Building Capacity for Campus Suicide Prevention:

Evaluation of the Campus Suicide Prevention Initiative

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BACKGROUND

The BC Ministry of Mental Health and Addictions (MMHA) funded the BC Campus Suicide Prevention (CSP) initiative from March 2021 through February 2022, with each of British Columbia's 25 publicly funded post-secondary institutions (PSIs) receiving a $50,000 grant for work towards suicide prevention. The Canadian Mental Health Association, British Columbia Division (CMHA BC) partnered with and oversaw the distribution of the $1.5 million dollar investment, while offering technical support. CMHA BC created a coordinating team led by Healthy Minds | Healthy Campuses (HM|HC), with support from the Canadian Institute for Substance Use Research (CISUR). The CSP initiative assisted in development and implementation of new and expanded campus suicide prevention frameworks, strategies, and resources specific to campus communities. Grantees were encouraged to develop programming that incorporated principles of equity, diversity, and inclusion; informed by Indigenous, Métis, and First Nations perspectives; included principles of Gender-Based-Analysis-Plus (GBA+); and were encouraged to put funding towards programming that was culturally sensitive, as well as trauma-informed.

This report was developed to evaluate the implementation and early impacts of the CSP, identify where further support is needed, and provide recommendations to ensure sustainable improvements are made to post-secondary suicide prevention infrastructure. The evaluation is specifically aimed at helping CMHA BC improve how they support BC PSIs to achieve their mental health and well-being objectives and goals. Meetings were held with key knowledge holders, in addition to interviews with representatives from 23 PSIs. The report is representative of experiences from all participating PSIs, highlighting unique as well as similar contextual factors faced throughout BC's post-secondary system. There are five main sections: Collaboration, Knowledge Sharing, Equity Mandate, Capacity Building and Sustainability, and Requests and Suggestions. Collectively, these contain key underlying themes, values, and challenges that arose throughout the funding period

COLLABORATION

Benefits

A variety of connections emerged within PSIs due to CSP funded projects. These included new and strengthened partnerships in addition to team-building opportunities within and across departments, between campuses, and in residences. Many participants also identified ways in which the grant enabled collaborations that increased equity, diversity, and inclusion on campus. Collaborations across PSIs varied, with one of the most successful and innovative examples being a collaboration of 12 PSIs to create digital assets, now being used across BC. Many identified the success of the project was due to leadership from staff who contributed significant amounts of time and project management experience.

Challenges

Unfortunately, outside of the digital assets collaboration, participants identified little to no connections between PSIs directly related to the funding. Yet, some relationships beyond the academic community included associations with provincial and local groups. However, despite widespread desires to connect, PSIs identified major barriers to all external collaborations such as limited capacity, working in crisis management mode related to multiple external crises, and pandemic-related disruptions. While PSIs expressed a deep desire for future and further collaborations, additional supports that facilitate relationship-building and knowledge exchange between and within PSIs are needed to compensate for the pre-existing struggles they face.

KNOWLEDGE SHARING

Benefits

Throughout the CSP initiative, the coordinating team offered knowledge sharing opportunities, as well as ongoing feedback and support. Webinars/trainings, emails, and direct connection with the team were primary support mechanisms for PSIs. Overall, participants felt that the CMHA BC's role as an intermediary for the CSP was beneficial, allowing for clear accountability, structure, and an easeful ability for connection and timely support as needed.

> *I definitely appreciate the model in terms of having CMHA as an intermediary with the government as the fund facilitator, because they have a much better understanding of the work that's happening on the campuses…if we had questions or when we were working on reports, they were more in-the-know and able to support us through that process. And the application process and the reporting process were more robust because CMHA was involved…there was more accountability; there was more structure going into this in terms of us having to be really thoughtful ahead of time.* (PSI 19)

Challenges

Some staff had mixed reactions to the offerings because of their varied positions and levels within the institution. These differences in utility and (under-)utilization of resources were especially pronounced amongst PSIs with exceptionally limited staffing capacity. Additionally, concern for cultural safety was identified, especially by those embedded in Indigenous ways of knowing and doing, who felt their needs had not fully been considered. Of critical importance, future trainings and webinars need to take into consideration differential impacts for all who may be in attendance.

EQUITY MANDATE

Benefits

As part of the CSP application, PSIs identified how use of their funding would integrate equity-related practices and serve equity-deserving communities' needs. This mandate was left open-ended for campuses, with feedback specific to equity components provided following initial

applications. Many participants indicated that the mandate aligned with campuses' values and goals, and they appreciated that the mandate further underscored the essentiality of their work. The choice of funders to emphasize an equity mandate further substantiated pre-existing efforts within and across PSIs, influencing the choice of some projects.

Challenges

Some participants identified feeling unable to meaningfully engage in EDI work due to time and funding constraints. Almost all PSIs agreed that someone will always be left behind when institutions must rely on this funding structure. Participants repeatedly identified issues such as limited finances, misaligned timeframes, pandemic-related challenges, and a general lack of resources needed for the diversity, large size, or multiple campuses of many PSIs. Moreover, it was difficult to apply a decolonizing lens to projects given these constraints. Additional common gaps included lack of personnel from varied backgrounds and lived experiences; mental health resources and trainings specific to Indigenous and equity-deserving groups; and collaborations and engagements with groups who specialize in EDI work from within and outside PSIs.

One of the challenges for this type of funding, always, is the timeline. We have other projects that are government funding; they're usually tied to the fiscal cycle, not the academic cycle, which all of our work happens on the academic cycle…you just can't move that quickly in post-secondary…one of the key things that we've been collectively learning at [PSI name]…working with Indigenous students and coming into partnership with Indigenous students and really learning with them, and for them and about them, takes time and relationship-building. And relationship is the key…you have to build the trust, and you have to build the relationship…especially when you're trying to build in specific components around equity, you can do harm if you rush things. (PSI 19)

CAPACITY BUILDING & SUSTAINABILITY

Benefits

The CSP initiative generated overall campus-wide support for mental health and reduced suicide-related stigma. Many institutions identified needing a champion to ensure sustainability and secure high-level buy-in. Identification by MMHA and CMHA BC offered heightened awareness and understanding at all levels, helping to send a clear message to administrators of the necessity of this work. Some participants identified that their institutions are more aligned because of the CSP initiative, and therefore more able and ready to assist students in crisis. Moreover, the creation of static tools (i.e., videos, online modules, updated curriculum) offered an opportunity for long-lasting materials.

This one-time grant gave me that opportunity to bring it to upper management and make it be known that this is important, and we need to address this, and we need to ensure that our staff and our students have the opportunity for this training, and these are the reasons why. And then, given just the crisis situations we had in the [city name] area, it snowballed and really made it apparent to our leadership team, on how important it is to address mental health and provide those proper supports.

So, when the one-time grant ended, and we were in financial discussions, it was like, we can't go back. If anything, we need to continue to go forward; we cannot go back. So that's where I was able to secure the same amount of funding. (PSI 12)

Challenges

Conversely, other participants stated that the funding did not impact an ability to increase institutional capacities for suicide prevention. This seemed especially common for PSIs that do not have a department or positions specific for this type of work. To be able to accomplish the scale of projected needs and work, academic institutions require matching human resources, especially with increasing turnover rates due to high rates of burnout. These projects must further incorporate additional considerations for vicarious and secondary trauma that frontline workers are increasingly experiencing. During the funding period, further drivers of mental health outcomes were impacted by concurrent crises rooted in colonialism and structural and systemic inequities. Specifically, the identification of hundreds of unmarked graves, had disproportionate impacts to PSIs who have above-average proportions of students and staff impacted by both this and concurrent crises (i.e., pandemic, flooding, climate change, food insecurity). As a result, one institution's funding priority is the need to hire a mental health clinician to provide students with basic access and supports. While the funding was welcomed during the crux of the pandemic, the larger concern for many participants is that the funds are even more needed now. With students back on campus, it is now they are showing suicidal signs and need tremendous support, as they try and process through the trauma. The need to attend to structural and systemic determinants of mental well-being will be a continual necessary requirement requiring deep financial investments to cultivate the time required to be successful in this type of initiative.

REQUESTS & SUGGESTIONS

The greatest need of PSIs seeking to improve suicide prevention strategies and tools is to have increases in human resources and staff. To build these needed relationships and positions, sustainable funding is required. A consistent request by PSIs was the need for baseline mental health – specific funding – to ensure that PSI staff can work more efficiently and effectively, while accessing proportionate funds for suicide prevention infrastructure.

I beg those who are distributing funds like this to see the value of longer-term planning, even if it's one time funding over 5 years, or 4 years…it's so much easier to work with that in mind, than it is expecting, hoping, thinking, and then having it happen. And then, now you're looking at the criteria going, this is going to do more harm than good. (PSI 2)

Another request, moving forward, is clearer communication, including the desire for a reduced amount of information. While information received may be what is needed, participants found periodic and not always consistent deluges of information and requests overwhelming. Given

their limited capacities, many felt unable to engage in ways that could maximize the potential of their work. Moreover, there was some frustration as to where responsibility of mental health for students lies, especially in areas where walk-in clinics have closed, limiting students' access to health care. Ultimately, participants possessed many suggestions regarding future supports. These varied thematically, including resources related to professional development, resources, collaborations, and more.

CMHA BC's support throughout the CSP initiative was widely welcomed and appreciated. Participants understood that the first year of new models incorporate learning, and they greatly appreciated the intention behind and evaluation that helps funders and knowledge holders identify future improvements. They believe that lessons learned from the CSP initiative will provide much value to CMHA BC moving forward with future Ministry collaborations. In brief, the identification and financial support of suicide prevention by the MMHA and CMHA BC, as a recommended priority, supports administrators' and frontline workers' abilities to make this type of programming a higher priority within the post-secondary environment.

CONCLUSION

Overall, participants appreciated the $50,000 grant and support by CMHA BC which enabled them to accomplish and build many programs, projects, tools, etc. within a short timeline. Throughout the funding, many PSIs built connections and relationships within their own institutions, with other PSIs, and with provincial and local organizations. Participants appreciated the opportunity for further trainings, learnings, and support from the coordinating team. They also identified that MMHA and CMHA BC's choice to emphasize an equity mandate further substantiated pre-existing efforts within and across PSIs, while signaling to administrators the criticality of this work. While many participants highlighted barriers to ensuring sustainable impacts, most often resulting from funding and timeframe limitations, many also identified varied ways they built enduring relationships, tools, and projects enabled by this funding. Moreover, the CSP generated overall campus-wide support for mental health and reduced suicide-related stigma. Importantly, while the funding was helpful during the crux of the pandemic, the remaining concern is that funds are needed now more than ever. With students back on campus, they are now showing suicidal signs and need tremendous support, as they try to process through the trauma. The need to attend to structural and systemic determinants of mental well-being will be a continual critical necessity, requiring deep financial investments to cultivate the time and relationships required to be successful in this type of initiative.

CMHA BC's support throughout the CSP initiative was widely welcomed and appreciated. Participants greatly appreciated the commitment to evaluating with the intention to identify and ensure future improvements. Participants believe that lessons learned from the CSP initiative will provide much value moving forward with future Ministry collaborations. The most common

request made throughout this evaluation was for baseline mental health funding across PSIs, to help ensure staff can work efficiently and effectively, while accessing funds needed for suicide prevention infrastructure. In brief, the identification and financial support of suicide prevention by the MMHA and CMHA BC, as a recommended priority, supports administrators' and frontline workers' abilities to make this type of programming a higher priority within the post-secondary environment.

ACKNOWLEDGEMENTS

APPENDIX
REQUESTS FOR CHANGES, ADDITIONS, & MAINTENANCE FOR FUTURE PROJECTS

Funding & Timelines
Baseline mental health funding and support to increase capacity to support grants like this
Multi-year funding to support long-term planning and embedding sustainable work
Funding aligned to the academic year
Maintenance of budgetary freedom
Funding extensions to support equity, relationship, capacity, and trust building

Leadership
Support for mental health and well-being as a yearly pillar and focus
Emphasis on equity mandates within funded projects by Ministries and organizations
Communication between Ministries to coordinate similar grants and resources
Deeper relational accountability and centering of students in funding models

Equity Considerations
Considerations of equity consequences for equal rather than equitable funding to PSIs
Continuation of accessible online format
Improvement of campus spaces, accessibility, comfort, inviting, inclusive of nature
Shifting away from 'best practice' and 'evidence-based' as these terms are rooted in epistemic racism, through what is deemed as privileged knowledge
Cultural safety for all programming: considerations for all in attendance, including specifications for who the target audience is
Attention to the structural health care system issues as experienced by students with complex mental health challenges that cannot be solved within the PSI

Capacity Building & Sustainability
Access to at least one mental health clinician on each campus across BC
Safe and supportive spaces to bring students together
Need for PSIs to have departments/positions specific to mental health and well-being
Increased personnel with ability to hire people into long-term permanent positions
Seconding staff or faculty members to new positions to retain embedded knowledge
Compilation of suicide and mental health data in British Columbia (i.e., creation of an Institute for Youth Health)

Communication & Connections
Sharing of lessons learned between PSIs: what worked, use of money, opportunities to leverage funding towards sustainability, etc.
Funding criteria and realistic evaluation metrics based on experiences of those involved
Clear and consistent communication of ultimate goals and outcomes, greater consistency between all stages of the funding process
Orientation from the host organization when someone's position starts after funding begins
Transition support, connection during staff changeover
Create protocol to add and remove members to listserv
Identify multiple contact staff, especially at larger institutions
Community of practice (CoP) related to suicide prevention

Resources for ongoing connection (i.e., website email list, etc.)
Clear, repeated communication of purpose and desired outcomes for HM	HC CoP
Continued and new collaborative and dialogical efforts across BC-based PSIs

Collaboration

Facilitation for relationship-building and knowledge exchange between PSIs
Logistical, operational, administrative support
Connecting PSIs prior to grant applications to learn what others are doing
Collaboration for those working on similar projects or who have similar resource needs during application period
Collaboration/engagement with groups engaged in EDI work from within and outside PSIs, with guidance from CMHA BC
Longer timelines to facilitate connections
Supplementary leadership (i.e., Council of Senior Student Affairs Leaders, Canadian Association of College and University Student Services, or other student affairs spaces)
Connecting with high schools to identify students at risk, who may need continued postvention care
Discussions and partnerships with intervention methods beyond police

Training Supports

Trainings with specific, identified outcomes and target audiences
Trainings and/or webinars for the following topics: • Evidence-based documents and practices (e.g., JED foundation document) • How to embed evidence-based documents in projects and programs • How to embed EDI or decolonization components into projects • Defining of academic terminology (e.g., GBA+) • Incorporation of anti-oppressive elements • Ideas and suggestions for use of funding • Topics specific to needs for Indigenous and other equity-deserving groups • Provincial student leader training (yearly) • Prevalent mental health challenges: how to recognize it and respond • Postvention support
Working groups to focus on specific needs
Professional development and top-ups to help PSIs stay current

Resources & Emails

Identification of off-campus resources (where walk-in medical clinics have been closed)
Additional EDI resources due to the diversity and large size of many campuses
Creation of culturally safe and easily accessible resources and tools
Share (open access) resources
Resources and trainings on creating equitable learning environments for people with mental health challenges
Resources to support advocacy
Creation of an accessible province-wide online repository for resources categorized by topics
Digital toolkits set up as a brief, topically oriented, how to execute, needed considerations
Social media resources offering unified messaging
Digestible resources that move from theory/information to implementation (knowledge mobilization for evidence-based resources)
Emails sent earlier in the week

Resource list for mental health speakers, consultants, and project managers available
Identification of existing services and coordination with services
Manageable amounts of information
Emails and opportunities that identify target audience

Suggestions for Future Reporting
Monthly, voluntary, group-based check-ins, built-in from the beginning to receive updates, pose questions, stay connected
Consider whether a midterm report is necessary
Clarify purpose of meetings/check-ins to reduce unneeded stress
Identify further ways to share outcomes (i.e., through an Indigenous lens)
More holistic reporting requirements (i.e., ability to capture global/environmental impacts)
Increased clarity on budgetary tracking