Movember Caring Campus Toolkit

Acknowledgement

This Toolkit represents our work of the three-year Movember funded project, the Caring Campus Project, which addressed substance misuse and associated mental health issues on Canadian campuses, focusing particularly on the health and well-being of first-year men.

The Caring Campus Project involved the following researchers, research teams and student initiatives from three Canadian university campuses:

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Module One: Overview of the Caring Campus Project

I. General introduction

Substance use and misuse has become part of the university experience in Canada and elsewhere. Misuse of substances, particularly alcohol, is esecially pronounced among male students. Canadian research shows that twice as many young men aged 20–24 years report heavy and frequent drinking compared to females in the same age group (Health Canada, 2008). First year male university students are at particular risk of alcohol misuse as they grapple with their newfound independence.

Mental ill health is closely associated with alcohol misuse, both as a risk factor and as a consequence. While there has been increasing interest in the mental health of students on university campuses, alcohol misuse has not been part of this dialogue. Any discussion related to the mental health of young people on college campuses must include attention to harmful patterns of alcohol use. The Caring Campus Project was developed to fill this gap.

The Caring Campus Project was funded by Movember Canada. This three-year project focused on reducing substance misuse in first year male university students in order to improve their mental health. The project brought male student leaders together to learn about substance use and its connection to mental health, to encourage them to raise awareness among their colleagues, and to enable them to create sustainable cultural change within their campus communities to reduce harmful patterns of substance use. This is a student centred and student led initiative that engages young men at every level of the university. The project unfolded at three Canadian universities: Queen's University, the University of Calgary, and Dalhousie University.

II. Purpose of this toolkit

This toolkit is designed to assist other post-secondary institutions address substance misuse and mental health problems within their campuses using the Caring Campus model. Although this model has been tested in three university campuses and was designed to target first year men, the approaches developed are equally applicable to young men and women in any post-secondary institution. As well, some of the approaches used may be fruitfully adapted for use with other populations such as high school youth.

III. Evidence informed approaches

The Caring Campus Project applies three approaches to positively influence substance misuse patterns of first year male university students:

1. The Substance Use Wellness Tool – adapts the Mental Health Continuum Model developed by Canada's Department of National Defense to create a continuum of substance use patterns from low risk, moderate risk, high risk, to illness. It allows students to place themselves on the continuum of risk based on particular behavioural cues and consequences (rather than actual use patterns which are higher than average and reflect a high prevalence of misuse) and to self-monitor their substance use behaviours.

2. Contact-based education - provides opportunities for students who have experience with substance use problems to share - directly and through video clips - their actual experiences with this issue. The students describe the problems that substance misuse has caused them, how they dealt with their substance misuse, and if they succeeded, how they came to experience well-being. Such stories can bridge the gap between awareness and action for students in the audience who might have a similar problem. When the messages delivered in these presentations include hope, acceptance, and the need for early identification and intervention, afflicted students are more likely to respond.

3. Student Summits - bring together students who are leaders on campus to learn about substance misuse and mental health issues and the availability of local resources as well as the experiences of peers who have faced substance abuse problems. Student leaders then consider ways in which they can create sustainable cultural change within their campus communities and take leadership to initiate awareness and anti-stigma activities (such as contests, awareness events, silent auctions, etc.) throughout the course of the school year. Their activities echo the messages delivered through the contact-based interventions and work to create sustainable cultural change. The critical ingredients of change for this model include youth-driven and cultural-sensitivity.

IV. Caring Campus Project orientation

The Caring Campus Project uses a community empowerment ideology to allow young male students to explore how masculine ideals may promote substance misuse, and to warn them that substance misuse can undermine their mental health. It recognises a culture of 'maleness' with shared beliefs, knowledge, attitudes, social actions, language, and interactions with others.

First and foremost, this approach understands change as occurring at the level of the community, particularly the community of men thorough a process of community mobilization including:

- Identification of problems requiring change
- Collectivisation including dialogue and deliberation to name the problem and seek solutions
- Ownership of the problem and investment in the processes that lead to health and well-being
- Governance; particularly self-governance to support action
- Action by the collective

Second, the approach supports partnership synergy when the community mobilises and connects with other stakeholders and groups to support collective activity.

Third, the approach promotes the development of tools with the community for the community to be used to raise awareness of the problems associated with alcohol misuse.

Fourth, the approach creates multiple avenues of involvement to support community mobilisation including empowerment of student leaders, participatory research, and tool development.

Fifth, the approach creates non-stigmatizing ways to open and sustain meaningful dialogue about issues of alcohol misuse and mental health.

Sixth, the approach relies on a systematic collection of qualitative and quantitative data to identify the nature, scope, and prevalence of the problem and to engage students to identify with the problem and use the data and data collection processes to connect to their own solutions and messages.

Seventh, the approach mobilizes community action may operate outside of existing organisational structures that is sustainable.

Eighth, the approach recognizes that there are community and organizational readiness factors that may support or hinder activities, such as the capacity for engaging in gender-oriented discussions, the ability to support student empowerment, and the extent to which 'disquieting' or 'perturbing' messages may be openly discussed and acted upon.

V. Theory of Change

The Caring Campus uses Mayne's approach to developing a theory of change (Mayne, 2015). This approach has two components. First, the causal pathways showing the linkages between the sequences of steps between activities and impacts are identified. Second, it adds the causal assumptions underlying each linkage in order to identify the salient events and environmental conditions that have to occur for each link in the causal pathway to work as expected.

Identifying the causal link assumptions requires a mix of prior evidence, stakeholder experience, and social theory. The causal link assumptions are testable and an important consideration when determining whether program activities can be replicated in another location or scaled up to multiple sites. In addition, it allows us to consider the specific role the intervention played in bringing about the desired changes.

Figure 1-1 shows the Theory of Change developed using this approach for the activities that occurred at the Queen's University campus. Such a theory of change is based on the community development philosophy identified above, but a theory of change can be based on any public health model.

The green box shows the various activities undertaken by the program, such as entering and negotiating the field, dialoguing with students, creating and empowering student leaders, providing contact-based education, and developing the substance use continuum. To the left are the inputs (yellow box) indicating the ingredients that must be in place in order to bring the activities about, such as a mandate for change, funding, administrative support, etc. The blue boxes in the middle outline the immediate for change, intermediate, distal and long-term public health impacts that the program could have, if effective and scaled up on other campuses to create a public health impact. The grey boxes contain the causal link assumptions. These include things such as motivated student leaders who feel empowered; a campus environment that allows activities to occur, coherent messages, etc. These boxes and the assumptions contained within are positioned at

each step of the process. There are unanticipated results to consider (pink box), which might include overloaded resources if help seeking were significantly increased, or polarization of gender issues. Finally, there are other environmental factors that need to be considered when assessing the role of the current program in brining about environmental change. These are specific programs acting within the Queen's University environment that have similar or overlapping mandates.

Because the model is flexible for different environments, each campus site has created a unique theory of change to document and describe the activities and assumptions of their interventions.

Queen's Theory of Change

Inputs
- Mandate
- Funding
- Caring Campus Project team
- Summit facilitator
- Administrative support
- Buy-in from "champions"
- Advisory committee
- Media
- Related data
- Physical space (meetings, staff offices)

Activities/Outputs
- Entering and negotiating the field
  - Identify stakeholders and assets
  - Connect with stakeholders and assets
  - Formalize feedback loops
- Dialogue with students to understand the problems, meaning, experience, and language
  - Focus groups/ethnography study
  - Participatory research
  - Survey development
  - Continuum development
  - Post-card initiative
- Create and empower student leaders
  - Recruit student leaders
  - Hold student leader summit
  - Provide support
  - Synergies across the groups
  - Maintain momentum/group dynamic
- Contact-based education
  - Recruit speakers
  - Build trust/cohesion
  - Train speakers
  - Dissemination
- Substance use continuum
  - Validation study
  - Dissemination elements

Other Explanatory Factors
- Student Wellness Services
- ResLife
- CHAMP Program
- Peer Support
- KFLA Public Health
- MHAC
- Jack.org

Public Health Impact
- Reduce burden: incidence, prevalence, disability

Assumptions
- Awareness leads to people changing substance use behaviours for the better
- Scale up of activities
- Tools will be found to be useful in other locations

Distal Outcomes
- Culture → Caring campus
- Increased collective agency and collective efficacy
- Individual – awareness of personal substance use patterns, reduction in harmful substance use behaviours
  - Individuals self-reflect on substance use and potential need to seek help
- Queen's is a culture "for the boys"

Assumptions
- Feeling of freedom to act outside of cultural pressures
  - Create non-stigmatizing ways to open and sustain dialogue
- Data regarding scope and prevalence of problem can help to engage students in identifying with the problem/use the data to connect to their own solutions/ messages
- Community has to be mobilized to have sustainability

Intermediate Outcomes
Evidence of "traction" of community mobilization processes and messages delivered
- Sustainable development/structures
  - Evidence of sustainable development
    - At campus level
    - Participation
    - Campus wide
    - Community (other campuses, other partners)
    - Governance activities
- Student engagement
  - Campus community
  - Reflection → use of tools
  - Dialogue
    - Includes masculinities piece – not just hazardous drinking
    - Awareness
- Scale up
  - Outside communities

Assumptions
- Coherent messages about the nature of and solution to the problems are developed by the Student Leaders
- Messages resonate with the community
- Tools that are created are aligned with the experiences of the community
- Alignment between the goals and messages of the different student groups

Immediate Outcomes
- Evidence of communities capacity to address own health/well-being, become agents of change for improving substance use/mental health of men, particularly 1st years
Process Outcomes
- Activities that reflect that we have a mobilized community
  - Activities that reflect participation by students
  - Structural/governance activities
  - Developed partnerships
- Use of continuum
- Reach
  - Developed partnerships
Product Outcomes
- Development of continuum
- Tools

Assumptions
- Student Leaders are motivated
- Student Leaders feel empowered
- Student Leaders accepted by Queen's to allow activities to occur
- Would not occur without mandate and resources that operate outside of existing structures
- Have to mobilize community for sustainability of effort to meet original goal
- Little staff involvement will result in greater Student Leader empowerment
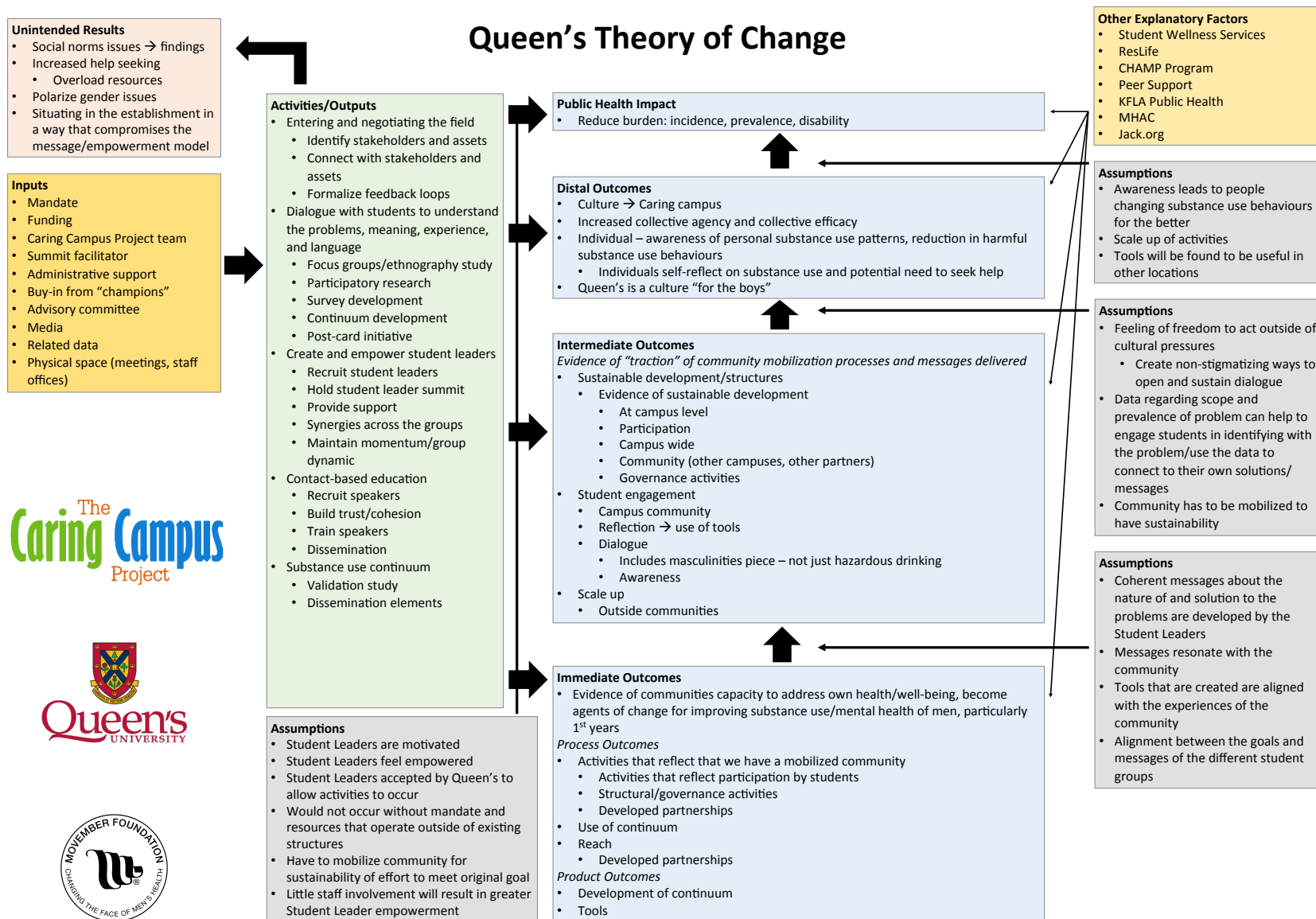
Figure 1-1. The Theory of Change

Module Two: Substance Use Wellness Tool

I. Background

The Substance Use Wellness Tool was developed to describe students' substance use patterns according to the degree of disruption in their daily lives. The Substance Use Wellness Tool was modeled on the Mental Health Continuum Model developed by the Canadian Department of National Defense, and is used by the Mental Health Commission of Canada (Stuart, et. Al, 2014a; Stuart, et. al., 2014b) The Mental Health Continuum Model uses a colour spectrum without medical terminology to normalise and destigmatize mental health conditions, promote dialogue, and encourage help seeking. Soldiers suffering from mental health problems often speak about being "yellow" or "orange" when they are having difficulties and are seeking help from their internal support networks. The colour spectrum has provided a new and destigmatizing language that can be used to communicate mental health risks.

Like the Mental Health Continuum Model, the Substance Use Wellness Tool presents a matrix of 13 domains with specific behavioural indicators according to the level of disruption in daily life—from no problems/healthy functioning (green), to mild disruption (yellow), moderate disruption (orange), and severe disruption (red) (Figure 2-1).

II. Purpose of the Substance Use Wellness Tool

Students can use self-reflection to place themselves on the continuum of risk, based on the characteristics and behavioural indicators described in each domains of the tool. The columns (green, yellow, orange, or red) tell students the degree of risk they are taking by continuing such behaviour. By identifying his place on the Substance Use Wellness Tool, a student can self-monitor the effect of alcohol or drug use. The use of the Substance Use Wellness Tool is only the first step, but if campus resources are available, a student in the yellow, orange, or red zones will have the option of getting professional help or support.

III. Tool development

1. Methods

To tailor the conversation about substance use within the postsecondary campus culture and prepare for broad dissemination of the Substance Use Wellness tool, a series of focus groups were held with students to understand how they experience substance misuse as it is enacted in the campus context.

Four focus groups were conducted, three with students (the first with 6 male students; the second with 11 female students; the third with 11 students, male and female) and one with three parents. Focus group participants engaged in dialogue about their observations of students in trouble with substances and suggested where such students might be positioned on the Substance Use Wellness coloured continuum. For example, drinking alone occasionally under particular conditions was not considered indicative of a problem, but regularly drinking in isolation from others was considered problematic. The analysis focused on describing specific thoughts, feelings, opinions, activities, experiences, and language related to substance use in the context of the campus culture.

2. The Substance Use Wellness Tool

Each column in the Substance Use Wellness Tool (Figure 2-1) incorporates a functional matrix of 13 domains with specific behavioural indicators relating to the colours green, yellow, orange, and red featured in the top row.

- Domain 1 **Control** ranges from no/limited substance use to a persistent desire and unable to control use; describes level of difficulty with control of substance use.
- Domain 2 **Amount and Frequency** ranges from no substance use, excessive use, to persistent use of excessive amounts; describes the amount and frequency of a student's substance use.
- Domain 3 **Coping** describes the degree to which students use substances as a coping strategy to manage stress or negative emotions.
- Domain 4 **Social – Peer pressure** ranges from never/rarely to almost always; describes the degree to which student use substances in social situations as a response to peer pressure.
- Domain 5 **Pattern of use**, ranges from never/rarely to almost always; describes the frequency that a student uses substances alone.

- Domain 6 **Social – Peer use** ranges from don't use to frequently use; describes the degree to which peers use substances.
- Domain 7 **Motivation** ranges from never to almost always; describes the frequency to which students use substances to get high.
- Domain 8 **Relationship** ranges from no to almost always; describes the degree to which students' connections are affected by substance use and those connects expressed concerns about students' substance use.
- Domain 9 **Activity** ranges from no to almost always; describes the degree to which students' social, occupational, and recreational activities are sacrificed because of substance use.
- Domain 10 **Academic Performance** ranges from not impacted to failing to meet educational goals; describes the degree to which students' academic performance is impacted by substance use.
- Domain 11 **Physical** ranges from never felt unwell to poor physical well-being; describes the degree of physical illness due to substance use.
- Domain 12 **Financial** ranges from not impacted to having significant financial trouble; describes the degree of students' financial status impacted by substance use.
- Domain 13 **Behavioural** ranges from never to almost always; describes the frequency that students engage in behaviours resulting in harm to self or others due to substance use.

Iterative validation of the Substance Use Wellness Tool content was conducted through consultation with experts in the substance research field.

IV. Empirical validation

Although the Substance Use Wellness Tool is designed for self-reflection and not intended to be a screening or diagnostic instrument, we conducted a study to see if the Substance Use Wellness Tool aligned well with existing alcohol screening tools. We compared the Substance Use Wellness Tool with the Alcohol Use Disorders Identification Test (AUDIT), a gold standard screens for alcohol misuse (Saunders, Aasland, Babor, Fuente, & Grant, 1993). The purpose of the validation study was to investigate (1) the factor structure, (2) the reliability (internal consistency), and (3) the construct (convergent) validity of the Tool.

1. Methods

Queen's University (University A): An email with an online survey link was sent to all undergraduate students at Queen's University, inviting them to participate in the survey.

University of Alberta (University B): An email with an online survey link was sent to all undergraduate students at the University of Alberta inviting them to participate in the survey.

University of Calgary (University C): The Research Participation System that runs through the Psychology Department at the University of Calgary was used to recruit students at the University of Calgary to participate in the survey. This system is open to all undergraduate students in psychology classes and allows them to participate in research projects for class credit.

2. The Survey Instruments

The Survey included demographic questions, the Substance Use Wellness Tool, and the AUDIT:

1. The Substance-Use Wellness Tool consists of 13 items. Each item requires the participant to endorse 1 of 4 options reflecting the severity of a personal substance misuse consequence, scored from 1 (green), 2 (yellow), 3 (orange), to 4 (red), that occurred within the past four weeks. The colours were expected to warn the participant of the seriousness of his/her substance misuse; therefore, we expected that they would correlate with scores on the AUDIT.

2. The Alcohol Use Disorders Identification Test (AUDIT) is a quick screening method used to identify persons with potential or established drinking problems. The AUDIT consists of 10 items with 5 response alternatives for each item (the last 2 items have only 3 response alternatives). Each response is scored from 0 to 4 points, and the total points are added to determine the AUDIT level of alcohol misuse. The AUDIT is a reliable and valid self-administered instrument to identify at-risk drinkers and alcohol-dependent individuals (Daeppen, Yersin, Landry, Pécoud, & Decrey, 2000; Allen, Litten, Fertig, & Babor, 1997; Kokotailo, Egan, Gangnon, Brown, Mundt, & Fleming, 2004)

3. Results

1. Descriptive statistics of the demographic data:

- A total of 4,206 students participated in the field trial. Table 2-1 shows the descriptive results, audit scores, and scores on the substance use continuum from each university and all universities combined.
- With respect to the AUDIT, the majority of students at each university (76% overall) scored as 'low risk'. Twenty-four percent were rated as risky or higher, with almost 5% meeting criteria for significant harm. The mean aggregated AUDIT score was 4.9 (sd=5.1; median = 4).
- With respect to the item scores for the Substance Use Wellness tool, the majority of students scored below the mid-point for any single item, with the exception of students at University A, who score above the mid-point for peer pressure use, making this the highest scoring item overall. The mean aggregated score was 16.5 (sd=4.2; median 14.5).
- With regard to the Substance Use Wellness Tool, in University A, 74.1% of the participants described their substance use as green, 21.8% as yellow, 3.3% as orange, and 0.7% as red. In particular, 41.3% of students reported excessive use of a substance once or twice a week, and 37.4% of students used a substance in a social situation as a response to peer pressure. In university B and C, 82.8% of the participants described their substance use as green, 12.2% as yellow, 3.2% as orange, and 0.6% as red.

2. Factor Analysis: Table 2-2 shows the results of the internal replication analysis examining the factor structure of the Substance Use Wellness Tool. In both the exploratory and confirmatory analyses, a single large eigenvalue emerged (7.5 and 7.4 respectively) indicating a one-factor structure. Factor loadings were strong (all above .50) and similar in both samples. The squared differences in the factor loadings were small, indicating that none of the items failed the confirmatory analysis and all should be retained.

3. Reliability test: Cronbach's alphas were excellent: .86 at University A; .87 at University B; .86 at University C, and .87 overall indicating strong internal consistency.

4. Construct validity: Table 2-3 shows the Spearman's rank order correlations for aggregated Substance Use Wellness Tool measure and the aggregated AUDIT score by sub-groups based on gender, year of study, site, and for the entire sample. Correlations ranged from .68 to 71 so were strong and robust to subgroup membership. The coefficient of determination (r^2) indicates that approximately half

of the variation in the AUDIT score can be predicted from the Substance Use Wellness Tool score.

In summary, the findings indicated good construct validity and reliability of the Substance Use Wellness Tool

V. Substance Use Wellness Tool dissemination instruction

The Substance Use Wellness Tool is used to raise awareness of the intersection between substance use and various aspects of everyday living. We implemented four strategies to disseminate the tool.

1. Strategic distribution of the Substance Use Wellness Tool at Queen's University

We created a leaflet (Appendix A) containing the Substance Use Wellness Tool and a description of its purpose, which has been distributed in campus kits and provided to student wellness services to be incorporated into a drinking awareness campaign. Examples of distribution:

- Orientation kits
- Handouts at Queen's Library
- Engineering of Wellness Event Bags
- Provision to several faculty counsellors
- Incorporated in wellness services such as the "Drink Q" workshop
- Residence bulletin boards and resident don handouts
- The Caring Campus Student leader run events

2. Wide Substance Use Wellness Tool dissemination at Queen's University

We have developed partnerships to incorporate the Substance Use Wellness Tool into various mental health organisations' workshops on campus to ensure its sustainability and widespread dissemination. Dissemination actions included:

- Creating an information package (Appendix B) explaining what the Substance Use Wellness Tool colour continuum is, how to use it, and how not to use it;
- A brief training package will be developed to incorporate Substance Use Wellness Tool colour continuums in student residences, and combine them with orientation leadership and peer support training;

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- Engagement of Queen's stakeholders to include the Substance Use Wellness Tool colour continuum as an educational resource for substance use in faculty orientation, student handbooks, etc.

3. Substance Use Wellness Tool dissemination across three Canadian campuses

The Substance Use Wellness Tool is currently being systematically disseminated across three Canadian university campuses. Each campus is expected to tailor the Substance Use Wellness Tool to the campus context. A common place to share the Substance Use Wellness Tool is the Caring Campus Project's website: http://caringcampus.ca/resources/

4. Development of student workshops that empower students to use the Substance Use Wellness Tool to make changes

To help students move from awareness to action, we developed workshops to teach them how to use the Substance Use Wellness Tool. For example, a workshop with student athlete groups embedded three major components of the Substance Use Wellness Tool:

- Reflection: Student athletes were guided to identify their substance use patterns using the Substance Use Wellness Tool (e.g., where are you are in the continuum). Then the students reflected as a group on their substance use patterns and the impact these patterns had on their daily lives.
- Personalisation: Students were guided to interpret the Substance Use Wellness Tool colour continuum in their personal context (e.g., specific to the athletic context) and discuss dimensions particularly relevant to their situation.
- Action: Students were empowered to think and plan for one thing they could do to make a change in their situation.

The Substance Use Wellness Tool provides an excellent structure for early intervention to reduce substance misuse and promote the mental health of postsecondary students.

Control	No or limited use of substances	Regular but controlled use of substances	Increased use of substances and difficulty with control	A persistent desire for substance and unable to control use of substances
Amount/ frequency	No excessive use of substances	Excessive use of substances once or twice a week	Consistent excessive use of substances more than two times a week	Persistently use excessive amounts of substances
Coping	Do not use substances as a coping strategy to manage stresses or negative emotions	Sometimes use substances as a coping strategy to manage stresses or negative emotions	Often use substances as a coping strategy to manage stresses or negative emotions	Use substances as the main coping strategy to manage stresses or negative emotions
Social- peer pressure	Never or rarely use substances in social situations as a response to peer pressure	Sometimes use substances in social situations as a response to peer pressure	Often use substances in social situations as a response to peer pressure	Almost always use substances in social situations as a response to peer pressure
Pattern of use	Rarely uses substances alone	Sometimes uses substances alone	Often use substances alone	Almost always use substances in isolation
Social-peer use	Peers don't or only occasionally use substances	Peers sometimes use substances	Peers often focus much of their activities on substance use	Peers almost always focus their activities on substance use
Motivation	Never use substance to get high	Sometimes use substances to get high	Often use substances to get high	Almost always use substances to get high
Relation- ship	Connections are not affected by substance use; they expressed no concerns about my substance use	Connections are sometimes affected by substance use; they have expressed some concerns about my substance use	Connections are often affected by substance use; they have expressed moderate concerns about my substance use	Connections are almost always affected by substance use; they have expressed serious concerns about my substance use
Activity	Social, occupational, or recreational activities are not sacrificed because of substance use	Social, occupational, or recreational activities are sometimes replaced by substance-related activities	Social, occupational, or recreational activities are often dominated by substance-related activities	Social, occupational, or recreational activities are almost always dominated by substance-related activities
Academic performance	Academic performance is not impacted by substance use	Due to substance use, sometimes miss classes or deadlines; educational goals not in jeopardy	Due to substance use, often miss classes or deadlines; jeopardizing educational goals and GPA	Due to substance use, failing to meet educational goals
Physical	Never felt physically unwell due to substance use	Sometimes feel physically unwell due to substance use	Often feel physically unwell due to substance use	Recurrent substance use results in poor physical well-being
Financial	Finances are not impacted by substance use	Finances are occasionally impacted by substance use	Finances are often impacted by substance use	Have significant financial troubles (spend most money on substances)
Behavioural	Never engage in behaviours resulting in harm to self or others due to substance use	Sometimes engage in behaviours resulting in harm to self or others due to substance use	Often engage in behaviours resulting in harm to self or others due to substance use	Almost always engage in behaviours resulting in harm to self or others due to substance use
	GOOD	**CAUTION** Recognize your substance-related issues, seek support	**ALERT** Talk to someone, seek professional helps, make self-care a priority. Don't withdraw.	**ALARM** Seek professional helps

Figure 2-1. The Substance Use Wellness Tool

Table 2-1 Descriptive results, AUDIT scores, and scores on the Substance Use Wellness Tool

	University A (N=554)	University B (N=3,188)	University C (N=464)	Total (All Combined) (N=4,206)
Gender				
Male	177 (32.1%)	953 (29.9%)	78 (16.8%)	1,208 (28.8%)
Female	371 (67.2%)	2195 (69.0%)	385 (83.2%)	2,951 (70.3%)
Other	4 (0.7%)	35 (1.1%)	-	39 (0.9%)
Year				
1st	119 (21.5%)	695 (21.8%)	138 (29.7%)	952 (22.7%)
2nd	136 (24.5%)	610 (19.1%)	104 (22.4%)	850 (20.2%)
3rd	153 (27.6%)	701 (22.0%)	95 (20.5%)	949 (22.6%)
4th	100 (18.1%)	652 (20.5%)	76 (16.4%)	828 (19.7%)
5th and up	46 (8.3%)	526 (16.5%)	51 (11.0%)	623 (14.8%)
AUDIT				
Zone I Low risk	337 (60.8%)	2490 (78.1%)	362 (78%)	3,189 (75.8%)
Zone II Risky	171 (31.9%)	573 (18.0%)	78 (16.8%)	822 (19.5%)
Zone III High-counselling	26 (4.7%)	69 (2.2%)	15 (3.2%)	110 (2.6%)
Zone IV High-harm	20 (3.6%)	56 (1.8%)	9 (1.9%)	85 (2.0%)
Substance Use Wellness Tool: mean item score (SD)				
Overall disruption level	1.31 (.56)	1.21 (.52)	1.16 (.43)	1.22 (.52)
1. Control	1.63 (.60)	1.32 (.55)	1.26 (.48)	1.35 (.56)
2. Amount/frequency	1.50 (.66)	1.23 (.55)	1.19 (.48)	1.26 (.56)
3. Coping	1.34 (.58)	1.30 (.57)	1.26 (.54)	1.30 (.56)
4. Social- peer pressure	1.44 (.62)	1.22 (.49)	1.19 (.45)	1.24 (.51)
5. Pattern of use	1.27 (.58)	1.25 (.58)	1.22 (.56)	1.25 (.58)
6. Social-peer use	2.50 (.73)	1.78 (.74)	1.79 (.78)	1.84 (.76)
7. Motivation	1.51 (.70)	1.31 (.64)	1.28 (.59)	1.33 (.65)
8. Relationship	1.15 (.40)	1.09 (.34)	1.09 (.33)	1.10 (.35)
9. Activity	1.21 (.47)	1.12 (.39)	1.11 (.37)	1.13 (.40)
10. Academic performance	1.18 (.41)	1.10 (.34)	1.11 (.37)	1.11 (.35)
11. Physical	1.58 (.62)	1.30 (.50)	1.33 (.54)	1.36 (.53)
12. Financial	1.24 (.49)	1.89 (.46)	1.16 (.43)	1.19 (.46)
13. Behavioural	1.19 (.45)	1.09 (.31)	1.09 (.34)	1.10 (.34)

Table 2-2: Factor Loadings from the Replicability Analysis with Randomly Selected Samples

Item	Sample 1 (N=2063)		Sample 2 (N=2143)	Squared Difference
	Factor 1	Factor 2	Factor 1	
Control	.88	-.16	.89	.0001
Amount	.87	-.12	.87	0
Coping	.80	-.22	.79	.0001
Peer	.54	.44	.59	.0025
Pattern	.56	-.25	.54	.0004
Peer Use	.57	.34	.57	0
Motivation	.71	-.10	.73	.0004
Relationships	.81	-.07	.80	.0001
Activity	.83	.01	.81	.0004
Academic	.81	-.04	.83	.0004
Physical	.80	.22	.78	.0004
Financial	.80	.09	.77	.0009
Behavioral	.80	.06	.74	.0036
Eigenvalue	7.53	0.54	7.39	
Variance Explained	92%	6%	93%	

Table 2-3: Spearman's Rank Order Correlation of Aggregated Substance Use
Wellness Score with the 10-item Aggregated AUDIT Score

Item	N	Correlation	P-value
Gender			
• Male	1208	.69	<.001
• Female	2951	.71	<.001
Year			
• 1	952	.71	<.001
• 2	850	.71	<.001
• 3	949	.69	<.001
• 4	828	.72	<.001
• 5+	340	.66	<.001
Site:			
• University A	3188	.68	<.001
• University B	554	.75	<.001
• University C	464	.68	<.001
Overall	4206	.71	<.001

Module Three: The Summit Approach

I. Student engagement and empowerment: Theory and principle

Research has shown a positive association between student engagement and overall academic success; however, motivating students to engage in cocurricular activities continues to be a challenge (Weber, Kylow, & Zhang 2013). A theory of student involvement, generated by Alexander Astin in 1984, defines involvement as "the amount of physical and psychological energy that the student devotes to the academic experience" (Astin, 1999, p. 518). This definition comprises academic and non-academic components of campus life, including participation in student clubs or athletics. The crux of this theory is the recognition that student time is a critical and finite resource and that students are likely to invest time only when they feel they are gaining something.

Having, or the perception of having, a leadership role has been shown to motivate youth involvement with noncurricular activities (Hansen & Larson, 2007). In addition to the feeling of holding a leadership role, the student feels autonomous, and that is also an important component in motivating student engagement (Ahlfeldt, Mehta, & Sellnow, 2005). The Caring Campus Project engages such elements by ensuring that all initiatives, events, and campaigns are student led. Staff working on the Caring Campus Project play a role in supporting and assisting with the execution of plans, but the inspiration is centred around what the students want to see on the campus.

Connection represents another critical motivator for getting students to engage in cocurricular activities; students who feel a strong sense of belonging are much more likely to get involved (Juvonen, Espinoza, & Knifsend, 2012). Additionally, if the activity results in students interacting with their peers cooperatively, students are more likely to continue their participation (Holloway, 2002). This, too, is a central piece of the Caring Campus Project; students are provided with time to get to know one another, they attend regularly scheduled meetings where socialising is significant, and they have a chance to work collaboratively with others. Several students have noted that they made important friendships while participating the Caring Campus Project, and connected with people they otherwise might not have met.

Student engagement is encouraged by an understanding of generational differences. Currently, generation Z (those born between 1994 and 2005) represent the majority of new students entering postsecondary institutions, and research has demonstrated that to generate interest, hold attention, and encourage engagement,

the unique characteristics of this cohort need to be appreciated. For example, information is best presented in small portions and tailored for people with short attention spans (Gutl, 2015). As this group has grown up with unprecedented exposure to technology and prefers to access information electronically, they expect information to be available at all times and from anywhere (Upfront Analytics, 2015). As the goal of the Caring Campus Project is based on reaching first year students, these generational considerations needed to be taken into account when working with student leaders and when planning events for the broader campus community.

II. Engaging male students

Although student engagement principals apply to all genders, there are several differences in the engagement of female and male students. Many male students have grown up with a narrow, ridged, understanding of what it means to be a male, that is, they are informed largely by a hegemonic definition of masculinity. Most male students will view their gender based on the white, middle-class, straight, violent, stoic, and domineering role model that exists in our society.

Recent research has looked at how to engage men in gender-based violence initiatives; however, knowledge about how to successfully engage men is applicable to other topics. A great deal of stigma is associated with masculine mental health problems, and it is a challenge to get men to take an active role in this area (White, Seims, & Roberstson, 2015). Talking about how many men struggle with mental health problems can encourage men to be more open about their experiences. At all of the Caring Campus Project sites we had male student leaders who were willing to talk about their own mental health issues and this created space for other people to share their thoughts. Sharing stories is a useful tool to encourage young men to participate in dialogue about subjects they may not be comfortable with or may not have much experience talking about (Man to Man, 2009).

Language is important when engaging men in mental health conversations; framing issues around stress and life functioning can feel less stigmatising than talking about mental illness (White, Seims, & Roberstson, 2015). Finding students who others view as leaders can pave the way to engaging young men (Man to Man, 2009). This was crucial at all our Caring Campus Project sites and we were fortunate to get a few students who were really well connected on campus to take on visible leadership roles and recruit other students who otherwise might not have gotten involved.

III. Running a student summit

1. Recruitment and advertising

- How will each site get the word out about The Caring Campus Project?
- Where/how will you advertise for the position of male student leader?
- How can you describe the position of male student leader appealingly?

The recruitment for male student leaders may take several different forms depending on the most effective way to reach a broad number of students on an individual campus. Recruitment at this stage may be difficult as no one has heard of the project and there is no established social media presence to draw on. Some of the methods that should be considered include posting on online job boards, advertisements in student newspapers, direct emails to students, listings in student newsletters, and connecting with other campus clubs.

How the position is described may impact who is interested in the project. Presenting the position as a "job" with a list of required skills and competencies makes the role seem more substantial and helps it stand out from all the other club positions and volunteer opportunities that students are inundated with. The job postings we used utilised the Movember brand and advertised how much compensation was included in the position. Additionally, the job postings mentioned the approximate length of commitment, the main themes of the program, and specified that applicants had to be male-identified.

Like a job posting, the requirement of a cover letter and resume allowed the coordinator and research teams to get a good sense of who was applying and their interest and motivation for working in this area. Following collection of the applications we conducted interviews with the students to assess their fitness for the project and provide them with additional information about what will be expected of them.

Examples of the job postings are included in Appendix C.

2. Planning the summit

- What are the goals of the summit?
- When and where will the summit be held and why will it be held at that location?

The goals of the summit should be set out in advance so that the schedule for the event reflects these priorities. The goals set out for The Caring Campus Project summits highlighted two priorities: (i) what research staff needed to communicate to the students and (ii) what the students would accomplish over the course of the summit event.

The research staff were expected to:

- Provide information about mental health and substance use;
- Share information about types of evidence-informed interventions;
- Show examples of other successful campaigns;
- Highlight relevant campus resources.

Student leaders were empowered to:

- Present an overall project vision and mission statement;
- Identify long and short term goals;
- Create a brand (images, slogans, messages);
- Think about how their leadership would fit into the overall campus environment;
- Brainstorm events and initiatives.

Goals will change depending on the intent of the project, current campus resources, and the interests of the students present; however, having guidelines prepared prior to meeting with the students will help with the planning of summit activities.

The location for the summit should be somewhere convenient for all participants. All of the Caring Campus Project summits were held on the campus in order to accommodate students. Due to the demands of student schedules, all the summits where scheduled for a weekend so that they did not conflict with classes. The summits spanned over a Friday evening dinner and a full day workshop the following Saturday. It is important to decide what amount of attendance at the summit is mandatory for participation and how you will accommodate students who are interested in being involved but unable to attend. Providing food was a popular addition to the summits. By bringing lunch in, the students were able to spend their breaks getting to know one another.

3. Facilitation

- Who facilitated the Caring Campus Project summits, and how was facilitation applied?
- How did students receive the facilitator?

Facilitation of the summits was split between research staff at the sites and outside facilitators who were brought in to assist in the process. Research staff used the initial evening of the summit to provide students with overall information and context for the project and to present research about mental health and substance use. It was decided that the full day meeting should be facilitated by a young male who was familiar with the campus and the community and who would be easy for the students to relate to. Each site chose someone they felt was a good fit and the research team met the facilitator to explain the project and the goals prior to the summit. Students were all very receptive to the facilitators; one of the main considerations in bringing in someone else was to have a male leading the conversation with the male students.

The facilitator was responsible for walking the students through a number of different activities designed to address the previously determined goals of the summit. The activities and structure of the day was largely left to the facilitator to determine based on his own experience and preference. After the summit the facilitator met with the research staff at each site to discuss the process and also provided a written report describing the day and the outcomes.

4. After the summit

- Strategies for moving forward: plan for communication.

At the conclusion of the summit there should be a plan in place for moving forward. This plan will include strategies for communicating goals and actions and what projects each student leader (or team of student leaders) will be responsible for. There is a lot of enthusiasm at the end of a summit and it is a good time to make plans to execute goals quickly to capitalise on the momentum of the day. Following the summit, each site can establish how often the team should meet and everyone should know what part he will play in the effort to achieve the set goals.

IV. Branding and challenging masculinity

1. Redefining masculinity

- Brand selection revealed student perceptions of the impact of a brand name.

Each of the Caring Campus Project sites took a different approach to creating their brand. Two of the groups chose a masculine focused name and the other site chose a gender neutral title. The students at the two sites where the brand was gendered

were drawn to the idea of trying to "redefine" the meaning of a phrase that previously was associated with negative masculinity.

Queen's for the Boys: The name "Queen's for the Boys" originated with the social media subgroup, in the 2014–2015 school year; which operated under the banner of The Caring Campus Project. The idea at Queen's University was to try to reclaim the popular phrase "for the boys," which was associated with negative connotations such as binge drinking, objectifying women, and conforming to negative ideals of masculinity.

Man Up for Mental Health was the brand student leaders chose at the University of Calgary, based on a common expression that has historically been associated with masculine ideals of being "tough" and "sucking it up." The student leaders wanted to reinvent this idea to promote the idea that "man up" meant being able to take care of those around you and yourself.

PROsocial: The PROsocial Project was the name chosen at Dalhousie University to focus on language that was gender neutral. Their student leaders felt like it was important for their campus that the project not be seen as exclusively for men. Students highlighted the importance of spreading the messages about men's mental health to the entire community so that female students would be able to encourage their male friends to be more open about mental health and substance use.

2. Capitalising on a known brand (Movember)

The Caring Campus Project was privileged to be connected to another recognisable brand, the Movember Foundation. As a leader in men's health, the brand and the signature mustache promotions are well known across all campuses. The students were conscious about capitalising on this chance to raise awareness of their project by using recognised logos and symbols. Not all the sites directly incorporated the mustache into their logos (see Figure 3-1); however, the Movemeber logo was used across social media and websites.

Queen's University	University of Calgary	Dalhousie University
Queen's for the Boys	Men Up for Mental Health	The PROsocial Project

Figure 3-1. Logos of each site

3. Awareness

- Each brand was promoted by students in person and in social media.

Each Caring Campus Project group employed a multipronged approach to raise awareness of its brand and the activities associated with that brand on campus. Social media and the use of an identifiable hashtag were employed, with Facebook, Instagram, and Twitter being used to create a following of students that could be targeted for events and initiatives, and to connect with stakeholders who could be called upon to help support events and spread messages through their own networks. Connecting specifically with campus groups that shared similar goals was also important in spreading information about the project.

At each campus the students invested significant time raising awareness about the project through in-person events. There were numerous opportunities on campus for the groups to set up presentation booths at larger events related to mental health, and this gave the men a chance to talk to other students about why they were involved in the Caring Campus Project and what they were hoping to provide to the campus. In addition to these larger activities, students also set up booths on the campus throughout the year and handed out information, swag, food, and drink, reaching an even larger number of students.

V. Challenges and tensions

1. Institutional barriers

The Caring Campus Project faced different barriers at each institution in which it operated, which required constant negotiation throughout the implementation of the program. The following examples show the kind of resistance such a project must overcome to attain its goals.

Queen's University

The Queen's group was lucky in the sense that it received a lot of institutional support, both from the upper levels of administration, as well as from leaders and resources within the mental health and student wellness community (such as Student Wellness Services). While navigating, any field with multiple stakeholders can be tricky in that we don't want to "step on anyone's toes", the feeling at Queen's was relatively positive and supportive.

University of Calgary

One of the initial barriers at the University of Calgary was gaining access to student email addresses in order to conduct the program evaluation survey. Due to privacy agreements in place there was no way to directly email students so alternative arrangements had to be made. The result of this limitation was a poor response rate to the program evaluation survey.

A second barrier was getting access to space on campus for students to host their events. All the spaces on campus that would suit the needs of the event were very expensive and required the student to negotiate complex bureaucratic structures to arrange access. This made it difficult for students to plan autonomously and to execute events. In addition to the expense of the space, other event costs, such as catering, were high. Students were not allowed to bring food in from off-campus and had to go through campus catering for all events. These expenses made it impossible for students to raise any money when hosting an event on campus.

Dalhousie University

Although the project initially faced resistance from the university in regard to the email survey, the administration eventually allowed the survey to be sent to all applicable students. There was recognition that the survey would contribute important information regarding mental health and substance use.

Another tension existed within the student residence concerning the message that "positive drinking practices should be observed," as discussions of partying are not generally tolerated. The team at Dalhousie negotiated this issue with Student Services and all their posters were approved, resulting in the student residence authorities being more comfortable with the messages. This illustrates the importance of bringing policy makers and stakeholders into the conversation as early as possible to ensure that the messages and aims of the program are supported.

2. Competing with other programs/clubs/initiatives

What agendas existed on each campus already? Before attempting to implement a program on a campus, we take the time to look at what already exists that addresses similar topics to our program, and consider how our program can meet unmet needs or complement existing groups.

The universities targeted by the Caring Campus Project had numerous groups and student clubs that addressed mental health. Some of these were chapters of larger initiatives, such as Jack.org, and others were campus specific initiatives. Additionally, there were institutional programs that addressed mental health, such as campus medical response teams, and centres on campus that catered to particular groups of students (such as Women's Resource Centres, International Student Centres, LGBTQ+ Centres) and often provided different types of mental health support.

3. Concerns over "men's groups" on campus

- Who was concerned and why?
- Who/what groups wanted to talk about gendered concerns?
- What components of the program were men-only vs. all students?

There was some concern raised by members of the campus over the formation of a group that was viewed as "for men only." It was necessary to explain what the mandate of the Caring Campus Project was and why the focus was on male students. The students also had to consider which parts of this program were going to be geared toward male students only and which events would be open to all students.

Membership as a student leader was restricted to male-identified students only, as this was a condition of the initial funding received. However, all of the events and initiatives the students ran were open to students of all genders. This helped to make other people on the campus more comfortable with the overall project and to

raise awareness about the connection between substance use and mental health for all people. Following completion of the funding period, all sites will be open to membership of all genders.

4. Student commitment

- Scheduling,
- Communication,
- How to hold someone accountable in a "volunteer" role.

Student-led events and activities require a lot of student input. Students are extraordinarily busy and many of the students who were motivated to get involved in this project also occupied other positions of leadership on campus, held job(s), had heavy academic demands, and all had personal lives. Although it is understandable that students with so much on their plate would occasionally not be able to follow through on everything planned, lapses in student performance regarding planned events created tension throughout the project. Strategies for accountability included: getting the students to track their hours and report them to the Caring Campus Project staff, emphasising expectations with respect to performance and communication, and using communication methods other than email (Facebook, WhatsApp).

At Queen's University, the Caring Campus student leaders addressed this problem in the first year of the project and modified the structure of the student groups in order to function more effectively in the second year. They implemented "executive" roles for a few student leaders and these students were able to effectively coordinate the other students. See the change in structure at Queen's University in Figure 3-2.
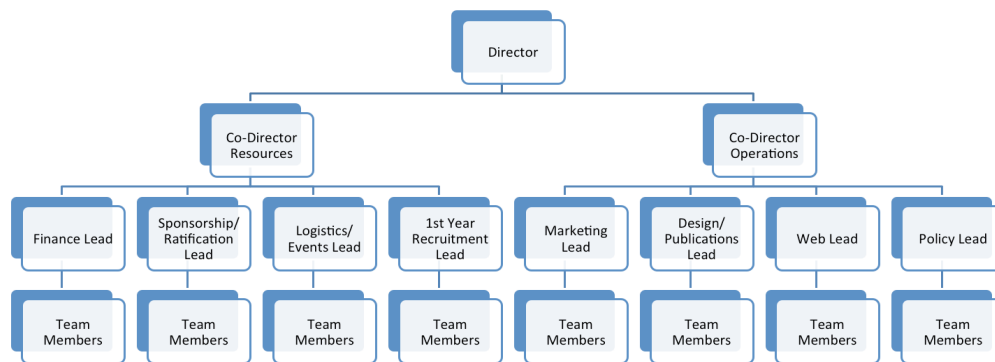

Figure 3-2. New Queen's student organizational structure

VI. Supporting male student-led initiatives

1. Different kinds of support are required for different activities

- Financial support,
- Logistical support.

The project staff of the Caring Campus Project needed to be flexible and be able to adapt to current needs. For example, project staff were vital in obtaining financial support to execute campus activities and to surmount many logistical barriers and challenges to project realisation. Because the students were not officially organised as a club and could not directly book space, project staff were required to process such bookings through a university department. Project staff also ordered supplies and paid for project related expenses, as they were the ones with a project credit card. Contracts for space, speakers, foods, and other activities all needed research staff involvement.

2. Challenges for campus activities

- Space,
- Cost,
- Competing programs.

Campus space is limited and access to centrally located, accessible, highly trafficked areas, is limited. A number of different groups might desire simultaneous access to the same space. Therefore, the only space available can be less than ideal for the intended purpose. The cost of running large campus initiatives is also a significant challenge. Speaker fees can be quite high and, due to contractual obligations, food and beverages had to be ordered at high prices from the campus catering company in some campuses. For example, in University of Calgary, when students wanted to buy pizza from a discount pizza shop near the campus and hand it out to students after they had been drinking, this was not allowed. Students were not even allowed to hand out food, so a hospitality staff member would have needed to be hired.

Ideally it would be great to create connections with all the other mental health related organisations on campus, but this is not always possible due to the sheer number of other organisations, ownership over certain events, and the challenges of getting such a large number of people to coordinate their activities. To connect with other groups on campus, students articulated what was unique in the Caring Campus Project. Although many other groups addressed mental health, the Caring Campus Project emphasised the harm that can be associated with substance misuse

and the links between mental health and substance use. Positioning our work at this intersection allowed the Caring Campus Project to fill a gap on the three university campuses.

Module Four: Social Norms Messaging

Purpose: The aim of this module is to help you develop messages for your own social norms messaging campaign as well as provide you with several resources so you can look into many of the effective campaigns that have been conducted using social norms messaging!

I. Social Norms Theory

Social norms refer to individuals' perceptions of the behaviours and attitudes of others in their reference group. Social norms theory suggests that what is perceived, as the "norm" is usually an over- or under-estimation of what is true. Moreover, these norm misperceptions can have a powerful effect on behaviours as people often strive to meet the norm (Miller and Prentice, 2016). If students overestimate the frequency of drinking and the quantity of alcohol consumed by their peers they may drink more than they otherwise would to feel part of the group. These misperceptions have been thought to contribute to the high rates of drinking on post-secondary campuses, as students strive to conform to the misperceived social norm. A social norms approach uses a variety of methodologies to provide normative feedback to communities, groups, and individuals as a way of correcting misperceptions that may influence behaviour. It can be targeted to reduce problematic drinking behaviour or increase healthy behaviours such as setting limits on the number of drinks consumed. The goal is to reveal and enhance already existing healthy norms that have been underestimated and weakened.

II. Social Norms Messaging

Social norms messaging campaigns are one approach to rectify norm misperceptions (Andreasen, 1994; Previte, Russell-Bennett, and Parkinson, 2015). This involves disseminating targeted messages that encourage individuals or groups to change their behaviour. The assumption is that by providing students with accurate information about students' drinking norms it will be possible to correct overestimates of drinking patters and this will result in a reduction of students drinkings as they are no longer trying to live up to a misperceived (overestimated) norm (Burchell, Rettie, and Patel, 2013).

Social norms interventions may be targeted to an entire group or community (such as through a broad based social marketing campaign), targeted to high-risk groups, or designed to give personalized normative feedback to individuals so that they can compare their patterns of behaviour to the larger group.

Social norms messaging is unlike traditional substance use education in that it does not use scalre tactics, dos not contain a moral undertone on how the population 'should' behave, is a participatory process that includes members of the target group, and operates by praising the healthy behaviours of the majority, rather than focusing on the negative behaviour of the minority. Social norms messaging is most effective when it is part of a more comprehensive approach (Burchell, Rettie, and Patel, 2013).

Social norms messages should be positive (beneficial, constructive, optimistic), inclusive (focus on a target group, sensitive to local values and culture), and empowering (encourage self-care and reliance, energize, take a proactive stance).

1. How to Design a Social Norms Messaging Campaign:

Step 1: Conduct a survey of the intended population to:

    a. Establish what the actual norm of the given behaviour is in the population of interest

    b. Test if there is a misperceived norm

    c. Test if this misperceived norm corresponds to hazardous drinking patterns

Step 2: Design social marketing messages

    a. Draw on your data to identify the behaviors you would like to target. The behaviour or attitudes you include in your message should be endorsed by the majority, 65% of greater, of the population (e.g., Most students on our campus do not binge drink)

    b. Determine a theme for your campaign that will be visibly displayed on all of your posters and materials, to provide it with a unifying theme and recognisability.

    c. The message should be simple and honest and should be written *in the language of the target audience*

    d. Provide the source of data on your marketing tools. This will help the target audience view the message as credible, relevant, local, and of importance to them.

    e. The social norm message should be prominently displayed on the media. Develop several key messages using the principal of PIE (Positive, Inclusive, and Empowering). Note that "shock graphics" or those that grab the attention of the audience, as it relates to harm

caused by the behaviour being examined, should not be used (e.g., student vomiting in a toilet). These images are not in line with the PIE concepts that aim to promote positive behaviour.

      i. Positive: messages are achievement oriented towards what a healthy population does. They lay out healthy behavior and protective strategies. The messages are beneficial, constructive, and optimistic for the audience.

      ii. Inclusive: messages are intended for everyone in the target population and are sensitive to the behavioral and cultural needs of the target population.

      iii. Empowering messages encourage people to act for themselves to solve problems and take charge of their own behaviours. Messages identify the resources and self-care options available, and can provide real examples of success from others in the target population. The messages are strengthening, empowering, and energizing.

    d. Collaborate with representatives from the target population (e.g., students) to help develop the messages.

Step 3: Decide on a dissemination strategy to reach your population and pilot test it.

    a. Include a variety of dissemination strategies to maximize your reach such as social media, posters, seminars, and talks. The **medium for delivery is an important consideration** as the target audience may not be used to a traditional poster format and may be more engaged by something else, like a Facebook messaging campaign.

Step 4: Test if the marketing reached the intended population

    a. Conduct a follow-up survey of the intended population asking the same questions to observe behaviour changes

    b. Ask if the participants saw the social norms marketing campaign

    c. Conduct survey close to the end of the poster campaign

Step 5: Test if any changes occurred, including for example:

     a. Decrease in actual drinking?

     b. Decrease in a misperceived norm?

     c. Increase in protective behavioural strategy use?

     d. Decrease in harms associate with substance use?

For more tips on developing your social norms message, see page 48 of the Haines et al. (2005) resource!

III. Challenges in Developing A Social Norms Messaging Campaign:

1. What if You Can't Collect Local Norms?

Depending on your environment, it may be difficult to collect survey data with a high enough response rate to make the norms credible. In the Caring Campus initiative, for example, response rates ranged from 6% in Calgary, to 26% at Queen's, to 32% at Dalhousie. The response rate was so low at the Calgary site because the university administration would not supply researchers with an email list of first year students. As a result, they were forced to collect data on a convenience sample of students that they could reach.

2. What if There is No Healthy Norm to Report or if Perceptions are Correct?

Social norms messaging assumes that there is an underlying health norm that has been hidden from view that can be uncovered using local survey data and then disseminated to shape behaviours. But, what if there is no healthy norm to report? In the Caring Campus project, we noted that almost half (45%) of students all sites reported a hazardous drinking pattern as defined by a standardized scale (the AUDIT – C).

A second problem was that in campuses where hazardous drinking patters were the highest, male students tended not to misperceive the norm. For example, at Queen's University, virtually none of the first year males and a third of the females misperceived the drinking norm. Similarly, at Dalhousie, only about 10% of first year males misperceived the drinking norm.

However, the Dalhousie team noted there were also some encouraging statistics regarding students' prosocial behaviors in terms of willingness to help one another with mental health and substance misuse issues. Based on these survey findings, the research team designed five main positive, "prosocial" messages to be disseminated on campus (see figures below). Note that many of the suggestions above were used in designing these posters. This included ensuring the message was the main focus, providing the data source, ensuring graphics were inclusive for the target population, providing empowering information to students, as well as ensuring a common (prosocial) theme throughout all the posters which included ensuring the Dalhousie PROsocial Project logo was visible on all posters.

In the posters above, the first is the better candidate for social norms messaging because it shows that about 60% of students would set a limit for the number of drinks they will have. Thus, there is still considerable room to move for the 40% of students who may not practice this safe drinking tip. In the second poster, virtually all of the students would help a friend struggling with mental health issues to seek professional help. While the poster reinforces prosocial behaviour, it is unlikely to

result in a shift in behaviour as would be predicted by social norms theory owing to the ceiling effect.

IV. Summary

Social norms messaging may not be as straightforward as often thought given the complexity of developing and interpreting norms, and the possibility that healthy drinking norms may not exist. In this project, we learned that it is possible to modify the messaging to incorporate other positive messages that can be identified in the data.

V. Resource websites

http://www.socialnormsresources.org/FAQ/questions.php

http://chsculture.org/wp-content/uploads/2014/09/The-Toolbox.pdf

https://europeansocialnormsinstitute.files.wordpress.com/2014/05/social-norms-uk-guidebook-june-2010.pdf

http://socialnorms.org/for-practitioners/

http://www.alanberkowitz.com/Social_Norms_Violence_Prevention_Toolkit.pdf

Module Five: Contact-based Education

I. Contact-based education: Theories and principles

1. What is contact-based education?

Contact-based education refers to the involvement of individuals with lived experience of specific health or social conditions in sharing their personal stories with target audiences. In contact-based education of the Caring Campus Project, current or newly graduated male students are encouraged to tell their story of substance use to other students. The student relates how he realised that substance misuse was a problem, how it impacted his life, and ultimately how he managed it and was able to move on in his studies. Such personal stories can help other students to look inward to assess the risks they might be taking in their own substance use.

2. How has contact-based education been applied and what is the evidence supporting its use?

Contact-based education has been used as a strategy to improve interactions between members of the general public and those experiencing disadvantage, discrimination, and stigma. It has been used extensively to reduce the stigma of mental illness, where trained speakers with lived experience of a mental illness share their personal recovery stories with target populations and engage in active dialogue to promote experiential learning. Broad literature reviews have reported that, compared to other approaches (such as traditional didactic education), contact-based education resulted in the greatest improvements in knowledge, positive attitudinal change, and behavioural changes in members of the public who hear these stories. Corrigan and colleagues demonstrated that contact-based education can reduce the stigma of mental illness among college students (Corrigan, et. al., 2014). The Mental Health Commission of Canada's Opening Minds Initiative (hereafter, Opening Minds) identified contact-based education as a core element of all its public interventions to raise awareness of and reduce stigma associated with mental illness. Opening Minds focused on reducing the stigma of mental illness in four target groups: health providers, workplaces, the media, and, most relevant to the Movember Caring Campus Project, young people.

3. What are the potential benefits of contact-based education applied to substance misuse on postsecondary campuses?

Despite its prominence in the mental health field, contact-based education has not been widely used as an intervention strategy to address issues related to substance use among young people. However, if the audience *is able to identify personally with a speaker*, *to empathize with speakers experiences,* and *to be inspired by messages of recovery and growth,* positive changes in attitudes, knowledge and behaviours are likely to occur. Therefore, such contact-based education could be a powerful intervention approach to help students:

- become aware of substance misuse as a problem requiring attention on campuses;
- link substance use to issues of mental health and well-being;
- reflect on their personal attitudes related to substance use;
- recognise substance use and mental health issues experienced by other students and how they might support these students to affect change;
- become familiar with informal and formal supports and resources available to assist with substance use.
- reduce the stigma that surrounds substance misuse
- positively influence the campus culture
- act on behalf of their own well-being

Although high-levels of substance (primarily alcohol) use appear to be the norm on postsecondary campuses, open and planned dialogue about the impact of substance use on individuals and campus environments is rare, possibly because there is considerable stigma associated with substance misuse. Such stigma is probably connected to the loss of control engendered by high substance consumption which can lead to behaviour unacceptable to the extant culture. Contact-based education encourages dialogue and such dialogue can reduce the stigma that surrounds substance misuse*.*

Contact-based education that is *formally organised and integrated within campus structures* has the potential to positively influence the campus culture related to substance use. Students with substance use issues are no longer "invisible while in plain sight," and respect for a larger range of experience and choices related to substance use on campus can increase acceptance of the need for substance-free campus activities.

To the extent that contact-based education is *implemented and integrated by student groups*, the Caring Campus intervention might mobilise and empower students to act on behalf of their own well-being. This latter point is particularly important given that students are likely to experience unwelcome "top-down" efforts by the postsecondary institution to control their private lives and activities. This Caring Campus Toolkit has been designed to encourage influential student groups to integrate contact-based education about alcohol misuse into their routine activities.

Elements of contact-based education that are likely to effect change

- The audience is able to personally identify with the speaker.
- The speaker clearly describes the difficulties with substance use, its relationship to mental health, and the consequences of misuse.
- The speaker presents messages of hope and recovery.
- The session facilitates dialogue and interaction between the audience and the speaker and between members of the audience.
- Contact-based education is formally organised and integrated within existing structures to reach the student population.
- Contact-based education is integrated with the work of established student groups.
- Students actively participate in the development and dissemination of contact-based education on the campus.

II. Designing and implementing contact-based education focused on substance misuse on postsecondary campuses

1. Contact-based education program planning

Planning a contact-based education (CBE) initiative on a postsecondary campus involves consideration of the nature and range of CBE opportunities to be developed and implemented across the campus. CBE can be started as a general initiative, then further developed to meet specific needs. For example, planning might consider:

- What different forms will CBE take?
    - For example: CBE can be delivered in the form of (i) directly to a live audience, (ii) video recordings of personal narratives available for dissemination, (iii) a documentary format that captures several

personal stories in an organised way, and (iv) personal stories uploaded to social media sites such as YouTube.

- Are there particular groups on campus that could benefit from targeted CBE?
    - Research has indicated that particular patterns of substance use exist within specific academic programs/student groups, such as engineering, business, varsity athletics.

- Are there particular activities/locations on campus associated with high substance use? Should CBE be developed to target these?
    - Negative consequences associated with substance use might be linked to orientation activities, residence living, alumni or homecoming weekends. CBE could be focused on such activities.

2. Speaker recruitment, training, and support

The recruitment of students willing to speak about their experiences with substance misuse and related impacts will require careful planning, particularly early in the process of establishing the CBE initiative. Think about: (i) How you will access students to publicise the CBE initiative? (ii) What information will students receive about the initiative? (iii) What issues related to informed consent and privacy need to be addressed?

Institutional email is perhaps the best way to send information to all of the student body, but may be restricted by policies regulating the use of this system. Connecting with students through student health and wellness services is an option, but the message might be restricted to students who use these services. Regardless, health and wellness services can provide important advice about specific issues to consider for a particular campus, and they can advocate and advertise the CBE initiative through their networks and connections. Accessing students through existing mental health awareness initiatives is another potential vehicle for recruitment, but it is important to highlight that the CBE initiative is focused on advancing awareness and dialogue specific to substance use and its link to mental health.

Recruitment invitations can include the following:

- A brief summary of the nature of the problem of substance use on postsecondary campuses,
- A brief summary of contact-based education and its intended impact related to substance use,
- The potential benefits of participation in the CBE initiative,

- Assurance of structures to support student participation and well-being,
- A statement indicating that students retain control of what they will share, information about student consent, and a guarantee of ethics approval.

3. Building a supported and engaged team of CBE speakers

A team of CBE speakers related to substance use on postsecondary campuses will provide a foundation for the CBE initiative, maintain student engagement in the CBE initiative, and provide an infrastructure to sustain the CBE initiative over time.

Speaker team building includes:

1. Clarity with respect to the role of student speaker in contact-based education and reflection on the benefits of participation. Early and ongoing dialogue among student speakers can centre, for example, on the following questions:

   - What motivated you to get involved in this initiative?
     - Did your involvement in the CBE initiative hold any special meaning for you?
     - What does it mean to be part of the speaker team?
     - What does it mean to you to provide contact-based education on your campus?
   - How did telling your story impact your life?
     - What insights did you gain about yourself when sharing your story with others?
     - What was it like for those who shared your personal stories?
     - What did you learn from participating in CBE?
   - Is it difficult to provide CBE?
     - What specific challenges did you experience in providing CBE, and how did you manage the challenges?
     - Would you encourage other people to become involved in CBE?

2. Building intergroup cohesion
   Consider how the location of group meetings will impact group cohesion. Locations that facilitate dialogue and privacy while being experienced as comfortable are best. Opportunities to engage socially as a group outside of CBE activities can encourage cohesion and investment. CBE social activities might include attending a comedy club or bowling.

3. Participatory strategic planning

Consider developing the group's investment in the initiative by engaging them in specific planning activities related to CBE. This could include identifying CBE activities on campus, locating and networking with potential partner groups on campus, developing a campus specific mission and objectives, developing and monitoring a timeline for initiatives, planning for sustainability of the initiative.

4. Developing and delivering personal stories

Effective public speakers are skilled and well-prepared. This applies to CBE where speakers must not only deliver impactful presentations, but also must attend to their own well-being in the course of sharing personal information. In evidence-informed contact-based education, the preparation of speakers and their speeches is deliberate and planned. Speakers are offered guidance, and are provided with guidelines to develop their stories in a way that is authentic and is likely to have a positive impact on the audience. See Appendix D Speaker Training Guide used at Queen's University site.

Individual student stories are typically constructed to be 10–15 minutes long. In the mental health field, research has shown that the creation of a narrative includes several steps:

- constructing the story,
- developing a first draft,
- receiving feedback,
- refining and editing,
- practicing delivery of the story,
- delivering the story to target audiences.

Where CBE is established, new speakers can be introduced to the process by attending existing speaker events. Whenever possible, a speaker should have an opportunity to debrief following a speaking event; debriefing is an opportunity to receive support, to reflect on the event, and to make note of ideas for future presentations. Appendix A of this module provides a template of questions that can be used to help students develop their stories in a supported context.

In the Caring Campus Project, an integral element of the CBE initiative is to deliver personal stories that touch candidly on substance use on the postsecondary campus. However, speaking about personal experiences with substance use can be difficult for students, and without direct attention, stories can easily be developed to offer only a cursory mention of substance use. With this in mind, speaker preparation

should attend to helping students develop and deliver their speeches with several of the following critical elements.

- Identification of how substance use patterns/behaviours presented in real life experience (i.e. giving an image of it as problem behaviours and patterns)
- What was the meaning of the substance use for the speaker – eg. Peer pressure, socializing, masking mental health issues, identity, etc.
- Specific and explicit connection between substance use and mental health
    - How mental health was impacted by substance use
- Relate substance misuse to other consequences in the speaker's everyday life. For example, did it affect his academic achievement? his finances? Were there legal consequences?
- What does controlled and responsible use of substances look like?
    - What is the difference between substance use (responsible use) and substance misuse?
- What strategies helped the speaker address his substance misuse and, if applicable, his mental health issues?
    - What informal supports and resources were helpful?
    - What formal supports and resources were helpful?
    - What personal coping strategies were helpful?
- How does substance use factor into the speaker's life now?

In developing personal stories for contact-based education, students are asked to consider a few key messages they would like to clearly deliver to their audience. These messages can be embedded in the talk, but they can also be used to create a powerful summary/conclusion. Examples of key messages consistent with the objectives of contact-based education that address substance use and mental health issues on campus include:

- There is a significant relationship between substance use and mental health;
- Recovery from substance misuse is possible;
- Formal and informal supports for substance misuse are available and can help;
- There is no shame in using supports and mental health resources;
- You are not to blame;
- Substance misuse can happen to anyone just like mental health issues can impact anyone;
- The campus culture promotes substance use, including excessive substance use;

- It is easy to fall under the radar in a postsecondary setting due to the normalcy of drinking or using substances (hidden in plain sight);
- It is important for you to check in with yourself and personally reflect on your substance use behaviours and mental health.

5. Ethics, consent, and privacy

Although postsecondary student participation in contact-based education is voluntary - a choice made by competent and informed young adults - ethical issues will emerge and need to be considered in an ongoing way.

In the recruitment phase of this project, students need to be assured that they will be in control of their personal story—what they are willing and able to present to audiences - and that, to the degree that sharing in a public context allows, their privacy will be respected.

CBE program planners are encouraged to submit their plans for ethics approval to a university/college ethics board. Ethics approval is mandatory if CBE efforts will be subject to evaluation or research, but beyond seeking formal approval, ethics boards can offer valuable feedback and suggestions related to consent and privacy.

Privacy issues should be addressed directly with students and informed consent should be obtained from each student. All prospective CBE speakers, even those who are eager to share, need to reflect carefully on the potential implications of the information they share. For example, they can be encouraged to consider the implications of their stories on their friends and families, the extent to which their stories include and implicate others, and the potential impact of their stories on important activities and roles now and in the future.

CBE can offer student speakers an opportunity to deliver their stories in a variety of ways, each with different implications for privacy and exposure. For example, speaking in person to an audience is an example of high disclosure CBE, but video-taping personal stories can be constructed so that students are more or less identifiable. CBE programs need to consider the extent to which they will offer these different formats and speak to students about how these options can affect privacy and confidentiality.

III. Disseminating, evaluating, and sustaining contact-based education

Dissemination activities need to be carefully considered and planned. They can include activities developed directly from the CBE initiative, or be developed in partnership with established groups and events. CBE planners can partner with the activities of the following types of groups:

- Formal alcohol and substance use committees,
- Social justice and advocacy initiatives emerging from student government,
- Formal orientation groups,
- Residence life groups,
- Mental Health Awareness groups,
- Equity groups,
- White Ribbon campaign initiatives,
- Ted X talks.

The impact of CBE efforts will depend on the overall objectives of the initiative. The "reach" of the initiative can include collecting data about the number of CBE sessions, the number of attendees, the range of students who receive CBE (e.g., across programs, academic year, gender). The evaluation is not meant to "evaluate the speaker," but to give some sense of the impact of the CBE on the audience. A questionnaire delivered to the audience might include the following statements to be ticked off:

As a result of participating in this event:

1. I am more aware of the link between substance use and mental health.
2. I am now more aware of the stigma associated with substance misuse.
3. I am now more aware of some of the signs of substance misuse and associated mental health difficulties.
4. I am better prepared to approach or talk about mental health and substance use with my peers.
5. I know more about the resources and supports that could be helpful to someone with substance use issues
6. I know more about how the campus culture can influence substance use in unhealthy ways
7. I would recommend this kind of event to others.

Module Six: Program Sustainability

I. Introduction

Changing campus cultures to foster more supportive environments for male students can reduce the pressure on them to drink to excess, but this will take time. It will not happen with a single intervention. Rather, changing campus cultures and having a wider public health impact will take sustained activity over a long period of time. Consequently, 'one-off' activities undertaken by small groups of individuals should be discouraged.

II. Ingredients for sustainable development

1. Developing a workable governance structure

Effective programs require a well-defined governance structure that provides links to other programs and activities, provides oversight, and ensures that the program delivers on its promised activities in alignment with the objectives. Some combination of individuals must fulfill executive and management roles and oversee decision making. Roles and responsibilities must be defined and structured.

Given the empowerment model that underlies the Caring Campus Project, most students will lean toward a cooperative structure where individuals volunteer to address common goals and objectives. In the first year of the Caring Campus Project, Queen's student leaders developed cooperative groups with each group focusing on specific tasks such as website design, media, events, and policy development. The structure of the groups was flat, with no designated leader, though particular individuals did emerge to drive the activities of the group. Because there was no central leadership, groups often worked in different directions, many times with only a few of the members undertaking the activities. Coordination across the groups was lacking such that important events were not featured on the Web page or the social media posts were not integrated with the Web presence. On other campuses, the researchers provided the central coordinating functions and were responsible for the Web presence, developing event ideas in collaboration with the students, and implementing them with student support and assistance. This top-down approach allowed for greater integration of activities across members and more efficient coordination of activities. Thus, the dilemma seemed to be empowerment at the expense of coordination or coordination at the expense of empowerment.

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At the close of the first year of activities, students at Queen's university critically reviewed their achievements and the group structure. All agreed that the cooperative structure built on interest groups had not allowed them to achieve their goals. Their activities were unstructured, lacked coordination, and allowed for specific individuals to shirk responsibilities. An added complication was the fact that all individuals were paid a small stipend from the Project. This meant that members were attracted to the stipend, not necessarily to the activity. Involvement in the group's activities was not uniform and a small number of individuals did most of the work. Two of the emergent leaders worked with research staff to create a structure that defined clear roles and responsibilities for executive members (director and codirector). The director was in charge of operations and the codirector was in charge of finances. The codirector also made the decision that members would be unpaid volunteers, as was the case in other student groups across the campus. This would ensure that individuals joined because they were interested and dedicated to the goals of the project. (See Figure 3-2 for the organization structure change at Queen's University)

The initial director and codirector positions were posted by the research team and individuals were recruited into the positions such as a Social Media Lead, a Policy Lead, and an Events Lead. While this may sound similar to the original group structure, the combination of central leadership in the form of Co-Directors, and individual accountability in each of the Lead positions made for a much more cohesive and efficient team. They were paid $500 stipend. They mapped out a series of activities and then recruited interested volunteers to carry them out. Funding was estimated for each activity and funds were extended from the grant to cover the costs.

2. Regular financing

Acquiring regular financing may be the single greatest challenge for student-led wellness programs. The programs with effective governance and program structures and steady financing are the most likely to create permanent change.

The Caring Campus Project started with the support of a Movember grant. This made it possible to hire research associates to help coordinate activities and provide guidance. It also made it possible to support the financial costs of awareness activities, some of which used swag to attract attention and get the message out. Other costs included printing (e.g., of large posters; the Substance Use Wellness

Tool), video taping production, and room rentals. To maintain this level and type of activity, regular financing is needed.

Early in the life of the initiative, leaders should carefully evaluate which components of the Caring Campus Project intervention will require resources and begin to look for ongoing support for these elements. Many campuses have funds available to support student initiatives and student-led groups and this is the most straightforward means of obtaining funding. It may also be possible to obtain funding from donations. In some cases, particular functions initiated by the Caring Campus Project (such as a male oriented peer support program) were incorporated into existing structures. It may also be possible to develop partnerships with existing programs and organisations to support activities.

Many Universities also provide the possibility for student groups that meet certain criteria to take part in student "opt-out fees", meaning an additional amount is added to every students' student billing and provided as funding to the groups in question.

3. Regeneration of student leadership

Ongoing recruitment and regeneration of student leadership is essential for program sustainability. Attracting individuals with leadership potential and skills must be one of the central administrative functions of the program officers.

Leaders will often arise from the ranks of program volunteers who are implementing activities. Therefore, program leaders must be on the lookout for these individuals and provide opportunities (such as the role of codirector or job coach) for them to apprentice. Juggling class requirements and busy social lives with extracurricular activities can be a challenge for younger students. A mix of junior and senior individuals can be an important means of growing leaders into important roles. Rotating potential leaders through different activities can give them a broad view of the program.

In some cases the program may want to recruit student leaders through a formal job application process (Appendix C: Job posting). This may be viewed as a more fair and transparent approach than promoting someone through the ranks. If the job advertisement is posted on job websites, then the program may be able to attract new individuals who may bring new ideas to the table.

4. Recruiting volunteers

To attract and keep the best volunteers, it is necessary to have specific roles for them to fill and accompanying job descriptions. Expectations must be clearly laid out, including time requirements. Job descriptions can then be posted on campus boards and hubs to recruit volunteers. We asked volunteers to provide us with a written statement that described why they were interested in the position and what they thought they would bring to the program. The program leaders screened volunteers. The best picks were notified and provided with an orientation to the program in a summit. To generate enthusiasm, important campus figures were invited to the summit to testify regarding the importance of the program.

Volunteers were assigned to roles in the organisation and then supervised by organisational leaders, who were responsible for specific groups.

Many students volunteer for the Caring Campus Project to build their CVs. Thus, formal letters outlining their contribution to the program are an important acknowledgement. Recognising and thanking volunteers is important and this can be done at the end of the academic term, before everyone leaves for summer holidays. A 'Year-in-Review' meeting held over a pizza or pasta dinner provided excellent feedback for the program leaders and allowed volunteers to review their accomplishments for the year.

5. Maintaining presence

Part of ensuring sustainability is creating and maintaining a presence that can continuously influence the campus culture, typically through social media and the Internet. An important aspect of this is developing a brand that resonates with the campus culture, is respectful to the target audience, and conveys the main message of the group. A brand creates recognition and links health promotion concepts to activities. Branding is an expression of the basic philosophy (values) and the attributes of the organisation, whereas marketing pushes values and attributes out to the audience. In the Queen's University culture, the phrase "For the Boys" was used to reflect heavy drinking and womanising. The "Queen's For the Boys" brand was developed in the Caring Campus Project to reclaim the phrase and transform its meaning so that it reflects supportive behaviours—looking out for each other and making sure everyone gets home safely. The Caring Campus Project brand at the University of Calgary was "Man Up" and at Dalhousie University it was "PROSocial." The thinking behind these two brands is addressed in Module 3.

Building up a brand is synonymous with building up a reputation. Thus, it is imperative that interactions are respectful and do not alienate part of the audience or overly politicise events. Branding can build expectations about how people who subscribe to the brand (by displaying it on T-shirts or knap sacks) will behave.

Once branding has been created, it is possible to market ideas and behaviours associated with the Caring Campus Project online. To build a powerful online presence, regular posting is a must, either by blogging, posting articles, providing information and statistical data, giving notices of events, or posting online videos and linking into social media networks.

It is important to describe the successes the Caring Campus Program has had, so posting achievements is important. It will give the audience the idea that the Caring Campus Program has momentum and is achieving what it set out to do. This means that the responsibility to maintain an active online presence must be a defined role in the organisation and the formal responsibility for this entrusted to an individual, who may then form a group to help. Posting success stories also keeps program volunteers enthusiastic about their role, as volunteers will want to be able to describe program accomplishments.

III. Summary

Planning for sustainable action may be the most challenging aspect of the Caring Campus Program's development. It doesn't happen automatically, it requires considerable thought and strategic planning from the leadership. This includes developing the program's structure, determining and acquiring financing, creating and retaining the people resources needed to operate the program, and ensuring that the program has ongoing presence and can keep the dialogue going.

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Appendix A. The Substance Use Wellness Tool (Leaflet)

About

- Students often use substances to relieve stress, improve mood or enhance performace, creating a clear link between substance and mental health

- This wellness tool will help you to identify your substance use patterns so that you can self-monitor their impact on yourself and others

- Place yourself on this continuum using the list of behaviours provided to determine how much substance use may be disrupting your life

What Does it all Mean?

- Emphasis is on enabling you to take charge of your using patterns so that you can have control over their impact on you and not the other way around

- Colours on the continuum are oriented towards the impact of substance use and are not meant to judge you or label that you have an "illness"

- Talk about substance use and its overall impact on your daily life, whether physically, mentally or socially

Substance Use Wellness Tool

	Alert	Consider Support	Seek Support
Limited Use	Regular, but controlled use	Difficulties with control/excessive use	Persistent difficulty with control of use/excessive use
Not used as a coping strategy	Sometimes used as a coping strategy	Regularly use as a coping strategy	Use as the main coping strategy
Rarely use in response to peer pressure	Sometimes use in response to peer pressure	Often use in response to peer pressure	Almost always use in response to peer pressure
Never use alone	Sometimes use alone	Regularly use alone	Almost always use alone
Most friendships and activities not centred around substances	Some friendships and activities centred around substances	Most friendships and activities dominated by substances	Almost all friendships and activities dominated by substances
Never use to get high	Sometimes use to get high	Often use to get high	Almost always use to get high
Connections are not affected by use	Connections are sometimes affected /others express some concerns about my use	Connections are often affected/others moderately concerned about my use	Connections are almost always affected/others seriously concerned about my use
Educational goals not affected	Educational goals sometimes affected by use/GPA not in jeopardy	Educational goals often affected/GPA starting to be jeopardized	Educational goals seriously affected/ GPA in jeopardy
Physically well	Sometimes physically unwell	Often physically unwell	Almost always physically unwell/ well-being impacted
Finances not impacted	Finances occasionally impacted	Finances impacted	Significant financial troubles
Don't engage in risky behaviours that could harm self or others	Sometimes engage in risky behaviours that could harm self or others	Often engage in risky behaviours that may harm self or others	Almost always engage in risky behaviours that harm self or others

Who We Are

QFTB is a Queen's student mental health awareness group that strives to:

- Establish recognition for the relationship between substance use and its impact on mental health
- Overcome the stigma associated with substance misuse and mental health
- Promote safe substance use and knowledge of your limits
- Redefine masculinity in relation to substance use

@ www.queensftb.com   f facebook.com/QFTB

Resources/Support

AMS Peer Support Centre
Amspeersupport.com
613-533-6000- Ext. 75111

Student Wellness Services
queensu.ca/studentwellness

Counselling Service
613-533-6000- Ext. 78264

Good2Talk- Good2talk.ca
1-866-925-5454

Queen's 24-Hour Emergency Report Centre
613-533-6111

Ontario Mental Health Helpline
mentahealthhelpline.ca
1-866-531-2600

Addiction & Mental Health Services- Kingston Frontenac Lennox & Addington- amhs-kfla.ca/services1/
Crisis Lines
1-866-616-6005 or 613-544-4229

In Collaboration With:

The Caring Campus Project

DALHOUSIE UNIVERSITY

Queen's UNIVERSITY

UNIVERSITY OF CALGARY

Funded by:

MOVEMBER FOUNDATION
CHANGING THE FACE OF MEN'S HEALTH

Chen S-P, Krupa T, Stuart H. (2015) The Caring Campus Project, Kingston, Queen's University

Appendix B. The Substance Use Wellness Tool (Information package)

Substance Use Wellness Tool Information Package

Our Aim:

The Caring Campus Project is a Movember funded project that seeks to prevent substance misuse and related mental health issues among first year male students on post-secondary campuses. The project consists of an interdisciplinary team of professors, post-doctoral students and research associates at three Canadian universities: Queen's University, Dalhousie University and Calgary University. The Substance Use Wellness Tool was developed as a guiding framework to address students' substance use patterns and their related effects on mental health. Our research team intends to broadly disseminate this tool so that identified stakeholders can use it as a resource. For students, this tool can serve as a self-help resource to demonstrate the relationship between substance use and mental health. In addition, clinicians and other stakeholders can use this as a tool to identify substance use issues in clients, a client wellness tool, or as a guiding framework for educational workshops.

Description

The Substance Use Wellness Tool is intended to raise awareness and identify substance use issues among students on university campuses. The idea of a visual continuum was based on the widely disseminated Mental Health Continuum that is used in educational programs by the Department of National Defense. The Substance Use Wellness Tool was developed to help normalize and de-stigmatize substance misuse issues, increase the dialogue and promote help-seeking behaviours among students. The model approaches individuals in a holistic fashion, as it seeks to identify the physical, psychological and social repercussions of substance use. In using this tool, students can self-monitor the impact of their substance use patterns on themselves and their peers. As awareness increases, it will enable students to take control of their use so that they can experience an optimization in health and well being.

What does It Mean?

The colours on the continuum are indicators of the level of concern that could occur due to substance use. For example, the category green has several behavioral indicators that would indicate healthy use or relatively no disruptions to daily life due to substance use. Yellow indicates caution, orange indicates alert and red indicates alarm.

These categories enable people to talk about substance use in language that is not stigmatizing and communicate what is occurring in their everyday life as a result of substance use. The arrow illustrates that students' usage patterns can vary across the dimensions of the continuum and that they can take steps to move back toward healthier patterns.

What does it Not Mean

The Substance Use Wellness Tool is not intended to diagnose nor categorize, label or judge any individual as having a substance abuse disorder. It is a tool that can be used to support individuals in identifying and overcoming difficulties that they may be experiencing due to substance use.

How to Use

        To use the Substance Use Wellness Tool go through the different behavioral domains in each category to identify which aspects of daily life are being impacted by substance use. On an individual level, students may use the continuum as a reference tool to identify if any aspects of their own or their peers' lives are being disrupted due to substance use. During this process of identification, students may reflect on their usage patterns and experience a heightened level of awareness that may instigate change.

        The continuum may also be provided to individuals offering support or mentorship to the student population. Student peer support staff and campus residence dons are just a few of those in the position to offer support and mentorship. These individuals can be educated and trained on how to use the Substance Use Wellness Tool in order to use it as a reference point should students have issues related to substance use. In addition, peer support staff and dons receive training in mental health but may not be looking for substance use issues that may be underlying mental health concerns. Providing a brief description of the Tool during peer support and residence don training may make these staff members attuned to substance use issues that students may be facing.

Development

        The categories part of the Substance Use Wellness Tool were created based on focus groups that included university students and parents of students in order to gain an understanding of the post-secondary experience and culture related to substance use. Based on the feedback that was obtained, 13 domains were identified that may be impacted by substance use. These domains would then serve as the basis for the behavioral indicators outlined.

Validation

        The Caring Campus Project team conducted a study measuring the Substance Use Wellness Tool with a criterion measure, the Alcohol Use Disorders Identification Test, in order to assess whether the continuum would be a valid screening tool to identify students' substance use issues. The finding suggested that the continuum could potentially be used as a screening tool to identify substance use issues.

Substance Use Wellness Tool

Who's In Control?

No disruption in daily life	Mild disruption in daily life	Moderate disruption in daily life	Severe disruption in daily life
Limited use	Regular but controlled use	Difficulties with control/excessive use	Persistent difficulty with control of use/excessive use
Not used to cope with pressures from being a student	Sometimes use to cope with pressures from being a student	Regularly use as a coping strategy	Use as the main coping strategy
Rarely used in response to peer pressure	Sometimes use in response to peer pressure	Often use in response to peer pressure	Almost always in response to peer pressure
Never use alone	Sometimes use alone	Regularly use alone	Almost always use alone
Most friendships and activities not centered around substances	Some friendships and activities centered around substances	Most friendships and activities dominated by use	Almost all friendships and activities dominated by use
Never use to get high	Sometimes use to get high	Often use to get high	Almost always use to get high
Connections are not affected by use	Connections are sometimes affected by use/others express some concerns about my use	Connections are often affected by use/others moderately concerned about use	Connections are almost always affected by use/ others express serious concerns about my use
Educational goals not affected	Educational goals sometimes affected by use/GPA not in jeopardy	Educational goals often affected/GPA starting to be jeopardized by use	Educational goals seriously affected/GPA in jeopardy
Physically well	Sometimes feel physically unwell	Often physically unwell	Almost always physically unwell/well-being impacted
Finances not impacted	Finances occasionally impacted	Finances impacted by use	Significant financial troubles
Don't engage in risky behaviours that could harm self or others	Sometimes engage in risky behaviours that could harm self or others	Often engage in risky behaviours that could harm self or others	Almost always engage in risky behaviours that harm self or others
	ALERT	SEEK SUPPORT	GET HELP

The Caring Campus Project

The **Purpose** of this wellness tool is to identify your substance use pattern so that you can self-monitor its effects on yourself and others. The emphasis is on enabling you to take charge of your substance use so that you can have control over its impact on you and not the other way around.

The colors on the continuum are oriented towards healthy use (green), all the way to severe (red) or intense substance use patterns.

You can place yourself on the continuum based on a list of behaviors related to substance use.

What Does it Mean?

The continuum was not created to judge or label you as having an illness or disorder. Rather it allows you to become more aware of your substance use and its overall impact on your daily life.

How To Use

The arrow demonstrates that you do not need to be stuck in any one category, rather you can return to safe and controlled using that supports your mental health and well being.

In Collaboration With

DALHOUSIE UNIVERSITY

UNIVERSITY OF CALGARY

#QFTB
Queen's For The Boys

QFTB

Appendix C. Example of Job posting to hire student leaders

Now Hiring! Male Student Leaders for The Caring Campus Project

The Caring Campus Project - An Overview

Movember Canada cares about men's mental health. Researchers at the University of Calgary were recently awarded a grant to mount a mental wellness program targeting first year freshmen. The goals are to reduce risks associated with mental ill health and substance misuse and create a campus culture supportive of mental health and substance use patterns that promote health and well-being.

Males are particularly vulnerable to substance misuse linked to mental ill health during their first year at university. University freshmen experience stressors during their transition from family life to independence, and may use substances to relieve stress, anxiety, or depression. In addition, substance misuse that occurs in first year may set a pattern for future use patterns. This may place them at high risk for mental health problems, mental illnesses, suicide, and substance abuse disorders.

The overall aim of the Caring Campus project is to help male freshmen learn about mental wellness and safe substance use patterns; correct misperceptions about substance use norms; and promote student – driven and led activities to raise awareness of the importance of early identification and intervention and create a culture that promotes mental health and well-being. Opportunities for active engagement and dialogue will be a central component.

In addition, the University of Calgary is working in partnership with Alberta Health Services to utilize their newly developed guide, *Reducing High Risk Drinking on Alberta Campuses: Alberta Students Taking Responsibility Together*, in how we tackle some of the challenges associated with this project.

Time Commitment and Approximate Project Schedule

We are looking for student leaders who are able to commit to being a part of this project from February 2015 – April 2016 (15 months).

- ❖ February 2015 – April 2015
    - o You are required to attend a full day summit at the end of February in order to learn more about the project, talk about ideas, and make plans for what you want to accomplish
    - o Following the summit there will be monthly meetings to work on building leadership and project management skills and to maintain a dialogue about the types of projects you are interested in initiating.

- ❖ Summer
    - o We will not have meetings during the summer; however you will need to be available for the last two weeks in August in order to be ready for orientation week and for the kickoff of Caring Campus in September 2015.

- ❖ September 2015 – April 2015
    - o Run awesome initiatives!
    - o Meet once per month as a full group to discuss progress .
    - o Meet regularly in smaller working groups to organize and implement activities

Required Qualifications
- ❖ Male identified student
- ❖ First or second year student
- ❖ Commitment to being a student at the University until the end of April 2016
- ❖ A commitment and interest in substance use, mental health, and health programming
- ❖ Interest in serving in a leadership role

Compensation
- ❖ There is a stipend attached to this position for the amount of $2000. This will be paid out in 4 $500 increments throughout the execution of the project.

How to Apply
- ❖ Please submit a cover letter and resume to ccampus@ucalgary.ca by January 23rd.

Appendix D. Contact-based Education - Speaker Training Package

*The Caring Campus Speaker Traing Package was modified from:
- Sharing Your Personal Story: Speaker Toolkit. Mental Health Commission of Canada:
  http://www.mentalhealthcommission.ca/sites/default/files/MHCC%25252 0Headstrong%252520Speaker%252520Toolkit_0.pdf
- Speaker Training Tool. Talking About Mental Illness (TAMI) Durham:
  http://tamidurham.ca

The Caring Campus Project
Speaker Training Guide

I. Your role as a speaker

The objectives of the contact-based education involve improving:

1. students' awareness about substance use and mental health issues
2. students' stereotypical attitudes toward people with substance use issues
3. students' social acceptance of people with substance use issues
4. students' sense of social responsibility for promoting an inclusive campus environment.
5. the campus cultural environment so that it becomes more inclusive of people with substance use or mental health issues.

Your participation as a speaker is a key for change. As a speaker your role is to:

- Attend the speaker training to understand the Caring Campus Project and acquire presentation skills

- Share your personal story and commit to educating university students about substance use issues

- Develop a 10-15 minute speech detailing your personal story

- Present this speech to a group of 15 or more student leaders in the Summit

- Answer students' questions about your experiences in a positive manner

II. Four steps to develop your personal story

Step One - Develop your main ideas

Follow these questions to guide your thinking about your story

- Your positive life experiences before starting use of substance: (talents, education, work, hobbies, relationships, etc.)

  _____
  _____
  _____

- What are your warning signs of getting trouble with substance use?

  _____
  _____
  _____

- What factors do you think were associated with your substance use problems?

  _____
  _____
  _____

  Queen's culture about substance use:

  _____
  _____

- What effect did your substance use problems have on your university life? (academic, work, relationships, family, activity participation, attitude toward life, etc.)

  _____
  _____
  _____

- What were your feelings during the most difficult time?

  _____
  _____
  _____

- How did your family and friends respond to your substance use problems?

  _____
  _____
  _____

- How did you go through the difficult situation? What was helpful in supporting you dealing with the problems?

  _____
  _____
  _____

- How are you now? What do you do now?

  _____
  _____
  _____

- What are your future goals and expectations: (work, education, relationships, activity participation, advocacy, etc.)

  _____
  _____
  _____

- What positive life experiences happened while you were resolving your substance use problems? What have you learned?

  _____
  _____
  _____

- What advice would you give to other university students?

  _____
  _____
  _____

Step Two - Think about your core messages

During the presentation, we want to include the following core messages. These are powerful and can change audiences' perceptions about substance use. When you write your story in the next section, try to incorporate these core messages into your story.

- Experience in the first year
- Coping strategies
- Getting help
- Hope
- Stigma and common misperceptions related to substance use and mental health
- The impact of campus culture

Step Three - Start writing your story

Based on the ideas you have developed in Step One and the core messages you learned in Step Two, follow the guideline below to complete your story writing. You will prepare a 10-15 minute story. The story includes three major parts: the opining, the body of the story, and the closing.

- A strong **opening** tells your audience what you are going to talk about. You can begin with something attractive to catch the attention of the audience to CONNECT with something interesting.

- It's best to organize the **body** of your story CHRONOLOGICALLY (from past to present). Try to include all of the main themes.

- Summarizing your KEY MESSAGES makes a strong **closing**. We want to emphasize the importance of changing campus culture.

The story writing outlines

Here is a story outline to get you going.

Opening:

I am _____

I want to share my experience of substance use because …

_____
_____
_____

When I was the first-year student, I …

_____
_____
_____

Body of the story:

Start drinking (or using drugs) and warning signs of getting trouble

_____
_____
_____

How life was affected

_____

_____
_____

My feelings/struggle (experience stigma?)
_____
_____
_____

Events that sent you for help
_____
_____
_____

Getting help (how, who, when, where, and what)
_____
_____
_____

Learning to manage the problems and coping strategies
_____
_____
_____

Now I am
_____
_____
_____

Plans for the future
_____
_____
_____

My advice to you
_____
_____
_____

Closing:

Summary the take-home messages
_____
_____
_____
_____

Step Four - Review, edit, and practice your story

Developing your story can take many revisions. Do not worry about how it looks for the first draft. Just get your thoughts organized on paper.

You can read through your draft, correct any errors, add new ideas, change your expression, or rearrange the sequence. You will find that you will make many revisions during the course of practicing your story.

In the first couple of practice sessions, read your story out loud to yourself to see whether it rolls off your tongue. Change anything that seems to be difficult to say or anything that sticks. Once you have done this, you are ready to present your story.

III. Core Presentation Skills

We list some important presentation skills that can help you deliver your message with impact.

- ***Always look at your audience***: This will help you make a good connection with the audience and keep them engaged. Try to hold eye contact with someone in the audience for a short while (3-5 seconds) then move to another person.

- ***Speak loudly***: Speak to the person in the back of the room. That way everyone will hear you.

- ***Use body language***: Practice using hand gestures to emphasize important points. Remember that you can move around the room. Make sure you don't fidget with anything while you are talking.

- ***Create a professional image***: Looking professional is a matter of respect. It tells the audiences you respect yourself and you respect them. Try to create a professional image through your dress and demeanor. Remember, you want to present a positive visual image and act as a role model for recovery!

- ***Connection:*** Try to connect with your audience. Think back to your own experience as a freshman. What was it like for you when you were the first-year student? Provide your audience with experiences that they can relate to. This connection will help them engage in your presentation. Don't forget to smile!

- ***Prepare and plan for what you want to say***: Organize your thoughts and remember your outline and key contents. If you practice your talk enough times, this will come easily.

- ***Pace yourself:*** Change your volume, avoid speaking in a monotone, avoid talking too fast (even if you are nervous), remember to use pauses to emphasize your points, and remember to breath evenly.

- ***Summarize a clear take-home message:*** Make sure that you have a clear statement or message that you want students to take home from your presentation. Be sure that this message is one that is positive and tells students how they can help their peers.

- ***Practice:*** Practice makes perfect. At a minimum, you should practice your presentation in front of others 9 or 10 times before you present to students. If you are new to public speaking, you may want to add additional rehearsals in front of others before you feel fully comfortable with your story.

- ***Be open, confident, and genuine:*** Student's will be eager to hear what you have to say. If you are nervous, don't hesitate to tell the students. They will likely empathize with you. Remind them that it is difficult to stand in front of an audience and tell people about personal experiences with substance use issues.

- ***Engage with students:*** Students would rather have a conversation with you, so make sure you leave time for questions. During your presentation, you can engage them by asking rhetorical questions or by asking them to imagine how something feels.