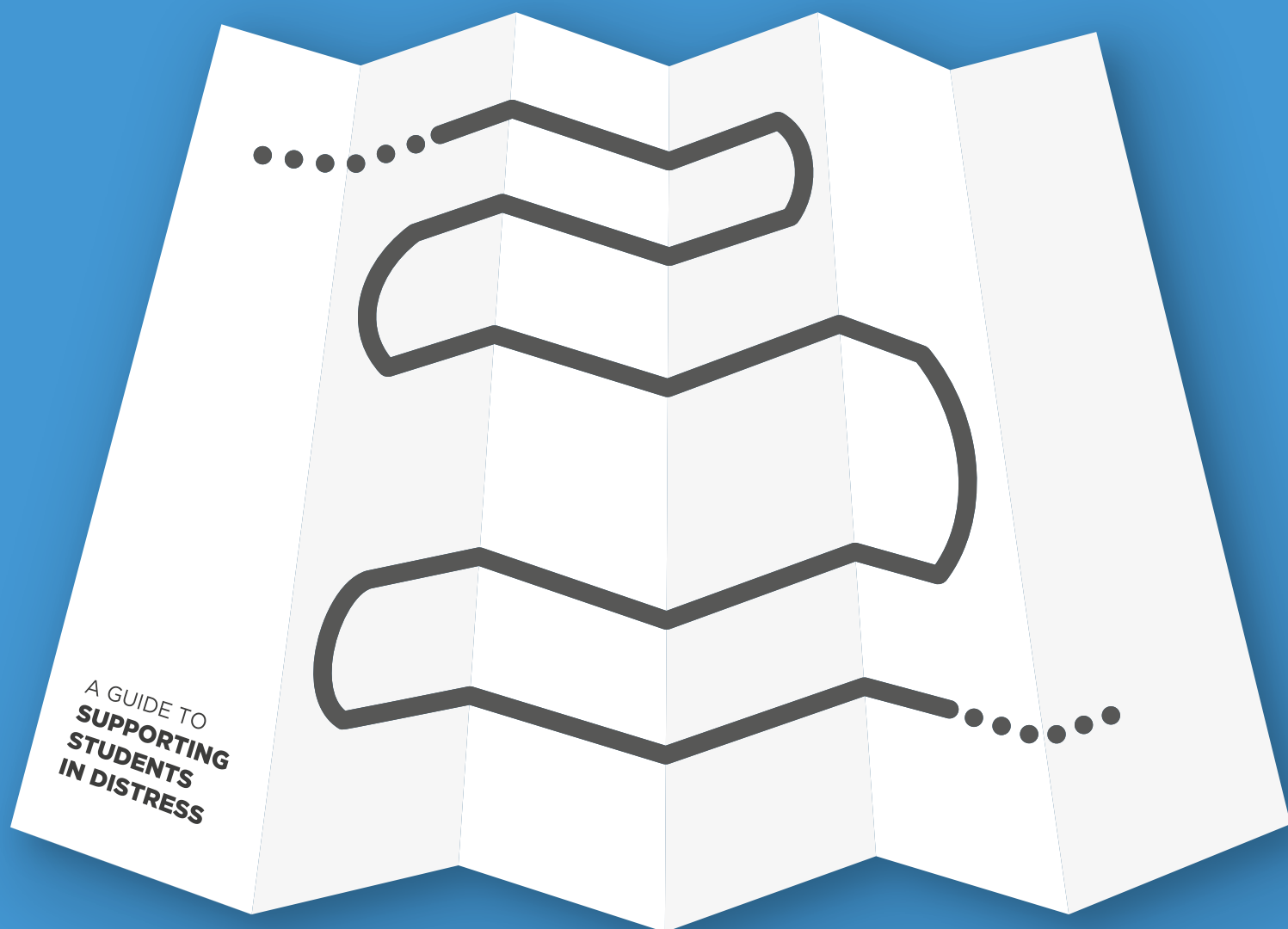


A GUIDE TO SUPPORTING
STUDENTS IN DISTRESS

At OCAD University



March, 2015 — v.2





I. ABOUT

A Guide to Supporting Students in Distress was prepared on behalf of OCAD University as a part of a campus wide Mental Health Initiative — a project funded by the *Ontario Ministry of Training, Colleges and Universities, Mental Health Innovation Fund*.

This guide is the result of a campus wide effort to promote mental health and well-being at OCAD University under the leadership of the *OCAD University Mental Health Steering Committee*.

In the spirit of a human-centred and participatory design process, this guide has been reviewed and informed by multiple perspectives and stakeholder groups at OCAD U including students, alumni, staff, and faculty members.

PURPOSE

This guide aims to offer clear guidance and direction on how to support students in emotional and/or mental health distress at OCAD University. While it is important to acknowledge that there are multiple types, expressions and experiences of distress, the term “distress” within the context of this guide, describes the emotions or feelings that interfere with a person’s ability to carry out day-to-day activities. Distress is closely related to the term “crisis” which is used in this Guide to describe a person’s response to a situation or event. A crisis may involve a threat, barrier or traumatic event but also presents an opportunity for change and growth.

TARGET USERS

This guide targets front-line staff, faculty members and student leaders, who directly interact with students as a part of their roles and responsibilities within OCAD University.

OBJECTIVE

There is a need for a clear and consistent response system for students experiencing distress at OCAD U. Faculty and staff have requested a campus-wide protocol and guide that provides them with information that will prepare them to support a student in distress and address a crisis scenario on campus.

NOTE

Please note that some content in this guide has been directly borrowed and/or adapted from the *Faculty Guide for Recognizing and Responding to Students in Distress* ⁽¹⁾ developed by Cornell University and the *Mental Health Handbook* ⁽²⁾, developed by the Council of Ontario Universities.

1 | Cornell University (n.d.). Recognizing and Responding to Students in Distress Faculty Handbook. Accessed online on December 1, 2013 at <http://dos.cornell.edu/dos/cms/upload/Total-Book-2.pdf>

2 | A draft report of the Mental Health Handbook was shared by the Council of Ontario Universities with OCAD U in November 2013 and adapted with permission.

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OCAD University. *A Guide to Supporting Students in Distress at OCAD University*. 1st ed. Toronto, ON: OCAD U, 2014.

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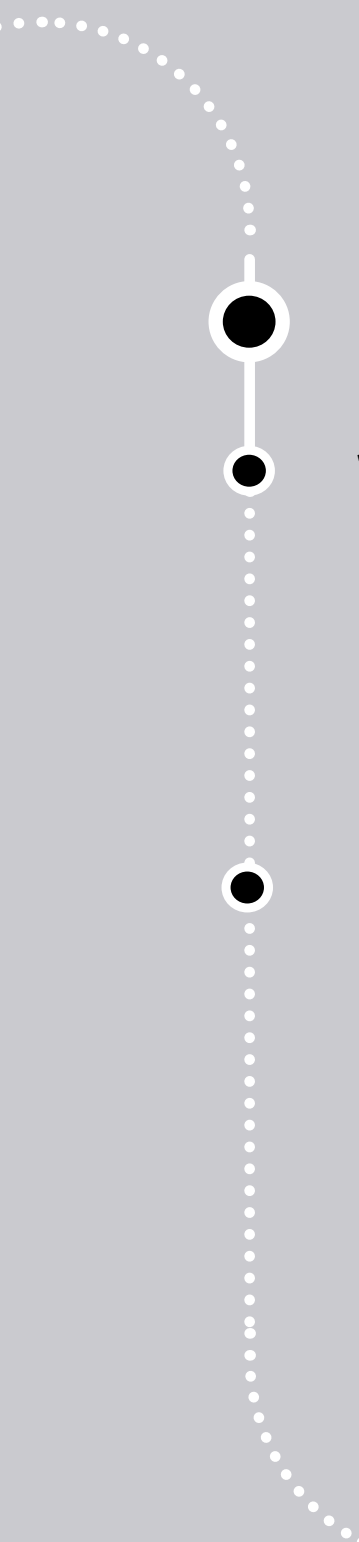
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HEALTH & WELLNESS CENTRE

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Revised | August 2018



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1. INTRODUCTION

A. DESIGNING SYSTEMS OF SUPPORT

THIS GUIDE FOCUSES ON HELPING OCAD U FRONT-LINE STAFF, BETTER SERVE AS SUPPORT PERSONS FOR STUDENTS IN DISTRESS BY FOSTERING A COMMUNITY, WHERE THE MENTAL HEALTH AND WELL-BEING OF STUDENTS IS A SHARED RESPONSIBILITY OF ALL MEMBERS OF THE CAMPUS COMMUNITY.

The guide offers a supportive response to students in distress that aims to be humanizing, dignifying, and empowering.

We adhere to ideas of compassion and treating others as we would want to be treated ourselves. While this guide has a very pointed focus on crisis and distress scenarios, it is being developed as a part of a greater campus wide *Mental Health Strategy* that is designed to be pro-active, adaptive and health promoting. It is important to prevent crises from happening in the first place, and by building a healthier and a more supportive campus community, we can better achieve this.

The guide provides an understanding of some of the greater root causes of distress, and recognizes that broader systemic factors affect people's ability to thrive in the post-secondary environment. Several different frameworks and approaches inform this guide and have been adapted for use at OCAD University:

PROMISING PRACTICES IN POST-SECONDARY CAMPUS DISTRESS PROTOCOLS

This guide has been informed by a review of other post-secondary mental health and/or distress/crisis protocols from Universities and Colleges in the US and Canada.

STUDENT CENTERED DESIGN

Student centered design refers to an intentional focus on the experience and needs of students. The student is viewed as a human being, deserving of care and dignity ⁽¹⁾.

HEALTH PROMOTION

'Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions' ⁽²⁾.

DIALECTICAL BEHAVIOUR THERAPY (DBT)

DBT is a therapeutic, evidence-based approach for supporting people who are experiencing intense emotions, particularly those with self-harming behaviour or suicidal thoughts. This approach focuses on acceptance techniques, emotional regulation, as well as coping strategies for tolerating distress ⁽³⁾.

Mental health
and well-being
of students
is a shared
responsibility
of all campus
community
members.

1 | By Us, For Us: The power of co-design and co-delivery by Nesta and the Human Centered Design Toolkit by IDEO.

2 | World Health Organization. (2013). Health Promotion. Accessed online on October 15, 2013 at http://www.who.int/topics/health_promotion/en/

3 | Linehan, M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York: Guilford Press.



B. MENTAL HEALTH & WELL-BEING

I. WHAT IS MENTAL HEALTH?

MENTAL HEALTH AND WELL-BEING ARE CONCEPTS THAT DESCRIBE A QUALITY THAT ALL HUMAN BEINGS POSSESS AND EXPERIENCE DIFFERENTLY. PUBLIC HEALTH AGENCY OF CANADA DESCRIBES MENTAL HEALTH AS:

The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.

A fluid concept, mental health encompasses multiple perspectives: from medical conceptions of illness and health to Indigenous conceptions of social, spiritual and community well-being, to critical notions of madness and disability and cultural interpretations of wellness.

The phrase **mental illness is a related but different concept from mental health** that is often applied to a broad array of conditions like depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, and post-traumatic stress disorder (PTSD).

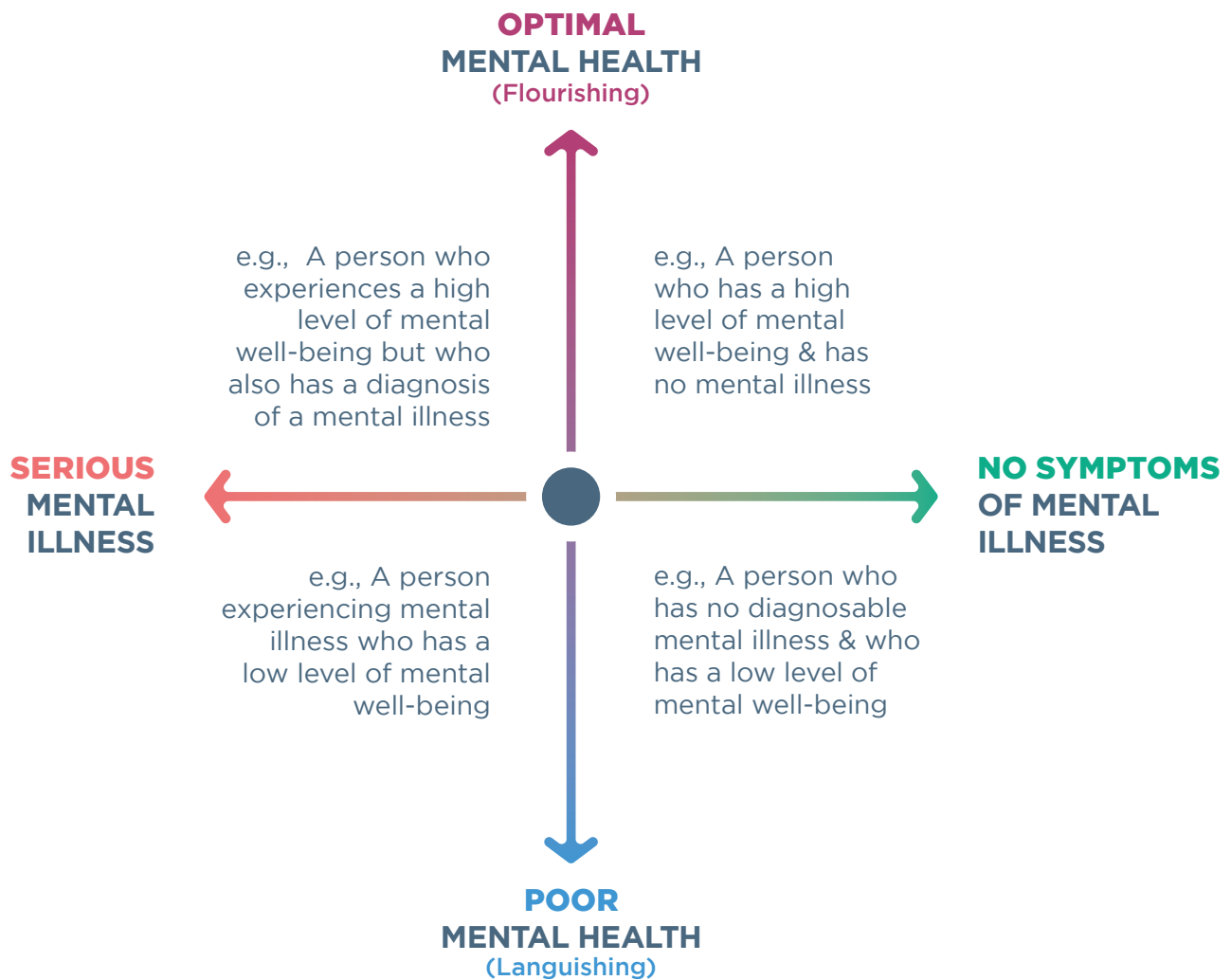
In all of these conditions, people experience difficulty with their thinking (e.g., problems with concentration, memory, etc.), emotions (e.g., sadness, loss of hope, etc.), and

behaviour (e.g., sleeping or eating). Mental illnesses arise out of a complex mix of psychological, social, and biological influences. They are not the result of personal weaknesses, poor up-bringsings, or a lack of character or intelligence. People from all walks of life—regardless of age, ethnicity, religion, income, etc.—may experience mental illness.

A model that illustrates the concepts described in Diagram 1. A Model Of Mental Health is Corey Keyes' *Mental Health Continuum*. From this continuum, we can see that a person who has a mental illness can experience a high level of mental well-being, while a person who has no identified mental illness can have a low level of mental well-being. This challenges some common assumptions about mental well-being and mental illness.

Diagram 1. A MODEL OF MENTAL HEALTH

Adapted from The Mental Health Continuum by Corey Keyes, CMHA Mental Health



Mental illnesses are not the result of personal weaknesses, poor upbringings, or a lack of character or intelligence.

MENTAL ILLNESSES ARISE OUT OF A COMPLEX MIX OF PSYCHOLOGICAL, SOCIAL AND BIOLOGICAL INFLUENCES. PEOPLE FROM ALL WALKS OF LIFE— REGARDLESS OF AGE, ETHNICITY, RELIGION, INCOME, ETC.— MAY EXPERIENCE MENTAL ILLNESS.

II. MENTAL HEALTH ON CAMPUS

Students attitudes, emotions, thinking, and behaviour and mental health are interrelated. It is normal for students to experience a mental health issue during adolescence and young adulthood. Such “issues” may range from having a stressful day to being diagnosed with a mental illness. In any case, one cannot assume that a student’s experience of distress is related to any specific illness, condition, or circumstance.

For the most part, students are incredibly resilient, thrive and are able to find healthy ways to cope with the mental health issues they experience. There are also students who experience mental health difficulties and/or who may lead you to feel concern for their health and well-being.

According to the 2013 National College Health Assessment Survey⁽⁴⁾, students at OCAD U reported that in the past 12 months, **66.5% felt hopeless** and **95% felt overwhelmed** by all they had to do.

⁴ | The OCAD U NCHA survey was conducted in April 2013 among a random sample of 1,100 randomly selected OCAD U students to which 356 responded.

Statistics from OCAD U Health and Wellness Centre services further indicate that **70% of students accessed counselling services** compared to medical services. Moreover, in the 2012 - 2013 academic year, the largest percentage of students accessing the Centre for Students with Disabilities (CSD) reported seeking academic accommodations for a mental health disability. This percentage has steadily increased over the last three years.

There is also evidence that tells us there is a need for OCAD University to better address student distress and mental health and well-being through an environmental and human centered approach.

Cultural norms, as well as other aspects of our social position such as gender, education, food security, ethnicity, social environments, fundamentally shape the way we experience mental health.

Mental health is a product of more than just genetics, diet, and exercise. A student’s social, political, and economic conditions can influence the degree of stress she feels on a day-to-day basis.



ACCORDING TO THE NATIONAL COLLEGE HEALTH ASSESSMENT SURVEY, STUDENTS AT OCAD UNIVERSITY REPORTED THAT IN THE PAST 12 MONTHS:

95 % FELT **OVERWHELMED** BY ALL THEY HAD TO DO

75 % FELT OVERWHELMING **ANXIETY**

53 % FELT TOO **DEPRESSED** TO FUNCTION

15 % CONSIDERED **SUICIDE**

III. DEFINING STIGMA

A determining factor of mental health and well-being, social exclusion, is significantly influenced by the degree to which someone is stigmatized. Stigma is a process by which popular prejudices manifest in the disadvantaging and social exclusion of individuals or groups. Negative attitudes regarding someone's race or ethnicity, gender, health, mental health, or other perceived or real attributes can serve as the foundations for such exclusion.

Stigmatized individuals confront unjust barriers to political, social, economic activities and services ⁽⁵⁾.

While a broad array of people confront discrimination on a daily basis, individuals with mental illnesses face particularly powerful stigma. Research indicates, for example, that stigma is more pronounced

in cases of mental than physical illness. In general, people with mental illnesses are more likely to be blamed for their health problems than those with physical illnesses. Unfortunately, stigmatized people sometimes adopt popular prejudices themselves, a process known as self-stigma. As a result, they may experience a loss of confidence or self-esteem that exacerbates mental health challenges ⁽⁶⁾.

Stigma discourages students with mental illnesses from disclosing their health problems to the university or seeking effective treatments. Under such conditions, their academic performance suffers ⁽⁷⁾. It is important to be mindful of your own language, actions, and behaviours as you support a student in distress as this is a crucial part of minimizing stigma.

5 | Mitchell Weiss and Jayashree Ramakrishna, "Health-Related Stigma: Rethinking Concepts and Interventions." (Amsterdam: Royal Tropical Institute, 2004); Nicolas Rüsch et al. "Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma," *European Health* 20 (2005): 529-539.

6 | Ibid.

7 | Weiss and Ramakrishna, "Health-Related Stigma"; Jennifer Marie Martin, "Stigma and student mental health in higher education," *Higher Education Research & Development*, 29, no. 3 (June 2010): 259-274.



2. YOUR ROLE & RESPONSIBILITY

FRONT-LINE STAFF, FACULTY MEMBERS AND STUDENT LEADERS AT OCAD UNIVERSITY HAVE A SHARED RESPONSIBILITY TO:

- 1. B. NOTICE** signs of distress and communicate these to the student and/or supervisor through the instructions outlined in the "A. Student Crisis Support Protocol" on page 17.
- 2. C. ENGAGE** with the student by having a direct conversation, if you feel comfortable doing so. While respecting the student's right to confidentiality, you can speak to the student to gather more information, actively listen and express your care and concern.
- 3. B. NOTICE** the student to the appropriate support resource, as listed in the "A. Student Crisis Support Protocol" on page 17.

Your role is not to serve as a counsellor,
diagnose a student and/or solve the
student's problems.

PROBLEM SOLVING
AROUND PERSONAL AND/
OR EMOTIONAL ISSUES,
EXPLORING AND PROCESSING
EMOTIONS, AND/OR TO
GIVING ADVICE IS STRICTLY
THE ROLE OF A COUNSELLOR.

STUDENT CRISIS SUPPORT PROTOCOL

CONCERN

CONCERN

If student is expressing signs of distress **WITHOUT POSING RISK** to self or to others

Some of the signs may include:

- Increased absence and/or lack of participation in class or studio
- Missed, late, or incomplete assignments/exams
- Excessive exhaustion, falling asleep in class repeatedly
- Loss of interest, lack of energy or difficulty concentrating
- More withdrawn or animated than usual
- Disturbing content in student work or its presentation

ON CAMPUS

Approach the student

OFFER REFERRAL TO HEALTH & WELLNESS CENTRE

URGENT

URGENT

If you believe the student has a **SERIOUS NEED FOR HELP** and there is **NO IMMEDIATE THREAT OF HARM**

Some of the signs may include:

- Talk of suicide
- Expressions of hopelessness
- Out of touch with reality
- Serious emotional difficulties

BUSINESS HOURS 9 AM - 4:30 PM

ON CAMPUS

Approach the student

OFFER REFERRAL TO HEALTH & WELLNESS CENTRE

Student **REFUSES** referral

Student **ACCEPTS** referral

NOTIFY CHAIR/ GRADUATE PROGRAM DIRECTOR or SUPERVISOR

EVENINGS & WEEKENDS

OFF CAMPUS

e.g. Troubling email/ social media comment

REPLY WITH REFERRAL TO HEALTH & WELLNESS CENTRE and GOOD2TALK

ON CAMPUS

e.g. Evening class/ weekend studio use

CONTACT SECURITY & EMERGENCY SERVICES

Activates Urgent Student Support Team

EMERGENCY

EMERGENCY

If the student is **ACTIVELY PLANNING SUICIDE** or **POSSESSES THREAT OF IMMEDIATE HARM** to self or to others

This may include cases of apparent drug/ alcohol abuse or drug reaction

Activates Triage Team

ON CAMPUS

CALL SECURITY & EMERGENCY SERVICES, who have access to mental health support systems

HEALTH & WELLNESS CENTRE

Medical & Counselling Services

MONDAY TO FRIDAY 9AM - 4:00PM

416-977-6000 (Ext. 260) hwc@ocadu.ca

Call, email or Walk-in

6th Floor, 230 Richmond St. West, Toronto, ON

GOOD2TALK POST-SECONDARY HELPLINE

Counselling & Mental Health Resources

AVAILABLE 24/7/365

1-866-925-5454

Good2Talk.ca

SECURITY & EMERGENCY SERVICES

Medical, Crisis Intervention, Crime Prevention

SEE HOURS OF OPERATION

EMERGENCY 416-977-6000 (Ext. 511) or Pick-up the RED PHONE

NON-EMERGENCY 416-977-6000 (Ext. 366)

100 McCaul Street, Main Lobby Security Console

A. STUDENT CRISIS SUPPORT PROTOCOL

KEY ELEMENTS OF THE CRISIS SUPPORT PROTOCOL ARE EXPLAINED BELOW:

I. URGENT STUDENT SUPPORT TEAM

The Urgent Student Support Team is led by Associate Vice President for Students, Deanne Fisher and is a process, which involves the gathering and sharing of information regarding students, who may be in distress or in need of support. This process follows confidentiality procedures as outlined by both the Freedom of Information, Protection of Privacy Act (FIPPA), the Personal Health Information Protection Act (PHIPA) and is in adherence with the Ontario Human Rights Code.

II. TRIAGE TEAM

The Triage Team is comprised of key department leads and led by OCAD University Security & Emergency Services Department. The Triage team is activated when there is an urgent or emergent threat of violence to self or others on campus related to students, staff or faculty. The Triage Team utilizes an evidenced based approach to violent risk management protocol designed for post-secondary institutions.

Supporting students who are in distress can bear a lot of weight on the person

IT IS IMPORTANT TO TAKE CARE OF YOURSELF.

FOR MORE INFORMATION, PLEASE REFER TO "3. SELF-CARE" ON PAGE 32.



B. NOTICE

NOTICE SIGNS OF DISTRESS AND COMMUNICATE THESE TO THE STUDENT AND/OR SUPERVISOR THROUGH THE INSTRUCTIONS OUTLINED IN THE "A. STUDENT CRISIS SUPPORT PROTOCOL" ON PAGE 17.

I. WHAT IS DISTRESS?

In your role as faculty or staff, you may be **the first to notice** a student who is experiencing difficulty or distress.

"Difficulty" or "distress" are terms to describe emotions or feelings that interferes with a person's ability to carry out day to day activities.

The root causes of distress can be complex and determined by a person's social, economic or physical environment, and/or a person's individual characteristics and behaviours. The context of people's lives impact their health and it is unlikely that any one person can directly control many of these factors.

A student may be experiencing distress because of barriers, challenges, and changes that feel out of her/his control. They may confide that they are dealing with a crisis or significant life event.

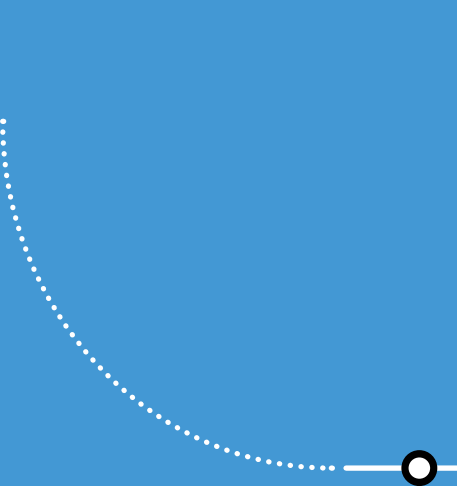
Common problems are stress, self-doubt, relationship issues, undiagnosed mental illness, addiction, financial strain and work obligations compounding the stress of academic life. Death of a family member, illness, or recovery from traumatic events

can overload a student's usual coping skills and create an immediate crisis.

Without support, the student may be at academic risk due to the nature and degree of difficulty.

You may notice behaviour within the classroom that suggests the student is having difficulty coping and question when and how to intervene in order to begin a dialogue with the student.

Be observant for changes in a student's regular behaviour. There are however, some common signs of distress that alone and in combination, may suggest that a student is **experiencing difficulty** and may benefit from **health and well-being** supports.



TIMES OF YEAR THAT CAN FEEL MORE STRESSFUL
FOR OCAD UNIVERSITY STUDENTS:

September – November

These months are particularly high stress for first year student and students in general as they settle into the new academic year.

End of Semester

Typically as the end of each semester closes, students are under increased stress academically and also financially.

End of Final Year

Students transitioning out of the University may be concerned about their career and life outside of the University.

Thesis/ Major Research Project

Critiques

II. RECOGNIZING SIGNS OF DISTRESS

Often, there are signs that a student is experiencing distress long before a situation escalates to a crisis. You may notice signs of distress in a student and feel concerned about the student's well-being. Or you may have a **"gut-level feeling"** that something is amiss.

A simple check-in with the student may help you get a better sense of his or her situation. It is possible that any one indicator of distress, by itself, may simply mean that a student is having an "off" day.

Student might exhibit a number of the following signs of distress:

ACADEMIC INDICATORS

- Increased absence from class or studio
- Lack of participation
- Missed assignments, exams, or appointments
- Continual seeking of extensions
- Deterioration in quality/ quantity of work
- Extreme disorganization
- Inconsistent performance
- Expression of unusual violence, morbidity or despair
- Unusual response to grades or other evaluations

BEHAVIOURAL & EMOTIONAL INDICATORS

- Angry or hostile outbursts
- More withdrawn or more animated than usual
- Expressions of hopelessness or worthlessness
- Crying or tearfulness
- Expressions of severe anxiety or irritability
- Excessively demanding or dependent behaviour
- Shakiness, tremors, fidgeting, or pacing

PHYSICAL INDICATORS

- Deterioration in personal hygiene
- Falling asleep in class repeatedly
- Noticeable cuts, bruises, or burns
- Frequent or chronic illness
- Disorganized, rapid or slurred speech
- Unusual inability to make eye contact
- Coming to class bleary-eyed or smelling of alcohol
- Visible changes in weight
- Statements about change in appetite or sleep

III. SUICIDE

Six to nine percent of post-secondary students seriously contemplated suicide in the past 12 months.

Research indicates that if you talk openly, directly and honestly about suicide with people, it reduces risk factors and stigma within a community. As members of the OCAD U community it is important to be able to identify common risk factors of suicide in post secondary students.

It is normal to feel nervous at the prospect of a student having suicidal thoughts. It is not your job to keep the entire campus or even your own classroom safe—this is a shared responsibility. The OCAD U Health & Wellness Centre has trained staff who can **help you** and the student.

It is also normal to **feel nervous about under-reacting and/or overreacting** to concerns about suicide in our students because we are consistently overwhelmed with stories of students' struggling, both in the media and in our own personal interactions with students.

Being confident in the common risk factors and warning signs associated with suicide in post-secondary students and trusting the trained professionals at the Health & Wellness Centre will help alleviate some of your worries in the moment.

Your role is to identify common risk factors and be comfortable having a conversation about suicide. It is not your responsibility to assess a person's risk of suicide; only trained professional staff can make that determination.

Some individual risk factors and warning signs for suicide for you to be aware of are listed below. If you notice these signs it may be appropriate to ask if the student has been thinking about suicide.

INDIVIDUAL RISK FACTORS

- Serious physical or mental health issues
- Alcohol and drug abuse
- Major loss
- Previous suicide threat or attempt
- Major life changes (in addition to normal developmental life changes)
- History of suicidal ideation and attempts
- Have a current suicide plan, are preparing for suicide
- High level of impulsivity
- Lack appropriate coping skills

WARNING SIGNS

- Remarks about death, dying, suicide, and/or a desire to die
- Expressing feelings of hopelessness or helplessness
- Increasing or excessive substance use
- Withdrawal from family, friends and/or society
- Dramatic changes in mood
- Expressing feelings of being trapped with no way out
- Anger or seeking revenge
- Seeking access to a means to attempt suicide
- Evidence or expression of suicide plan
- Acting reckless
- Giving away possessions and/or putting personal affairs in order

IV. NON-SUICIDAL SELF-INJURIOUS BEHAVIOUR OR SELF-HARM

Non-suicidal Self-injurious Behaviour (NSSI) is the term used to describe what you might already know of as ‘self harm’. Self-harm is intentional behaviour that someone might engage in that is harmful to his or her own well-being.

Common behaviours that you might see in a person who self injures are **cutting, burning one's body** or banging one's head. Sometimes people engage in self-harm behaviour and the intention is not to end one's life. A person may engage in NSSI for a number of reasons, for instance, to feel physical pain, punish oneself for being “bad,” and/or to control feelings.

If a student is engaging in NSSI, your role is to offer reassurance and refer the student to the OCAD U Health & Wellness Centre.

V. CHOOSING A SUPPORT PATHWAY

There are a number of pathways to choose from once you have identified a student in distress: speaking directly with the student, contacting your supervisor, or referring the student to the appropriate resource.

IF YOU HAVE RAPPORT WITH THE STUDENT

Speaking directly with him/her may be the best option. Begin the conversation by expressing your concerns about the specific behaviours you have observed.

IF YOU DO NOT REALLY KNOW THE STUDENT

You may prefer consulting with one or more of these resources in the case of a **non-emergency**:

- Your Supervisor/ Program Chair/ Graduate Program Director
- **OCAD U Health & Wellness Centre**, 416-977-6000, Ext. 260
- **OCAD U Security & Emergency Services**, 416-977-6000, Ext. 366

Your decision about which path to choose may be influenced by:

- Your level of experience
- The nature or severity of the problem
- Your ability to give time to the situation
- A variety of other personal factors

Regardless of the circumstances or context, any reference to ending one's life must be taken seriously.

ANY ONE SERIOUS SIGN SUCH AS MENTIONING THOUGHTS OF SUICIDE OR A CLUSTER OF SMALLER SIGNS INCLUDING EMOTIONAL OUTBURSTS, REPEATED ABSENCES FROM CLASS, AND NOTICEABLE CUTS ON THE ARM INDICATES AN URGENT NEED TO TAKE ACTION ON BEHALF OF THE STUDENT.



C. ENGAGE

HAVE A DIRECT CONVERSATION WITH THE STUDENT, IF YOU FEEL COMFORTABLE DOING SO. WHILE RESPECTING THE STUDENT'S RIGHT TO CONFIDENTIALITY, TALK TO THE STUDENT TO GATHER MORE INFORMATION FOR APPROPRIATE RESPONSE AND REFERRAL.

I. TERMS OF SUPPORT

These Terms of Support offers an approach for understanding how to create a safe, dignified and productive interaction between you and the student. Use this as a guiding framework for your interaction with the student:

START WITH THE STUDENT

Start with where the student is at. Remember that difficulty, hurt or distress are a part of the human experience and that you are there to help serve the needs of the student by offering them comfort, resources and a referral. Understand that people come from all walks of life and that cultural influences impact how people experience and talk about health issues.

RESPECT BOUNDARIES

There are boundaries around your ability to respond to a student in distress as a support person. Your ability to respond is influenced by a number of personal and professional factors (see "[Choosing a Support Pathway on page 19](#)").

BE JUDGEMENT-FREE

Check your own judgments, prejudices and assumptions around your perceptions of the student, situation and mental health issues. These all influence the way you implicitly and explicitly respond to a scenario.

EMPOWER

Where possible, encourage the student to participate in taking actions or making changes that encourage her/him to access help resources. Presenting the student with options for pursuing mental health supports can help give the student greater choice and control over the situation.

OFFER HELP THE BEST WAY YOU KNOW HOW

There is no prescriptive recipe for supporting a student in distress. Each situation is contextual, unique and complex. Use this guide to help you better position yourself as someone who can respond and refer the student to a support service on campus.

SELF-CARE

Responding to emotional distress can be rewarding, difficult and/or draining. If you are healthy and taking care of yourself, you will be better able to support others. (More on "[3. Self-Care](#)" on page 32.)

II. CONFIDENTIALITY

It is important to maintain confidentiality with respect to your interaction with the student. At the same time, **avoid making sweeping promises of confidentiality**, particularly if the student presents as a risk to themselves or to others.

In circumstances, where students are at risk of harming themselves or others it is necessary to breach confidentiality to ensure the safety of those at risk.

When disclosing, only disclose details necessary to ensure the student's safety. Students may ask you if you will keep what they say confidential.

You might say: *"Everything you say is confidential unless I am concerned about your well-being and if that is the case I may want to talk with my supervisor to ensure I am helping you the best way possible."*

Maintaining confidentiality for students with disabilities is also a vital procedural component of the duty to accommodate process.

III. HAVE A CONVERSATION

Try to understand the person's situation better so you can gather more information about what the student is experiencing and to make an appropriate referral.

Actively listen to the student by focusing your attention on her/him and reflecting back what she/he is expressing. You may even find yourself having multiple conversations with a student, over time. By actively listening, you help the student **feel** that she/he is being listened to, **valued** and **understood**.

GENERAL TIPS

- Encourage the student to speak uninterrupted while you listen attentively
- Listen without offering judgment or advice
- Avoid problem solving or making promises
- Allow for silences in the conversation
- Ask for clarification rather than make assumptions
- Meet privately with the student (choose a time and place when you will not be interrupted)

It is OK to ask a student if they are experiencing thoughts of suicide or have plans to harm themselves or others. Asking the question will not "put ideas in their head".

BELOW ARE SOME TIPS AND EXAMPLES OF HOW YOU CAN HAVE A CONVERSATION WITH A STUDENT ABOUT YOUR EXPRESSED CONCERNS:

EXPRESS CONCERN | Communicate your care, understanding & acceptance of where the person is at.

Set a positive tone

Point out specific changes you've observed about the student such as changes in behaviour, attitude, etc.

Clearly express your care and concern for the student and that you are there to support her/him

I know it doesn't feel like it right now, but there are so many supports on campus and we will get you through this.

I've noticed you've been crying in class and have left class on a number of occasions. I am concerned about you.

IDENTIFY RISK OF SUICIDE & HARM

If there are signs of safety risk, ask if the student is considering suicide.

Talk to the student in a safe and private place

Ask direct questions

Asking directly about suicide helps break down the silence and stigma associated with suicide.

Ask the person if they have a plan
The person may indicate that she/he is having suicidal thoughts and has a plan to carry this out

Sometimes when we are under intense stress like you are experiencing, we can have thoughts of wanting to hurt ourselves. Have you have had or are you having thoughts like that?

Are you planning on taking your own life?

Research indicates that if you talk openly, directly and honestly about suicide with people, it reduces risk factors and stigma within a community.

LISTEN, VALIDATE NON-JUDGMENTALLY & ENCOURAGE HEALTHY COPING |

Ask questions that help you gather more information about the situation in order for you to help make an appropriate referral. To validate is to acknowledge to the other person that you have heard and understand what is being communicated

Actively Listen & Validate

- Listen for key words
- Ask open-ended questions
- Normalize the situation
- Repeat facts and expressed emotions the person has shared
- Suggest words that could help articulate feelings that are expressed
- Avoid making assumptions about the person's situation
- Mention positive help seeking behaviours that the student has showed by asking for help

Encourage Healthy Coping

- Cheer-lead – validate the students' strength and ability to cope/survive
- Reinforce progress towards goal – reinforce the small steps
- Negotiate – offer the options you are willing to offer and have clear limits
- Suggest alternatives to the behaviour if possible

Offer Hope

- Assure the student that the situation can get better
- Give the student hope and encouragement. This can help build alliance, calm high emotions, and encourage support seeking behaviours.

Can you tell me more about what happened?

It sounds like you're feeling frustrated with your parents.

That sounds so tough, I am sorry to hear you are going through such a hard time.

It sounds like you've reached out to other people for support. This is great to hear.

What do you think will help you get back on a healthy path?

So, what you are saying is you are feeling overwhelmed with school, money and your family and you need an extension for one week?

It sounds like things are tough right now. But it doesn't mean things will always be this way.

MAKE A PLAN | Based on what you know about the situation, make a plan to refer the student to the appropriate services/ resources where there are trained professionals who can help.

(See "A. Student Crisis Support Protocol" on page 17 and "D. REFER" on page 30.)

- Let the student know that there are resources on and off campus that they can seek support at

- Assertively suggest that the student seek the support of the Health & Wellness Centre and/or Security & Emergency Services

- Offer to contact the resources yourself, while the student is still in your office

- Offer to sit with the student while she/he places the call

- Offer to accompany the student to the appropriate resources

FOLLOW UP | Offer to follow up with the student to see how she/he is doing and see if the referral was helpful Ask the student how things are doing

- Follow up with any academic issues that may have been impacted by the distress scenario.

There are some services on and off campus that have people you could help you work through this situation.

I know that talking has been difficult. Thank you for sharing.

I am very concerned about you and I think it would be a good idea for you to go to HWC.

I think it may be helpful to speak to one of the counsellors at the HWC. Can I call them and set up an appointment for you?

How about we call the HWC and see if someone can see you right now.

I'd really like to hear how things are going with you. Would you feel comfortable checking back?

I know you can figure this out, I want to help you be successful both academically and personally. Let me know how the appointment goes and we'll plan for making up the missed work.



D. REFER

EXPLAIN THE LIMITATIONS OF YOUR KNOWLEDGE AND EXPERIENCE AND REFER THE STUDENT TO THE APPROPRIATE SUPPORT RESOURCE, AS LISTED IN THE "A. STUDENT CRISIS SUPPORT PROTOCOL" ON PAGE 17.

I. MAKING A REFERRAL

- Provide student's first & last name
- Refer to the Protocol to determine the contact on campus
- When disclosing information, only
- disclose details necessary to ensure the student's safety
- Provide the student with referral material

HEALTH & WELLNESS CENTRE

- You may call Health & Wellness Centre (HWC) at anytime for a confidential consultation with a mental health clinician
- Have the student come to HWC on their own accord or consider accompanying the student
- Call and let HWC know the name of the student you are referring and nature of your concerns
- If it is urgent, specify urgency. This
- will ensure that HWC to make a note and watch out for this student
- Alternatively you can have HWC to reach out to the student if you get permission from the student
- The HWC will not contact a student without her/his consent, unless there is a risk or safety concern

II. REFUSAL OF REFERRAL

In **non-emergency situations**, it remains the right and responsibility of the student to access supports. Restate your concern and recommendation that the student access support services.

Acknowledge that it is the student's choice to take the referral and reinforce that taking that step may help them reach positive change. You might want to offer to meet with the student again once they have had time to think about this decision. It can help to keep the lines of communication open. You can invite the student back to follow up.

III. CONFIDENTIALITY

It is important to maintain confidentiality with respect to your interaction with the student. However, in circumstances where the student is at risk of harming himself/ herself or others, it is necessary to share information as specified in the guide, to ensure the safety of those at risk.

During high distress situations, it is possible for a Health & Wellness counsellor to visit a student on campus, outside of the Health & Wellness Centre



3. SELF-CARE

Supporting students who are experiencing difficulty and personal challenges **can bear a lot of weight on the person offering support**, mentally, physically, and emotionally. Consequently, after offering support to another person in crisis, contact your supervisor to report the incident and to debrief.

It is important to take care of oneself on an ongoing basis for one's general health and well-being. Being well also enables a person to be a better support for another.

For instance, if you have flown in an airplane before, you might remember in the safety instructions that when the cabin air pressure is low, it is important to secure your own oxygen mask first before assisting others with theirs. Using this analogy, we acknowledge the importance of taking care of oneself first before she/he is a place to be a sound support for another person.

Additional pathways for seeking self-care include the following:

Staff and Faculty who have Long-Term Disability coverage can seek additional supports from the [Employee Assistance Program](#) at **1-877-630-6701** which is available 24/7 and completely confidential. Support is available for situations ranging from crisis to obtaining assistance for the first time.

Staff and Faculty without coverage can seek community supports and/or contact their family doctor.

Here are some tips that can help you take care of yourself and help you to reduce burnout:

- Validate yourself since stress is understandable
- Seek support from colleagues
- Assume responsibility for observing your personal limits and being honest and clear with yourself and others about your limits
- Take time out for yourself to engage in healthy activities that help you relieve stress (e.g., go for a walk, meet with friends, etc.)

SUPPORTING PEOPLE WHO ARE
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It is important to take care of oneself
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health and well-being.



4. RESOURCES

A. CAMPUS RESOURCES

HEALTH & WELLNESS CENTRE

Medical & Counselling Services

Monday to Friday, 9 a.m. to 4 p.m.

ADDRESS | 230 Richmond St. West, 6th floor

PHONE | 416-977-6000 Ext. 260

EMAIL | hwc@ocadu.ca

Walk-in or Make an Appointment

ASSOCIATE VICE-PRESIDENT, STUDENTS

Deanne Fisher

ADDRESS | 230 Richmond St. West, 11th floor

PHONE | 416-977-6000 Ext. 2580

EMAIL | dfisher@ocadu.ca

Make an appointment: call or email

SECURITY & EMERGENCY SERVICES

Medical, Crisis Intervention, Crime Prevention

See Hours of Operation

ADDRESS | Main Lobby, Security Console, 100 McCaul St,

EMERGENCY PHONE | 416-977-6000 Ext. 511 or pick up the **Red Phone** on campus

NON-EMERGENCY PHONE | 416-977-6000 Ext. 366



B. COMMUNITY RESOURCES

EMERGENCY

PHONE | 9-1-1

GOOD2TALK POST-SECONDARY HELPLINE

Counselling & Mental Health Resources

Available 24/7/365

PHONE | 1-866-925-5454

WEB | Good2Talk.ca

DISTRESS CENTRES OF TORONTO

Distress & Crisis Line

Available 24/ 7 /365

PHONE | 416-408-HELP (4357)

WEB | TorontoDistressCentre.com

TELEHEALTH ONTARIO

Health Advice & General Health Information from a Registered Nurse

Available 24/7/365

PHONE | 1-866-797-0000

TTY | 1-866-797-0007

GERSTEIN CRISIS CENTRE

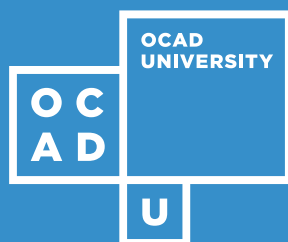
Crisis Counselling & Referrals

100 Charles St, East, Toronto

24 H CRISIS PHONE LINE | 416-929-5200

REFERRAL PHONE LINE | 416-929-9897

WEB | GersteinCentre.org



March, 2015 — v.2