016; Colleges Ontario, 2017; Cornish et al., 2017; Whitaker et al., 2018), has demonstrated the case for exploring the ways in which the College can enhance capacity to provide adequate and responsive support to students to facilitate their academic and personal success resulting in the recent commitment in the current College Strategic Plan (College X, 2019a).

Leveraging the existing support and endorsement of the College Executive Team, the second phase – articulating the need for change – considers the multiple stakeholders internal and external to the organization who may need to be aware of, support, or contribute to the changes ahead (Cawsey et al., 2016). In this way, the rationale for change as explored in Chapter 1 will be adapted during this phase for each of the key stakeholder audiences to speak to the need for change from their perspective and using the broader departmental and institutional lenses. These adapted messages will be conveyed to reassure each stakeholder group that the changes to be implemented are to be co-constructed and deeply informed by ongoing consultative exercises and activities. A key through line of all messaging will be the activities of the Change Implementation Plan and the intended outcomes highlighted in Tables 2 and 4. Grounding the rationale in students' personal and academic success by supporting their mental health and wellbeing, and the rising demand and complexity of needs within the College, will underscore the urgency of this change and increase support for this work.

During this phase, the department team will need to be approached delicately. It is here that we will be transitioning from the top-down changes implemented which brought the

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department together and begin moving toward the PCLP Model. Building trust and reassuring the team that they will be treated fairly and with respect throughout this process will be a key component of establishing a new normal between the two teams as they become one, but will also serve as the foundation for the way in which we work together to co-construct approaches to resolve the PoP (Kouzes & Posner, 2017; Shulz-Knappe et al., 2019). A key activity highlighted in Tables 2 and 3 is the Fall Team Retreat. This is the beginning of this phase for the department team – honouring histories, mourning losses, and celebrating gains as we work together toward the new shared directions. Recognizing that this is a space where there may be a number of uncertainties and unspoken suspicions, it will be crucial that the department leadership team (myself and the Director) are open, honest, and transparent about our intentions, the steps to come, and how we plan to bring everyone along in this work (Elving, 2005; Beatty, 2015; Kotter, 1995, 2012). The PCLP Model offers robust language and approaches to support this work, seeking to engage and involve the team in meaningful ways which value the diversity of opinion, knowledge, and experience, and could be leaned upon as a key communication tool (Elving, 2005; Beatty, 2015; Kotter, 1995, 2012).

As we progress beyond the initial stage of department team development, we will spend a significant amount of time in the midstream change phase. Here, the data collection tools outlined in Table 4 are of increasing value as feedback is collected and progress monitored in order to provide informed updates throughout the progress and engage stakeholders in refining approaches to change. Initially, this phase will be primarily concerned with informing the recommendations of the Service Model Working Group and directing the ways in which the department evolves toward blending the Counsellor roles and adopting the Stepped Care 2.0 principles (Cornish, 2017; Cornish et al., 2017). From here, the team will spend the year

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developing recommendations for how these changes will be supported with appropriate training, coaching, and system development. As the plan progresses, the outcome measures will support the team while also identifying opportunities to enhance service modalities, develop partnerships, and increase positive impacts on student academic performance, mental health, and wellbeing.

Stakeholder consultations will continue to be a key avenue for gathering feedback, insights, and monitoring buy-in and perceptions across the institution. A number of pre-existing meetings and functions to engage both leadership and front-line teams (including faculty) across the College offer opportunities to explore the intersections of our work and the ways in which mental health and wellbeing interventions can better support students as they navigate throughout the learning environment. Following up on these experiences with deeper team consults and one-on-one meetings will allow myself and other change agents within the team to challenge any misconceptions and establish additional relationships which may support the momentum of the plan (Cawsey et al., 2016). These will be facilitated by myself and/or members of the department team as we begin transitioning toward formalized distributed leadership opportunities and roles. This serves two purposes: (1) to enhance capacity to spend time and make space for deep discussion and valuable insights, and (2) to reinforce team commitment toward positive outcomes and investment in the relationships with stakeholders to achieve these ends (Radd & Grosland, 2019).

The final phase where change is confirmed is intended to inform the organization of the success of the plan, celebrate the changes and the impact on the problem of practice addressed, and prepare for the next change (Cawsey et al., 2016). As that statement implies, this phase is somewhat of a misnomer as change is not completed, but the changes associated with this aspect of the plan are and the stage is set for the next set of changes to continue to progress the work

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forward. In this way, this phase is the most complex aspect of the communication plan and disarmingly so. The strategies employed here need to be multi-modal and leverage the relationships developed throughout the process to ensure appropriate tone, content, and delivery of key messages. As outlined in detail in Table 3, this phase will consider the breadth and depth of communication channels of the organization ranging from facilities and spaces; online, virtual, and print promotional materials; written communications; and in-person activities to adequately support the success and integration of the changes (Beatty, 2015). Making the information personally relevant is key to retention, and so each stakeholder group will require tailored messages, but by facilitating these communications through a variety of channels, it is more likely that the confirmation of the change will take hold (Elving, 2005; Beatty, 2015; Kotter, 1995, 2012). The PCLP Model embeds robust approaches to stakeholder participation and team co-construction which can help mitigate misinformation throughout all phases and can assist in reinforcing messages at the tail-end of the three-year plan (Elving, 2005; Beatty, 2015; Kotter, 1995, 2012). Maintaining focus on how the department will enhance capacity to support student mental health, wellbeing, and disability-related needs will help keep the message concise and easily shared without a loss of meaning across audiences.

Table 5 captures the communication plan for this OIP discussed above, depicting the communication phase, activities, key audiences, and timelines for completion.

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Table 5

Communication and Engagement Plan

Communication Phase	Activity	Audience	Timeline
<i>Articulating the need for change</i>	Fall Term Retreat	Department Team	September 2020
	Targeted College Consultations to inform Service Model Needs/Directions	Students who have/are accessing services via surveys Faculty through presentations and input at School meetings Staff through presentations and input at department meetings Additional steering committees and leadership groups such as: <ul style="list-style-type: none"> • College Council (Faculty) • Coordinator Committees (Faculty) • College-wide Management Meetings (Leadership + Managers) • Collegewide Leadership Meetings (Director and above) • Student Union/Association 	September 2020 – March 2021
	Targeted Departmental Consultations <ul style="list-style-type: none"> • Review current practices and guiding values • Establish joint mission, vision, and values • Provide insights on needs, ideal states, and processes thus far 	<ul style="list-style-type: none"> • One-on-one meetings between staff and supervisors • Campus team meetings • Current department meetings (personal counselling, disability) • New departmental meetings (joint) 	September 2020 – March 2021
	Targeted Community Partner Consultations <ul style="list-style-type: none"> • Identify needs, pathways to partnership, and opportunities for enhanced collaboration to support students 	<ul style="list-style-type: none"> • Select group of current and potential community partners to engage (e.g., Canadian Mental Health Association) 	September 2020 – March 2021

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	<p>Service Model Working Group</p> <ul style="list-style-type: none"> Facilitate the targeted engagements outlined above Share draft priorities and seek input on goals/strategies to support these priorities Finalize outcomes including recommended training needs/plan for implementation 	Representation across roles and campus teams from the department.	September 2020 – April 2021
<i>Midstream change</i>	<p>Spring Term Retreat</p> <ul style="list-style-type: none"> Present final recommendations/steps for new service model and team mission, vision, and values 	Department Team	April/May 2021
	<p>Targeted College Engagements</p> <ul style="list-style-type: none"> continue to engage on needs, directions, and progress since launch of new service model review outcome measures to celebrate wins, milestones, and refine 	<p>Students who have/are accessing services via surveys</p> <p>Faculty through presentations and input at School meetings</p> <p>Staff through presentations and input at department meetings</p> <p>Additional steering committees and leadership groups such as:</p> <ul style="list-style-type: none"> College Council (Faculty) Coordinator Committees (Faculty) College-wide Management Meetings (Leadership + Managers) Collegewide Leadership Meetings (Director and above) Student Union/Association 	September 2021 – March 2023
	<p>Targeted Departmental Engagements</p> <ul style="list-style-type: none"> continue to engage on needs, directions, and progress since launch of new service model review outcome measures to celebrate wins, milestones, and refine include training and development topics (strategic priorities and emergent needs) 	<ul style="list-style-type: none"> One-on-one meetings between staff and supervisors Campus team meetings New departmental meetings (joint) 	September 2021 – March 2023
	<p>Targeted Community Partner Engagements</p>	<ul style="list-style-type: none"> Select group of current and potential community partners to engage (e.g., 	September 2021 –

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	<ul style="list-style-type: none"> continue to engage on needs, directions, and progress since launch of new service model review outcome measures to celebrate wins, milestones, and refine 	Canadian Mental Health Association)	March 2023
	Professional Learning Communities	Department Team Staff/Faculty Students Community Partners	September 2021 – March 2023
	Team Coordinator roles	Department Team College contact for key portfolio priorities	Annually, September – April (2021 on)
	Annual Department Report Cards <ul style="list-style-type: none"> Direct communication of outcome measures pertaining to the OIP Sharing the story of the work and its progress Articulate connections to division, portfolio, and College Strategic Plans 	College community External stakeholders	Annually – May/June (2021 on)
	Draft “FINAL” Service Model and Review Strategy	Department Team	May 2023
<i>Confirming the Change</i>	Departmental Launch Celebration(s) <ul style="list-style-type: none"> Opportunities for ‘open house’ acknowledgements of growth, milestones, and results of change plan Leverage the ongoing shared results by highlighting annual trends and impacts on student success from start (benchmark) over 3-year period Shared vision setting for the future 	College Community	May – August 2023
	Marketing and Communications	College community <ul style="list-style-type: none"> Updated print marketing and promotional material Updated website and online materials Updated signs and space (office and directional) to reflect the new department 	June – August 2023

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	<p>New Communication and Engagement Strategy for next cycle</p> <ul style="list-style-type: none"> • Outside of the scope of the OIP but in recognition of need for additional cycles as this work continues to evolve and to integrate within the College culture 	<p>College community</p>	<p>September 2023 – April 2025</p>
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Recognizing that perceptions, attitudes, and beliefs are leading factors of resistance (Shulz-Knappe et al., 2019) and that face-to-face engagement which facilitates openness, dialogue, and influence on decisions can serve to positively impact these factors (Kotter, 1995, 2012; Cawsey et al., 2016; Shulz-Knappe et al., 2019), the activities captured within Table 5 seek to offer as many of these opportunities as possible to gather insights and feedback, allow for meaningful contributions and partnership, and to assess the change plan and any opportunities for further improvement. While Table 5 uses many of the same approaches across stakeholder groups by virtue of the relationship building and co-construction aspects of the change implementation plan, it also seeks to engage these groups in targeted ways which allow them to challenge our approaches, share their lived experiences, and advocate for their needs to better inform our results (Radd & Grosland, 2019). The efforts of these collective groups are intended to lead us toward our common goal of improved services for students experiencing challenges in their mental health and wellbeing, and as such, we must all be consistently contributing and monitoring our metrics to gauge progress and refine as needed. The greater transparency, alignment to our shared commitments, and openness to change that we can sustain throughout this process, the greater our ability to reach our ideal future state (Bass, 1990; Bass & Avolio, 1993; Banks et al., 2016; Northouse, 2016; Kouzes & Posner, 2017). These approaches will take time and dedication to fully support and embed change into the College culture, but, as guided and reinforced by the PCLP Model, they

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will also challenge the team to rise to that challenge by modelling the way individually and bringing our peers along with us in our learning and change journey (Kouzes & Posner, 2017).

This section outlines the communication and engagement strategies to be implemented in support of the change implementation plan. Considering who our key stakeholders are and how we will intentionally engage with them as we articulate the need for change, navigate that change, and confirm the change within the College is critical for the success of this OIP. The next section will articulate the next steps and future considerations.

Next Steps and Future Considerations

Next steps and future considerations of work pertaining to increasing the capacity of the College to support students' mental health and wellness needs are focused primarily on further expanded Stepped Care 2.0 – including virtual service delivery and increased peer-to-peer interventions to support student mental health and wellbeing.

Recognizing the growth opportunities and potential associated with the adapted Stepped Care 2.0 approaches, access to and enhanced service provision could be further developed by leveraging the capability of our EHR system to facilitate virtual counselling appointments across a secure, privacy legislation compliant platform. Acknowledging that the current capacity and staffing approaches are informed by the physical geography of the campus and learning site locations, the EHR platform provides an opportunity to further enable responsive approaches to supporting student mental health and wellbeing in ways that reduce barriers to access (e.g., requiring students experiencing debilitating depression to come to campus) and allow for greater coverage to meet student demand (Cornish, 2017; Cornish et al., 2017). This area is relatively unexplored in Ontario postsecondary institutions; however, is an emerging priority and, if

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approached intentionally once staff have adjusted and settled into their roles and new service modalities, would be a worthwhile and effective addition to our service model.

Similarly, peer-to-peer support is an increasingly attractive way for institutions to build capacity. Relatively resource non-intensive, somewhat discounting the time and money put into training and supervision, this service modality symbolically attempts to decrease the stigma associated with seeking professional support for mental health and wellbeing and finding that level of need with a peer (Cornish, 2017; Cornish et al., 2017; Sontag-Padilla et al., 2018). A key component of the Stepped Care 2.0 model, peer interventions are considered high-impact practices which yield positive results associated with student academic performance and personal resilience while also offering a way to reduce wait-lists and student demand for service (Kuh, 2009; Cornish, 2017; Cornish et al., 2017; Sontag-Padilla et al., 2018). College X does not currently have a strong foundation for peer-to-peer approaches and would not be able to feasibly develop a strong program during the three-year period within the change implementation plan; however, in working to add diversity to the service modalities offer and engage our stakeholders in co-construction of the ways in which we approach our work, it is reasonable to assume that this development would be an area of focus for an additional phase. Working with the team to identify common presenting issues, parameters for appropriate referrals, and skills required by peer supports would fit within the realm of the initial phase captured within this OIP and could be built out in future years. Operationalizing opportunities for drop-in active listening with a peer would enable students to benefit from the experience of other students, receive appropriate and timely referrals, and help foster a systemic and community-based approach to supporting mental health and wellbeing at the College level (CACUSS & CMHA, 2013).

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As challenges with mental health and wellbeing continue to become more present on our campuses, it is critical that institutions, such as College X, are finding ways to proactively address barriers which are reinforced by the systems and structures in which we have long operated. This OIP offers a great beginning step to gather insights, learn from first-hand experiences, and work together in co-constructing a more accessible future for students where they are empowered to and supported in reaching their wellness goals and are able to thrive in their personal and academic lives.

Final Summary

Implementing change requires careful consideration of the environment, the culture, and the people. The PCLP Model that underpins this OIP argues that leaders must understand their own predispositions and tendencies prior to and while engaging others in any change agenda to be positioned to lead in ways which are transparent, support and align with the strategic direction of the organization, as well as encourage and engage others to participate meaningfully in the changes proposed.

Chapter 1 outlines the need for change to better support student mental health and wellbeing. Chapter 2 reviews the institution's openness to change and determines an appropriate and realistic solution. Chapter 3 provides a vision for how to carry this forward rooted in the PCLP Model, metrics by which progress can be measured in terms of direct service outcomes and individual experiences, and strategies to maintain open and transparent communication and engagement with all stakeholders involved. This is a plan focused on attending to delicate student needs with massive implications on their individual wellbeing and success through coordinated, person-oriented approaches which engage students, staff, faculty, and community partners with parity and meaning. Reconsidering our department's service model and distribution of labour to

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build internal capacity, while also establishing and strengthening relational approaches with all stakeholder groups, enhances our ability to better support student mental health and wellbeing by increasing clarity of available resources, access to services, and opportunities to meet a growing complexity of needs.

This problem of practice requires a significant change in approaches to designing, implementing, and assessing student services – focusing on partnerships with all stakeholders who may be directly involved in, or brought in to, supporting student mental health and wellbeing during their time at the College. This shift in practice requires a social justice lens be incorporated to all aspects of the OIP and future directions to ensure the sustainability of the change, successful adjustments along the way, and long-term positive outcomes. The PCLP Model is something I hope to continue developing and evolving as it offers a unique framework by which to approach iterative change and leadership processes while facilitating a cultural shift that empowers stakeholders in co-construction of the services that they access, contribute, or refer to in order to ensure that the needs are considered and met.

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References

- Allen, S. Adult learning theory and leadership development. *Leadership Review*, 7(Spring 2007), 26-37.
- Arnstein, S. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, 35(4), 216–224. doi:10.1080/ 01944366908977225
- Astin, A. (1984). Student involvement: A development theory for higher education. *Journal of College Student Development*, 40(5), 518-529.
- Bait, S. K. (2011). Web 2.0 technologies: Applications for community colleges. *New Directions for Community Colleges*, 154, 53-62.
- Banks, G. C., McCauley, K. D., Gardner, W. L., & Guler, C. E. (2016). A meta-analytic review of authentic and transformational leadership: A test for redundancy. *The Leadership Quarterly*, 27, 634-652.
- Basch, C. E. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health*, 81(10), 593–598.
[doi:10.1111/j.1746-1561.2011.00632.x](https://doi.org/10.1111/j.1746-1561.2011.00632.x)
- Bass, B. M. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 18(3), 19-31. [doi:10.1016/0090-2616\(90\)90061-S](https://doi.org/10.1016/0090-2616(90)90061-S)
- Bass, B. M., & Avolio, B. J. (1993). Transformational leadership and organizational culture. *Public Administration Quarterly*, 17(1), 112-122. Retrieved from <https://www.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com/docview/1294946360?accountid=1511>

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

- Beatty, C. (2015). *Communicating During an Organizational Change* (pp. 1–34). Kingston, Ontario: Queens University.
- Blackmore, J. (2013). A feminist critical perspective on educational leadership. *International Journal of Leadership in Education*, 16(2), 139-154. doi:10.1080/13603124.2012.754057
- Blue, G., Rosol, M. & Fast, V. (2019). Justice as parity of participation. *Journal of the American Planning Association*, 85(3), 363-376. doi:10.1080/01944363.2019.1619476
- Bolman, L. G., & Deal, T. E. (2013). *Reframing organizations: Artistry, choice, and leadership* (5th ed.). San Francisco, CA: Jossey-Bass.
- Brown, K. M. (2004). Leadership for social justice and equity: Weaving a transformative framework and pedagogy. *Educational Administration Quarterly*, 40(1), 77–108. doi: [10.1177/0013161X03259147](https://doi.org/10.1177/0013161X03259147)
- Brown, W. (2015). *Undoing the demos: Neoliberalism's stealth revolution*. New York, NY: The MIT Press.
- Busch, L. (2014). *Knowledge for sale: The neoliberal takeover of higher education*. Cambridge, MA: The MIT Press.
- Canadian Alliance of Student Associations (2017). *Shared perspectives: A joint publication on student mental health*. Ottawa, ON.
- Canadian Association of College and University Student Services & Canadian Mental Health Association. (2013). *Post-secondary student mental health: Guide to a systemic approach*. Vancouver, BC: Author.
- Cawsey, T. F., Deszca, G. & Ingols, C. (2016). *Organizational change: An action-oriented toolkit* (3rd ed.). Thousand Oaks, CA: SAGE Publications.

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

Cherkowski, S. & Brown, W. (2013). Towards distributed leadership as standards-based practice in British Columbia. *Canadian Journal of Education*, 36(3), 23-46.

College X (2017). [Citation information withheld for anonymization purposes.]

College X (2019a). [Citation information withheld for anonymization purposes.]

College X (2019b). [Citation information withheld for anonymization purposes.]

College X (2019c). [Citation information withheld for anonymization purposes.]

Colleges Ontario (2012). Breaking down barriers to student success: Expanding a high-performance workforce. Study conducted by Deloitte.

Colleges Ontario (2017). Enabling sustained student success: Support for students at risk in Ontario's colleges. Study conducted by Deloitte.

Coordinating Committee of Vice Presidents Students (CCVPS). (2015). White paper on postsecondary student mental health. Toronto: Colleges Ontario.

Cornish, P. (2017). *What is stepped care 2.0*. Retrieved from:

[http://steppedcaretwopoint0.ca/what-is-Stepped Care-2-0/](http://steppedcaretwopoint0.ca/what-is-Stepped-Care-2-0/)

Cornish, P., Berry, G., Benton, S., Barros Gomes, P., Johnson, D., Ginsburg, R., ... Romano, V. (2017). Meeting the mental health needs of today's college student: Reinventing services through stepped care 2.0. *Psychological Services*. doi: 10.1037/ser0000158

Culp, M. M. (2005). Increasing the value of traditional support services. *New Directions for Community Colleges*, 131, 33-49.

Davis, J. (2013). *The impact of orientation programming on student success outcomes at a rural community college* (Doctoral dissertation). Retrieved from <http://encompass.eku.edu/etd/160>

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

- Dietsche, P. (2012). Use of campus support services by Ontario college students. *Canadian Journal of Higher Education*, 42(3), 65-92.
- Dodson, L. (2016) *Mental health policies and practices: Student services leaders connect the dots*. Retrieved from <https://ir.lib.uwo.ca/etd/3992>
- Eisenberg, D., Lipson, S., & Posselt, J. (2016). Promoting resilience, retention, and mental health. *New Directions for Student Services*, 156, 87-95.
- Eiser, A. (2011). The crisis on campus. *Monitor on Psychology*, 42(8), 18.
- Elving, W. J. L. (2005). The role of communication in organisational change. *Corporate Communications: An International Journal*, 10(2), 129–138.
[doi: 10.1108/13563280510596943](https://doi.org/10.1108/13563280510596943)
- Evans, A. E. (2007). Horton, highlander, and leadership education: Lessons for preparing educational leaders for social justice. *Journal of School Leadership*, 17(3), 250–275.
- Frank, A. & Kirk, B. (1975). Differences in outcome for users and nonusers of university counseling and psychiatric services: A 5-year accountability study. *Journal of Counseling Psychology*, 22, 252-258.
- Fraser, N. (2000). Rethinking recognition. *New Left Review*, 3, 107-120.
- Fraser, N. (2005). Mapping the feminist imagination: From redistribution to recognition to representation. *Constellations*, 12(3), 295-307.
- Fraser, N. (2009). *Scales of justice: Reimagining political space in a globalizing world*. New York, NY: Columbia University Press.
- Fraser, N. (2013). *Fortunes of feminism: From state-managed capitalism to neoliberal crisis*. London, UK: Verso.

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

- Fraser, N. & Honneth, A. (2003). *Redistribution or recognition? A political-philosophical exchange*. London, England: Verso.
- Freire, P. (1985). *The politics of education: Culture, power and liberation*. South Hadley, MA: Bergin & Garvey.
- Furman, G. (2012). Social justice leadership as praxis: Developing capacities through preparation programs. *Educational Administration Quarterly*, 48(2), 191–229.
[doi: 10.1177/0013161X11427394](https://doi.org/10.1177/0013161X11427394)
- Gabriel, T. (2010, December 9). Mental health needs seen growing at colleges. *New York Times*.
- Gardner, H. K. (2012). Performance pressure as a double-edged sword: enhancing team motivation but undermining the use of team knowledge. *Administrative Science Quarterly*, 57(1), 1-46. doi:10.1177/0001839212446454
- Giroux, H. (2010). Bare pedagogy and the scourge of neoliberalism: Rethinking higher education as a democratic public sphere. *Educational Forum*, 74(3), 184-196.
- Government of Canada. (2006). *The human face of mental health and mental illness in Canada*. Retrieved from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf.
- Gronn, P. (2000). Distributed properties: A new architecture for leadership. *Educational Management & Administration*, 28(3), 317-338.
- Gronn, P. (2002). Distributed leadership as a unit of analysis. *The Leadership Quarterly*, 13(4), 423- 451. doi:10.1016/S1048-9843(02)00120-0
- Gronn, P. (2009). Hybrid leadership. In K. Leithwood, B. Mascal, & T. Strauss (Eds.), *Distributed leadership according to the evidence* (pp. 17–40). New York, NY: Routledge.
- Hargreaves, A., & Fink, D. (2008). Distributed leadership: Democracy or delivery? *Journal of*

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

- Educational Administration*, 46(2), 229–240.
- Harris, A. (2008) Distributed leadership: According to the evidence. *Journal of Educational Administration*, 46(2), 172–188.
- Illovsky, M. E. (1997). Effects of counseling on grades and retention. *Journal of College Student Psychotherapy*, 12(1), 29-44.
- James, T. (2010). Student services in college. In D. Hardy Cox & C. Strange (Eds.), *Achieving student success* (pp. 195-207). Montreal: McGill-Queen's University Press.
- Jaworska, N., De Somma, E., Fonseka, B., Heck, E., & MacQueen, G. (2016). Mental health services for students at postsecondary institutions: A national survey. *The Canadian Journal of Psychiatry*, 61(12), 766-775.
- Jean-Marie, G., Normore, A. H., & Brooks, J. S. (2009). Leadership for social justice: Preparing 21st century school leaders for a new social order. *Journal of Research on Leadership Education*, 4(1), 1–31.
- Jones, N., Brown, R., Keys, C. B. & Salzer, M. (2015). Beyond symptoms? Investigating predictors of sense of campus belonging among postsecondary students with psychiatric disabilities. *Journal of Community Psychology*, 43: 594–610. doi:10.1002/jcop.21704.
- Kemmis, S., Wilkinson, J., Edwards-Groves, E., Hardy, I., Grootenboer, P. & Bristol, L. (2014). *Changing practices, changing education*. Singapore: Springer.
- Keys, C. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207-222.
- Keys, C. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95-108.
- Kotter, J. P. (1995). Leading change: Why transformation efforts fail. *Harvard Business*

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

Review, March-April, 1-9.

Kotter, J. P. (2012). *Leading change*. Boston, MA: Harvard Business School Press.

Kouzes, J. M., & Posner, B. Z. (2017). *The leadership challenge: How to make extraordinary things happen in organizations*. Sixth edition. Hoboken, New Jersey: John Wiley & Sons, Inc.

Kuh, G. (2009). Using NSSE in institutional research. *New Directions for Institutional Research, 141*, 5-34.

Lewin, K. (1975). *Field theory in social science: Selected theoretical papers*. Westport, CT: Greenwood Press.

Locke, B., Wallace, D., & Brunner, J. (2016). Emerging issues and models in college mental health services. *New Directions for Student Services, 156*, 19-30.

Lumby, J. (2012). Leading organizational culture: Issues of power and equity. *Educational Management Administration & Leadership, 40*(5), 576-591.

MacKean, G. (2011, June). *Mental health and well-being in post-secondary education settings*. Pre-conference workshop presented at meeting of Canadian Association of College and University Student Services, Toronto, ON. Retrieved from:

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.737.6978&rep=rep1&type=pdf>

Mahon, K., Heikkinen, H. & Huttunen, R. (2019). Critical educational praxis in university ecosystems: Enablers and constraints. *Pedagogy, Culture & Society, 27*(3), 463-480.

Mullendore, R. (2014). Designing quality orientation programs. In B. Thibodeau (Ed.), *Orientation planning manual* (pp. 7-11). Retrieved from

https://noda.siteym.com/members/group_content_view.asp?group=109292&id=179835

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

- Mullendore, R., & Banahan, L. (2005). Designing orientation programs. In M. Upcraft, J. Gardner & B. Barefoot (Eds.), *Challenging & supporting the first-year student: A handbook for improving the first year of college* (pp. 391-409). San Francisco, CA: Jossey-Bass.
- Nadler, T. & Tushman, M. (1989). Organizational frame bending: Principles for managing reorientation. *Academy of Management Executive*, 3(3), 194-204.
- Northouse, P. G. (2016). *Leadership: Theory and practice* (7th ed.). Thousand Oaks, CA: Sage.
- Nunes, M., Walker, J. R., Syed, T., De Jong, M., Stewart, D. W., Provencher, M. D., ... Furer, P. (2014). A national survey of student extended health insurance programs in postsecondary institutions in Canada: Limited support for students with mental health problems. *Canadian Psychology*, 55(2), 101-109.
- O'Keeffe, P. (2013). A sense of belonging: improving student retention. *College Student Journal*, 47(4), 605+. Retrieved from <http://link.galegroup.com.proxy1.lib.uwo.ca/apps/doc/A356906575/AONE?u=lond95336&sid=AONE&xid=313e1609>
- Ontario University and College Health Association (OUCHA). (2017). Supporting the mental health of emerging adults in Ontario's postsecondary system.
- Owusu-Agyeman, Y. (2019). Transformational leadership and innovation in higher education: A participative process approach. *International Journal of Leadership in Education*. doi: 10.1080/13603124.2019.1623919
- Pearce, C. L., Manz, C. C., & Sims, H. P. (2009). Where do we go from here? *Organizational Dynamics*, 38(3), 234–238. <https://doi.org/10.1016/j.orgdyn.2009.04.008>

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

- Porter, S. (2011). Personal counselling at an Ontario community college: Client groups, service usage, and retention. *Canadian Journal of Counselling and Psychotherapy*, 45(3), 208-219
- Prince, J. P. (2015). University student counseling and mental health in the United States: Trends and challenges. *Mental Health and Prevention*, 3(1-2), 1-6.
- Radd, S. & Grosland, T. J. (2019). Desirablizing whiteness: A discursive practice in social justice leadership that entrenches white supremacy. *Urban Education*, 54(5), 656-676. doi: 10.1177/0042085918783824
- Robinson, A., Jubenville, T., Renny, K., & Cairns, S. (2016). Academic and mental health needs of students on a Canadian campus. *Canadian Journal of Counselling and Psychotherapy*, 50(2), 108-123.
- Rode, D. (2000). The role of orientation in institutional retention. In M.J. Fabich (Ed.), *Orientation planning manual* (pp. 1-11). Pullman, WA: National Orientation Directors Association.
- Schein, E. H. (2017). *Organizational culture and leadership* (5th ed.). Hoboken, NJ: Wiley.
- Schulz-Knappe, C., Koch, T. & Beckert, J. (2019). The importance of communicating change: Identifying predictors for support and resistance toward organizational change processes. *Corporate Communications: An International Journal*, 24(4), 670-685.
- Schwartz, V. & Kay, J. (2009). The crisis in college and university mental health. *Psychiatric Times*, 26(10), 32.
- Smith, M. & Vass, V. (2019). Towards creative transformational leadership in higher education: Challenges and opportunities. *Education: Theory and Practice of Education*, 51(1), 238-284.

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

- Sontag-Padilla, L., Dunbar, M., Ye, F., Kase, C., Fein, R., Abelson, S., ... Stein, B. (2018). Strengthening college students' mental health knowledge, awareness, and helping behaviors: The impact of Active Minds, a peer mental health organization. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(7), 500-507.
- Spillane, J. P. (2005). Distributed leadership. *The Educational Forum*, 69(2), 143-150. doi: 10.1080/00131720508984678
- Stebbleton, M. J., Soria, K. M. & Huesman, R. L. (2014). First-generation students' sense of belonging, mental health, and use of counseling services at public research universities. *Journal of College Counseling*, 17, 6–20. doi:10.1002/j.2161-1882.2014.00044.x
- Theoharis, G. (2007). Social justice educational leaders and resistance: Toward a theory of social justice leadership. *Educational Administration Quarterly*, 43(2), 221–258. doi: [10.1177/0013161X06293717](https://doi.org/10.1177/0013161X06293717)
- Tinto, V. (1993). *Leaving college*. Chicago, IL: University of Chicago Press.
- Turner, A., & Berry, T. R. (2000). Counseling center contributions to student retention and graduation: A longitudinal assessment. *Journal of College Student Development*, 41(6), 627-635.
- Ward, S., Bagley, C., Lumby, J., Woods, P., Hamilton, T., & Roberts, A. (2015). School leadership for equity: Lessons from the literature. *International Journal of Inclusive Education*, 19(4), 333-346.
- Walumbwa, F. O., Mayer, D. M., Wang, P., Wang, H., Workman, K., & Christensen, A. L. (2011). Linking ethical leadership to employee performance: The roles of leader-member exchange, self-efficacy, and organizational identification. *Organizational*

ENHANCING STUDENT MENTAL HEALTH AND WELLBEING

Behavior and Human Decision Processes, 115, 204-213.

doi:10.1016/h.obhdp.2010.11.002

Whitaker, K., Nicodimos, S., Pullmann, M., Duong, M., Bruns, E., Wasse, J. & Lyon, A. (2018).

Predictors of disparities in access and retention in school-based mental health services.

School Mental Health, 10, 111-121.

Wilson, S. B., Mason, T. W., & Ewing, M. J. M. (1997). Evaluating the impact of receiving

university-based counseling services on student retention. *Journal of Counseling*

Psychology, 44, 316-320.

Wolforth, J. (2016). Students with disabilities. In C. C. Strange & D. H. Cox (Eds.), *Serving*

diverse students in Canadian higher education (pp. 128-144). Montreal: McGill-Queen's

University Press.

Wong, A. (2015). Understanding students' experiences in their own words: moving beyond a

basic analysis of student engagement. *Canadian Journal of Higher Education*, 45(2),

60-80.

Zhu, W., Avolio, B. J., Riggio, R. E., & Sosik, J. J. (2011). The effect of authentic

transformational leadership on follower and group ethics. *Leadership Quarterly*, 22,

801-817. doi:10.1016/j.leaqua.2011.07.004