President's Task Force on Student Mental Health

Student Mental Health Implementation Task Force
Year Two 2014-15 Update to Community

Summary

We are pleased to provide you with an update on the progress of the second year of implementing the recommendations of the President's Task Force on Student Mental Health.

In May of 2013 the President's Task Force on Student Mental Health delivered a full report outlining the eighteen month process and outcome of their work to support student mental health at Mount Royal University. Their efforts were influenced and guided by the *Post-Secondary Student Mental Health Guide to a Systemic Approach* developed by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association.

The report contained several recommendations that when implemented would act to enhance existing services or engage in new initiatives to support students at Mount Royal University. These recommendations were divided into timelines of short term (1-3 years), medium term (3-5 years), and longer term (5-8 years). With year one and two having passed, we are now reporting on the progress of the recommendations for the time period of year two.

 The following document provides highlights of work conducted in the 2014-2015 year as outcomes of the President's Task Force on Student Mental Health and its recommendations.

The Working Mind, a mental health education workshop was offered once again in 2014-15. One hundred and two employees took this 3.5 hour course in 2014-15. An online resiliency and stress management tool, Breathing Room was launched in November 2013 to the MRU community. This resource is highlighted and accessed through the MRU mental health website. There were over 330 participants in the Breathing Room in 2014-15.

A survey designed by Dr. Patricia Kostouros and Dr. Janet Miller was implemented in spring 2015 to gather feedback from Faculty members across campus. This furthers work started in 2013 to gather information about the Faculty experience of student mental health and knowledge of available resources.

There has been further research into the 'Well-being in Learning Environment' concept. While work at Simon Fraser University has found 10 important conditions for creating well-being within the learning environment, Mount Royal University is currently working to assess how this model applies to the MRU context.

Continued collaborative work is underway with the office of University Advancement to develop and implement a comprehensive communication plan for mental health messaging and information. This includes the continuation of the @MRULiveWell Twitter Account, which emphasizes information related to student health and wellness, and which had over 400 followers in 2014-2015.

Early Support is service that allows staff and faculty to put forward the name of a student through an on-line system, who may need additional support on campus. By reaching out and providing students with relevant resources and support in a more timely manner, Early Support helps to reduce the chances smaller challenges don't turn into bigger problems. The system does not replace any referrals or student support already being given by faculty or staff, but rather acts as a safety net to ensure the

student is reached out to in a variety of ways. Early Support will be available fall 2015 as a pilot program for faculty and staff members.

Finally, the *The Faculty Dialogue Series on Pressure and Performance* invited Faculty members to discuss concerns about student mental health in the classroom. This dialogue series explored the pressures and the performance expected in today's University by both faculty and students. In both the fall and winter terms, there were ten faculty registered for this dialogue series, with a consistent group of 8 in the fall, and a variable group of 4-6 in the winter term. The conversations and participants remain confidential but in this report we present a general overview of the process and progress made in this dialogue series over the course of the academic year.

Student Mental Health Implementation Task Force

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We are pleased to report on the progress made on year two of the *President's Task Force on Student Mental Health*.

Recommendation	Rationale	Progress	Next Steps
Explore and design a peer-to-peer model for implementation in 2014-2015.	Students build capacity and lifelong skills around resiliency, health and wellness. Program created by students for students.	Reviewing current programs; models; consultations with stakeholders; goals; outcomes; messaging; outreach methods; training requirements; and timelines. March 2015: 302 students participated in online survey (Created by Nursing 2216) focused on assessing their interest/knowledge of resources for a Peer Mental Health Support program at MRU. 86% said they would feel comfortable speaking with a trained peer supporter. Students are connecting with Mental Health Facilitator.	Mental Health Facilitator to continue to connect with students to form larger group interested in peer work. Group will be established and running in September 2015.
Implement messaging thread for NSO (New Student Orientation)	Inclusive campus messaging begins when students arrive on campus. Helps students to become aware they are not alone if/when feeling overwhelmed.	Message during fall NSO speech and during the President's Address to MRU employees.	Continue to promote the importance of MH messaging during these key events. NSO—Office of Student Success, President's Address—University Advancement.

Recommendation	Rationale	Progress	Next Steps
Implement on-line resiliency resources for all students.	Build capacity to help students learn resiliency and stress management skills with increased accessible resources.	Breathing Room launched Nov 2013. Analytics and Funding secured for use of Breathing Room program 2014-2015. Total of 334 users in 2014-15.	Potential uptake in UEO/Child Studies with research component. Finished May 2015 Continued promotion of program. Share results of Communications Studies research with program developers - happening November 2015.
Develop a comprehensive communication plan for mental health messaging and information (including services, programs, resources, training opportunities, referral processes)	Mental health website would bring the resources together and create space for newer resources such as the "Mental Help" folder, Breathing Room, on and off campus mental health resources.	Mental help folder has been created and delivered to 802 employees. Wellness website as well as President's page has messaging on student mental health. MH Website is updated regularly.	Mental Health Facilitator to continually update website and work with UA on communication strategies/plan.
Develop an assessment plan and strategies to measure impact of mental health initiatives.	Important to have assessment of initiatives to guide future work and have evidence of impact.	Recommendations are being monitored and assessed as appropriate.	Meetings between Pat Kostouros and Mental Health Facilitator continued into winter/spring 2015 to transition assessment and monitoring from Pat Kostouros to the Mental Health Facilitator.
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)	Human Rights policies and procedures need to include and be supportive for mental health concerns/illnesses.	Policy developed and sent to Board of Governors. Bonafide Educational Requirements group working on procedures. Focus on matching students with appropriate placements for accommodations.	Follow up with report findings from the Bonafide Educational Requirements group. See General Faculties Council website for minutes from November 2014 meeting.-Done

Recommendation	Rationale	Progress	Next Steps
Recommend the development of a mental health strategy for employees at MRU	Employees stated on several occasions the need for attention to support themselves as being a piece of supporting students.	Meetings with Human Resources have taken place. Spring 2015 the Employee Wellness Survey was distributed. The Working Mind (TWM) program was implemented in winter/spring 2015.	Work with Human Resources to offer The Working Mind (TWM) program to more employees in the upcoming year.
Develop criteria for physical space conducive to wellbeing, i.e. Community building, comfortable, accessible, lighting and ergonomic considerations, single/group settings.	The physical environment impacts well-being. Guidelines or recommendations are needed to support creating spaces which facilitates well-being.	Report has been completed and given to key stakeholders on campus including the Campus Master Plan developers.	Key stakeholders have relevant information to act upon. -Done
Develop concise and practical tools for new and returning faculty to facilitate response/support student mental health. (ie. Mental Help Folder)	Important faculty know how to respond to students in distress.	Post survey has been developed and implemented winter /spring 2015.	Analysis and dissemination of results.
Analyze faculty and instructional staff survey and respond to needs of faculty to support student mental health in the learning environment.	Faculty/instructional staff were surveyed. Follow based on the results of the survey is important. This increases relevancy of resources.	Results speak to need for increasing awareness of resources and educational opportunities for faculty /instructional staff.	Continue to increase awareness among staff and faculty about Mental Health resources.

Recommendation	Rationale	Progress	Next Steps
Offer Mental Health First Aid (MHFA) 12-hour sessions to targeted & general or interested campus community members, 5 sessions per year.	To increase skills and knowledge of MRU community members.	Decision that these in-depth trainings are not meeting our needs. Offered three completed sessions for 2014-2015 and have discontinued this offering. Different curriculum to be ready for 2015-2016 academic year	Mental health education is being delivered, and will continue to be delivered through The Working Mind 2015-16. Participation is being tracked.
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.	Important for MRU community members be aware and understand need for initiatives based on data.	Presented at two Department meetings fall 2014.	Explore future opportunities to share this information—data and resources.
Create/enhance website to assist faculty and staff with communicating mental health resources for students and facilitate a referral process.	Improved information-sharing about available resources: to increase awareness of services, to improve quality of referrals, and to increase appropriate usage of services.	Wellness service website has been updated with mental health information. Mental Help folder can be accessed online. MH Website updated regularly.	Update website information. Track numbers for usage and access.
Create/enhance access to information via easy navigation for students seeking mental health information, support and services, i.e., Campus Connect.	Reduce process complexity and eliminate roadblocks to students' finding and accessing resources to help them during difficult times.	Pamphlet created on MH Resources.

Mental Health nurse shares referral list with counsellors. | Create a medical records system for mental health access/referral - Done. |
| Utilize social media to enhance knowledge and access mental health information, services, and support. | Reach out to students using their preferred communication tools. Using their tools helps makes message more palatable/accessible/ comprehensible. | Digital displays have been used to send messages. UA working on plan. Podcasts still being accessed. SAMRU's Digital Pathways project implemented Sept 2014 - April 2015. | Mental Health facilitator to ensure message stays to the front, including through the LiveWell Twitter Account. |

Recommendation	Rationale	Progress	Next Steps
Develop MRU's *"Red Folder"* concept and distribute to every faculty member (FT and PT) and other community stakeholders	Improved information-sharing about available resources: to increase awareness of services, to improve quality of referrals, and to increase appropriate usage of services	Over 802 people attending presentations about resources. 2000 mental help folders printed and distributed.	Track session attendance and resources provided to stakeholders
Support increased awareness of the "Concerning Behaviour Campus Team" (CBCT)	Recognizes there are many places where students will share their need for help. Shared information ensures students receive coordinated, effective, consistent response.	CBCT is a resource on Mental Health website and Mental Help Folder. CBCT team meetings are underway.	Counsellor developing a workshop to be piloted to help faculty determine when, where, and how to refer students with concerning behaviours, eg, CBCT, Early Support, Counselling/Health Services, other.
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 lifecycle to ensure communication is timely/relevant (Comprehensive Communication Plan)	Improved information-sharing about available resources: to increase awareness of services, to improve quality of referrals, and to increase appropriate usage of services.	MHF did presentation for UA Team at their dept. meeting in spring 2015 - raising awareness of resources for students and staff, training opportunities (TWM)	Social Media Lead hired. Working cross-departmentally to ensure key messaging re: health & wellness resources/initiatives are promoted and relationships established between participating depts.

Recommendation	Rationale	Progress	Next Steps
Build capacity to support students experiencing mental health challenges by strengthening referral/links within and to off-campus services,(Alberta Health Services)	Teaching students to help take care of them may help improve mental health while also reducing incidence of crises. Investing in skill development may reduce dependence on crisis intervention.	Students are being referred to Access Mental Health when appropriate.	Done.
Complete the resource database developed by the Resource Action Group and ensure this is part of the comprehensive communication strategy.	An important tool to improve information-sharing about available resources: to increase awareness of services, to improve quality of referrals, and to increase appropriate usage of services.	Information is available on Mental Health Website and Mental Help Folder.	Monitoring web analytics.
Communicate/post Distress Centre information for everyone to be aware of and anyone to access anytime, especially after hours.	Ensure reasonable 24/7 access to adequate supports, while recognizing the limits of campus ability to serve.	Numbers have been posted around the university. Mental Health nurse referring to Access Mental Health. New student club "Student Distress Centre Club" established October 2014.	Signs are posted.-Done Continue to support MRU Student Distress Centre Club.
Establish process for appropriate "information sharing" to support and respond to someone experiencing a mental health crisis "by attempting to obtain signed/informed consent.	Improve information-sharing, community learning, data collection and evaluation based on reliable inputs.	Forms were developed by mental Health nurse.

Completed June 2015. | Done. |