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UNIVERSITY OF
CALGARY

The Inquiring Mind: A New Program to Address Mental Health in Post-Secondary Settings

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Department of Psychology, University of Calgary
Opening Minds, Mental Health Commission of Canada



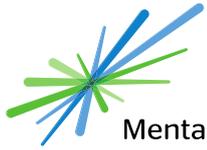
CICMH Conference, October 2017

Overview

- University Context
- Evidence-Based Foundations: R2MR & TWM
- The Inquiring Mind
 - Development
 - Content
 - Pilot Project
 - Evaluation
- Exercise

Opening Minds

- Mental illness anti-stigma initiative of the Mental Health Commission of Canada
- Identify successful anti-stigma programs through scientific evaluation
- Promote successful programs across Canada
- Four target groups: health care providers, youth, the news media, and the workplace
- Several hundred partners past and present



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UNIVERSITY CONTEXT





Demand for youth mental health services is exploding. How universities and business are scrambling to react

Data collected from across the country shows the extent of the problems. "The perception that this age group is healthy, but they're not."

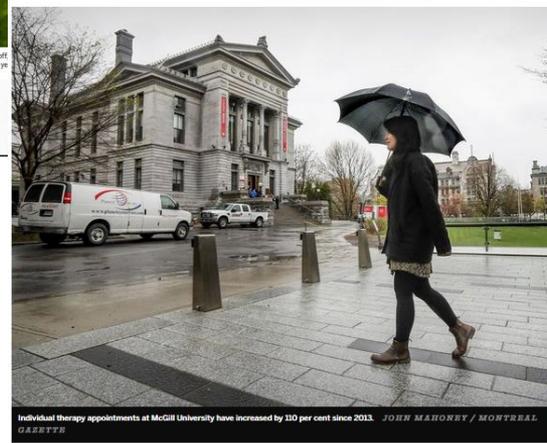
MACLEAN'S
AUTHORS WATCH OUR VIDEOS EDUCATION HUB OUR ARCHIVES THE CANADA PROJECT CONTACT US

Crisis on campus: Universities struggle with students in distress

Cash-strapped universities across Canada are trying to cope with a sharp hike in requests from students seeking mental-health services.

CHARLIE FIDELMAN, MONTREAL GAZETTE
More from Charlie Fidelman, Montreal Gazette

Published on: May 27, 2017 | Last Updated: May 31, 2017 9:34 AM EDT



Individual therapy appointments at McGill University have increased by 110 per cent since 2013. JOHN MAHONEY / MONTREAL GAZETTE
One Monday morning in March, a lonely and homesick 19-year-old undergrad took his own life in residence at the University of Waterloo, Ont.
"I can't believe this is real," his 16-year-old brother wrote the next day in an agitated social media post filled with grievances against the school.
"My brother is gone and I'll never be able to tell him I love him ever again."
As the post grimly noted, his brother was the second "brilliant mind" at Waterloo to have "died like this" during the semester.

CHEVROLET
THE 2018 CHEVROLET CRUIZE
THE CAR FOR PEOPLE WITH BIGGER DREAMS.

enough to support health?

their schools struggle to address the help

THE GLOBE AND MAIL
For some students, the transition to university can be hard on mental health

British Columbia
World Canada Politics Business Health Entertainment Technology & Science Video

or mental health care growing at Canadian

o increasing need for mental health care for university students
is Posted: Jun 02, 2017 2:10 PM PT | Last Updated: Jun 02, 2017 2:11 PM PT

VIDEO
Most people don't vote in municipal elections
Do Montrealers know the mayoral candidates? 1:00

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re experienced growing demand for mental health services, including the University of British

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hools about their own

school, but I felt nothi
As the taboo around t 441 shares

more resources on can... struggling to keep up. When Maclean's surveyed more than 17,000 studer

Demand for mental health care at universities across Canada, including UBC, is growing according to a recent investigation by the Toronto Star

Weather
Vancouver Victoria Kelowna Edmonton Winnipeg

In a few weeks, more than two million students will step onto postsecondary campuses across Canada, roughly one-quarter of them in Toronto. It's both an exhilarating and terrifying time for young people full of big hopes and even larger



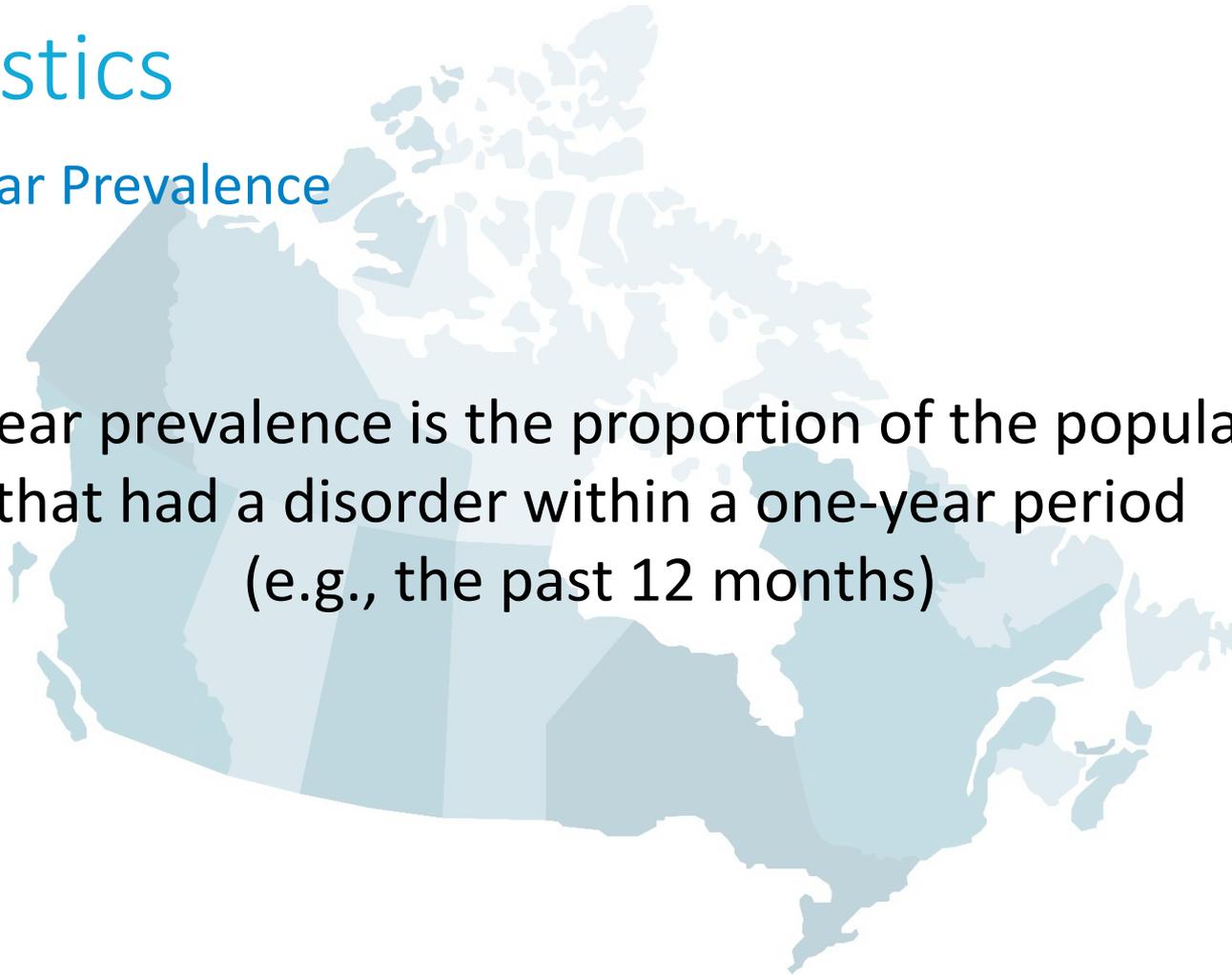
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Statistics

One-Year Prevalence

One-year prevalence is the proportion of the population that had a disorder within a one-year period (e.g., the past 12 months)





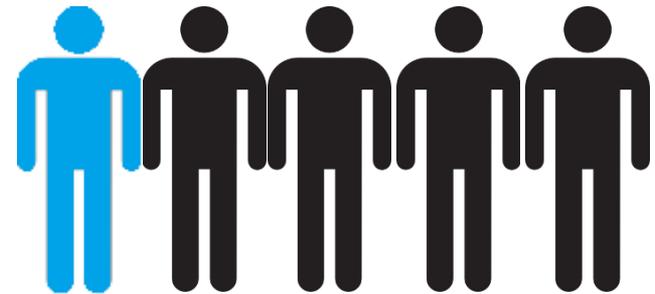
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One-Year Prevalence in Canada?

One-year prevalence of mental illnesses in Canada?

- 20% or 1 in 5 a year (Health Canada, 2002; Smetanin et al., 2011)
- Often hear 1 in 5 in a lifetime...incorrect



In a Lifetime?

Lifetime Prevalence

Lifetime prevalence is proportion of the population that had a disorder some time in their life

- Asthma – 12% (NHIS, 2013)
- Anaphylaxis (serious allergic reaction) – 2% (Lieberman et al., 2006)
- Congenital Heart Disease – 0.6% (Marelli et al., 2014)
- Coronary Heart Disease – 9.3% (Gößwald et al., 2013)
 - Myocardial Infarction – 4.7%



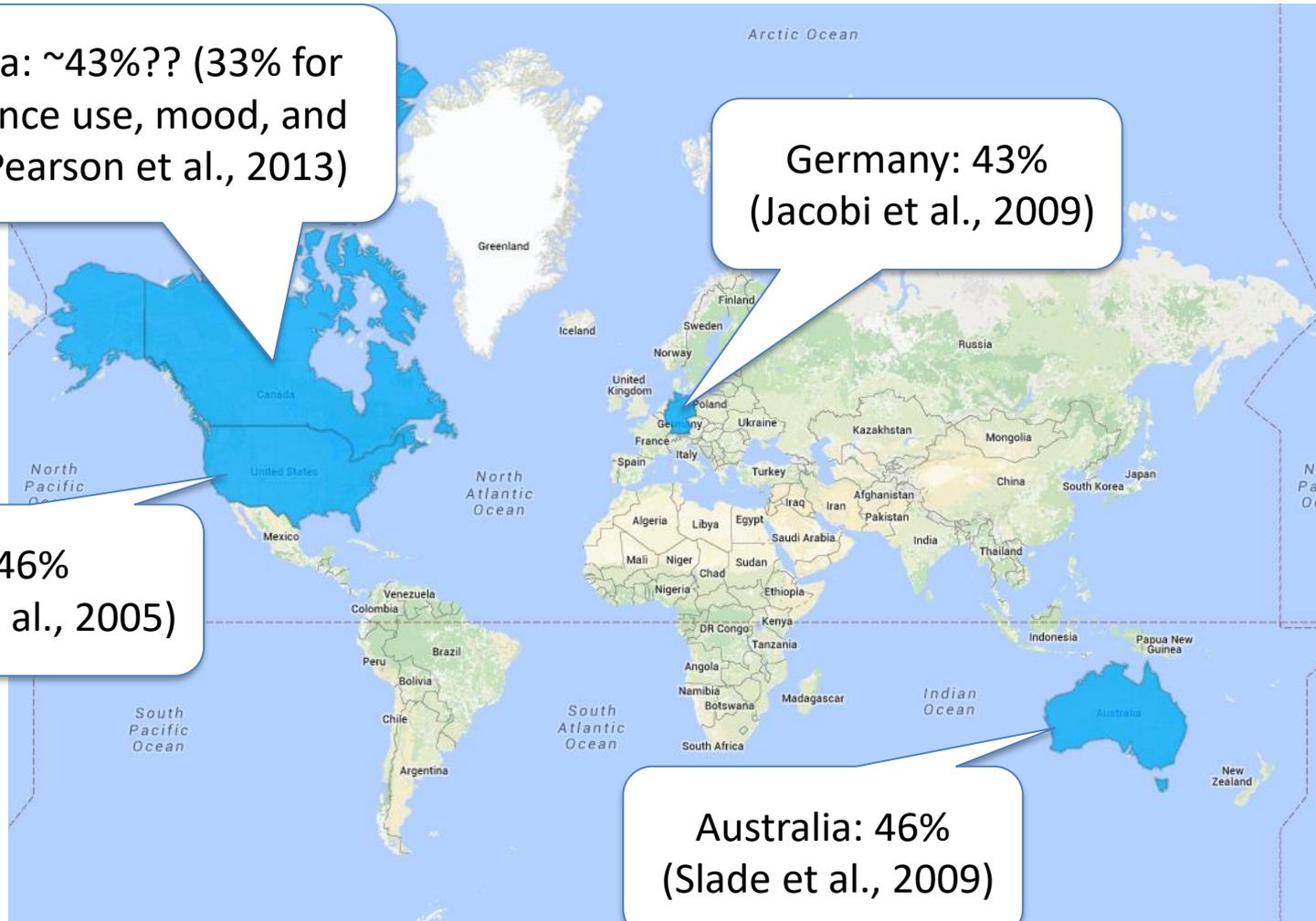
Lifetime Prevalence

Canada: ~43%?? (33% for
substance use, mood, and
GAD, Pearson et al., 2013)

Germany: 43%
(Jacobi et al., 2009)

US: 46%
(Kessler et al., 2005)

Australia: 46%
(Slade et al., 2009)





NCHA 2016 Canadian Reference Group

Felt very sad

	Percent (%)	Male	Female	Total
No, never	19.0	9.3	12.2	
No, not last 12 months	18.4	12.5	14.2	
Yes, last 2 weeks	24.8	36.5	33.3	
Yes, last 30 days	12.7	16.8	15.6	
Yes, in last 12 months	25.1	24.8	24.8	
<i>Any time within the last 12 months</i>		62.6	78.2	73.7

Felt overwhelming anxiety

	Percent (%)	Male	Female	Total
No, never	32.7	18.8	22.7	
No, not last 12 months	15.9	11.6	12.8	
Yes, last 2 weeks	19.5	31.8	28.5	
Yes, last 30 days	10.8	15.0	13.8	
Yes, in last 12 months	21.1	22.8	22.2	
<i>Any time within the last 12 months</i>		51.4	69.6	64.5

Seriously considered suicide

	Percent (%)	Male	Female	Total
No, never	74.2	70.2	70.8	
No, not last 12 months	14.3	16.9	16.3	
Yes, last 2 weeks	2.8	2.9	3.0	
Yes, last 30 days	1.6	2.1	2.1	
Yes, in last 12 months	7.1	8.0	7.9	
<i>Any time within the last 12 months</i>		11.5	12.9	13.0

Felt so depressed that it was difficult to function

	Percent (%)	Male	Female	Total
No, never	41.1	32.7	34.8	
No, not last 12 months	21.0	20.9	20.8	
Yes, last 2 weeks	14.0	17.9	17.1	
Yes, last 30 days	7.0	9.4	8.8	
Yes, in last 12 months	16.9	19.2	18.5	
<i>Any time within the last 12 months</i>		37.9	46.4	44.4

Felt overwhelming anger

	Percent (%)	Male	Female	Total
No, never	35.4	28.4	30.3	
No, not last 12 months	23.7	22.0	22.5	
Yes, last 2 weeks	13.1	16.7	15.9	
Yes, last 30 days	8.5	11.6	10.7	
Yes, in last 12 months	19.4	21.3	20.7	
<i>Any time within the last 12 months</i>		41.0	49.6	47.3

Attempted suicide

	Percent (%)	Male	Female	Total
No, never	91.2	88.4	88.8	
No, not last 12 months	7.0	9.6	9.1	
Yes, last 2 weeks	0.6	0.3	0.5	
Yes, last 30 days	0.2	0.2	0.2	
Yes, in last 12 months	0.9	1.5	1.4	
<i>Any time within the last 12 months</i>		1.8	2.0	2.1

Within the last 12 months, diagnosed or treated by a professional for the following:

	Percent (%)	Male	Female	Total
Anorexia	0.6	1.5	1.3	
Anxiety	10.5	21.2	18.4	
Attention Deficit and Hyperactivity Disorder	5.1	3.4	4.1	
Bipolar Disorder	1.3	1.2	1.4	
Bulimia	0.6	1.4	1.3	
Depression	9.7	16.2	14.7	
Insomnia	3.8	5.6	5.3	
Other sleep disorder	3.0	3.4	3.4	
Obsessive Compulsive Disorder	1.8	2.7	2.5	
Panic attacks	4.1	11.1	9.3	
Phobia	1.1	1.6	1.6	
Schizophrenia	0.6	0.2	0.4	
Substance abuse or addiction	1.7	1.0	1.3	
Other addiction	1.2	0.3	0.7	
Other mental health condition	3.0	4.0	4.0	
<i>Students reporting none of the above</i>	81.1	71.3	73.7	
<i>Students reporting only one of the above</i>	7.7	8.7	8.4	
<i>Students reporting both Depression and Anxiety</i>	6.6	12.9	11.4	
<i>Students reporting any two or more of the above excluding the combination of Depression and Anxiety</i>	5.5	9.1	8.4	

Campus Context

- What other contextual pieces are at play concerning student mental health on our campuses?
 - think/pair/share



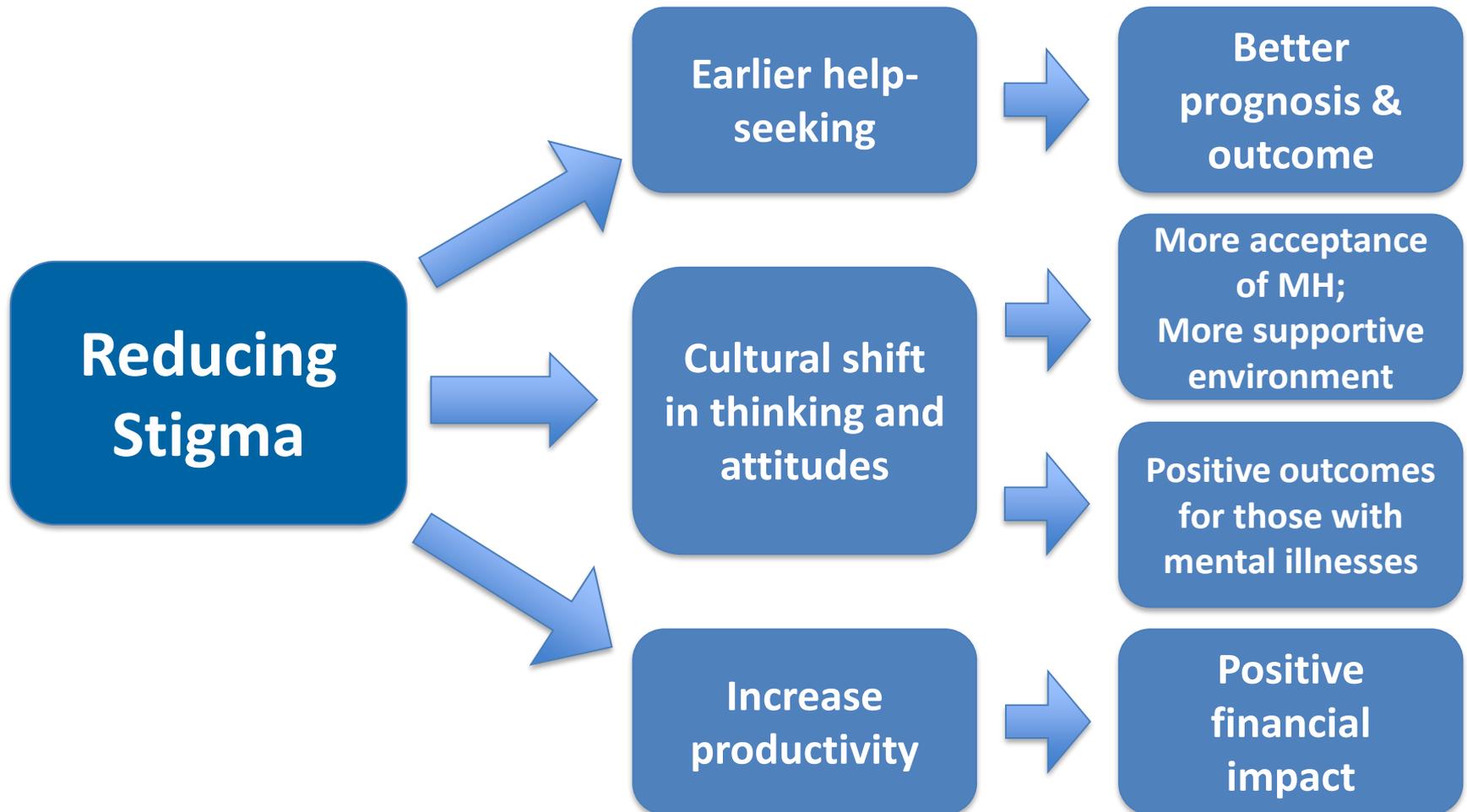
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...how does reducing stigma
improve mental health?

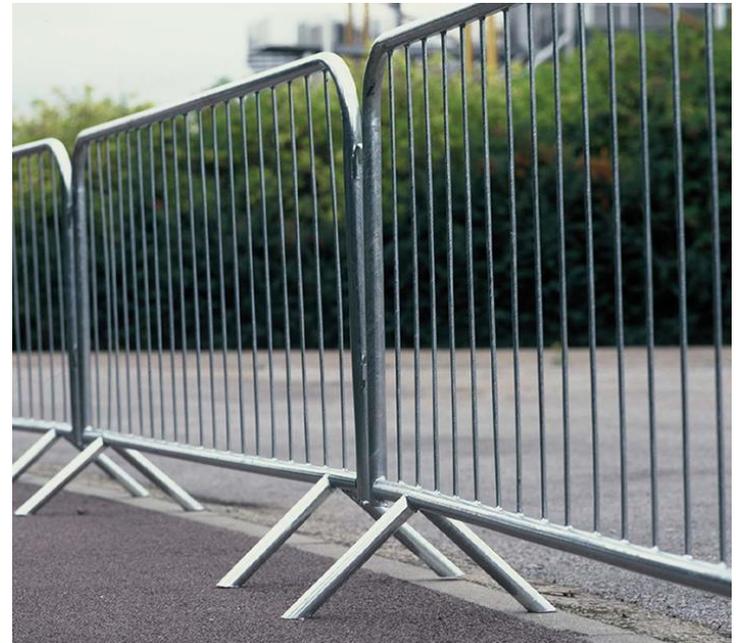


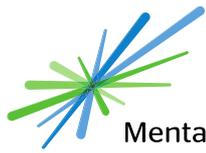
The Importance of Stigma Reduction



Why is it important on Campuses?

- One of the biggest barriers to help seeking
 - 50 to 66% of those with a mental illness don't seek help





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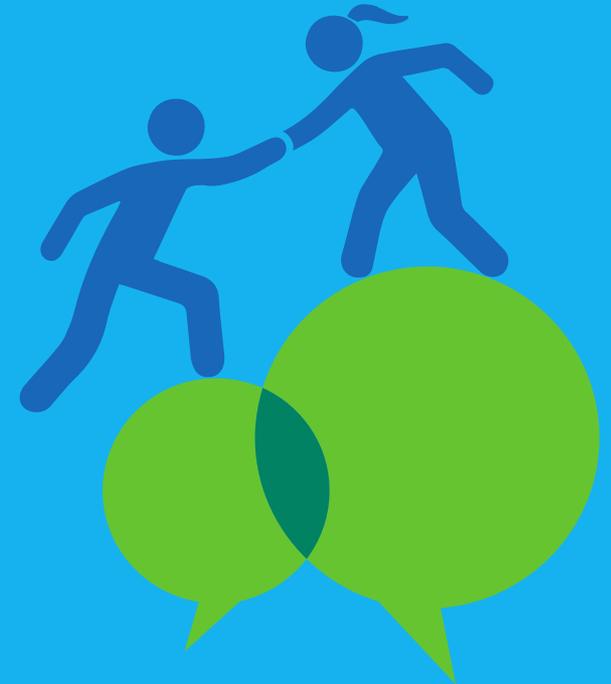
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EVIDENCE-BASED FOUNDATIONS: R2MR & TWM



Canadian Department of National Defence

- The Road to Mental Readiness (R2MR) was developed by DND as a way to increase the resiliency and mental health of those going to combat
 - Increase short-term performance and long-term mental health outcomes
 - Strong evidence base



MHCC Adaptation of R2MR

- In 2012, DND partnered with MHCC to disseminate R2MR across Canada
- Adapted to various police services and civilian workplace organizations Canada
 - R2MR for first responders
 - The Working Mind



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R2MR in Other Organizations

MENTAL HEALTH CONTINUUM MODEL

HEALTHY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> Normal fluctuations in mood Takes things in stride Good sense of humour Consistent performance Normal sleep patterns Physically & socially active 	<ul style="list-style-type: none"> Nervousness, Irritability Sadness, overwhelmed Displaced sarcasm Procrastination Forgetfulness Trouble sleeping Low energy 	<ul style="list-style-type: none"> Anxiety, Anger Pervasive Sadness, Tearfulness Hopelessness, Worthlessness Negative attitude Difficulty concentrating Trouble making decisions (Decreased performance or workaholic tendencies) 	<ul style="list-style-type: none"> Excessive anxiety Panic attacks Easily enraged, aggressive Depressed mood, numb Overt insubordination Cannot concentrate Inability to make decisions

MENTAL HEALTH CONTINUUM MODEL

HEALTHY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> Normal fluctuations in mood Takes things in stride Good sense of humour Consistent performance Normal sleep patterns Physically & socially active Behaving ethically & Confident in limited or no gambling 	<ul style="list-style-type: none"> Nervousness, irritability Sadness, overwhelmed Displaced sarcasm Procrastination Forgetfulness 	<ul style="list-style-type: none"> Anxiety, Anger, Pervasive sadness, Tearfulness, Hopelessness, worthlessness Negative attitude Difficulty concentrating 	<ul style="list-style-type: none"> Excessive anxiety Panic attacks Easily enraged, aggressive Depressed mood, numb Overt insubordination

Your Grey Matters.
Take care of it.

Focus on the Break problems manageable controlled, & nurture it so

MENTAL HEALTH CONTINUUM MODEL

HEALTHY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> Normal fluctuations in mood Takes things in stride Good sense of humour Consistent performance Normal sleep patterns Physically & socially active Behaving ethically & morally Confident in self & others Limited or no alcohol/gambling 	<ul style="list-style-type: none"> Nervousness, irritability Sadness, overwhelmed Displaced sarcasm Procrastination 	<ul style="list-style-type: none"> Anxiety, anger, Pervasive sadness, tearfulness, hopelessness, worthlessness Negative attitude 	<ul style="list-style-type: none"> Excessive anxiety Panic attacks Easily enraged, aggressive Depressed mood, numb

MODÈLE DU CONTINUUM DE SANTÉ MENTALE

EN SANTÉ	EN RÉACTION	BLESSÉ	MALADE
<ul style="list-style-type: none"> Variations normales de l'humeur Calm, ne se laisse déstabiliser Bon sens de l'humour Endurance constante Profil de sommeil normal Actif socialement et physiquement Conduite éthique et morale Confiance en soi et envers les autres Pas peu de jeu ou de consommation d'alcool 	<ul style="list-style-type: none"> Nervosité, irritabilité Troubles, sentiment d'être débordé Sarcasme déplacé Endurance constante Tendance à l'oubli Troubles du sommeil Faible endurance Troubles émotionnels, maux de tête Pensées intrusives Craintes occasionnelles Diminution des activités sociales Consommation régulière d'alcool/drogue 	<ul style="list-style-type: none"> Anxiété, colère, tristesse envahissante, tendance à généraliser souvent, désespoir, sentiment de dévalorisation Attitude négative Perte de concentration Difficulté à prendre des décisions Prise rapidement beaucoup de travail Sommeil agité, dérangé Accroissement des maux de tête, de la douleur et de la fatigue Craintes persistantes et récurrenentes Malaise physique Échec ou activités sociales Pensées suicidaires ou tentation de se suicider Dépendance au jeu ou à l'alcool, autres dépendances 	<ul style="list-style-type: none"> Anxiété excessive Crisis de panique Autisme, autisme, persévérance Depression, insensibilité Insubordination grave Incapacité à se concentrer Incapacité à prendre des décisions Ne peut s'agripper de son travail Ne peut s'endormir ou demeure endormi Fatigue chronique, maux de tête persistants Échec ou activités sociales Pensées suicidaires ou tentation de se suicider Dépendance au jeu ou à l'alcool, autres dépendances

Si vous continuez à travailler à long terme, vous pouvez rencontrer des problèmes de santé mentale.

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The Working Mind Pocket Card

OPENING MINDS

The Mental Health Continuum Model (MHCM) was developed by the Department of National Defence as part of the Road to Mental Readiness (R2MR) program. Opening Minds, the anti-stigma initiative of the Mental Health Commission of Canada, has adapted the MHCM and R2MR into The Working Mind, a mental health and anti-stigma program for the general workforce.

The MHCM and the coping strategies listed on this card will help you identify signs of good to poor mental health and offer you ways to get back to the healthy phase.

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Ottawa, Ontario K1P 5B7
Tel: 613.683.3755
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/Mental Health Commission of Canada

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MAIN COPING STRATEGIES

- SMART Goal-Setting: set goals that are Specific, Measurable, Attainable, Relevant and Time-bound
- Mental Rehearsal/Visualization: mentally prepare for "what-ifs"
- Self-talk: Focus, Persist, Confident
- Calming/Deep Breathing



POTENTIAL SOURCES OF SUPPORT AND HELP



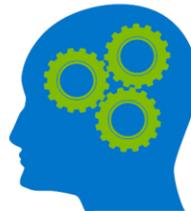
OTHER TECHNIQUES

- Join a support group
- Plan time for rest and fun
- Ask for help when necessary
- Set limits and boundaries
- Balance demands and priorities
- Identify unhealthy coping
- Apply problem-solving skills
- Keep lines of communication open
- Make self-care a priority
- Accept that you cannot do it all
- Get help sooner, not later



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The Working Mind

Workplace Mental Health and Wellness

MENTAL HEALTH CONTINUUM MODEL



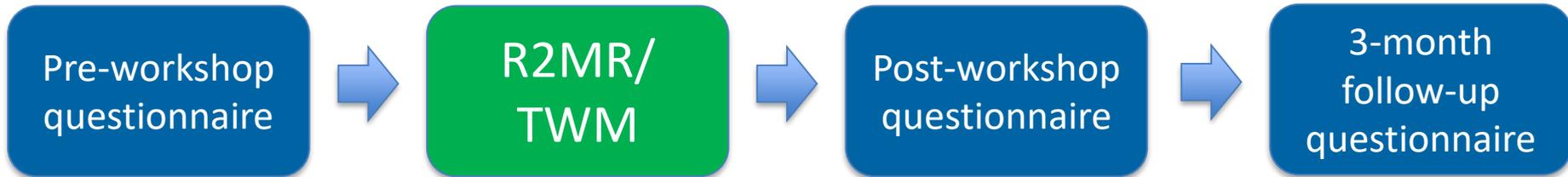
HEALTHY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> • Normal fluctuations in mood • Normal sleep patterns • Physically well, full of energy • Consistent performance • Socially active 	<ul style="list-style-type: none"> • Nervousness, irritability, sadness • Trouble sleeping • Tired/low energy, muscle tension, headaches • Procrastination • Decreased social activity 	<ul style="list-style-type: none"> • Anxiety, anger, pervasive sadness, hopelessness • Restless or disturbed sleep • Fatigue, aches and pains • Decreased performance, presenteeism • Social avoidance or withdrawal 	<ul style="list-style-type: none"> • Excessive anxiety, easily enraged, depressed mood • Unable to fall or stay asleep • Exhaustion, physical illness • Unable to perform duties, absenteeism • Isolation, avoiding social events

Actions to Take at Each Phase of the Continuum

<ul style="list-style-type: none"> • Focus on task at hand • Break problems into manageable chunks • Identify and nurture support systems • Maintain healthy lifestyle 	<ul style="list-style-type: none"> • Recognize limits • Get adequate rest, food, and exercise • Engage in healthy coping strategies • Identify and minimize stressors 	<ul style="list-style-type: none"> • Identify and understand own signs of distress • Talk with someone • Seek help • Seek social support instead of withdrawing 	<ul style="list-style-type: none"> • Seek consultation as needed • Follow health care provider recommendations • Regain physical and mental health
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Preliminary Evaluation Results



Quantitative Results

- Sig. ↓ in stigmatizing attitudes (pre to post)
- Majority of gains retained at 3 month follow-up
- Significant ↑ in resiliency skills (i.e., perceptions of ability to be resilient) (pre to post)
- Significant ↑ in confidence to help others and support mental health in the workplace (pre to 3 month follow-up)



Preliminary Evaluation Results

Qualitative Results for R2MR/TWM

Reduced stigma;
more aware &
understanding:

“I liked that the workshop dispelled myths & common misconceptions”

“An eye-opening experience”

Practical skills;
more equipped to
address MH:

“How to identify continuum in personal life”

“Relevant to real life work and personal situations”

Workshops well received:

- Excellent videos of people with lived experience
- Interactive
- Well presented, interesting, engaging, enjoyable

TWM & R2MR Scope

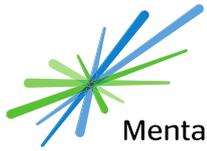
R2MR

- ~75000 participants; ~200 trainers
- Various packages (police, fire, paramedic, corrections, etc)
- APP in development

TWM

- ~20000 participants; 50+ trainers
- NS sites full rollout





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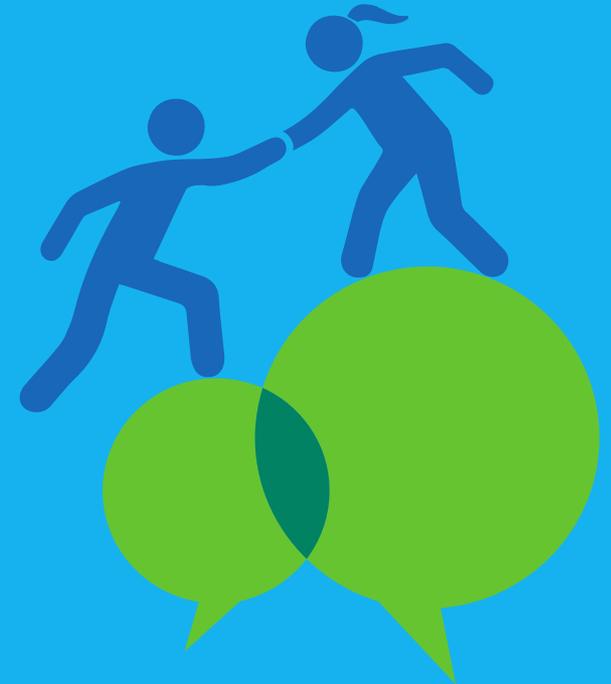
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THE INQUIRING MIND



The Inquiring Mind

- Based on positive evaluation results of TWM/R2MR and feedback
 - A lot of people saying we need this for students
- Funding from Enrolment Services at the University of Calgary



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CALGARY**

The Inquiring Mind

- TIM development committee (June 2015)
- Development/adaptation (June-Dec 2015)
- Initial focus groups (Oct 2015)
- Pilot testing at UCalgary (Jan 2016-Present)
- Expand pilot testing at MRU (Jan 2017)
- Two Train the Trainers (Aug 2017, Sept 2017)
- Expand pilot testing at ULeth, MacEwan, Dalhousie, Dalhousie Med, NSCC, Memorial, UNB (Fall 2017)

The Inquiring Mind: Objectives

- Reduce the stigma of mental illness
- Promote mental health in on campus
- Reconceptualize how students think and talk about mental health and mental illness
- Help students identify poor mental health in themselves and their peers
- Introduce/teach coping skills to manage stress and poor mental health, and increase resiliency
- Create a more supportive campus environment for all

The Inquiring Mind: Main Components

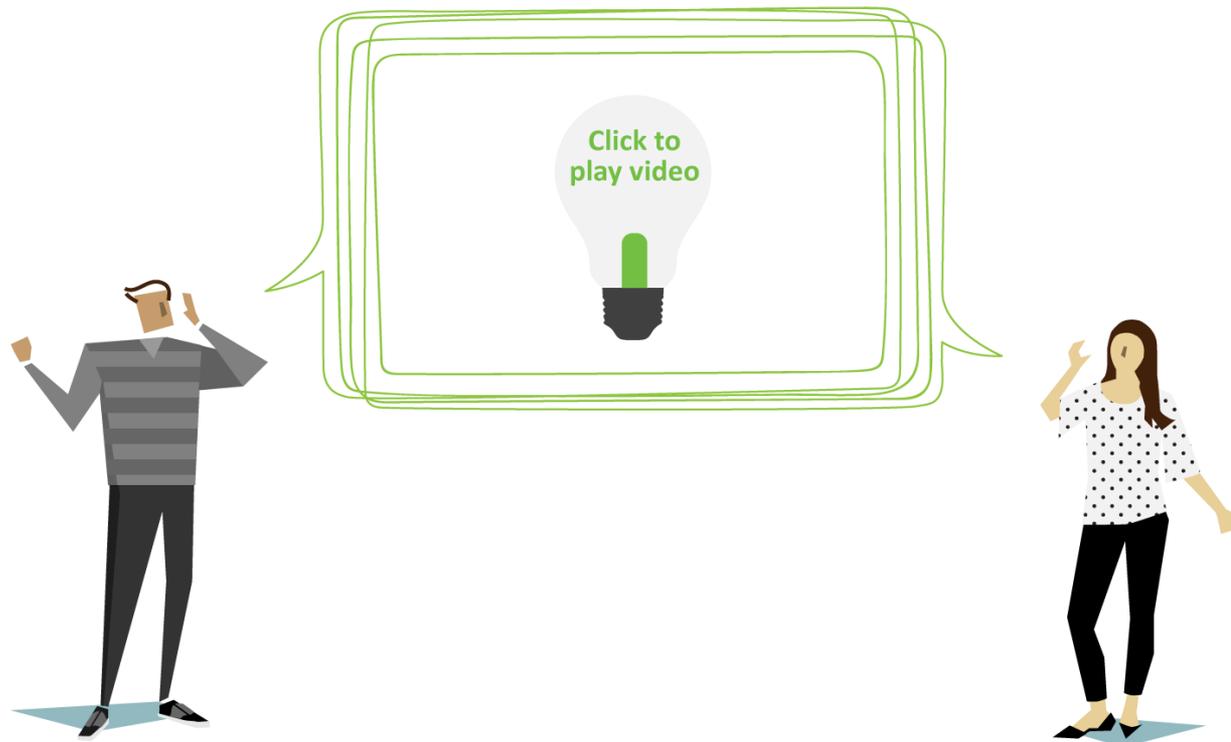
- Education-based prevention program
 - Anti-stigma module and evidence-based content
 - Video-based contact, mythbusting, facts, etc.
 - “Big 4” skills (SMART goal setting, mental rehearsal, positive self-talk, diaphragmatic breathing)
 - Mental Health Continuum Model



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Video from The Inquiring Mind



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- Education-based prevention program
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SMART Goal-setting

Specific – a specific behaviour you take

Measurable – must be measurable to be achievable

Attainable – must be possible

Relevant – you must either want it or need it

Time-bound – know when you will achieve it



The Inquiring Mind: Main Components

- Education-based prevention program
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Perceptions of MH and MI

HEALTHY	ILL
Mental health Normal functioning	Diagnosable mental illness Severe and persistent functional impairment



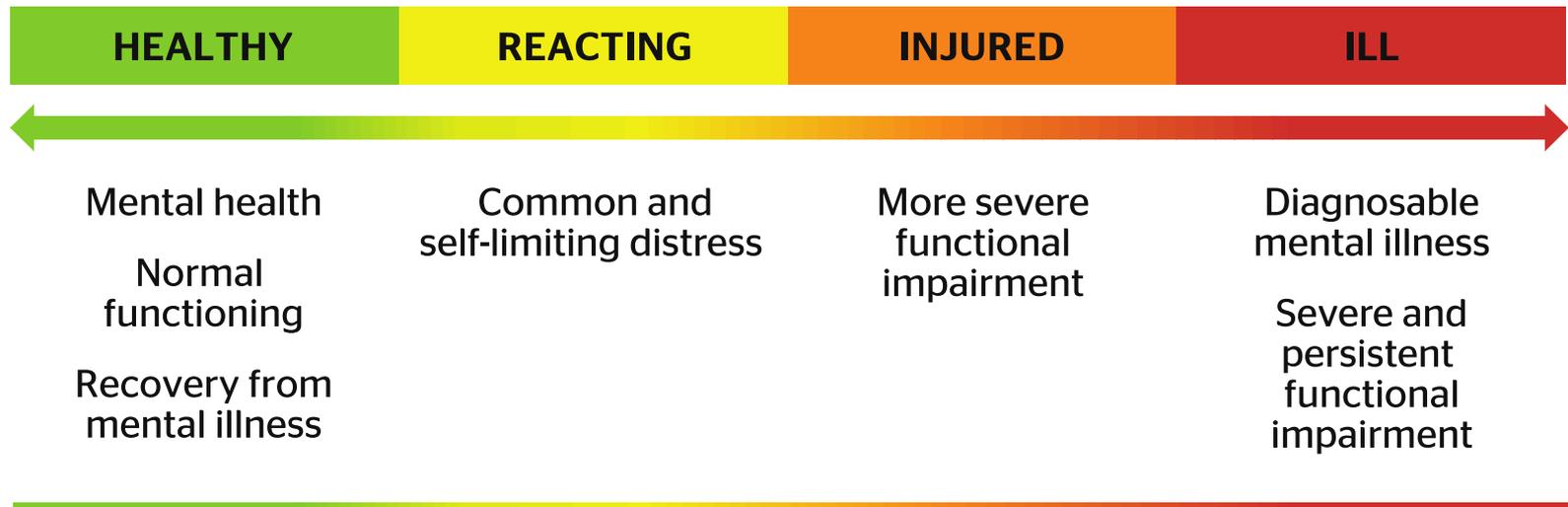
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Mental Health Continuum Model

1) Moves from good to poor mental health along a gradient

3) Eliminates the need for stigmatizing labels and non-professionals diagnosing



2) Emphasizes the possibility to back and forth along the continuum

4) Each phase outlines signs and indicators for self-assessment

Mental Health Continuum Model

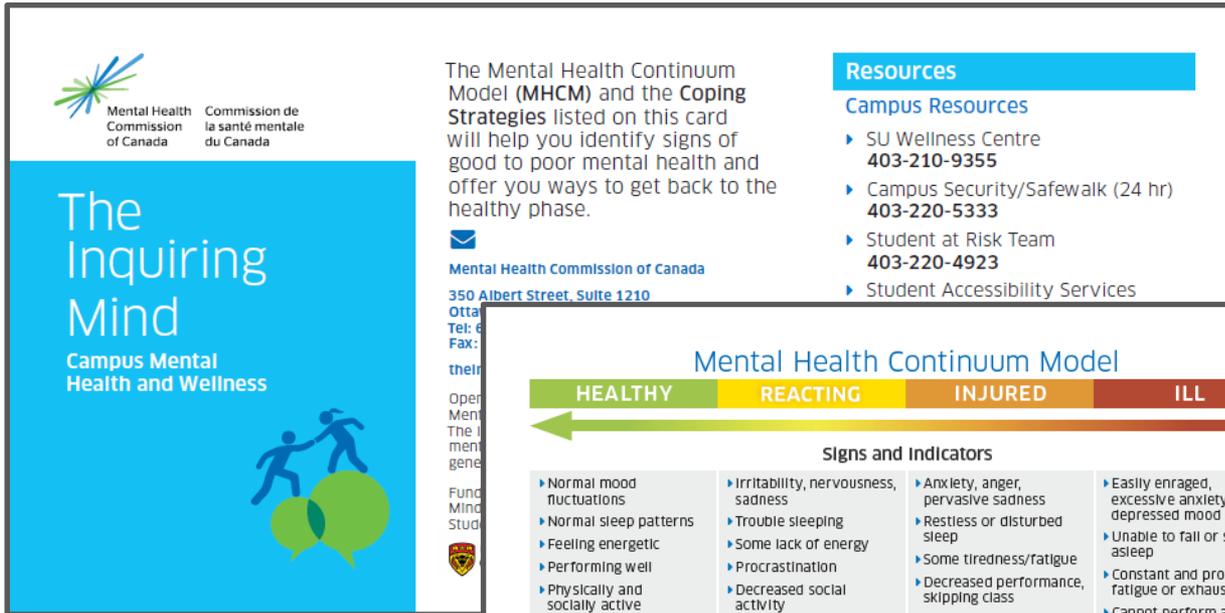
	HEALTHY	REACTING	INJURED	ILL
Changes in Mood	<ul style="list-style-type: none"> • Normal mood fluctuations • Calm • Confident 	<ul style="list-style-type: none"> • Irritable • Impatient • Nervous • Sadness 	<ul style="list-style-type: none"> • Angry • Anxious • Pervasive sadness 	<ul style="list-style-type: none"> • Easily enraged • Excessive anxiety/panic • Depressed mood, numb
Changes in Thinking and Attitude	<ul style="list-style-type: none"> • Good sense of humor • Takes things in stride • Ability to concentrate and focus on tasks 	<ul style="list-style-type: none"> • Displaced sarcasm • Intrusive thoughts • Sometimes distracted or lost focus on tasks 	<ul style="list-style-type: none"> • Negative attitude • Recurrent intrusive thoughts/images • Constantly distracted or cannot focus on tasks 	<ul style="list-style-type: none"> • Noncompliant • Suicidal thoughts/intent • Inability to concentrate, loss of memory or cognitive abilities
Changes in Behaviour and Performance	<ul style="list-style-type: none"> • Physically and socially active • Performing well 	<ul style="list-style-type: none"> • Decreased social activity • Procrastination 	<ul style="list-style-type: none"> • Avoidance • Skipping class • Decreased performance, lower grades 	<ul style="list-style-type: none"> • Withdrawal • Dropping out of classes • Cannot perform assignments
Physical Changes	<ul style="list-style-type: none"> • Normal sleep patterns • Good appetite • Feeling energetic • Maintaining a stable weight • Good personal hygiene 	<ul style="list-style-type: none"> • Trouble sleeping • Changes in eating patterns • Some lack of energy • Some weight gain or loss • Less attention to hygiene 	<ul style="list-style-type: none"> • Restless sleep • Loss/increase of appetite • Some tiredness or fatigue • Fluctuations or changes in weight • Poor hygiene most of the time 	<ul style="list-style-type: none"> • Cannot fall/stay asleep • No appetite/over eating • Constant and prolonged fatigue or exhaustion • Extreme weight gain or loss • Consistently poor hygiene
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Overview

1. Mental Health and Illness on Campus
2. Stigma and Discrimination on Campus
3. Warning Signs
4. Self-care
5. Creating a Supportive Campus
6. Practical Application



The Inquiring Mind Pocket Card



The Mental Health Continuum Model (MHCM) and the Coping Strategies listed on this card will help you identify signs of good to poor mental health and offer you ways to get back to the healthy phase.

Resources

Campus Resources

- ▶ SU Wellness Centre 403-210-9355
- ▶ Campus Security/Safewalk (24 hr) 403-220-5333
- ▶ Student at Risk Team 403-220-4923
- ▶ Student Accessibility Services

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Mental Health Continuum Model

HEALTHY	REACTING	INJURED	ILL
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←—————→

Signs and Indicators

<ul style="list-style-type: none"> ▶ Normal mood fluctuations ▶ Normal sleep patterns ▶ Feeling energetic ▶ Performing well ▶ Physically and socially active ▶ Limited or no substance use 	<ul style="list-style-type: none"> ▶ Irritability, nervousness, sadness ▶ Trouble sleeping ▶ Some lack of energy ▶ Procrastination ▶ Decreased social activity ▶ Regular substance use 	<ul style="list-style-type: none"> ▶ Anxiety, anger, pervasive sadness ▶ Restless or disturbed sleep ▶ Some tiredness/fatigue ▶ Decreased performance, skipping class ▶ Avoidance ▶ Substance use hard to control 	<ul style="list-style-type: none"> ▶ Easily enraged, excessive anxiety, panic, depressed mood ▶ Unable to fall or stay asleep ▶ Constant and prolonged fatigue or exhaustion ▶ Cannot perform assignments, drop out of class ▶ Withdrawal ▶ Substance addiction
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Actions to Take at Each Phase of the Continuum

<ul style="list-style-type: none"> ▶ Focus on task at hand ▶ Break problems into manageable chunks ▶ Identify and nurture support systems ▶ Maintain healthy lifestyle 	<ul style="list-style-type: none"> ▶ Recognize limits ▶ Get adequate rest, food, and exercise ▶ Engage in healthy coping strategies ▶ Identify and minimize stressors 	<ul style="list-style-type: none"> ▶ Identify and understand own signs of distress ▶ Talk with someone ▶ Seek help ▶ Seek social support instead of withdrawing 	<ul style="list-style-type: none"> ▶ Seek consultation as needed ▶ Follow health care provider recommendations ▶ Regain physical and mental health
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Main Coping Strategies

1. **Set goals that are SMART:**
Specific, Measurable, Attainable, Relevant, and Time-bound.
2. **Mental Rehearsal/Visualization:**
Mentally prepare for "what-ifs."
3. **Self-talk:**
 - ▶ Focus,
 - ▶ Persist, and
 - ▶ Confident.
4. **Calming/Deep Breathing.**

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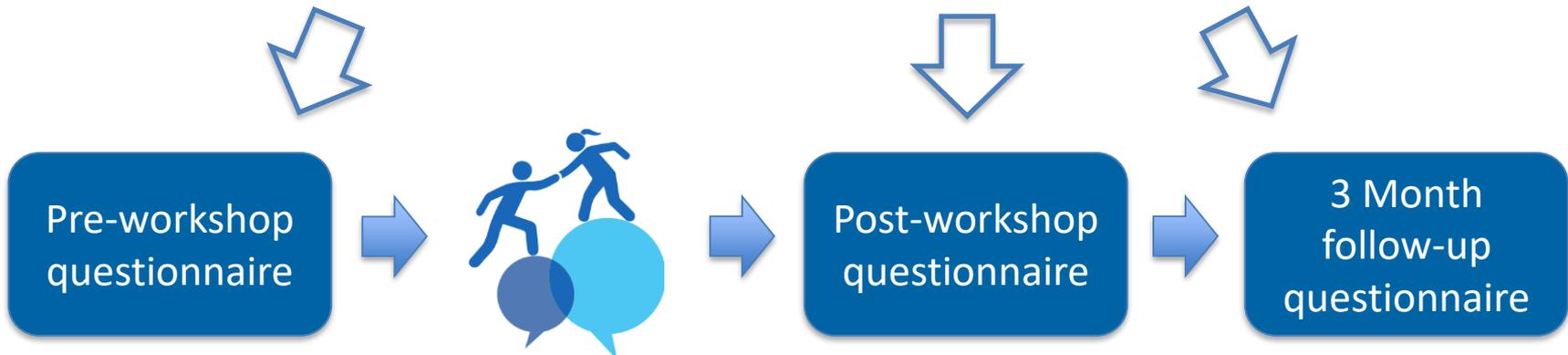
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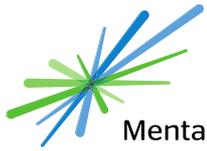


Evaluation of The Inquiring Mind

Program Efficacy

- Attitudes towards people with mental illness
- Resiliency and Coping Skills
- Mental health and wellbeing
- Mental health behaviours
- Program Feedback





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EXERCISE



Exercise

- Discuss the scenarios and answer the questions
- Report back to the larger group

Scenario 1

You moved to Canada to study engineering and are in your second year. You came from a country where a different language is spoken in daily life. You are part way through your second year and your grades are poor; you find yourself not enjoying your studies at all.

You have one friend from the same country as you, but lately you find you don't even want to spend time with them. You are spending more time in your room playing video games and missing class. Some days you don't even change out of your pajamas or shower. You are beginning to feel hopeless and want to reach out to someone but do not know how.

Your parents support your studies and you are afraid if you change programs you will embarrass them and bring shame to yourself. You have not told them about your struggles, but tell them you are doing well.

Scenario 1

- Where are you on the mental health continuum model?
 - What signs or indicators do you see that help you answer this question?
- What other factors may be at play here?
- What are your next possible steps?

Scenario 2

You have been on your university's hockey team for three years and are a pretty good player. You are good friends with most of your teammates and get along well with your coach. You do well in your classes and get along with your classmates.

You were recently out with some friends from your hockey team and told them that you had been diagnosed with schizophrenia when you were in high school. You explained that you are on medication for it and respond well to the treatment you are on. Your friends seem to be fine with it at the time.

The next time you are at hockey practice you notice that other people are acting differently around you. People aren't talking to you much and your coach seems to ignore you. Over the next few weeks the situation just seems to get worse; several of your teammates don't return your calls or ask you to get a drink after the games like usual and your coach almost never lets you play anymore.

Scenario 2

- Why do you think the teammates and coach are responding this way?
- How does this behaviour impact the campus environment?
- What should you do if you find out a friend or peer has a mental illness?
- What can you do if you feel you are being treated unfairly due to a mental illness?

Mental Health Continuum Model

	HEALTHY	REACTING	INJURED	ILL
Changes in Mood	<ul style="list-style-type: none"> • Normal mood fluctuations • Calm • Confident 	<ul style="list-style-type: none"> • Irritable • Impatient • Nervous • Sadness 	<ul style="list-style-type: none"> • Angry • Anxious • Pervasive sadness 	<ul style="list-style-type: none"> • Easily enraged • Excessive anxiety/panic • Depressed mood, numb
Changes in Thinking and Attitude	<ul style="list-style-type: none"> • Good sense of humor • Takes things in stride • Ability to concentrate and focus on tasks 	<ul style="list-style-type: none"> • Displaced sarcasm • Intrusive thoughts • Sometimes distracted or lost focus on tasks 	<ul style="list-style-type: none"> • Negative attitude • Recurrent intrusive thoughts/images • Constantly distracted or cannot focus on tasks 	<ul style="list-style-type: none"> • Noncompliant • Suicidal thoughts/intent • Inability to concentrate, loss of memory or cognitive abilities
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The Inquiring Mind Development

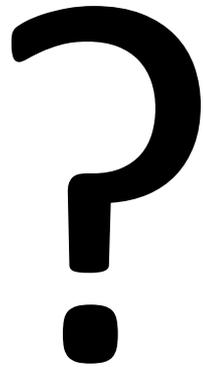
- Graduate Student Version (Winter 2018)
- International Student Version (Winter 2018)
- Secondary School Version (Summer 2018)
- Pilot complete in Spring 2018
- Wider rollout in Fall 2018



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Questions & Thank You



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