



Mount  
Royal  
University

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Report to President David Docherty

**Student Mental Health**





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## Executive Summary

### Introduction & Background

Mount Royal University (MRU) has a long-standing history of student-centered leadership and learning. We are known to be an institution that cares about the success and the health of our students, and we have strong services that support mental health promotion and respond well to mental health issues and concerns. In addition to excellent service providers, MRU has many positive practices and policies in place to support students. Recent trends suggest that the prevalence of mental health issues is on the rise among young adults. More students are entering into university with pre-existing mental health conditions, more are seeking help, and often issues are complex and multifaceted. Given that rates of mental illness are on the rise, and given that our student population has reported stress levels higher than other students at post-secondary institutions in North American, a review of our student mental health practices and procedures was warranted.

In 2012, a Presidential Task Force on Student Mental Health (PTFSMH) was established to investigate our current mental health initiatives – to consider how we are positioned to support the mental health and wellness of our students, and how we respond to those in need of care and intervention. This work builds on our collective commitment to excellence in teaching, our strength in student services, and our face-to-face connection with our student body. Through this process the PTFSMH aimed to identify Mount Royal strengths, gaps, opportunities and resources. The Task Force drew on the foundation of our campus-wide Health and Safety Plan, which aims to promote a safe and healthy environment for our students, employees and visitors through a comprehensive set of policies and programs. This approach acknowledges that individuals share the responsibility for creating a healthy campus. Every member of our campus community has a role to play in creating a safe, healthy and vibrant campus.

### Defining Mental Health

For the purposes of this review, “mental health” was defined as:

The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity. (Public Health Agency of Canada, 2013)

Mental health is not the mere absence of illness, it is the ability to participate meaningfully in one’s community, to engage effectively in the world, and develop meaning and purpose in one’s life. Mental health and mental illness can be conceptualized along a dual continuum, where optimal mental health can exist with or without mental illness (a state known as “flourishing”) and poor mental health can exist with or without mental illness (a state known as “languishing”) (Keyes, 2007). A system wide approach to mental health therefore considers how best to create conditions which promote flourishing for all students.

## Review Process

To this end, this review considered Mount Royal's environment, organizational structure, policies and practices with the goal of determining how these elements support students with and without mental illness. Already there are excellent practices, services and supports for our students, but there are also gaps and areas in need of development.

With respect to creating an environment in which all students may flourish, we looked at institutional structure, organization, planning processes and policies, the elements of a supportive and inclusive campus environment and access to mental health awareness training and information. With respect to providing targeted programs for students in need of assistance, we looked at strategies to identify concerns early and to bolster individual resiliency, self-management skills and enhance functioning. Lastly, in regard to specialized services for students who have mental health concerns, we considered strengths in our current complement of professional practices, and reflected on how we might enhance access to those services and better coordinate our campus's response when urgent care is required.

This report reviews strengths, gaps and opportunities around: our campus environment including physical environment and learning environment; increasing student, faculty and staff knowledge and commitment to maintain wellbeing; strategies to support individual wellness; reviewing our community capacity to respond to early identification of student concerns; competencies and coping skills; building self-management capabilities; improving access to mental health services and coordinating crisis management and urgent care response.

Perhaps a less tangible yet possibly more impactful result in developing this report is the **processes** used to facilitate its development over the past eighteen months. Community members were engaged in meaningful ways through community consultations, action groups, webinars, focus groups, presentations, training, surveys, and the task force itself. Mount Royal University community members have an increased awareness and ownership to support student mental health as result being intentionally engaged throughout the development of this report.

## Findings and Recommendations

The PTFSMH has uncovered a road map which we believe will lead us further towards our goal of establishing ourselves as a flourishing community of students and educators. Ideally, a "mental health strategy" will be so embedded in our culture that it will become a normal and integral part of what we do. It will become our standard of practice.

The "Recommendations for Mental Health" table (Appendix G) identifies the recommendations generated throughout the process. These are plotted within the systemic approach framework according to short, medium and longer term priorities.

Further prioritization of the recommendations in the short term time frame—one to three years—can be found in Appendix I. This process created priority areas which were further identified as "can do within current capacity" and "cannot do within current capacity".

To that end, we have generated the following priority areas based on the several recommendations:

- 1) Assess for impact
- 2) Build capacity
- 3) Use data
- 4) Market and communicate
- 5) Increase awareness, education and training

In addition to the recommendations captured within these priority areas, many other recommendations evolved to “support” initiatives already underway at MRU. These recommendations, also represented in Appendix I, were identified to support initiatives at MRU that impact, but are not solely focused on, student mental health.

We recommend that the President review our findings, and if appropriate move forward with the creation of an implementation team to bring action to the prioritized recommendations.

As a closing note to this summary, it is important to recognize the context in which this report is being completed. Given the current budget challenges, we need to acknowledge that this is a very challenging time for our institution and indeed for the post-secondary educational system across Alberta.

Uncertainty, fear and worry are causing stress and strain on our community. Our resilience is being challenged, and we are in need of one another’s support. There is an opportunity here to practice our intention of being an institution that cares about its people, that values open communication, and that provides emotional support when needed.

Perhaps this is actually the perfect time to reflect on the mental health of all our community members, with the goal of promoting resiliency, positivity and connection during times of uncertainty and strain.

## Acknowledgement

This document relied on the contributions of the many community members and was driven by the Presidential Task Force on Student Mental Health members:

Tiffany Beks, 4<sup>th</sup> year Psychology Student, Former Peer Health Educator

Bonnie Blankert, Access Advisory, Accessibility Services

Peter Brodsky, Director Communications, University Advancement (April 2012 to April 2013)

Martin Davies, Campus Physician, Health Services

Brian Fleming, Vice-President, Student Affairs and Campus Life

Marcy Fogal, Executive Director, Students' Association Mount Royal University

Pat Kostouros, Faculty, Health and Community Studies

Kandi McElary, Director, Wellness Services

Kaylene McTavish, President, Students' Association Mount Royal University

Tom McAlister, Deans' Council representative

Janet Miller, Chair, Student Counselling Services

Melanie Rodgers (April to November 2012), Executive Director, Foundation

Phil Warsaba, Associate Vice-President, Enrolment Services

Tracy E. Garrick, Administrative support



## Preamble

This document has been developed in response to a call by President David Docherty. This call charged the President's Task Force with the task of reviewing and developing recommendations for student mental health issues as experienced at Mount Royal University. The development of this document has been guided and informed by many sources. A key resource has been the *"Post-Secondary Student Mental Health: A Systemic Approach"* Handbook, (version 6). This national resource is an evolving document developed by many stakeholders from post-secondary institutions across Canada in partnership with the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA). Special mention is necessary for four individuals who have worked diligently to facilitate the development of and collaborative approach for this national resource. They are Jonathon Morris, MA, CMHA-BC and from CACUSS, Su-Ting Teo, MD, Ryerson University; Cheryl Washburn, PhD, University of British Columbia; and Rita Knodel, PhD, University of Victoria.

Some members of the President's Task Force have contributed to this national effort through the work of sub-committees. The purpose of the national effort is to develop a resource for post-secondary institutions (PSI's) to support and help guide development of institutional mental health strategies. Permission has been granted to all PSI's to utilize the document in whatever way is most beneficial for the institution.



## Section One: Our Context

It is widely accepted that an institution's environment has an impact on the wellness of those within it. Institutional structure and policies contribute to the development of culture, values and beliefs while encouraging or discouraging specific behaviours. How a post-secondary institution is structured, including its strategic goals, policies and practices, impact student mental wellbeing which in turn impact student learning. Changes at an institutional level affect the mental wellbeing and engage the whole student in the learning process (CACUSS/CMHA, n.d.).

### Mount Royal University: A World of Difference

We believe that Mount Royal's vision, mission and guiding principles described in the draft document *"A World of Difference: Our Guiding Principles"* reflect the importance of student mental wellbeing as a foundation to learning and optimal wellbeing (Mount Royal University, 2013).

#### Mount Royal's Vision

Inspiring learning for a world of possibilities. (Mount Royal University, 2013, p. 1).

#### Mount Royal's Mission

We are an undergraduate university focused on teaching and learning informed by scholarship. We are committed to personalized, experiential and outcome-based learning. We deliver high quality programs built on a foundation of General Education.

Recognizing that diversity strengthens us all, Mount Royal University welcomes, supports and celebrates all of its communities. We are also dedicated to fostering an environment of respect and inclusion.

Dynamic, relevant and responsive to our students and communities, we are making Mount Royal Canada's premier undergraduate University. (Mount Royal University, 2013, p. 1).

#### Mount Royal's Guiding Principles

Students Come First

Learning Outcomes Matter

Scholarship Benefits Everyone

Leadership is Everyone's Responsibility

The Proof is in Assessment

In the last five years, Mount Royal has increasingly worked towards identifying ways to be more responsive to students' needs – to live the principles we have identified for ourselves. In 2008, we approved a campus-wide health and safety plan. In 2011, a student services plan was approved. The President's Task Force on Student Mental Health is another initiative undertaken with a goal to promote mental health, support and development opportunities for everyone in the campus community.

## Health and Safety at Mount Royal University

In 2008, two Mount Royal University Vice Presidents undertook the development of a steering committee to examine its practices, policies and approaches to health and safety. The outcome of this work was a policy statement and four identified elements in which health and safety could be viewed. These elements include: Occupational Health and Safety, Respectful Community, Critical Incident Prevention and Response, and Personal Health. All elements of the framework were to be surrounded in a communication strategy to ensure relevant information is communicated in a timely fashion to appropriate stakeholders. The work of this task force, the report and recommendations, fall within the Personal Health element as student mental health was identified as an emerging need for action.

### Health and Safety Policy Statement

Mount Royal is committed to a safe and healthy environment for our employees, students and visitors. Through a comprehensive set of policies and programs Mount Royal will promote such an environment, while at the same time responding with robust prevention and crisis management strategies to issues that threaten the health and safety of our students and employees.

Individuals share the responsibility for creating a healthy and safe environment by abiding by the policies, supporting the programs, and conducting themselves in a manner that does not compromise the health and safety of others. Through the efforts of the University community, Mount Royal will be a leader in health and safety.

### Health and Safety Guiding Principles

Mount Royal's campus will be open to the public.

1. Mount Royal will communicate all policies and programs relating to health and safety to the University community.
2. All members of the University community are expected to play a role in fulfilling Mount Royal's commitment to health and safety.
  - Each individual plays a critical role in identifying possible health and safety issues on campus and responding to them appropriately.
  - Each individual is responsible for managing his/her own health and safety and it is therefore important for everyone to be informed of health and safety issues as well as how to access the programs and services available to them.

The University will attempt to address health and safety in a strategic and systemic manner in order to clarify the roles of individuals, departments and units in the execution of strategies, ensure efficiencies and effectiveness, and to maximize understanding within the University's community.

## Student Services Plan

The Student Services Plan 2012-17 was developed with stakeholders from student service providers. The plan identifies the historical evolution of “services for students” over the years to a current model of emphasis on student engagement and success:

The Student Engagement and Success Model are founded upon the work of Ender, Newton and Caple (1996). Elements of the model include:

**Philosophical Base:** Educational partnership with a focus on integrated learning, development and student success.

**Objective:** Enriching, high impact programs, student learning outcomes established to assess success and provide evidence for decision-making.

**Purpose of Employees:** To provide a student experience using all campus resources in the education and preparation of the whole student.

**Techniques:** Understanding and supporting learning and development as integrated elements of the student experience.

The plan defines a set of guiding principles for student service providers and strategic issues facing these providers. The principles of this model are: student-centred, accessible, accountable, community-oriented, collaborative, and learning-focused. The strategic issues identified are communication/awareness, community/student engagement, student spaces, and effectiveness of student services.

## Rationale for a Student Mental Health Strategy

Mount Royal University (MRU) is dedicated to student satisfaction and success. Understanding the pressures that students face, MRU is committed to supporting students throughout their academic career. This commitment includes responding to students’ diverse needs, one of which is mental health.

There is a history of initiatives that have promoted and supported student mental health at MRU. A sampling of annual reports since 2006 note such initiatives as Student Counselling Services development and delivery of training for students in peer support volunteer roles; collaboration with the Registrar to address systemic barrier to withdrawals with cause for students in distress; and a series of workshops discussing the top issues that interfered with students’ success. Student service professionals, from front-line Access Advisors to management, have shown a high level of commitment to active participation in the Canadian Association College & University Student Services, to improve services and to advocate for students with mental health issues. Existing Applied Suicide Intervention Skills Training for MRU community members has recently expanded to include Mental Health First Aid (MHFA) training. This will further increase the learning community’s capacity to respond appropriately to students with compromised mental health. Campaigns to promote living well through physical activity,

workshops that help students find the right career, and increased physician and psychiatric hours/services to meet the growing demand, exemplify the range of prevention to treatment efforts.

Despite these initiatives student mental health has emerged as an area warranting increased attention and responsiveness. In a literature and environmental scan on mental health and wellbeing in postsecondary educational settings, MacKean reported students are experiencing mental health difficulties of an increasingly complex nature (2011). Reported factors contributing to the trend included:

- The typical age of onset of mental disorders is 15 to 25, an age that is also more typical of post-secondary student status.
- A developmental predisposition to social pressure, including substance abuse.
- Potentially stressful life events demanding coping skills and adaptability (e.g., transitioning from living at home to living independently).
- The post-secondary climate itself, which is thought to promote competition and increase stress.
- Increased enrolment of students with pre-existing mental health conditions who are seeking help for mental health-related problems.

Mount Royal University recognizes that by promoting student mental health, we attempt to support academic success. For example, conditions such as depression have been shown to be significant predictors of lower grade point average and withdrawal (Eisenberg, Golberstein, & Hunt, 2009). Researchers also found that, for students diagnosed with depression, full adherence to a treatment regimen had a protective effect on grades (Hysenbegasi, Hass, & Rowland, 2005, p. 150).

Although it is important to recognize trends in mental health across Canada, it is also necessary that we understand the implications of mental health difficulties in the context of Mount Royal University. One source for understanding the status of student mental health and wellbeing at Mount Royal comes from data collected using the National College Health Assessment (NCHA). This tool further allows us to compare the data of Mount Royal students with a reference group consisting of other students from U.S. colleges and universities. Figure 1 provides a snapshot of Mount Royal students' experience with factors affecting academic performance.

**Figure 1 Health Factors Affecting Student Academic Performance**

<b>Within the last 12 months, students reported the following factors affecting their individual academic performance*</b>		
	<b>MRU 2013</b>	<b>Canadian Ref. Group 2013<sup>1</sup></b>
<b>Stress</b>	37.9%	38.6%
<b>Sleep Difficulties</b>	30.4%	27.1%
<b>Anxiety</b>	27.9%	28.4%
<b>Depression</b>	15.2%	17.3%
<b>Alcohol Use</b>	5.6%	4.9%
<b>ADHD</b>	5.2%	4.2%
<b>Learning Disabilities</b>	4.9%	3.5%
<b>Drug Use</b>	1.2%	1.8%

(American College Health Association, 2013)

1 The reference group for this survey includes 34,039 students from thirty two Canadian post-secondary institutions. 2013, marked the first year there was a substantial number of Canadian post secondary institutions who participated in the survey to create a Canadian Reference group. Prior to this, the comparable reference group for MRU was the North American Reference group with few Canadian post-secondary institutions participating.

\* Negative impact on academic performance is defined as: received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research or practicum (NCHA, 2013)

Prior to 2013, MRU participated in the NCHA 2006, 2008, and 2010. Compared to the North American Reference group, we observed a higher percentage of MRU students reporting these factors interfered in their academic performance. The difference between MRU and the Canadian students' responses in 2013 is much less. MRU students' health experiences are more aligned with their cohorts attending Canadian post-secondary institutions.

This data also provides insight into the kind of campus initiatives that might either prevent disruption of studies or mitigate the negative impact of these factors. We can use this data to consider the extent to which our current practices, support services, and initiatives impact student success. In addition, it allows us to reconsider our collective and individual roles in the area of student mental health.



## Section Two: The Systemic Approach

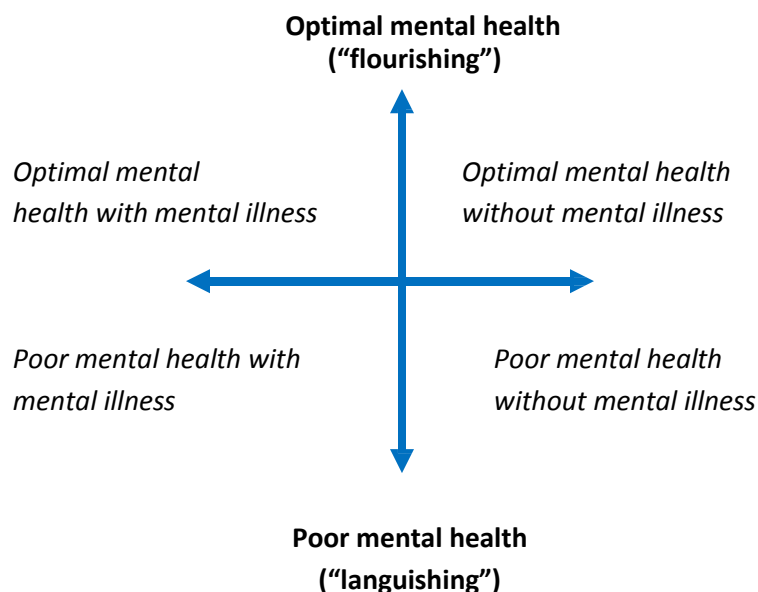
### Mental Health Definition

There are many definitions of mental wellness. At Mount Royal we have deliberately adopted a broad definition of this state. Mental health implies the absence of mental illness as well as the presence of wellbeing (realizing one's abilities - self-efficacy, coping well with normal stress, being productive in life, able to contribute positively to society, etc.). We agree with Keyes, who describes mental health as a continuum with many stages between flourishing, mental illness, and 'languishing' (see Figure 2) (2007). 'Languishing' implies the presence of some level of mental health impairment that interferes with social and/or occupational functioning etc. 'Languishing' can be as limiting to an individual as can a florid mental illness (CACUSS/CMHA, n.d.).

Mental health can be defined as follows:

The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity (Public Health Agency of Canada, 2013).

**Figure 2: Dual Continuum Model of Mental Health and Mental Illness**



(Cacuss/CMHA, n.d.)

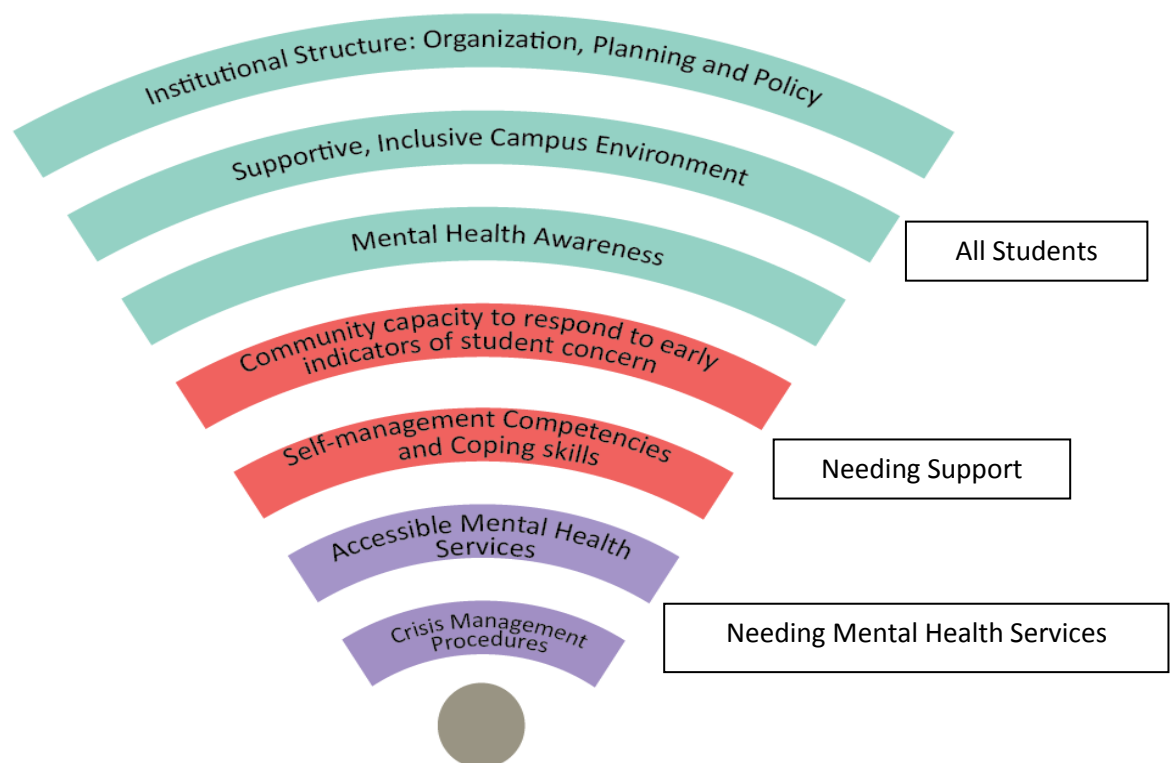
The system-wide approach creates a campus environment that is conducive to mental wellbeing and learning. Such an approach:

- Is comprehensive and holistic. It considers the whole campus community as one entity which benefits from support and action while also being responsible for enhancing and maintaining the health of community members. It extends the focus beyond the individual and instead broadens the focus to include the whole campus including its environment, organizational structure, policies and practices.
- Creates supportive and inclusive conditions for students to flourish. These conditions are grounded in values of social equity and sustainability; integrate support for student development and capacity building; provide targeted programs for students needing assistance and provide specialized services for students experiencing mental health problems.
- Promotes strategy development and decision-making that are student-directed, grounded in values of informed choice and inclusion of the student voice.
- Involves all stakeholders in a collective, shared responsibility for creating campus conditions that supports transformative learning and student mental wellbeing (CACUSS/CMHA, n.d.)

### Conceptual Framework of a Systemic Approach

The following conceptual framework illustrates the broad areas of a systemic approach to post-secondary student mental health identified for strategy development across three targeted student populations:

**Figure 3: Post Secondary Student Mental Health and Wellbeing: Framework Development**



## Key Principles to the Systemic Approach

The following are key principles that inform this approach:

- Mental health is more than the absence of illness. It includes:
  - Meaningful participation in one's community, interdependence, and a feeling of being connected to, included in and belonging to one's community.
  - Engaging effectively in the world, resilience, adapting to change and being able to take on new challenges.
- Identity development, values clarification and the development of meaning and purpose in one's life.
- Mental health is essential to students' academic success as well as their ability to participate fully and meaningfully throughout all aspects of their lives, throughout their lifespans.
- Empowering students to participate actively in maintaining their wellbeing and addressing mental health problems will set the foundation for increased ability to sustain wellbeing over a student's lifespan.
- Social justice and sustainability is essential to both student wellbeing and learning.
- Contextual factors including one's physical, cultural, political, socio-economic and organization setting all impact learning and wellbeing.

A review of key models focusing on population health, campus mental health, transformative learning, as well as Canadian and international models for mental health strategy was undertaken. The broad definition allows us to focus on two key areas in our analysis and recommendations for improvements to student mental health at Mount Royal. The first area is Mount Royal's climate or organizational culture, which affects everyone interacting within the institution in whatever capacity. The second area relates to the supports and programs we can offer to individuals, whether that individual is wishing to preserve their already robust mental health, is having difficulties coping with stress, or is suffering from florid mental illness.



## Section Three: Methodology

### Community Engagement Process

The community engagement process for MRU was inspired by work that was undertaken at the CACUSS national conference in 2011. The emerging issue of student mental health was explored in depth at this conference, and encouraged several MRU participants to further development at MRU.

In October 2011, a highly participatory community of learning was sponsored by MRU President Dr. David Docherty and formed to explore the issue of student mental health. Ninety-five people participated, including faculty, students, staff, managers, deans and a director (see Appendix A). A smaller 21-person working group analyzed the participants' discussions, and seven themes emerged:

- 1) Peer to peer driven—students engaged in the development of the strategy
- 2) Knowledge, awareness and training
- 3) Reducing stigma
- 4) Resources—what exists, gaps, etc.
- 5) Sense of community/space—supportive environments
- 6) Research
- 7) Policies—reviewed through the lens of impacting/supporting student mental health

This work served as the starting point for the creation of the Presidential Task Force on Student Mental Health and with four accompanying action groups, each tasked with exploring some aspect of the identified themes.

### Presidential Task Force on Student Mental Health

In the spring 2012, community members representing stakeholder groups were invited to participate in the crafting of a strategic plan to respond to student mental health issues at Mount Royal. Participants included those working in mental health services, faculty, students, and student service providers.

Having recognized the importance of student mental health, the first task undertaken was to explore current research on mental health issues in post-secondary institutions and strategies that other institutions have developed and adopted to respond to these issues. Each participant reviewed one or more

#### Framework Session

##### Presentations

*November 22, 2012*

##### Service and Student Areas

- Accessibility Services
- Counselling
- Health Education
- Health Services
- Office of Student Conduct
- Residence Services
- SAMRU
- Security Services

##### Action Groups

- Knowledge
- Resources
- Reducing Stigma

##### Focus Group

- Faculty

documents (see Appendix B) and then provided summaries to the whole group of key issues and relevance to the MRU community.

The next step was a review of the work already being done on campus. Based on the findings of the action groups, it was clear that staff and faculty at Mount Royal cared about students' wellbeing and were already doing much in the areas of building a supportive, inclusive community and in helping students develop or improve their coping skills. The task force asked people from a number of identified areas for 15-minute presentations on their work related to student mental health: Accessibility Services, Student Counselling, Health Education, Health Services, Office of Student Conduct, Residence Services, SAMRU, and Security Services.

The Action Groups also shared their input with the Presidential Task Force and other services. All of this information from Services and Action Groups was presented orally during an extended meeting accompanied by a framework document identifying strengths, gaps, and recommendations of that particular service and Action Group. The framework template and a report based on this meeting can be found in Appendix C for the template and Appendix H for the report.

### **Action Groups' Work**

Building upon the community consultations, four action groups were created to explore aspects of student mental health further. These four groups covered: Knowledge, Reducing Stigma, Resources, and Research. To ensure the focus remained student-driven, more students were invited to engage in the overall work of the evolving strategy and to assume leadership positions within the Action Groups. The Mental Health Task Force and the Student Services Plan are addressing the other identified themes at MRU.

In 2012 and early 2013, these Action Groups began engaging community members, meeting regularly and providing insight, problem-solving and recommendations to our activities and initiatives for student mental health.

The work of these Action Groups has contributed to sections of this report such that the Knowledge Action Group's work and recommendations can be found in the Awareness section. The Reducing Stigma Action Group's activities and recommendations are found within the Supportive, Inclusive Environment's section. The Resource Action Group's input is found in the Access to Mental Health Services and finally the Research Action Group has contributed to identifying the needs of faculty members in regards to student mental health. This initiative is currently underway collecting information through a survey.

### **Community Consultation and Development of the Final Recommendations**

A final opportunity to bring the MRU community together occurred the first week of April 2013. This consultation continued to ensure that community input and consultation happened throughout the development of the report and recommendations. President David Docherty extended the invitation to

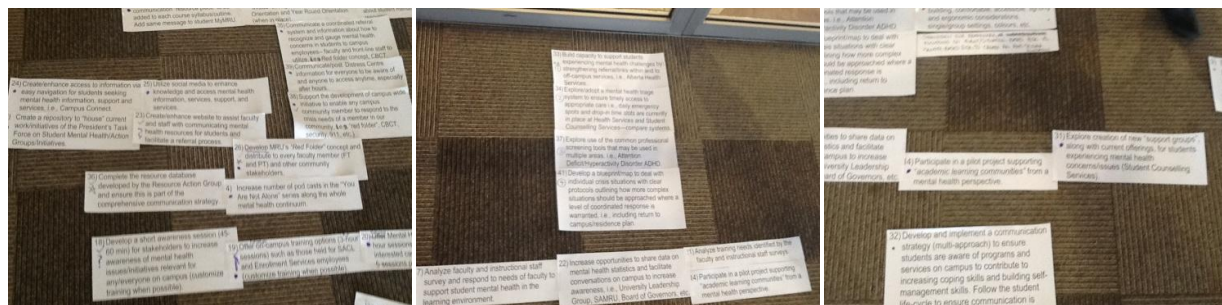
faculty, staff, students and community members to participate in our final community consultation. Ninety-two people participated in one of the two sessions hosted. Participants were invited to choose three of nine major recommendation themes to participate in dialogue. Small table discussions were facilitated to engage participants in providing feedback. A draft copy of the report and recommendations was circulated to all participants in advance. Participants were also encouraged to provide any additional feedback beyond the community consultation. People who were unable to attend one of the sessions were able to request a copy and provided direct feedback for the consultation process. All the feedback gathered at the community consultation and beyond was taken into consideration in developing the recommendations found in Appendix G.

This process produced many recommendations which were further sorted by the President's Task Force on Student Mental Health (PTFSMH) based on "Short, Medium, and Long" term. There were forty-one "Short Term" recommendations identified for the period of one to three years. A final task undertaken was to "prioritize" the forty-one recommendations.

A group of people representing services and programs within MRU and SAMRU completed this task. The forty-one recommendations were prioritized based on what is most important and what has the potential to be most impactful. Throughout the process the forty-one recommendations were "themed" once again into five or six priority areas. Once the prioritization process was finished, the group reflected upon and identified the recommendations within the following "categories":

- 1) What is already underway;
- 2) What can be done within our current capacity;
- 3) What cannot be done within our current capacity.
- 4) A final category brought together recommendations that were identified as "supporting" initiatives at MRU in which student mental health is a component. These initiatives are "owned" or initiated by other committees/task forces on campus.

This work represents the final recommendations presented to Dr. David Docherty for consideration over the next three years to impact student mental health at Mount Royal University. These recommendations are presented in Appendix I.







## Section Four: Findings

The findings have been based on the framework presented in Figure 3. These findings represent the strengths, gaps and recommendations for mental health at MRU. The implementation times for recommendations are as follows: short-term recommendations reflect a one-to-three year time period; medium-term a three-to-five year period; and long-term a five-to-eight year period. A summary of all recommendations can be found in Appendix G.

### Our Climate and Culture

#### Institutional Structure, Planning and Policy

Reviewing our context provided an overview of the preexisting structure, planning and policy that relates to mental health on campus. In addition, Wellness Services provides a broad spectrum of services to meet student needs. Health Services is equipped with a unit staffed by physicians, nurses, and psychiatrists. Student Counselling is staffed by licensed psychologists, and social workers. Optimal Therapies provides complementary approaches to care including athletic therapy, massage therapy, and chiropractic therapy. The Peer Health Education Program engages students in offering special events, publications and promotions related to student wellbeing. Accessibility Services supports students in obtaining individualized, equitable academic accommodations to students with disabilities. The Student Association of Mount Royal University (SAMRU) offers various support services including free breakfast, peer referrals, and emergency loans through its various student service and support centres (e.g., the Peer Support Centre). Our current spectrum of services coupled with our knowledge of student needs help us to consider our collective and departmental roles in student mental health.

Despite these observations, the demand for these services is increasing and additional resources are required to respond to students' needs. To develop a comprehensive understanding of student mental health across campus, the Presidential Task Force on Student Mental Health has brought together key stakeholders from multiple departments to develop priorities around student mental health. To this end, the report and recommendations aim to create a comprehensive, systematic approach to improve and enhance student mental health at Mount Royal University with the support of the entire campus community.

#### Supportive, Inclusive Campus Environments

There exists a need to create the conditions in a campus environment that reinforce holistic, integrated learning and development, and in turn, support student mental wellbeing.

Such conditions support:

- Meaningful participation in the campus community, with a sense of connectedness, feeling of inclusion, a sense of belonging enjoyed by all campus community members
- Meaningful engagement

- A physical environment that promotes mental health and wellbeing, rather than adding stress or detracting from mental health and wellbeing

The emphasis on having a supportive, inclusive campus environment is to provide the best opportunity for everyone to thrive. The hope is that supporting everyone's wellbeing will help avoid critical incidents for the majority of students who usually enjoy good mental health and help mitigate some of the worst consequences for those whose mental health is more fragile.

## **Organizational Culture**

This section explores the institution's readiness, from the senior administration to the front-line service providers, to actively prioritize and promote activities, policies, services and supports geared towards creating student mental wellness. This involves identifying and removing or mitigating barriers that could impede mental wellness. A secondary part of this exploration examines how responsible we all feel for each other's mental wellbeing as we develop a community of shared responsibility. We want students at MRU to know that we care about them, their health, and their success. Community-building, with features like mentorship and student life programs, are designed to help students connect with each other and other campus community members.

### **MRU strengths in this area:**

- Face to Face brand and walking our talk in this regard.
- Small class sizes, which, while improving academics also contributes to building 'community'.
- A culture with few artificial barriers (e.g., use of honourifics) designed to distance people from each other.
- Code of Conduct establishing behavioural expectations.
- Promotion of Universal Instructional Design throughout MRU.
- Considerable work through various departments to promote responsible and safe behaviours.
- Compassionate approach encouraging student self-disclosure.
- Values include: honouring individuality and diversity, showing compassion and inclusion.
- Students' Association provides multiple student community spaces, events, activities, programs, speakers and volunteer opportunities in support of the whole student experience.
- Students are represented at every level from campus committees to federal associations for the purposes of group advocacy.
- Multiple activities and initiatives exist specifically aimed at reducing stigma towards mental health.
- Front-line student services and health staff are highly skilled across many disciplines.
- Many cross-institutional committees exist, dedicated to student mental health and services.
- Multiple policies and plans related to student mental health are currently under review or in development.
- Services and program reviews are conducted regularly in many areas.
- Information and resources are regularly shared between MRU and provincial and national associations for the benefit of all parties.
- Service areas regularly consult with other on-campus service providers.

- A number of specialized programs are available to train front-line faculty, staff, students and volunteers.
- Data is regularly collected from faculty, staff and students regarding mental health.

#### **MRU gaps in this area:**

- Not all employees visibly ‘model the way’ by demonstrating good work/life balance, talking about any health (including mental health) struggles, and being ‘authentic’.
- No coordinated mechanism exists to review the impact institutional changes to policies will make on diverse populations.
- Stigma continues to exist, making students reluctant to self-identify.
- No current mechanism for measuring whether stigma-reducing initiatives are actually changing attitudes.
- Insufficient resources and staffing to meet student demand for services in some areas.
- Insufficient mental health training for front-line staff in some areas.
- Lack of understanding of the needs of faculty members (training, support).
- Data that is collected can and should be analyzed in a more focused way.
- Due to volume and intensity, potential burnout of mental health services providers around campus.

#### **MRU Recommendations:**

Some initiatives that have evolved over the past few years in support for student wellbeing and contribute to student mental health are captured in the section “Continue to...” as practices that we recommend continue, especially during budget challenges. This list is in no way inclusive of many programs and services we recommend to continue but displays a sample.

#### **Continue to...**

- provide programs and services aimed at building self-awareness, self-efficacy and support for mental health and prevention of mental health issues: i.e., Student Counselling Workshops.
- have on-line resources such as Health 101 e-magazine.
- promote physical activity, i.e., Recreation Services, campus jogging/walking maps, etc.
- promote opportunities that create a “sense of community” for students: i.e., centres including SAMRU and Iniskim; clubs and societies; volunteer opportunities; intramural sports; on campus employment; etc.
- support and create spaces for dialogue to increase understanding to mental illness. These spaces for support and dialogue include: Faith and Mental Health—Multi-faith Chaplaincy; Starry, Starry Night—annual play designed to increase understanding of schizophrenia; shared stories – with education to ensure implications for sharing a personal story are reviewed/informed/thought out.
- offer HLTH 2301 “Wellness and the Student: From Personal Health to Community Action— currently offer 2 to 3 sections/year. This course presents current research and strategies related to student health identified in the National College Health Assessment. Topics such as wellness, stress management, psychophysiology of stress, sleep, sexual health, intra- and interpersonal communication are included.
- offer UGST 1002 “Change, Challenge and Choice: The University Context and Beyond”. This course presents current research and strategies related to effective coping in a rapidly-changing world.

Topics such as stress, effective coping, relating and working well with others, and putting change in perspective are included. Currently two sections per year are offered.

#### **Short Term Recommendations:**

- Explore and design a peer-to-peer model for implementation in 2014-2015, such as A,B,C's training modules.
- Implement mental health messaging "thread" throughout New Student Orientation and Year Round Orientation (when in place).
- Implement on-line resiliency resources for all students, e.g., The Leap Project.
- Increase number of podcasts in the "You Are Not Alone" series along the whole mental health continuum.
- Develop a comprehensive communication plan for mental health messaging and information (include services, programs, resources, training opportunities, referral process, etc.)
- Create a repository to "house" current work/initiatives of the President's Task Force on Student Mental Health/Action Groups/Initiatives.
- Design and implement mental health communication "resource piece" to be added to each course syllabus/outline. Add same message to the Student Resources tab on MyMRU.
- Develop an assessment plan and strategies to measure impact of mental health initiatives.
- Ensure Human Rights policies and procedures related to mental health accommodations, including academic accommodations, are available and implemented appropriately. (Diversity and Human Rights/Accessibility Services).
- Recommend the development of a mental health strategy for employees at MRU.

#### **Medium Term Recommendations:**

- Implement a peer-to-peer mental health model and review current peer programs.
- Create and/or adapt an "app" for self-reported wellness tracking/contests "Thrive at MRU", e.g., "Nike Fuel".
- Develop a Blackboard module for students to access anytime to learn about mental health support--resources, programs, and services. Add the same module to the Student Resources at MyMRU.
- Create a framework for mental health initiatives evolving on a "local" basis, e.g., departmental/individual. Identify a way to share these initiatives with others.
- Integrate stigma-reducing/mental health awareness messaging into existing campus events and materials.
- Increase number of sections of courses that reduce barriers to learning, i.e., UGST 1002 "Change, Challenge and Choice: The University Context and Beyond" and increase knowledge, skills of personal wellness i.e., HLTH 2301 "Wellness and the Student: From Personal Health to Community Action".
- Increase number of meaningful on-campus employment opportunities for students.
- Support selected on-going (annual) campaigns related to reducing stigma, e.g., Not Myself Today and Depression Screening Day (refer to Reducing Stigma Action Group, recommendations).

#### *Recommendations Specific to Policy Development*

- Develop criteria for new and revised policies/procedures to be reviewed through a “mental health lens”.
- Review Code of Student Conduct policy and procedures through a mental health lens.

#### **Longer Term Recommendations:**

- Work with the foundation to create other scholarships or bursaries for students addressing mental health on the MRU campus.

#### *Recommendations Specific to Policy Development*

- Identify key policies that impact student wellbeing, e.g., Level 5—academic policies and develop a list of prioritized policies to be reviewed through a mental health lens.

### **Physical Environment**

The premise is that we need to prioritize designing warm, welcoming and safe spaces where students can build community by gathering together, socializing, and connecting with our community. Some of this can be as simple as constructing LEED-certified buildings (something MRU already practices) thus recognizing that sustainability issues are a pressing concern for today’s students. Other issues can be as complicated as lighting and safety audits of campus buildings, property and pathways. In addition, there is considerable research that suggests that our physical environment, both inside and outside the classroom and inside students’ living quarters, can be better designed to support mental health. Research covers such topics as: furniture ergonomics, ambient noise, air temperature and quality, and the presence of natural light.

#### **MRU strengths in this area:**

- Several new buildings with various levels of LEED certification.
- New ergonomic furniture in place in many environments.
- Considerable financial contributions over the last decade to the capital development and renovation of campus buildings.

#### **MRU gaps in this area:**

- Several older parts of the campus require retrofitting for ergonomics, accessibility, lighting, air quality, temperature control.
- No formal plan has been approved by the Board of Governors to prioritize spending on the creation of physical surroundings consciously designed to promote mental health.
- Fewer resources available to maintain buildings well, from heating and lighting considerations, to cleanliness and ground’s maintenance issues.

#### **Short Term Recommendations:**

- Develop criteria for physical space conducive to wellbeing, i.e., community building, comfortable, accessible, lighting and ergonomic considerations, single/group settings, colours, etc.

#### **Longer Term Recommendations:**

- Incorporate well-being criteria into planning for future facilities to be developed, repurposed, or renovated.

#### **Learning Environment**

The literature suggests that instructors and the classroom setting can be central to student wellbeing (Simon Fraser University, 2012). At MRU, we promote the Universal Instructional Design for work in the classroom; using this concept, we can help ensure that mental health stigma, prejudice and discrimination remains absent (or pedagogically conscious) from curriculum. As always, and because students primarily attend Mount Royal to study, community-building will remain a focus of all academic programs.

At Simon Fraser University, a project is underway entitled Classroom Wellbeing (Appendix D). The components of the project explore curriculum, course design, classroom culture, assignments, assessment and physical space and their impacts on student wellness. Faculty members are being asked, “How do you foster wellbeing in the classroom?” They are inviting faculty to participate in what has been described as a “think tank” and hope to create share “best practices” among faculty members.

There are two additional opportunities at Mount Royal University developed by the Academic Development Centre (ADC). The first is the development of faculty learning communities (FLC) with a student mental health focus. Faculty learning communities are a formal “community,” with the purpose to help faculty members (or professional staff) establish connections and networks, thereby bringing community and fostering learning together in higher education. FLCs are focused on pursuing a deeper understanding and knowledge about particular topics, one of which could be the support of mental wellbeing through use of the classroom setting.

The second opportunity to reach faculty is through New Faculty Orientation. This program is an opportunity for sharing information about student mental health with recent academic hires at MRU. Particular resources such as the “red folder” or other practical and concise tools that new faculty might find useful could be distributed at this time.

#### **MRU strengths in this area:**

- Promotion of Universal Instructional Design in classrooms has begun.
- A number of research initiatives are in place including surveys and focus groups, which are designed to get a better sense of faculty’s response to mental health issues in their classrooms.

#### **MRU gaps in this area:**

- Lack of an institutional mandate to encourage faculty to adopt Universal Instructional Design.
- Opportunities to educate faculty about diversity in the classroom.



**Short Term Recommendations:**

- Support increased awareness and education related to Universal Instructional Design and the duty to accommodate students and determine essential course and program requirements (Diversity and Human Rights/Accessibility Services).
- Support increased awareness about diversity in the classroom (Diversity and Human Rights).
- Participate in a pilot project supporting “*academic learning communities*” from a mental health perspective.
- Collaborate with the Academic Development Centre’s (ADC’s) New Faculty Orientation program to share information about student mental health and resources.
- Develop concise and practical tools for new and returning faculty to facilitate response/support of student mental health, i.e., “Red Folder”.
- Analyze faculty and instructional staff survey and respond to needs of faculty to support student mental health in the learning environment.

**Medium Term Recommendations:**

- Develop a multi-pronged approach designed for faculty to support student mental health, concerns and success, i.e., different modes/vehicles (presentations, paper, on-line, ADC, Mount Royal Faculty Association (MRFA), etc).
- Support and develop through ADC a “Faculty Learning Community” for those who are interested in learning/sharing practices to create/support “wellness in the classroom”, i.e., social connectedness, sense of community, feelings of valued contributions, positive emotional state, recognition of student stress, personal and social development, etc.
- Develop a network for faculty representatives to act as liaisons to create dialogue, update, and communicate student mental health information and initiatives together as a group and then disseminate information within their departments.

**Longer Term Recommendations:**

- Encourage research on classroom wellbeing through the Institute of Teaching and Learning.
- Explore a faculty mentorship program for classroom well-being (e.g., Harry Schaefer program).
- Work with ADC to develop workshops for faculty to address classroom wellbeing, e.g., collect MRU case studies of classroom well-being examples.





## **Mental Health Awareness – including Education and Training**

### **Increasing Student, Faculty and Staff Knowledge and Commitment to Maintain Wellbeing**

A necessary approach to addressing student mental health, in a systemic way, is to increase awareness about student mental health. It is crucial to support individuals and groups within the institution to gain knowledge. Once the broader community is informed, it is then important to find ways to maintain a commitment to student mental health and wellbeing. What follows will speak to those activities that have already been undertaken to increase knowledge and awareness of student mental health and those that are recommended to take place.

In our community consultations and frameworks session, we examined ways in which students, staff, and faculty found information that helped them support mental wellbeing. Communication and awareness is an ongoing theme throughout our research and within this document. There are many good and welcomed initiatives taking place on our campus every day; communicating this information more effectively will help amplify the message that we care about student mental wellbeing.

#### **MRU strengths in this area:**

- Many areas conduct classroom presentations and host guest lecturers related to mental health.
- Some areas engage staff and faculty in consultations to build further awareness.
- Many service areas are highly visible.
- A database of resources available both on and off campus is under development.
- A process has already begun to build awareness for front-line personnel such as enrolment services, and security.
- Work with the Students' Association has already begun.
- A survey was developed to understand faculty preference for gaining needed awareness.

#### **MRU gaps in this area:**

- Lack of training and support for existing and new staff and faculty.
- Website information on student mental health is inadequate.
- Students are often not aware of services available to them, nor how to access them.
- Faculty members are often not aware of services available to students, nor how to refer students to the services.
- Occasionally, student misconduct and mental health issues are confused with one another.

#### **Short Term Recommendations:**

- Develop a short awareness session (45-60 minute) for stakeholders to increase awareness of mental health issues/initiatives relevant for any/everyone on campus (customize training when possible).
- Offer on-campus training options (3-hour sessions) such as those held for SACL and Enrollment Services employees (customize training when possible).

- Offer Mental Health First Aid (MHFA) 12-hour sessions to targeted and general or interested campus community members, 5 sessions per year.
- Analyze training needs identified by the faculty and instructional staff surveys.
- Increase opportunities to share data on mental health statistics and facilitate conversations on campus to increase awareness, i.e., University Leadership Group, SAMRU, Board of Governors, etc.

#### **Medium Term Recommendations:**

- Develop appropriate training opportunities based on faculty and instructional staff survey analysis.
- Develop/adapt training modules for on-line learning (e.g., the A, B, C's of helping).
- Create a Community of Practice (CoP) for interested staff and faculty.

#### **Longer Term Recommendations:**

- Consider implementation of appropriate workplace standards for mental health with Human Resources (Link to human rights policy; CMHC; PTFSMH).

Supporting Individual Wellness: Students Needing Support

These considerations examine ways the institution can help students who may be dealing with more difficulties, ranging from languishing to dealing with florid mental illness.

### **Community Capacity to Respond to Early Indicators of Student Concern**

The success of any broad-based mental health strategy is not only dependent on the institution's commitment to the importance of mental wellbeing but also on the community's general capacity to identify individuals at risk of difficulty or in need of support. Combined with the recommendations to promote self-management competencies, to improve access to mental health services and to effectively engage in crisis management, Mount Royal University needs a toolset that will enable us to identify when early intervention is required as well as a system to efficiently refer students to available support mechanisms on campus.

"An early-alert system may be defined as a formal, proactive, feedback system through which students and student-support agents are alerted to early manifestations of poor academic performance (e.g., low in-progress grades) or academic disengagement (high rates of absenteeism)" (Cuseo, 2005).

Identifying behaviours that are not conducive to academic success provides an opportunity for the University to support students in or at risk of academic difficulty while simultaneously increasing Mount Royal's ability to determine whether students are presenting mental health concerns. A proactive approach to identification of student concerns is intended to limit and/or prevent escalation of at-risk behaviours.

The Presidential Task Force on Student Mental Health is aware that the University's Student Retention Committee is investigating "early alert" systems in place at other post-secondary institutions and is also determining the feasibility of implementing a similar system to be used by faculty members at MRU.

**MRU strengths in this area:**

- The University has small class sizes across all year levels, which greatly assists in faculty identification of at-risk behaviours. Typically, early-alert systems are implemented in large classroom settings with little faculty-student interaction.
- Mount Royal is known for its “face-to-face” approach to education and for personalized learning, which aligns well with intervention models of student support.
- Early-alert functionality that can be integrated with class listings is embedded in Banner Communications Manager (BCM), a tool that MRU has recently purchased to deliver communication campaigns.
- MRU has an active Student Retention Committee that is developing parallel recommendations to explore early warning systems.
- The University has an extensive array of support services for students that could contribute to response plans and to the delivery of assistance in an early-alert system.

**MRU gaps in this area:**

- Early-alert systems are most often supported by centralized advising services, or Offices of Student Success/Retention, that are structured differently than Mount Royal’s hybrid advising model. The capacity for comprehensive advising support and referral would need to be established to accommodate a large-scale alert system.
- Given that the first cohorts of degree students are just now graduating from Mount Royal, there remains an incomplete understanding of the issues and challenges that Mount Royal students face. Criteria for identification of behaviours leading to academic and non-academic difficulty would need to be established.

**Continue to...**

- Specifically support Residence and Aboriginal students’ mental health through Student Counselling Services training and support.
- Provide appropriate training to volunteers students at the Peer Support Centre, e.g., ABC’s of helping training modules.

**Short Term Recommendations:**

- Create/enhance website to assist faculty and staff with communicating mental health resources for students and facilitate a referral process.
- Create/enhance access to information via easy navigation for students seeking mental health information, support and services, e.g., Campus Connect.
- Utilize social media to enhance knowledge and access mental health information, services, support, and services.

- Develop MRU's "*Red Folder*" concept and distribute to every faculty member (full-time and part-time) and other community stakeholders.
- Use data to help identify critical events and situations that might put students at risk to help to dismantle systemic barriers. Provide proactive services and supports to students who need it when they need it.
- Add a mental health section to the student code of conduct brochure.
- Support increased awareness of the "Concerning Behaviour Campus Team" (CBCT). Support the establishment of an Office of Student Retention/Success that would have, as part of its accountabilities, responsibility for the coordination of emerging early-alert networks.

#### **Medium Term Recommendations:**

- Support the development/implementation of a coordinated "*early alert system*" proposed by the University's Student Retention Committee.
- Pilot faculty participation in identifying at-risk student behaviours and measure the impact of additional support provided to those students who are identified.
- Support research project for wellness and academic success (similar to Trent's) supporting students who self-identify through assessment (EQ) opportunities for more support.

#### **Longer Term Recommendations:**

- Monitor and incrementally increase capacity to respond to students in need, based on increased demand for services.

### **Self-management Competencies and Coping Skills**

In order to aid in the development of students' self-management and coping skills, MRU should provide programs and resources to strengthen students' capacity to manage the range of demands they face and find meaning, purpose and satisfaction in their lives as students.

These competencies include:

- Intrapersonal development: realistic self-appraisal, self-understanding and self-respect; identity development; commitment to ethics and integrity; and spiritual awareness.
- Interpersonal competence: understanding others, meaningful relationships and attachment; interdependence; capacity for collaboration; and effective leadership.
- Humanitarianism and civic engagement: understanding and appreciation of cultural and human differences; social responsibility; global perspective; and sense of civic responsibility, acceptance of responsibilities inherent in community membership.
- Practical competence: pursuing goals; communicating effectively; managing personal affairs; maintaining health and wellness; self-advocacy; responsible conflict management; practicing stress management strategies.
- Evolving identity development, clarification of interests, academic goals and a sense of life purpose.

- Development and nurturing of capacity to adapt to change, embrace challenge, and maintain resilience.

#### **MRU strengths in this area:**

- Programs are in place to promote and support self-advocacy.
- Programs, workshops and lectures are in place focusing on such issues as wellness, stress management, financial management, addictions, sex education and identity, time management, self-advocacy development, resiliency, career passions, loss, good citizenship, etc.
- Various departments have introduced self-reported contests geared towards creating healthy habits among participants that encourage/facilitate 'flourishing' .
- Residence creates a significant program designed to aid students to learn effective life management skills. This programming, combined with a significant support and social system, is available to all 1000 students living in Residence.
- Recent training for a broad spectrum of MRU and SAMRU staff and volunteers in 'mental first aid' training.
- Meeting students where they are at (online, residence, etc).
- New Student Orientation helps transition students into MRU by allowing them to learn about resources on campus geared toward their mental health.

#### **MRU gaps in this area:**

- Students have expressed that self-advocacy can be daunting, especially in a large, somewhat bureaucratic organization such as a university.
- Due to the nature of the mental illness, students may not be able to self-identify.
- Most programs, workshops, lectures etc. are based on an individual's initiative. So sometimes too few people have information about the program. And, unless the institution prioritizes this work, it is likely unsustainable.
- Many staff do not have enough information about existing resources, especially if those resources are available through other departments or organizations. This makes matching students' needs to existing, available supports and programs difficult.
- Students who live off-campus and who do not live with their parents do not have as much access to life management skills development opportunities.
- The staff/faculty at MRU need to do a better job of encouraging students to participate in more than just their education while they are at MRU (join clubs, volunteer, peer tutor, etc) to maximize their experience at a post-secondary institution.

#### **Short Term Recommendations:**

- Explore creation of new "support groups", along with current offerings, for students experiencing mental health concerns/issues (Student Counselling Services).
- Develop and implement a communication strategy (multi-approach) to ensure students are aware of programs and services on campus to contribute to increasing coping skills and building self-management skills. Follow the student life-cycle to ensure communication is timely/relevant (Comprehensive Communication Plan).

### Medium Term Recommendations:

- Develop (Fall and Winter) reading break programs, e.g., “Re-group and Persist” to help students use breaks to contribute to their academic success and wellbeing.
- Develop practices aimed at awareness and self-prevention of mental health issues across campus.

### Accessible Mental Health Services

Mount Royal University offers mental health resources for students and facilitates access to off-campus resources. The need for examining what mental health services exist and any gaps in service was identified at the October 2011 “call to participation” event. The Resource Action Group was established to meet the need.

At the initial meeting, the group envisioned MRU of the future as a supportive and caring environment where every student would receive the mental health support that they need, at the time they need it and faculty and staff would be skilled in making referrals to both internal and external services. To this end, over several months, the action group examined what services currently exist both within the MRU community and external community resources. They also examined student use of the MRU services, and any service and referral gaps that may exist. The group also made recommendations toward reaching their vision.

The Resource Action Group, comprised of staff and faculty, initially brainstormed both external and internal resources and created a database of available supports. In keeping with the systemic framework conceptual approach, the supports will be categorized into services that:

- 1) preserve robust student mental health
- 2) support students having difficulty coping with stresses
- 3) support those suffering from florid mental illness.

The group identified gaps in service as well. They then interviewed several key internal support areas regarding services offered, what external supports they use/are aware of when supporting students with mental health issues and what additional resources may be needed.

Health Services, Student Counselling Services and Accessibility Services were asked to provide data regarding student use of services in 2010 – 2011 and, to further understand the student mental health experience at Mount Royal, data from the NSSE (2011) and CUSC (2011) surveys were examined. The data was compiled in a report and presented to the Presidential Task Force on Student Mental Health in June 2012 (Simon, 2012). This report is available as Appendix E.

Student Counselling Services reported that 70% of individual counselling appointments were booked primarily for personal issues and, of these, 36% included difficulties surrounding depression, anxiety, and stress and 2% were categorized as crisis issues. Accessibility Services reported that 14% (106) of students registered with the service provided documentation of mental illness as the primary condition impacting their learning and an additional 45% of students experienced mental illness as a secondary condition. An additional 25% of students using the service listed Attention Deficit/Hyperactivity as a primary condition and a further 25% listed ADHD as a secondary condition. Mental health visits accounted for 22.2% of the 6800 visits recorded in the Health Services clinic. The NSSE and CUSC data

has been reported earlier in this document. Clearly, there are many students with mental health issues who access services at MRU and the complexity of issues and number of students experiencing florid mental illness seems to be increasing.

MRU made strides along the road to providing a caring and supportive environment however the final destination has not been reached. The results of the Resource Action Group investigations and conversations both within group meetings and the Presidential Task Force Framework session illuminated the following:

**MRU strengths in this area:**

- MRU students can access many quality, caring and supportive mental health resources right on campus through:
  - Student Counselling Services
  - Health Services
  - Accessibility Services
  - Multi-faith Chaplaincy
  - Student Learning Services
  - Iniskim Centre.
- Assessment and referral systems are in place.
- Individual and group therapy is available.
- Drop-in services are available in some areas such as Student Counselling and Student Learning Services.
- Health Services employs several physicians who are well versed and interested in student mental health concerns.
- Psychiatric care is offered through Health Services.
- Conscientious efforts are made to connect on- and off-campus services for students and to bolster good relationships between specialized community health services and hospitals in the area.
- Evaluation processes are in place to measure success.
- MRU is actively pursuing strategies to adopt a “Triage” process aimed at streamlining the referral and diagnostic processes and ensuring the student receives the proper level of support.
- Services are available free of charge.
- Full-time students have access to group health and dental plan.
- Students have access to some basic needs services such as the on-campus food bank and emergency student loans.
- Peer to peer programs exist, making it easier and more comfortable for students to come forward.
- MRU is actively creating a Diversity Policy to ensure the needs of all members of the student population are recognized and met.
- MRU provides professional one-on-one learning and coaching support to students who experience mental health-related difficulties in the academic environment.
- Students have access to other support related to academic appeals, code of conduct violations and grievances.

**MRU gaps in this area:**

- Not all members of the MRU community are aware of the services and supports that exist and service hours (e.g., drop in-times).



- Not all members of the MRU community are aware of referral processes.
- Certain critical programs do not yet exist, e.g., dedicated programs in the areas of drugs, alcoholism and gaming.
- Wait times can be lengthy and often mental health issues need to be very acute in order to gain access to service. Prompt referrals can take time and some students can get lost in the referral process.
- Instructional staff are unsure of how to approach students with their mental health concerns.
- Instructional staff are unsure of the legal ramifications of approaching students and sharing information with professionals on campus.
- Instructional staff members are unsure of the signs and flags to watch out for in recognizing mental health concerns.
- After a referral takes place, there is no mechanism to communicate back to the referring faculty or staff member to confirm that the correct action has taken place.
- Health services staff are experiencing the same budget challenges as the rest of the University with the pressure to do more with fewer people.
- Screening tools and processes are not adequate to support increased capacity.
- It is difficult to assess how many unique students are accessing services at MRU and whether they are using multiple services.
- There is a lack of flexibility with testing hours in Accessibility Services. Resources for writing of accommodated exams are inadequate as available seating times are restricted and oversubscribed at times, and the hours of service do not parallel the hours that classes/exams are conducted. This creates additional pressure on students who may already be experiencing high levels of anxiety.

#### **Short Term Recommendations:**

- Build capacity to support students experiencing mental health challenges by strengthening referrals/links within and to off-campus services, i.e., Alberta Health Services.
- Explore/adopt a mental health triage system to ensure timely access to appropriate care e.g., daily emergency spots and drop-in time slots are currently in place at Health Services and Student Counselling Services—compare systems.
- Communicate a coordinated referral system and information about how to recognize and gauge mental health concerns in students to campus employees-- faculty and front-line staff to utilize, i.e., Red folder concept, CBCT.
- Complete the resource database developed by the Resource Action Group and ensure this is part of the comprehensive communication strategy.
- Explore use of the common professional screening tools that may be used in multiple areas, e.g., Attention Deficit/Hyperactivity Disorder ADHD

#### **Medium Term Recommendations:**

- Review referrals/links between on-campus services and supports to provide a more seamless process and care.
- Develop a plan to ensure regular updating of the mental health resource database and referral processes.
- Create a back-to-campus process/procedure for those students experiencing mental health challenges and who are living in residence.

### Longer Term Recommendations:

- Adopt data collection standards across services to support a coordinated program of tracking of individual students within the system.
- Allow more options for accommodated exams. Provide ample space, increased service hours and flexible writing times.

## Crisis Management Procedures

For the purposes of this document, a “crisis” is defined as any situation that implies a potential imminent threat to the personal health and safety of an individual or group of individuals. A crisis often involves a high level of emotion and requires an urgent response. The severity of a crisis can be and is variable. Those individuals who are involved may require immediate assistance, whereas in other instances it may be acceptable to access help within a reasonable specified time period. Assessment of individual situations will require time and expertise.

### Identification and Referral

- The campus community at large should be empowered to facilitate assistance for crisis management. It should be our collective responsibility to help members of our community during times of crisis.
- Security and Student Counselling Services are best positioned to be the on-campus, crisis referral, “go to” points. During regular business hours Security will likely engage support of Student Counselling Services and emergency services as needed. After hours they will likely engage the support of the Distress Centre and emergency services as needed. (Many campus crisis situations emanate from Residence Services and their trained employees currently work well with resources on and off campus.)
- Those reaching out to support someone in crisis should ensure that their safety is protected.
- The goal should be to get the person safely to a place where they may be assisted by professionals and linked with resources.
- Identification of a crisis situation could occur by:
  - An individual’s self-recognition of their need for help
  - Observation by a member of the campus community (faculty, staff, peers, practitioners, etc.)
  - Notification by a family member or friend
- It should be well known that Campus Security and Student Counselling Services are available to support students who are in crisis. These groups should be well connected to allow them to work together to support students who may be in crisis.

### Campus Based Resources for Crisis Management:

A) **Faculty and front-line staff** may become aware of crisis situations in their respective roles and would be able to access resources and/or provide referrals. Use of the “red folder” (such as that developed by McMaster University) may be an effective way to disseminate information about crisis response.

**B) Campus Security** – Members of this team are often the first responders to a crisis situation and have skills in de-escalating situations. They assess the situation and may refer to Student Counselling Services and Health Services on campus, and to off-campus community resources, including the Distress Centre, Calgary Police Services, and Emergency Medical Services. Campus Security is also the entry point in which the **Concerning Behaviours on Campus Team (CBCT)** would become involved. The CBCT is the primary intake and assessment of potential crisis that makes appropriate referrals.

**C) Student Counselling Services** – This team is staffed by a team of licensed mental health professionals who are able to provide acute crisis management responses and follow-up treatment. This team should be well connected with other practitioners on campus, including Campus Security, Health Services, Accessibility Services and the Students' Association, and to off-campus community resources, including emergency care services and specialized treatment services.

**D) Health Services** – This team is staffed by a team of licensed physicians and nurses who provide acute crisis management response. The team also includes onsite psychiatrists who may be able to further support urgent referrals to emergency medical facilities. This team should be well connected to Student Counselling Services, Campus Security as well as off-campus medical services. Hospital admitting privileges would be an asset.

**E) Residence Services** – This team may be the first responders for crisis situations that occur in residence. The team includes Residence Life Coordinators and student staff Residence Advisors who provide 24-hour coverage for crisis and emergency situations. They are further supported by the management team of Residence Services and are well linked to Campus Security and Student Counselling Services.

**F) Other student services** may also be involved with crisis response including (but not limited to): Accessibility Services, SAMRU (e.g., Peer Support Centre, Pride Centre, Cultural Mosaic Society, and Student Outreach & Safe Walk).

## Off Campus Resources

- There are many mental health and emergency services available in the Calgary region. During a time of crisis, services that may be of most benefit include:
  - Calgary Police Service (to attend to serious situations and to transport unstable individuals to other resources).
  - Distress Centre (staffed by trained volunteers who are able to conduct risk assessments, provide resources, and access emergency resources if needed).
  - Emergency Room crisis assessment teams for the assessment and triage of extreme mental health crises.
  - Inter-disciplinary referrals to other health care providers on an urgent basis.
  - Resources specific to the individual (including family and close friends, family physician and mental health professionals).

## Follow-Up

- In most cases, follow-up support for the individual who experienced a crisis would be needed, and likely the majority of this follow-up would become the responsibility of Student Counselling and/or Health Services.
- Follow-up with the individual should consider safety, health and functioning, connection to appropriate and adequate resources, and support to resume responsibilities of one's academic and personal life. Follow-up may also include supporting individuals with academic policies and procedures (e.g., withdrawals, requests for I-grades, etc).
- Follow-up with the referral source and others who were centrally involved in the crisis situation is also recommended. Follow-up with these individuals may include individual or group debriefings, individualized intervention and/or referral to off-campus resources.
- Periodic reviews of case management would be useful, especially when a crisis situation involved several department areas, units or individuals. A "situational autopsy" would consider the effectiveness of the response and methods for systemic improvements.

#### **Short Term Recommendations:**

- Support the development of a campus-wide initiative to enable any campus community member to respond to the crisis needs of someone in our community, e.g., Red folder concept, CBCT, security, 911.
- Communicate Distress Centre information for everyone to be aware of and anyone to access anytime, especially after hours.
- Establish a process to support and respond to someone experiencing a mental health crisis through appropriate "information sharing" by attempting to obtain signed/informed consent, i.e., more effective communication and integration of information across campus-based resources would be of benefit in managing crisis situations to allow better use of resources, increase interdisciplinary and quality of care, and avoid duplication of care.
- Develop a blueprint/map to deal with individual crisis situations with clear protocols outlining how more complex situations should be approached where a level of coordinated response is warranted including return to campus and residence plan.

#### **Medium Term Recommendations:**

- Develop education towards earlier detection of at-risk individuals, as pre-emptive intervention is likely to be more effective and less taxing of resources.
- Establish risk mitigation protocols to balance student needs and university needs in cases where there is risk of harm to self or others, or where behaviours significantly impact other's ability to learn or teach.
- Explore opportunities to increase the efficiency of existing resources, adding additional resources as budgets allow, and engaging off-campus resources to response to increasing demand.



## Section Five: Conclusions and Recommendations

Since the spring of 2012, the Presidential Task Force of faculty, staff, and students has been formally working to understand the overall landscape of mental health on Mount Royal's campus. This has involved much consultation with internal community members to understand MRU's strengths, gaps, and opportunities. In addition, the Task Force continually explored best practices, and participated in the national webinars held throughout the year. The development of the report and recommendations was done within the framework of the systemic approach outlined in the national handbook developed by CACUSS and CMHA.

Several recommendations evolved (Appendix G) and were categorized into five major priority themes (Appendix I) to be addressed in the short term, one to three years. These themes include:

- 1) Assess for impact
- 2) Build capacity
- 3) Use Data
- 4) Market and Communicate
- 5) Increase Awareness, Educate and Train

A sixth area of priority was identified and labeled as "Supporting". Within this area, several recommendations were captured to bring attention to important initiatives underway at MRU that impact student success and well-being, although not solely focused on student mental health.

It is important to note that throughout this process, we heard repeatedly from many sources a loud and clear call for emphasis and exploration to support employee mental health. Ultimately, whoever is engaged and feel supported will have more ability to foster, impact, and support their peers and students' mental health.

A final note must be made. The end result of this process is a report and prioritized recommendations—the **product**. Less tangible yet probably more impactful is the **process** by which the report was developed over the past eighteen months. Community members were engaged in meaningful ways, through community consultations, action groups, webinars, a focus group, presentations, training, surveys, and the task force itself. Mount Royal University community members have an increased awareness and ownership to support student mental health and this intentional strategy has been woven throughout the development of this report.

We recognize that it is a challenging time for post-secondary education in Alberta and resources are scarce. However, these challenges mean a further need to support our community's wellbeing. We hope this document will bring action and positively impact the Mount Royal University community over the next several years.



## Glossary

**Campus community:** Includes everyone who participates in living, learning, working and playing on campus.

**Employees:** Refers to all individuals working on campus including faculty, staff, and administrators.

**Faculty:** This term is used to distinguish people who are in classroom/teaching environments with the purpose to provide learning opportunities for students. The term refers to encompasses: full time faculty, part time faculty, laboratory instructors, lecturers, and instructional staff.

**Mental health:** Encompasses the whole continuum of mental wellbeing including mental illness.

**MyMRU:** Mount Royal's online registration system and one-stop information site for students.

**Red Folder:** A resource distributed to help faculty and staff identify and respond to students in distress.

**Universal Instructional Design:** Universal Instructional Design evolved from universal design in the physical world and involves considering the potential needs of all learners when designing and delivering instruction. Universal Instructional Design identifies and eliminates unnecessary barriers to teaching and learning while maintaining academic rigor.

### Acronyms:

ADC – Academic Development Centre

CACUSS – Canadian Association of College and University Student Services

CBCT – Concerning Behaviour Campus Team

CMHA – Canadian Mental Health Association

CMHC – Community Mental Health Centre

CoP – Community of Practice

EQ – Emotional Quotient

MHFA – Mental Health First Aid

MRFA – Mount Royal Faculty Association

MRU – Mount Royal University

PTFSMH – Presidential Task Force on Student Mental Health

SAMRU – Students' Association of Mount Royal University





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## Appendix A – E-vite and Consultation Process Fall 2011



**Friday, October 14th - 12 to 2 pm OR Wednesday, October 19, 2011 4 to 6 pm**

***You are invited to participate*** in an initial dialogue aimed at the development of a Mount Royal University Student Mental Health Strategy. Your participation in subsequent dialogue and conversation will be welcome but not expected.

***Why is the initiative important now?*** “There has been increasing attention in recent years to post-secondary student mental health, with reports of more students experiencing mental health problems and mental illness, more students coming forward to seek help, and an increasing complexity of the issues with which students are presenting.” (MacKean, 2011, p. 10). A number of factors have been identified:

- ❑ more young people with pre-existing mental health problems are choosing to pursue post-secondary education;
- ❑ 15-25 is a natural age of onset of mental disorders, an age where many young people are attending college/university;
- ❑ a developmental vulnerability to social pressures, including substance abuse;
- ❑ life stressors (e.g., moving away from home; transitioning from high school to college/university); and
- ❑ the university environment itself, which is often described as a competitive and stressful.

(MacKean, 2011, p. 10)

Campus communities are becoming increasingly aware of the need to support students to live well and help them find ways to manage stress, address anxiety and depression, cope with chronic mental health issues, and prevent suicide and violence. There is a growing recognition that strategies that would accomplish this need to include the entire community.

***MRU needs you.*** MRU Health and Safety Policy identifies everyone (students, staff, and faculty) as stakeholders to share the responsibility for creating a healthy and safe environment. As a part of the *Personal Health Strategy*, the *Student Mental Health Strategy* will contribute to a healthy, supportive, and safe environment.

***Wondering if you have the expertise?*** No special knowledge about mental health is required or expected. The only requirement is you care about students.

***When can I participate?*** Please choose one of two meeting times, **Friday, October 14th - 12 to 2 pm OR Wednesday, October 19, 2011 4 to 6 pm**, and RSVP to [Tracy Garrick](#).

MacKean, G. (2011) *Mental health and wellbeing in post secondary education settings: A literature and environmental scan to support planning and action in Canada*. Prepared for the June 2011 CACUSS pre-conference workshop on mental health, Toronto, ON.

During the two-hour sessions, a short presentation was shared with participants identifying MRU NCHA Spring 2010 data on student mental health. Participants discussed where a mental health strategy would fit within the structure of MRU. The sharing of the Jack Project video highlighted the importance of why post secondary institution community members need to be more aware of student mental health. Most of the time during the community consultations was dedicated to hear and gather information from participants. This was done through small group table discussions with a facilitator/note taker.



Participants answered these broad questions:

- 1. What motivated you to participate in this dialogue on student mental health at MRU? What brought you here today?**

Based on this dialogue participants were asked at their tables....

- 2. What common topics, words, terms, subjects, and issues are you hearing to describe people's motivation/experiences that relate to student mental health at MRU?**

Then, individuals from the various tables were asked to share with the larger group....

3. What themes are emerging from these topics, words, issues, subjects or dialogue?

From the shared themes, flip charts were made and people were then invited to move from their tables to a theme they would like to examine further. The facilitators at the flip charts were asked to facilitate discussion around this question:

4. What is already happening and/or what isn't happening on campus to support student mental health in regards to this theme?—strengths to build upon, gaps, challenges, areas for growth and attention.

At the end of the both sessions, participants were invited to identify if and how they would like to continue their engagement in this dialogue. Using a human size “community of practice” circle of engagement diagram, we described the difference between the circles and invited individuals to sign their names in the circle which most closely indicated their interest/ability to continue engagement.



All of the information generated from the community engagement sessions was brought together in a word document. Feeding this information into a “wordle” helped us to visualize the information. This wordle has served as a “logo” for the work we are doing at MRU for student mental health.





December 2011, we invited people who wanted to be engaged in the dialogue on a regular basis to come together to help define the themes that had emerged from the community consultation. Twenty-one people participated with an additional ten individuals stating the date/time didn't work for them but they wanted to be a part of the continued dialogue.



The themes identified were:

1. Peer to Peer driven—students engaged in the development of the strategy
2. Knowledge, awareness and training
3. Reducing Stigma
4. Resources—what exists, gaps, etc.
5. Sense of community/space—supportive environments
6. Research
7. Policies—reviewed through the lens of impacting/supporting student mental health

We did a visioning exercise in small groups for each of these themes identifying what would it “look like, feel, or be” if MRU accomplished an ideal environment/culture to address these themes. In addition, the following questions were asked “How would we get there?” and “What strategies are required to move us to this ideal situation?”

A plan was made to begin to work on some of these themes. Four Action groups were developed to begin work on Knowledge, Reducing Stigma, Resources, and Research. To ensure we remained student-driven, we invited more students to engage in the overall work of the strategy and to assume leadership positions within the Action Groups. (The other identified themes are being addressed by the Mental Health Task Force and the Plan for Student Services at MRU.)

In 2012 and early 2013, these Action Groups have been engaging more community members, meeting regularly and providing insight, problem solving and recommendations to our activities and initiatives for student mental health. Membership for these groups ebb and flow with scheduling challenges, new people joining groups, and some leaving. There are fifty people on the participant list for the four active theme groups. A co-lead for each of the Action Groups is a member of the President's Task Force on Student Mental Health and brings the work of the group members to the task force. As well, co-leads take direction and recommendations from the task force back to the Action Groups. Much of the work done by the Action Groups is captured within and informing this document and MRU Strategy for Student Mental Health.





## Appendix B – President’s Task Force Reading List

### **Keyes 2007 Mental Health**

<http://gucchdgeorgetown.net/data/documents/June%2008%20main%20feature%20PromotProtectMHealthCoreyKeyes2007.pdf>

### **Queens’ University Strategy Discussion Paper – June 2012**

[http://webcache.googleusercontent.com/search?q=cache:pQiKABY\\_8qEJ:www.queensu.ca/cmh/index/1cmhdiscussionpaperJune2012.pdf+towards+mental+health+strategy+for+queens&hl=en&gl=ca](http://webcache.googleusercontent.com/search?q=cache:pQiKABY_8qEJ:www.queensu.ca/cmh/index/1cmhdiscussionpaperJune2012.pdf+towards+mental+health+strategy+for+queens&hl=en&gl=ca)

**Mental Health Strategy for Canada 2012** <http://www.cpa.ca/docs/file/Practice/strategy-text-en.pdf>

### **Carleton University Student Mental Health Framework**

<https://www1.carleton.ca/studentsupport/ccms/wp-content/ccms-files/Carleton-University-Student-Mental-Health-Framework.pdf>

### **SFU – Community Approach to Health and Wellbeing**

[https://docs.google.com/viewer?a=v&q=cache:LBf5MuqivR4J:students.sfu.ca/content/dam/sfu/students/health/pdf/HealthyUniversity\\_2.2.pdf+&hl=en&gl=ca&pid=bl&srcid=ADGEEShzfG0m-oZ9chWSvaN93IkRZtAqQq2yiXkMRM2zExJr\\_1N3OFBjzyPZvTAJbVt7cAcEfkvqLZq8x8MRgNbjot2JQ-jyP\\_bw2YXecs9c2pJAlu-bGHn0ZSnjYDtVvGPwJ9uj4F96&sig=AHIEtbQPQydPhT3-ruupon59STP13araIQ](https://docs.google.com/viewer?a=v&q=cache:LBf5MuqivR4J:students.sfu.ca/content/dam/sfu/students/health/pdf/HealthyUniversity_2.2.pdf+&hl=en&gl=ca&pid=bl&srcid=ADGEEShzfG0m-oZ9chWSvaN93IkRZtAqQq2yiXkMRM2zExJr_1N3OFBjzyPZvTAJbVt7cAcEfkvqLZq8x8MRgNbjot2JQ-jyP_bw2YXecs9c2pJAlu-bGHn0ZSnjYDtVvGPwJ9uj4F96&sig=AHIEtbQPQydPhT3-ruupon59STP13araIQ)

**Jed Foundation Planning** [https://www.jedfoundation.org/CampusMHAP\\_Web\\_final.pdf](https://www.jedfoundation.org/CampusMHAP_Web_final.pdf)

### **Cornell Handbook Students in Distress**

<http://www.aep.cornell.edu/research/upload/facultyreponse.pdf>

### **Ontario Policy Paper College Student Alliance Mental Health in PSE**

<http://www.aep.cornell.edu/research/upload/facultyreponse.pdf>

### **Post Secondary Final Report – June 6**

[https://www.cacuss.ca/content/documents/Link/CACUSS/Post%20Sec%20Final%20Report\\_June6.pdf](https://www.cacuss.ca/content/documents/Link/CACUSS/Post%20Sec%20Final%20Report_June6.pdf)

### **Creating-Connections 2011-Strategy – Alberta Health Services**

<http://www.health.alberta.ca/documents/Creating-Connections-2011-Strategy.pdf>

**Healthy Universities Making the Case** <http://www.healthyuniversities.ac.uk/getting-started.php?s=203&subs=51>

**Educational interventions in secondary education aiming to affect pupils’ attitudes towards mental illness** <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2850.2010.01644.x/pdf>

**UBC Student Mental Health Plan Brochure – V6** <http://vpstudents.ubc.ca/files/2012/05/Student-Mental-Health-Plan-Brochure.pdf>



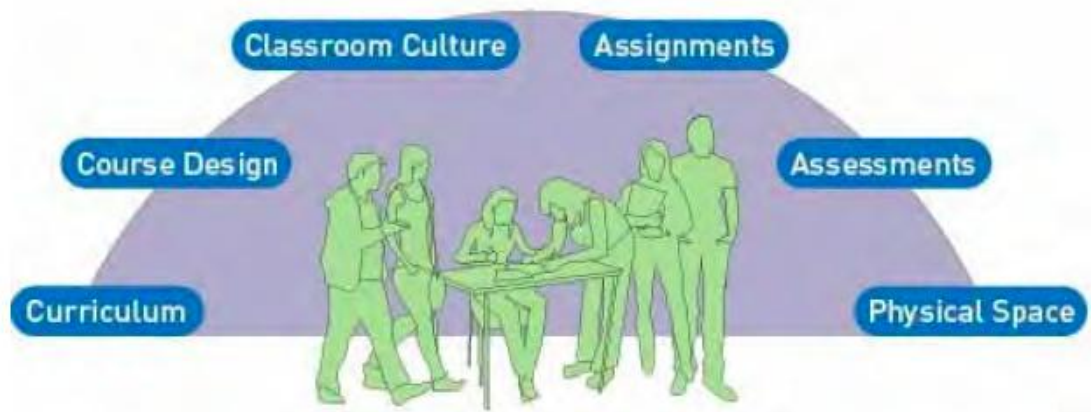
## Appendix C – Framework

Focus	Key Components	Assessment				Recommendations
		Strengths	In Development	Gaps	Outcomes/ Evaluation	
Community level:	1) Mental health awareness / anti-stigma/ discrimination programs for all students, faculty, and staff					
<i>All Students</i>	2) Supportive, inclusive environment that facilitates connection and meaningful engagement in the classroom (curriculum, pedagogy) and outside the classroom					
	3) Institutional and programmatic plans, policies, procedures and practices that promote student mental health and wellbeing					
Individual Level	4) Programs that identify students who are struggling emotionally					
<i>Students Needing Support</i>	5) Programs that develop and strengthen skills to optimize wellbeing and enhance vulnerable students' ability to succeed					
	6) Mental Health Services: Assessment and Treatment					
<i>Students needing Mental Health Services</i>	7) Crisis Management Procedures					

## Appendix D – Classroom Well-being Project



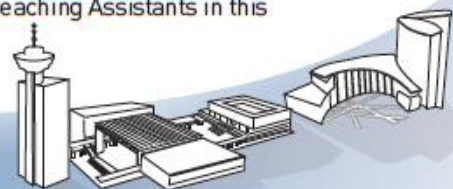
# Classroom Well-being Project



Partnering with the SFU Teaching and Learning Centre (TLC), fostering well-being in the classroom is an important focus in creating a healthy campus community. Facilitated by the Health Promotion team and featuring a panel of SFU instructors, a session was included at the 2012 TLC Symposium : Leading change @ SFU. This session offered perspectives on the classroom as an important setting to foster well-being. The Teaching and Learning Centre has partnered with SFU Health Promotion to further this initiative through various channels.

- A session entitled "Creating Community in the Classroom" was offered in partnership with International Services for Students at the Fall Teaching Assistant Training Day.
- A Health Promotion Specialist was a panelist for New Graduate Supervisor Orientation.
- A resource on Classroom Wellbeing was developed and included in new faculty orientation binders along with a Healthy Campus Community resource. (See Resources section).
- A website with instructor resources, including teaching practices which contribute to well-being, is currently in development.
- Model instructors are being interviewed with profiles developed to feature tangible, SFU specific examples to be added to the website (see resources section for some specific examples).
- A "Think Tank" is planned for Spring 2013 which will help facilitate instructor-to-instructor sharing about teaching practices that enhance well-being.
- Future plans also include working with the TSSU to engage Teaching Assistants in this initiative.

## A Healthy Campus Community





# **Mount Royal Data Report**

**Expressed through use of Services Data,  
NCHA, NSSE ad CUSC surveys**

## **Resource Theme Group**

**Presidential Task Force on Student Mental Health**

**Francesca Simon**

**Wellness Services Administrator**

**June 18<sup>th</sup>, 2012**

*(NCHA data updated June 2013)*

## Student Mental Health at Mount Royal University

There are numerous methods that post-secondary institutions can use to assess campus specific issues around student mental health. An examination of existing data such as the National College Health Assessment (NCHA) data and other department specific demographic/visit type data are good starting points to quantify and understand the health of the Mount Royal's student body. The data from Health Services, Student Counselling Services and Accessibility Services is presented in this report to provide a snapshot of the student mental experience as viewed through the services that they have accessed in the 2010-2011 academic year.

To further understand the student mental health experience at Mount Royal, we draw on two other pieces of institutional information. The NSSE (2011) and the CUSC (2011) surveys offer another perspective on the campus climate. The contextual issues add greater information to round out the overall understanding of student holistic health. Both surveys provide data on risk and protective factors even though they are not health surveys per se.

Mount Royal participates regularly in the National Survey of Student Engagement (NSSE) which asks students about their involvement in co-curricular activities and how much emphasis their schools place on helping them cope with non-academic life. In the NSSE survey, student engagement is viewed through five benchmarks of *Effective Educational Practices*. For the purpose this report, survey questions related to two of five benchmarks are described. *Supportive Campus Environment (SCE)* and the *Enriching Educational Experiences (EEE)* benchmarks provide context relative to Mount Royal University's student mental health landscape.

Another post-secondary survey that Mount Royal participates regularly in the Canadian University Survey Consortium (CUSC) survey which tracks differences and trends in Mount Royal University responses over time and shows how our students assess services through use and satisfaction. The analysis further compares Mount Royal to the assessment provided by undergraduates attending other Canadian universities; in particular the perceptions of students attending institutions in the same classification as Mount Royal University.



## National College Health Assessment

The National College Health Assessment (NCHA) Survey collects data on student's habits, behaviours and perceptions on the most relevant health topics. The NCHA survey was done in 2006, 2008, 2010 and most recently in 2013. The survey randomly selected 5000 Mount Royal students for the delivery of the web-based survey. The student response rate was 27.6% (Spring 2013). The results are statistically reliable and valid and are compared to the Canadian Reference Group of 34,039 students from 32 post-secondary institutions across Canada. The results of the survey allow us to generalize a Mount Royal student's health experience and health needs.

**Figure 1 Health Factors Affecting Student Academic Performance**

<b>Within the last 12 months, students reported the following factors affecting their individual academic performance*</b>		
	<b>MRU 2013</b>	<b>Canadian Ref. Group 2013</b>
<b>Stress</b>	37.9%	38.6%
<b>Sleep Difficulties</b>	30.4%	27.1%
<b>Anxiety</b>	27.9%	28.4%
<b>Depression</b>	15.2%	17.3%
<b>Alcohol Use</b>	5.6%	4.9%
<b>ADHD</b>	5.2%	4.2%
<b>Learning Disabilities</b>	4.9%	3.5%
<b>Drug Use</b>	1.2%	1.8%

\* As defined as: received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research or practicum.

The NCHA survey also describes Mount Royal student's experience with other mental health factors. In the 2013 data, students reported experiencing the following within the last 12 months, as reported as a percentage of total respondents.

<b>Felt things were hopeless</b>	<b>MRU</b>	<b>Can Ref</b>
No, never	23.9	27.7
No, not last 12 months	23.5	18.5
Yes, last 2 weeks	16.1	20.5
Yes, last 30 days	10.3	10.1
Yes, in last 12 months	26.2	23.2
Anytime within the last 12 months	52.6	53.8

<b>Felt very lonely</b>	<b>MRU</b>	<b>Can Ref</b>
No, never	15.0	17.7
No, not last 12 months	20.5	18.4
Yes, last 2 weeks	25.9	26.5
Yes, last 30 days	14.1	14.1
Yes, in last 12 months	24.5	23.3
Anytime within the last 12 months	64.5	63.9

<b>Felt overwhelmed by all you had do to</b>	<b>MRU</b>	<b>Can Ref</b>
No, never	4.6	6.5
No, not last 12 months	4.1	4.2
Yes, last 2 weeks	50.5	52.1
Yes, last 30 days	16.6	17.2
Yes, in last 12 months	24.1	20.0
Anytime within the last 12 months	91.3	89.3

<b>Attempted suicide</b>	<b>MRU</b>	<b>Can Ref</b>
No, never	88.8	91.5
No, not last 12 months	9.7	7.2
Yes, last 2 weeks	0.1	0.2
Yes, last 30 days	0.1	0.2
Yes, in last 12 months	1.3	0.9
Anytime within the last 12 months	1.5	1.3

<b>Felt very sad</b>	<b>MRU</b>	<b>Can Ref</b>
No, never	14.0	15.5
No, not last 12 months	15.8	15.9
Yes, last 2 weeks	26.4	27.7
Yes, last 30 days	17.2	15.0
Yes, in last 12 months	26.7	25.8
Anytime within the last 12 months	70.2	68.5

<b>Felt overwhelming anxiety</b>	<b>MRU</b>	<b>Can Ref</b>
No, never	25.4	29.5
No, not last 12 months	14.6	14.1
Yes, last 2 weeks	23.2	22.9
Yes, last 30 days	12.6	12.3
Yes, in last 12 months	24.3	21.2
Anytime within the last 12 months	60.1	56.5

## Mount Royal Services Data

### Health Services

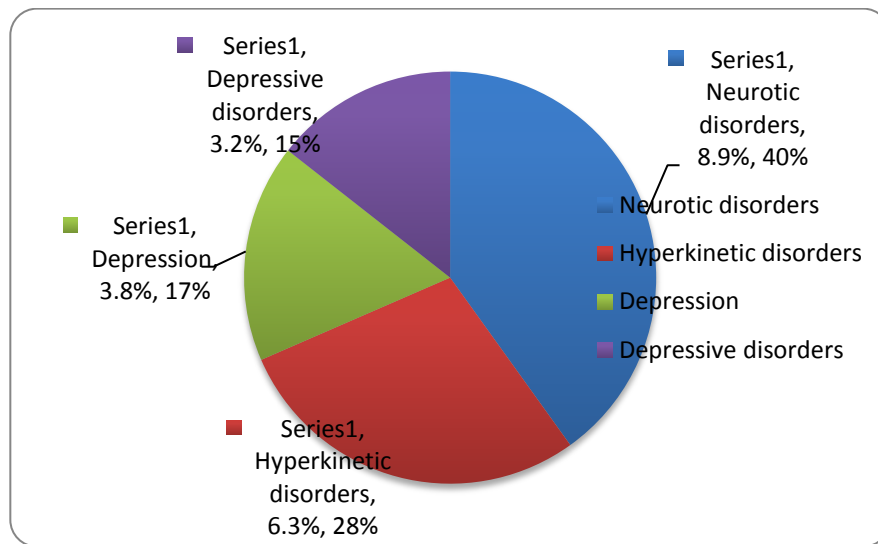
A rich source of data which was presented in the 2010-2011 Quality Assurance Review in Health Services provided valuable information regarding the type of patient seen by the physicians and primary reason for their visit to the clinic. The visit type and the percent of total visits for MRU student, staff and faculty is provided below.

**Figure 2 Types of Patient Visits in Health Services (2010-2011)**

Type of Patient Visit	Percent of Total Visits by Population			
	Student	Staff	Faculty	Overall
<b>Sexual Health</b>	23.6%	5.7%	2.7%	14.9%
<b>Mental Health</b>	22.2%	16.7%	15.3%	20.3%
<b>Soft Tissue Issues</b>	19.2%	20.2%	17.3%	17.2%
<b>Colds, Flu &amp; Coughs</b>	10.8%	10.5%	8.2%	11.3%
<b>Cardio/Respiratory</b>	2.9%	12%	12.4%	9.7%
<b>Gastro Intestinal Issues</b>	5%	7.6%	6.9%	6.5%

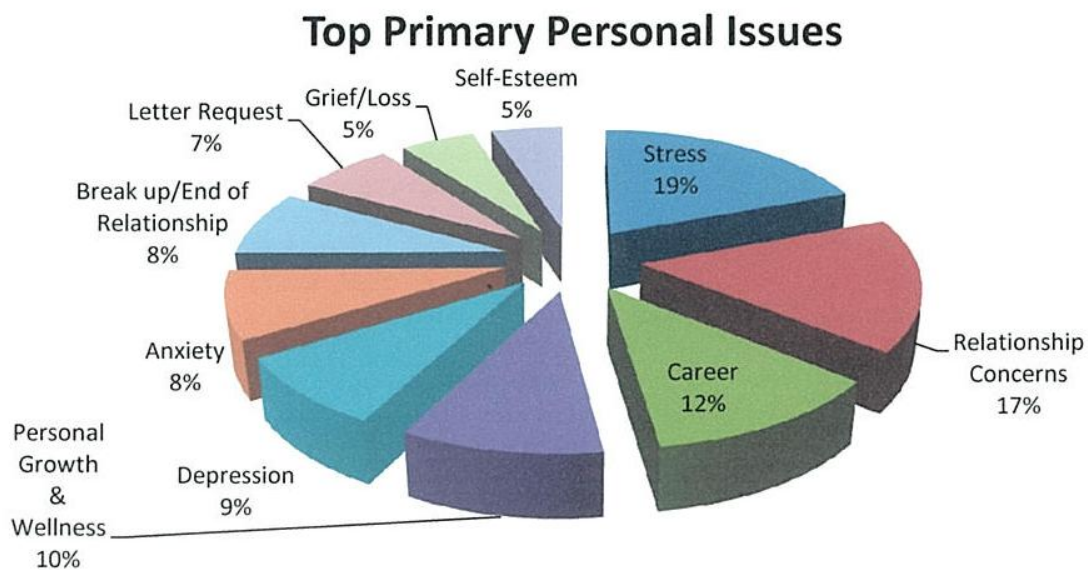
Mental health visits account for 22.2% of total student appointments in the clinic. Neurotic disorders such as anxiety disorders and hyperkinetic disorders such as ADHD make up 8.9% and 6.3% respectively. General depression and other depressive disorders such as reactive depression or adjustment reactions make up 3.8% and 3.2% respectively.

**Figure 3 – Mental Health Diagnosis in Health Services**



## Student Counselling Services

Between July 1<sup>st</sup>, 2010 and June 30<sup>th</sup> 2011, the top three reasons for student visits to Student Counselling Services included stress (19%), relationship concerns (17%) and Career (12%). Captured within this list are also counselling visits for depression (9%) and anxiety (8%).



**Figure 4 - Categories of Individual Counselling Appointments**

When grouped more generally, 70% of individual counselling appointments were booked primarily for personal issues, 21% for educational issues, 7% for career issues and 2% for crisis issues.



## Accessibility Services

Students receiving services through Accessibility Services at MRU are categorized into 9 categories.

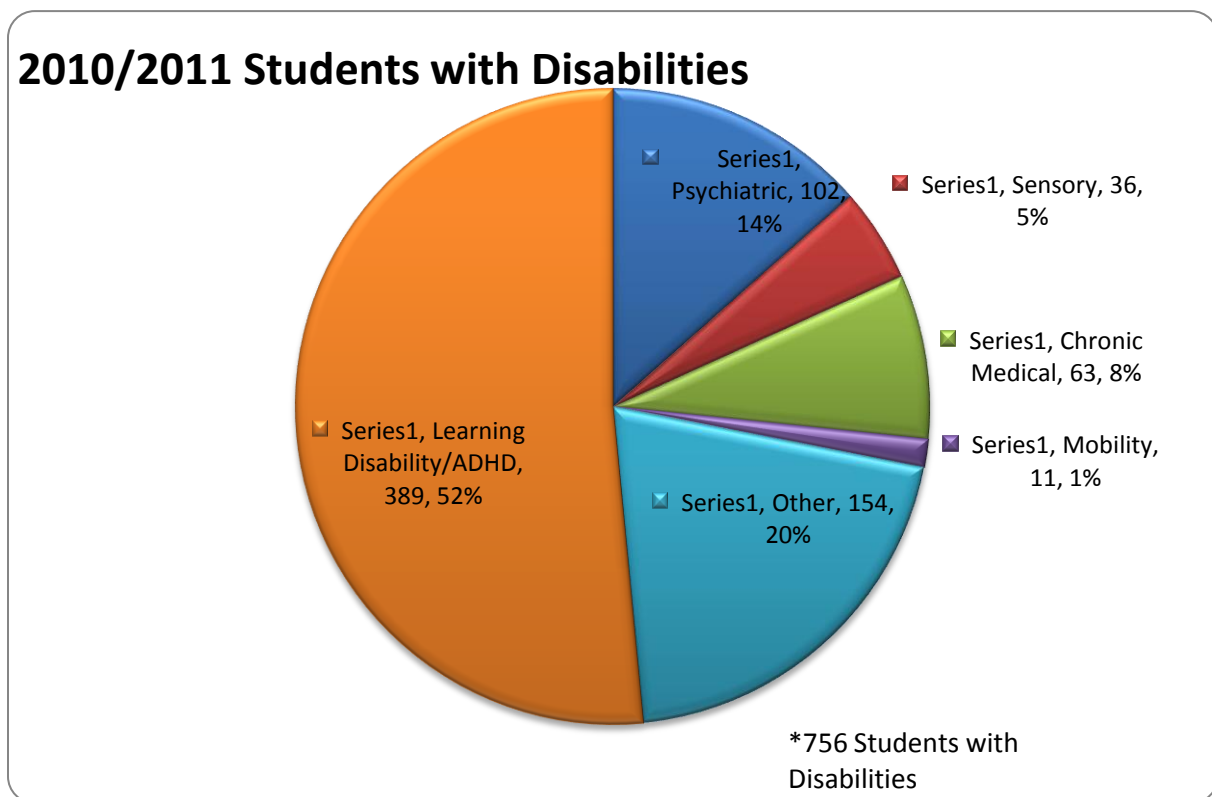
- Adjustment Disorders
- Anxiety Disorders (includes panic disorders, Obsessive Compulsive Disorder, Post-traumatic stress disorder and phobias)
- Eating Disorders (includes Anorexia Nervosa and Bulimia)
- Mood Disorders (includes depressive with bi-polar)
- Personality Disorders
- Pervasive Developmental Disorders (includes Asperger's and Autism Disorder)
- Schizophrenia and other Psychotic Disorder

## The Picture at Mount Royal

In total, 151 students with identified psychiatric conditions received service from Accessibility Services at MRU during the 2010 – 2011 academic year.

**Figure 5 - Number of Students with Primary Disabilities**

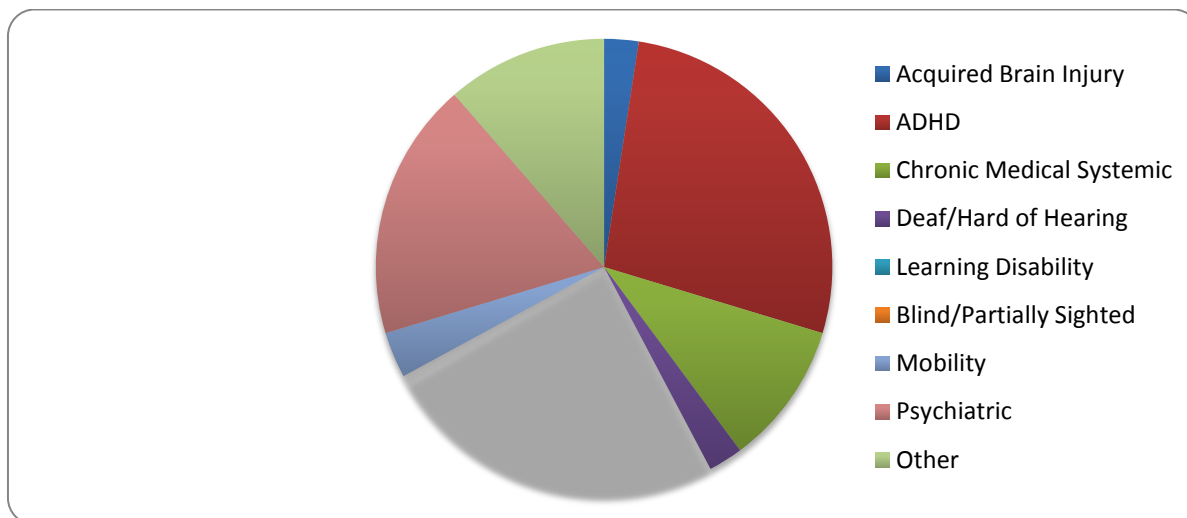
The following chart illustrates the distribution of students (registered with Accessibility Services) by category of primary disability:



Note: 106 students were registered in the Psychiatric Disability (Primary Disability) category.

**Figure 6- Number of Students with Secondary Disabilities 2010-11**

Each pie slice represents the number of students confirmed to have each disability as a secondary disability.

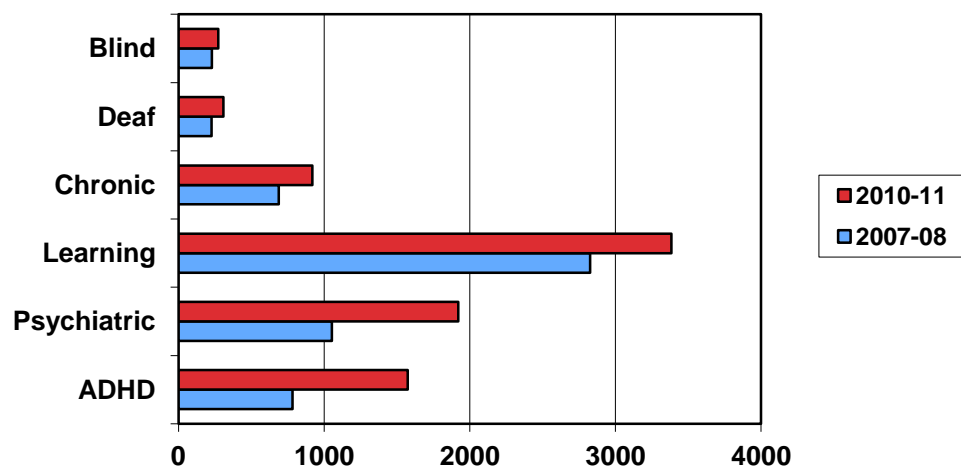


Note: In addition, 45 students were categorized as having a psychiatric condition as a secondary disability.

### **Trending in Accessibility Services between 2007-08 and 2010-11**

There were an increased number of students in every category of disability from 2007-2008 to 2010-2011. While students with learning disabilities continue to be the most prominent category of disability served, the percentage increase from 2007-2008 was one of the lowest at 19.7%. Only Deaf and Hard of Hearing and Mobility/Functional categories had a lower percentage increase – 19.3% and 16.4% respectively.

Figure 7 - Number of Students According to Primary Disability in Alberta



## National Survey of Student Engagement NSSE 2011

The 2011 NSSE compares Mount Royal University (MRU) results to groupings of other participating post-secondary peer institutions; MRU comparisons are made with three groupings;

- Canada (67 Canadian universities)
- Canadian High Satisfaction (11 selected universities – MRU)
- All NSSE participants - 2011 (740 universities)

The Office of Institutional Analysis and Planning (OIAP)'s *Top Line* report provides comparative data and primary analyses for First-year (FY) and Senior (SR) student respondents' data presented in means and frequency format.

Student engagement is viewed through five benchmarks of *Effective Educational Practices*;

1. Level of Academic Challenge (LAC)
2. Active and Collaborative Learning (ACL)
3. Student-Faculty Interactions (SFI)
4. Enriching Educational Experiences (EEE)
5. Supportive campus Environment (SCE)

The Supportive Campus Environment (SCE) and the Enriching Educational Experiences (EEE) benchmarks provide some relevance to Mount Royal University's student mental health landscape.



## Benchmark: Supportive Campus Environment (SCE)

*“Students perform better and are more satisfied at colleges (universities) that are committed to their success and cultivate positive working and social relations among different groups on campus” (NSSE 2011)*

MRU students were asked: “Select the response that best represents the quality of your relationships with people at your institution.

### ➤ *Quality of Relationships with other Students?*

Scale: 1 (unfriendly, unsupportive, sense of alienation) to 7 (friendly, supportive, sense of belonging)

	MRU	Canada	CA High Satisfaction	NSSE 2011
1 <sup>st</sup> Yr Student	5.47	5.35 (.09)	5.52 (-.04)	5.48 (.01)
Senior Student	5.67	5.39 (.20)	5.67 (.00)	5.60 (.05)

### ➤ *Quality of Relationships with Faculty Members?*

Scale: 1 (unavailable, inconsiderate, unsympathetic) to 7 (available, helpful, sympathetic)

	MRU	Canada	CA High Satisfaction	NSSE 2011
1 <sup>st</sup> Yr Student	5.42	4.99 (.32)	5.17 (.19)	5.23 (.14)
Senior Student	5.63	5.11 (.38)	5.42 (.17)	5.41 (.17)

### ➤ *Quality of Relationships with Administrative Personnel & Offices?*

Scale: 1 (unhelpful, inconsiderate, rigid) to 7 (helpful, considerate, flexible)

	MRU	Canada	CA High Satisfaction	NSSE 2011
1 <sup>st</sup> Yr Student	4.65	4.68 (-.02)	4.81 (-.11)	4.81 (-.11)
Senior Student	4.62	4.41 (.12)	4.61 (.00)	4.62 (.00)

MRU students were asked “to what extent does your institution emphasize each of the following?”

➤ ***Providing the support you need to help you succeed academically?***

Scale: 1 – (very little), 2 – (some), 3 – (quite a bit), 4 – (very much)

	MRU	Canada	CA High Satisfaction	NSSE 2011
1 <sup>st</sup> Yr Student	3.11	2.91 (.25)	3.07 (.05)	3.08 (.04)
Senior Student	3.08	2.68 (.12)	2.91 (.22)	2.91 (.20)

➤ ***Helping you cope with non-academic responsibilities (work, family, etc)?***

Scale: 1 – (very little), 2 – (some), 3 – (quite a bit), 4 – (very much)

	MRU	Canada	CA High Satisfaction	NSSE 2011
1 <sup>st</sup> Yr Student	2.18	2.04 (.16)	2.14 (.05)	2.24 (-.06)
Senior Student	2.03	1.83 (.23)	1.91 (.13)	2.91 (.04)

➤ **Providing the support you need to thrive socially?**

Scale: 1 – (very little), 2 – (some), 3 – (quite a bit), 4 – (very much)

	MRU	Canada	CA High Satisfaction	NSSE 2011
1 <sup>st</sup> Yr Student	2.31	2.27 (.04)	2.43 (-.13)	2.49 (-.19)
Senior Student	2.16	2.05 (.13)	2.22 (-.06)	2.24 (.08)

### Benchmark: Enriching Educational Experiences (EEE)

***“Complementary learning opportunities inside and outside the classroom augment the academic program. Experiencing diversity teaches students valuable things about themselves and other cultures. Used appropriately, technology facilitates learning and promotes collaboration between peers and instructors. Internships, community service, and senior capstone courses provide students with opportunities to synthesize, integrate, and apply their knowledge. Such experiences make learning more meaningful and, ultimately, more useful because what students know becomes a part of who they are” (NSSE 2011)***

Survey Question Re: Time Usage: Students participating in co-curricular activities (organizations, campus publications, student government, fraternity/sorority, inter-collegiate or intramural sports)

Scale: 1 – (0 hrs/wk), 2 – (1-5 hrs/wk), 3 – (6-10 hrs/wk) 4 – (11-15 hrs/wk), 5 – (16-20 hrs/wk), 6 – (21-25 hrs/wk), 7 – (26-30 hrs/wk)

	MRU	Canada	CA High Satisfaction	NSSE 2011
1 <sup>st</sup> Yr Student	1.59	1.83 (-.20)	1.94 (-.29)	2.16 (-.39)
Senior tudent	1.67	1.96 (-.21)	2.12 (-.32)	2.09 (-.28)

## Canadian University Survey Consortium (CUSC)

The Canadian University Survey Consortium CUSC survey tracks differences and trends in Mount Royal University responses over time and show how our students assess services through the use and satisfaction. Analyses also compare Mount Royal to the assessment provided by undergraduates attending other Canadian universities; in particular the perceptions of students attending institutions in the same classification as MRU (Group 1).

The following is a comparative analysis of MRU's response data from the 2008 and 2011 CUSC Survey of Undergraduate Students for campus services' general use of facilities and satisfaction with facilities and services.

### Use of Facilities/Services

	<b>All Students</b> (n=8549)	<b>Group 1</b> (n=5667)	<b>MRU 2011</b> (n=485)	<b>MRU 2008</b> (n=450)
<b>Health Services</b>	<b>27%</b>	<b>25%</b>	<b>38%</b>	<b>35%</b>
<b>Student Counselling</b>	<b>18%</b>	<b>18%</b>	<b>19%</b>	<b>17%</b>
<b>Accessibility Services</b>	<b>7%</b>	<b>7%</b>	<b>8%</b>	<b>11%</b>

### Satisfaction with Facilities and Services (% satisfied/very satisfied)

	<b>All Students</b> (n=8549)	<b>Group 1</b> (n=5667)	<b>MRU 2011</b> (n=485)	<b>MRU 2008</b> (n=450)
<b>Health Services</b>	<b>89%</b>	<b>90%</b>	<b>97%</b>	<b>92%</b>
<b>Student Counselling</b>	<b>90%</b>	<b>93%</b>	<b>93%</b>	<b>73%</b>
<b>Accessibility Services</b>	<b>92%</b>	<b>93%</b>	<b>90%</b>	<b>69%</b>



## Appendix F – President’s Task Force on Student Mental Health

### Development of the Report on Student Mental Health at Mount Royal University

*assessing the findings from our November 22, 2012 Framework Session*

#### Suggested report outline

##### A. Institutional **Structure**: Organization, Planning and Policy

*What we learned during our Framework Session:*

##### MRU strengths in this area:

- Front-line student services and health staff are highly skilled across many disciplines
- Many cross-institutional committees exist, dedicated to student mental health and services
- Multiple policies and plans related to student mental health are currently under review and in development
- Services and program reviews are conducted regularly in many areas
- Information and resources are regularly shared between MRU and provincial and national associations for the benefit of all parties
- Service areas regularly consult with other on-campus service providers
- A number of specialized programs are available to train front-line faculty, staff, students and volunteers
- Data is regularly collected from faculty, staff and students regarding mental health

##### MRU gaps in this area:

- Insufficient resources and staffing to meet student demand for services in some areas
- Insufficient mental health training for front-line staff in some areas
- Lack of understanding of the needs of faculty members (training, support)
- Lack of training opportunities for faculty members
- Data that is collected can and should be analyzed in a more focused way
- Due to volume and intensity, potential burnout of mental health services providers around campus

##### Recommendations:

- Increase infrastructure/resources to meet student demand for services
- Greater on-campus training for front-line staff
- Develop a mechanism to better understand the needs of faculty members
- Develop a plan for the collection, management, analysis and distribution of data
- Enhanced engagement with staff in areas such as Student Affairs and Campus Life (workshops, etc.)

#### Framework Session Presentations

*November 22, 2012*

##### Service and Student Areas

- Accessibility Services
- Counselling
- Health Education
- Health Services
- Office of Student Conduct
- Residence Services
- SAMRU
- Security Services

##### Action Groups

- Knowledge
- Resources
- Reducing Stigma

##### Focus Group

- Faculty

- Greater and more organized engagement of educated staff in the shared mental health workload

## **B. Supportive, Inclusive Campus Environments**

*What we learned during our Framework Session:*

### MRU strengths in this area:

- Promotion of Universal Instructional Design in classrooms and throughout MRU
- Promotion of a non-discriminatory approach to care
- Compassionate approach encourages patient self-disclosure
- Values include honouring individuality and diversity, showing compassion and tolerance
- Students' Association provides multiple student community spaces, events, activities, programs, speakers and volunteer opportunities in support of the whole student experience
- Students are represented at every level from campus committees to federal associations for the purposes of group advocacy
- Multiple activities and initiatives exist specifically aimed at reducing stigma towards mental health

### MRU gaps in this area:

- Lack of an institutional mandate to encourage faculty to adopt Universal Instructional Design
- Opportunities to educate faculty about diversity in the classroom
- No coordinated mechanism exists to review the impact institutional changes to policies will make on diverse populations
- Stigma continues to exist, making students reluctant to self-identify
- No current mechanism for measuring whether stigma-reducing initiatives are actually changing attitudes

### Recommendations:

- Further awareness and education related to Universal Instructional Design and the duty of faculty
- Further awareness about diversity in the classroom
- A coordinated mechanism to review how changes to policies will affect diverse populations
- Integrate stigma-reducing awareness and messaging into pre-existing campus events and materials
- Develop a mechanism to measure success of stigma-reducing initiatives

**Framework Session  
Presentations**  
*November 22, 2012*

#### **Service and Student Areas**

- Accessibility Services
- Counselling
- Health Education
- Health Services
- Office of Student Conduct
- Residence Services
- SAMRU
- Security Services

#### **Action Groups**

- Knowledge
- Resources
- Reducing Stigma

#### **Focus Group**

- Faculty

### C. Mental Health Awareness

*What we learned during our Framework Session:*

#### MRU strengths in this area:

- Many areas conduct classroom presentations and host guest lectures
- Some areas engage faculty in consultations to build further awareness
- Many service areas are highly visible
- A database of resources (on and off campus) under development

#### MRU gaps in this area:

- Lack of training and support for new faculty
- Website information on student mental health can be lacking
- Students are often not aware of services available to them, nor how to access them
- Faculty are often not aware of services available to students, nor how to refer students to the services
- Sometimes, student misconduct and mental health issues are confused with one another

#### Recommendations:

- Enhanced training and support for new faculty
- Website needs to be enhanced to assist faculty and staff with referral process
- Greater opportunities to share data and facilitate conversations about health on campus
- Greater promotion of mental health required across campus
- All course syllabi and blackboard system should contain information about the available services in the area of mental health support
- Develop a communication plan to reach all members of MRU community to enhance awareness of services available
- At the start of each term, Deans and Chairs to provide an awareness session to faculty regarding the services available to students
- Students need to learn about the services available through multiple channels depending on a number of factors – who they are and where they are (resident or non-resident, full or part-time, areas of campus they use to a greater extent, etc.)

#### Framework Session Presentations

*November 22, 2012*

#### Service and Student Areas

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- Resources
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#### Focus Group

- Faculty



## D. Early Identification of Student Concerns

*What we learned during our Framework Session:*

### MRU strengths in this area:

- In many areas, the internal referral system functions well
- Most students are self-referred and self-identify
- Residence Services is deeply engaged in early identification and has a comprehensive training process for Residence Advisors

### MRU gaps in this area:

- Lack of a formal early alert system
- Lack of understanding of Concerning Behaviours on Campus
- Lack of understanding of procedures around inappropriate behaviours
- Lack of recognition by faculty of the signs of emerging issues among students
- Difficult to detect issues among part-time or non-residence students
- Difficult to determine when to intervene, as there can be very subtle signs for a long time before an issue is escalated

### Recommendations:

- Increased awareness of Concerning Behaviours on Campus
- Increased awareness of procedures around inappropriate behaviours
- Increase infrastructure to support early detection practices
- Early identification system required (perhaps linked to attendance)
- Targeted training to enhance issue recognition among faculty and staff

### Framework Session Presentations

*November 22, 2012*

### Service and Student Areas

- Accessibility Services
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- Health Services
- Office of Student Conduct
- Residence Services
- SAMRU
- Security Services

### Action Groups

- Knowledge
- Resources
- Reducing Stigma

### Focus Group

- Faculty

## E. Self-Management Competencies and Coping Skills

*What we learned during our Framework Session:*

### MRU strengths in this area:

- Programs are in place to promote and support self-advocacy
- Workshops are in place focused on stress management, resiliency, career passions, loss, etc.

### MRU gaps in this area:

- Students have expressed that self-advocacy can be daunting, especially in a large, somewhat bureaucratic organization such as a university
- Due to the nature of the mental illness, students may not be able to self-identify

### Recommendations:

- Develop practices aimed at awareness and self-prevention of mental health issues across campus

## F. Accessible Mental Health Services

*What we learned during our Framework Session:*

### MRU strengths in this area:

- Assessment and referral systems are in place
- Individual and group therapy is available
- Drop-in services are available
- Conscientious efforts are made to connect on- and off-campus services for students
- Evaluation processes are in place to measure success
- “Triage” process is under development
- Many services are available free of charge
- Full time students have access to group health and dental plan
- Students have access to some basic needs services such as the on-campus food bank and emergency student loans
- Students have access to other support related to academic appeals, code of conduct violations and grievances
- Peer to peer programs exist, making it easier and more comfortable for students to come forward

### MRU gaps in this area:

- Certain programs do not yet exist, ie. dedicated programs in the areas of drugs, alcoholism and gaming
- Wait times can be lengthy
- Hospital admissions can be difficult to secure
- Referrals can take time and some students get lost in the referral process
- Screening tools are needed
- After a referral takes place, there is no mechanism to communicate back to the referring faculty or staff member to confirm that the correct action has taken place
- Health services staff are experiencing the same budget challenges as the rest of the University with the pressure to do more with fewer people
- Often, mental health issues need to be very acute in order to gain access to prompt care

### Recommendations:

- Strengthen links to off-campus services
- Strengthen links with other on-campus services and supports
- Enhance online information and services for students
- Develop a coordinated referral system across campus for all faculty and front-line staff to learn and utilize
- Develop screening tools which will be useful in multiple areas

#### Framework Session Presentations

*November 22, 2012*

#### Service and Student Areas

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- SAMRU
- Security Services

#### Action Groups

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- Resources
- Reducing Stigma

#### Focus Group

- Faculty

## G. Crisis Management Procedures

*What we learned during our Framework Session:*

### MRU strengths in this area:

- A team approach is used in times of challenge
- Flexible staff make it easier to respond to crises
- A strategy is under development to create practices and procedures for crisis care
- Security Services recognizes the key role they play in first response and are trained in verbal de-escalation tactics

### MRU gaps in this area:

- Insufficient training for staff placed in extreme/severe situations
- Volume of crises needs often exceeds capacity
- Crisis management can interfere with regular appointments
- Interdepartmental communication can be a challenge in time of crisis
- Insufficient advocacy system on campus for victims (support, post-traumatic stress, follow up)
- Insufficient system for closure for first responder – privacy issues do not allow security services staff to know if issues have been resolved once referred

### Recommendations:

- Additional training required for staff who regularly handle extreme/severe situations
- Additional resources required for service areas who are second to respond in times of crisis
- Greater communication between service departments required in times of crisis
- A victim advocacy system needs to be created
- A system needs to be put into place to allow closure for first responder

#### Framework Session Presentations

*November 22, 2012*

#### Service and Student Areas

- Accessibility Services
- Counselling
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Appendix G –Recommendations for Mental Health

	Short Term—1 to 3 years	Medium Term—3 to 5 years	Longer Term—5 to 8 years
All Students: Supportive, Inclusive Environments * All Students: Supportive, Inclusive Environments * All Students			
<b>Supportive, Inclusive Campus Environments</b>  <b>Organizational Culture/Policy Development</b>	<ul style="list-style-type: none"><li>• Explore and design a peer-to-peer model for implementation in 2014-2015, such as A,B,C’s training modules.</li><li>• Implement mental health messaging “thread” throughout New Student Orientation and Year Round Orientation (when in place).</li><li>• Implement on-line resiliency resources for all students, i.e., The Leap Project.</li><li>• Increase number of podcasts in the “You Are Not Alone” series along the whole metal health continuum.</li><li>• Develop a comprehensive communication plan for mental health messaging and information (include services, programs, resources, training opportunities, referral process, etc.)</li><li>• Create a repository to “house” current work/initiatives of the President’s Task Force on Student Mental Health/Action Groups/Initiatives.</li><li>• Design and implement mental health communication “resource piece” to be added to each course syllabus/outline. Add same message to the Student Resources tab on MyMRU.</li><li>• Develop an assessment plan and strategies to measure impact of mental health initiatives.</li><li>• Ensure Human Rights policies and procedures related to mental health accommodations, including academic accommodations, are available and implemented appropriately. (Diversity and Human Rights/Accessibility Services).</li><li>• Recommend the development of a mental health strategy for employees at MRU.</li></ul>	<ul style="list-style-type: none"><li>• Implement a peer-to-peer mental health model and review current peer programs.</li><li>• Create and/or adapt an “app” for self-reported wellness tracking/contests “Thrive at MRU”, i.e., “Nike Fuel”.</li><li>• Develop a Blackboard module for students to access anytime to learn about mental health support--resources, programs, and services. Add the same module to the Student Resources at MyMRU.</li><li>• Create a framework for mental health initiatives evolving on a “local” basis, i.e., departmental/individual. Identify a way to share these initiatives with others.</li><li>• Integrate stigma-reducing/mental health awareness messaging into existing campus events and materials.</li><li>• Increase number of sections of courses that reduce barriers to learning, i.e., UGST 1002 “Change, Challenge and Choice: The University Context and Beyond” and increase knowledge, skills of personal wellness i.e., HLTH 2301 “Wellness and the Student: From Personal Health to Community Action”.</li><li>• Increase number of meaningful on–campus employment opportunities for students.</li><li>• Support selected on-going (annual) campaigns related to reducing stigma, i.e., Not Myself Today and Depression Screening Day (refer to Reducing Stigma Action Group, recommendations).</li></ul> <b>Recommendations Specific to Policy Development</b> <ul style="list-style-type: none"><li>• Develop criteria for new and revised policies/procedures to be reviewed through a “mental health lens”.</li><li>• Review Code of Student Conduct policy and procedures through a mental health lens.</li></ul>	<ul style="list-style-type: none"><li>• Work with the foundation to create other scholarship or bursary for students addressing mental health on the MRU campus.</li></ul> <b>Recommendations Specific to Policy Development</b> <ul style="list-style-type: none"><li>• Identify key policies that impact student wellbeing, i.e., Level 5—academic policies and develop a list of prioritized policies to be reviewed through a mental health lens.</li></ul>
<b>Physical Environment</b>	<ul style="list-style-type: none"><li>• Develop criteria for physical space conducive to wellbeing, i.e., community building, comfortable, accessible, lighting and ergonomic considerations, single/group settings, colours, etc.</li></ul>		<ul style="list-style-type: none"><li>• Incorporate well-being criteria into planning for future facilities to be developed, repurposed, or renovated.</li></ul>
<b>Learning Environment: In the Classroom</b>	<ul style="list-style-type: none"><li>• Support increased awareness and education related to Universal Instructional Design and the duty to accommodate students and determine essential course and program requirements (Diversity and Human Rights/Accessibility Services).</li><li>• Support increased awareness about diversity in the classroom (Diversity and Human Rights).</li><li>• Participate in a pilot project supporting “academic learning communities” from a mental health perspective.</li><li>• Collaborate with the Academic Development Centre’s (ADC’s) New Faculty Orientation program to share information about student mental health and resources.</li><li>• Develop concise and practical tools for new and returning faculty to facilitate response/support of student mental health, i.e., “Red Folder”.</li><li>• Analyze faculty and instructional staff survey and respond to needs of faculty to support student mental health in the learning environment.</li></ul>	<ul style="list-style-type: none"><li>• Develop a multi-pronged approach designed for faculty to support student mental health, concerns and success, i.e., different modes/vehicles (presentations, paper, on-line, ADC, Mount Royal Faculty Association (MRFA), etc).</li><li>• Support and develop through ADC a “Faculty Learning Community” for those who are interested in learning/sharing practices to create/support “wellness in the classroom”, i.e., social connectedness, sense of community, feelings of valued contributions, positive emotional state, recognition of student stress, personal and social development, etc.</li><li>• Develop a network for faculty representatives to act as liaisons to create dialogue, update, and communicate student mental health information and initiatives together as a group and then disseminate information within their departments.</li></ul>	<ul style="list-style-type: none"><li>• Encourage research on classroom wellbeing through the Institute of Teaching and Learning.</li><li>• Explore a faculty mentorship program for classroom well-being (i.e., Harry Schaefer program).</li><li>• Work with ADC to develop workshops for faculty to address classroom wellbeing, i.e., collect MRU case studies of classroom well-being examples.</li></ul>



<b>Awareness, Education and Training: Increasing Student, Faculty and Staff Knowledge and Commitment to Maintain Wellbeing</b>	<ul style="list-style-type: none"> <li>Develop a short awareness session (45-60 minute) for stakeholders to increase awareness of mental health issues/initiatives relevant for any/everyone on campus (customize training when possible).</li> <li>Offer on-campus training options (3-hour sessions) such as those held for SACL and Enrollment Services employees (customize training when possible).</li> <li>Offer Mental Health First Aid (MHFA) 12-hour sessions to targeted and general or interested campus community members, 5 sessions per year.</li> <li>Analyze training needs identified by the faculty and instructional staff surveys.</li> <li>Increase opportunities to share data on mental health statistics and facilitate conversations on campus to increase awareness, i.e., University Leadership Group, SAMRU, Board of Governors, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Develop appropriate training opportunities based on faculty and instructional staff survey analysis.</li> <li>Develop/adapt training modules for on-line learning (i.e. the A, B, C’s of helping).</li> <li>Create a Community of Practice (CoP) for interested staff and faculty.</li> </ul>	<ul style="list-style-type: none"> <li>Consider implementation of appropriate workplace standards for mental health with Human Resources (Link to human rights policy; CMHC; PTFSMH).</li> </ul>
• Students Needing Support   *   Students Needing Support   *   Students Needing Support   *   Students Needing Support			
<b>Supporting Individual Wellness</b>  <b>Community Capacity to Respond to Early Identification of Student Concerns</b>	<ul style="list-style-type: none"> <li>Create/enhance website to assist faculty and staff with communicating mental health resources for students and facilitate a referral process.</li> <li>Create/enhance access to information via easy navigation for students seeking mental health information, support and services, i.e., Campus Connect.</li> <li>Utilize social media to enhance knowledge and access mental health information, services, support, and services.</li> <li>Develop MRU’s “Red Folder” concept and distribute to every faculty member (full time and part time) and other community stakeholders.</li> <li>Use data to help identify critical events and situations that might put students at risk to help to dismantle systemic barriers. Provide proactive services and supports to students who need it when they need it.</li> </ul> <ul style="list-style-type: none"> <li>Add a mental health section to the student code of conduct brochure.</li> </ul> <ul style="list-style-type: none"> <li>Support increased awareness of the “Concerning Behaviour Campus Team” (CBCT).</li> <li>Support the establishment of an Office of Student Retention/Success that would have, as part of its accountabilities, responsibility for the coordination of emerging early-alert networks.</li> </ul>	<ul style="list-style-type: none"> <li>Support the development/implementation of a coordinated “early alert system” proposed by the University’s Student Retention Committee.</li> <li>Pilot faculty participation in identifying at-risk student behaviours and measure the impact of additional support provided to those students who are identified.</li> </ul> <ul style="list-style-type: none"> <li>Support research project for wellness and academic success (similar to Trent’s) supporting students who self-identify through assessment (EQ) opportunities for more support.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and appropriately increase capacity to respond to students in need, based on increased demand for services.</li> </ul>
<b>Competencies and Coping Skills: Building Self-Management</b>	<ul style="list-style-type: none"> <li>Explore creation of new “support groups”, along with current offerings, for students experiencing mental health concerns/issues (Student Counselling Services).</li> <li>Develop and implement a communication strategy (multi-approach) to ensure students are aware of programs and services on campus to contribute to increasing coping skills and building self-management skills. Follow the student life-cycle to ensure communication is timely/relevant (Comprehensive Communication Plan).</li> </ul>	<ul style="list-style-type: none"> <li>Develop (fall and winter) reading break programs, i.e., “Re-group and Persist” to help students use breaks to contribute to their academic success and wellbeing.</li> <li>Develop practices aimed at awareness and self-prevention of mental health issues across campus.</li> </ul>	
• Students Needing Mental Health Services   *   Students Needing Mental Health Services   *   Students Needing Mental Health Services   *			
<b>Student Mental Health Services: Access</b>	<ul style="list-style-type: none"> <li>Build capacity to support students experiencing mental health challenges by strengthening referral/links within and to off-campus services, i.e., Alberta Health Services.</li> <li>Explore/adopt a mental health triage system to ensure timely access to appropriate care i.e., daily emergency spots and drop-in time slots are currently in place at Health Services and Student Counselling Services—compare systems.</li> <li>Communicate a coordinated referral system and information about how to recognize and gauge mental health concerns in students to campus employees-- faculty and front-line staff to utilize, i.e., Red folder concept, CBCT.</li> <li>Complete the resource database developed by the Resource Action Group and ensure this is part of the comprehensive communication strategy.</li> <li>Explore use of the common professional screening tools that may be used in multiple areas, i.e., Attention Deficit/Hyperactivity Disorder ADHD</li> </ul>	<ul style="list-style-type: none"> <li>Review referrals/links between on-campus services and supports to provide a more seamless process and care.</li> <li>Develop a plan to ensure regular updating of the mental health resource database and referral processes.</li> <li>Create a back to campus process/procedure for those students experiencing mental health challenges and who are living in residence.</li> </ul>	<ul style="list-style-type: none"> <li>Adopt data collection standards across services to support a coordinated program of tracking of individual students within the system.</li> <li>Allow more options for accommodated exams.   Provide ample space, increased service hours and flexible writing times.</li> </ul>



<b><i>Crisis Management</i></b>	<ul style="list-style-type: none"> <li>• Support the development of a campus wide initiative to enable any campus community member to respond to the crisis needs of someone in our community, i.e., Red folder concept, CBCT, security, 911, etc.</li> <li>• Communicate Distress Centre information for everyone to be aware of and anyone to access anytime, especially after hours.</li> <li>• Establish a process to support and respond to someone experiencing a mental health crisis through appropriate “information sharing” by attempting to obtain signed/informed consent, i.e., more effective communication and integration of information across campus based resources would be of benefit in managing crisis situations to allow better use of resources, increase interdisciplinary and quality of care, and avoid duplication of care.</li> <li>• Develop a blueprint/map to deal with individual crisis situations with clear protocols outlining how more complex situations should be approached where a level of coordinated response is warranted including return to campus and residence plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop education towards earlier detection of at-risk individuals, as pre-emptive intervention is likely to be more effective and less taxing of resources.</li> <li>• Establish risk mitigation protocols to balance student needs and university needs in cases where there is risk of harm to self or others, or where behaviours significantly impact other’s ability to learn or teach.</li> <li>• Explore opportunities to increase the efficiency of existing resources, adding additional resources as budgets allow, and engaging off-campus resources to response to increasing demand.</li> </ul>	
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Appendix H – Framework Summary

Focus	Key Components	Assessment – Accessibility Services				Recommendations
		Strengths	In Development	Gaps	Outcomes/ Evaluation	
Community level:  <i>All Students</i>	1) Mental health awareness / anti-stigma/ discrimination programs for all students, faculty, and staff	AS staff: Manager (1.0), Access Advisors (2.5), Access Advisor Casual (.5), Adaptive Technologist (1.0), Access Supports Coordinator (1.0), Admin Assistants (2.5), Lead Academic Strategist Casual (0.5), Academic Strategists 11 Casual positions.	<ul style="list-style-type: none"><li>· Curriculum developed for Academic Strategists</li><li>· Curriculum developed for first year students with Asperger's Syndrome and their faculty.</li><li>· AS videos clips on appropriate academic accommodation processes.</li><li>· AA liaison role and newsletters to Chairs.</li><li>· AS staff on various committees related to mental health and services.</li></ul>	<ul style="list-style-type: none"><li>· In institutional mandate that faculty be made aware of the duty to accommodate and the opportunities inherent in Universal Instructional Design.</li><li>· Opportunities to educate faculty about diversity of learners in the classroom.</li></ul>	<ul style="list-style-type: none"><li>· Access Advisors, Access Service Coordinator, Adaptive Technologist, Exam Coordinator follow up with students as required.</li><li>· Lead Academic Strategists follows up with Academic Strategist and conducts program evaluations.</li><li>· Online AS customer services survey.</li><li>· Jump start evaluation.</li></ul>	<ul style="list-style-type: none"><li>· Ongoing education and awareness strategy be developed and implemented in regards to institutional mandate that faculty be made aware of the duty to accommodate and the opportunities inherent in Universal Instructional Design.</li><li>· Opportunities to educate faculty about diversity of learners in the classroom.</li></ul>
	2) Supportive, inclusive environment that facilitates connection and meaningful engagement in the classroom (curriculum, pedagogy) and outside the classroom	<ul style="list-style-type: none"><li>· Promote and implement Universal Instructional design in the classroom.</li><li>· Promote and implement universal design for the institution.</li></ul>				<ul style="list-style-type: none"><li>· Ongoing education and awareness strategy be developed and implemented in regards to institutional mandate that faculty be made aware of the duty to accommodate and the opportunities inherent in Universal Instructional Design.</li><li>· Opportunities to educate faculty about diversity of learners in the classroom.</li></ul>
	3) Institutional and programmatic plans, policies, procedures and practices that promote student mental health and wellbeing	<ul style="list-style-type: none"><li>· Policy 517 currently being reviewed and updated.</li><li>· MRU Universal Access Policy.</li><li>· MRU Human Rights Policy.</li><li>· MRU Sexual Harassment Policy.</li><li>· Human Rights and Diversity Officer.</li><li>· President Mental Health Task Team.</li><li>· SAMRU Student Centers</li><li>· Student Advocacy Advisor</li><li>· The Confidence Line</li><li>· AS monthly meetings and liaisons with Counseling Services</li></ul>	<ul style="list-style-type: none"><li>· Diversity Plan Development Committee</li></ul>	<ul style="list-style-type: none"><li>· Lack of faculty and student awareness and understanding of function of Concerning Behaviours on Campus Team.</li><li>· Lack of faculty and staff awareness and understanding of protocols and procedures for inappropriate student behaviours.</li></ul>		<ul style="list-style-type: none"><li>· The policies listed in the strength sections herein work towards supporting MRU's learning and working environment.</li></ul>
Individual Level  <i>Students Needing Support</i>	4) Programs that identify students who are struggling emotionally	<ul style="list-style-type: none"><li>· Referrals to AS from faculty and staff when students appear to be struggling.</li><li>· Referrals from AS to other MRU support services when appropriate</li></ul>		<ul style="list-style-type: none"><li>· Institutional early alert system to identify students who are having academic and/or emotional difficulties.</li><li>· Insufficient resources to support demands related to addressing mental health issues</li></ul>		<ul style="list-style-type: none"><li>· Increase infrastructure related to identified gaps within identification and support for mental health issues.</li></ul>
	5) Programs that develop and strengthen skills to optimize wellbeing and enhance vulnerable students' ability to succeed	<ul style="list-style-type: none"><li>· Academic Strategist Program</li><li>· Jump Start</li><li>· Disability Related Coaching</li><li>· Individual meetings with AAs and promotion of self advocacy skills</li></ul>	<ul style="list-style-type: none"><li>· Asperger's Syndrome First Year Program</li><li>· AS online informational/ educational video clips</li></ul>	<ul style="list-style-type: none"><li>· Growing numbers of students with Asperger's Syndrome attending MRU</li></ul>		<ul style="list-style-type: none"><li>· Increase faculty and student awareness and understanding of function of Concerning Behaviours on Campus Team.</li><li>· Increase faculty and staff awareness and understanding of protocols and procedures of inappropriate student behaviours.</li></ul>
<i>Students needing Mental Health Services</i>	6) Mental Health Services: Assessment and Treatment	<ul style="list-style-type: none"><li>· Referral to MRU Wellness Centre</li><li>· Referral for Alberta Government Programs for psycho-educational assessments</li><li>· Referral back to attending Doctor / Specialist</li></ul>				
	7) Crisis Management Procedures	<ul style="list-style-type: none"><li>· Referral to MRU Wellness Centre</li><li>· Referral for Alberta Government Programs for psycho-educational assessments</li><li>Referral back to attending Doctor / Specialist</li></ul>				



Focus	Key Components	Assessment – <b>Student Counselling Services</b>				Recommendations
		Strengths	In Development	Gaps	Outcomes/ Evaluation	
Communi-ty level:  <i>All Students</i>	1) Mental health awareness / anti-stigma/ discrimination programs for all students, faculty, and staff	<ul style="list-style-type: none"> <li>– Involvement with SMH initiatives (MRU and national levels)</li> <li>– Mental Health First Aid (MHFA) – two certified trainers – training offered to staff</li> <li>– Applied Suicide Intervention Skills Training (ASIST) – one certified trainer – training offered to Rez staff and SW/CYC students</li> <li>– Workshops &amp; in-services for staff and faculty</li> <li>– Training of student leaders &amp; volunteers</li> <li>– Consultation services with faculty and staff</li> <li>– Input via committee work, MRFA involvement, etc</li> </ul>	“Up stream” focus, primary prevention initiatives In-service awareness training (e.g., Enrollment Services) Roll-Out of MHFA training	Understanding the needs of faculty members – needs assessment? training? Support? Liaison?	Workshops & training are evaluated by participants Measurement of stigma?	
	2) Supportive, inclusive environment that facilitates connection and meaningful engagement in the classroom (curriculum, pedagogy) and outside the classroom	<ul style="list-style-type: none"> <li>– Crisis intervention/debriefing services and support for classes/individuals/teams</li> <li>– Personable, visible, accessible counselling team with high levels of expertise</li> <li>– Classroom presentations, guest lectures</li> <li>– Consultation w faculty</li> </ul>		<ul style="list-style-type: none"> <li>– Counselling liaisons with each Faculty or Department?</li> <li>– Website information – how to refer, when to refer, who to refer to</li> <li>– Training and support for faculty? New faculty orientation?</li> </ul>		
	3) Institutional and programmatic plans, policies, procedures and practices that promote student mental health and wellbeing	<ul style="list-style-type: none"> <li>– All services provided free of charge to students</li> <li>– Service/program review completed in 2007; Advancement Plan formed through review by external examiners</li> <li>– Connected to provincial and national counselling associations; shared information and resources</li> <li>– Regular consultations and partnerships with Residence staff, Accessibility Services</li> </ul>	<ul style="list-style-type: none"> <li>– Strengthening connection to SAMRU – volunteer centres and advocacy services – as well as student executives</li> <li>– Strengthening connection to physicians and psychiatrists</li> </ul>	<ul style="list-style-type: none"> <li>– Link with SAMRU VP of student life</li> </ul>		
Individual Level  <i>Students Needing Support</i>	4) Programs that identify students who are struggling emotionally	<ul style="list-style-type: none"> <li>– Most students are self-referred</li> <li>– Faculty/Staff/Peer referred</li> <li>– Referrals from other services &amp; CBC Team</li> <li>– Workshops, classroom events</li> <li>– Extensive RA training</li> <li>– Outreach initiatives</li> </ul>	<ul style="list-style-type: none"> <li>– “intake” questionnaires – triaging process</li> <li>– Strengthening involvement with training of volunteers (e.g., peer health, SAMRU volunteers)</li> </ul>	<ul style="list-style-type: none"> <li>– Expedited referral processes</li> <li>– Screening tools?</li> <li>– Early identification? (e.g., attendance?)</li> </ul>		
	5) Programs that develop and strengthen skills to optimize wellbeing and enhance vulnerable students’ ability to succeed	<ul style="list-style-type: none"> <li>– Core workshops include stress management, happiness and resiliency, career passion, living with loss and communication and boundaries</li> <li>– Individual counselling &amp; therapy for personal, career and educational issues</li> <li>– Referral to community resources</li> </ul>	–	<ul style="list-style-type: none"> <li>– Link with academic performance indicators?</li> </ul>		
-----  <i>Students needing Mental Health Services</i>	6) Mental Health Services: Assessment and Treatment	<ul style="list-style-type: none"> <li>– Individual counselling and group therapy services offered by licensed psychologists (7 full time, 2 part time – plus graduate-level practicum students)</li> <li>– Drop-in services (no appointment needed) available each day</li> <li>– Link to off campus resources</li> <li>– Strong links to on-campus services - including food bank, emergency student loans/bursaries, social supports, academic supports, accessibility services and health services</li> </ul>	<ul style="list-style-type: none"> <li>– Strengthening links to Distress Centre, Mobile Response Team, and Access Mental Health</li> <li>– Strengthening consultation procedures with Health Services – including nurses, psychiatrists and physicians</li> <li>– Online services (e.g., mental health website; issue specific information (AD/HD)</li> <li>– Investigating internship position</li> </ul>	<ul style="list-style-type: none"> <li>– Gaps in specific service areas – including addictions (alcohol, drugs, gaming)</li> <li>– Wait times for psychiatric services are lengthy</li> <li>– Wait times for specific programs can be lengthy (e.g., eating disorders clinic) and many require physician referral</li> <li>– Admission to hospital for mental health concerns and risk of self-harm are difficult to secure</li> </ul>	<ul style="list-style-type: none"> <li>– Client evaluations completed each semester</li> <li>– Faculty evaluation procedures</li> <li>– Program evaluation completed 2008</li> </ul>	
	7) Crisis Management Procedures	<ul style="list-style-type: none"> <li>– Excellent front reception team services – able to flex schedules to accommodate crisis situations</li> <li>– Team approach</li> <li>– Available to consult after hours through Security and Residence Services</li> <li>– Referral to community services</li> </ul>	<ul style="list-style-type: none"> <li>– Working to improve communication with Health Services’ practitioners during times of crisis</li> <li>– Working to improve connection with off campus resources for transport and/or consultation/referral</li> </ul>	<ul style="list-style-type: none"> <li>– Additional training needed around early onset psychosis &amp; other severe mental health disorders/dual diagnosis</li> <li>– Volume of referrals often exceeds capacity (people available, time available)</li> <li>– Pressure to respond immediately</li> <li>– Impact on “regular” counselling appointments</li> <li>– Personality Disorders are very challenging to manage</li> </ul>		



Focus	Key Components	Assessment – Health Education				
		Strengths	In Development	Gaps	Outcomes/ Evaluation	Recommendations
Community level:  <i>All Students</i>	1) Mental health awareness / anti-stigma/ discrimination programs for all students, faculty, and staff	<ul style="list-style-type: none"> <li>Community placement for Nursing 2216 class</li> <li>SACL employee development theme</li> <li>PHE programming</li> <li>Participation in stigma reduction mental health subcommittee</li> </ul>		<ul style="list-style-type: none"> <li>Resources and expertise</li> </ul>	<ul style="list-style-type: none"> <li>Nursing students and PHEs gain information about mental health, thus removing stigma for their peer groups</li> <li>Nursing students and PHEs implement programs and/or services reducing stigma and increasing campus awareness of mental health</li> <li>SACL employees identify mental health as a concern for students and gain knowledge and develop skills to support MRU</li> </ul>	<ul style="list-style-type: none"> <li>Continue the current initiatives</li> <li>Explore additional resources and best practices to integrate into MRU</li> <li>Engage SACL employees in the three developed workshops and encourage continued dialogue</li> </ul>
	2) Supportive, inclusive environment that facilitates connection and meaningful engagement in the classroom (curriculum, pedagogy) and outside the classroom	<ul style="list-style-type: none"> <li>Community placement for Nursing 2216 class</li> <li>PHE programming</li> <li>Partnership with Research Methods (Nursing) class to share NCHA data</li> </ul>			<ul style="list-style-type: none"> <li>Reduced stigma and increased awareness of mental health on campus and resources and services available</li> <li>Increased partnerships with faculty for seamless support</li> </ul>	<ul style="list-style-type: none"> <li>Seek out more opportunities to share NCHA data and/or facilitate conversations about health on campus</li> </ul>
	3) Institutional and programmatic plans, policies, procedures and practices that promote student mental health and wellbeing	<ul style="list-style-type: none"> <li>Data collected (both employee and students) in regards to mental health</li> <li>PHE programming</li> </ul>		<ul style="list-style-type: none"> <li>Focused analysis of mental health data for specific sub groups</li> </ul>	<ul style="list-style-type: none"> <li>Collecting evidence to determine the current state of wellbeing of students</li> <li>Track progress made to contribute to determining effectiveness of initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Continue to collect data for both employees and students on a 2-3 year cycle</li> </ul>
Individual Level  <i>Students Needing Support</i>	4) Programs that identify students who are struggling emotionally					
	5) Programs that develop and strengthen skills to optimize wellbeing and enhance vulnerable students’ ability to succeed	<ul style="list-style-type: none"> <li>PHE training</li> <li>Weekly PHE meetings to create community</li> <li>Weekly coffee &amp; chat</li> </ul>	<ul style="list-style-type: none"> <li>Schedule and topic selection of mental health training by Counsellors to PHEs</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive mental health training for PHEs (limited by time)</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of counselors on campus and counseling services offered</li> <li>Increased community felt on campus between PHEs as well as general MRU community</li> </ul>	<ul style="list-style-type: none"> <li>Continue to promote Coffee &amp; Chat</li> <li>Organize a schedule of mental health training specifically</li> </ul>
-----  <i>Students needing Mental Health Services</i>	6) Mental Health Services: Assessment and Treatment					
	7) Crisis Management Procedures					



Focus	Key Components	Assessment – Health Services				
		Strengths	In Development	Gaps	Outcomes/ Evaluation	Recommendations
Community level:  <i>All Students</i>	1) Mental health awareness / anti-stigma/ discrimination programs for all students, faculty, and staff	<ul style="list-style-type: none"> <li>– HS staff of 3 physicians, 2 psychiatrists, 5 nurses</li> <li>– MH discussed at monthly staff meetings</li> <li>– Physician CMEs</li> </ul>	<ul style="list-style-type: none"> <li>– Mental Health First Aid for Nurses/staff</li> <li>– Discussions with PCN re: Behavioural Health Consultant</li> <li>– Professional Development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>– Limit to amount of access HS can provide</li> <li>– Health Care Practitioner burnout?</li> </ul>	<ul style="list-style-type: none"> <li>– Individual cases are evaluated on ongoing basis during follow up visits</li> </ul>	<ul style="list-style-type: none"> <li>– Ultimately prevention &amp; promotion of mental health is required to reduce the burden of care</li> <li>– Engage an educated staff in managing MH workload</li> </ul>
	2) Supportive, inclusive environment that facilitates connection and meaningful engagement in the classroom (curriculum, pedagogy) and outside the classroom	<ul style="list-style-type: none"> <li>– Non- discriminatory approach to care</li> <li>– Compassionate approach to care encourages patient disclosure</li> </ul>	<ul style="list-style-type: none"> <li>– Mental health outreach at some point in time i.e.: working with PHEs and RAs</li> </ul>	<ul style="list-style-type: none"> <li>– Funding including resource support to physicians</li> <li>– Staffing of MH specialists (nurse or social worker)</li> </ul>		
	3) Institutional and programmatic plans, policies, procedures and practices that promote student mental health and wellbeing	<ul style="list-style-type: none"> <li>– HS’ mandate to provide excellence in physical and psychological care in a judgment-free environment</li> </ul>				
Individual Level  <i>Students Needing Support</i>	4) Programs that identify students who are struggling emotionally	<ul style="list-style-type: none"> <li>– Occurs within the context of individual patient care</li> <li>– Referrals from other departments</li> </ul>	<ul style="list-style-type: none"> <li>– Nursing – Mental Health First Aid</li> </ul>			
	5) Programs that develop and strengthen skills to optimize wellbeing and enhance vulnerable students’ ability to succeed	<ul style="list-style-type: none"> <li>– Referral options:</li> <li>– Psych assessment</li> <li>– Counselling services on and off campus (Distress Centre)</li> <li>– AHS services i.e. MH day programs</li> </ul>				
-----  <i>Students needing Mental Health Services</i>	6) Mental Health Services: Assessment and Treatment	<ul style="list-style-type: none"> <li>– MH visits is our primary service to students</li> </ul>	<ul style="list-style-type: none"> <li>– PCN support</li> <li>– Hire mental health triage specialist – nurse or social worker</li> </ul>			
	7) Crisis Management Procedures	<ul style="list-style-type: none"> <li>– Dealt with on individual basis as they occur</li> <li>– Team approach</li> </ul>	<ul style="list-style-type: none"> <li>– Strategy with Student Counselling Services to create a P&amp;P for crisis care</li> </ul>	<ul style="list-style-type: none"> <li>– Inter-departmental isolation</li> <li>– Communication challenges</li> </ul>		





Focus	Key Components	Assessment – Knowledge Action Group				
		Strengths	In Development	Gaps	Outcomes/ Evaluation	Recommendations
Commu ity level:  <i>All Students</i>	1) Mental health awareness / anti-stigma/ discrimination programs for all students, faculty, and staff	<ul style="list-style-type: none"> <li>– 3 hour workshop on student mental health (150 employees SACL).</li> <li>– Mental Health First Aid for targeted groups such as Security Officers, Resident Advisors, Academic Advisors, etc.</li> </ul>	<ul style="list-style-type: none"> <li>– 3 hour workshop on student mental health (100 employees Enrolment Services)</li> </ul>	<ul style="list-style-type: none"> <li>– Faculty members discuss with students the mental health support services on campus.</li> </ul>	<ul style="list-style-type: none"> <li>– Students, staff and faculty are more aware of mental health.</li> </ul>	<ul style="list-style-type: none"> <li>– Continue these awareness sessions and possibly expand.</li> </ul>
	2) Supportive, inclusive environment that facilitates connection and meaningful engagement in the classroom (curriculum, pedagogy) and outside the classroom	<ul style="list-style-type: none"> <li>– 3 hour workshop on student mental health (150 employees SACL)</li> <li>– Mental Health First Aid for targeted groups such as Security Officers, Resident Advisors, Academic Advisors, etc.</li> </ul>	<ul style="list-style-type: none"> <li>– Exploring awareness/training options for faculty.</li> </ul>	<ul style="list-style-type: none"> <li>– The people who into contact the most with students may not have knowledge of the resources available to support students.</li> <li>– Training and awareness targeted to faculty does not exist at MRU.</li> </ul>	<ul style="list-style-type: none"> <li>– Students, staff and faculty are more aware of mental health</li> </ul>	<ul style="list-style-type: none"> <li>– Targeted training for faculty.</li> </ul>
	3) Institutional and programmatic plans, policies, procedures and practices that promote student mental health and wellbeing			<ul style="list-style-type: none"> <li>– All students could/should be made aware of campus mental health support services within their course syllabi and blackboard system.</li> </ul>	<ul style="list-style-type: none"> <li>– Lack of awareness by students and not accessing the appropriate support when needed.</li> </ul>	<ul style="list-style-type: none"> <li>– Include mental health support on course syllabi.</li> </ul>
Individua l Level  <i>Students Needing Support</i>	4) Programs that identify students who are struggling emotionally	<ul style="list-style-type: none"> <li>– Mental Health First Aid for targeted groups such as Security Officers, Resident Advisors, Academic Advisors, etc.</li> </ul>		<ul style="list-style-type: none"> <li>– Lack of awareness and understanding by some MRU community members to recognize students who are struggling with mental health challenges.</li> </ul>	<ul style="list-style-type: none"> <li>– Targeted groups more aware of mental health challenges.</li> </ul>	<ul style="list-style-type: none"> <li>– Continue with the training to targeted groups.</li> </ul>
	5) Programs that develop and strengthen skills to optimize wellbeing and enhance vulnerable students’ ability to succeed					
-----  <i>Students needing Mental Health Services</i>	6) Mental Health Services: Assessment and Treatment	<ul style="list-style-type: none"> <li>– ASSESS NOT TREATMENT/DIAGNOSIS: Mental Health First Aid for targeted groups such as Security Officers, Resident Advisors, Academic Advisors, etc.</li> </ul>			<ul style="list-style-type: none"> <li>– First responders to people experiencing a mental health challenge may have more skills to respond appropriately, i.e., recognizing, language, and referring.</li> </ul>	<ul style="list-style-type: none"> <li>– Continue with the training to targeted groups.</li> </ul>
	7) Crisis Management Procedures	<ul style="list-style-type: none"> <li>– ASSESS NOT TREATMENT/DIAGNOSIS: Mental Health First Aid for targeted groups such as Security Officers, Resident Advisors, Academic Advisors, etc.</li> </ul>			<ul style="list-style-type: none"> <li>– First responders to people experiencing a mental health challenge may have more skills to respond appropriately, i.e., recognizing, language, and referring.</li> </ul>	<ul style="list-style-type: none"> <li>– Continue with the training to targeted groups.</li> </ul>



Focus	Key Components	Assessment – Reducing Stigma Action Group				
		Strengths	In Development	Gaps	Outcomes/ Evaluation	Recommendations
Communit y level:  <i>All Students</i>	1) Mental health awareness / anti-stigma/ discrimination programs for all students, faculty, and staff	-unique purpose -student membership -diverse representation	-Movember (November 21 <sup>st</sup> , 2012) -Winter 2013 event	-Budget -Committee engagement (signing up but lack of participation); solicitation with no responses -Workloads – high for those who co-chair, limits what we can achieve -Conflicting schedules	NDSD: if MRU wants to move forward as being an individual site under NDSD rather than partner, are there ethical considerations such as HREB? NDSD: participation levels are still unknown	NDSD: (measurement/evaluation)need to find a way to know if our efforts are making an impact NDSD: need to have a mechanism for data to come back so that we can gage whether future/continued involvement is warranted  In general: need for consistent message customized to Mount Royal student culture
	2) Supportive, inclusive environment that facilitates connection and meaningful engagement in the classroom (curriculum, pedagogy) and outside the classroom	-focus on student engagement and participation (“By students, for students”) -builds capacity -promotes different perspectives and approaches -collaborative; benefits both parties involved and workload is shared	-Communications/Journalism Classroom assignment with Stigma Reduction theme	-Budget -Committee engagement (signing up but lack of participation) -Workloads – high for those who co-chair, limits what we can achieve -Conflicting schedules	Podcast: received well by community; incorporated into New Student Orientation, posted on YouTube and Wellness Services website, featured at several events -no current way of measuring change in attitudes or thinking	Podcast: is the intended message being received? How can this be measured? Future recommendations: - collaborate with pre-existing initiatives on campus where stigma reduction/mental illness awareness may be integrated e.g. introduce a stigma reduction theme into The SAMMIES Video contest; integrate stigma reduction themes into class assignments
	3) Institutional and programmatic plans, policies, procedures and practices that promote student mental health and wellbeing					
Individua l Level  <i>Students Needing Support</i>	4) Programs that identify students who are struggling emotionally					
	5) Programs that develop and strengthen skills to optimize wellbeing and enhance vulnerable students’ ability to succeed					
-----  <i>Students needing Mental Health Services</i>	6) Mental Health Services: Assessment and Treatment					
	7) Crisis Management Procedures					



Focus	Key Components	Assessment – Resource Action Group				
		Strengths	In Development	Gaps	Outcomes/ Evaluation	Recommendations
Commu ity level:  <i>All Students</i>	1) Mental health awareness / anti-stigma/ discrimination programs for all students, faculty, and staff	<ul style="list-style-type: none"> <li>Resources are available both on and off campus</li> </ul>	<ul style="list-style-type: none"> <li>Database of resources on and off campus – categorized into various levels of support (eg., 1. crisis (red)</li> <li>2. referral support (yellow)</li> <li>3. wellness (green)</li> <li>Speakers list resource – who to go to/ who is an expert on campus</li> </ul>	<ul style="list-style-type: none"> <li>Lack of awareness (staff, faculty, students, external) of:               <ul style="list-style-type: none"> <li>resources available</li> <li>how to access them/refer to them</li> </ul> </li> <li>Various service areas count service provision in different ways</li> </ul>	<ul style="list-style-type: none"> <li>Resources Action Group – Data Report: MRU services, NCHA, NSSE, and CUSC survey data</li> </ul>	<ul style="list-style-type: none"> <li>Develop communication plan to reach all members of the MRU community and key external service providers</li> </ul>
	2) Supportive, inclusive environment that facilitates connection and meaningful engagement in the classroom (curriculum, pedagogy) and outside the classroom	<ul style="list-style-type: none"> <li>Many faculty and services are genuinely willing to support and engage with students at MRU and to work collaboratively</li> </ul>	<ul style="list-style-type: none"> <li>Information for instructors re:               <ul style="list-style-type: none"> <li>resources available at MRU and in the community</li> <li>how to approach students</li> <li>when and how to refer students</li> </ul> </li> <li>Also categorized into various levels of support</li> </ul>	<ul style="list-style-type: none"> <li>Faculty and staff report gaps in both understanding of how to recognize when a student needs help and how to approach them and make the correct referral</li> <li>some students get “lost” in the referral system at times and describe the experience as “being in a pinball machine”</li> <li>3. Instructors and service areas would like a mechanism to provide a report back to faculty (or other referral source) after student is referred</li> </ul>		<ul style="list-style-type: none"> <li>Develop multiple ways over multiple times within the year to provide information to all staff, students and faculty</li> <li>Assign a person from each faculty unit/service to ensure information is shared – including pt time staff/faculty</li> <li>Each faculty unit/service include brief discussion of mental health resources in initial annual faculty meeting</li> <li>Develop a coordinated referral system across the community</li> <li>Service to service</li> <li>Faculty/staff to service</li> <li>That provides feedback to the referral source wherever possible</li> </ul>
	3) Institutional and programmatic plans, policies, procedures and practices that promote student mental health and wellbeing	<ul style="list-style-type: none"> <li>Framework:               <ul style="list-style-type: none"> <li>Universal Access Policy</li> <li>Academic Accommodation Policy</li> </ul> </li> <li>Some policies address the need for accommodation within policy (e.g., Admission and Registration Policy – FTEQ)</li> </ul>	<ul style="list-style-type: none"> <li>Plan for distribution of tools for instructors/staff re:               <ul style="list-style-type: none"> <li>resources</li> <li>referrals</li> <li>-website with red, yellow, green tabs</li> <li>-red, yellow, green folders</li> </ul> </li> <li>Speaker’s list</li> </ul>	<ul style="list-style-type: none"> <li>no coordinated mechanism for reviewing the impact on diverse populations when developing/reviewing policies</li> <li>2. no coordinated plan for provision of services and seamless referral</li> </ul>		<ul style="list-style-type: none"> <li>Thorough, planned, audit by committee of policies, and related procedures</li> <li>2. Institution of Cornel’s “Check Up”</li> </ul>
Individua l Level  <i>Students Needing Support</i>	4) Programs that identify students who are struggling emotionally		<ul style="list-style-type: none"> <li>Resource guide – yellow folder</li> <li>Speakers list</li> </ul>	<ul style="list-style-type: none"> <li>no plan and resources for distribution/access</li> <li>2. no plan for coordination of services and seamless referral</li> </ul>		<ul style="list-style-type: none"> <li>Develop multiple ways over multiple times within the year to provide information to all staff, students and faculty</li> <li>Develop a coordinated referral system across the community</li> </ul>
	5) Programs that develop and strengthen skills to optimize wellbeing and enhance vulnerable students’ ability to succeed		<ul style="list-style-type: none"> <li>Resource guides – green (folder and webpage tab)</li> <li>Speakers list</li> </ul>	<ul style="list-style-type: none"> <li>need a plan and resources for distribution/access</li> <li>2. need a plan for coordination of services and seamless referral</li> </ul>		<ul style="list-style-type: none"> <li>Develop multiple ways over multiple times within the year to provide information to all staff, students and faculty</li> <li>2. Develop a coordinated referral system across the community</li> </ul>
-----  <i>Students needing Mental Health Services</i>	6) Mental Health Services: Assessment and Treatment		<ul style="list-style-type: none"> <li>Resource guides – orange (folder and webpage tab)</li> <li>Speakers list</li> </ul>	<ul style="list-style-type: none"> <li>need a plan and resources for distribution/access</li> <li>2. need a plan for coordination of services and seamless referral</li> </ul>		<ul style="list-style-type: none"> <li>Investigate best practice to coordinate both on campus and off campus resources – e.g., Health Services and Community ADHD supports</li> </ul>
	7) Crisis Management Procedures		<ul style="list-style-type: none"> <li>Resource guides – red (folder and tab)</li> <li>Speakers list</li> </ul>	<ul style="list-style-type: none"> <li>no plan and resources for distribution/access</li> <li>2. no plan for coordination of services and seamless referral both internally and externally</li> </ul>		<ul style="list-style-type: none"> <li>Develop multiple ways over multiple times within the year to provide information to all staff, students and faculty</li> <li>2. Develop a coordinated referral system across the community</li> </ul>



Focus	Key Components	Student Association of Mount Royal University (SAMRU) Strengths (indicators are from 2011-12 academic year)
Community level:  <i>All Students</i>	<b>1) Building Student Community</b> <b>1.1 Social Spaces</b> <b>1.2 Events</b> <b>1.3 Clubs</b> <b>1.4 Volunteer opportunities</b> <b>1.5 Programming</b> <b>1.6 Outreach</b>	<b>1.1 Wyckham House Student Centre provides student community spaces (30% of total area): Volunteer Centres (6%), Lounges/study spaces (4%), Clubhouse (1%), The Hub</b> (open daily to campus community, reserved for student club events Wednesday, Friday and Saturday nights and other programming Tuesdays and Thursdays – 7%), <b>Food Court tables (12%)</b> .  <b>1.2 Awareness Events, Club Activities, Music Performances, Speakers (216)</b>  <b>1.3 Ratified Clubs (59), Club Leaders (248), Club Members (2217)</b>  <b>1.4 Volunteer Opportunities (134)</b> <ul style="list-style-type: none"><li>• <b>Volunteer Centres</b> (Peer Support Centre, Native Student Centre, Cultural Mosaic Centre, Sustainability Centre, Student Outreach and Safewalk, Pride Centre – <b>105 volunteers giving 6761 hours</b> in 2011/12)</li><li>• <b>SAMRU Governance Volunteers (19 on Students’ Council)</b></li><li>• <b>GFC Volunteers (10)</b></li></ul> <b>1.5 Programming Examples:</b> <ul style="list-style-type: none"><li>• Native Student Centre (Elder speaker’s program, sweat lodge, craft program, Ask a Question)</li><li>• Pride Centre (Queer Review series, student-designed speaker series on queer identity, Pride Week, Gender Bender, Transgender Day of Remembrance, Montreal Massacre Memorial, World AIDS Day)</li><li>• Cultural Mosaic Centre (Global Tea Party, Global Issues and Cultural Controversies discussion series, Living Art Mosaic program, World Trivia Challenge, International Food Festival, Chinese New Year celebrations, Black History Month celebrations, International Day for the Elimination of Racial Discrimination)</li></ul> <b>1.6 Outreach</b> <ul style="list-style-type: none"><li>• Student Outreach and Safewalk (SOS) Booth - approx. <b>1750</b> students referred or helped (<b>7-10/day</b>)</li></ul>
	<b>2) General and Group Advocacy and Representation</b>	<b>Student Representatives work at various levels to support students:</b> <ul style="list-style-type: none"><li>• <b>Campus</b> (students represented on <b>60</b> committees and BOG)</li><li>• <b>Municipal</b> (students represented on <b>Calgary Student Caucus</b>; issues such as transit, housing)</li><li>• <b>Provincial</b> (students represented on <b>Student Finance Appeal Board, Alberta Student Executive Committee</b>; issues such as funding, student loans, PSE policy)</li><li>• <b>Federal</b> (students represented on the <b>Canadian Alliance of Student Associations</b>; issues such as PSE transfer funding and standards)</li></ul>
	<b>3) Health and Dental Insurance Plan</b> (full-time, credit students only)	<b>Provides insurance coverage that includes:</b> <ul style="list-style-type: none"><li>• <b>Prescription Drugs:</b> Drugs categorized under “Depression” are second most claimed (<b>12%</b> of total) after contraceptives, “Cerebral Stimulants” are fifth (<b>4%</b>) and under “Mental Disorders” are 14<sup>th</sup> (<b>1.5%</b> of claims).</li><li>• <b>Supplemental Health Coverage:</b> includes psychologist or social worker with referral from physician.</li></ul>
Individual Level  <i>Students Needing Support</i>	<b>4) Direct Services</b> <b>4.1 Food</b> <b>4.2 Monetary Support</b> <b>4.3 Peer Support</b> <b>4.4 Referrals</b>	<b>4.1 Food –</b> <ul style="list-style-type: none"><li>• Free Breakfast (<b>70</b> students per day, <b>9800</b> breakfasts served in 2011/12);</li><li>• Independent Food Bank (<b>155</b> hampers);</li><li>• Calgary Interfaith Food Bank (<b>38</b> hampers);</li><li>• Good Food Boxes (<b>237</b> sold);</li><li>• Exam Relief snacks distributed in fall and winter semesters.</li></ul> <b>4.2 Monetary Support –</b> <ul style="list-style-type: none"><li>• Emergency Student Loans (<b>88</b> provided, maximum level <b>\$300</b>);</li><li>• Consignment Used Book Store 75%/25% split and students set own prices (<b>\$206,000</b> returned to students last academic year);</li><li>• <b>\$40,000</b> provided in SAMRU scholarships and bursaries.</li><li>• Season of Caring provides gifts to registered students and their families. In 2011, this served <b>357</b> people: 212 adults and 145 children.</li></ul> <b>4.3 Peer Support –</b> <ul style="list-style-type: none"><li>• Individual (<b>10-15</b> per week);</li><li>• Groups (last year had one - Asperger’s peer group)</li></ul> <b>4.4 Referrals</b> - over <b>300</b> campus (eg. Wellness Centre, Accessibility Services) and community (eg. Calgary Legal Services) referrals





	<p><b>5) Individual Advocacy Services</b></p> <ul style="list-style-type: none"><li>• <b>Support for students facing academic appeals, Code of Conduct violation allegations, grievances.</b></li><li>• <b>Support for the development of self-advocacy skills.</b></li><li>• <b>Attendant at hearings.</b></li></ul>	<p><b>Fall 2011 (The Student Advocacy Office opened in September 2011):</b></p> <ul style="list-style-type: none"><li>• Students seeking support: <b>53</b>; Issues addressed: <b>89</b></li><li>• <b>13%</b> self-identified mental health issues</li></ul> <p><b>Winter 2012</b></p> <ul style="list-style-type: none"><li>• Students seeking support: <b>64</b>; Issues addressed: <b>103</b></li><li>• <b>13%</b> self-identified mental health issues</li></ul> <p><b>Spring/Summer 2012</b></p> <ul style="list-style-type: none"><li>• Students seeking support: <b>33</b>; Issues addressed: <b>78</b></li><li>• <b>15%</b> self-identified mental health issues</li></ul> <p><b>Feedback received from students who identified mental health issues:</b></p> <p>"Learning to be a self-advocate is important, but it can also be exhausting. Navigating and abiding by university policy, procedure, and other bureaucratic nonsense can often be enough of a hurdle to deter students from seeking out the resolution that they deserve without even getting into <i>the personal and mental health challenges</i> that can be associated with the issue that is being dealt with....An unfortunate reality is that the burden of proof is often placed on students when it comes to situations that could significantly affect their academic career. They are the ones who have to seek out the proper process, individuals, and resolution for a problem they are experiencing even though that problem may be the result of someone else's wrongdoing or ignorance. This can be an incredibly trying experience if you have to do it on your own. An experience that may have many students choosing between justice and their <i>own mental health and personal well-being</i>, but being able to share it... can make all the difference." Student Feedback, Fall 2011</p> <p>"... [The Student Advocacy Office] dealt with my concern with delicacy and understanding, going to great lengths to ensure my confidentiality but also to make me feel comfortable enough to share my story. Having to relive some circumstances by telling them over and over can be incredibly painful but [The Student Advocacy Office] helped make it easy. [This person] was particularly good at listening, empathizing and making sure to pace the work that we did so that it wouldn't result in unnecessary extra stress. Simply having a dedicated person at the institution to share my concerns with made it easier for me to walk through the doors and go to class every morning." – Student Feedback, Fall 2011</p> <p>"When I experience anxiety, I see through a tunnel and not the larger, whole picture. [The Student Advocacy Office] helped me to see the larger picture and how there are multiple factors which impact any situation. This helps me to come out of the tunnel and refocus on my studies... step away from blaming individuals and move towards learning and repairing relationships. It's about improving these conflict relationships and moving forward into the future." <i>Student Feedback, Winter 2012</i></p> <p>"When I am experiencing anxiety and depression, sometimes I feel so sad to come to school. I really appreciate that [The Student Advocacy Office] is always willing to help me, even if it's just by talking to me on the phone when I'm at home. [This]... gives me encouraging support, even when I drop in [and] I'm experiencing a sudden onset of anxiety and am not able to see my counselor from MRU...is so comforting to me at that moment of struggle to be able to hold the hand of someone who I trust, who supports [me], cares about me and no judgments are made. This is a precious, healing, cure for me. Due to the support and efforts of [The Student Advocacy Office], even though I experienced conflict in one course this semester, I was able to be very successful in my other courses through this difficult time. I believe that all students should have the opportunity to experience this great support." -<i>Student Feedback Winter 2012</i></p>
<i>Students needing Mental Health Services</i>	<p><b>6) Referrals from Volunteer Centres and Student Advocacy Office</b></p>	<ul style="list-style-type: none"><li>· Referrals to MRU Wellness Centre</li><li>· Distress Centre information provided after-hours on voicemail</li></ul>



Appendix I – Priority Recommendations, Years 1 to 3

These recommendations were developed within the Systemic Approach Framework (Appendix G). They have been prioritized by in a thematic manner. In addition, they have been categorized by ability to accomplish. Recommendations that are identified as “Already started” are underway as a result of Action Groups and/or Services recognizing these needs. Some recommendations were identified “Support-not lead” indicating initiatives already identified at MRU and could/should be supported through the work of the Task Force, and are initiatives for which the Task Force is not solely responsible to initiate. These recommendations are seen in the final box.

	Recommendations	Already started	Can do within existing resources	Can NOT be done within existing resources
Assess	Develop an assessment plan and strategies to measure impact of mental health initiatives.			X
Build Capacity	Build capacity to support students experiencing mental health challenges by strengthening referral/links within and to off-campus services, i.e., Alberta Health Services. <ul style="list-style-type: none"><li>· Explore/adopt a mental health triage system to ensure timely access to appropriate care i.e., daily emergency spots and drop-in time slots are currently in place at Health Services and Student Counselling Services—compare systems.</li><li>· Explore use of the common professional screening tools that may be used in multiple areas, i.e., Attention Deficit/Hyperactivity Disorder ADHD.</li><li>· Develop a blueprint/map to deal with individual crisis situations with clear protocols outlining how more complex situations should be approached where a level of coordinated response is warranted, i.e., including return to campus/residence plan.</li></ul> Explore and design a peer-to-peer model for implementation in 2014-2015, (A, B, C’s training modules?).  Implement on-line resiliency resources for all students, i.e., The Leap Project.	X	X  X X	X    X  X
Use Data	Analyze faculty and instructional staff survey and respond to needs of faculty to support student mental health in the learning environment.  Increase opportunities to share data on mental health statistics and facilitate conversations on campus to increase awareness, i.e., University Leadership Group, SAMRU, Board of Governors, etc.  Explore creation of new “support groups”, along with current offerings, for students experiencing mental health concerns/issues (Student Counselling Services).  Use data to help identify critical events and situations that might put students at risk to help to dismantle systemic barriers. Provide proactive services and supports to students who need it when they need it.	X     X	  X   X	     X



Market and Communicate	Develop and implement a communication strategy (multi-approach) to ensure students are aware of programs and services on campus to contribute to increasing coping skills and building self-management skills. Follow the student life-cycle to ensure communication is timely/relevant (Comprehensive Communication Plan). Include services, programs, resources, training opportunities, referral process, etc.) <ul style="list-style-type: none"><li>Develop concise and practical tools for new and returning faculty to facilitate response/support of student mental health.</li><li>Develop MRU’s “Red Folder” concept and distribute to every faculty member (FT and PT) and other community stakeholders.</li><li>Establish process for appropriate “information sharing” to support and/respond to someone experiencing a mental health crisis “by attempting to obtain signed/informed consent.</li></ul>			X
	Implement mental health messaging “thread” throughout New Student Orientation and Year Round Orientation (when in place). <ul style="list-style-type: none"><li>Design and implement mental health communication “resource piece” to be added to each course syllabus/outline. Add same message to student MyMRU.</li><li>Collaborate with ADC’s New Faculty Orientation program to share information about student mental health and resources.</li></ul>	X	X X	X X
	Communicate a coordinated referral system and information about how to recognize and gauge mental health concerns in students to campus members-- faculty and front-line staff to utilize, i.e., Red folder concept, CBCT.		X	
	Communicate/post Distress Centre information for everyone to be aware of and anyone to access anytime, especially after hours.		X	
	Support the development of campus wide initiative to enable any campus community member to respond to the crisis needs of a member in our community, i.e., “red folder”, CBCT, security, 911, etc.)		X	
	Increase number of pod casts in the “You Are Not Alone” series along the whole metal health continuum.		X	
	Complete the resource database developed by the Resource Action Group and ensure this is part of the comprehensive communication strategy.		X	
	Create/enhance access to information via easy navigation for students seeking mental health information, support and services, i.e., Campus Connect.			X
	Create a repository to “house” current work/initiatives of the President’s Task Force on Student Mental Health/Action Groups/Initiatives.		X	X
	Utilize social media to enhance knowledge and access mental health information, services, support, and services.		X	
	Create/enhance website to assist faculty and staff with communicating mental health resources for students and facilitate a referral process.			X
Increase Awareness, Educate and Train	Develop a short awareness session (45-60 min) for stakeholders to increase awareness of mental health issues/initiatives relevant for any/everyone on campus (customize training when possible). (Can develop-deliver need resources).		X	X
	Offer on-campus training options (3-hour sessions) such as those held for SACL and Enrollment Services employees (customize training when possible).	X	X	
	Offer Mental Health First Aid (MHFA) 12-hour sessions (or similar more intense training) to targeted and/or interested campus community members-- assess appropriateness/outcomes.		X	

<b>Support: These recommendations were identified as “Support-not lead” indicating initiatives already identified at MRU and could be supported through the work of the Task Force and are not solely focused on student mental health.</b>
Participate in a pilot project supporting “academic learning communities” from a mental health perspective. (Faculty of Teaching and Learning) Recommend the development of a mental health strategy for employees at MRU. (Human Resources, Wellness Services, Employee Wellness Committee) Support the development of criteria for physical space conducive to wellbeing, i.e., community building, comfortable, accessible, lighting and ergonomic considerations, single/group settings, colours, etc. (Facilities) Support the establishment of an Office of Student Retention/Success that would have, as part of its accountabilities, responsibility for the coordination of emerging early-alert networks. (Retention Task Force) Ensure Human Rights policies and procedures related to mental health accommodations, including academic accommodations, are available and implemented appropriately. (Diversity and Human Rights/Accessibility Services). Support increased awareness and education related to Universal Instructional Design and the duty to accommodate students and determine essential course and program requirements (Diversity and Human Rights/Accessibility Services). Support increased awareness about diversity in the classroom (Diversity and Human Rights). Recommend adding a mental health section to the student code of conduct brochure. (Office of Student Conduct)

