

## **Senate break-out group discussion notes**

### **Student Mental Health**

### **October 15, 2016**

At its October 15<sup>th</sup> meeting, Senate heard presentations about the national landscape of mental health challenges and initiatives as well as information about what the University of Saskatchewan is doing and thinking about with regard to mental health initiatives for students, faculty, and staff. The material listed below comes from discussion groups in which members of Senate were asked to provide their opinions on several key issues that the U of S is considering as we advance on an overall wellness framework (in general) and a mental health strategy (in particular). These comments and opinions have not been vetted or filtered in any way.

#### ***1. What, if anything, surprised you about the presentation we just received from Dr. Fern Stockdale-Winder? Were there things on the broader mental health landscape that you weren't aware of?***

- surprised by high suicide stats
- mental health first aid seems very useful concept
- interesting Canada doing so poorly among developing countries
- the size of the issues (40%)
- 100% demand for services
- percentage of students seriously considering suicide
- prevalence of binge drinking "party time on the prairies"
- program in Nova Scotia
- Starbuck's response
- overall cost to the economy
- significance of impact in numerous ways: health, welfare and economics
- number of agencies on campus to deal with problems
- what has taken so long to identify this reality
- trauma, common characteristic of people with mental health
- ADHD included in mental health condition, not sure why
- anxiety main problem in K-12
- relationship between homesickness and mental health eg. International and rural students
- drinking rates surprisingly high
- suicide rates and the issues around that
- financial and academic anxiety
- the cost of depression is so high – \$32 billion
- the increase in anxiety, because we are talking more?
- more people presenting with mental health issues than in previous years
- Canada has lowest financial support
- drinking statistics for U of S students and information about substance abuse other than alcohol
- how Canada is the lowest funder of all developed nations, significant difference
- how the numbers continue to increase, specifically relating to students
- that not more people were surprised by the stats
- increased awareness of issue that exists
- surprised that the numbers were that low (18-20%)
- 1 in 5 are self-disclosing
- that the study was done on campus; very important
- that not more emphasis has been put on prevention as opposed to reaction/intervention
- numbers were higher than some of us thought

- numbers of those who don't know where to turn surprised some people, access to services not clear to people
- missing numbers: suicide rate, # of suicides on U of S campus, make this transparent; deaths directly related to addictions, suicide and mental health-related conditions

***2. What advice would you give to the Vice-Provost, Teaching and Learning and the Associate Vice-President of Human Resources (and their teams) as they lead the development of a Mental Health Strategy for the whole university?***

- person first strategy, as opposed to institutionalized
- what came out of prevention surveys important
- student groups important
- students don't have health care packages
- target to particular groups (international, DSS, Indigenous and Northern students)
- think about what is contributing to the fact that students are coming to us "lacking coping skills". Societal issues; stage of life; international students; so raise awareness of mental health issues
- focus the strategy. If it is too broad it gets diluted i.e. Are you feeling lonely or do you have a serious addiction issue
- utilize orientation, and places where people are gathering—et people know this is not uncommon and you are not alone
- similar approach to sexual assault campaign
- do a scan on other institutions/universities
- faculties should be aware of when they may all be contributing major assignments at the same time
- wellness promotion model vs sickness/illness prevention
- build sense of community on campus – create welcoming environment
- support students transitioning from variety of backgrounds—network of students to support and create community
- work in conjunction with individual colleges who may be already trying to offer services
- de-centralized model, where help comes from within the college – more personal
- make sure to engage the people around whom this strategy is focused on
- making students aware of supports, fast tracking assistance for students presenting to student services
- incorporate the people, counsellors into orientation activities
- share with students how to access, could digital tools be used, use "representatives" "ambassadors" "contacts", people who have experienced mental health, to be visible and accessible to students for support/advice
- getting the information to those in need is critical, how do they know how to get help
- communication/advice for those with addictions and mental health issues
- talk to students
- use technology to reach students/employees with phone app
- advice to others on how to help, what to do, who to call, mirror the sexual assault strategy (i.e. St. Joseph High School guardian groups)
- create support network (small groups) for students entering U of S
  - college based, community within and set times for meetings
  - safe haven group
  - faculty leadership linked to groups
  - could have structured sessions and open sessions i.e. dealing with finances, dealing with exam stress
  - same community exists for all, 4 years + grad level
- wellness classes/education sessions available free of charge
- need education that follows with the exiting students
- go against status quo (low funding) and be a leader in the country

- talk about origins of cause, heavy focus on prevention
- including idea that it's a holistic issue, alcohol intertwining with mental health
- we've got a good start, e.g. video, but we need to continue this issue into the dialogue and incorporate into curriculum. Give permission and talk about it in class. Educate faculty on importance and how to refer/deal with disclosures
- develop compassionate framework; educate the whole person; especially first year students, severe stress loads; mandate "healthy enjoyment of life" as well as "being smart"
- university is the highest degree of demanding mental energy in a person's lifetime
- provide hands-on opportunities for experiencing alternative healing e.g. talking circles, available in all colleges to all students, staff (need trained facilitators to handle what surfaces)
- encourage faculty to develop/implement assessment methods alternative to regurgitating info i.e. Typical three hour finals
- promote healing opportunities, non-drug
- do not overlook the institutional responsibility for mental health and well-being
- not just an "individual responsibility" to being mentally healthy
- is the institution making us unhealthy? How can the U of S be healthier? What are day-to-day U of S health promoting activities? (Not just resources for treatment).
- prevention and wellness activities important

***3. What obstacles/difficulties do you foresee in terms of implementing a mental health strategy (and related plans and tactics) for students and employees? What do you recommend to overcome these issues?***

- stigma still a challenge
- are faculty engaged, knowledgeable
- multicultural nature of our environment. We interpret things differently. Take a collaborative approach
- "Streaming" be sure people know where to go by province. Central gateway or triage system, hub, single entry
- mental health first aid training
- lack of finances to bring in necessary support
- are students coming with enough skills
- systemic problem with how mental health is responded to governmentally, how can university counteract that
- determining where to direct resources and what to try to address
- identifying incoming students who are already diagnosed and dealing with mental health issues
- reluctance for people to be the "help" to other students; too much invested in intervention because it is measurable; funding; can't force community feel; privacy
- don't focus on measurable for long term, gains will happen much later
- stigmas are decreasing but still influence people to seek help
- size of problem is difficult to manage
- have to have resources to meet the need immediately and when asked for
- is there insurance for students to access help
- faculty education on recognizing issues are developing; are faculty contributing to stresses, are they aware
- are faculty addressing issues and have the knowledge and skills to do so
- need: promotion/awareness; prevention (wellness classes); action, intervention in timely manner
- create response acronym that everyone knows like FAST
- make sure that USSU and GSA play a major role; students will be hardest to fully know implemented program
- get students involved heavily in the implementation
- building into curriculum

- right now we're approaching problem from wrong direction: reaction and intervention need to build
- need to provide resources to faculty and staff as well as students
- build teaching resiliency into college of education curriculum, starting from pre-k e.g. work together with college of nursing to treat the whole person
- train faculty in ASIST but also offer to the students as peers are most often who are turned to by those contemplating suicide
- money to remove obstacles and to provide more resources

**4. Based on the current U of S inventory of resources to support student and employee mental health, where might there be gaps in resources? What resources would fill those gaps?**

- train the trainers-centres (USSU's Women's Centre and Pride Centre)
- peer mentors
- students, faculty have opportunity to access free alternative therapies (e.g. pet, quiet zones, culturally or group-specific services, for example First Nations' Sharing Circles/Support groups, art therapy, dance/movement therapies, music therapy or wilderness excursions)
- financial burdens cause mental health - funding would help
- look at what other countries are doing
- involuntary medical withdrawal but within a strict policy framework
- access, awareness, videotrons "how to identify a fellow student in need"
- communicate the statistics with students
- information was conveyed by Peter Hedley at the "mysterious barricades" live streamed concerts. There were over 20,000 digital viewers. It involved 18 hours of concerts nationally and 13 universities on September 10
- how we teach/learn in a general sense e.g. hours required in class, exams, work with feelings of failure, more leniency/ flexibility
- legal assistance (less behavioral control in mental health stress)
- more awareness of resources; more visibility/availability
- less stigma
- more counsellors
- more student engagement e.g. Volunteer activities

**5. On the reverse of this page we have an example of a schematic that we're considering as we move forward with an overall wellness framework (including mental health). If time permits, have a look at this image and provide any comments you have about how it appears to you.**

- like schematic, covers issues well
- add community to life section
- use spirit instead of life
- darker shade suggests hierarchy
- culture, component to wellness
- change colors not two greens
- have circle skewed
- The word "prevention" should be top; most important. Colour of section "mind" (green) should not be the same.