



Progress Report

Student Affairs Mental Health Strategy

September 2018

Mount Allison University released the Student Affairs Mental Health Strategy in July 2016. The strategy was the result of consultation and review of existing health, wellness, and mental health services at MtA.

The following is a progress report of activities as of September 2018 that have been undertaken by Student Affairs.

This, like the Strategy, is a living document and will be updated on an annual basis.

A Systemic Approach to Mental Health

In their *Guide to a Systemic Approach*, CACUSS and CMHA undertook a review of key sources focusing on healthy campus settings, (Patterson & Kline, 2008; World Health Organization, 1998) as well a thorough review of campus mental health strategies in Canada and internationally was undertaken.

The following key components for student mental health strategy development were formulated from this review:

1. Institutional Structure: Organization, Planning and Policy
2. Supportive, Inclusive Campus Climate and Environment
3. Mental Health Awareness
4. Community Capacity to Respond to Early Indications of Student Concern
5. Self-Management Competencies and Coping Skills
6. Accessible Mental Health Services
7. Crisis Management

The following sections outline the first annual Progress Report (2016-17) of the Mount Allison University *Student Affairs Mental Health Strategy*, using the CACUSS-CMHA recommended systemic approach.

1. Institutional Structure: Organization, Planning and Policy

Potential Areas for Development at Mount Allison:

- Procedures for medical leave and re-entry, voluntary and involuntary withdrawal
 - **Completed** (Procedures are outlined in the Student of Concern (SOC) protocol Sections 8 and 8.1)
 - **Completed** (A Return to Campus Documentation Form has been updated to include withdrawal for mental health reasons)
- Establish Students of Concern Case Team for support students in distress or crisis
 - **Completed** (SOCCT meets on a weekly basis)
- Develop procedures to respond to “at-risk” behavior
 - **Completed** (SOCCT)
- Examine removing sanctions that discourage students from taking medical leave/withdrawal (i.e., loss of scholarships)
 - **Completed** (students with medical/disability reasons can take a reduced course load without losing their scholarship and may be considered for the Dean’s list)
 - **Completed** (financial and academic situations are evaluated on a case by case basis for students who need to withdraw due to medical reasons)

Recommendations:

- University policy initiatives should be viewed with an equity and diversity lens that accounts for how individuals with mental health needs are affected by such policies while engaging in University activities.

Ongoing (Accessibility Committee to be implemented to overcome attitudinal, organizational and other barriers)

- **Completed** (the initial SOCCT protocol was carefully reviewed from a mental health lens and changes were made)
- Develop policy, in accordance with best practice policies and protocols in place at other Canadian universities, to establish pathways to support student needs in cases where the primary issues are related to mental health.
 - **Completed** (SOCCT and counsellors work and refer as needed)
 - **Ongoing** (Accessibility Committee to consider policy recommendations)
- To help address the issue of stigma within the purview of curriculum and pedagogy, develop statements related to both mental health and academic accommodation; include help-seeking and University resources.
 - **Ongoing** (a syllabus statement sent to Dean’s for distribution to their faculty)
- Develop programming and training that supports faculty to create learning environments that encourage students to seek help.
 - **Ongoing** (Mental Health First Aid (MHFA)& LIST: Go-to Faculty Training offered to faculty; presentations to faculty council)
 - **Ongoing** (Training and consultation are offered to faculty)
 - **Ongoing** (Accommodations and Universal Design for Learning)

2. Supportive, Inclusive Campus Climate and Environment

Gaps:

- Current resources are not adequate in terms of time and expertise, to meet the increasing complexity of students' mental health needs.
 - **Completed/ongoing** (Student Development Counsellors have Master's level Social Work or Counselling degrees and are able to provide services to students with complex mental health needs. They use a Stepped Care 2.0 Model approach which includes walk-in counselling and "single session" sessions. They refer to Psychologists when out of scope of practice)
 - **Completed/ongoing** (The university has 3 Clinical Psychologists that offer services on a fee-for-service basis on campus for a total of three days per week)
 - **Completed/ongoing** (In January 2017 a Psychiatry clinic was offered twice a month and will continue)
- Wait times for appointments with physicians can be lengthy (up to 1 month).
 - **Completed** (Evening and other daytime Physician clinics have been added to address this need. Students are able to access timely appointments unless students are seeking a specific physician for a particular date and time)
- Access to emergency psychiatric care (Moncton) or other specialist appointments – transportation barriers (limited access to reliable transportation and/or prohibitive financial barriers).
 - Still a local need for emergency psychiatric care
 - **Completed/ongoing** (Relationship developed with Mobile Mental Health Team, Sackville Hospital; the Mt.A Mental Health Access Committee includes community, Mt.A, MASU and hospital partners)
 - **Completed** (MASU has coverage under their health plan for transportation to scheduled mental health appointments and are available to students from the Wellness Centre)
- Need for faculty to reflect on the impact of their curriculum and pedagogy on student mental health.
 - **Completed/ongoing** (Student-led focus group, panel, and faculty session on mental health and accommodations were offered in 2016-17; faculty and staff session offered in 2017-18 and spring 2018)
 - A presentation on UDL is offered yearly
 - The Mental Health Educator contacts Department Heads each semester
- Some faculty members may be unaware of the need to accommodate student mental health disabilities, and unfamiliar with principles of inclusion.
 - **Completed/ongoing** (Student-led focus group, panel, and faculty session on mental health and accommodations were offered in 2016-17; faculty and staff session offered in 2017-18 and spring 2018)

- A presentation on UDL is offered yearly
- The Mental Health Educator contacts Department Heads each semester
- Clarification of role of parents/family in maintaining students' mental health (and accessing these supports in times of crisis or complex mental health situations).
 - **Ongoing** (development of parent specific website as a means to share info on resources; Support to be provided in the form of awareness of services and distribution of information packages. Information on programs and services is always available by request.)

Potential Areas for Development:

- Increased education and tools for faculty and staff on issues of access and inclusion.
 - **Completed/ongoing** ((Student-led focus group, panel, and faculty session on mental health and accommodations were offered in 2016-17; faculty and staff session offered in 2017-18 and spring 2018)
 - A presentation on UDL is offered yearly
 - **Ongoing** (work with student groups to encourage the development of awareness campaign on invisible disabilities)
- Continue to work with the Student Union on possible solutions to transportation issues.
 - **Completed/in progress** (MASU has coverage under their health plan for transportation to scheduled mental health appointments and are available to students from the Wellness Centre)
- Provide faculty and staff access to professional development opportunities that recognize, and are inclusive of cross-cultural issues with respect to mental health, particularly as they apply to supporting Indigenous and International Students.
 - **Ongoing** (provided workshop to faculty and staff both from the Int'l Student Centre & Indigenous Affairs Office – including “blanket exercise” and “building bridges”)

Recommendations:

- To better address the needs of students for more affordable and frequent access to psychological services, secure funding/coverage for private psychologists, access to psychiatrist, access to mental health nurse/specialist.
 - **Ongoing/in progress** (Continuously seeking other partnerships and funding opportunities to expand services; continue to work partnerships with psychologists to offer services on campus)
 - **Completed/ongoing** (MASU has coverage for psychologists, psychiatrist on campus)
- Provide resources/professional development opportunities to enhance the therapeutic skills in these areas for existing staff.
 - **In progress** (2017 - Stan Kutcher training on mental health ; 2018 “single session therapy” methods training ; LBGTQ and health professionals training)

3. Mental Health Awareness

Potential Areas for Development:

- Provide training to faculty, staff and students (especially in positions of support to others), to enhance campus awareness and comfort around identifying and responding to others in distress.
 - **Ongoing** (Training provided, MHFA offered multiple times throughout the year)
 - Yearly MHFA sessions offered to Resident Assistants, faculty, and staff
 - Yearly SafeTALK and MHFA training offered to RAs
 - Mental Health Educator offers consultation to faculty, and staff
 - Garnet Guide distributed annually to faculty
 - LIST project offered Go-to Educator Training for faculty & staff,
- Distribute Garnet Guide to all faculty on an annual basis.
 - **Completed**
- Create user-friendly messages (e.g., videos) about mental health easily accessible to students.
 - **Ongoing** (MH video produced and included in Orientation ; second MH video to be produced for October)
- Increased education for students and staff around mental health supports and services available on campus and in the community.
 - **In progress/ongoing** (awareness campaigns and presentations to faculty council and departmental meetings)

Recommendations:

- Provide a guide on academic accommodations and promote on-line resources to faculty on accommodation for students with documented mental health issues.
 - **Completed** (There is an online resource through the Meighen Centre website)
- Acquire additional funding to purchase necessary materials to support the delivery of *Mental Health First Aid* training to all Residence Life staff on an annual basis.
 - **Completed** (Funding has been secured for the next three years 2016-19)
- Support staff and faculty requests to attend mental health training during regular business hours, rather than having them use personal time to attend training.
 - **Completed** (Cost of training is covered)
- Develop a comprehensive webpage with all available mental health resources and information, including campus resources, community resources, national and provincial crisis phone lines, self-help resources, etc.
 - **Completed**
- Expand availability of psychological services by providing students with a list of psychologists who are willing to provide services remotely, through the use of technologies such as Skype
 - **In progress** (list maintained of area psychologists; remote services not currently available in NB)

4. Community Capacity to Respond to Early Indications of Student Concern

Gaps:

- Students may not seek assistance due to a number of factors, such as: stigma; lack of insight/awareness about the state of their mental health; lack of confidence in existing resources; etc.
 - **Ongoing/in progress** (Increase mental health literacy)
 - **Completed/ongoing** (Poster campaigns during academic year, will continue)
 - **In progress** (LIST project will encourage students to seek help; plans to bring resource into residences)
- Residence Life staff receive limited training around early mental health intervention, despite being most often the first point of contact for residence students in distress.
 - **Completed** (MHFA and SafeTALK training were provided to all RAs)

Potential Areas for Development:

- Develop enhanced training and education for key residence life staff (Dons and RAs) around early mental health intervention.
 - **Completed/on going**
- Increase education and awareness among faculty and staff who may be in a position to notice signs of distress among students.
 - **Completed/on going** (MHFA)
 - **Completed/in progress** (distribution of Garnet Guide)
 - **Completed/in progress** (Promotion of SOCCT and the Academic Outreach Initiative)

Recommendations:

- Develop an academic supports protocol for students experiencing acute mental health issues which may temporarily require academic accommodation, i.e. situational depression, exam anxiety, death of family/friends, etc., where they are not already or regularly being accommodated through the Meighen Centre.
 - **Completed/on going** (In consultation with the Registrar's Office, Meighen Centre, Wellness Centre, and Chaplain students can request accommodations)
- Secure funding to purchase access to comprehensive online training on mental health and addictions
 - **In progress** (Ongoing fundraising campaign; AAU proposal completed; NB Student Association supporting the purchase and lobbying NB Government)
- Encourage students to self-identify when they are experiencing distress.
 - **In progress/ongoing** (addition of walk-in counselling and advertisement of counselling services)

5. Self-Management Competencies and Coping Skills

Gaps:

- Many students seem to lack skills in emotions management and self-regulation.
- There are a lack of opportunities for students to learn said skills.
- According to research conducted by Mount Allison Professor of Psychology, Dr. Louise Wasylikiw, many students are unaware of available campus resources designed to assist them in coping.
 - **Ongoing** (Promotional campaigns)
 - **Ongoing** (Engagement and consultation with students and student groups (ACID, Change your Mind, jack.org))

Potential Areas for Development:

- Explore the possibility of creating a “Life Skills” or “University 101” course for all incoming students.
 - **Ongoing** Transitions Resource and Stepped Care 2.0 used by counselling and other staff
- Conduct an awareness campaign to educate students about available campus resources.
 - **In progress** (Engagement, consultation and promotional campaign to students)
- Gain access & raise awareness about more web-based self-help programs.
 - **Completed** (Mental Health Apps promoted to students)
 - Poster campaigns, facebook and twitter .
 - **In progress** (Stepped Care 2.0)
- Be deliberate in promoting help-seeking and self-help behaviors.
 - **In progress** (Mental Health educator outreach)
 - **Completed/ongoing** (Group programming)

Recommendations:

- Increase availability of group counselling opportunities to encourage development of skills in the areas of:
 - Emotion regulation/distress tolerance
 - Procrastination
 - Perfectionism
 - Anxiety
 - **Completed** (Social Anxiety Group offered)
 - **In progress** (Survivors of sexual assault support group)
 - Mood issues
 - Mindfulness offered in 2017-18
 - Relationship concerns
- Provide more workshops and skills seminars around key self-management competencies for students, including:
 - Assertiveness & healthy relationship skills (boundaries)

- **Completed** (Workshop offered)
- Emotional Regulation and Distress Tolerance.
- Lifestyle concerns (sleep, eating, exercise, life balance, finances, alcohol use)
 - **In progress**

6. Accessible Mental Health Services

Gaps/Needs:

- Transportation costs: many students are unable to access psychiatric services in mental health emergencies (in Moncton) due to the cost and time required to travel there and back.
 - **Ongoing** (MASU has coverage for scheduled mental health appointments)
 - Fundraising ongoing
 - Mental Health Mobile Crisis Team/9-11 available for emergencies
- The substantial increase in the number of complex mental health cases presented to the Registered Nurse/Educator and the physicians on campus has contributed to increased wait times for all students wishing to access medical services.
 - **Completed** (Doctors clinics and evening have been added to address this issue)
 - All students are able to access health supports, regardless of issue
- The Wellness Centre is open weekdays only, from 8:30-4:30. Students who experience crisis outside of these hours are encouraged to use crisis phone lines and the local hospital system.
 - **Completed** (Hours have changed to address need)
- Lack of access to psychiatric services in Sackville.
 - **Completed** (Psychiatrist on campus)
- Lack of ability of psychologists to meet demand on campus due to time constraints; many students do not have the means to pay for private psychological services.
 - **Completed** (Covered in MASU health plan – more promotion required)
 - There are now 3 psychologists offering services on campus

Potential Areas for Development:

- Explore partnership opportunities with Moncton-based psychiatrists who may be interested in seeing additional patients on campus (University of New Brunswick-Fredericton has such an arrangement).
 - **Completed**
- Explore opportunities to partner with other licensed psychologists based in Moncton who may be willing to see students on campus.
 - **Completed**
- Work with the Student Union to encourage the inclusion of additional mental health coverage in the MASU health insurance plan.
 - **Completed**
- Improve the platform of the online peer support service, *Beautiful Minds*, to be more user-friendly and accessible.

- **Completed** (Platform was improved, however was not accessed. Needs to be re-evaluated)
- Continue to improve the relationship between staff and peer-run mental health initiatives
 - **Completed/in progress**

Recommendations:

- Secure additional staffing resources (e.g., a part-time mental health nurse).
 - Fundraising in progress
- Increase funds available for professional development and skills-training opportunities for counsellors in specialized areas of care (e.g., eating disorders, OCD, PTSD, marginalized populations, in particular, Indigenous students).
 - **In progress/ongoing** (Professional Development was offered in some areas and will continue to be offered)
- Provide counsellors with enhanced clinical supervision opportunities.
 - Recommended

7. Crisis Management

Gaps:

- There is no formal crisis response team protocol on campus – especially to guide decision-making in emergencies that often occur outside of normal working hours
 - **Completed** (Crisis Response Protocol has been developed)
- There is currently no standard policy or protocol for staff to follow when students in mental health crisis need to be taken to hospital.
 - **Ongoing** (Protocol to be developed; best practices being followed with guidance from counselling/health units)
- Residence Life staff are at high risk for burnout due to intensity and number of situations requiring emergency response.
 - Ongoing : offered RA specific group sessions and debrief of crisis situations available
- There are no on-campus after-hours mental health crisis services available.
 - **Completed** (Evening hours have been added, evening walk-in hours added;community resources are promoted)
- There is some confusion amongst staff members as to the role parents/families play in crisis situations and the appropriateness of sharing information about a student’s condition, especially for students under 18 years of age.
 - If the student is under 18, information will be shared with their parents or guardians
 - Information will be shared through the SOCCT in cases where students are at imminent risk of harm or when a “release of information” has been signed by a student of concern.

- There may be a lack of awareness amongst faculty and staff regarding the types of situations and circumstances which dictate an emergency/crisis management response.
 - **Ongoing/in progress** (Awareness campaign and distribution of Garnet Guide)
- MtA lacks a clear and cohesive policy and procedure to support students with serious, ongoing mental illnesses, including communication to students about options available for mental health leave as well as re-entry processes.
 - To be addressed in mental health policy
- There is currently a lack of protocol/programming to support members of the campus community in the event of the death of a student by suicide.
 - **In progress** (Crisis Response Protocol will be reviewed)
- Staff and faculty may be unaware of their roles and responsibilities when dealing with a student who poses an imminent danger to themselves.
 - **In progress** (LIST Go-to Educator training)
 - **Completed/ongoing** (SOCCT)

Potential Areas for Development:

- Consider expanding the hours of operation of the Wellness Centre to better meet the logistical needs of students. Perhaps Student Development Counsellor work schedules could be staggered in order to provide some coverage in the evening.
 - **Completed** (Evening walk-in clinic added)
- Explore the costs and benefits of membership in a student assistance program (SAP) to enhance students' access to services 24 hours per day.
 - **In progress** (Fundraising in progress; AAU lobbying provincial governments for support)
- Encourage students to make use of existing after-hours crisis services (e.g., phone lines).
 - **In progress/ongoing** (Promotional campaigns)
- Have systems and procedures in place to disseminate timely and accurate information to students and other members of the campus community during threat emergency situations
 - Communications office has procedures
- Develop a protocol to support students, faculty and staff following the death of a student by suicide.
 - **Ongoing** (updated protocols/guidelines in the case of the death of a student)
- Develop effective communication and coordination processes to support students with serious ongoing mental health concerns, including options available for mental health leave as well as re-entry processes to support transition back to academic programs.
 - **In progress** (part of Return to School procedures under SOCCT)

Recommendations:

- Develop an official staff protocol for transporting students in mental health crisis to hospital.
 - **In progress**

- Enhance the mental health training made available to Res Life staff, including regular follow-up and “supervision” from counsellors to encourage continuing confidence in executing boundaries and care in their roles.
 - **Completed** (RAs have been offered MHFA, safeTALK)
- Develop a crisis response team protocol so that no one staff member is responsible for crisis intervention alone, and so that there is a clear protocol for responding to crises outside of standard work hours
 - **(In progress)**.
- Develop clear guidelines on sharing of student information with parents/families, while respecting all laws related to the privacy of information.
 - **Completed** (SOC protocol Section 7)
- Increase availability of crisis services after hours (more counsellors, counsellor presence in residence, add evening shifts, and/or on-call services) as these tend to be the more difficult times of day for young adults with mental health concerns.
 - **Completed**
- Develop a communications plan for staff and faculty to follow when dealing with situations involving students with the potential for harm to self.
 - **Completed** (SOCCT)
- Enhance faculty and staff awareness of the types of situations and circumstances that require crisis management, what the protocols are, and what their role is within these. This involves also understanding how an institution’s policies, provincial legislation and professional guidelines inform decisions related to what information is shared and when to notify authorities when the safety of the individual is involved.
 - **In progress**
- Ensure that emergency personnel and peers, staff, professionals on campus are aware of best practices re: confidentiality during crisis intervention.
 - **In progress**

Summary and Next Steps

This document is a “living document” and will continue to be revised as stakeholder feedback is received and evaluated.

Next steps in this process include:

- Sharing the *Student Affairs Mental Health Strategy* with all members of the campus community **(Complete)**.
- Collaborating with the Mount Allison Students Union as well as individual clubs and societies with mandates related to mental health. **(ongoing)**
- Liaising with Sackville partners and mental health agencies on key components of the strategy. **(ongoing)**
- Securing external funding to support mental health initiatives. **(ongoing)**
- Monitoring, assessing and evaluating mental health programs and services. **(ongoing)**

These steps, and the Report recommendations, are in alignment with the systemic approach, which regards every member of our community – staff, faculty and students – as having a voice in the important conversation around student mental health.

The recommendations also call for the university to provide, within available resources, the services most needed for our students, and for students to actively engage in supporting their own mental wellness. All elements of the University environment have an impact on student well-being, and have the potential to contribute to fostering a healthy, inclusive, and resilient community.