
CAPACITY TO CONNECT:

Supporting Students' Mental Health and Wellness



Facilitator's Guide for Use with Faculty and Staff



Ministry of
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Capacity to Connect: Supporting Students' Mental Health and Wellness

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Facilitator's Guide

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Accessibility Statement

The web version of *Capacity to Connect: Supporting Students' Mental Health* (<https://opentextbc.ca/capacitytoconnect/>) has been designed with accessibility in mind by incorporating the following features:

- It has been optimized for people who use screen-reader technology.
 - All content can be navigated using a keyboard
 - Links, headings, and tables are formatted to work with screen readers
 - Images have alt tags
- Information is not conveyed by colour alone.
- There is an option to increase font size (see tab on top right of screen).

Other File Formats Available

In addition to the web version, this book is available in a number of file formats including PDF, EPUB (for e-readers), MOBI (for Kindles), and various editable files. Here is a link to where you can download the guide in another format (<https://opentextbc.ca/capacitytoconnect/>). Look for the “Download this book” drop-down menu to select the file type you want.

Those using a print copy of this resource can find the URLs for any websites mentioned in this resource in the footnotes.

Known Accessibility Issues and Areas for Improvement

While we strive to ensure that this resource is as accessible and usable as possible, we might not always get it right. Any issues we identify will be listed below.

There are currently no known issues.

Accessibility Standards

The web version of this resource has been designed to meet Web Content Accessibility Guidelines 2.0 (<https://www.w3.org/TR/WCAG20/>), level AA. In addition, it follows all guidelines in Accessibility Toolkit: Checklist for Accessibility (<https://opentextbc.ca/accessibilitytoolkit/back-matter/appendix-checklist-for-accessibility-toolkit/>). The development of this toolkit

involved working with students with various print disabilities who provided their personal perspectives and helped test the content.

Overview

Capacity to Connect: Supporting Students' Mental Health and Wellness was developed under BCcampus's Mental Health and Wellness Projects from funding by the Ministry of Advanced Education and Skills Training and guidance from an advisory group of students, staff, and faculty from B.C. post-secondary institutions. The purpose of the projects is to provide access to education and training resources for faculty and staff to better enable them to support post-secondary students with their mental health and wellness.

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Thank you is extended to the B.C. Ministry of Advanced Education and Skills Training for their support, to BCcampus for their collaborative leadership, to the Mental Health and Wellness Advisory Group, and to the adaptation authors and collaborators whose knowledge and expertise informed this adapted version. See [Appendix 3](#) for the list of authors, contributors, and advisory group members.

The authors and contributors who worked on this resource are dispersed throughout British Columbia and Canada, and they wish to acknowledge the following traditional, ancestral, and unceded territories from where they live and work, including Algonquin Anishinabeg Territory in Ottawa, Ontario; x^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) territories in Vancouver, BC; Syilx Okanagan Territory in Kelowna B.C.; Lekwungen/Songhees territories in Victoria, BC; and the K^wik^wəłəm (Kwkwetlem), x^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations in Port Moody, B.C. We honour the knowledge of the peoples of these territories.

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How to Use and Adapt this Guide

This guide is for facilitators to present a two-hour workshop to post-secondary faculty, staff, or anyone wanting to learn more about supporting student mental health and wellness. It includes presentation notes, group and reflection activities, and scenarios to give participants a chance to practice. We invite you to augment the training with your own stories and examples.

Throughout the workshop there are notes and tips on ways to adapt the activities. There are also two resources ([Handout 1](#) and [Handout 2](#)) that facilitators can give to participants at the end of the session. You may want to format these handouts according to your institution's guidelines (e.g., colours, fonts, logos, etc.). You may also adapt the information in them to reflect the needs and concerns of the group you are addressing.

For a detailed breakdown of the workshop, see the [Detailed Agenda](#).

This workshop also has PowerPoint slides that you can download at [Preparing for the Session](#) and use while giving the presentation. The slides can easily be formatted to meet your institution's guidelines or slide deck templates. You can adjust the slides to fit the needs of your presentation. You may also want to add slides or create handouts about the contact information of counselling services, campus helplines, Indigenous student centres, and other services on your campus that support students.

This guide is for facilitators presenting a synchronous session either in-person or online, but anyone who wants to learn more about supporting student mental health can take this training online. You do not need to be a facilitator to discover, reflect upon, and use the information and resources provided in this guide. We welcome everyone and hope you find this guide of use in whatever way makes the most sense for you.

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Introduction

Post-Secondary Students and Mental Health

Student life is a time of change, uncertainty, and challenges. Many post-secondary students are living away from home for the first time and are learning to balance very busy academic schedules with managing finances, building their social circles, and figuring out their interests and future careers. The stress of post-secondary education is felt by all students at some point, and it can be overwhelming for some.

When the National College Health Assessment surveyed Canadian students in 2019, they found that students' academic performance was adversely affected by stress (42%), anxiety (35%), sleep difficulties (29%) and depression (24%) within the past 12 months. This same study found that 16% of students had seriously considered suicide over the prior year at least one time.¹ People in their late teens and early 20s are also at the highest risk of all age groups for mental illness; in these years, first episodes of psychiatric disorders like major depression are most likely to appear.²

Post-secondary institutions are taking these statistics seriously and working to address students' mental health and find ways to better support them. Everyone has a role to play. As faculty and staff have frequent contact with students, we are often in a position to recognize when a student may be struggling. Responding with empathy and knowing how to connect a student to campus services and resources such as counselling services can be critical factors in supporting a student in distress.

This training is an introduction to what we can all do to support students' mental health and well-being. The presentation starts with a discussion of mental health and wellness and looks at ways to promote resilience. The training then provides advice on how to recognize and respond to a student in distress and how to refer students to the other supports.

1. American College Health Association. (2019). *American College Health Association–National College Health Assessment II: Canadian Reference Group executive summary Spring 2019*. Silver Spring, MD: American College Health Association.
2. Queen's University. (2012). *Report of the principal's commission on mental health*. <https://www.queensu.ca/principal/sites/webpublish.queensu.ca.opvcwww/files/files/CMHFinalReport.pdf>

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Section 1: Preparing for and Opening the Session

Preparing for the Session

This section provides ideas and suggestions for facilitating both in-person and online training sessions. This includes:

- Key Learning Points
- Advance Preparation
- Facilitation Tips and Frequently Asked Questions
- Detailed Agenda for a Two-Hour Session

Key Learning Points

- We can all play a role in supporting students' mental health.
- Mental health and wellness can be viewed as a wheel in which we're keeping many different dimensions in balance.
- Resilience can help us deal with stresses and challenges when the wheel is out of balance.
- Mental health can be viewed as a continuum, and we are all on some point the continuum at any given time.
- We can make a difference to a student in distress by knowing how to recognize the signs of distress, responding empathetically, and knowing how to refer the student to other resources.
- Staff and faculty are not expected to and should never diagnose or act as a counsellor, and they should be aware of their own boundaries and need for self-care.

Advance Preparation

Presentation Slides and Handouts

A set of presentation slides is available to accompany both in-person and online workshops. These slides can be adjusted to meet the needs of your participants and formatted to meet your institution's guidelines or slide deck templates. You can download

the slides here: [BCcampus, *Capacity to Connect: Supporting Students' Mental Health and Wellness* \[PPTX\]. \(https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/Capacity-to-Connect_03-08-2021.pptx\)](https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/Capacity-to-Connect_03-08-2021.pptx)

There are also two handouts available for download. [Handout 1: Wellness Wheel](#), [Handout 2: Supporting Students in Distress](#).

To prepare to facilitate this workshop, please consider the following:

- Read through the facilitator's guide to familiarize yourself with the content and the callout boxes.
- Download the presentation slides and make any modifications.
- Familiarize yourself with the Wellness Wheel and the Mental Health Continuum.
- Consider how many participants you expect will attend. The guide assumes a small to medium number of participants (approximately 6 to 30); if your group is very large, you may need to modify some of the small group and reflection activities.
- Prepare to give a territory acknowledgement to open the session (see [Opening the Session](#) for more information).
- Add relevant examples and additional insights based on your own experience or that are relevant to the student population at your institution.
- Find out what on-campus and community resources are available that support student mental health and well-being and create a resource sheet to share with participants (or have the website ready for viewing on screen).
- Consider which resources, procedures, or policies at your institution are relevant to helping students who need help.
- Determine how you will share handouts and other resources, particularly when you are facilitating an online session. You may put PDFs in the chat, share a link in the chat, or email participants after the session.

Preparing for an In-Person Session

You will need the following:

- Laptop
- Projector
- Flipchart or whiteboard and appropriate markers
- Handouts (see [Handout 1: Wellness Wheel](#) and [Handout 2: Supporting Students in Distress](#))
- Handout from your institution with contact information for student supports on campus

Preparing for an Online Session

- Schedule a meeting time in a video-conferencing program.
- Check that the screen share function is enabled for sharing slides.
- If using chat or breakout rooms, check that they are enabled.
- Share the meeting link and any passwords with participants prior to the session.
- Consider sending the meeting information at least twice, including once the day before the session. You may also want to share suggestions for online meeting etiquette for creating a safe learning space (i.e., sharing supportive comments, respecting confidentiality, etc.)
- Consider assigning someone to be the monitor responsible for responding to technical issues and questions posted to the chat.
- As noted above, make sure you have a plan for distributing any resources, such as handouts, online. Remember to let participants know how and when they can expect to receive these resources.

Facilitation Tips and Frequently Asked Questions

Facilitating conversations about mental health and well-being can be challenging. Participants likely bring many different experiences, assumptions, ideas, and worries about how best to support students who are struggling with these issues.

It's important to create a space where people feel safe and supported so they share and listen to others with respect and empathy. This section offers ideas and tips for creating such an environment, but facilitators also have a time limit in which to present material. It's important to keep an eye on the clock and know how, and when, to direct people's attention to the next topic.

As mental health and wellness affects all parts of our lives, participants may bring up related issues or concerns. Below are some questions that might come up during the presentation, with suggestions for responses. The goal is to acknowledge people's comments, thank them for their contribution, and point them to resources they may find helpful. Then the discussion can move back to the specific topic at hand.

What teaching practices can I use in my classroom to support student mental health and well-being?

- Thank the person for bringing up this important topic.
- Acknowledge that there isn't time to address this question in a meaningful way.
- Direct participants to the supports available at your institution around this topic.
- Invite the person to talk with you after the session for further assistance.

Why isn't this institution doing more to support students struggling with mental health and wellness?

- Acknowledge in a respectful way the person's commitment to students' well-being.
- Let them know that you'll be sharing resources that are available currently.
- Invite them to meet with you after the session to share ideas for how the institution could do better.

Why do I have to be responsible for students' mental health and well-being? We have counselling services for that.

- Remind people that no one is being asked to take responsibility for students' well-being.
- Note that faculty and staff have a role to play, but only if they feel comfortable doing so while maintaining their own boundaries.
- Suggest that participants who still have concerns after the presentation come and talk with you for further guidance.

I tried to help a student and it went badly.

- Acknowledge that the person has had a negative experience in the past. Focus their attention on the present: by attending this session they can perhaps discover other ways of supporting students while maintaining good boundaries.
- Invite the person to talk with you after the presentation if they still have concerns.

What about the support for the mental health and well-being of faculty and staff?

- Acknowledge the importance of the issue being raised: faculty and staff face their own challenges around mental health and well-being.
- Let people know that there are institutional and community resources available to them and you can provide those after the session.
- Invite participants to support each other using the skills that are covered in the session. Remind people that we can benefit from being seen and being offered empathy and care.

Detailed Agenda for a Two-Hour Session

This agenda provides suggested timings for activities, but facilitators should feel free to adjust these, including adding a short break as needed.

Activity	Time
<p>Welcome</p> <ul style="list-style-type: none"> • Territory Acknowledgement • Introduction of Facilitators • Possible Opening Check-in Activity 	3 min
<p>Workshop Overview</p> <ul style="list-style-type: none"> • Goals and Objectives • Support for Participants 	2 min
<p>Opening Activity</p>	4 min
<p>Wellness Wheel</p> <ul style="list-style-type: none"> • Brainstorming Activity • Presentation • Small Group Activity 	15 min
<p>Mental Health Continuum</p> <ul style="list-style-type: none"> • Presentation • Short Reflection Activity 	7 min
<p>Mental Health Statistics</p> <ul style="list-style-type: none"> • Presentation • Short Reflection Activity 	5 min
<p>Introduction to Three Rs Framework</p>	1 min
<p>First R: Recognizing</p> <ul style="list-style-type: none"> • Group Activity • Presentation 	10 min
<p>Second R: Responding</p> <ul style="list-style-type: none"> • Reflection Activity 1 • Presentation • Short Video • Video Reflection Activity 2 • Discussion on Suicide 	20 min

Third R: Referring <ul style="list-style-type: none"> • Presentation • Handouts 	8 min
Maintaining Boundaries <ul style="list-style-type: none"> • Presentation • Brainstorming Activity 	15 min
Practice <ul style="list-style-type: none"> • Practice Scenarios • Debrief 	20 min
Summary and Conclusion <ul style="list-style-type: none"> • Summary • Maya Angelou Quote • Q&A 	10 min

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Opening the Session

This section describes how to welcome participants and prepare them to engage with the material. This includes:

- Welcome and territory acknowledgement
- Explaining goals and objectives
- Supporting participants



Welcome

Territory Acknowledgement



Welcome participants and open with a territory acknowledgement. If you're unsure of your territory, the website [Native-Land.ca \(https://native-land.ca/\)](https://native-land.ca/) is a helpful resource.

Territory Acknowledgement and Indigenous Ways of Knowing and Being

A meaningful territory acknowledgement allows us to develop a closer and deeper relationship with not only the land but also the traditional stewards and peoples whose territories we reside, work, live, and prosper in.

Acknowledging the territory within the context of mental health and well-being can open a person's perspective on traditional ways of knowing and being, stepping out of an organizational structure and allowing participants to delve into their own perceptions, needs, and abilities.

Territory acknowledgements are designed as the very first step to reconciliation. What we do with the knowledge of whose traditional lands we are on is the next important step.

Some questions to consider as you acknowledge your territory:

- What do we do as good guests here?

- What can I do in my personal and professional roles to contribute to reconciliation?

Should your institution have an approved territory acknowledgement please use that to open the session; however, we invite you to consider how to make that institutional statement more personal and specific to you, in that moment and in the work you are about to delve into with your participants.

Opening Check-in Activity

After the welcome, introduce yourself. You could ask participants to very briefly introduce themselves, or you may want to start the session with a short participant check-in as a way to invite people into a learning space. You could ask participants to share very brief introductions or do an online poll that asks people to choose the type of weather that matches how they are feeling. There are many different ways to have participants check in with themselves and the group, and we invite you to use questions and reflections that are meaningful to you and the group.

Goals and Objectives

Presentation Objectives

We hope that by the end of this presentation, you will be able to:

- Describe what mental health is.
- Recognize the different ways students may express distress.
- Respond to a student with a mental health concern in an empathetic way.
- Refer a student in distress or illness to appropriate resources.
- Explain the need for boundaries when supporting students in distress.



Review the overall goal of this presentation: to help faculty and staff develop the knowledge, skills, perspectives, and confidence to support student mental health and wellness.

After participating in the presentation, participants will be able to:

- Describe what mental health and wellness is.
- Describe how students show resilience to deal with common and reversible stress.
- Recognize the different ways a student may show they are in distress.
- Respond to a student with a mental health concern in an empathetic way.
- Refer a student in distress to appropriate resources.
- Explain the role of faculty and staff in supporting student mental health and the need for boundaries when supporting students in distress.

Participants will leave this session with a clear understanding of their role in responding to students in distress and have basic tools for approaching and referring students to campus resources.

Practical Information

Practical Information

- Presentation is two hours long.
- Questions and reflections are encouraged.
- Handouts will be available at the end.
- If online, remember to use the mute button.
- If online, leaving your camera on is optional.



Suggest that as people engage with the presentation, they reflect and think about how the information might apply to situations they have already had with students, or situations that they can imagine coming up in their role as faculty or staff.

Encourage people to provide feedback and share their input during the discussions as this helps improve the learning opportunities.

Encourage people to jot down notes during reflection activities. Encourage them to ask questions if they have any questions during the session.

Let everyone know that after the presentation, they will have access to printable (PDF) handouts of a Wellness Wheel worksheet and a handout on how to respond to students in distress. If possible, have a handout with contact information of your institution's support services for students.

If you are giving this session online, remind online participants that they can turn off their cameras and move around the room during the session. Ask them to be mindful of using the mute button to reduce noise in the online space.

Supporting Participants

Support and Self-Care

- Take any actions you need for your own well-being:
 - Pause
 - Ground yourself
 - Take a break or leave (give us a thumbs up as you're leaving so we know you're okay)
- Share only if you are comfortable.
- If you need further support, reach out after the session.



Most importantly, invite people to do whatever they need to take care of themselves throughout the presentation. Acknowledge this may be a difficult topic for some and suggest that participants do what they need to in order to care for themselves. Remind people that everyone is human and is touched in some way by the topics discussed in the presentation. People should feel free at any time to pause, take a break, stretch, and ground themselves.

For example, if a participant needs to leave or if some people prefer not to share, it's okay. For in-person sessions, you could suggest that if a participant does need to leave a session that they give a thumbs up as they go to let you know they're okay. Tell everyone that if you don't see a thumbs up, you'll ask a colleague to look for the participant outside the session to make sure they are all right.

Also, remind participants that they can share at the level that they feel comfortable with. Suggest that if anything comes up in the session that feels too important or difficult to handle on their own, people shouldn't hesitate to reach out to the appropriate services – a counselling office or an employee assistance program – to debrief or discuss it further.

Understand Your Role

- Because you interact with students frequently, you are often in a position to recognize when a student may be in distress.
- You are *not* expected to be a counsellor.
- You *can* be a supportive person and connect a student to campus services and resources, such as counselling.



Understanding the Role of Faculty and Staff

Because faculty and staff interact with students frequently, they are often in a position to recognize when a student may be in distress. Responding with empathy and knowing how to connect a student to campus services and resources such as counselling services can be critical factors in supporting students' mental health and well-being.

However, it's important to emphasize that staff and faculty are not expected to act as a counsellor and should never try to diagnose a mental health issue. There are services on campus or in the community that support students who are struggling or in distress.

To effectively support students who are struggling, faculty and staff do need to be aware of the signs and symptoms of mental health issues. This session is to clarify what faculty and staff can do to support students' mental health and wellness.

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Section 2: Mental Health and Wellness

Mental Wellness

This section describes what mental health is and introduces the Wellness Wheel, which is a model based on Indigenous holistic perspectives of wellness. The Wellness Wheel is available as a PDF. See [Handout 1: Wellness Wheel](#).

What Is Mental Health and Wellness?

What Is Mental Health and Wellness?



Brainstorming Activity

To open, ask people to jot down what they think of when they think of mental health and wellness. (If online, ask people to add one or two thoughts into chat.) Ask people to briefly share.

One Definition of Mental Health

- Mental health is the capacity of every individual to feel, think, and act in ways that enhance their ability to enjoy life and deal with challenges.
- It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.

Source: Public Health Agency of Canada. (n.d.). *Mental health and wellness*. <https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/mental-health-and-wellness>



The Public Health Agency of Canada defines *mental health* as “the capacity of every individual to feel, think, and act in ways that enhance their ability to enjoy life and deal with challenges. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.”¹

Mental health is essential to overall health and influenced by the many different factors. We can all work to restore our mental health and wellness.

Wellness Wheel

Wellness Wheel

The Wellness Wheel aligns with an Indigenous perspective that views individuals holistically.

- Wellness is a state of balance.
- Each dimension of wellness is interconnected.
- All dimensions are equally important to finding balance.



1. Public Health Agency of Canada. (n.d.). *Mental health and wellness*. <https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/mental-health-and-wellness>

The Wellness Wheel aligns with Indigenous traditional practices that view individuals holistically, recognizing that wellness means being in a state of balance with the physical, emotional, academic/career, social, creative, spiritual, environmental, financial, and intellectual aspects of your life.

The Wellness Wheel is not a static concept, but a way of viewing the many dimensions that support wellness. There are things we can all do as individuals to improve our own mental health and well-being, and how we manage our wellness is an ongoing reflective practice.

The Wellness Wheel helps us to see what aspects might be falling in and out of balance in our lives. We can try our best to be flexible and respond to aspects of well-being that may need additional care or attention. Using the concepts in the Wellness Wheel can help us visualize our journey and assist in not only mitigating stressful circumstances, but also in recognizing areas of our lives in which we are thriving.

Dimensions of the Wellness Wheel



The following dimensions make up this Wellness Wheel:

Physical wellness: Taking care of your body through physical activity, nutrition, sleep, and mental well-being. For example:

- Engage in some form of physical activity every day for at least 30 minutes
- Eat a variety of healthy foods
- Get an adequate amount of sleep every night (7–9 hours)

Emotional wellness: Making time to relax, reduce stress, and take care of yourself. Paying attention to both positive and negative feelings and understanding how to handle these emotions. For example:

- Practice mindfulness
- Start a gratitude journal
- Pay attention to self-talk and shift toward positive self-talk
- Track emotions daily to look for patterns and possible triggers

Academic/career wellness: Expanding your knowledge and creating strategies to support continued learning. For example:

- Set up academic goals
- Create a study schedule and plan ahead
- Connect with a mentor to further your understanding of career ideas
- Review your short- and long-term career goals regularly to make sure you are on track

Social wellness: Taking care of your relationships and society by building healthy, nurturing, and supportive relationships and fostering a genuine connection with those around you. For example:

- Make an effort to keep in touch with individuals who are supportive
- Practice active listening skills
- Join a club or an organization to meet new people
- Be mindful of commitments you make – know your limitations (don't spread yourself too thin)

Creative wellness: Valuing and actively participating in arts and cultural experiences as a means to understand and appreciate the surrounding world. For example:

- Play an instrument or make music
- Engage in the visual arts
- Try creative writing
- Engage in creativity through movement (dance)

Spiritual wellness: Taking care of your values and beliefs and creating purpose in your life. For example:

- Volunteer
- Meditate
- Express gratitude

- Practice forgiveness and compassion for yourself and others

Environmental wellness: Taking care of what is around you. Living in harmony with the Earth by taking action to protect it and respecting nature and all species. For example:

- Spend time in nature
- When possible, travel by walking, riding your bike, or taking public transportation
- Recycle and compost
- Use reusable water bottles and shopping bags

Financial wellness: Learning how to successfully manage finances to be financially responsible and independent. For example:

- Create and maintain a budget
- Pay your bills on time
- Pack your lunch to limit how often you eat out
- Meal plan before grocery shopping

Intellectual wellness: Being open to exploring new concepts, gaining new skills, and seeking creative and stimulating activities. For example:

- Try a new activity at school or in the community
- Explore things that you are curious about
- Read and write for pleasure

Resilience

What Is Resilience?

- Being able to adapt to challenges and setbacks.
- Finding ways to shift back toward balance and mental wellness.
- Noticing when stress appears and taking proactive steps to manage it.

The Wellness Wheel can be a guide. It helps us recognize imbalance and our resiliency.



Resilience means being able to adapt to life's challenges and setbacks. When something is out of balance in our lives or we're experiencing stress, resilience helps us to shift back toward balance and mental wellness. It's the ability to adapt to difficult situations and it can help protect us from various mental health issues, such as depression and anxiety. Resilience isn't about avoiding or ignoring challenges in life; rather, it's noticing when stress appears and taking proactive steps to manage the stress and pressure.

The Wellness Wheel can help us recognize what might be causing stress or pressure in our lives. It also reminds us of our own resilience and strengths; while we may be struggling in one area, we may be doing well in many other areas.

Traditional Healing Practices

In many Indigenous cultures across Turtle Island (what we now call North America), Indigenous Peoples have used natural resources as a source of healing and ceremonial medicine since time began. These traditional healing practices are ways many Indigenous people restore balance and build resilience.

Below is one perspective on maintaining balance and wellness from Kwakwaka'wakw culture. You can share this with your group or consider reaching out to Indigenous Elders or Knowledge Keepers in your community to learn more about local traditional healing practices that you could share with participants.

In my culture, we use the roots of a yarrow plant steeped in hot water to make tea to soothe stomachaches, headaches, colds, and diarrhea. We steam cedar branches in a pot on the stove to help with respiratory distress. We burn sage to smudge and cleanse ourselves, our space, or items of negative energies or spirits. When we have painful or negative emotions or when grief, sadness, or loss overwhelms us, we are taught to go back to the land, to go back to the water, to reconnect with the universe's life force. Doing this through ceremony can be simple or elaborate; we can do this in private or within a trusted community.

One way we refer to these medicines is as helpers. Water is a common helper many people use, going to a natural body of water and submerging themselves entirely so the water cleanses them head to toe. If you do not have access to natural bodies of water, stand in the shower – not a bath that you soak in, but a shower to let the water run over you. This can be a time to speak to your helper and share with it your burdens; tell it what is weighing you

down and ask for the help you need, allowing all the negativity to flow off you with the water. End with words of gratitude for the support of that helper.

As each Indigenous community has its own sacred connections to its territory and the medicines and plants that thrive there, we encourage you to seek out Knowledge Keepers in your area to learn more. Observe protocol by approaching the Elder or Knowledge Keeper with deep respect and an offering of tobacco (loose tobacco as it comes in the pouch from any general store is sufficient) while asking them to share with you what their traditional helpers may be. Not all ceremonial or cultural knowledge can be shared freely with people outside the community, as some sacred knowledge is kept for the community alone. But what can be shared will be shared with a good heart, as it helps all peoples come together in harmony.

—Jewell Gillies is Musgamagw Dzawada'enuxw of the Kwakwaka'wakw Nation (Ukwana'lis, Kingcome Inlet, B.C.).

Small Group Activity

- Consider one or more aspects of the Wellness Wheel.
- If you feel comfortable, discuss:
 - What stressors might fall under this part of the wheel?
 - How might students behave when they are facing these stressors?
 - What strengths and resiliency might students show?
- We'll debrief in about 5 minutes.

Small Group Activity

Divide the participants into small groups and ask each group to consider one or more aspects of the Wellness Wheel to discuss:

- What stressors might fall under this part of the wheel?
- How might students behave when they are facing these stressors?
- What strengths and resilience might students show?
- Come back and debrief. Some responses may include:
 - Moving
 - Adjusting to university
 - Exams
 - Financial pressure
 - Difficulty finding child care
 - Break-up with a partner or argument with a friend
 - Loneliness or isolation
 - Job interview

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Mental Health Models

This section looks at the difference between mental health and mental illness and introduces the Mental Health Continuum, which illustrates how we can all move from healthier to more disrupted levels of functioning and back.

This section also looks at marginalized groups that are at higher risk of experiencing mental health challenges and face greater barriers to getting help.

Mental Health and Mental Illness

Mental Health and Mental Illness

Mental Health

Capacity to think, feel and act in ways that enhance our ability to:

- Enjoy life
- Deal with challenges

Mental Health Issues

Diminished capacities (cognitive, emotional, attentional, etc.) that interfere with:

- Enjoyment of life
- Interactions with society and our environment

Mental Illness

Conditions that affect a person's thinking, feeling mood, or behaviour including:

- Depression
- Anxiety
- Post-traumatic stress disorder



Mental health is a term that is often used interchangeably with *mental health issues* or *mental illness*, but they are not the same.

As we discussed, *mental health* is the capacity of every individual to feel, think, and act in ways that enhance their ability to enjoy life and deal with challenges.

Mental health issues refer to diminished capacities – whether cognitive, emotional, attentional, interpersonal, motivational, or behavioural – that interfere with a person's enjoyment of life or adversely affect interactions with society and environment. Feelings of low self-esteem, frequent frustration or irritability, burnout, feelings of stress, or excessive worrying, are all examples of

common mental health problems.¹ Most people will experience mental health issues like these at some point in their life.

Mental illnesses are conditions that affect a person's thinking, feeling, mood, or behaviour, such as depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day.

Mental health is more than the absence of mental illness. It includes our emotional, psychological, and social well-being. It is influenced by many factors, and it affects how we handle the normal stresses of life and relate to others.

Mental Health and Mental Illness

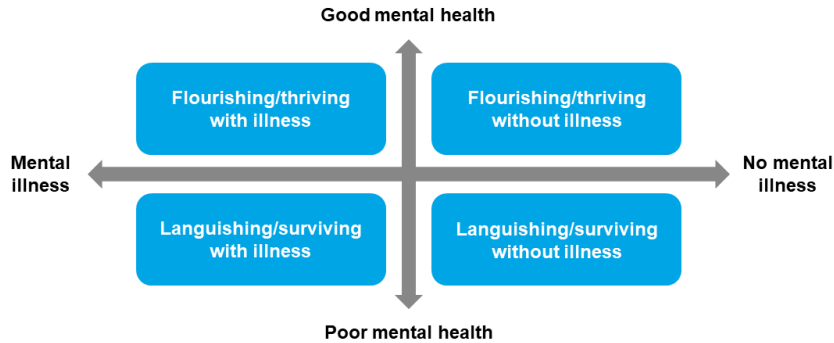
People living with mental illness can have good mental health and be flourishing in their lives.



A person diagnosed with a mental illness can have good mental health and be flourishing and thriving. Likewise, a person can be languishing or experiencing poor mental health and not be diagnosed with a mental illness. The Corey Keyes Dual Continuum Model illustrates this.

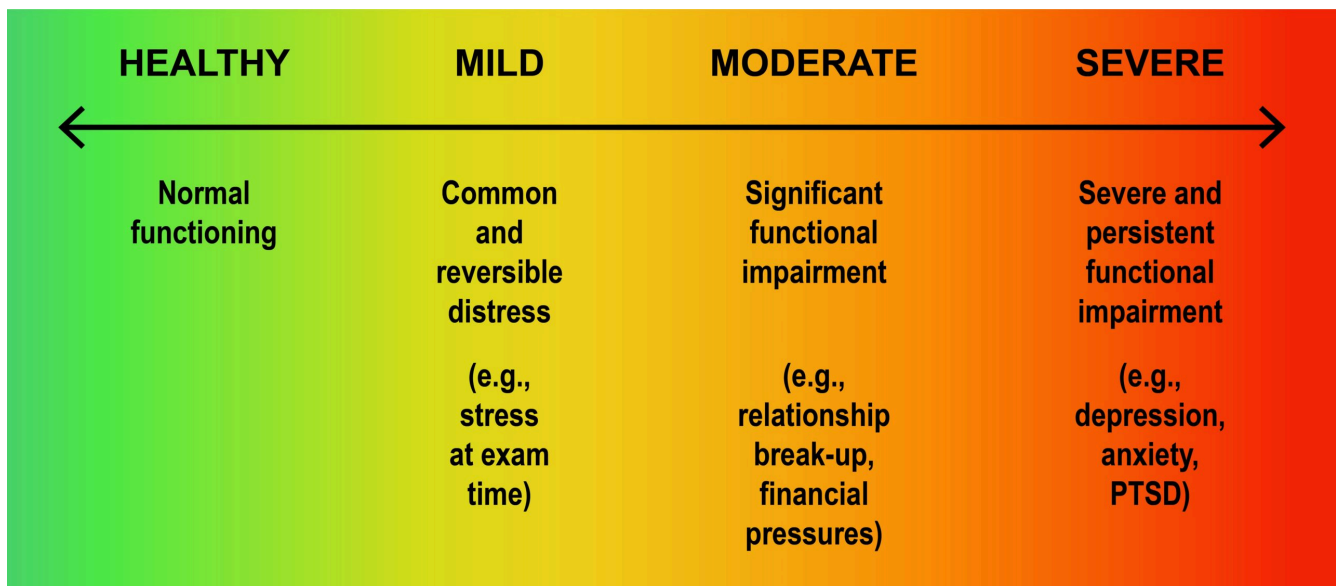
1. Stephens, T., Dulberg, C., & Joubert, N. (1999). Mental health of the Canadian population: A comprehensive analysis. *Chronic Diseases in Canada*, 20(3): 118–126.

Corey Keyes' Dual Continuum Model



Mental Health Continuum

The Mental Health Continuum is another way to think about mental health. All of us have a mental health life; we all experience changes in our mood, changes in our level of anxiety – from life stressors or from crises – and those changes can be considered on a spectrum or a continuum. On this continuum, we can move from healthier to more disrupted levels of functioning and back. At each level, there are resources to promote health and reduce disruption.



Healthy

On one end of the continuum, we have times when our health is good, we can cope with whatever comes our way, and we can do the things we need or want to do. We would describe that as healthy

functioning. Thinking back to the Wellness Wheel, this is when everything is mostly in balance on the wheel or in our lives.

Mild Disruption

There are moments in our lives when we have what we call predictable or common stress. These experiences of stress are to be expected at times in our lives – they may be common and reversible, and they are usually temporary, such as the stress students experience during exam time. Students can maintain hope that when it's all over, they'll likely feel a lot better – the stressor will come to end and there is usually some relief.

We all have times when we feel down or stressed or frightened. Most of the time those feelings pass. Sometimes a person may just need someone to talk to and to be reminded that they are resilient and have other strengths, even though they may be struggling in one part of their life.

Moderate Disruption

The next level is *moderate disruption*, which signifies more severe impairment to one's mental health. Here the disruption is becoming more serious, and it is affecting other parts of a person's life and their ability to function. A relationship break-up or financial pressures could cause more moderate disruption. On the Wellness Wheel, several areas of wellness are impaired and there is a more serious imbalance.

Severe Disruption

Severe disruption is when a person is unable to cope on their own because of significant and persistent functional impairment. They may need to take time off, and to seek professional help from a counsellor, doctor, or the hospital because of a mental illness such as anxiety, depression, or post-traumatic stress disorder (PTSD).

Marginalized Groups and Mental Health

When we talk about mental health, we also need to be aware of factors like race, sexual orientation, social class, age, disability, and gender and the unique life experiences and stressors that accompany them. Some students face inequality, discrimination, and violence because of their race, gender orientation, or disability. These unique and specific stressors impact mental and physical health, and these students often experience greater mental health burdens and face more barriers to accessing care.

By providing a culturally safe environment, we can all play a role to ensure that each student feels their personal, social, and cultural identity is respected and valued.

Marginalized Groups and Mental Health

- Students may face inequality, discrimination, and violence because of race, sexual orientation, or disability. This can affect mental health.
- We can work to provide a culturally safe space for all students including those who are:
 - Indigenous
 - New to Canada (international students)
 - LGBTQ2S+
 - Living with a disability
 - From racialized communities



International Students

Both undergraduate and graduate international students are often under a lot of pressure and the stakes are often very high for them. Their tuition is expensive, they've travelled a long way to attend a post-secondary institution in B.C., and they feel a lot of pressure to do well academically. They may be struggling to adjust to a new culture or learn English, and they may be missing home, family, and friends. The understanding of mental health and wellness differs between cultures, and international students may have a different understanding of how mental health impacts academic performance, and they may not be aware of the support systems available to them when they arrive.

Indigenous Students

Indigenous students may be struggling as they adjust from living in a community where they are surrounded by family and neighbours who share the same culture and spiritual beliefs to living in an urban academic setting. They may be the first generation to pursue post-secondary education, and they may be missing their home, family, Elders, and community. The impact of residential schools and other colonial policies have created ongoing adversity for Indigenous people, and there is evidence that this has created intergenerational trauma. Many Indigenous students may also lack trust in educational and health care institutions because of the negative or traumatic experiences they or family and friends have experienced in the past.

LGBTQ2S+ Students

People who are LGBTQ2S+ (lesbian, gay, bi-sexual, transgender, queer, Two-Spirit) are at a much higher risk than the general population for mental health disorders, substance abuse, and suicide.² Homophobia and negative stereotypes about being LGBTQ2S+ can make it challenging for a student to let people know this important part of their identity. When people do openly express this part of themselves, they worry about the potential of rejection from peers, colleagues, and friends, and this can exacerbate feelings of loneliness. Their health needs may be unique and complex, and health care settings can feel unsafe or uncomfortable for some.

Students with a Disability

Many students live with some form of physical, cognitive, sensory, mental health, or other disability. Students of all abilities and backgrounds deserve post-secondary settings that are inclusive and respectful. Unfortunately, many institutions are not designed to fully support people who need extra accommodation, and students with a disability frequently encounter accessibility challenges and extra barriers to achieving academic success. In addition to navigating the complex environment of a post-secondary institution that is not set up for them, students with a disability also often have to combat negative stereotypes, bias, and discrimination. These many extra challenges can take their toll on mental health.

Racialized Students

Black, Indigenous, and other racialized students have likely faced racism and discrimination multiple times throughout their lives. Racism can encompass a range of words and actions, from the overt racism of violence or slurs to microaggressions (everyday, subtle interactions that demean or put down a person based on their race). Sometimes microaggressions are not intentional, but they can still be very harmful, and they are a form of racism that many students experience. These repeated negative interactions can be overwhelming at times, especially in post-secondary spaces where a student could reasonably assume they would be free from any form of bullying, harassment, or discrimination.

Racism and discrimination in various forms can have a significant impact on a student's mental health and can lead to increased risk of depression or suicide, increased levels of anxiety and stress-related illnesses, and post-traumatic stress disorder.

2. U.S. Office of Disease Prevention and Health Promotion. (n.d.). *Healthy people 2020: Lesbian, gay, and transgender health*. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

Reflection



As you think about students you work with, what stresses might be specific to certain groups?

Reflection Activity

Ask participants to think about the students they work with and consider the stresses that may be specific to certain groups.

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Mental Health Statistics

This section provides general statistics on mental health in Canada as well as specific information about young adults.

It includes suggestions about finding and using statistics that best reflect the lived experience of your institution's students, faculty, and staff.

Did You Know . . .

In any given year,

- 1 in 5 people experience a mental health problem or illness.
- But only 1 in 3 people who experience a mental health problem or illness receive help or treatment.

Source: Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB.



Mental Health Problems Are Common

Mental illness is common and in any given year, one in five people will experience a mental health problem or illness.¹ This means that if we count all of our friends, family, associates, people we work with, students in our classrooms, or even ourselves, we're going to encounter a significant number of people who have a mental health problem or illness.

People in their late teens and early twenties are at the highest risk for mental illness; in these years, first episodes of psychiatric disorders like major depression are most likely to appear.²

1. Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary: Author.
2. Queen's University. (2012). *Report of the principal's commission on mental health*; Mental Health

We know that mental health problems actually create more lost time from work and more lost pleasure in life than any physical health conditions.³ Mental health problems can be hugely disabling.

According to the Mental Health Commission of Canada, only one in three people (and only one in four children or youth) who experience a mental health problem or illness say that they have sought and received services and treatment. This means a lot of people who need treatment and support are not seeking help.

Post-Secondary Students

In 2019, a survey of Canadian post-secondary students showed:

- 51% felt depressed
- 69% felt overwhelming anxiety
- 16% seriously considered suicide

Source: American College Health Association. (2019). American College Health Association-National College Health Assessment II: Canadian Group Data Report Spring 2019.



The National College Health Assessment collects data related to health and health behaviours of post-secondary students across Canada and the U.S. In 2019, the study of Canadian students found that over the prior year at least one time:⁴

- 51% of students had felt so depressed that they found it difficult to function
- 69% had felt overwhelming anxiety
- 16% had seriously considered suicide

Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB

3. Canadian Psychological Association. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada: A review of the final report of the Standing Senate Committee on Social Affairs, Science and Technology*; Warren Shepell Research Group.

(2005). *Workplace mental health indicators: An EAP's perspective*. https://www.shepellfgi.com/EN-US/AboutUs/News/Research%20Report/pdf/ir_mentalhealthindicators_enreport.pdf

4. American College Health Association. (2019). American College Health Association-National College Health Assessment II: Canadian Reference Group, executive summary spring 2019. Silver Spring, MD: American College Health Association.

Pursuing a post-secondary education is often a demanding and stressful time. These stressors can play a role in a student's mental well-being and contribute to increased risk for mental health problems.



Adaptations

You need to give participants only a few statistics to illustrate that mental health issues are prevalent. There may be statistics on student mental health at your institution that you can use. Check with counselling services, student services, or Indigenous student services to see if they have statistics specific to your student population.

As you select and present statistics, you might want to consider using:

- Statistics that show the long-term impacts of the pandemic on mental health. For example, this resource was created during the COVID-19 pandemic, but in the next few years, other issues such as economic concerns or intergenerational trauma caused by the pandemic could affect students' mental health.
- Research that has been done in your community or at your institution.
- Statistics that show how global issues impact students' mental health, such as the environmental crisis or natural disasters.
- Statistics that show the magnitude of suicide and overdose deaths of young people.
- Both quantitative data (numbers) and qualitative data (for example, brief statements from students about how they are feeling).

The COVID-19 Pandemic and Global Environmental Stressors

The arrival of COVID-19 upended the functioning of post-secondary institutions around the world. This created new challenges and stresses for students, faculty, and staff, as well as the larger community. While the pandemic will end, there are other global factors, such as the environmental crisis, that have a great impact on students' mental health; you may want to find statistics on this.

If you want to address the stressors of COVID-19, here are some statistics about the effect it's having on mental health.

From the beginning of the COVID-19 pandemic, Statistics Canada reports:⁵

5. Statistics Canada. (2020, May 27). Canadian's mental health during the COVID-19 pandemic. *The Daily*. <https://www150.stacan.gc.ca/n1/daily-quotidien/200527/dg200527/dg200S27b-eng.htm>

- 52% of participants indicated that their mental health was either “somewhat worse” or “much worse” since physical distancing.
- 64% of those aged 15 to 24 reported a negative impact on their mental health.
- 41% of youth report symptoms consistent with moderate or severe anxiety.

Also, in a May 2020 a Canadian Alliance of Student Associations study of 1,000 post-secondary students found the following:

- Over 70% of respondents reported they have felt stressed, anxious, or isolated due to the pandemic.
- 82% reported worry about their future beyond the pandemic.
- Students are reporting more stress about everything, from their health, to their finances and future.⁶

Reflection



- Do any of these statistics surprise you?
- What thoughts have come up for you so far as you think about the prevalence of mental health issues?

Reflection Activity

Notice for yourself, do any of those statistics surprise you?

6. Canadian Alliance of Student Associations. (2020, June 15). *Students are still worried: COVID-19 and post-secondary education*. https://www.casa-acae.com/students_are_still_worried_covid19.

What thoughts have come up for you so far as you think about the prevalence of mental health issues?

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Section 3: The Three Rs Framework: Recognize, Respond, Refer

The First R: Recognizing Signs of Distress

This section introduces the Three Rs Framework – recognize, respond, refer – as a way to support students who may be in distress. This section focuses on how to recognize signs of distress, including signs that a student may be considering suicide.

The Three Rs Framework



Recognize

A noticeable change in a student's words, actions, body language.



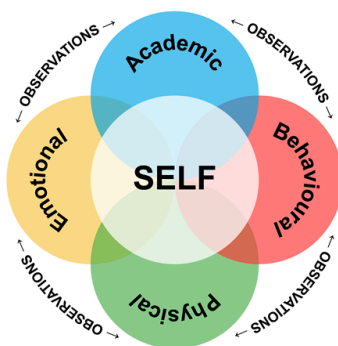
Recognize

The Three Rs Framework – recognize, respond, refer – is an important way that we can support

students. The first R is recognize. How do we recognize when someone is distressed and struggling? Thinking about your students and any times you might have been concerned about them, what are some signs you have noticed that they may be experiencing distress, which we define as more than predictable day-to-day stress? What did you notice? (Make the key point: the main sign is a change in a student's presentation.)

Students often give us clues about the state of their wellness through either their words, body language, or actions. What are some signs of distress that you've noticed in students?

Recognizing Signs of Distress



Either share the slide “Recognizing Signs of Distress” or write “Academic, Behavioural, Physical, Emotional” on the board and invite participants to share signs of distress that they’ve noticed in students. (For online sessions, ask participants to write their responses in chat.) You could also refer back to the exercise done earlier, where participants identified different behaviour changes they might see when there is an imbalance in the wheel.

Some possible signs that a student is not doing well include:

Academic signs

- Significant decline in the quality or quantity of classroom/research work
- Change in attendance
- Repeated lateness, missed appointments or deadlines
- Missed assignments or exams

Emotional signs

- Exaggerated emotional response (e.g., intense anger, sobbing, persistent worry)
- Overly confident and enthusiastic

- Absence of emotion – appearing flat, disengaged
- Lack of motivation or interest

Physical signs

- Falling asleep in class
- Noticeable decline in hygiene or looking unkempt
- Significant change in energy level
- Appearing drunk or high
- Visible bruises, cuts, or injuries

Behavioural signs

- Describing difficult circumstances or experiences (e.g., loss, conflict, trauma, assault)
- Ranting emails
- Disregard of rules or authority
- Peer reports of concerns about, or discomfort with, a student

Signs that a Student Might Be Thinking About Suicide

What About Suicide?

Now let's shift to talk a little more about suicide, which may be a concern for anyone trying to support students who are in crisis. A student could give warning signs such as:

- Talking or writing about death, dying, or ending their life.
- Misusing substances, like drugs, alcohol, and inhalants, or showing signs of other harmful behaviours like excessive gambling or self-harming.

- Saying things like, “I don’t see any point,” or “They’d be better off without me.”
- Withdrawing from friends, family, and activities.
- Missing classes and avoiding help.
- Showing changes in feelings, appearance, or behaviour that are outside their norm.

For more information on signs that a person is considering suicide, see the IS PATH WARM tool, which is based on research from the American Association of Suicidology and used worldwide. It’s available on the [Canadian Association for Suicide Prevention \(https://www.suicideprevention.ca/resources/Documents/CASP-Know-the-Warning-Signs-.pdf\)](https://www.suicideprevention.ca/resources/Documents/CASP-Know-the-Warning-Signs-.pdf) website. This tool helps you think about some of the signs that a student could show if they are thinking about suicide and need help. It is important to remember that faculty and staff are not in a position to diagnose and are not expected to act as a counsellor, but if they are aware of the signs, they can help refer the student so they get the help they need.

You now have a sense of some signs of distress that you may see in students, and you have all seen and experienced some of these before. This is the first step: Recognizing.

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The Second R: Responding

This section focuses on how to respond in an empathetic way to a student in distress. [Handout 2: Responding to Students in Distress](#) is available as a PDF.

Respond

The second R is respond. Start this section with a reflection activity.

Reflection: Responding to Distress



- Think of a time you were mildly or moderately distressed.
- What did you need?



Reflection Activity

Think of a time when you were mildly or moderately upset or distressed yourself. Perhaps think back to when you were a post-secondary student. Reflect on what you needed or hoped for at that time. What did you need or want from others? Please take a couple minutes to write some of your thoughts. (Give participants a few minutes.)

Then ask participants to share one of the things they needed or wanted from others when they were upset or distressed (remind them not to share the details of the event itself).

If you are presenting online, ask participants to put their answers in the chat box, and read the responses from chat.

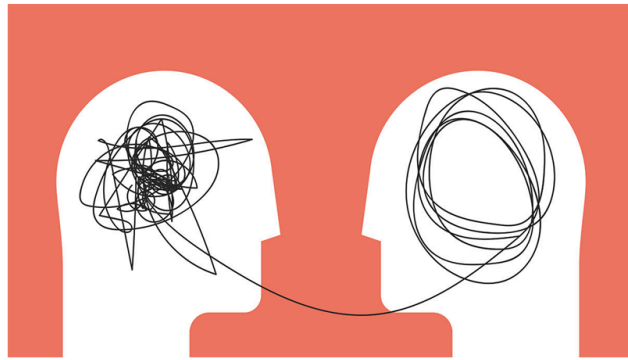
Then ask them to share one thing that wasn't or would not have been helpful. (If you are presenting online, ask participants to put their answers in the chat box.)

You have all had experiences with various responses when you were distressed. From your own life experience, you have developed an understanding of what is helpful that you can draw on when you are responding to students. The responses you have identified as helpful are examples of an empathic response.

Video: Brené Brown on Empathy (2:53 min)

Empathetic Responses

Video:
Empathy
in Action



Capacity to Connect: Supporting Students' Mental Health and Wellness

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This short video from well-known sociologist Brené Brown demonstrates how to respond in a helpful, compassionate way – empathy in action. (Show the Brené Brown video or share the link in chat): [Brené Brown on Empathy \(https://www.youtube.com/watch?v=1Evwgu369Jw\)](https://www.youtube.com/watch?v=1Evwgu369Jw).



A YouTube element has been excluded from this version of the text. You can view it online here: <https://opentextbc.ca/capacitytoconnect/?p=69> (<https://opentextbc.ca/capacitytoconnect/?p=69#pb-interactive-content>)

Video Reflection



- What stood out for you about the video?
- Is there anything you like to add to the conversation about what would (or wouldn't) be a supportive response?

- What stood out to you about the video?
- Is there anything you would like to add to the conversation we had about what would (or wouldn't) be part of a supportive response?

After the video, remind participants that there is not a script you need to follow, nor one way that will always work. The most important thing is to be yourself and to be authentic – and this can include being honest when you're not sure what to say.

The role of an empathetic listener is not to “fix” the student or tell them how to respond. Instead it is to listen and try to help them find appropriate support. Your expression of concern may be a critical factor in saving a student's academic career or life.

In many cases it's not the things we have to say that make the difference, it's the things that we allow the other person to say and get off their chest that will make room for more life-affirming options to come forth. Just being there, giving support, and offering a listening ear can help create a turning point for a student who is struggling.

When responding to students in distress, consider an appropriate balance of desire to help and provide solutions and respect for students' autonomy and their own capacity.

Some Tips for Responding to Students in Distress

Ideas for Empathetic Responses

- Give the student your complete attention.
- Listen without judgment.
- Try using “I” statements. (E.g., I've noticed you haven't handed in the last two assignments, and I'm concerned.)
- Acknowledge their thoughts and feelings with compassion.
- Repeat their statements to clarify and ensure you understand.
- Let them know you are concerned and want to help them find the right resources.

Before you talk to a student, make sure you are in a private place to have the conversation. Here are some suggestions:

- Give the student your complete attention. Listen without judgment and let them talk without interruption.
- Acknowledge the student's thoughts and feelings with compassion and empathy.
- Try using an "I" statement to start a conversation to express your concern. For example, "I've noticed that you haven't handed in the last two assignments and have missed a lot of classes lately, and I'm concerned."
- Repeat their statements to clarify and ensure that you understand what the issues are. For example, you could say, "I want to be sure I understand what you are saying. Is this what you meant?"
- Let them know you are concerned and want to help them find the right resources.

You don't need to "fix" the student, and you are not expected to act as the counsellor. You can assist many students simply by listening and referring them for further help.

Should I Ask About Suicide?

Asking About Suicide

What are your concerns, worries, or fears about asking a student if they are thinking about suicide?



Ask the group: what comes up for you when you consider asking about suicide? Invite them to share (either in person or in chat for online) and address answers, which may include:

- I'd be afraid that by asking they would start thinking about it more.
- It's so much responsibility.
- I don't have time to deal with the issue fully.
- I won't know what to do if they are considering suicide – what next?
- What if it's insulting to the student?

Validate all responses, reinforcing the notion that it is frightening to ask about suicide. Reinforce that one of the greatest fears most people have about asking is, what if a student says “yes”?

One concern that people often have is that if they bring up suicide and a student isn't considering it, they may start thinking about it as an option. That is untrue. Asking about suicide will not put the thought into someone's mind. It can give the person a sense of relief – for example, “Finally, someone has seen my pain” – or give them permission to open up further about something they have been keeping hidden.

If a Student Is Thinking About Suicide

- Ask if they want to talk about it.
- Ask if there is anything you can do and offer to help find support.
- Be non-judgmental and empathetic.
- Do not minimize the feelings expressed by the student.
- Do not be sworn to secrecy. Seek support.
- Do not debate with the student or use clichés.
- In an acute crisis, take the student to counselling or call a crisis line.
- Do not leave the student alone until help is provided.



If you do ask about suicide, it can be helpful to be open and direct in your questioning – this approach will convey a level of comfort. If a student says they are contemplating suicide, here are some ways to be helpful:

- Ask if they want to talk about it.
- Ask if there is anything you can do, and offer to help them access support.
- Be non-judgmental and empathetic.
- Do not minimize the feelings expressed by the student.
- Do not be sworn to secrecy. Seek out the support of appropriate professionals.
- Do not use clichés or try to debate with the student.
- In an acute crisis, take the student to counselling services or call a crisis line or 911 and campus security.
- If there seems to be an immediate risk, do not leave the student alone until help is provided.

Reinforce that it isn't the expectation that everyone ask about suicide. If a participant is still nervous or uncomfortable with the question, that's okay. It's okay to have limits. Within your role, the expectation is that you would help get the student connected to someone who will ask.

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The Third R: Referring

This section focuses on when and how you should refer students to support services and what to do in an emergency.

Refer

Let's talk now about the third R, referring students for further support. Often a few minutes of effective listening are enough to help a student feel cared about. If their distress is more significant and they are open to accessing more support, there are several services that can help. Knowing what these services are and how to contact them will help you in your role.

Services and Resources at Your Institution

Referring Students for Help

- Counselling services
- Campus security
- Indigenous student centre
- Health/medical services
- International student services
- Accessible learning centres
- Financial aid



If you have a list with names and contact information for these services at your campus, share this information with participants.

Below are some of the services available at most campuses.

- **Counselling services** help students manage personal, academic, and life concerns. Professional counsellors provide individual and group counselling sessions for students.
- **Campus security** helps coordinate responses to student emergencies and crises. If you call

911, call security first, as security can help first responders locate you.

- **Indigenous student centres** offer programs, mentorship, and a gathering place. They may have an Elder available to talk to students.
- **Health services** offer health and mental health care for students.
- **International student services** help students with personal or academic issues, study and work permits, and visa applications.
- **Accessible learning centres** provide services, coordinate academic accommodations for students, and act as a resource to work with the university community.
- **Financial aid** helps students needing financial support for their education.

Provincial Crisis and Support Lines

Provincial Mental Health Resources

- BC Suicide Line: 1-800-784-2433
- Mental Health Support Line: 310-6789
- Here2Talk: 1-877-857-3397 (a 24-hour phone and chat counselling support for B.C. post-secondary students).



Some larger campuses have a crisis line for students. If your institution does not have this service, there are also provincial crisis and suicide lines that have 24/7 support. These crisis lines also provide support to anyone who is helping a student in distress and needs to talk to someone and debrief.

Some provincial supports include:

- **BC Suicide Line:** 1-800-784-2433 (1-800-SUICIDE)
- **Mental Health Support Line:** 310-6789 (no need for area code)
- **Here2Talk:** 1-877-857-3397 (a 24-hour phone and chat counselling support for B.C. post-secondary students that offers free, confidential counselling and community referral services via app, phone, and web: [Here2Talk \(https://here2talk.ca/home\)](https://here2talk.ca/home))

Provincial Supports for Indigenous Students

- For Indigenous students, the KUU-US Crisis Response Services (24/7) provides culturally safe support: 1-800-588-8717
- The First Nations Health Authority website has Indigenous resources: [eHealth & Virtual Health \(https://www.fnha.ca/what-we-do/ehealth\)](https://www.fnha.ca/what-we-do/ehealth).

If You're Concerned for a Student's Immediate Safety

If it's an emergency situation, such as the student has taken pills, is experiencing psychosis, or is a danger to themselves or others, call 911 and campus security.

If it's not an emergency, but you are concerned, it can be helpful to offer to contact support services on the student's behalf while they are with you. You may also offer to walk with the student to counselling services.

If the Student Won't See a Counsellor or Seek Help

If a Student Refuses Help

- Consider student safety:
 - Is anyone at risk of immediate harm?
 - If yes, you need to consult and refer. You may need to call 911 and campus security.
- If there is no risk of harm, a student has:
 - A right to choose to get help.
 - A right to privacy.



Sometimes a student may not want to see a counsellor or refuses help.

Your first step in these cases will be to consider safety: is anyone at risk of immediate harm,

whether it's the student or someone else? If so, share your concerns with a counsellor or someone who can help ensure safety. If a student expresses thoughts about suicide, you don't have to carry that knowledge alone or assess the risk yourself – consult, refer, and if the risk is imminent, then contact emergency services.

If there is no risk of harm to anyone, keep in mind that ultimately it is the individual's right to choose whether to seek help. Individuals are resilient and often come to their own solutions or find their own supports when they are ready.

Ensure you are supported! Talk to friends, family, other instructors, an Elder, or a counsellor to share your concerns and decide how to proceed.

Privacy

Please be aware that if you refer a student to Counselling Services and are hoping to follow up to find out about the student, it is up to the student to give consent to release information.

Unless a student gives permission, faculty and staff won't be notified of what has happened.

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Maintaining Boundaries

This section will help you consider your own boundaries and limits as you respond to students.

Maintaining Boundaries



Maintain Your Own Boundaries

When helping students, it is important to remember to maintain your own boundaries. Recognize what you can and can't do, given the limitations of your role, and be clear with others. Refer students as appropriate and access your own support when needed.

Check-in with Your Feelings

- You feel responsible for the student.
- You often think about how to solve the student's problems outside of work hours.
- You think the problems the student brings are more than you can handle.
- You feel stressed out by the student's issues or behaviour.
- You feel pressure to solve the student's problems.
- You feel uneasy or have a gut feeling that the student is not okay despite the student denying it.
- You see a pattern repeating itself in your interactions with a student.
- You find yourself avoiding the student.
- You feel anxious or angry when the student approaches you.



We're going to consider a list of some feelings people might have as they try to support a student. These feelings may be signs that you are taking on too much and not maintaining boundaries. You may need to step back, consult, and take time for self-care. As you read this list, check in with your body and notice which of these resonate with you. They may remind you of an experience you've had with a student.

- You feel overly responsible for the student.
- You often think about how to solve the student's problems outside of work hours.
- You think the problems the student brings are more than you can handle.
- You feel stressed out by the student's issues or behaviour.
- You feel pressure to solve the student's problems.
- You feel uneasy or have a gut feeling that the student is not okay despite the student denying it.
- You see a pattern repeating itself in your interactions with a student.
- You find yourself avoiding the student.
- You feel anxious or angry when the student approaches you.

All of the above responses are common, and we can all likely relate to many.

We all have our limits of comfort challenged in different ways. When you notice any of these responses within yourself, it may be time to consult or refer.

Consult with Others

We encourage you to consult with your colleagues, chairs, deans, or others whom you trust. Counsellors can meet with staff and faculty who are concerned about a student and are unsure how to handle the situation. You can also call a crisis line if you have serious concerns about a student. You are encouraged to consult when:

- You are concerned about a student's safety, academic performance, or well-being but unsure how or whether to intervene.
- You are uncertain how to respond to a student's approach for help.
- You continue to be concerned about a student who has declined help.

Consult or Refer

- We all have our limits.
- Consider consulting if you:
 - Are unsure about intervening.
 - Are uncertain how to respond.
 - Continue to be worried.



Brainstorming Activity

Ask participants to jot down a few ideas about how they can take care of themselves while still being open and available to offer support to students.

(If online, ask people to add one or two thoughts into the chat.)

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Section 4: Practice Scenarios and Closing

Scenarios for Practice and Discussion

In this section, you'll find examples of scenarios you can use, either in person or online, to provide opportunities for participants to practise using the knowledge they've gained.

These scenarios provide helpful tips on what to say to students in different situations. If you don't have time for practice and discussion, try to allow some time to briefly review some of the responses. You can provide the scenarios as a handout or PDF (see [Handout 2: Supporting Students in Distress](#)).

Scenarios

- How might you respond and offer support to the student?
- What services might you suggest to the student?
- Who might you consult with?
- How does it feel to imagine offering support to the student in the scenario?
- How was it to ask (or not ask) about suicide?



Scenarios Pairs Activity

Ask participants to work in pairs to talk through some possible things to say to the student. Give the participants one of the six scenarios provided below to discuss together. (For online sessions, use breakout rooms.)

We've provided six scenarios of students who need support. Working in pairs, you can either role play or discuss together how you might respond and offer support to the

student in this scenario. This is a chance to think through how to express your care and concern for the student and offer support and any further resources that seem appropriate. Also consider the perspective of the student, referring to the Wellness Wheel.

Questions to discuss as a group:

- How might you respond and offer support to the student?
- What services might you suggest to the student?
- Who might you consult with?
- How does it feel to imagine offering support to the students in the scenarios?
- How was it to ask (or not ask) about suicide?

An important thing to remember is that you don't have to have all the answers for students, and you don't have to act as a counsellor. You can really support students by opening up a conversation, showing your care and respect, and inviting them to access support services.

Options for Scenarios

The following six scenarios offer participants opportunities to think about and practise responding to situations of students in distress. People may also want to read and reflect on them in their own time.

Encourage participants to use these scenarios as starting points, not scripts, for discussions and continued thought about how we can respond with empathy to students while recognizing and honouring their strengths and capacity to achieve balance.

Scenario 1: Student who failed an exam

A student has just found out they failed an exam and starts to cry while talking to their instructor.

Key points

- Highlight support and empathy while recognizing the capacity of the student
- Set a boundary
- Facilitate a referral

Possible staff/faculty response

I can see that you are upset about the exam. I can hear the disappointment in your voice. You've said that you don't feel that you can stay to attend the class, but I'm concerned about having you leave like this. I want to support you, but I have to teach this class right now. I wonder if you'd be willing to talk to a counsellor? It's confidential. Would it help you to have someone from class or a friend walk over with you? Who will you ask? Let me call Counselling Services and tell them to expect you.

Scenario 2: Indigenous student needing leave time for a family death

An Indigenous student comes into your office upset. They disclose to you that a close relative has just died unexpectedly, and they are stressed about how to ask their instructors for leave time from classes to go home for the ceremony and funeral. They explain to you that cultural protocols regarding the death of a family member are elaborate and can take up to a week or more to complete. They feel overwhelmed because they want to be home with their family and community, but they also have upcoming projects due in many of their courses. They express feelings of hopelessness during this interaction.

Key points

- Highlight support and empathy while recognizing the capacity of the student.
- Connect the student with staff from Indigenous Services (or Student Services if your campus does not have Indigenous Services. Student Services can connect the student with local Indigenous supports).
- Provide a referral to campus and community supports.
- Provide student support in their advocacy to instructors.

Possible staff/faculty response

I am so sorry to hear about your loss; dealing with grief while trying to manage other responsibilities can be so challenging. I commend you for your resilience in such a difficult time; you are actively looking for support and that is important to honour in yourself.

Are there any cultural supports here that I can assist you in connecting with? Have you spoken with the staff in Indigenous Services? As for advocating for your needs with your instructors for leave time, I am happy to help you navigate that process – there are ways to make a request to your instructors for an extension on any class work or assignments. Shall we map out how you can email

your instructors? Would you like me to connect you with Indigenous Services? I can introduce you to the staff there if you don't already know them. I think they'll be really receptive to supporting you in your request to the instructors as well and might have community or cultural supports that you can use.

Scenario 3: International student who failed an exam

An international student who is on probation has just failed an exam. The student fears they will be suspended and forced to go back to their home country, but they would be a disgrace to their family and they couldn't face them. The student says that they can't see any other option but to end it all.

Key points

- Highlight support and empathy while recognizing the capacity of the student
- Ask about suicide
- Facilitate a referral or follow-up

Possible staff/faculty response

I can see that you are upset about the exam. I can hear the disappointment in your voice and understand the fear about what will happen for you. When you say you might end it, I wonder if you mean you are thinking about suicide? I want to support you to be safe and to have a good outcome from this challenging time. I wonder if you'd be willing to talk to a counsellor? It's confidential and I think it's a wise thing to do. I'd like to walk over there with you.

If the student refuses, you could say, *Another option is for us to call the crisis line together right now so you can talk with them and find out about some resources.*

If the student says no, you could say, *I care about you and am worried about you, so for me to feel comfortable, I need to have someone contact you to see how you're doing and help support you.*

Scenario 4: Student who didn't receive financial aid (student loan)

A student presents as agitated and tearful. The student just found out they didn't get a student loan. They talked to their parents, who are clear about not giving them money. They have paid

their fees for courses but will not have enough money to get through the semester and are considered dropping out.

Key points

- Highlight support and empathy while recognizing the capacity of the student
- Facilitate a referral or follow-up

Possible staff/faculty response

I'm sorry that you are having such a difficult time. I can see how upsetting this is to you and how much you want to take these classes. Have you spoken about your concerns with someone at the Financial Aid office? Are you aware of where they are located? Have you spoken to the chair of your department or to Academic Advising?

Do you have anyone to talk to about this? Perhaps you'd find it helpful to talk with someone in Counselling Services about making a plan for next steps. They are just down the hall. I can walk you there if you like. If you need support after hours you can also call the crisis line for support; here is their number.

Scenario 5: Transgender student who is facing discrimination and isolation

A student who has disclosed to you in the past that they are transgender approaches you in tears. When you ask what is happening, they tell you that they were home with their family over the holiday break and they “came out” to their family. The family’s response was not supportive, and the student tells you their parents made hurtful and derogatory comments during the discussion. The student makes statements like “This is so difficult. I can’t keep going like this,” and “I don’t know why I even try anymore; my own parents don’t love me or accept me for who I am.” I am tired of having to validate myself and who I am.” They share other more general feelings of loneliness and hopelessness.

Key points

- Highlight support and empathy while recognizing the capacity of the student.
- Thank them for confiding this difficult incident to you and explain you can refer them to resources in the institution or community as appropriate.

- Validate their experience and recognize (if appropriate) that while you do not personally know what this experience is like for them that you can see this is extremely difficult for the student.
- Ask the student if they have connected with their student union or the LGBTQ2S+ community on campus or in the surrounding community for additional support.
- Ask about suicide or self-harm.
- Highlight the student's strengths and resilience that they have demonstrated so far and that their identity is valued. Tell them they are seen, heard, and celebrated at your institution.

Possible staff/faculty response

Thank you for sharing this with me, I can appreciate this is such a difficult time for you and this has a significant impact on your well-being. While I don't personally know what it's like to identify in the LGBTQ2S+ community and not have the support or acceptance of your family, I can appreciate that this is a fundamentally important aspect of your well-being. Do you have any ideas on how I might be able to support you through this?

Have you connected with our Pride Centre or Student Union office on campus? I am happy to walk you over there now if you would like.

I have heard you make some statements around feeling hopeless and losing a sense of purpose in your life generally. Are you having any thoughts of self-harm or suicide? We have counselling services on campus that are confidential and free for all students; can I walk you down to their office so you can meet them and see if it would be a good fit to talk with one of their team?

If the student says no you, could say: Another option is for us to call the crisis line together right now so you can talk with them and find out about some resources.

I want you to know that I support you; you are a valued and important member of our campus community. I would like to support you in any way that I can to know that you are seen, valued, and celebrated here on campus.

Scenario 6: Student who is showing major changes in behaviour

You noticed a student in class who has been wearing the same clothes on a few occasions and looks somewhat dishevelled. They appear tense at times and other times they've seemed sleepy in class. Last class you walked by them and wondered if you smelled alcohol. They have been handing in their assignments but doing mediocre, and their grades have been dropping. The most

recent assignment wasn't handed in. You feel concerned but not sure if all of these observations are enough reason to act.

Key points

- Consult with colleagues – talk with the chair/dean.
- Consult with Counselling Services. Phone to talk through situations and find out about possible resources. Talk through how they might structure the conversation with the student.
- If ready to take on this role, request a meeting with the student. In that conversation, highlight support and empathy while recognizing the capacity of the student. Then, facilitate a referral or follow-up.

Possible staff/faculty response

Thank you for meeting with me. I've been feeling concerned about how you are doing. I can see that you are motivated to be here as your attendance has been good. At the beginning you seemed enthusiastic about the material and discussions. However you seem tense and tired. Your grades have been going down and your last assignment was late. Last class I wondered if I smelled alcohol. I wonder how you are doing and I'm concerned you are going through a challenging time that is interfering with your ability to do as well as you can at school.

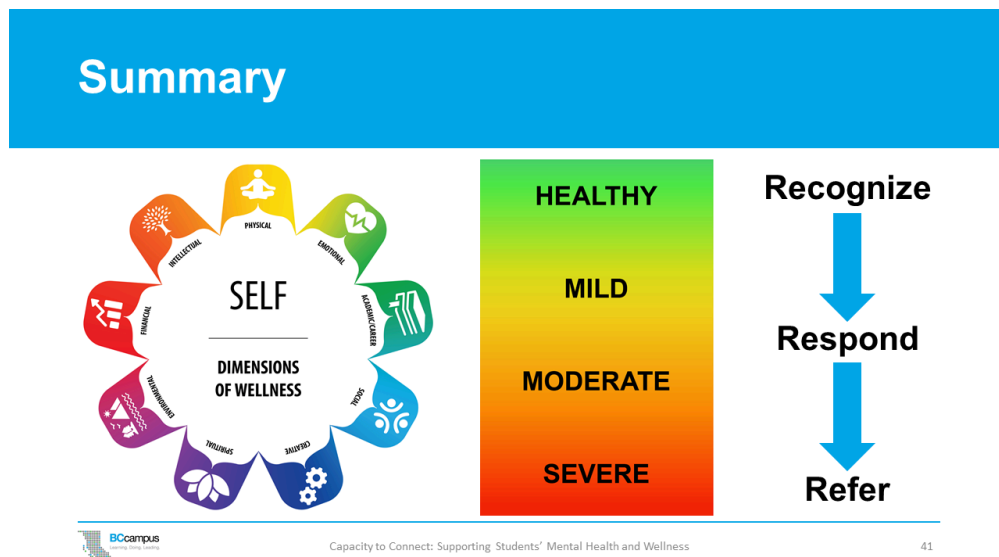
I'm glad that we are talking, although I feel that it's beyond my scope/role to talk to you in detail about what's happening. I've found that in times of challenge it's helpful to get support for myself. Seeking help is courageous, not weak, and shows you are committed to working through the hard times. Do you have someone you can talk to? Have you considered accessing Counselling Services to talk or find out about resources? It's confidential.

There are other supports on campus, and I wonder if you are aware of them and if anything would be useful to you. The campus website lists all of the student resources in one place: I'm happy to show it to you. The crisis line is also good to know about as they can provide support and ideas of community resources.

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Summary and Conclusion



To close the session, review the Wellness Wheel, the Mental Health Continuum, and the Three Rs Framework.

Review everything you've talked about: how to recognize signs of distress in students, how to respond empathically while considering your own limits and a balance of care and respect, and how to refer to appropriate supports for you and for students.

If you haven't already shared resources, hand out or share the links to any resource sheets available as well as campus and community resources and Handouts 1 and 2.

You might also like to read aloud the Maya Angelou quote to conclude the session.

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

—Maya Angelou

Invite questions and comments.

Questions or Comments



Thank You

If you need further information, please contact us.

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- Mental Health Continuum based on the University of Victoria continuum of mental health, which is adapted from Queen's University's continuum of mental health and the Canada Department of National Defence continuum of mental health.
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Appendix I: Wellness Wheel (Handout 1)

Handout 1 is a two-page PDF of a Wellness Wheel worksheet for faculty and staff to share with students who are experiencing stress and feeling overwhelmed. It shows the Wellness Wheel and gives descriptions and examples of the nine dimension of wellness.

Download the Wellness Wheel Worksheet:

[BCcampus wellness wheel worksheet - black & white \[PDF\] \(https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/BCcampus-wellness-wheel-worksheet-final-bw-.pdf\)](https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/BCcampus-wellness-wheel-worksheet-final-bw-.pdf)

[BCcampus wellness wheel worksheet - colour \[PDF\] \(https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/BCcampus-wellness-wheel-worksheet-final-colour.pdf\)](https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/BCcampus-wellness-wheel-worksheet-final-colour.pdf)

Appendix 2: Responding to Students in Distress (Handout 2)

Handout 2 is a resource to help faculty and staff recognize some signs and symptoms of students in distress. It provides tips on how to refer a student in distress for further assistance. It also include six scenarios of students in distress and suggested scripts for how to talk to these students and refer them to other services.

Download this handout:

[Supporting Students in Distress \[PDF\] \(https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/Supporting-Students-in-Distress.pdf\)](https://opentextbc.ca/capacitytoconnect/wp-content/uploads/sites/343/2021/04/Supporting-Students-in-Distress.pdf)

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References

- American College Health Association. (2019). *American College Health Association-National College Health Assessment II: Canadian Reference Group, executive summary, spring 2019*. Silver Spring, MD: American College Health Association.
- Cairns, S. L., Massfeller, H. F., Deeth, Sander S. C. (2009). Why do post-secondary students seek counselling? *Canadian Journal of Counselling and Psychotherapy*, 44(1), Article 58896.
- Canadian Alliance of Student Associations. (2020, June 15). *Students are still worried: COVID-19 and post-secondary education*. https://www.casa-acae.com/students_are_still_worried_covid19.
- Canadian Association for Suicide Prevention. *How to be helpful when someone is suicidal*. <https://suicideprevention.ca/im-concerned-about-someone>
- Canadian Psychological Association. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada: A review of the final report of the Standing Senate Committee on Social Affairs, Science and Technology*.
- Centre for Suicide Prevention. (n.d.). *Sexual minorities and suicide prevention*. <https://www.suicideinfo.ca/resource/sexual-minorities-suicide-prevention/>
- First Nations Health Authority. (n.d.). *First Nations perspectives on health and wellness*. <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness>
- Hyde, H. (2011). *Identifying and referring students in difficulty*. BCIT Counselling Services. https://www.bcit.ca/files/counselling/pdf/identifying_and_referring_students_in_difficulty.pdf
- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author.
- Mental Health and Wellness Advisory Groups. (2020). *Framework for evaluating mental health and wellness education and training resources*. Victoria, B.C.: BCcampus. <https://opentextbc.ca/mhwframework/>
- Moore, K. (2019). *Mental Health Collaborative Project: Student resilience and coping workshops. Environmental scan summary*. BCcampus.
- Okanagan College. (n.d.). *Wellness peer ambassador handbook*. Kelowna, B.C.: Okanagan College.

- Public Health Agency of Canada. (n.d.). Mental health and wellness. <https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/mental-health-and-wellness>
- Queen's University. (2012). Report of the principal's commission on mental health. <https://www.queensu.ca/principal/sites/webpublish.queensu.ca.opvcwww/files/files/CMHFinalReport.pdf>
- Schnell, D. (n.d.). *Facilitator's guide student mental health literacy, levels one and two*. Victoria, B.C.: University of Victoria.
- Statistics Canada. (2020, May 27). Canadians' mental health during the COVID-19 pandemic. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200527/dq200527b-eng.htm>
- Stephens, T., Dulberg, C., & Joubert, N. (1999). Mental health of the Canadian population: A comprehensive analysis. *Chronic Diseases in Canada*, 20(3): 118–126.
- U.S. Office of Disease Prevention and Health Promotion. (n.d.). Healthy people 2020: Lesbian, gay, and transgender health. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
- Veltman, A. & La Rose, T. (2019, December 30). LGBTQ mental health: What every clinician needs to know. *Psychiatric Times*, 36(12), 21–23. <https://www.psychiatristimes.com/view/lgbtq-mental-health-what-every-clinician-needs-know>
- Waddell, C., McEwan, K., Shepherd, C. A., Offord, D. R., & Hua, J. M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*. 50(4), 226–233.
- Warren Shepell Research Group. (2005). Workplace mental health indicators: An EAP's perspective. https://www.shepellfgi.com/EN-US/AboutUs/News/Research%20Report/pdf/ir_mentalhealthindicators_enreport.pdf
- World Health Organization. Mental health: Strengthening our response. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

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Version	Date	Change	Details
1.00	May 3, 2021	Book published.	
1.01	June 2, 2021	Wording correction.	Moved the PTSD acronym so it followed the correct word in Mental Health Models (#chapter-mental-health-models).