

**Provost's Advisory Committee
on Mental Health**

ANNUAL REPORT

May 2015

1. Introduction

The Provost's Advisory Committee on Mental Health (PACMH) was established in June 2013 to build upon the recommendations of the 2012 [final report](#) of the Principal's Commission on Mental Health. PACMH is responsible for "...coordinating, reviewing, and reporting on the progress of, mental health initiatives across the university."

Members for 2014-15 include:

Lorne Beswick	SGPS Representative
Mike Condra	Director, Health Counselling and Disability Services
Laeque Daneshmend	Deputy Provost (Chair)
Philip Lloyd	AMS Representative
Roumen Milev	Head, Department of Psychiatry
Kim Murphy	Director, Office of the V-P (Finance & Administration)
Ellie Sadinsky	Executive Director, Office of Student Affairs
Ann Tierney	Vice-Provost and Dean of Student Affairs
Mike Young	Rector

The PACMH met four times over the 2014-2015 academic year. In addition, the Deputy Provost had separate meetings with the Associate Deans from each faculty/school; the Vice-Principal (Advancement); and the Chair of the Senate Committee on Academic Procedures.

This second annual report of the PACMH consists of:

- Updates on the implementation of key recommendations of the report of the Principal's Commission on Mental Health (2012).
- Progress to date on the 16 priority initiatives identified in PACMH's first annual report (June 2014).
- Updated data and metrics from Health, Counselling and Disability Services (HCDS) for mental health related service delivery (Appendix 1).

2. Implementation Progress on recommendations of the Principal's Commission on Mental Health

The university continues to implement the more than 100 recommendations made in the report of the Principal's Commission on Mental Health. Developed through extensive consultation with the Queen's and wider Kingston community, these recommendations are organized in a pyramidal structure reflecting four levels of action:

1. Promoting a healthy community
2. Transitions and resilience
3. Encouraging help-seeking and helping behavior
4. Effective response, service and care

This section of the PACMH report highlights 2014-2015 activities and initiatives that respond to, and/or align with, those recommendations. In many cases, these initiatives have a broader focus and support objectives beyond the specific recommendations.

Promoting a Healthy Community

- Launching new programs in response to a [2013 student wellness survey](#);
- Athletic and Recreation's ["Get Your 150"](#) (minutes of physical activity per week) campaign;
- Peer-led health promotion workshops and resources focusing on:
 - the importance of sleep;
 - managing back pain, and
 - how to practice 'safe tech', and
- A new financial literacy program delivered by the [Chaplain](#).
- Increasing recreational athletic opportunities for students by opening the Miklas and McCarney artificial turf fields on West Campus;
- Introducing two university awards, the [Peer Leadership Award](#) and the [Brian Yealland Community Leadership Award](#), to promote student engagement and peer support on campus and in the Kingston community;
- Launching a weekly sexual assault survivor support group, PEGaSUS;
- Developing and releasing an interim sexual assault support and response protocol ([Sexual Assault Prevention and Response Working Group](#));

- Launching a [Hazing Prevention and Response](#) Task Force, co-chaired by Student Affairs and the AMS; and
- Exploring the feasibility of, and possible options relating to, introducing a fall-term break. The Senate Committee on Academic Procedures (SCAP) has been tasked by Senate to do this work.

AMS highlights

- The Campus Activities Commission forged a stronger partnership with Athletics & Recreation on events such as the Yoga Rave;
- The AMS Food Bank broke ground on a community garden;
- The Municipal Affairs Commission continued to prioritize programs designed to engage with youth and seniors within the Kingston community, while continuing to make its annual \$20,000 donation to United Way of KFL&A;
- A number of new AMS clubs were ratified, including "Elephant in the Room";
- The Mental Health Awareness Committee had strong participation and attendance;
- Bikes and Boards had record visits; and
- Thousands of dollars in grants were distributed to students groups and organizations wishing to make a positive difference on campus.

Transitions and Resilience

- Expanding peer-to-peer-content of [Summer Orientation to Academics and Resources](#) in response to participant feedback;
- Introducing an early move-in and transition program for first-year international students called [ATLAS](#);
- Tripling the capacity of the first-year fall term [Q Success](#) transition program;
- Increasing the capacity at the [Ban Righ Centre](#) for support to women returning to education after a time away or continuing their education while juggling family responsibilities;
- Expanding outreach by the [Chaplain](#) to faith groups on and off-campus as the student population continues to diversify;
- Increasing [outreach to parents and guardians](#) of first-year students to assist them in supporting the transition to Queen's;
- Launching ["It All Adds Up"](#), a year-long social media campaign to help students see how their academic and extra-curricular activities can position them for post-graduation opportunities and success. This is a partnership between Career Services in Student Affairs, and the AMS;

- Establishing a [“Queen’s Connects” group in LinkedIn](#) to provide an online forum for students to have career conversations and network with alumni. This initiative is a partnership between Career Services and Alumni Relations.

AMS Highlights

- The [Peer Support Centre](#) shattered records with respect to the number of peer-on-peer sessions;
- Students accessed the [Academic Grievance Centre](#) to a greater degree this year, both for small and large cases;
- Orientation Week continued to provide meaningful programs and activities designed to ease the transition, with a specific emphasis placed on leader training;
- The AMS Food Bank re-branded itself to ensure greater student awareness; and
- Thousands of dollars of bursaries were distributed to students in financial need who wished to fully participate in their extra-curricular environment.

Encouraging Help-seeking and Helping Behaviour

- Developing [three self-help on-line workbooks \(Counselling Services\)](#);
- Participating in the province-wide [‘More Feet on the Ground’](#) online training initiative;
- Launching a new 3-hour [mental health workshop](#);
- Implementing [the jack.org/Queen’s Student Initiative Fund, through the Office of the Provost](#), to fund student-led special projects with a focus on mental health awareness, promotion, and stigma reduction;
- Expanding the [Bounce Back program](#) to first-year students in all Faculties/Schools.

AMS highlights

- The [Peer Support Centre](#) had two wildly successful campaigns in each semester, PSC TALKS and PSC CARES, which contributed to greater usage of the centre;
- The Academic Affairs Commission ran an equally successful campaign, "Profs Unplugged: Moving Failure Forward," designed to ease the pain of failure and show students that they are not alone; and
- The Marketing & Communications Office continued to highlight the numerous peer-run and professional services designed to support students on campus.

Providing Effective Response, Service and Care

- Embedding a counsellor at the School of Medicine, bringing the number of outreach counsellors to eight (from three in 2011-12) as follows:

<i>Outreach Counsellor Location</i>	<i>Funding</i>
JDUC	Student Affairs
Residences (2)	Student Affairs
Queen's School of Business	QSB
School of Medicine	Faculty of Health Sciences
Engineering and Applied Science	Donor (100% for first 2 years, then 50% donor and 50% university-funded)
School of Graduate Studies	Donor (100% for first 2 years, then 50% donor and 50% university-funded)
Faculty of Education/West Campus	Donor (100% for first 2 years, then 50% donor and 50% university-funded)

- Adding 1.2 FTE advisor positions in the Disability Services Office (almost doubling advisor level since 2011-12);
- Completing an [external review of HCDS](#) to affirm and/or identify opportunities to enhance the provision of services. The review resulted in 41 recommendations. Among the first steps being taken include:
 - Plans to change the name of the [Disability Services Office](#) to replace Disability with Accessibility (exact name is currently being finalized)
 - Plans to change the name of HCDS to Student Wellness Services;
 - Creating an Executive Director, Student Wellness Services, who would be responsible for overall strategic direction and administration to support an integrated model of service delivery for student support;
 - Participating in the planning for a new larger space at 67 Union St.

AMS highlights

The AMS continued to be at the table, engaging in the [HCDS Review](#), the [Sexual Assault Prevention & Response Working Group](#), the Student Services Strategic Planning Exercise, and many more, with conversations and feedback continuously solicited at AMS Assembly.

3. PACMH Priorities for Assessment and Action for 2014/15 and 2015/16

The following 16 recommendations were identified by the PACMH in June 2014 as priorities for further assessment and action over 2014-2016. The following progress has been made to date:

	Recommendation	Champion	Target Date for Implementation	Comments
1	Establish an Exam Centre	Student Affairs	2015/16 academic year for Business Case 2016/17 academic year for renovations to physical space	The Office of the University Registrar has secured resources to establish a new position, Assistant Registrar, Special Projects. One of this position's first priority projects will be to develop a business case and model for an Exam Centre. This work will be connected to the response to recommendation three (see below). The recruitment process for this position is currently underway. STATUS: In progress
2	Look at options for students who have had a false academic start, e.g. dropping a mark	Provost's Office	2015/16 academic year	There is a common 'drop date' deadline of week eight in each of the fall and winter academic terms. Courses dropped between week one and eight will not appear on a student's transcript, and there is no academic penalty. After week eight, these are appeal processes in each Faculty/School, through which students can seek to drop a course. Students can also appeal to the University Registrar for a tuition refund for dropped courses at any time. STATUS: Complete and ongoing
3	Consider day-to-day academic scheduling (class and exam) to respond to	Provost's Office	2015/16 academic year	The university is planning a significant upgrade to its timetabling system that will include comprehensive software for the scheduling of courses, exams, events and

Recommendation		Champion	Target Date for Implementation	Comments
	compressed and close-to-conflicting exam schedules			<p>meetings. Improved timetabling processes and software will help reduce class conflicts, and decompress day-to-day academic scheduling and exam schedules. This is a major project that is expected to take 2-3 years to complete.</p> <p>A motion to hold exams on Sundays to help decompress the exam schedule starting in December 2015 was approved by Senate in April 2015.</p> <p>STATUS: In progress</p>
4	Review the planning and delivery of dual degree programs	Provost's Office	2015/16 academic year	<p>Dual degree programs allow students to complete degrees from two different faculties or schools.</p> <p>In 2014, the Faculty of Arts and Science began reopening certain dual degree combinations that had been suspended. This was made possible due to the creation of a new academic advising position in Arts and Science, new training for academic advisors, and a revised degree audit process in the faculty office. Currently, Arts and Science offers 15 degree programs as dual degrees</p> <p>The Concurrent Education program (joint with Faculty of Arts and Science and Faculty of Education) continues to be a flagship program for the university.</p> <p>With the newly approved BFAH (Visual Arts)/BED concurrent program, the number of teaching subjects has been expanded. The primary challenge in operating the program is timetabling the annual Education PROF and PRAC courses so that they do not conflict with Arts and Science courses and ensuring students access to their teaching subject courses. The two faculties are well aware of the main "choke points" and representatives meet</p>

Recommendation		Champion	Target Date for Implementation	Comments
				monthly to review the various scheduling and access matters that arise. STATUS: In progress
5	Increase the promotion and benefit of academic advising	Provost's Office with Student Affairs	In progress	Building on the academic and career advising committee coordinated through Career Services, the university has developed and released (Jan 2015) Majors Maps for all 44 undergraduate programs. These planning tools are the first of their kind in Canada and provide advice on academics, extracurricular activities, networking, international opportunities and career development all in one place. The maps are being promoted by Career Services and all academic departments. To further promote academic advising, Career Services, the Faculty of Arts and Science, the Arts and Science Undergraduate Society and Departmental Student Councils held a highly successful first-ever Majors Night (Feb 2015) to help first-year students with the process of picking a major. STATUS: Complete and ongoing
6	The Faculty of Health Sciences consider creating a Division of Student Mental Health & Addictions within the Department of Psychiatry	Department of Psychiatry, Faculty of Health Science	2016/17 academic year	Initial discussions have taken place with the Head of the Department of Psychiatry, the Dean of the Faculty of Health Sciences, the Vice-Principal (Advancement) and the Deputy Provost. A draft "case for giving" has been developed for Advancement. STATUS: In progress

Recommendation		Champion	Target Date for Implementation	Comments
7	Consider the utility of academic prep programs in ensuring incoming students are optimally prepared	Provost's Office/ Student Affairs	In progress	<p>Student Affairs is leading the development of a three-day in-residence transition/prep program to pilot in Summer 2016.</p> <p>STATUS: In progress</p>
8	Survey past Bader International Study Centre students and new upper year students to ensure specific transition issues, including those pertaining to reverse culture shock and health and wellness, are addressed	Student Affairs (Office of the University Registrar (OUR), Student Experience Office)	Ongoing, with new components in Fall 2014	<p>Student Affairs, the Faculty of Arts and Science and the AMS club Castle Connections have developed a BISC mentorship program. Before arriving in Kingston after spending their first year in England, students are paired with an upper-year mentor who also spent their first year as a Queen's student at the castle. These mentors help facilitate a smooth transition experience for their mentees by offering a support network, hosting social and academic events and activities, providing guidance and advice, and encouraging faculty-specific interaction.</p> <p>The NEWTS (New, Exchange, Worldly Transfer Students) orientation program continues to be a major stakeholder in ensuring a smooth transition through programming, guidance, and the fostering of a tight-knit community of students.</p> <p>As Queen's recruits more upper-year undergraduate transfer students, Undergraduate Admission and Recruitment launched a summer transition event in August 2014 for students coming to Queen's from other institutions. Participants toured campus, connected with student support services, spoke with faculty advisors, toured Kingston and met other transfer students. This event is being integrated into SOAR 2015.</p>

Recommendation		Champion	Target Date for Implementation	Comments
				STATUS: Complete and ongoing
9	Distribute “referral information” slides that could be shown before classes on a regular basis	Provost’s Office with support from Student Affairs, HCDS	2014/15 academic year	<p>In early September 2014, ‘referral information’ slides that encourage help-seeking and helping behaviour, were distributed to all faculty members along with speaking notes. Faculty were encouraged to show the slides before classes on a regular basis throughout the academic year. They were also encouraged to share the slides and accompanying Qs and As with the TAs and Teaching Fellows for whom they are the employment supervisor. The slides will be reviewed and redistributed each summer.</p> <p>STATUS: Complete and ongoing</p>
10	Review the information that may be received from other universities when students transfer to Queen’s to ensure all files – including counselling files – are sent to the appropriate offices with confidentiality protected as required	Student Affairs (HCDS with support from the OUR)	2014/15 academic year	<p>Instructions for incoming transfer students are posted to relevant university webpages (Undergraduate admission, student affairs, HCDS etc.) advising new students how to ensure their health, counselling and/or academic accommodation files from their previous institutions are sent to HCDS to promote continuity of care.</p> <p>STATUS: Complete</p>
11	Consider whether a compassionate waiver process for the academic appeal fee could be developed with strict and standardized criteria that would be applied consistently across the university	Provost’s Office	2016/17 academic year	<p>Discussions with Associate Deans are underway. There are a variety of practices currently in place.</p> <p>STATUS: In progress</p>

Recommendation		Champion	Target Date for Implementation	Comments
12	Explore the creation of an enhanced insured student benefits package for services not currently covered by provincial health plans, and consult with other post-secondary institutions to maximize cost-effectiveness	Student Affairs with support of HR as required	2016-17 at the earliest	<p>The AMS has completed the following pertaining to their plan coverage:</p> <ul style="list-style-type: none"> -Advocated to Studentcare to increase mental health initiatives; -Promoted Studentcare's mental health resources information; - Conducted a survey to understand student needs. Results are under review. If any changes are made to coverage, this would most likely happen for the 16-17 year because the fee is already set for 15-16. <p>The SGPS has been exploring with the CRA whether or not psychological assessments are subject to taxation. More research is needed. Student Affairs will provide support.</p> <p>STATUS: In progress</p>
13	Consider imposing a mandatory meeting between a staff academic advisor and all students who fail a first term midterm	Provost's Office	April 2016/17	<p>On hold pending evaluation of the Bounce Back program. The evaluation is currently underway.</p> <p>STATUS: On hold</p>
14	Increase FTE complement of psychiatrists to assist students with more serious mental illness	Department of Psychiatry	2016/17 academic year	<p>Possible philanthropic opportunities being investigated – see Recommendation #6 above.</p> <p>STATUS: In progress</p>

Recommendation		Champion	Target Date for Implementation	Comments
15	Establish a process to design and find new facilities for the various functions within HCDS to address the deficiencies and limitations of the current physical space with a goal of establishing a student health and wellness centre	Student Affairs and Physical Plant Services	2016/17 academic year	<p>67 Union Street has been identified as the location of a Student Wellness Centre that would include increased space for HCDS and other related student wellness services and programs.</p> <p>Planning work is underway.</p> <p>STATUS: In progress</p>
16	Develop performance targets for HCDS services with metrics and reporting mechanisms.	Student Affairs	<p>Metrics to be finalized and defined in the 2015 report of the PACMH</p> <p>Reporting based on the metrics to be reported no later than the 2016 report of the PACMH</p>	<p>Appendix 1 of this report presents currently available metrics.</p> <p>Further development is anticipated, due to the following:</p> <ul style="list-style-type: none"> - Student Health Services deployed an electronic medical record (EMR) system in January 2015. - The DSO is upgrading its client management system in Summer 2015. <p>These enhanced capabilities provide further opportunities to improve data gathering and analysis, and establish relevant benchmarks for performance targets.</p> <p>Status: In progress</p>

Provost's Advisory Committee on Mental Health

Annual Report 2015

Appendix 1: HCDS data

Health, Counselling and Disability Services (HCDS) is the university's central health care and related service provider comprising four streams of service:

- Student Health Services (SHS)
- Counselling Services (CS)
- Disability Services Office (DSO)
- Health Promotion

Student Health Services, Counselling Services, and the Disability Services Office are currently co-located in the LaSalle Building at 146 Stuart Street. Health Promotion is currently located next door at 140 Stuart Street.

Support to students experiencing mental health problems is a significant component of the focus of these units. Demand and service levels are monitored for planning purposes and to ensure that the university is responding to the needs of the evolving student population.

Regarding data collection and reporting, Counselling Services acquired new software during the 2011-12 year so its benchmark data year is 2012-13. The introduction of the SOLUS student system facilitates the ability of CS to cross-reference and report on usage. SHS implemented an electronic medical record system in January 2015 that has the potential for expanded data collection capabilities that will be explored. The DSO is upgrading its client management system in Summer 2015. This is expected to significantly improve efficiencies related to registering students with the office, renewing registrations each academic year, and streamlining processes in the in-class Notetaker program. The upgrade will also allow the DSO to provide secure links to student accommodation-related information, as needed, to faculty members and units at Queen's, including faculty offices and the Exams Office.

Student Health Services (SHS):

At SHS, students may have appointments to see family physicians, psychiatrists, a gynecologist, a general practitioner psychotherapist and nurses, including a mental health nurse, a position created in 2011. Students may see nurses to receive health information, including information related to travel, vaccines, and wound care/dressing changes. Most requests for non-urgent appointments are scheduled within 14 days. Two evening clinics, requiring appointments, have run since 2011 and are consistently fully booked.

An urgent care walk-in medical clinic operates every weekday and all patients with urgent problems are seen. Those with mental health issues are briefly assessed and an initial care plan is established. In addition, SHS responds to anyone, including students, faculty members, staff, family members, or friends, indicating the need for urgent attention for a student.

Total Patient Visits to SHS:

Year	Total
2011-12 (April 1, 2011 to March 31, 2012)	26,638
2012-13 (April 1, 2012 to March 31, 2013)	24,029
2013-14 (April 1, 2013 to March 31, 2014)	26,583
2014-15 (April 1, 2014 to March 31, 2015)	22,885

Source: Billing data (OHIP and non-OHIP) and data extracted from scheduling software

There are 12 primary care, one-half day and evening clinics offered per week from September to April. Each physician contracted with SHS works a dedicated number of clinics each week. The decrease in total visits in 2014-15 may in part be attributable to a decrease in “physician clinics” (one physician working in a half-day, or evening clinic) per week. Another factor is variation in the length of patient appointments. Appointments can last from 10 to 90 minutes. Currently visit lengths are not trackable. The information provided by the patient is used to determine the nature of the visit, which determines the length of time that is booked for a specific appointment. This makes any interpretation and comparison of the total number of visits difficult.

Mental Health-Related visits to SHS:

The following SHS figures focus on mental health-related visits within the context of the service's total caseload. The source billing data is imprecise in identifying the purpose of patient visits; these figures may not therefore accurately reflect the reason for all visits.

Family physician (FP) visits:

Year	Total FP clinic visits	FP Mental Health Visits*	%*
2011-12	21,092	2,014	9.5
2012-13	17,775	4,580	26
2013-14	19,482	2,606	14
2014-15	16,301	2,963	18

General physician (GP) psychotherapy visits:

Year	Total GP psychotherapy visits	Total GP Psychotherapy patients	Average # of visits per patient
2011-12	566	98	6
2012-13	495	108	5
2013-14	357	51	7
2014-15	223	145	1.5

In 2014-15, there was one GP psychotherapist working 1 day per week in SHS. While this limits the availability of available appointments at SHS, some students seeking psychotherapy have insurance that covers this treatment, and will see community-based professionals who are covered by private insurance and who may have more availability.

Psychiatry visits:

Year	Total Psychiatry visits	Total Psychiatry patients	Average # of visits per patient
2011-12	701	172	4
2012-13	1,216	219	5
2013-14	1,113	157	7
2014-15	1,220	207	6

Mental Health Nursing data:

The mental health nurse position was established in 2011 and is provincially-funded. The nurse provides both group and individual psychotherapy and coordinates care for students who come to Queen's with pre-existing mental health issues. The Mental Health Nurse also sees students in crisis.

Year	Total mental health nurse visits	Total mental health patients	Average visits/patient
2011-12	265	Not available	Not available
2012-13	450	114	3.9
2013-14	523	100	5.2
2014-15	597	95	6.2

The increasing average number of visits per patient may reflect the complexity and/or severity of the individual patients' condition. It may also reflect their individual desire to commit to longer-term treatment while on campus.

Mental Health visit caseload percentage per provider group

Year	FP Mental Health	GP psychotherapy	Psychiatry	MH Nurse
2011-12	57%	16%	20%	7%
2012-13	68%	7.3%	18%	6.6%
2013-14	57%	8%	24%	11%
2014-15	50%	5%	30%	15%
Average	59%	9%	22%	10%

*Assumption made that all Psychiatry and GP Psychotherapy visits are mental-health related.

More than half of all mental health visits to SHS were to see family physicians (an average of 59% for the past four years), which is consistent with current trends in the provision of mental health care in most Canadian communities. Psychiatrists provide consultative services and ongoing management of those few patients with more complex needs.

It is not currently possible for SHS to gather and report on demographic data of its student patients. In addition, the availability of statistics which accurately reflect the many variables involved in understanding mental health care at SHS remains limited. The unit's focus is service provision, however the new electronic medical record (EMR) system that was recently implemented may offer an opportunity to improve data gathering and analysis. This will be explored in 2015-16. The university will continue to

monitor demand and capacity and respond to evolving student needs with timely and quality service.

Counselling Services

Counselling Services (CS) comprises an average total of 14.5 FTE counsellors, 6.5 of whom are based in the central office on Stuart St. In addition, there are now eight outreach counsellors housed in specific faculty or university buildings. There are two counsellors in main campus residences, and counsellors in the John Deutsch University Centre, Queen's School of Business, the School of Medicine (new in 2014-15) the Faculty of Engineering and Applied Science (as of January 2014), the Faculty of Education/West Campus (as of January 2014), and the School of Graduate Studies (as of November 2013). The latter three positions are funded for their first two years through a generous anonymous donation.

Outreach counsellors provide population-specific counselling support and programming (e.g. psycho-educational sessions, skill-development), and they consult with faculty members and staff about students of concern. This outreach program aims to increase and facilitate access to counselling and related services, in a familiar environment, that are provided by professionals who understand the academic context and related experiences of the students they serve.

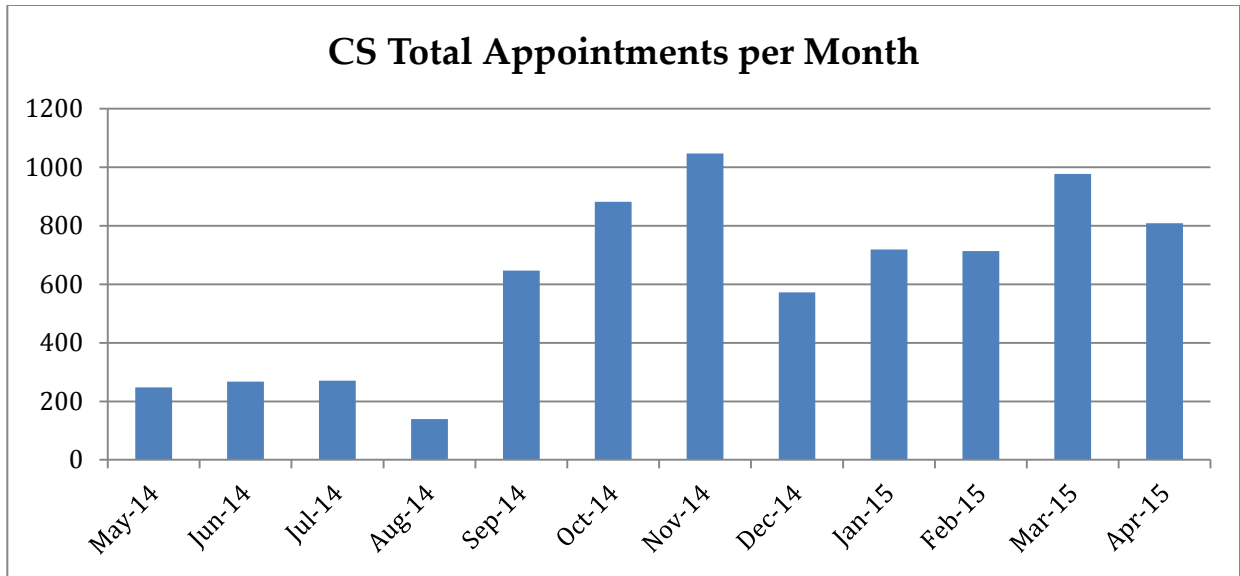
Counselling Services also supervises graduate students who see clients as part of their curricular practicums.

Counselling Services Appointments:

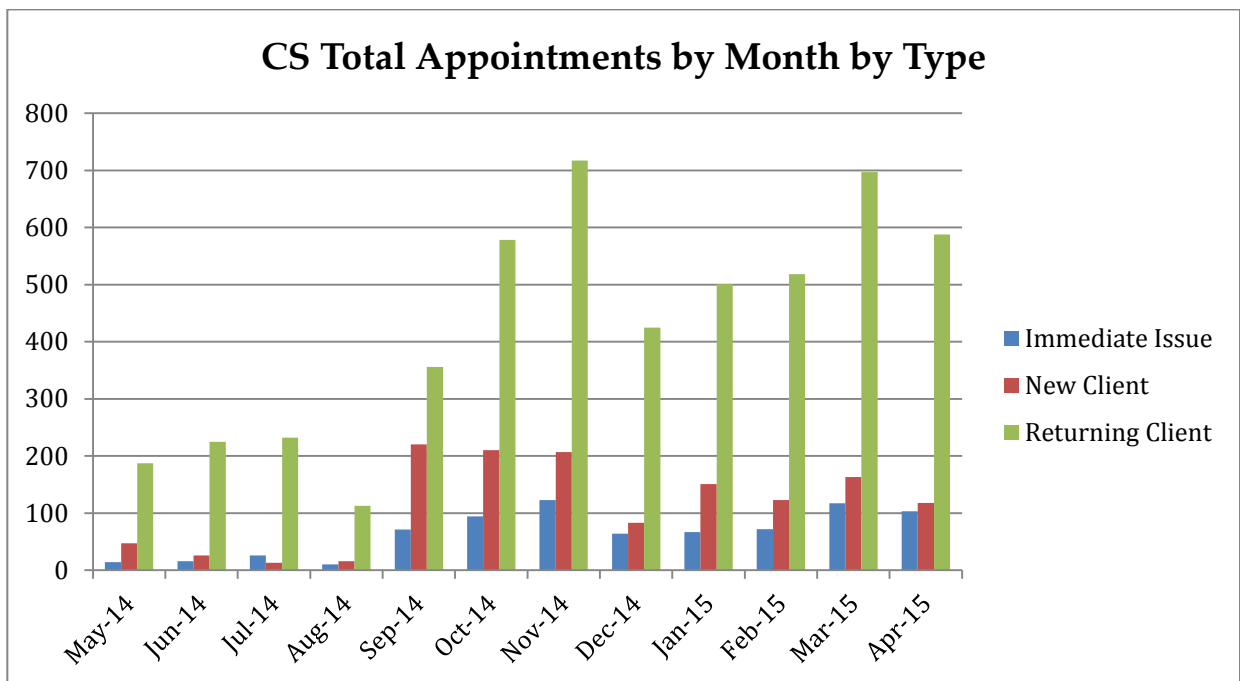
Year	Total number of visits	Total number of students*
May 1, 2012 – April 30, 2013	6,230	2,116
May 1, 2013 – April 30, 2014	6,011	2,168
May 1, 2014 – April 30, 2015	7,291	2,381

*Tracked as students seen at least once

The number of available appointments in 2014-15 increased due to the addition of outreach counsellors (see above).



Breakdown by month of the 2014-2015 total appointments (7,291)



Breakdown of the 2014-15 monthly visits (totaling 7,291) by appointment type

- Immediate issue appointments are usually booked within one day (total was 764);
- New client appointments reflect students' first-ever visit to CS (total was 1,390);
- Returning client appointments reflect 2014-15 follow up appointments among new-in-2014 clients, and include clients who had visited CS in previous years (total was 5,137).

Visits per student per year

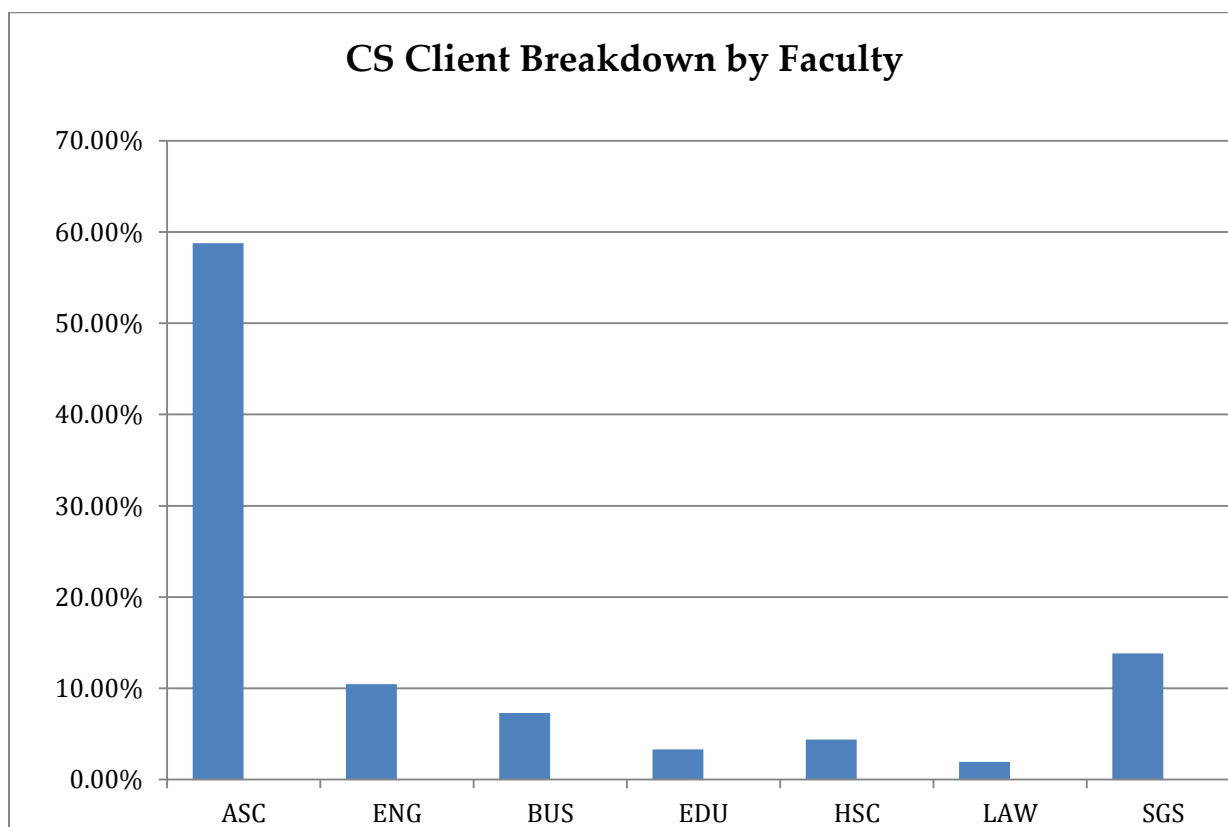
The average number of visits per student per year has remained constant at three since 2012-13. There is no hard limit to the number of appointments that a student can make in any given year. Counselling Services operates using a short-term solution-focused service model, with an emphasis on fast access, and strong links to community counselling and psychotherapy resources for students who are deemed likely to need longer-term counselling.

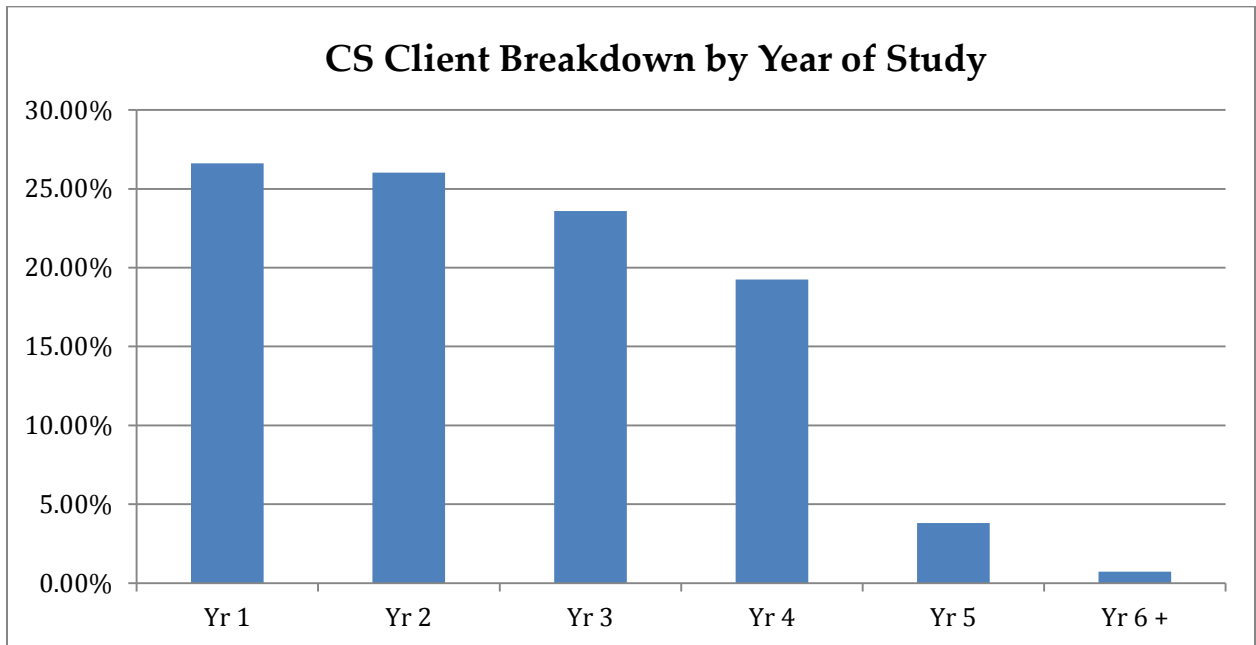
Client information:

The following figures and charts reflect student use of Counselling Services by student type. Anecdotally, it is observed that these trends have been consistent for several years.

Of the students who accessed Counselling Services in 2014-15:

- 95% are Canadian and 5% are international;
- 84% are undergrad and 16% are graduate/professional;
- 95% are full-time and 5% are part-time or non-credit



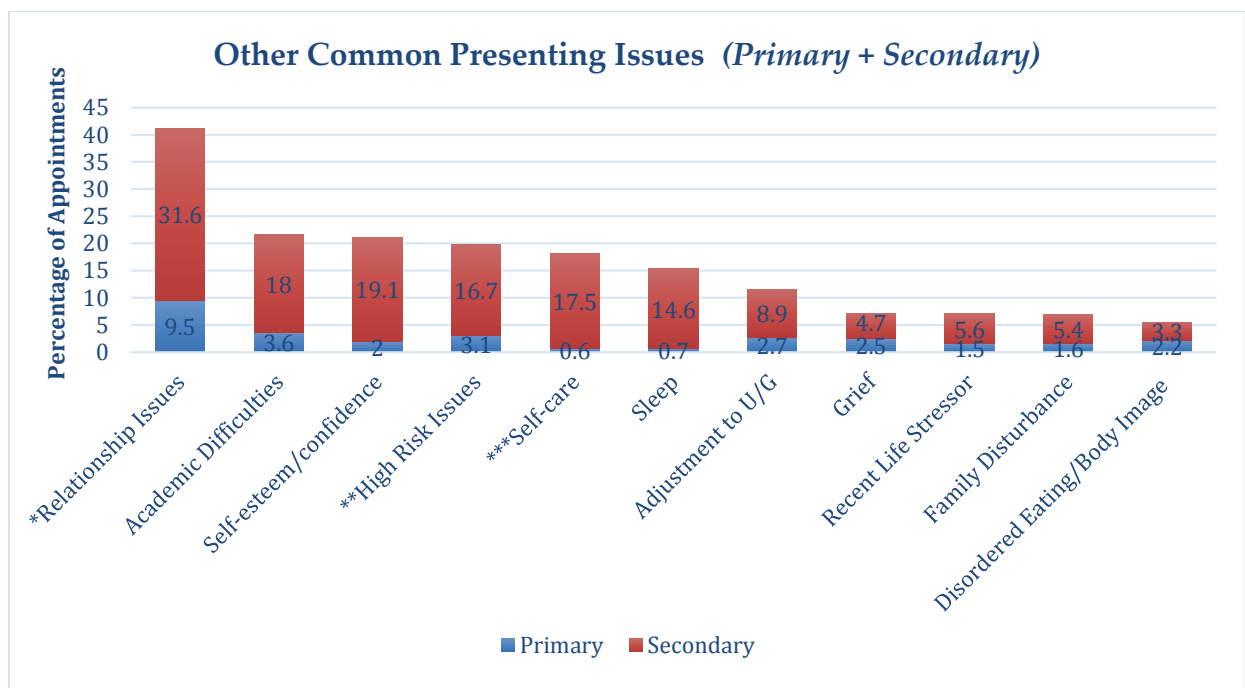
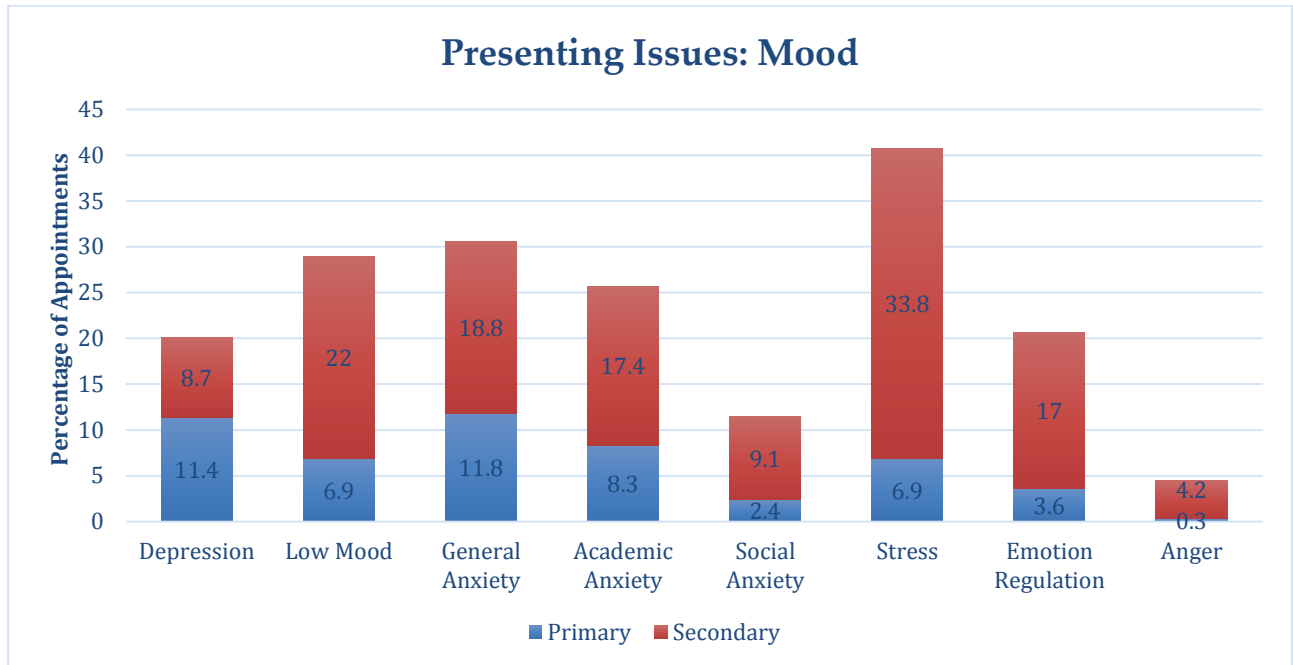


Presenting Issues:

Clients receiving care at CS typically are dealing with more than one personal difficulty. Frequently, one primary and multiple secondary issues are identified by counsellors in each session.

The following charts and figures are based on CS data, as identified by counsellors, from appointments that occurred between September 1, 2014 and April 17, 2015. They are not inclusive of all appointments, because of various data collection limits. This was the first year this type of data was collected. Enhancements are being implemented for 2015-16 data collection.

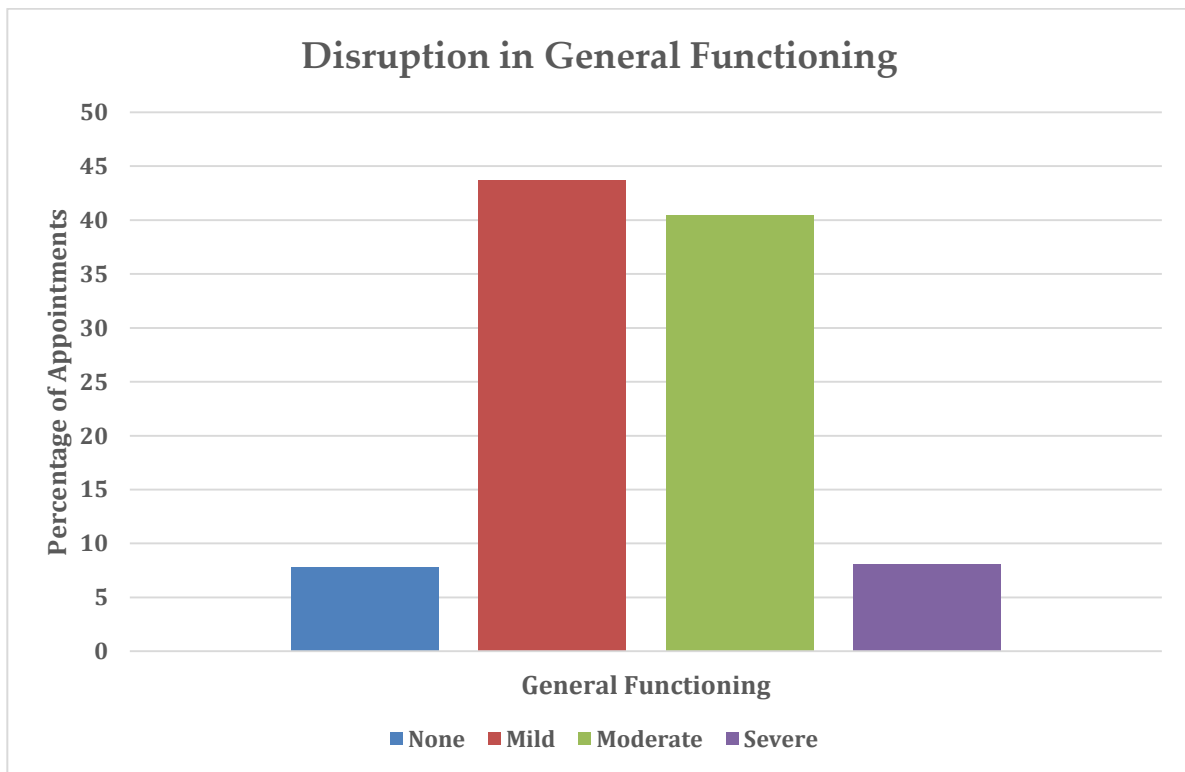
The majority of CS appointments deal with issues related to mood, either as a primary or secondary issue:



*Relationship Issues include partner, family, peers

**High Risk Issues include suicidal ideation, plan, attempts; self-harm; risk of harm to others

***Self-care includes: diet, exercise, life balance



Wait times:

Since 2011-2012, when Counselling Services implemented a new intake protocol, wait times for first appointments, which could have been as long as five weeks, have been significantly reduced. Approximately 95% of students seeking an appointment for an “immediate issue” are seen by counselling staff within one working day.

Advisory Services:

Counselling Services also leads mental health education on campus and has become a frequently-used consultation service for faculty members and staff who are concerned about the behavior of individual students. The Service also provides after-hours consultation to the Residence system and to Campus Security and Emergency Services on issues related to students at risk. Typically the Service receives more than 100 calls of this type every academic year.

Disability Services Office

The number of students with documented disabilities is increasing in universities and colleges across the province. At Queen's, the number of registrants with the DSO has risen by 58% in the last five years.

The number of students with mental health-related disabilities is also rising. These often-complex cases now represent the largest type of disability among students requiring academic accommodations in the province (approx. 29% in 2012-13, Ontario Inter-University Disability Issues Association). They also represent the largest percentage of the caseload at Queen's (30% in 2014-15.) The complexity of these cases can increase the time required by an advisor to manage and oversee the accommodation process for these students.

Year	Total DSO Caseload	# with mental health-related disabilities	% with mental health-related disabilities
2011-12	758	224	30
2012-13	875	273	31
2013-14	1,028	352	34
2014-15	1,175	356	30

The DSO is primarily funded by a provincial grant that has remained relatively static over the last decade. The university has recently been able to modify the internal distribution of a portion of the grant, allowing for the hiring of an additional 1.5 FTE positions for 2015-16: a full-time intake coordinator will support the advising team by responding to a broad range of inquiries on disability and accommodation-related matters, review disability-related documentation and determine student eligibility for supports and services. As well, a new part-time transition coordinator will develop and deliver a comprehensive transition program for Queen's students with disabilities. Additionally, to respond to the DSO's rising caseload, the number of staff advisors has been increased from 1.8 FTE in 2012-13 to 3.5. The university will continue to monitor and facilitate appropriate service delivery levels.

Health Promotion

Health Promotion is a student-focused service that aims to support and improve student health and well-being. Working across the interconnected domains of physical, mental and social health, health promotion uses a diverse range of activities to encourage increased individual and community control over factors that affect health.

Health Promotion works to foster knowledge, skills, attitudes and the policy and environmental supports to help students engage in safer and healthier lifestyles. It seeks to create conditions that make the healthy choice the easy choice.

Working under the campus brand “Be Well,” the unit’s work is led by two full-time professional staff, and one administrative staff who works full-time for eight months of the year. The 2014-15 Be Well team also included 83 student volunteers, eight paid part-time students and one paid summer student position.

Key Mental Health Statistics from 2011-15 (as available)

Year	# of HP volunteers	# student volunteer hours	# student volunteers devoted to mental health & stress	# hours of work by Mental Health topic team	# Stress Busters Workshops	# Mental health Lived Experience Workshops
2011-12	74	n/a	4	n/a	10	n/a
2012-13	73	n/a	5	n/a	13	12 (New workshop, received Queen’s Human Rights Award
2013-14	79	4,632.5 hours (79 volunteers over 25 weeks, ~5.3 FTE’s)	31	110.5 hours	34	11
2014-15	83	4,307.5 hrs (84 volunteers over 25 weeks ~4.9 FTEs)	30	180.25 hrs	7	10

Year	# Student Health 101 Mental Health Articles	# Mental Health Outreach Activities	# Mental Health Lived Experience Student Leadership Workshops	# Mental Health / Balance workshops presented to student groups on campus
2011-12	5	17	0	n/a
2012-13	6	22	0	<ul style="list-style-type: none"> • Learning to Love Winter (QUIC) • Scholarship award recipients • Queen's Journal • AMS executive
2013-14	6	26	11	<ul style="list-style-type: none"> • Queen's Journal • Learning to Love Winter (QUIC) • Scholarship award winners • AMS executive • Q success workshops (6) • Bounce Back Training (2)
2014-15	12	33	1 plus mental health training provided to residence dons and orientation leaders in an alternative format	<ul style="list-style-type: none"> • Queen's Journal • Learning to Love Winter (QUIC) • Scholarship award recipients • AMS executive • Q success workshops • (9)Bounce Back Training (2)

Year	Unique activities directly related to Mental Health
2011-12	<ul style="list-style-type: none"> -Launch of "15 days of exams health challenge" online social media challenge -Bell Let's Talk Day outreach -Queen's Wears Green outreach -Res Yoga & Run Club programs ongoing -HP staff attended World Anti-Stigma conference in Ottawa -Received ThanQ gift from QSAA to help fund increased campus mental health initiatives in 2012-13
2012-13	<ul style="list-style-type: none"> -Increased participation in "15 days of exams health challenge" online social media challenge -Bell Let's Talk Day outreach -Launch of "What is Mental Health with Dr. Mike Condra" Video (ThanQ funded) -“This Can Be Productive Too” balance campaign -The “Happy Movie” screening on campus in partnership with ASUS (ThanQ funded) -Res Yoga & Run club continue -Launch of Healthy Cooking Club -Pet Therapy Res Program started -Knit happens Residence Program initiated -Launch of Mental Health Lived Experience Anti-Stigma workshop in Residence, in partnership with AMS (MHAC/ PSC), Counselling, ResLife and Health Promotion -Developed partnership with Dr. Heather Stuart and the Mental Health Commission of Canada (MHCC) for a new Lived Experience project, with evaluation (ThanQ funded). -Implementation of the 2013 National College Health Assessment (NCHA), Student Health Survey
2013-14	<ul style="list-style-type: none"> -Added new program assistant position, part-time, pilot project. This increased HP capacity significantly and allowed increased workshops & volunteer capacity -Implemented Lived Experience Student Leader training (Anti-Stigma), with pre/post evaluation using MHCC metrics, in partnership with Dr. Heather Stuart, delivered training to all Dons, Residence Society Students, Orientation Leaders and Student Volunteers / Staff with Student Affairs (~1,300 students) -New involvement with Q Success and Bounce Back programs -Further increased participation in "15 days of exams health challenge" online social media challenge, increased students participating throughout the 15 days -Residence Sleep Campaign (received small grant from 1st year transition network) -Increased Social Media outreach – noticed increased retweets/shares on Mental Health / Stress management posts -Res Yoga, Run Club, Healthy Cooking Club, Pet Therapy, Knit Happens ongoing -On-campus signage project (in progress), Student Mental Health team received a grant from The Jack Project SIF -Student-led “Pay it forward” campaign -Addition of new summer intern position (donor-funded) focused on mental health and PHE team

Year	Unique activities directly related to Mental Health
2014-15	<ul style="list-style-type: none"> - Program assistant position continued to significantly support HP capacity and allowed for increased campus outreach & volunteer capacity -Sharing best practices with other institutions around development and implementation of the Lived Experience Student Leader training (Anti-Stigma) (implemented in fall 2013) in partnership with Dr. Heather Stuart. -Increased involvement with Q Success and Bounce Back -Further increased participation in “15 days of exams health challenge” online social media challenge, involving additional campus partners & sharing best practices with other post-secondary institutions -Increased reach of Residence Sleep Campaign (~600 students) -Increased Social Media outreach – increased retweets/shares on Mental Health / Stress management posts + promotion of Counselling Services Wellness Workshop Series -Expanded Res Yoga to twice a week and initiated pilot program at West campus in winter term (once a week for 11 weeks) -Run Club, Healthy Cooking Club, Pet Therapy, Knit Happens ongoing -On-campus signage project (near completion) - Student Mental Health team received a grant from Jack.org/Queen’s Student Initiative Fund -Student-led Healthy Heart Week initiative week prior to reading week break – collaboration across all dimensions of health (physical, mental, social) - Summer student collaborated with Residence Life on QThrive videos launched in Sept. 2014 -Continuation of summer intern position (donor-funded) focused on mental health, PHE team, and raised the profile of HCDS - Increased involvement with mental health education trainings (i.e., 3 hour Awareness, Anti-Stigma, & Response, Identifying and Responding to Student in Distress, Mental Health First Aid) - Initiation of HCDS website re-design through ITS Summer Student Web Resource Program for 2015