

# Campus Mental Health Partnerships Measuring Collaboration with Internal & External Service Providers

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The following questions are concerned with the degree to which SLED staff collaborates with other campus staff and external agencies to **promote and respond to student Mental Health**.

Please select the number on the scale of 1 – 5 that best reflects your current level of collaboration.

Add comments as appropriate in the space provided.

Please indicate which campus you are completing this survey for:

- Ashtonbee
- Morningside
- Progress
- Story Arts Centre

*Note: If you work at multiple campuses, please fill out a separate survey for each campus.*

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Please indicate your role/department:

- Counsellor
- Disability Counsellor
- Learning Strategist
- Adaptive Technologist
- Testing Services
- Career Services & Co-operative Education
- Peer Mentoring
- Tutoring Services
- First Experience/First Generation
- Other (specify) \_\_\_\_\_

Internal Collaborations:

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1. Rate your level of collaboration with **Counselors** at your campus.

	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

2. Rate your level of collaboration with the **Disability Counselors** at your campus:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

3. Do you have **Learning Strategists** on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

4. Do you have **Adaptive Technologists** on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

5. Do you have **Testing Services** on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

6. Do you have **Career Consultants/Advisors** on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

7. Do you have **Tutoring Services** on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

8. Do you have **First Experience/First Generation** staff on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

9. Do you have **Academic Advisors** on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

10. Do you have **Student Relations Officers** on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

11. Do you have **Wellness Coordinators** on your campus?  Yes  No

If **yes**, please rate your level of collaboration with this group.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

12. Provide any comments you feel relevant to campus-internal relationships and the impact that these relationships have on your ability to meet student needs:

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**External Collaboration** (including student referrals from and to community and hospital-based services)

**13. Rate your level of collaboration with *Primary Care* (family doctor, family health, team community health centre). Please list and rate your level of collaboration with each provider:**

**Family Doctors:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Family Health Team:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Other (Please Specify):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**14. Rate your level of collaboration with *Mental Health Crisis Services*. Please list and rate your level of collaboration with each provider:**

**Hospital Emergency Department:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Mobile Crisis Team:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Crisis Phone Lines:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Residential Crisis Beds:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Other (specify):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

15. Rate your level of collaboration with *non-crisis Mental Health Services*. Please list and rate your level of collaboration with each provider:

**Hospital Outpatient Services (mental health day program, counselling/therapy):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Community Mental Health Services (case management, justice services, psychoeducational groups):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Access Point (formerly Access 1):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**CMHA Toronto (not including ACTT):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Other Provider (Please Specify):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

16. Do you have access to psychiatric/psychological consultation?  Yes  No

If **yes**, please rate your level of collaboration.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**17. Identify your level of collaboration with *Complex Care and Specialized Mental Health Supports* (inpatient, early intervention in psychosis, eating disorders, assertive community treatment, withdrawal management, etc.). Please list and rate your level of collaboration with each provider:**

**General Hospital:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

**Psychiatric Hospital:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

**Community Agency-based:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

**Other (Please Specify):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

**18. Identify your level of collaboration with *Allied Health/Complementary Mental Health Supports* (private therapists, naturopaths, nutritionists, life coaches, contemplative practitioners). Please list and rate your level of collaboration with each provider:**

**Private Therapists:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

**Spiritual Leaders:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

**Naturopaths:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

**Other (Please Specify):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No Collaboration</b>	<b>Very Little Collaboration</b>	<b>Some Collaboration</b>	<b>Moderate Collaboration</b>	<b>High Collaboration</b>

**19.** Rate your level of collaboration with *Peer Supports* (self-help groups such as Mood Disorders Association, Schizophrenia Society of Ontario). **Please identify group and rate your level of collaboration with peer supports:**

**Please specify group:** \_\_\_\_\_

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Please specify group:** \_\_\_\_\_

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**Please specify group:** \_\_\_\_\_

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
No Collaboration	Very Little Collaboration	Some Collaboration	Moderate Collaboration	High Collaboration

**20.** Do you refer students to *web-based Mental Health Resources*? If so, please identify which resources you find most useful. **Please list and rate your level of use:**

**Name of resource:** \_\_\_\_\_

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Rarely Used	Occasionally Used	Used Often	Used Very Often	Always Used

**Name of resource:** \_\_\_\_\_

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Rarely Used	Occasionally Used	Used Often	Used Very Often	Always Used

**Name of resource:** \_\_\_\_\_

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Rarely Used	Occasionally Used	Used Often	Used Very Often	Always Used

**21. Do you participate in any networks, alliances, committees or boards related to student wellness? If so, please indicate which ones. Please list and rate your level of participation:**

**Please Specify:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Do Not Participate</b>	<b>Very Little Participation</b>	<b>Some Participation</b>	<b>Moderate Participation</b>	<b>High Participation</b>

**Please Specify:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Do Not Participate</b>	<b>Very Little Participation</b>	<b>Some Participation</b>	<b>Moderate Participation</b>	<b>High Participation</b>

**Please Specify:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Do Not Participate</b>	<b>Very Little Participation</b>	<b>Some Participation</b>	<b>Moderate Participation</b>	<b>High Participation</b>

**22. Provide any comments you feel relevant on external service provider relationships and the impact that these relationships have on your ability to meet student needs:**

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**23. Additional comments:**

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