

From: Elise Durand, Carleton University, CA

Question: Strategies that your institutions are taking to provide online social connections - students are saying that they attend courses, but aren't feeling connected to one another in the same way. What ways are you connecting students with one another to provide a social circle of support?

Dr Deirdre Pickerell: As mentioned during the session, we have worked quite hard to ensure student clubs and activities are continuing. We have drama and music clubs, sports teams (albeit these look quite different), regular movie nights, cooking nights (often student led, teaching others how to cook favourite ethnic meals) and scavenger hunts, interesting speakers, etc. Obviously not all students attend so it may not be enough but it is - I believe - helping students stay connected to each other and the school.

From: Annie Andrews, Consultant

Question: Given the 2020 staff retrenchments and limited work availability for the many casual staff across the HE sector what changes in provision of student mental health support are being planned?

Prof Anne Duffy: Shifts to online access and provision of counselling, family med and psychiatry appts; webinars on well-being and through research funding and in partnership with students, evaluation of an online mental health literacy course, digital well-being apps and digitally enhanced care pathway see <https://www.queensu.ca/u-flourish/>

From: Anonymous Attendee

Question: What are your thoughts around the mental health and support services for students who are over 25? For some universities this is an increasing student cohort with not as many defined services

Dr Deirdre Pickerell: At YU/TFS we do not limit services based on age so I'll admit to being a tad disappointed that the older cohort may be being neglected. It speaks a bit to duty of care and access to services, perhaps with the assumption being the 25+ age group has improved access. Either way, and as challenging as it is for educational institutions to provide mental health supports, I'd certainly encourage universities to take a 'services for all' approach.

From: Anonymous Attendee

Question: What are some ways in which we can adjust the curriculum to support mental wellbeing?

Prof Anne Duffy: as per above we are launching and evaluating an online mental health literacy course tailored for university students; see <https://bhsc.queensu.ca/courses/idis-199-science-mental-health-well-being-and-resiliency>

Dr Deirdre Pickerell: As with any curriculum design, this needs to be intentional so I'd recommend looking for natural places, across programs, that this topic can be discussed, learning outcomes adjusted, assignments added, etc. Faculty may need to be supported in this regard. Institutions should not assume faculty have the knowledge needed to incorporate mental wellbeing into courses.

From: Anonymous Attendee

Question: What would be the "ideal" framework for universities as a best practice to progress towards?

Prof Anne Duffy: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30275-5/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30275-5/fulltext)

From: Maria Reynolds, cbhs International Health

Question: Do university and colleges understand how to recognize Mental Health issues before the issue has escalated out of control or is this a program that health providers specializing in mental health can deliver?

Dr Deirdre Pickerell: I do think it is possible for faculty and staff to get some training to recognize mental health issues or, perhaps better put, areas of concern. This is not diagnosing but, instead, recognizing behaviour changes and then having some measure of comfort to raise the discussion. We've developed Gateway (QPR) training to help faculty and staff feel more comfortable with suicide ideation, updated a student crisis protocol with clear "signs to watch" then "what to do" and are working on an internal mental health certificate. It is a balance, of course. Faculty and staff are not mental health professionals and should not be providing treatment or diagnosing.

From: Nick Hill

Question: Is there potential for developing an intermediate mental health qualification for people to support students before they need the high level intervention of a fully qualified clinically certified professional counsellor? A para-counsellor..this could be taken by support

staff and others who have had wellbeing background...reducing the pressures on the clinical staff?

Dr Deirdre Pickerell: Not sure if this is quite what Nick is looking for but there are several para-professional courses run in Canada. Many of these are more helping skills but one that comes to mind is Mental Health 1st Aid offered by the Mental Health Commission of Canada (see <https://mhfa.ca/>). This is likely more triage than anything. Counsellor/psychologist boundary of competence is a huge issue here, so we need to be careful around who is offering what level of support. Triage to referral may be the best that can be done.

From: Anonymous Attendee

Question: How do we get clinicians comfortable with the increased acuity of mental health issues in the student population? And how do we get clinicians and faculty comfortable with the increased need for academic accommodations?

Dr Deirdre Pickerell: Wish this had come up during the session! Academic accommodations is a huge issue :-). I'm not sure this is as much a clinician comfort but faculty. Either way, we approach all of these as "teachable moments" ensuring faculty feel supported and have all the tools and supports to honour the academic accommodation plans they may be presented with. Admittedly, it isn't always easy. We do very regular faculty sessions to discuss accommodations and provide a safe place to ask questions. At times, however, this can come down to duty to accommodate and the need to deal with very real and systemic biases towards individuals with disabilities. Don't expect miracles; progress can be slow.

From: Vineet Singh, TAFE NSW

Question: Professor Patrick mentioned that we need more data on mental health. Can he please explain what type of data is needed and how institutes/gov may collect it.

Prof Anne Duffy: a higher education registry would be a start as per the UK.

From: Anonymous Attendee

Question: Student with existing mental health conditions seem to have worsened during the pandemic, resulting in increased requests for academic accommodations as well a higher incidence of inability to cope (suicidal ideation/actions). How are health professionals to respond to this increase in severity and demand for accommodations

Dr Deirdre Pickerell: Perhaps this is simplistic, but we do what we need to do. Academic accommodations are a reality so we must simply respond as needed. At YU/TFS, we have taken huge steps to really simplify the process, ensuring it is easier to get accommodations in place to students.

We've also started "promotion" of the office during the Admissions and Registration processes to try to get supports in place as early as possible. We also do quarterly reports to academic leadership which has helped demonstrate increased caseloads and complexity of cases which, in turn, has allowed us to expand the unit. This, of course, allows us to handle the larger cases. Without the metrics, I'm not sure we'd have been able to demonstrate need.

Prof Anne Duffy: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30275-5/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30275-5/fulltext)

From: Anonymous Attendee

Question: In some cultures, there is a very prominent stigma that dismisses the importance of mental health? How do you plan to combat this stigma while being understanding and inclusive of the situations that many racialized or foreign students go through?

Dr Deirdre Pickerell: This has been a challenge for us, especially when we used to only provide 1:1 services . . . a very Western approach. We strive to be mindful of language, using softer/safe words when we can. This is where our peer groups, clubs, and psychoeducation initiatives have been helpful. Prior to the pandemic we did art therapy (using practicum students to help manage costs) which was an unexpected "hit" with our students from India. There was not only safety in the group but the focus on art and creation helped take away from the therapeutic benefits. It truly is looking for other avenues of support rather than trying to promote "counselling" differently.

From: George Habib, University of Melbourne

Question: In well-resourced Universities many students are taken care of within the University through pastoral academic advising, university counselling services, equity adjustments and intensive support, and through university health services. The biggest issue is step up care with mental health services having either very high entry thresholds or long waitlists. This includes places like Headspace. Seamless step up and step down care is what is aspired to but very hard to achieve. Is this the experience also of the panellists.

Prof Anne Duffy: You highlight a key missing link in properly supporting student mental health across the spectrum of need - timely stepped care/change access/transitions. See: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30275-5/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30275-5/fulltext)

From: David Byres, UBC Okanagan Campus Health, CA

Question: For any/all panellists: How have you been able to communicate these services to the student population? What role have your communications teams had in these programs and increasing student participation in these advisory groups/studies?

Prof Anne Duffy: Students must be partners in the development of well-being and mental health supports and services. This is a key feature of our Canadian led research.

Dr Deirdre Pickerell: I work very closely with the Director of Communications and the Office of Diversity and Inclusion. We meet monthly to plan events, working from a content calendar to help focus. For example, we had a series of events, communication pieces across all channels for Bell Let's Talk Day, are working through Black History Month. This week is Sexual and Reproductive Health Awareness Week so we have a speaker on Friday talking about Relationships, Sex, and Consent. Feb 24th is Pink Shirt Day so we have a contest running (students submit selfies with anti-bullying messages to win pink school swag) and we have a speaker focussing on bullying at the end of the month. These are just examples, of course. The content calendar helps drive the planning then the communications team takes it from there.

From: Jack Goodman, Studiosity

Question: The panel is probably aware of a course on happiness that was first taught at Yale University and turned out to be the single most popular course ever offered by the university. It is now a free podcast - called The Happiness Lab - with millions of listeners. I'd be curious to know if there's a view amongst the panel regarding providing all students with some foundational skills in terms of mental wellbeing. Would a course like that be worth making part of new student orientation? Perhaps it could be equated to a vaccine to prepare students to deal with the challenges of daily life?

Prof Anne Duffy: I fully agree - we have just responded to this need and developed an online mental health literacy course using state of the art pedagogical approaches in partnership with students to provide an engaging educational experience intended to improve knowledge and shape/promote/strengthen healthy behaviours and improve emotional self-awareness; see <https://bhsc.queensu.ca/courses/idis-199-science-mental-health-well-being-and-resiliency>

From: Anonymous Attendee

Question: I work as a Registered Psychologist in Counselling Services at a University in Canada; based on best practice we can provide free counselling to students from our university across Canada, however, we cannot provide

counselling services to international students who reside out of Canada due to the pandemic. Many (if not most) of these students do not have access to counselling services in their home country as they have to pay for this service. How do we navigate this quagmire?

Prof Anne Duffy: My understanding is that this is a university-based decision in Canada - at Queen's our Student Wellness Services (counselling, family med, psychiatry) are being extended to all students - domestic and foreign- studying remotely during the pandemic.