

SUCCESS THROUGH WELLNESS: IMPLEMENTATION REPORT
AUGUST 2014 TO AUGUST 2015

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Introduction

The creation of a campus wide mental health strategy at the University of Manitoba was inspired by a shift in recent years with regard to how post-secondary institutions view their role in relation to the mental health and well-being of their campus communities. The decision was made to create a campus wide mental health strategy, and a Mental Health Strategy Advisory Committee was struck to support the creation of the strategy. This Advisory committee was co-chaired by Susan Gottheil, Vice-Provost, Students and Gregory Juliano, Associate Vice-President, Human Resources.

In January 2013, a Mental Health Consultant, Stephanie Loewen, was seconded from Manitoba Health, Healthy Living & Seniors, Mental Health & Spiritual Health Care branch, to guide the development of the mental health strategy. She first conducted a literature review and an environmental scan of the current policies, processes and services at the University. A cross campus consultation process followed, taking place from February to August 2013. The consultant used several methods in this process to capture the experiences and thoughts of the University's faculty, staff and students.

The process of developing the strategy was supported by the Mental Health Strategy Advisory Committee. A final report was written based on the literature review, environmental scan and consultation process, including input from the advisory committee. This report contained 216 recommendations, divided among 39 different areas of wellness, and was the foundation of the final strategy document, *Success Through Wellness*, approved by the President's Executive Team in February 2014. This approval marked the public launch of the strategy, and coincided with the end of the Mental Health Consultant's secondment.

Success Through Wellness contains over 60 recommendations for 43 groups of stakeholders, divided among six goals¹ and 21 priority areas. The structure and priority areas of *Success Through Wellness* were an adaptation of *Post-Secondary Student Mental Health: Guide to a Systemic Approach*², jointly authored by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA). Stakeholders listed range from the expected, such as the Student Counselling Centre and Human Resources, to those that may not be intuitively involved in such a strategy, such as Physical Plant and Financial Aid and Awards. The foundation of this strategy is a belief that each member of the campus

¹ Please see all three versions of *Success Through Wellness* for more information at <http://umanitoba.ca/student/mentalhealth/mh-strategy.html>

² See full CACUSS-CMHA Guide to Post-Secondary Mental Health here http://www.cacuss.ca/_Library/documents/CACUSS_Handbook.pdf

community has a call to action to make the University of Manitoba a more supportive, inclusive and caring environment for all.

It was determined that the strategy would need dedicated focus and guidance in the now upcoming implementation phase. Susan Gottheil and Gregory Juliano, in collaboration with Don Stewart, Executive Director, Student Support and Mark O'Riley, Director, Learning and Organizational Development, created the position of Campus Mental Health Facilitator. This person would be tasked with guiding the implementation of *Success Through Wellness*. Natalie Roach (author), was hired as Campus Mental Health Facilitator, and began in the role in August 2014.

The objectives of this report are following:

- To provide an overview of strategy implementation activities thus far, including but not limited to the following:
 - Creation of an implementation plan and associated mechanism (i.e., the Champions for Mental Health Group)
 - Explication of the specific activities of the Champions for Mental Health Group.
 - Highlight of additional activities undertaken that support the implementation of the mental health strategy
- To make recommendations for future activities related to the recommendations in *Success Through Wellness*.

Orientation to Campus

The facilitator spent the majority of August to September 2014 orienting to the campus through meetings with both individual and group stakeholder representatives. This period also included intensive review of the consultant's final report, the public strategy document and the actions taken regarding strategy implementation between February and August 2014. During this time an assessment was made, through individual and group conversations, about where the various stakeholder groups were at with regard to progress made on the recommendations in the strategy that pertained to their area. Through these stakeholder meetings, it became clear that a clear and concise plan would be needed in order to direct and guide future strategy implementation activities.

Listed here is a selection of other activities undertaken during this time; please see Appendix A for a more fulsome list of activities undertaken by the Campus Mental Health Facilitator:

- Presentation to Faculty of Health Sciences Deans about the new Campus Mental Health Facilitator role.
- Meeting with Yvonne Block, then CEO of AFM to discuss a partnership with U of M.

- Participation in the Imagine Radiothon with Active Minds to discuss post-secondary mental health.
- Participation in discussion groups held by provincial government in relation to creating a provincial alcohol strategy, led by Dr. Michael Routledge (Chief Provincial Public Health Officer), and Tina Leclair (Executive Director, Manitoba Health, Addictions Policy and Support Branch).
- Discussions with Marketing and Communications to begin thinking about how to launch the implementation of *Success Through Wellness*, now that the document was complete.

Creation of Staged Implementation Plan and Mechanism



Following the assessment and orientation to the campus climate around the strategy, a four-stage implementation plan was developed. This implementation plan was based on the uniqueness of the particular stage that *Success Through Wellness* was in; a product had been developed, however, there was not yet a method outlined for implementing its contents. The plan would thus not be focusing on product creation or development, but how to best organize and prepare its contents for delivery, ensuring that the delivery was appropriate and reflective of the University community's needs, and also sustainable. The stages of this plan are as follows: prioritize, operationalize, implement and sustain. The phases are outlined in further detail below. This plan was meant to provide a phased approach to implementation, such that certain high priority recommendations would be addressed first, while other recommendations would be slated for later implementation.

A group of key individuals, passionate about mental health, was determined to be the best mechanism to lead bringing this implementation plan to life. This group was titled the 'Champions for Mental Health Group'. This group was meant to be a microcosm of the entire university community (see Appendix A for list of group members), representing various groups and constituencies, and would work through the stages of the implementation plan.

The group's title and membership were carefully selected in order to ensure that implementation of the strategy occurred in a 'bottom-up' (i.e., grassroots) rather than 'top-down' method. Specifically, a grassroots implementation leads to longer term sustainability. This is because the implementation actions will then occur in the natural daily interactions, operations and processes all over campus. Essentially, it was believed

that this grassroots method, as opposed to a higher level ‘implementation committee’, lent itself better to implementation actions being woven into the ‘daily fabric’ of the institution.

The four-stage implementation plan was approved and supported by what was dubbed the ‘Core Group’ for the implementation of the strategy, and consisted of Susan Gottheil, Gregory Juliano, Mark O’Riley, Don Stewart and Natalie Roach. It was also discussed that the evaluation of this implementation plan would be imperative. At the time of this report, there is an evaluation method being explored in collaboration with Tracey Peter, Don Stewart and Mark O’Riley. Please see the ‘Recommendations’ section further on for more information.

The implementation plan has been communicated to the broader university community throughout the year via formal presentations to all Student Affairs staff, Diversity Committee, Council of Student Affairs, Advisors Exchange, the Office of Human Rights and Conflict Management. Also, the Champions Group members communicated this implementation plan through many discussions, held within their constituencies, on this initiative. This plan has also been discussed in individual conversations with stakeholders both on and off campus, such as staff unions, CMHA-Winnipeg branch and Spiritual Healthcare Services at the Health Sciences Centre. Further, this plan has been shared with colleagues across the country in national platforms such as the CACUSS annual conference, the SPARK 2015 Conference held by the Mental Health Commission of Canada, as well as in the Community of Practice for Workplace Wellness staff in post-secondary settings. There were also several indirect avenues through which the implementation plan was referenced, such as an updated website (i.e., umanitoba.ca/mentalhealth), Staff Mental Health week promotion, as well as general networking with colleagues at both the Bannatyne and Fort Garry campuses.

Implementation Stages

The stages of this implementation plan are not mutually exclusive, and are often happening simultaneously, with several recommendations being at various stages all at the same time. This is a complex and comprehensive strategy, and the implementation process will naturally reflect this necessary complexity.

Stage 1 – Prioritize



Prioritization was necessary as simultaneous implementation of all recommendations would not be feasible due to resource limitations (i.e., time, human power and funding). Through consultations with experienced individuals in the field of post-secondary mental health (e.g., Jonny Morris with British Columbia CMHA and Su-Ting Teo, who had worked actively on the creation of the CACUSS document ‘Post-Secondary Student Mental Health: A Guide to Implementation’) it was determined that the best first step would be to prioritize the recommendations in the strategy, based on the current mental health and wellness needs of the University.

In this spirit, the Core Group truncated the streamlined list of over 60 recommendations (see Appendix B) down to 30 recommendations (see Appendix C). This shortened list became the list from which the members of the Champions Group ultimately selected their top recommendations. This prioritization exercise took place between the first meeting of the Champions Group on January 29th and the second meeting on March 6th 2015. Each member was asked to select the recommendations they felt best reflected the areas of greatest mental health and wellness related needs in the constituency they represent. A list of the ‘top five’ recommendations, which reflected the group’s input, resulted from this prioritization exercise (see Appendix D).

A selection of other activities undertaken during this time is as follows:

- A database, divided by each of the six goals in the strategy, was created in order to act as a consolidation location of ‘all things mental health and wellness’ on campus (see Appendix E).
 - Activities and initiatives were entered into the database under the particular recommendation with which they are most aligned.
- A partnership was developed with the HR Communications specialist and the Director of Learning and Organizational Development to create a communications plan that would increase the profile of mental health services available to staff. This plan was based largely on increased awareness of the services available to staff through the Employee and Family Assistance Plan (i.e., Shepell FGI).

Stage 2 – Operationalize



The recommendations contained in the strategy can be translated into action in many different ways. For example, the following recommendation, ‘promote active living opportunities on campus’ could be translated into action in several different ways, such as:

- Create an app for smartphones that will allow users quick access to fitness class, gym and pool schedules.
- Create a university wide marketing campaign, using primarily web-based media (e.g., landing page banners, etc.) to increase awareness of active living opportunities.
- Have event weeks that promote use of the fitness facilities on campus (e.g., Staff Appreciation Week, Free Week for students in September and January).

This example illustrates that as the recommendations could be translated into action in several ways, it was necessary to determine how each prioritized recommendation would be specifically translated for implementation at the time of assessment. This translation process was essentially one of making the recommendation ready for operation, hence the name ‘operationalize’ was given to this stage. This process would help to ensure that how a particular recommendation was operationalized would be most reflective of the current need of those most affected by the particular recommendation.

Prior to attaching concrete operational definitions to priority recommendations, it was determined that a ‘pre-operationalization’ step was needed. This step was needed to help the Champions Group see what was already happening on campus in relation to the chosen priority recommendations. Based on seeing the activities already taking place, operational definitions could be generated that could add to, rather than duplicate, current offerings.

This pre-operationalization step involved an environmental scanning activity, a gap analysis and generation of ‘bridges’ for these gaps. These steps are outlined in further detail below.

1. *Environmental Scan Activity (ESA):*

The Champions recorded all activities they knew to be happening that was in line with the top five selected priority recommendations. This list was recorded and consolidated into activity types (see Appendix F).

2. *Gap Analysis:*

The Champions analyzed the list of current offerings (i.e., ESA results) and determined gaps where offerings were not meeting needs outlined in the priority recommendations (see Appendix G).

3. *Bridge Building:*

The Champions determined what ‘bridges’ (i.e., activities, initiatives, etc.) could address these gaps (see Appendix H). These ‘bridges’ could ultimately form the basis of the operational definitions.

A selection of other activities undertaken during this time is as follows:

- The creation of Staff Mental Health Week, a new initiative designed to engage staff in a week of activities related to mental health and wellness.
 - A small committee of HR staff, formed in in March 2014, organized this week that took place June 22nd – 26th.
- A collaboration with David Ness (Director, Student Counselling Centre) on the development of a ‘Postvention Protocol’ for the U of M. David generated a draft document explicating the current crisis response services available to groups on campus that have experienced a recent crisis (see Appendix I).
- A ‘Live Well at UM’ group was formed in order to create a webpage that would be a consortium of all things health and wellness at the U of M, from the campus gardens to crisis services. This group has representatives from Student Affairs, Human Resources, Office of Sustainability, and Active Living.

Stage 3 - Implement



The ‘implement’ stage is crucial in order to ensure the recommendations in the strategy become visible deliverables (i.e., initiatives, campaigns, programs, and projects that are related to mental health on campus). The steps taken prior to this stage ensure that any actions undertaken are reflective of the priority recommendations.

In order to prepare the Champions Group for this stage, the Core Group came together again to shorten the list of gaps previously generated (i.e. Appendix G); this shortened list was created to aid in focusing the larger group’s implementation activities. Further, this shortened list was informed by those initiatives and projects taking place that members of the Core Group were aware of that the members of the Champions Group may not yet know about; these projects and initiatives addressed certain gaps the group had generated.

The Champions Group was presented with the shortened list of gaps (see Appendix J), and were asked to vote for their top priority recommendation along with their supporting rationale. After the group had chosen gaps to address, it was decided to start delegating, i.e. engage the members in specific implementation activities. All actions taken by group members, in both their Champion’s role and primary job context, which

address the priority recommendations will be captured and discussed at future meetings. Future meetings of the Champions Group will center largely upon group members updating each other on what their various activities are in relation to the priority recommendations. See Appendix K for current action items and Champions responsible.

At the time of this report, the Thursday, September 3rd meeting of the Champions Group had just occurred. Some of the updates on actions taken by members, as well as in the larger community, can be seen below:

- Acquiring a method of evaluation for the implementation of *Success Through Wellness* through a Master's Thesis student, supervised by a Champion who is an Associate Professor in the Sociology department.
- A potential partnership between an Indigenous based EFAP provider and the U of M.
- A Live Well at UM webpage, where multiple wellness resources will be housed for ease of access for users.
- A recommendation to form a partnership between psychiatric services and the Indigenous Student Centre to foster open referrals.
- An indication that funding is available to hire a psychiatrist.
- Several recommendations in regards to having a crisis response/mental health centre on campus, including:
 - Having a physical space
 - Separation of student and staff services
 - Using partnerships in the community to enhance services offered
- UMSU launch of their mental health promotional material in time for orientation week, as well as an indication that information on mental health has been placed in the student planner.
- AESSES and HR Consultants engaged in Interest based bargaining training, known to be a more conciliatory method of bargaining, offered by the province.
- Development of a 'Postvention'/Crisis response protocol

A selection of other activities undertaken during this time is as follows:

- An application to take on a Work Study student was approved (see Appendix L). This student would be tasked with updating and filling in the Mental Health Strategy database.
 - The database requires creation of consistent subheadings, updating as able on new initiatives that have not been captured through research on current offerings on campus.

Stage 4 – Sustain



This stage of the implementation plan speaks to the phase that each implementation activity ultimately aspires to reach. At this stage, the goal for the overseeing stakeholder is to ensure that the respective initiative, project, program, etc., created in relation to the priority recommendations, is sustainable. This sustainability is what will ensure that the initiative becomes a part of the daily operations of the university, and lives on after its initial launch.

Recommendations for Future Actions

1. *Continuation of Champions Group Work*

The Champions for Mental Health is a valuable group of individuals who are passionate about mental health and wellness on the U of M campus, and who each have both relational and hierarchal influence in their various constituencies on campus. Further, the Campus Mental Health Facilitator was involved in several committees and groups on campus (please see Appendix L); it would be valuable to ensure that a voice speaking for mental health and wellness of staff and students remains is heard within each these contexts.

Many actions being taken by Champions Group members, both inside and outside of the specific context of the group, are highly related to the recommendations in the mental health strategy. A recommendation is that the group would continue to generate activities, initiatives and ideas, both inside the Champions Group and in their primary work contexts, which support mental health on campus.

It is imperative that time is taken periodically to pull back and link all group activities with specific recommendations in the strategy. This will ensure that members can see and reflect on the progress being made with implementation of the strategy as a whole.

Examples of specific initiatives currently taking place, and recommended for continued development are the following:

- Increasing access to psychiatric services for staff and students, with specific consideration given to exploring how best to offer psychiatric services for members of the campus Indigenous community.

- The enhancement of faculty, staff and student mental health services on campus. This includes the exploration of a type of ‘crisis response centre’ or ‘wellness centre’ on campus, which could be housed in a physical space and use partnerships with community providers to enhance breadth of services.
- The continuation of the ‘Live Well at UM’ network page, which would house links to relevant sites, provide info about events, and feature stories about different programs, people, etc. in line with the ‘Live Well’ theme.
- The continuing promotion of awareness among the Champions Group of student led mental health initiatives. This includes the UMSU mental health campaign, Active Minds student group activities and the peer Health Educator program, Healthy U, led by the Health and Wellness Educator.

2. Creation of a ‘Postvention’/Crisis Response Protocol for UM

David Ness worked to create a document that outlined the current crisis response services, available to groups of individuals affected by crisis, offered by the SCC. This involves the provision of ‘Critical Incident Stress Debriefing’ to affected parties. To date, this valuable service has not yet been formally summarized and marketed to the University Community in a strategic manner. The creation of a kind of ‘postvention’/crisis response protocol is directly in line with recommendation 6.2.2, which lists the following:

Create awareness of post-trauma resources, and develop a protocol for responding to a traumatic event such as a student death by suicide.

It is highly recommend that this document be used as the basis of creating an awareness campaign on campus of the crisis-response services that are available to groups affected by crisis.

3. Enhancement of the Mental Health Strategy Database

As mentioned, the Mental Health Strategy database is a mechanism that attempts to provide a consolidation of all the activities happening on campus related to mental health and wellness. Currently, the database could use some focused attention to streamline categories, shorten lengthy wording and descriptions, and ensure that it is kept up to date with new and ongoing activities. Having such a document will allow a reader to readily see all the ways in which the recommendations in the strategy are being realized on campus.

A work study placement, already approved, would be the best mechanism through which to accomplish this. Please see Appendix M for more detailed information on the work study program, and contact information.

4. Evaluation of Success Through Wellness

As mentioned, the opportunity was presented to have a student, currently enrolled in the Master's of Sociology program, have the subject of his Master's Thesis be the implementation of *Success Through Wellness*. This student would be supervised by Tracey Peter, Associate Professor in the department of Sociology. There are several different methods of evaluation that could be explored, however, it will be a heavily qualitative-method based evaluation. It is recommended that this option for evaluation be explored to the fullest. Every effort made to involve this student in the current work of the Champions Group, as well as other work related to the strategy, will be hugely beneficial to the crucial task of evaluating the implementation of Success Through Wellness.

5. Future of the Campus Mental Health Facilitator Role

At the Thursday, September 3rd meeting, upon learning that the Campus Mental Health Facilitator was leaving the role, the Champions were asked for their input on the future of the role. The following options were presented:

- Have it remain a full time position, and conduct a search to fill the role.
- Create a part-time secondment, who has knowledge of the work of the group and implementation thus far, oversee the next phases of implementation.
- Choose to use the funding allocated to this position in other ways, with the Champions group largely directing their own implementation activities, with guidance from chairs Don Stewart and Mark O'Riley.

The Champions were heavily in favour of having this role remain a full time one, and would like to have a part-time secondment in the position until it is filled. It is the writer's opinion that this particular course of action be supported, as the flexibility, dedication, coordination and facilitation that is necessary to ensure continuity and cohesion in this implementation process will be best served in a dedicated appointment.

APPENDIX A – CAMPUS MENTAL HEALTH FACILITATOR: SELECTION OF ACTIVITIES

This list was compiled by the Campus Mental Health Facilitator. It is meant to showcase a large selection of the activities undertaken to promote and support the implementation of Success Through Wellness, both on and off campus.

August '14

- Discussion groups for development of provincial Alcohol Strategy with Michael Routledge
 - Health Impacts and Treatment (Tuesday, August 19th)
 - Health Promotion and Education (Wednesday, August 20th)
- Brought forward Provincial Alcohol Strategy to AAAC Meeting with Katie Kutryk.

September '14

- Bannatyne Bus Tour with Physician's Assistants students (Wednesday, September 3rd)
- FHS Deans - Presented MHS update
- AFM – Met with Yvonne Block to discuss partnership with U of M.
- Imagine Radiothon – interviewed by Goldenwest Radio on post-secondary mental health with Active Minds student group.
- MHS/Mental Health Communication Strategy - began partnership with HR Communication specialist.

October '14

- Accessibility Advisor Selection Committee
- COSA – designed and delivered presentation on my role and the status of the MHS.
- Diversity Working Group – designed and delivered presentation on my role and the status of the MHS.
- Enhancement of Shepell partnership – worked with ED LOD to enhance partnership through deeper understanding of offerings available.
 - Conducted informal, anecdotal survey of service users to gain understanding of satisfaction with survey.
- Employee Wellness Department – provided consultation to HR partner and EW Department on potential new structure of department, job description for new role.

November '14

- Mental Health Website – Redesigned, updated MH website with new content in collaboration with HR and SA Communications Specialist.
- Evaluating Community Impact – Attended Tamarak Institute Training for insight into evaluation of a complex project such as the Mental Health Strategy.
- SA PD Day – Designed and delivered comprehensive presentation and workshop on my role, the MHS and implementation.
 - Well received – anecdotal feedback from attendees.

January '15

- HR Communication Specialist – requested to sit on selection committee.
- Multi-faith Services Policy & Procedures – Requested by Student Life to sit on feedback committee.
- Champions for MH – Designed content and facilitated first meeting of group.

February '15

- Academic Advisors Exchange – designed and delivered presentation to Academic Advisor on MHS and building student resiliency in brief interactions with students.

March '15

- CACUSS – collaborated with ED of Student Support to submit successful proposal for workshop at national conference in Vancouver.

- Building Psychologically Healthy Workplaces – attended Conference Board of Canada workshop to learn about advancements in implementing the National Standard for Psychological Health and Safety, as well as other current innovations in psychologically healthy workplaces.
- Staff Mental Health Week – creative force behind new event week at U of M, struck initial meeting with HR Communication Specialist and MCO to discuss development.
 - Struck committee of HR staff to develop event ideas and plan week.
- Distance Education Message – initiated posting of and authored message on MH resources on D2L platform after discussion with Director of CATL; worked with Sol Chu.
- SPARK Knowledge Translation Conference – composed one of 70 of 146 successful applications for conference.
 - Sought out opportunity in order to gain knowledge of knowledge translation and apply to the strategic roll out of campus mental health strategy.
 - Committed to completion of year long series of projects on knowledge translation with the MHS.

May '15

- SMHW – Actively worked with committee to develop, plan and schedule diverse set of events for week that hit several components of mental health (mental, physical, emotional and spiritual).
 - Partnered with Active Living to do cross promotion of Staff Appreciation Week and SMHW.
 - Oversaw planning of entire event week.
- CACUSS - Designed and delivered part of workshop on MHS to CACUSS audience.
 - Guest speaker on standing room only session on Coordinated Community Response Model I developed while at acting as a Student Accommodation Facilitator (Mental Health) at Ryerson University.

June '15

- SMHW - Spearheaded web-presence, worked actively with MCO and SA Communications to update website.
 - Oversaw, directed, participated in all events throughout week, problem solved when needed, authored and delivered thank you cards, responded to all staff inquiries.
 - Will be working with ED of LOD to put out follow-up survey to get more direct feedback from staff.
- SAA Retreat – at request of SAA Director, designed and delivered workshop for unique SAA Staff Retreat on MHS implementation status, my role and positive mental health.
 - Overwhelmingly positive feedback from staff surveys.
- SPARK – Attended conference on KT; used feedback from mentor (Education Scientist from CAMH) to create draft of KT plan for implementation of MHS.

July '15

- Collaborated with Change Management on methods to make the change process more mindful of staff's mental health needs during a transition.
- Offered guidance to new colleague in field at York University, interested in the process of implementing a campus wide mental health strategy.
- Worked with Diversity and Inclusion Facilitator on how to adopt the 'Champions Group' process for a potential Diversity Working Group.

August '15

- Met with Champions in 'offline' meetings to discuss current mental health initiatives being worked on, and how these can be related to the priority recommendations.

Ongoing Activities

- Developed detailed, comprehensive and long-range view implementation plan for campus Mental Health Strategy.
 - Formulation of blueprint for implementation.
 - Designed mechanism to support implementation (i.e., Champions for MH).

- Champions for Mental Health Group – ensure strategic implementation of MHS is adhered to through careful design and delivery of all Champions meetings and communications.
- Actively set up and conduct meetings with multiple stakeholders, both on and off campus, to develop relationships, set foundation for future partnerships, and discuss strategic roll out of recommendation(s) in MHS pertaining to their area.
 - Off-campus meetings eg.: Spiritual Healthcare at HSC, AFM, AESES, former Mental Health Consultant, Marion Cooper at CMHA Winnipeg.
- Consulted on implementation with specialists across country (e.g., Jonny Morris, Su Ting Teo).
- MCO – have worked with MCO throughout tenure to develop marketing/communication that will raise profile of my role and mental health on campus (e.g., bio, website redesign, Strategy feature article, article on SMHW).
- UMSU – Actively work with VP Advocacy to keep abreast of student union initiatives regarding MH, participated in key note Clara Hughes event.
- Health and Wellness Educator – collaborate on guidance for Active Minds group, upcoming Mental Illness Awareness Week and various other collaborations.
- Employee Wellness Specialist – collaborate with EWS on role development, partnership, ways to reach staff based on strategic needs as determined by MHS, general feedback and Champions Group.
- Consolidation Database – maintain database in attempt to have repository of all things mental health on campus, and where they fall in the MHS strategy recommendations.
- Participation on several committees, sub-committees and working groups:
 - AAAC, PACR, RWLE Consultation Committee (PACR subcommittee), SAWG, SAWG Policy and Protocols Committee (SAWG subcommittee), HR Social Committee, Staff Mental Health Planning Committee (Chair).

APPENDIX B – CONTACT LIST FOR CHAMPIONS GROUP

This list, updated September 1st, is a complete list of all members of the Champions Group at the time of writing.

Champions for Mental Health Group

Susan Gottheil, Co-Chair - Susan.Gottheil@umanitoba.ca, Vice-Provost (Students), 204-474-6919

Greg Juliano, Co-chair - Gregory.Juliano@umanitoba.ca, Associate Vice-President (Human Resources), 204-474-9575

Mark O’Riley, Co-Chair – Mark.Oriley@umanitoba.ca, Director, Learning & Organizational Development, 204-474-9491

Don Stewart, Co-Chair – Don.Stewart@Umanitoba.ca, Executive Director, Student Support, Student Affairs, 204-474-8661

Diane Hiebert-Murphy - diane.hiebert-murphy@umanitoba.ca, Associate Dean, Faculty of Graduate Studies, 204-474-8283

Katie Kutryk – Katie.Kutryk@umanitoba.ca, Health and Wellness Educator, 204-295-9032

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Deborah Young - Deborah.Young@umanitoba.ca, Executive Lead (President’s Office), Indigenous Achievement, 204-474-8753

Laurie Morris – Laurie.Morris@umanitoba.ca, Admin Assistant, Department of Philosophy (AESES), 204-474-6713

Gene Muller – Gene.Muller@umanitoba.ca, Director, Active Living, Kinesiology & Rec Mgmt., 204-474-8628

David Ness – david.ness@umanitoba.ca, Director, Student Counselling Centre, 204-474-8619

Heather Paterson – heather.paterson@umanitoba.ca, Director, Services for Students – Bannatyne, 204-272-3191

Tracey Peter – tracey.peter@umanitoba.ca, Associate Professor, Department of Sociology, 204-474-9416

Tony Rogge – tony.rogge@umanitoba.ca, Director, International Centre for Students, 204-474-8502

Doug Brothwell – douglas.brothwell@umanitoba.ca, Associate Dean, Dentistry, 204-977-5654 (Sabbatical Sep.1’15)

Bryan Wiebe – bryan.wiebe@umanitoba.ca, Disability Case Coordinator, Human Resources 204-474-7897

Arlana Vadnais – arlana.vadnais@umanitoba.ca, Employee Wellness Specialist, 204-474-8323

Cindy Ye – yec3@myumanitoba.ca, President, Active Minds (student group)

Kristjan W.K Mann – pres@umgsa.org, President, GSA

Jeremiah Kopp – pres@umsu.ca, President, UMSU, 204-474-6519

Rebecca Kunzman – vpa@umsu.ca, Vice President (Advocacy), UMSU, 204-474-6524

APPENDIX C - COMPLETE LIST OF RECOMMENDATIONS

This list is a streamlined list of the over 60 recommendations in *Success Through Wellness*. This list was created for ease of viewing, in order to see the recommendations, priority areas and stakeholders at a glance.

GOAL 1: A Committed Community (i.e., Institutional Structure)		
1.1.1	<i>Institutional Profile</i> Mental health and wellness are identified as priorities for the campus community, with a focus on creating sustainable campus mental health initiatives and cultural change.	President's Executive Team (PET)
1.1.3	Align resources to create an infrastructure for campus mental health, including community working groups to guide the implementation of mental health initiatives.	PET/ Student Affairs/ Human Resources (HR)
1.2.1	<i>Policy and Procedure Review:</i> Review relevant policies and procedures related to mental health, inclusion, and diversity to ensure they are up-to-date and provide appropriate supports for students and employees.	Student Affairs/HR
1.2.2c.	<i>Accommodation</i> Increase access to accommodations for employees with disabilities, or mental health problems and illnesses.	HR
GOAL 2: A Caring Community (i.e., Supportive, Inclusive Campus Climate & Environment)		
2.1.1	<i>Respect:</i> Promote respect, inclusion and valuing of diversity throughout all aspects of the learning and work environment.	PET/ Student Affairs/ HR/ HRAS/ Respect Campaign Collective
2.1.2	<i>Diversity:</i> Encourage strategies to promote diversity in the workforce, with particular emphasis on recruiting and retaining Indigenous employees.	HR
2.2.2c.	<i>Psychological Health and Safety</i> Increase awareness of avenues to safely report experiences of disrespect, incivility, bullying or aggression.	HRAS/ Student Affairs
2.3.1a.	<i>Community Building:</i> Encourage programs and activities that support a sense of community and belonging among faculty, staff and students.	Student Groups/ Student Unions/ Student Life/ HR/ HRAS/ Faculties/ Departments
2.3.2b.	<i>Employee Communication:</i> Take advantage of performance reviews as an opportunity to build upon employee strengths and learning goals.	HR
2.4.1	<i>Orientation:</i>	Student Life

	Increase awareness of the vision and goals of student orientation and review planned orientation events through this lens.	
2.6.1	<i>Housing Support:</i> Explore opportunities to partner with Student Unions, alumni, neighborhoods, and landlords to develop housing supports for off-campus students.	OCP/ Residence Life/ Student Affairs/ Student Unions
2.6.2b.	<i>Financial Support:</i> Explore ways to increase students' ability to successfully manage their finances.	Student Unions/ Student Life
GOAL 3: A Healthy Community (i.e., Mental Health Awareness & Self-Management)		
3.1.1	<i>Mental Health Promotion:</i> Explore creative ways to enhance the focus on workplace health and well-being, and engage in practices that promote workplace mental health, including team building events and celebrating successes of employees.	HR/ Occupational Health and Safety
3.1.2	Identify opportunities to address mental health within the academic environment to increase student success.	CATL/ Faculties/ Departments
3.2.2a	<i>Physical Health</i> Increase awareness of the connection between physical health and mental health, sleep, learning, and quality of life.	Active Living/ Student Support/ HR
3.2.2b	<i>Physical Health</i> Promote active living opportunities on campus.	Active Living/ Student Unions
3.4.1	<i>Transition From High School to University</i> Support first year students to ease the academic and social transition from high school to university.	U1/ Active Living/ Student Support/ Student Engagement/Faculties/ Departments
3.5.1	<i>Stigma Reduction</i> Use evidence-based strategies to bring awareness to misconceptions about mental health and mental illness, such as partnering with the Opening Minds initiative of the Mental Health Commission of Canada.	Student Affairs/ HR
3.5.2	<i>Stigma Reduction</i> Support initiatives by students to lead mental health awareness, education, outreach, and advocacy activities.	Student Support/ Student Unions/ Student Engagement (PEERS)
GOAL 4: A Responsive Community (i.e., Community Capacity to Respond to Early Indication of Concern)		
4.1.1	<i>Mental Health Training</i> Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illnesses to appropriate campus and off-campus resources.	Student Support/ Learning and Development Services (LDS)/ ORMS

4.1.2	<p><i>Mental Health Training</i></p> <p>Engage people who regularly interact with students such as parents, peers, and others in the community by providing information on the signs of mental health issues and useful referrals.</p>	Student Life/ Student Unions/ English Language Centre
4.2.1	<p><i>Student Help Seeking:</i></p> <p>Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking of students who are less likely to request support.</p>	Student Affairs/ Faculties/ Departments
4.3.1	<p><i>Early Identification and Intervention</i></p> <p>Implement and evaluate the Early Alert program. Explore other academic support programs for students who are struggling or feeling overwhelmed.</p>	Student Affairs/ Faculties/ Departments
GOAL 5: A Supportive Community (i.e., Accessible Mental Health Services)		
5.1.1	<p><i>Integrated Services and Shared Care</i></p> <p>Adopt an integrated culturally-appropriate approach to delivering mental health services to students, accessing both on-campus and off-campus supports and resources.</p>	Student Support
5.1.2	<p><i>Integrated Services and Shared Care</i></p> <p>Strike a community liaison committee with external agencies to explore ways to extend services for students and employees, especially in specialized areas such as addictions and culturally-informed care.</p>	Student Support/HR
5.2.3	<p><i>Access to Student Mental Health Services</i></p> <p>Explore opportunities to develop and enhance programs and services delivered by students, such as the PEERS program and other student-led offerings.</p>	Student Counselling Centre/ Student Life/ PEERS/ UMSU
5.3.1	<p><i>Support for Employees with Mental Health Problems and Illnesses</i></p> <p>Enhance support to employees with mental health problems and illnesses through a variety of approaches, including strengthened EAP services.</p>	HR/ EAP/ University Health Service/ HRAS
GOAL 6: A Resourceful Community (i.e., Crisis Management)		
6.1.1	<p><i>Crisis Intervention and Suicide Prevention</i></p> <p>Increase opportunities to equip faculty, staff and students with skills to respond to a mental health crisis or suicidality.</p>	Student Support/ HR
6.1.3	<p><i>Crisis Intervention and Suicide Prevention</i></p> <p>Increase awareness of Student Threat Assessment Triage Intervention Support (STATIS) and its important role.</p>	Student Support

APPENDIX D – CORE GROUP’S 30 RECOMMENDATIONS

This list of 30 recommendations was selected by the Core Group (i.e., Susan Gottheil, Gregory Juliano, Mark O’Riley, Don Stewart and Natalie Roach). This selection reflects what the group felt was the University’s top mental health and wellness needs at the time of selection. This was the list that the larger Champions Group was invited to select their top five priority recommendations from. It was believed that this process of first truncating the larger list of 60 recommendations (i.e., Appendix B) for the larger group would expedite the prioritization process.

GOAL 1: A Committed Community (i.e., Institutional Structure)		
1.1.1	<i>Institutional Profile</i> Mental health and wellness are identified as priorities for the campus community, with a focus on creating sustainable campus mental health initiatives and cultural change.	President’s Executive Team (PET)
1.1.3	Align resources to create an infrastructure for campus mental health, including community working groups to guide the implementation of mental health initiatives.	PET/ Student Affairs/ Human Resources (HR)
1.2.1	<i>Policy and Procedure Review:</i> Review relevant policies and procedures related to mental health, inclusion, and diversity to ensure they are up-to-date and provide appropriate supports for students and employees.	Student Affairs/HR
1.2.2c.	<i>Accommodation</i> Increase access to accommodations for employees with disabilities, or mental health problems and illnesses.	HR
GOAL 2: A Caring Community (i.e., Supportive, Inclusive Campus Climate & Environment)		
2.1.1	<i>Respect:</i> Promote respect, inclusion and valuing of diversity throughout all aspects of the learning and work environment.	PET/ Student Affairs/ HR/ HRAS/ Respect Campaign Collective
2.1.2	<i>Diversity:</i> Encourage strategies to promote diversity in the workforce, with particular emphasis on recruiting and retaining Indigenous employees.	HR
2.2.2c.	<i>Psychological Health and Safety</i> Increase awareness of avenues to safely report experiences of disrespect, incivility, bullying or aggression.	HRAS/ Student Affairs
2.3.1a.	<i>Community Building:</i> Encourage programs and activities that support a sense of community and belonging among faculty, staff and students.	Student Groups/ Student Unions/ Student Life/ HR/ HRAS/ Faculties/ Departments
2.3.2b.	<i>Employee Communication:</i>	HR

	Take advantage of performance reviews as an opportunity to build upon employee strengths and learning goals.	
2.4.1	<i>Orientation:</i> Increase awareness of the vision and goals of student orientation and review planned orientation events through this lens.	Student Life
2.6.1	<i>Housing Support:</i> Explore opportunities to partner with Student Unions, alumni, neighborhoods, and landlords to develop housing supports for off-campus students.	OCP/ Residence Life/ Student Affairs/ Student Unions
2.6.2b.	<i>Financial Support:</i> Explore ways to increase students' ability to successfully manage their finances.	Student Unions/ Student Life
GOAL 3: A Healthy Community (i.e., Mental Health Awareness & Self-Management)		
3.1.1	<i>Mental Health Promotion:</i> Explore creative ways to enhance the focus on workplace health and well-being, and engage in practices that promote workplace mental health, including team building events and celebrating successes of employees.	HR/ Occupational Health and Safety
3.1.2	Identify opportunities to address mental health within the academic environment to increase student success.	CATL/ Faculties/ Departments
3.2.2a	<i>Physical Health</i> Increase awareness of the connection between physical health and mental health, sleep, learning, and quality of life.	Active Living/ Student Support/ HR
3.2.2b	<i>Physical Health</i> Promote active living opportunities on campus.	Active Living/ Student Unions
3.4.1	<i>Transition From High School to University</i> Support first year students to ease the academic and social transition from high school to university.	U1/ Active Living/ Student Support/ Student Engagement/Faculties/ Departments
3.5.1	<i>Stigma Reduction</i> Use evidence-based strategies to bring awareness to misconceptions about mental health and mental illness, such as partnering with the Opening Minds initiative of the Mental Health Commission of Canada.	Student Affairs/ HR
3.5.2	<i>Stigma Reduction</i> Support initiatives by students to lead mental health awareness, education, outreach, and advocacy activities.	Student Support/ Student Unions/ Student Engagement (PEERS)
GOAL 4: A Responsive Community (i.e., Community Capacity to Respond to Early Indication of Concern)		
4.1.1	<i>Mental Health Training</i>	Student Support/ Learning and

	Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illnesses to appropriate campus and off-campus resources.	Development Services (LDS)/ ORMS
4.1.2	<i>Mental Health Training</i> Engage people who regularly interact with students such as parents, peers, and others in the community by providing information on the signs of mental health issues and useful referrals.	Student Life/ Student Unions/ English Language Centre
4.2.1	<i>Student Help Seeking:</i> Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking of students who are less likely to request support.	Student Affairs/ Faculties/ Departments
4.3.1	<i>Early Identification and Intervention</i> Implement and evaluate the Early Alert program. Explore other academic support programs for students who are struggling or feeling overwhelmed.	Student Affairs/ Faculties/ Departments
GOAL 5: A Supportive Community (i.e., Accessible Mental Health Services)		
5.1.1	<i>Integrated Services and Shared Care</i> Adopt an integrated culturally-appropriate approach to delivering mental health services to students, accessing both on-campus and off-campus supports and resources.	Student Support
5.1.2	<i>Integrated Services and Shared Care</i> Strike a community liaison committee with external agencies to explore ways to extend services for students and employees, especially in specialized areas such as addictions and culturally-informed care.	Student Support/HR
5.2.3	<i>Access to Student Mental Health Services</i> Explore opportunities to develop and enhance programs and services delivered by students, such as the PEERS program and other student-led offerings.	Student Counselling Centre/ Student Life/ PEERS/ UMSU
5.3.1	<i>Support for Employees with Mental Health Problems and Illnesses</i> Enhance support to employees with mental health problems and illnesses through a variety of approaches, including strengthened EAP services.	HR/ EAP/ University Health Service/ HRAS
GOAL 6: A Resourceful Community (i.e., Crisis Management)		
6.1.1	<i>Crisis Intervention and Suicide Prevention</i> Increase opportunities to equip faculty, staff and students with skills to respond to a mental health crisis or suicidality.	Student Support/ HR
6.1.3	<i>Crisis Intervention and Suicide Prevention</i> Increase awareness of Student Threat Assessment Triage Intervention Support (STATIS) and its important role.	Student Support

APPENDIX E – CHAMPIONS GROUP TOP 5 PRIORITY RECOMMENDATIONS

This list reflects what the members of the Champions Group selected as their Top 5 priority recommendations to take through the stages of the implementation plan. The recommendations are ranked in order from the highest endorsed to the lowest.

A Healthy Community (i.e., Mental Health Awareness & Self-Management)	
1 st	Identify opportunities to address mental health within the academic environment to increase student success.
A Responsive Community (i.e., Community Capacity to Respond to Early Indication of Concern)	
2 nd	<i>Student Help Seeking:</i> Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking of students who are less likely to request support.
3 rd	<i>Mental Health Training</i> Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illnesses to appropriate campus and off-campus resources.
A Caring Community (i.e., Supportive, Inclusive Campus Climate & Environment)	
4 th	<i>Community Building:</i> Encourage programs and activities that support a sense of community and belonging among faculty, staff and students.
5 th	<i>Respect:</i> Promote respect, inclusion and valuing of diversity throughout all aspects of the learning and work environment.

APPENDIX F – MENTAL HEALTH STRATEGY DATABASE

The Mental Health Strategy Database was created in order to have a document that consolidated and categorized all mental health and wellness activities on campus according to where they fit within the strategy's recommendations. Please see the Campus Mental Health Facilitator USB key to access this document, under the following location: Natalie Roach/MHS Database & Evaluation/Mental Health Strategy Database. You may contact Don Stewart (don.stewart@umanitoba) or Mark O'Riley (mark.oriley@umanitoba.ca) for access to this USB key.

APPENDIX G – RESULTS OF ENVIRONMENTAL SCAN ACTIVITY (ESA)

This list represents the completed list of all activities happening on campus in relation to the top five priority recommendations. The list was consolidated into themes for ease of reading. The members of the Champions Group completed this activity at the March 6th meeting.

#1 Identify opportunities to address mental health within the academic environment to increase student success

Currently Happening

- Insertion of MH resources slide into all Grad Steps presentations
- Year 1 and Year 2 Medicine Health and Wellness Fair is now part of new curriculum (offered each year to the class)
- Cooper Commission Report on Academic Accommodations
- Elder teachings / counsel for stressed students
- Presentations on mental health/healthy living topics and resources by invitation of instructors/faculty. Integration into syllabi (example: College of Nursing, College of Rehab Sciences)
- Students in smaller programs (i.e. Dentistry and Dental Hygiene) can request changes to examinations date.
- Bannatyne Welcoming/Orientation talks given to all new undergraduate and many of the graduate incoming students (i.e. all students, staff and faculty members in the College of Rehabilitation Sciences are addressed as a large group (over 300) so academic staff hear the same message as students about campus mental health supports).

Opportunities

- Accessible exam choices (advertised and available)
- Making profs and TA and instructors aware of MH resources on campus
- Create safe environment for discussions on mental health with Grad student advisors / chairs
- Provide exam schedule at registration to empower students to impact their exam schedule
- Require MHFA for all new staff
- Insertion of MH resources / messaging into all course syllabi
- Make students (including Grad students) aware of mental health supports when they are referred re: academic issues
- Consider content of courses in terms of possible triggers for some students (e.g., abuse)
- Consider using mental-health related examples in course material
- Encourage instructors to be sensitive to student stress and to discuss this openly to promote dialogue about coping
- Bring in guest speakers to discuss mental health, coping skills, etc.
- Discuss responsible use of social media to prevent harassment, cyberbullying, etc.
- Be flexible with deadlines, alternative assignments, make-up tests, and the like, especially in entry-level courses (if it does not compromise academic integrity).
- Length the time allowed for all examinations unless there is a justifiable reason to include time pressure as one factor (e.g., as in the Faculty of Nursing where students must perform clinical duties within a stated time frame)
- Consultation between SCC staff and faculties to review learning environments/situation to identify opportunities to make changes to reduce stress/anxiety.
- Mental Health messaging at New Student Orientation(s) (general, ICS, ICM, etc.).

- Class advisors (faculty members in Dentistry and Dental Hygiene), department heads and course and year coordinators (College of Rehabilitation Sciences) use student advising opportunities to take proactive approach to address mental health.

#2 Promote help-seeking as a smart strategy for academic and career success and establish initiative that encourage help-seeking of students who are less likely to request support

Type of Activity: Written/E-Doc

- Have developed a resource list that is distributed to Grad students
- Include information about MH resources in ROASS revision
- ICS Newsletter submission bi-weekly ; include mental health topics.

Type of Activity: Event/Training

- Breaking down stigma
- Career Month
- Student Orientation
- Class presentations on MH
- Stigma reduction for professional health care learners
- SCC presentations at class and program orientations
- Training for academic advisors on how to make effective referrals
- SCC presentations on mental health to faculties, classes and student groups. Important to go where students are rather than simply waiting for them to seek out services.
- Mental Health messaging at New Student Orientation (s) (general, ICS, ICM, etc.).
- Health & Wellness Fairs (to be held annually) are part of new curriculum for Year 1 and Year 2 students
- One-on-one 'meet the Year 1 student' sessions with Associate Dean in College of Medicine

Type of Activity: Practice

- Use of NCHA and other MH data in a variety of orientation events and presentations (workshops, courses, etc.) around campus to de-stigmatize and normalize
- Promotion of MH resources at outreach activities (eg. At Pet Therapy, MH Awareness Week, workshops on healthy living, etc.)
- Encouragement for instructors to proactively promote help-seeking in their classes
- Addressing mental health during presentations not immediately associated with mental health (example: pre departure orientations/travel health).
- Rehabilitation Sciences departments either have a staff member who is a Year Coordinator (Respiratory Therapy) or an advisor (OT) who is assigned to a student for the duration of their 2 year program

Type of Activity: Group/Program

- Academic Learning Centre
- Student Orientation
- Have developed a resource list that is distributed to Grad students
- Early Alert (forthcoming)
- Coaching, ACT, and Academic Attendant programs through Student Accessibility Services
- Peers program

- Class advisors (faculty) in Dentistry and Dental Hygiene are assigned to an admission year and stay with the students for the duration of their program so that they get to know a class of 26 students well.
- Transition to Residency program in Medicine addresses work/life balance, addictions, and peer support (PAR) program

Type of Activity: Other

- Class/course specific resource awareness
- Recent hires in the College of Medicine (MD Care Coordinator, Life Coach)

#3 Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illness to appropriate campus and off-campus resources.

Target Impact Audience: Faculty

- Participation in New Faculty Orientation

Target Impact Audience: Staff

- LOD wellness program
- LOD supervisory sessions

Target Impact Audience: Students

- Workshops on students at risk for advisors, faculty, administrators
- Peers program
- Student support case manager
- SAWG response guide
- Arranged Mental Health Awareness training (and response) for Active Living staff
- STATIS program
- Mental Health First Aid training (SCC)
- ½ day workshops on responding to mental health and interpersonal needs of students
- Ad hoc consultations with SCC
- Faculty of Arts: faculty and staff workshops to address mental health issues among students
- SCC Director meets with select staff groups (e.g., new student advisors) to share information on mental health and the services of the SCC).
- SCC staff regularly consult with off-campus mental health resources to ensure accurate referral. Also, SCC invites off-campus resource providers to meet with all SCC staff about services.
- Healthy U volunteers will be trained in Mental Health First Aid, free-of-charge, and educated on resources starting September 2015.
- Presentations on students in distress/students with mental health struggles to T.A.s, RAs (in conjunction with Jodie Schoenbeck, SSCM).
- College of Rehabilitation Sciences faculty members who certified in MH First Aid have notice to this effect on their office door.

Target Impact Audience: All

- Brochures, posters, websites describing resources
- SafeWalk for resident advisors and MHFA and larger area at Bannatyne

#4 Encourage programs and activities that support a sense of community and belonging among faculty, staff and students.
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Activity for: Faculty

- Awards of excellence
- LOD Lunch and Learn sessions
- Sneaker day
- United Way events
- Campus Beautification Day

Activity for: Staff

- Staff orientation
- Awards of excellence
- LOD Lunch and Learn sessions
- Sneaker day
- United Way events
- Campus Beautification Day
- Empower all staff to feel valued and open during staff meetings/discussions by facilitating a safe environment. Environment maintains transparency where possible.
- Provide regular opportunity for staff connecting (i.e., weekly) to build understanding of one another.
- Take Our Kids to Work Day

Activity for: Students

- Free breakfasts by UMSU
- Self-care week
- All students: Active Living Membership
- “Healthy U” student health educator program launch 2015
- Cross-faculty initiative that increase sense of community among grad students (eg. Grad Steps, 3MT)
- Various student groups (eg. Active Minds)
- World WISE ambassadors
- International student mentorship program / buddy program (summer only)
- Intercultural development and leadership program (Fall/winter max 60 students)
- Culture and academic transitions program (CAT) (fall/winter/summer)
- Intercultural retreat (September every year)
- ICS Weekly e-newsletter
- MA: Men’s group
- Grad Powwow
- Student leadership development program
- Community bus tours for all incoming FGS students

- GSA social events (bowling, etc.)
- Student seminars (Bannatyne)
- The 'Banny Bowl' hockey tournament for students in the Colleges of FHS
- The SWISH (Summer Weekend Inner City Supervised Hoops) program in Parking Lot E in July/August
- Biomedical Youth Camp – involves many U of M student volunteers (as leaders) from across the FHS as well as faculty/staff from Medicine and Dentistry leading workshop sessions.
- The student-run WISH Clinic (supervised by professional mentors)
- 44 inner-city children participated in a 14-week afterschool pilot project called CanU Reach, held at the Bannatyne Campus, and led by 50 student volunteers.
- Bannatyne Campus Student Art Show
- Our Orientation Community tours where students visit a local agency
- Manitoba Dental Association and Manitoba Dental Hygienists Association members mentor students through meetings on and off campus
- New Resident Welcome Day in the College of Medicine

Activity for: All

- Socials for faculties, colleges
- Rich Man, Poor Man Dinner
- Group fitness
- Active Living Centre opens
- Week of Thanks
- ICS welcome dinner for new international students and members of the UM community (ICS)
- *Migizii Agamik* (MA) Bald Eagle Lodge monthly lunch open to all
- MA: Executive Lead Coffee (monthly) open to students, staff and faculty
- MA: Full Moon Ceremony
- Habitat for Humanity build at Bannatyne
- Pet therapy
- Orientation for new students, for international students, for new employees
- Welcome feast at Bannatyne
- "Town Hall" discussions
- (Opportunity) Encourage community engagement (eg: involving self in campus activities) as an important part of social and mental health during presentations.
- Stomp out stigma chalk campaign for mental health awareness/mental illness awareness weeks.
- The Bannatyne staff versus student basketball fundraiser for the SWISH program
- FHS Town Halls
- Dentistry/Dental Hygiene Sports Day for staff and students
- White Coat programs in professional healthcare colleges
- Pharmacy students held a 'Mr. Pharmacy Pageant' attended by staff and students to raise money for Prostate Cancer Research and Movember

Activity for: Wider Community

- Holiday Hampers
- The student-run WISH Clinic (supervised by professional mentors)
- 44 inner-city children participated in a 14-week afterschool pilot project called CanU Reach, held at the Bannatyne Campus, and led by 50 student volunteers.

- Biomedical Youth Camp – involves many U of M student volunteers (as leaders) from across the FHS as well as faculty/staff from Medicine and Dentistry leading workshop sessions.
- The SWISH (Summer Weekend Inner City Supervised Hoops) program in Parking Lot E in July/August
- Bannatyne Campus Student Art Show
- Our Orientation Community tours where students visit a local agency
- Oral Health/Total Health Day, a student-run Dentistry event in the Brodie Centre for patients with developmental disabilities.
- Dental Hygiene students provide dental care at Siloam Mission.
- Dentistry students work at such sites as Access Downtown, Child Plus, Deer Lodge Centre, St. Amant Centre, personal care homes (with the mobile clinic), etc. 4th year Dentistry students must perform 5 weeks of community service as part of their curriculum.

Opportunity/Suggestion:

- This item is critical and directly related to #5. Without respect, inclusion and valuing of diversity, sense of community and belonging will be weakened.

#5 Promote respect, inclusion and valuing of diversity throughout all aspects of the earning and work environment
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Type of Activity: Written/E-Doc

- Indigenous Connect website
- Diversity policy at Bannatyne (Medicine)
- (Be) World Wise magazine
- RWLE revision
- Strategic priorities framework pillar
- College of Medicine has a diversity website and a diversity report online:
http://umanitoba.ca/faculties/health_sciences/medicine/professionalism/index.html
https://umanitoba.ca/faculties/health_sciences/medicine/media/Diversity_Enriches_the_Community_-_Dr._Cook.pdf

Type of Activity: Event/Training

- LGBT Issues Awareness workshops for Active Living staff
- LOD session on hiring the right person
- Intercultural competence training (ICS)
- International Awareness week
- ASC events (Powwow, Full Moon, etc)
- Academic Administrators workshop focus on Indigenous issues
- Executive Lead speaker sessions
- Indigenous awareness week
- Orientation Indigenous Welcome Feast held for the first time in September, 2014
- Services for Students at Bannatyne taught in professional healthcare program curriculum (i.e. Dental Hygiene, Pharmacy's 1st Year Skills Lab)

Type of Activity: Practice

- At the SCC, transparency is an explicit goal for all decision-making processes. As well, pursuing inclusive processes is also a goal. The SCC is committed to hearing the voice of all staff.
- Use of inclusive and/or culturally sensitive language during workshops/presentations on health and wellness topics (example: sexual health, consent, stress management).
- Use of NCHA data on Mental Health in presentations to de-stigmatize mental health issues and increase respect and inclusion.
- Support from supervisors to attend PD re: diversity/inclusion, etc.

Type of Activity: Group/Program

- Ally program
- Developing a new initiative to support Indigenous grad students (FGS)
- Educational equity admissions initiative to increase the diversity of students
- Elders program
- Medicine Garden of Learning (Bannatyne)
- President's Advisory Committee on Respect
- Students and staff from the College of Medicine and College of Rehabilitation Sciences and staff from U of M's Human Rights & Conflict Management Office participate in a Diversity Working Group
- College of Medicine has a Cultural Inclusiveness Working Group, chaired by the Associate Dean of Professionalism and Diversity
- Leadership programs

Type of Activity: Staff Position

- Executive Lead, Indigenous Achievement
- Diversity and inclusion facilitator (HR)

Opportunity/Suggestion:

- The collective bargaining process between the University and all unions needs to become less adversarial. For example, it is clear that UMFA and the administration have significant challenges to resolve.

APPENDIX H – LIST OF GAPS RESULTING FROM ESA

This list reflects what the Champions Group viewed as being gaps that were not met by the activities recorded in the ESA. Thus, these gaps reflect the ways in which the University is currently not meeting the top five priority recommendations.

Gaps Categorized By Priority

1. Identify opportunities to address mental health within the academic environment to increase student success

1. Increased access to psychiatric services for students, and initiate for staff and faculty.
2. Increase SCC ratio of counsellors to students
3. Increase access to medical services for staff, faculty and students on BC.
4. Enhance preparation for students re: transition from high school to university.
5. Mental Health First Aid could be offered as an IPE (Interprofessional education) initiative before professional healthcare students see patients (occurs in 3rd and 4th years for Medicine and Dentistry students but earlier in other healthcare programs). It would be beneficial for their own care, for reducing stigma and for future patient care.
6. Health and wellness position for staff and faculty
7. Determine Learning Outcomes for the Bannatyne Community bus tours offered during Orientation - follow-up participation may benefit students in a positive way.
8. Begin initial screening, by their College in the Faculty of Health Sciences, for students going through remediation/academic difficulty for underlying mental health, medical and personal issues affecting their academic work, and then refer to Counselling Services.

2. Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking of students who are less likely to request support

1. Increase awareness on campus re: mental health literacy, especially for students studying in the health professions.
2. Increase awareness among students of the suite of resources available to them-aim to reduce self-stigmatization.
3. Increase communication on campus re: mental health literacy, especially for students studying in the health professions.
4. Change the disconnect between mental health promotion that occurs in Nursing courses and the actual culture among nursing students.

3. Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illness to appropriate campus and off-campus resources

1. Ensure advertising to ensure that students, staff and faculty are aware of resources.
2. Increase knowledge of the definition of 'mental health' in other cultures to reach International Students more adequately.
3. Create formal procedure to raise awareness of mental health on campus-replace 'ad hoc' process
4. Create resources for staff/faculty colleagues who are at 'risk'
5. Create a process/document for 'self-reporting' for faculty/staff to be aware for students that may not want to follow the traditional 'in person' reporting route.
6. Create resource pamphlets on mental health available in multiple languages
7. Create a 'help/info line' that provides information on SCC or other counselling services available on campus.
 - o Create provincial post-secondary help-line similar to Good 2 Talk in Ontario.

4. Encourage programs and activities that support a sense of community and belonging among faculty, staff and students

1. When policy changes occur, communicate clearly and transparently to staff and faculty.
2. Raise awareness and profile of mentorship programs.
3. Make UM community aware that the topic of inclusion of students, staff and faculty is everyone's responsibility.
 - Encourage the voice we all have regarding how one acts, what one says, interaction with people, etc. (e.g., Bystander Intervention as per the Sexual Assault Working Group).
4. Increase the number of series of events, rather than one-time events, which lend to a more continual state of mind.
5. Ensure that the Collective Bargaining Agreement is a more conciliatory process.
6. Increase 'flexible infrastructure and sharing of understanding'
 - e.g., classroom optimization space (e.g. faculty courses being taught outside one's own faculty buildings)
7. Increase ability of faculty, staff and students to contribute to maximization of space and continue to build community.
 - Several communities exist, e.g., Peer Program, Residences, Sneaker Day, competitions within or among units/departments/faculties.
8. Sense of increased transparency for faculty and staff re: policy changes;
9. Create forum for students, staff and faculty to air grievances and have someone address concerns.
 - e.g., town hall or forum; (will help with transparency).
10. Stop or decrease number of one-time events, focus on a series for engendering a more continual state of mind.

5. Promote respect, inclusion and valuing of diversity throughout all aspects of the learning and work environment

1. Raise the profile of the 'Diversity and Inclusion Facilitator' in Learning & Organizational Development.
2. Ensure additional transparency in hiring practices.
 - e.g., Is a prospective employee apt to identify as a minority in a position application? What are the guidelines?
3. Create non-stigmatizing, alternative corrective processes for addressing discipline
 - e.g., restorative justice
4. Establish an alternative, pre-STATIS group that has alternatives or other methods of discipline.

APPENDIX I – ‘BRIDGES’ FOR GAPS

This list reflects ideas generated by the Champions Group for concrete methods to ‘bridge the gaps’ seen as a result of reflecting on the ESA. This list demonstrates ways in which the University can address the needs stipulated by the top five priority recommendations (i.e., needs that are not currently being met by the current offering of activities and initiatives).

BRIDGES: CATEGORIZED BY PRIORITIES & SUBCATEGORIZED BY GAPS

- **Need for more awareness** (i.e., communication and/or marketing)
- **Need to enhance** (i.e., improve or expand current)
- **Need to create new** (i.e., create or develop)
- **Need to stop** (i.e., eliminate or 180 degree change)

1. Identify opportunities to address mental health within the academic environment to increase student success (Natalie R., Mark O., Gene M., Deborah Y)

Need for Awareness

Need to Enhance

1. **Gap:** Increased access to psychiatric services for students, and initiate for staff and faculty.
Bridges:
 - Establish new service targeting indigenous students, staff and faculty in a traditional way (i.e., alternative not grounded in western thought).
 - Develop partnerships to reach out to all alternative communities
 - Hire one (or more) FT psychiatrists to manage the student and staff psychiatric needs on campus.
 - Create Mental Health Services Office/Crisis Response Centre for students and staff (social worker, psychiatrists, crisis counsellors, brief treatment counsellors, etc.). Amalgamation and enhancement of services currently on campus (e.g., SCC, SAS, Student Support Case Manager, UHS, Peers, plus services above)
2. **Gap:** Increase SCC ratio of counsellors to students
Bridges:
 - Build case for need for more funding by utilizing the following (i.e., people that understand funding requirements and research) to present to decision makers (i.e., upper administration):
 - Accountants, research experts (e.g., institutional analysis) and risk management could build case by talking about national average, risk of not hiring, etc.
3. **Gap:** Increase access to medical services for staff, faculty and students on BC.
Bridges:
 - None suggested.
4. **Gap:** Enhance preparation for students re: transition from high school to university.
Bridges:
 - Presentations to new students
 - Pair new students with someone in recruitment (i.e., establish new mentoring program).
 - Mentorship program that stretches across the entire first year population.

5. *Gap:* Mental Health First Aid could be offered as an IPE (Interprofessional education) initiative before professional healthcare students see patients (occurs in 3rd and 4th years for Medicine and Dentistry students but earlier in other healthcare programs). It would be beneficial for their own care, for reducing stigma and for future patient care.

Bridge:

- Offer MHFA to Faculty of Health Sciences colleges, as well as education, law, social work, nursing, Family Social Science (i.e., as many programs as possible).

Need to Create

6. *Gap:* Health and wellness position for staff and faculty

Bridge:

- Complete – Employee Wellness Specialist position.

7. *Gap:* Determine Learning Outcomes for the Bannatyne Community bus tours offered during Orientation - follow-up participation may benefit students in a positive way.

Bridge:

- Have organizers of bus tour strike a meeting dedicate to establish learning outcomes.

8. *Gap:* Begin initial screening, by their College in the Faculty of Health Sciences, for students going through remediation/academic difficulty for underlying mental health, medical and personal issues affecting their academic work, and then refer to Counselling Services.

Bridge

- Develop protocol for Faculty of Health Sciences students having academic difficulties that screens for mental health problems at early stages.

Need to Stop/Change

2. Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking of students who are less likely to request support (*Heather P., Don S., David N.*)

Need for Awareness

1. *Gap:* Increase awareness on campus re: mental health literacy, especially for students studying in the health professions.

Bridges:

- Create mandatory Mental Health course for all students in helping professions.
- Mandate MHFA for all staff and faculty who interact with students or supervise staff.

2. *Gap:* Increase awareness among students of the suite of resources available to them-aim to reduce self-stigmatization.

Need to Enhance

Need to Create

3. *Gap:* Increase communication on campus re: mental health literacy, especially for students studying in the health professions.

Bridge:

- UMSU adds a portion of regular email communications regarding mental health literacy and support.

Bridges (1,2 & 3):

- Awareness campaign to increase mental health literacy and reduce self-stigma:
 - Campaign could use various mental health resources and partnerships (e.g., CMHA, MHCC, Queen's 'Healthy Start' program', Mobilizing Minds, etc.)
 - Presentations/workshops (strategically and in a protective manner) to classes, ADU, New Faculty Orientations on mental health literacy, which also aim to reduce self-stigma.
 - Healthy U program – have students in peer health program deliver messages regarding mental health literacy and self-stigma to other students.

Need to Stop/Change

4. *Gap:* Change the disconnect between mental health promotion that occurs in Nursing courses and the actual culture among nursing students.

Bridges:

- Have messages regarding culture at Faculty of Health Sciences Health & Wellness Fairs – have proactive student input on culture.
- Connect with new faculty more assertively on this topic to generate culture change.
- Link with professional bodies.

3. Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illness to appropriate campus and off-campus resources

Need for Awareness

2. *Gap:* Ensure advertising to ensure that students, staff and faculty are aware of resources.

Bridges:

- Created unified marketing campaign that will encompass all materials re: Health and Wellness.
 - Partner with MCO to create title/logo/strategy to do this so it is easily identifiable.
 - Assign touch point person.
- TVs in gathering spaces with ads for all health and wellness services.

3. *Gap:* Increase knowledge of the definition of 'mental health' in other cultures to reach International Students more adequately.

Bridge:

- Increase depth of mental health/stress portion of International Student Orientation.

Need to Enhance

Need to Create

4. *Gap:* Create formal procedure to raise awareness of mental health on campus-replace 'ad hoc' process
- Bridge:*

- Create easy to follow Resources Guide for wide variety of departments, faculties, student groups.
 - Include many different types of mental health issues and resources, on and off campus to address many manifestations of issues.
 - Create a position/working group to create framework for all Mental Health and Wellness events, education and promotion on campus.
 - Gather all information on current offerings to create framework.
5. *Gap:* Create resources for staff/faculty colleagues who are at 'risk'
- Bridge*
- Provide MHFA to HR Reps/Supervisors
 - Add personal/mental health check ins to performance review meetings.
 - Identify short and long term strategies for staff who appear to be at risk.
 - Create mental health resource guide for staff.
 - Establish contact person for staff concerns.
 - Add position for staff Social Worker or Case Manager.
 - Establish inter-office buddy system for staff at risk.
6. *Gap:* Create a process/document for 'self-reporting' for faculty/staff to be aware for students that may not want to follow the traditional 'in person' reporting route.
- Bridges:*
- Include option to email professor if a student would like to report a mental health issue.
 - Connect faculty with Accessibility regarding options for students with mental health challenges.
7. *Gap:* Create resource pamphlets on mental health available in multiple languages
- Bridge:*
- Create resource pamphlets on mental health in multiple languages.
8. *Gap:* Create a 'help/info line' that provides information on SCC or other counselling services available on campus.
- Create provincial post-secondary help-line similar to Good 2 Talk in Ontario.
- Bridge:*
- Create 24/7, volunteer based help/info line for information on SCC or other resources on campus.

Need to Stop/Change

4. Encourage programs and activities that support a sense of community and belonging among faculty, staff and students (Arlana V., Laurie M. and Jeremiah K.)

Need for Awareness

11. *Gap:* When policy changes occur, communicate clearly and transparently to staff and faculty.
- Bridge:*
- Create 'changes' website page or JUMP tab, newsletters, etc.
12. *Gap:* Raise awareness and profile of mentorship programs.
- No bridges created.*
13. *Gap:* Make UM community aware that the topic of inclusion of students, staff and faculty is everyone's responsibility.

- Encourage the voice we all have regarding how one acts, what one says, interaction with people, etc. (e.g., Bystander Intervention as per the Sexual Assault Working Group).

Bridges:

- Make UMSU emails regarding Mental Health Promotion available to staff.
- Include mental health element in UM Today.
- Advertise and offer Ally Training.
- Encourage buy in from senior leaders to get culture change.
- Have a fall mental health week.

Need to Enhance

14. Gap: Increase the number of series of events, rather than one-time events, which lend to a more continual state of mind.

Bridges:

- Centralization of all mental health/wellness/inclusion education and events through a new position.
- Create central UM calendar that includes all events in one place.

15. Gap: Ensure that the Collective Bargaining Agreement is a more conciliatory process.

Bridge:

- Encourage Interest Based negotiations (need buy in from management and union).

16. Gap: Increase 'flexible infrastructure and sharing of understanding'

- e.g., classroom optimization space (e.g. faculty courses being taught outside one's own faculty buildings)

17. Gap: Increase ability of faculty, staff and students to contribute to maximization of space and continue to build community.

- Several communities exist, e.g., Peer Program, Residences, Sneaker Day, competitions within or among units/departments/faculties.

Bridges:

- Opening day picnic or all staff prior to the start of term.

Need to Create

18. Gap: Sense of increased transparency for faculty and staff re: policy changes.

Bridge:

- (See bridge under gap #1)

19. Gap: Create forum for students, staff and faculty to air grievances and have someone address concerns.

Bridge:

- Increase Town Halls or develop anonymous feedback forum.

Need to Stop/Change

20. Gap: Stop or decrease number of one-time events, focus on a series for engendering a more continual state of mind.

Bridge:

- (see bridge #1 under gap #4)

**5. Promote respect, inclusion and valuing of diversity throughout all aspects of the learning and work environment
(Melissa Rabb, Tony Rogge and Bryan Wiebe)**

Need for Awareness

5. Gap: Raise the profile of the 'Diversity and Inclusion Facilitator' in Learning & Organizational Development.
Bridge:
- Communications campaign that flows through MCO, LOD and HR consultant.

Need to Enhance

6. Gap: Ensure additional transparency in hiring practices.
- e.g., Is a prospective employee apt to identify as a minority in a position application? What are the guidelines?
- Bridge:*
- Best practices – require greater clarity of purpose at an institutional wide/strategic level with respect to diversity and inclusion in HR processes (especially at the recruitment stage)

Need to Create

7. Gap: Create non-stigmatizing, alternative corrective processes for addressing discipline
- e.g., restorative justice
- Bridges:*
- Develop strategy that has appropriate approaches, methods and procedures (including communication) to deal with major and minor transgressions.
 - Use strategy to facilitate interventions and resolutions promoting reconciliation, education and respect.
 - Use of strategy would restore community standards and addresses the needs (emotional, spiritual) of the aggrieved.
8. Gap: Establish an alternative, pre-STATIS group that has alternatives or other methods of discipline.
Bridge:
- A subcommittee of STATIS to generate alternative forms of discipline that addresses needs of students and staff.

Need to Stop/Change

APPENDIX J – DRAFT OF UM CRISIS RESPONSE SERVICES

This document, authored by David Ness and edited by Natalie Roach, represents the beginning of what could be the development of a UM ‘Postvention’ or Crisis Response Protocol. These services are already in place, however, this document represents the first time they have been formalized in a document.

Crisis Response Services at the University of Manitoba (DRAFT)

Crisis events can occur anywhere to any person and at any place and this includes post-secondary education communities such as the University of Manitoba. Every year, within the University of Manitoba community, there are crisis events that by their nature are sudden, unexpected and potentially traumatic. Examples of crisis events include student and/or staff suicide, vehicle accidents, accidental death while participating in University of Manitoba sanctioned events, death due to illness, and physical and or sexual assault. Such events impact individuals in our community differently but it is well documented that crisis events can negatively impact academic and personal functioning.

Social systems (e.g., a university department) can often unwittingly respond in a chaotic manner to crisis events. What is needed when a crisis happens is a caring, supportive response that fosters healing and prevents continuing difficulties. The Student Counselling Centre (SCC) at the University of Manitoba recognizes the value of responding to crisis events in a caring and supportive fashion and has, for over a decade, offered and facilitated “Critical Incident De-briefing” (CISD) for students and staff, on both campuses.

CISD is an empirically validated program that has existed for decades and has been used effectively in a variety of settings to help groups of individuals, whether it be two or sixty persons, manage and cope with crisis events. CISD is not individual or group counselling; rather, it a discussion session that focuses on understanding, education and coping.

Primary goals of CISD sessions are:

- To reduce feelings of abnormality
- Reduce/eliminate proliferation of rumours and tactless actions
- Alleviate acute stress responses
- Inhibit delayed stress reactions.

CISD sessions are always voluntary and are facilitated by a minimum of two professional counsellors from the SCC. Ideally, CISD sessions are offered within 48 hours of a crisis event, but there is some flexibility with this time frame. CISD sessions are available to the entire campus and have been provided to staff and students.

If you become aware of a crisis event in your workplace and/or academic environment, you’re encouraged to the contact the SCC Director, David Ness, at 204-474-8592 to discuss possible support services including the facilitation of a CISD.

Other services provided by the SCC to respond to a crisis event includes timely one-session individual counselling for more seriously impacted students, as well as on-going counselling for students requiring greater assistance. *University of Manitoba staff interested in pursuing individual counselling are encouraged to connect with the University of Manitoba EFAP provider.

APPENDIX K – CORE GROUP’S SHORT LIST OF GAPS

This ‘short list’ of gaps was created by the Core Group in order to prepare and focus the larger Champions Group for the Implementation Stage. This short list of gaps for the Champions to focus on reflects knowledge, held by Core Group members in upper administration, on certain upcoming initiatives, projects, programs, etc. that will address some of the other gaps generated by the Champions Group (i.e., the gaps not listed here).

Gaps Categorized By Priority

1. Identify opportunities to address mental health within the academic environment to increase student success

9. Increased access to psychiatric services for students, and initiate for staff and faculty.
10. Increase SCC ratio of counsellors to students

2. Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking of students who are less likely to request support

5. Increase awareness among students of the suite of resources available to them-aim to reduce self-stigmatization.
6. Increase communication on campus re: mental health literacy, especially for students studying in the health professions.

3. Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illness to appropriate campus and off-campus resources

8. Create resources for staff/faculty colleagues who are at ‘risk’
9. Create resource pamphlets on mental health available in multiple languages

4. Encourage programs and activities that support a sense of community and belonging among faculty, staff and students

21. When policy changes occur, communicate clearly and transparently to staff and faculty.
22. Make UM community aware that the topic of inclusion of students, staff and faculty is everyone’s responsibility.
 - o Encourage the voice we all have regarding how one acts, what one says, interaction with people, etc. (e.g., Bystander Intervention as per the Sexual Assault Working Group).

5. Promote respect, inclusion and valuing of diversity throughout all aspects of the learning and work environment

9. Raise the profile of the ‘Diversity and Inclusion Facilitator’ in Learning & Organizational Development.

APPENDIX L - ACTION STEPS & ASSOCIATED CHAMPIONS

This appendix demonstrates the top five priority recommendations, certain associated gaps and bridges, and individuals responsible for taking action on these. There are also activities, listed at the end of this document, that are in line with the top five priority recommendations as a whole that were not specifically reflected in 'bridge' activities generated by the group.

BRIDGES: CATEGORIZED BY PRIORITIES & SUBCATEGORIZED BY GAPS

1. Identify opportunities to address mental health within the academic environment to increase student success

- **NATALIE:** Establish new service targeting indigenous students, staff and faculty in a traditional way (i.e., alternative not grounded in western thought).
- **DON:** Hire one (or more) FT psychiatrists to manage the student and staff psychiatric needs on campus.
- **CARLY/ARLANA:** Create Mental Health Services Office/Crisis Response Centre for students and staff (social worker, psychiatrists, crisis counsellors, brief treatment counsellors, etc.). Amalgamation and enhancement of services currently on campus (e.g., SCC, SAS, Student Support Case Manager, UHS, Peers, plus services above)

2. Promote help-seeking as a smart strategy for academic and career success and establish initiatives that encourage help-seeking of students who are less likely to request support

Bridges:

- Awareness campaign to increase mental health literacy and reduce self-stigma:
 - **REBECCA:** Campaign could use various mental health resources and partnerships (e.g., CMHA, MHCC, Queen's 'Healthy Start' program', Mobilizing Minds, etc.)
 - **REBECCA** – Will bring the materials for the UMSU Mental Health campaign to the group.
 - **DON** – noted that there are resources that could inform/support the creation of these materials.
 - **ARLANA** - Presentations/workshops (strategically and in a protective manner) to HR staff.
 - **KATIE:** Healthy U program – have students in peer health program deliver messages regarding mental health literacy and self-stigma to other students.

3. Educate faculty, staff and students, including security personnel, to effectively identify, respond to, and refer a person with mental health problems and illness to appropriate campus and off-campus resources

- **DAVID NESS:** Crisis Intervention protocol.
 - In line with priority recommendation # 3.

4. Encourage programs and activities that support a sense of community and belonging among faculty, staff and students

5. Promote respect, inclusion and valuing of diversity throughout all aspects of the learning and work environment

Bridge:

- Raise the profile of the 'Diversity and Inclusion Facilitator' in Learning & Organizational Development.
 - **MARK:** Working with Val Williams on strategic plan for Diversity and Inclusion work on campus.

Actions Targeting Multiple Priority Recommendations:

GENE MULLER

- 'Wellness Page' in development with multiple partners
 - In line with priority recommendations 1, 2 and 4

CINDY YE/DEBORAH CHAN

- Active Mind's upcoming activities for year.
 - Group activities are very much in line with recommendations 2 and 4.

LAURIE MORRIS

- Interest based bargaining – explain further.
 - In line with priority recommendation five in that it promotes respect.

DEBORAH YOUNG

- Offer perspective on Indigenous based psychiatric service
 - In line with recommendation 1.

HEATHER PATERSON

- Offer updates on FHS mental health related initiatives.

DIANE HIEBERT-MURPHY**TONY ROGGE****KRISTJAN W.K. MANN**

APPENDIX M - Campus Mental Health Facilitator - Committee Work

- President's Advisory Committee on Respect
 - Respectful Work and Learning Environment Update Subcommittee
- Sexual Assault Working Group
 - Sexual Assault Working Group – Policy and Protocols Subcommittee
- Human Resources Social Committee
- Staff Mental Health Week Committee (Chair)

APPENDIX N – WORK STUDY APPLICATION FORM

This is the completed and approved application for a work study student. This application outlines job description, duties and listed qualifications.

Work Study Job Submission Form

Job Title: Mental Health Strategy Assistant
Employer: University of Manitoba
Address: 469 University Centre
Contact: Natalie Roach
Phone: 2042975946
Email: natalie.roach@umanitoba.ca
Fax: 204-474-7558
Website: umanitoba.ca/mentalhealth

Duties

In this role, the successful applicant would be working for 20 hours per semester (approximately 5 hours/week in October, November, January and February) to assist with the administrative evaluation aspects of the campus mental health strategy.

This strategy contains over 60 recommendations, each falling under six thematic areas/goals.

Specifically, this role would involve assistance with the following three aspects:

1. Streamlining and developing the database of mental health related activities on campus.
2. Discovering and recording existing, planned and new activities happening on campus relating to mental health for students, and where possible, staff, into the database.
3. Submitting a brief report (at the end of the work term, i.e. February) on the activities recorded in the database as they relate to the recommendations in the strategy, and include in this report a reflective piece based on their activities and findings.

Qualifications

Ideal candidate would have an interest in mental health and wellness, strong Microsoft Excel skills, ability to work independently, strong field research abilities and excellent written communications skills. Ability to Full time student in Fall & Winter terms; have a 2015-2016 government loan OR have full Aboriginal sponsorship.

Competencies

1. *Written communication*

Condense information/produce concise summary notes accurately with correct grammar, punctuation and spelling.

2. Analysis and research

Gather relevant secondary data and organize information in a logical manner.

3. Digital Technology Skills

Performs basic computer tasks, such as creating documents, saving files, and sending email.

4. Planning and organizing

Proactively plans and manages work; monitors results through to successfully complete plans.

5. Professional Self-Reflection

Able to reflect on projects completed in order to develop self as a professional, inform future decisions and goal setting and grow professionally.

Location

Various-Room 469 University Centre

Salary

\$20/hour (20 hours total)

Type Of Employment

Part-Time Employment

Other

Please review the Mental Health Strategy for context:

APPENDIX O – INFORMATION ABOUT THE WORK STUDY PROGRAM

General Information

The funding for the Work Study placement is provided by the Work Study Program, and has a maximum of \$1700. The funds are paid throughout the work term (i.e., between end of September to early March) by the hiring department, and then reimbursed following completion of the work term by the Work Study Program. Gregory Juliano, Associate Vice-President, HR, has approved the outlaying of funds for this position, and indicated that going over \$1700 by a small amount is permissible.

The information below was extracted from a document sent out by the Work Study Program in July 2015 to staff and faculty. Please be in touch with the Work Study Coordinator, Maricel Bucher at wkstudy@umanitoba.ca for further details and requisite forms.

2015-2016 Work-Study Timeline

June 24, 2015	Work-Study information for staff posted on WS website
August 5, 2015	DEADLINE FOR PROJECT APPLICATIONS – 4:30PM
August 10-20, 2015	Work-Study project selection committee meeting; projects will be notified of approval or denial
August 31, 2015	Advertising and marketing to students; Posters will be emailed in PDF version to all approved projects to post in and around their departments; posters will also be posted throughout campus

Students begin applying for Work-Study positions online:

<http://umanitoba.ca/student/careerservices>

Click on Career Connect icon, then within “Student” tab, register for an account or login directly to an existing student account. Click “Job Postings” and below “UM Work-Study Job Postings”.

Students submit applications to work_study@umanitoba.ca by:

Intake 1 application deadline: **September 18, 2015**

Intake 2 (potential extension if unfilled positions): **Oct. 2, 2015**

Intake 3 application (pending available funds) **December, 2015**

September 21-23	Student Financial Aid Checks
September 23, 2015	Referrals of Intake 1 student applications to project supervisors
November 8, 2015	Students for fall intake (Intake 1 and 2) must be hired by this date and WS Authorization forms submitted to Financial Aid & Awards, 422 University Centre.

March 11, 2016	Jobs must end by this date – <i>hours cannot carry over</i>
March 18, 2016	Reimbursement forms must be submitted to the Work-Study Coordinator (Reimbursement forms will be sent to project supervisors in early March). Late forms beyond March 18th will not be reimbursed in the current fiscal year.

2015-2016 Work-Study Program

Please note that this notice is for **faculty and staff** only; student information will be forthcoming.

Work-Study is a University of Manitoba subsidized program that aims to help students with high levels of financial need, by creating part-time, on-campus jobs for eligible students. Eligibility is based upon students having full time enrolment and proof of a current (2015-2016) government student loan within the regular session.

The Work-Study program helps students and staff of the University of Manitoba twofold; it allows financially disadvantaged students to gain employment and also allows the university to have qualified students working to enrich their department. If you are interested in hosting a Work-Study student in your department, please continue reading on how you may apply to become a Work-Study project supervisor.

How Work-Study Works

If you are a full time, permanent UM staff member, you may apply to have a Work-Study student position in your department/unit. First, please **ensure that you have departmental approval from your Director/Dean/Department Head**; then, apply to the Work-Study Program by creating a part-time position within your department/unit to facilitate a student worker. Please keep reading for instructions on how to complete the online application.

If your project is approved, you will be notified via email from the Work-Study Coordinator. Jobs will be posted for students online on the Student Career Services website and students will apply to your position(s) directly to the Work-Study Program (applications must be submitted to the Financial Aid & Awards Office, room 422 University Centre).

Once student applications are reviewed for eligibility, we forward approved applications/resumes to you via inter-departmental mail. You'll then review, interview and hire as you would any other student worker. At the end of the fiscal year, we will reimburse your department up to the maximum subsidy amount of \$1700.00 per project (reimbursement is based upon the total number of hours worked).

Please refer often to the Work-Study Program Timeline (page 1 of this document) for important dates and deadlines. **The deadline to submit a Work-Study application is August 5, 2015.** Pending available funding there may be opportunity for new project/position submissions for the Winter Term. In the event of this remaining Work-Study funding, notification will be sent to faculties and units in November and a new Work-Study application deadline will be communicated.

IMPORTANT Information

Projects - The Work-Study program funds a total of **50 approved projects**.

Subsidy Reimbursement Amounts - **The maximum subsidy reimbursement is \$1700/project.** The Work-Study program will reimburse departments at the end of the university's fiscal year end. **Departments are responsible for paying students their full wage, bi-weekly throughout the school year - students that are not**

paid according to that schedule will lose any reimbursement. Budgets for projects that abide by the WS deadlines and follow the Work- Study Department Procedures & Responsibilities will be reimbursed in late March 2016.

Student Wages - **Jobs must pay their students, bi-weekly, a minimum of \$11.66/hour**

(Effective October 1, 2015 the minimum wage will increase to \$11.00 per hour; \$11.00/hour +

6% vacation pay = \$11.66/hr). Although the Work-Study program will reimburse your project up to \$1700/project (depending on the total number of student hours worked)

Many Work-Study positions are left unfilled due to job competitiveness on and off campus; you are highly encouraged to take full advantage of this subsidy program and pay students higher than the minimum hourly wage.

Workable Hours – The Work-Study reimburses up to a **maximum of \$1700/project**. Students may work continue to work on projects beyond the \$1700 maximum Work-Study funding; however any additional salary will not be subsidized by Work-Study. Please note that students employed part-time at the University of Manitoba should not work more than 20 hours/week. It's important to remember that the student's first "job" is to study, not work. In addition please be advised that the Canada Student Loan program only allows a student to make up to \$3400 (\$100/week of study) in work earnings before reassessing their student loan (and potentially reducing their loan funding for the year). **You are responsible for tracking all student hours worked.**

Project Lifetime - Students may begin working as soon as hired and all **jobs must end by Friday, March 11, 2016**. Reimbursement forms will be sent at this time and will be due by March 18, 2016. No late reimbursement forms will be accepted as account reconciliation must be completed by the end of fiscal year (March 31, 2016).

Student Eligibility

Students must:

- Have current 2015-2016 government student loans of at least \$2000, or
- Be a student with proof of current (2015-2016) aboriginal band sponsorship.
- Be full time undergraduate student (taking a minimum of 9 credit hours per term) and studying throughout the regular academic session (September to April).
- Have satisfactory standing; regular status, with a 2.0 GPA minimum from the last academic session (not applicable for new UM students).
- **Private bank loans, lines of credit are NOT eligible. If international students do NOT have access to government students loans, they are NOT eligible**

Department Procedures & Responsibilities

UM Staff must:

- Submit project applications by **August 5, 2015** (click the link at the bottom of this page to apply)

- If submitting multiple applications from one department, rank jobs in order of preference should there only be opportunity to fill one position
- Once projects are approved, students will apply for specific projects and Project Supervisors will be sent the eligible applications of those who have applied for their position
- Departments will select the prospective candidates, contact, and interview and hire at the Project Supervisor's discretion.
- You must forward the signed Work-Study Authorization form to the Work-Study Coordinator as soon as students are hired (This form is sent to you if your project is approved for Work-Study funding).
- Contact the Human Resources Department (309 Administration Bldg) to ensure that you obtain and submit all of the necessary hiring forms. Call 474-8603 for general inquiries.
- Departments must fill their position by November 8, 2015 or funding will be lost (refer to timeline for dates).

As a courtesy to students, and in accordance with FIPPA, please shred all student applications that you do not require.
