CENTRE FOR INNOVATION IN
Campus Mental Health

Promising Programs & Practices to Support Student Mental Health in Residence

Ask the Expert: Webinar Q & A

Responses from Centennial College

What are best practices for determining if a student is safe to return to residence following hospitalization for a suicide attempt?

- **Ask the student!** Collaborate on developing a plan that the student and relevant stakeholders feel will ensure safety
- Seek input from the student's treatment team, whenever possible
- Have trained campus staff (eg. threat assessment team, counsellor) conduct a comprehensive risk assessment with the student using a validated tool (eg. HCR-20)
- Evaluate the resources available on your campus and enhance through partnerships with off-campus community supports

What kind of training does your campus security receive about mental health crises?

Current
Nonviolent Crisis Intervention training (CPI)
Training on dealing with individuals with mental health (45-60 minute online module through private security staff provider)
Hospital training course (optional online module through private security staff provider)
On-site training (emergency helpline, orientation to campus crisis resources)
SafeTALK (www.livingworks.net/programs/safetalk/)

Planned/In Development
Mental Health First Aid (www.mentalhealthfirstaid.ca)
Applied Suicide Intervention Skills Training (ASIST) www.livingworks.net/programs/asist/

Can you share e a template for "wellness contract" – a document collaboratively developed by the

student and campus staff to help prevent crises?

A sample 'wellness contract' can be downloaded from CICMH's website at:

http://campusmentalhealth.ca/wp-content/uploads/2015/01/Sample-Wellness-Contract.docx

Supplemental resources for the wellness contract can be downloaded from CICMH's website at:

http://campusmentalhealth.ca/wp-content/uploads/2015/01/Supplemental-Resources-for-Wellness-Contract-from-Centennial.pdf

How do you balance involuntary withdrawal for a student with a mental health concern vs. supporting the student?

A student who undergoes an involuntary withdrawal is provided with all College supports, including:
- counselling
- academic advising
- safety planning
- referrals to external, community mental health supports

A student can bring an external support person into the process, and in collaboration with campus staff, create an exit plan to ensure a smooth transition (into or out of what? The college?). Finally, a process is outlines whereby the student can return to their studies

The **Mental Health Case Manager** role was implemented in order to provide enhanced service to students experiencing significant mental health or addiction challenges, with the goal of mitigating their risk of attrition. The case manager ensures all accommodations/supports have been considered prior to proceeding with an involuntary withdrawal. The case manager will work with any student returning to school following an involuntary leave to create a return to school plan and coordinate reintegration supports.

What is the usual profession of the case manager?
Most postsecondary mental health case managers in Canada have Masters-level training in Social Work, Counselling Psychology or a related field.

Is there any use of CA (cultural adapted) approach during sessions?

Culturally-competent counselling and case management services are available on campus to meet the personal and learning needs of our diverse student body. We also have dedicated counselling services for Aboriginal learners.

Suggested resource: Sick Kids Hospital offers a free e-learning module series on cultural competence
http://www.sickkids.ca/culturalcompetence/elearning-modules/eLearning-modules.html

Responses from Embedded Counsellors at Queen's University

Are the embedded counsellors in Residence connecting with the counsellors in Student Services to provide a consistent approach in supporting the students?

- Yes, at Queen's (and in an ideal situation on any campus), all embedded counsellors have regular contact with the other counsellors on campus. To give you an idea of how this works, it may be useful to look at how our time is spent outside of one-on-one sessions with students:
    - Weekly meetings with the residence life professional staff
    - Weekly meetings with all other embedded counsellors (from across campus) – for case consultation and peer supervision/support
    - Twice-monthly meetings with all counsellors on campus – for case consultation and peer supervision/support
    - Twice-monthly one-on-one meetings with the Director of Residence Life
    - Monthly professional development with all counsellors on campus
    - Monthly administrative meeting with all counsellors on campus
- What we've outlined above may seem daunting, however, it speaks to an incredible amount of support both within the department and across the campus. Regular and meaningful contact with a number of different staff/professionals allows us to ensure that we are consistent (and/or able to consult if we feel things are not consistent).

What are the most commonly presenting issues for students in residence?

1. Anxiety (general)
2. Low mood
3. Adjustment to university (homesickness, not feeling a 'fit' with the campus/culture)
4. Relationships – romantic partner
5. Relationship – friends/social

- Regarding student staff living in residence (whom we also will see in a counselling context), the top concerns are relatively the same as the above list, with the exception that 'Self-Care' replaces romantic partner issues.

For residences that are known to be handling student needs quickly and effectively, what are the resources (e.g. in-house staff or outside managers, money, etc.) and systems (e.g. access to dons, supervising counsellor, after hours crisis team, etc.) that have helped them to do so?

- At Queen's, the most prominent front-line resource is our residence dons. Typical student-to-don ratios range from 30:1 to 45:1.
- After hours/on weekends, there are three levels of Residence Life staff who are available for any crisis or urgent matters (not just mental health) that arise. Students will access the Don On-Call, and if more support is needed the next level(s) are contacted:
    1. Residence Don On-Call
    2. Residence Life Coordinator On-Call
    3. Residence Manager On-Call
- In addition to Residence Life staff, as per most campuses, there are 24-hour campus safety/security services, and emergency first aid services. Students can access these directly, or be connected via the Residence Life On-Call system.

- Most levels of after-hours care are currently able to connect with a campus-based psychologist if consultation is required.
- If the student is dealing with a mental health issue and/or is seeking counselling support, the Residence Outreach Counsellors become aware of this in two possible ways:
    1. Follow-up meetings at the earliest convenience (in urgent cases, 'earliest convenience' may be replaced by 'as soon as possible') with all staff members who were involved.
    2. Via the online documentation system.
        - At Queen's, we use an online Residence Life Management system created and maintained by eRezLife.
        - Dons and Residence Life Coordinators are both able to complete logs on this system – either to track day-to-day interactions of concern, or issues that arise when they are on call (among many other logs they can complete).
        - If the issue is connected to a mental health concern, or if a consultation is requested, the log is sent to the Residence Outreach Counsellor for that building, who will then respond to the staff member and also decide whether further action/consultation is required.

How are in-house counselling services affected by residence issues and students?

- In terms of the central/general counselling services available on campus, we have a fairly harmonious relationship with regard to handling residence issues/students. When a student connects with the central counselling services on campus, they will typically be asked if they live in residence, and if they do, will be given the Residence Outreach Counsellors' contact information, as well as information about booking an appointment and current wait-times for the central counselling services. It is always the student's choice what service they would like to connect with. If the Residence Outreach Counsellors cannot see a residence student for whatever reason, or if there is an urgent need for counselling that cannot be filled by the Residence Outreach Counsellors, central counselling will typically be able to see any student with urgent needs.

Do embedded counsellors offer psychoeducational groups to students?

- Currently, the Residence Outreach Counsellors have not been offering psychoeducational groups to students – these are programs that allow students to learn about underlying mechanisms and possible strategies that can help in managing specific mental health concerns (ex. anxiety, low mood, etc.).
- The difficulty with offering groups in residence (as well as cross-campus) is two-fold:
    1. Buy-in from students typically is quite low, with low retention (even if the facilitator is awesome!).
    2. It is sometimes difficult to generalize mental health concerns and strategies to be effective at the group level – in some ways this takes away the uniqueness of the individual's experience.
- That being said, we have discussed possibly trying some psychoeducational groups for some of the more common concerns, in order to balance an increasing demand for counselling across the board.

- There are also a number of counsellor-run groups across the Queen's campus, which both Residence Outreach Counsellors are involved in, including:
    1. Survivors of Sexual Assault
    2. Keep It Simple Life Skills (emotional regulation and mindfulness)
    3. Wellness Skills (a series of one-off workshops on a number of topics)

Have you encountered any barriers in students accessing your services because of your location in residence (e.g. they may be nervous being seen)?

- Quite the contrary, compared to my previous work as a campus counsellor who did not work in residence. I have a number of students who have followed/walked with me into my office without any hesitation.
- We are lucky enough to have an ideal set-up for our office locations. Both of the Residence Outreach Counsellors are located in one of the residence buildings, on the main floor, just beside a very large common space/area. There are a number of offices and administrative units on the same floor. Most students will wait in the common room until they see our door is open, and then come in – it really is a nice balance of public/private.
- One possible advantage is that we are also involved in a number of programming in the residences, from 'High Table' suppers to running stress management workshops on floors. As mentioned in the webinar, this high level of visibility cuts down stigma and barriers to accessing services immensely. When the students see how human (and awesome…) we are, they are much more likely to reach out.
- Finally, we work extensively with the Residence Life staff, in particular the dons, in order to facilitate students coming in to see us. Sometimes a don will come with their student the first time, or even do an 'introduction' over e-mail to get the ball rolling.

What training does your campus security receive about mental health crises?

- At Queen's, all campus safety and security officers are trained on a number of topics, including SafeTALK and/or ASIST. Mental Health First Aid training is also offered at regular intervals throughout the year, and is available for any member of the campus community to access.
- It's probably also important to mention that there are two residence security supervisors at Queen's, who are on a rotating shift and who have office/desk space in one of the residence buildings. The relationship and interaction between Residence Life and Campus Safety and Security is very similar to the Residence Outreach Counsellors in many ways.

How do you manage the 'limits of confidentiality'?

- There are four limits of confidentiality that we follow. It is important to note that these are not <u>exceptions</u> to confidentiality, but cases that, due to professional and/or legal reasons, do not fall under confidentiality in the first place. The limits are taken into account if the student discloses (or there is a strong suspicion of) any of the following:
    1. Imminent (future) harm to self
    2. (Future) harm to others
    3. Abuse/neglect of children under the age of 16

4. Sexual abuse toward anybody by a health professional

- It is important to note that information that is shared regarding any of the above disclosures, and with whom it is shared, is unique in every single situation. Ideally, information is shared only with a small number of key and appropriate individuals.
- Regarding the student's education on confidentiality, the above two points are discussed at the first session with a Residence Outreach Counsellor. Students have the chance to ask questions before signing that they understand and are aware of confidentiality/its limits.
- We have been discussing moving toward a more generalized, 'circle of care' confidentiality agreement. Currently, the student can also sign agreeing that pertinent/relevant information from their case can be shared with other health professionals on campus, where the information is important to the well-being and support of the student. This is optional (at the moment), and is part of the discussion – a majority of students seen by Residence Outreach Counsellors sign this agreement, as well.
- When discussing cases at counselling supervision and/or group case consultation, all identifying information is removed before bringing the case to the group.
- The trickier part of counselling within residence, as it pertains to confidentiality, is that often information from both Residence Life and the Residence Outreach Counsellors could be used to better/enhance supports for particular students. At Queen's, we work with a wonderful and professional Residence Life team, all of whom are very aware that we as counsellors are bound by professional and legal obligations. That being said, when a student of concern comes up in Residence Life meetings, and if we are familiar with the student, we will often let the staff know a) if the student is connected (not necessarily with whom, just that they already have been seeing a support staff), and b) any suggestions for handling the student if issues arise on-call. It is very important to remember that Residence Life staff are <u>not</u> bound by the same level of confidentiality, though do strive to maintain a respect to privacy throughout all of our discussions.
- If the concern for a student falls within the limits of confidentiality noted above, there are then discussions and meetings held with more specific information about the situation, in order to best manage the issue.

How are you receiving the contact information/incident information and navigating privacy issues with off campus health services?

- In Kingston, the primary/emergency care is provided by a hospital that is located on the Queen's campus. Though this sounds like this would mean a symbiotic relationship regarding student support and care, unfortunately we still have many students from residence who end up in the hospital and/or are discharged without it coming to our attention. Note that this is not just for mental health issues; it comes up for a variety of physical health and other issues, too.
- Both Residence Life and the central counselling services on campus have been working hard over the past few years to discover key contacts, procedures, etc., that can help us navigate this issue.
- Using a Case management approach is one way that we can possibly ensure students don't 'fall through the cracks' between off-campus and on-campus supports.
- A number of institutions in the GTA have looked specifically at return-from-hospital case management, and have piloted a project (with funding from the CICMH!) called NAvigaTe, which may be of interest once the assessment of this program is completed.

I know you mentioned there are supports available for student staff in residence, what are the most common cases that you see in student staff who access those resources?

- The top presenting issues for student staff in residence (at Queen's) are:
    1. Anxiety (general)
    2. Low mood
    3. Adjustment to university (homesickness, not feeling a 'fit' with the campus/culture)
    4. Self-Care/Boundaries
    5. Relationship – friends/social

How do you measure success?

- It is historically very difficult to measure support/helping success, as pure numbers and quantitative statistics can be interpreted as either very good or very bad. For example, if students this year are coming twice as frequently as they did last year, does that mean that we are better helping students, and they are therefore seeking our support more – or does it mean that we are not-so-great at our jobs and are taking longer to help the student along?
- On top of that, students themselves may not 'like' counselling, but will actually show vast improvements in mental health/functioning, or will 'really love' counselling, but never show such gains.
- This, combined with the confidentiality aspects of our jobs, means that we may never actually know how every student benefited (or didn't benefit) from counselling.
- With that in mind, we still try to look to a number of formal and informal means for measuring success:
    1. Referral source – personally, when I see 'friend' as a referral source, it is a good indicator that somebody out there found some benefit from counselling.
    2. Surveys – every student who connects with a counsellor at Queen's is asked, as part of their intake, if they are willing to be contacted to complete a survey about their experiences. All identifying information is still kept as private as possible, and students still will have the option to not complete these surveys.
    3. Anecdotal/in vivo evidence – we encourage students as best we can to give us feedback within session and/or after sessions, regarding how we did in addressing their needs. This is more often than not kept between the counsellor and the student; however, it is good practice for practitioners.
- While we do not currently do it at Queen's, some institutions in North America are beginning to implement 'post-session evaluations', which the student is asked to complete after every session (typically in the counselling wait area immediately after the session, if possible). The Outcome Rating Scale is a very good measure which has been developed by Miller & Duncan at the International Center for Clinical Excellence www.centerforclinicalexcellence.com. It is very quick and easy to complete, and addresses all those wonderful things that we really want to know, such as a student's functioning (socially, personally, etc.) and the perceived effectiveness of the session (relationship with counsellor, goals, approach, etc.).

Responses from Lawyers at WeirFoulds LLP

Following the webinar, participants were invited to pose questions about some of the legal issues that relate to student mental health in residence. Albert Formosa and Farah Malik, who practice law at WeirFoulds LLP, generously agreed to answer questions submitted to CICMH via e-mail.

WeirFoulds LLP is a regional law firm with expertise in a number of areas, including privacy and human rights. It has acted for, and advised, a number of Ontario post-secondary institutions on a wide range of matters, including student mental health.

Please see below for the questions submitted and the answers we received.

1. ***Case Managers at Canadian Colleges and Universities may or may not be "health care practitioners" as defined under the Personal Health Information Protection Act, 2004 ("PHIPA"). "Health care practitioners" include those who are regulated under the Regulated Health Professions Act, 1991 (e.g. physicians, nurses, psychologists, and pharmacists) and those who are members of the Ontario College of Social Workers and Social Service Workers who provide health care.***

   If a Case Manager receives information about a student that indicates some level of <u>non-imminent risk</u> (e.g. a professor reports that a student has expressed feelings of depression and hopelessness), can the Case Manager: (1) receive this information from a faculty member or other staff ("collect"); (2) take this information to look into University databases to determine what supports, if any, the student has accessed at the University ("use"); and, (3) reach out to the student ("disclose")?

The answer to this question will depend, in large part, on more facts. The facts suggest that the information at issue is "personal health information" ("PHI") as defined under PHIPA. If the Case Manager is, in fact, a health care practitioner, he or she would likely be classified as a "health information custodian" and PHIPA would apply to the collection, use and disclosure of the PHI at issue.

In general, an individual's consent is required to collect, use and disclose PHI about that individual in non-emergency or non-urgent situations. In this case, indirect collection of the student's PHI may be permitted if it is reasonably necessary for providing health care and it is not reasonably possible to collect accurate and complete PHI from the student directly.

If a health information custodian believes on reasonable grounds that it is necessary, in order to eliminate or reduce <u>a significant risk of serious bodily harm</u> to a person or group of persons, to disclose PHI without consent, the disclosure may be made. For example, a health care practitioner at a university health centre would be permitted to disclose PHI to a student's family or physician if there were reasonable grounds to believe it was necessary to do so to reduce the risk of suicide.
In the absence of: (i) a student's consent; or (ii) a significant risk of serious bodily harm to the student or others, a Case Manager should, in general, refrain from collecting, using or disclosing a student's PHI.

2. ***Many campus student residences employ upper-year students and others as Resident Assistants (otherwise known as Dons, Res Fellows, Floor Fellows, Sophs, Residence Coordinators etc.) (collectively, "RAs") to serve as front-line resources to undergraduates. RAs typically provide peer counselling and other similar services.***

When students share information (including personal health information) with RAs, can they expect that this information will be kept confidential? Do RAs have any obligation to disclose personal health information that is given to them in confidence?

Because RAs are not trained to provide health care, they are not covered by the PHIPA. Moreover, the applicability of Ontario's *Freedom of Information and Protection of Privacy Act* ("FIPPA") will depend on the facts of each case. In general, the FIPPA would apply if information is collected *on behalf* of the school. Thus, one should consult the post-secondary institution's specific policy on the matter. If an RA takes notes of a meeting with a student for his or her own benefit or for future reference, then the FIPPA would likely not apply. Some post-secondary institutions encourage RAs to file formal reports, while others instruct RAs to refer students to other counselling services on campus. Ultimately, RAs should make it clear what their reporting obligations are, and whether information that is shared with them will be kept confidential.