President's Task Force on Student Mental Health

Student Mental Health Implementation Task Force
Year One 2013-14 Update to Community

Summary

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

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

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

It is important to recognize that contributions to this work were made by many individuals in various roles throughout Mount Royal University. For example, an Implementation Committee was established to develop an implementation plan and a conceptual framework to guide and support the recommendations. This implementation framework captures progress and assessment of the work being done to advance the recommendations. The implementation plan acts as a roadmap and assists in directing ongoing and future work.

The recommendations build upon established services, such as Student Counselling Services, Health Services, and the SAMRU Peer Support Centre that having been meeting the needs of MRU students for several years. The following document provides highlights of work conducted in the 2013-2014 year as outcomes of the President's Task Force on Student Mental Health and its recommendations.

The mental health website brings together mental health resources found on campus and in the community. It also creates space for newer resources such as the Mental Help Folder which was designed by a working group of students, staff and faculty. A hard copy of this folder has also been disseminated to 750 MRU community members. The website also centralizes training and education programs to increase awareness of mental health and reduce stigma of mental illness. Mental Health First Aid was introduced as well as The Working Mind Program.

An online resiliency and stress management tool, Breathing Room was launched in November 2013 to the MRU community. This resource is highlighted and accessed through the MRU mental health website.

A Faculty Survey was developed and disseminated in winter 2013. The focus of the survey was to gather information about the Faculty experience of student mental health and knowledge of resources available for students. A summary report was created in April, 2013.

A Mental Health Nurse Coordinator position was established and integrated into Health Services. The nurse supported individuals accessing Health Services for mental health concerns.

Continued collaborative work is underway with the office of University Advancement to develop and implement a comprehensive communication plan for mental health messaging and information.

Two proposals were developed towards the end of the first year. These include the support for a Mental Health Facilitator role to further the work of the recommendations. As well, a proposal for the Office of Student Success was developed. An element of this new office will be to implement an Early Alert System. The intent of the system is to design an intervention/alert mechanism to support students in many facets of their academic careers, including mental health. Both proposals were approved.

Respectfully Submitted By:

Student Mental Health Implementation Task Force:

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In May 2013 the *President's Task Force on Student Mental Health* delivered a report outlining their process of working with the *Post-Secondary Student Mental Health Guide to a Systemic Approach* developed by the Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association.

The report contains several recommendations that when implemented would act to enhance existing services or create new initiatives to support students at Mount Royal University. These recommendations were divided into timelines of one-three years, three-five years, and five-eight years. With year one having passed, we are pleased to report on the progress made on the years one-three recommendations.

Recommendation	Rationale	Progress	Next Steps
Explore and design a peer-to-peer model for implementation in 2014-2015.	Students build capacity and lifelong skills around resiliency, health and wellness. Program created by students for students.	Students are connecting with Mental Health Facilitator. Researching training materials.	Mental Health Facilitator to continue to connect with students to form larger group interested in peer work.
Implement messaging thread for NSO (New Student Orientation)	Inclusive campus message begins when students arrive on campus. Helps students to learn they won't be alone if feeling overwhelmed.	Message in NSO speech and Fall address 2014 to employees.	Continues to be part of communication matrix with tools and tactics.
Implement on-line resiliency resources for all students.	Build capacity to help students learn resiliency and stress management skills with increased accessible resources.	Breathing Room launched Nov 2013. Analytics and Focus group data collected. 388 users in first year. Student users report "transformational impact." Funding secured for use of Breathing Room program 2014-2015.	Collect more data on outcomes for students. Potential uptake in UEO/Child Studies with research attached – to commence 2015. Continued promotion of program. Share results of Communications Studies research with program developers.
Increase number of podcasts related to mental health continuum.	Students gain awareness of resources. Gain insight into their own mental health and coping strategies.	A baseline of podcast numbers has been collected. The "You are Not Alone" podcast is being used by a British campus.	Recognize that more is not always better. Rather, ensure message stays current and visible. Increase views of current podcasts.

Recommendation	Rationale	Progress	Next Steps
Develop a comprehensive communication plan for mental health messaging and information (including services, programs, resources, training opportunities, referral processes)	Mental health website would bring the resources together and create space for newer resources such as the "Mental Help" folder, Breathing Room, on and off campus mental health resources.	Communication plan is being developed. Mental help folder has been created and delivered to 802 employees. Wellness website as well as President's page has messaging on student mental health.	Mental Health Facilitator will have a role in this. Timelines and tactics are being developed by University Advancement.
Create a repository to "house" current work/initiatives of the President's Task Force on Student Mental Health/Action Groups/Initiatives.	A space is required to "house" the work we are doing to support student mental health, e.g. PTFSMH Report and Recommendations and Implementation work.	Discussions with UA showed that a content expert prepares what needs to be highlighted. (Mental health awareness week for example)	Mental Health Facilitator will meet with UA.
Develop an assessment plan and strategies to measure impact of mental health initiatives.	Important to have assessment of initiatives to guide future work and have evidence of impact.	Assessment plan is being developed and many recommendations are being tracked as well as recommendations related to what is needed for assessment (i.e. referral tracking)	Plan is being developed. Needed assessment tools have been recommended for 1-3 year recommendations. Meetings between Pat Kostouros and Mental health facilitator to continue into winter/spring 2015.
Ensure Human Rights policies and procedures related to mental health accommodations, including academic accommodations, are available and implemented appropriately. (Diversity and Human Rights/Accessibility Services)	Human Rights policies and procedures need to include and be supportive for mental health concerns/illnesses.	Policy developed and sent to Board of Governors. Bonified Educational Requirements group working on procedures. Focus on matching students with appropriate placements for accommodations.	Follow up with report findings from the Bonified Educational Requirements group. See General Faculties Council website for minutes from November 2014 meeting.

Recommendation	Rationale	Progress	Next Steps
Recommend the development of a mental health strategy for employees at MRU	Employees stated on several occasions the need for attention to support themselves as being a piece of supporting students.	Meetings with Human Resources have taken place. Employee Wellness Committee active fall 2014.	Follow up with Human Resources. The Working Mind program is being offered to employees in winter/spring 2015.
Develop criteria for physical space conducive to wellbeing. i.e. Community building, comfortable, accessible, lighting and ergonomic considerations, single/group settings.	The physical environment impacts wellbeing. Guidelines or recommendations are needed to support creating spaces which facilitates wellbeing.	Report has been completed.	Follow up when budget allows for development of plans.
Support increased awareness and education related to Universal Instructional Design. Awareness of the duty to accommodate students and determine essential course and program requirements. (Diversity & Human Rights/Accessibility Services)	Duty to accommodate is legislation; universal design complies and supports accommodations.	Policy has been developed and sent to Board of Governors. Distributed at November General Faculties Council. Messaging added to New Faculty Orientation.	Report to go out to existing faculty.
Support increased awareness about diversity in the classroom.	Lack of understanding and awareness can lead to discrimination.	Policy developed. May need program.	Will work with ADC in coming year to develop potential programs. Faculty to be informed about policy.
Develop concise and practical tools for new and returning faculty to facilitate response/support student mental health. (ie. Mental Help Folder)	Important faculty know how to respond to students in distress.	Survey developed, delivered and analysed Winter 2013. Results shared with faculties.	Post survey has been developed, and will be delivered and analysed in winter 2015.

Recommendation	Rationale	Progress	Next Steps
Analyze faculty and instructional staff survey and respond to needs of faculty to support student mental health in the learning environment.	Faculty were asked and it is important to follow up based on their feedback. This increases relevancy of resources.	Results speak to need for training modules & resources. Resource for referral was developed and implemented. 750 people attending presentations about resources. 2000 mental help folders printed and 750 distributed.	Training modules will be developed 2014-2015.
Offer Mental Health First Aid (MHFA) 12-hour sessions to targeted & general or interested campus community members, 5 sessions per year.	To increase skills and knowledge of MRU community members.	Decision that these in depth trainings are not meeting our needs. Will offer three sessions 2014-2015 and end this program.	Different curriculum to be ready for 2015-2016 academic year.
Increase opportunities to share data on mental health statistics and facilitate conversations on campus to increase awareness, i.e., University Leadership Group, SAMRU, Board of Governors, etc	Important for MRU community members be aware and understand need for initiatives based on data.	Implementation plan developed. UA will develop message threads. Use of digital displays with mental health data increased.	Department meetings in Fall 2014. Included on agenda at Dean's council/PAC.
Create/enhance website to assist faculty and staff with communicating mental health resources for students and facilitate a referral process.	Improved information-sharing about available resources: to increase awareness of services, to improve quality of referrals, and to increase appropriate usage of services.	Wellness service website has been updated with mental health information. Mental Help folder can be accessed on-line.	Will track numbers for usage and access.

Recommendation	Rationale	Progress	Next Steps
Create/enhance access the information via easy navigation for students seeking mental health information, support and services, i.e., Campus Connect.	Reduce process complexity and eliminate roadblocks to students' finding and accessing resources to help them during difficult times.	List exists and is being given to students when triaged. Mental health nurse accessed by physicians and psychiatrists 896 times from Sept 2013 – May 2014.	Create a medical records system for mental health access/referral. Start tracking informal consultations (security, counsellors, de-escalation). Mental Health nurse shares referral list with counsellors.
Utilize social media to enhance knowledge and access mental health information, services, and support.	Reach out to students using their preferred communication tools. Using their tools helps makes message more palatable/accessible/comprehensible.	Digital displays have been used to send messages. UA working on plan. Podcasts still being accessed. Samru's Digital Pathways project underway Sept. 2014.	Mental Health facilitator to ensure message stays to the front. Continued support of Digital Pathways project.
Develop MRU's *"Red Folder"* concept and distribute to every faculty member (FT and PT) and other community stakeholders	Improved information-sharing about available resources: to increase awareness of services, to improve quality of referrals, and to increase appropriate usage of services	750 people attending presentations about resources 2000 mental help folders printed and distributed	Post survey Fall 2014 to assess use of folder and further needs Track session attendance to stakeholders other than faculty
Support increased awareness of the "Concerning Behaviour Campus Team" (CBCT)	Recognizes there are many places where students will share their need for help. Shared information ensures students receive coordinated, effective, consistent response.	CBCT is a resource on Mental Health website and Mental Help Folder. CBCT team meetings/consultations are underway.	Discuss once the process underway is complete.

Recommendation	Rationale	Progress	Next Steps
Develop and implement a communication strategy (multi-approach) to ensure students are aware of programs and services on campus to contribute to increasing coping skills and building self-management skills. Follow the student life-cycle to ensure communication is timely/relevant (Comprehensive Communication Plan)	Improved information-sharing about available resources: to increase awareness of services, to improve quality of referrals, and to increase appropriate usage of services.	UA has ensured that part of a position focuses on mental health messaging. UA developing timelines and tactics. Tracking system recommended.	New positions in UA and mental health facilitator to meet in Fall 2014.
Build capacity to support students experiencing mental health challenges by strengthening referral/links within and to off-campus services,(Alberta Health Services)	Teaching students to help take care of them may help improve mental health while also reducing incidence of crises. Investing in skill development may reduce dependence on crisis intervention.	System for tracking and referral are being discussed. Students are being referred to Access Mental Health.	Follow up with tracking and referral system and collect data.
Complete the resource database developed by the Resource Action Group and ensure this is part of the comprehensive communication strategy.	An important tool to improve information-sharing about available resources: to increase awareness of services, to improve quality of referrals, and to increase appropriate usage of services.	Referrals are being made. Numbers are presently being collected. UA working on plan for how to communicate we have resources.	Will work with UA for content. Need to look at analytics for use of the database. Look at how people are finding out about services.
Support the development of campus wide initiative to inform any campus community member to respond to the crisis needs of a member in our community, ("red folder", CBCT, security, 911, etc.)	Training will help increase staff's confidence in recognizing people in distress and information will help ensure they make responsible referrals.	Mental Help folder developed and delivered. 802 employees received folder and attended mental health presentations by Wellness Services staff.	Post-survey to look at use of folder and further needs has been done for faculty. Develop survey for all community members.

Recommendation	Rationale	Progress	Next Steps
Communicate/post Distress Centre information for everyone to be aware of and anyone to access anytime, especially after hours.	Ensure reasonable 24/7 access to adequate supports, while recognizing the limits of campus ability to serve.	Numbers have been posted around the university. Mental Health nurse referring to Access Mental Health. New student club "Distress Centre on Campus Club" established October 2014.	Tracking system or intake form questions may assist with knowing if this is enough. Promote and support Distress Centre on Campus Club.
Establish process for appropriate "information sharing" to support and respond to someone experiencing a mental health crisis "by attempting to obtain signed/informed consent.	Improve information-sharing, community learning, data collection and evaluation based on reliable inputs.	Forms are being developed by mental Health nurse.	Follow up to ensure forms are completed and useful.