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
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
UNIVERSITY CONTEXT
Crisis on campus: Universities struggle with students in distress

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

CHARLIS RIZEK

Published on May 23, 2023 | Last Updated: May 23, 2023 9:50 AM EDT

One Monday morning in March, a lonely and homesick 15-year-old undergrad took his own life in residence at the University of Waterloo, Ont.

"I don't believe this is real," his 36-year-old brother wrote the next day on an anonymized suicide note posted with grievance against the school.

"My brother is gone and I'll never be able to tell him I love him ever again."

As the post went viral, his brother was the second "brilliant mind" at Waterloo to have "died like this" during the semester.

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
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)
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

<table>
<thead>
<tr>
<th></th>
<th>Percent (%)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>No, never</td>
<td>19.0</td>
<td>16.9</td>
<td>15.7</td>
<td>16.9</td>
</tr>
<tr>
<td>No, not last 12 months</td>
<td>41.0</td>
<td>36.5</td>
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<td>Yes, last 2 weeks</td>
<td>24.8</td>
<td>36.8</td>
<td>33.3</td>
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<td>Yes, last 30 days</td>
<td>12.7</td>
<td>16.8</td>
<td>15.6</td>
<td>14.6</td>
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<tr>
<td>Yes, in last 12 months</td>
<td>25.1</td>
<td>24.8</td>
<td>24.8</td>
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</table>

**Any time within the last 12 months**
- 62.6%

#### Felt overwhelming anxiety

<table>
<thead>
<tr>
<th></th>
<th>Percent (%)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tr>
<td>No, never</td>
<td>32.7</td>
<td>32.7</td>
<td>32.7</td>
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<tr>
<td>No, not last 12 months</td>
<td>25.1</td>
<td>23.7</td>
<td>24.7</td>
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<tr>
<td>Yes, last 2 weeks</td>
<td>19.5</td>
<td>31.8</td>
<td>28.5</td>
<td>30.5</td>
</tr>
<tr>
<td>Yes, last 30 days</td>
<td>10.8</td>
<td>15.0</td>
<td>13.8</td>
<td>13.8</td>
</tr>
<tr>
<td>Yes, in last 12 months</td>
<td>7.1</td>
<td>12.0</td>
<td>12.9</td>
<td>11.9</td>
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</tbody>
</table>

**Any time within the last 12 months**
- 51.4%

### Felt overwhelmed anger

<table>
<thead>
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<th>Percent (%)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>No, never</td>
<td>35.4</td>
<td>28.4</td>
<td>30.3</td>
<td>31.9</td>
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<tr>
<td>No, not last 12 months</td>
<td>25.7</td>
<td>22.0</td>
<td>22.5</td>
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<td>Yes, last 2 weeks</td>
<td>13.1</td>
<td>16.7</td>
<td>15.9</td>
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<tr>
<td>Yes, last 30 days</td>
<td>8.5</td>
<td>11.6</td>
<td>10.7</td>
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<tr>
<td>Yes, in last 12 months</td>
<td>19.4</td>
<td>21.3</td>
<td>20.7</td>
<td>20.7</td>
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**Any time within the last 12 months**
- 41.0%

### Seriously considered suicide

<table>
<thead>
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<th></th>
<th>Percent (%)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, never</td>
<td>14.3</td>
<td>16.9</td>
<td>16.3</td>
<td>15.8</td>
</tr>
<tr>
<td>No, not last 12 months</td>
<td>1.6</td>
<td>2.9</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>Yes, last 2 weeks</td>
<td>2.8</td>
<td>2.9</td>
<td>3.0</td>
<td>2.9</td>
</tr>
<tr>
<td>Yes, last 30 days</td>
<td>1.6</td>
<td>2.1</td>
<td>2.1</td>
<td>2.1</td>
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<tr>
<td>Yes, in last 12 months</td>
<td>7.1</td>
<td>8.0</td>
<td>7.9</td>
<td>7.9</td>
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</table>

**Any time within the last 12 months**
- 11.5%

### Attempted suicide

<table>
<thead>
<tr>
<th></th>
<th>Percent (%)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tr>
<td>No, never</td>
<td>91.2</td>
<td>98.4</td>
<td>95.8</td>
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<td>No, not last 12 months</td>
<td>7.0</td>
<td>9.6</td>
<td>8.4</td>
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<tr>
<td>Yes, last 2 weeks</td>
<td>0.6</td>
<td>0.3</td>
<td>0.5</td>
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<tr>
<td>Yes, last 30 days</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
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</tr>
<tr>
<td>Yes, in last 12 months</td>
<td>0.9</td>
<td>1.5</td>
<td>1.4</td>
<td>1.4</td>
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</table>

**Any time within the last 12 months**
- 1.8%

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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percent (%)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>Anorexia</td>
<td>0.6</td>
<td>1.5</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Anxiety</td>
<td>10.5</td>
<td>21.2</td>
<td>18.4</td>
<td>18.4</td>
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<tr>
<td>Attention Deficit and Hyperactivity Disorder</td>
<td>5.1</td>
<td>3.4</td>
<td>4.1</td>
<td>4.1</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>1.3</td>
<td>1.2</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Bulimia</td>
<td>0.6</td>
<td>1.4</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Depression</td>
<td>9.7</td>
<td>16.2</td>
<td>14.7</td>
<td>14.7</td>
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<tr>
<td>Insomnia</td>
<td>3.8</td>
<td>5.6</td>
<td>5.3</td>
<td>5.3</td>
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<tr>
<td>Other sleep disorder</td>
<td>3.0</td>
<td>3.4</td>
<td>3.4</td>
<td>3.4</td>
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<tr>
<td>Obsessive Compulsive Disorder</td>
<td>1.8</td>
<td>2.7</td>
<td>2.5</td>
<td>2.5</td>
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<tr>
<td>Panic attacks</td>
<td>4.1</td>
<td>11.1</td>
<td>9.3</td>
<td>9.3</td>
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<tr>
<td>Phobia</td>
<td>1.1</td>
<td>1.6</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.6</td>
<td>0.2</td>
<td>0.4</td>
<td>0.4</td>
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<tr>
<td>Substance abuse or addiction</td>
<td>1.7</td>
<td>1.0</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Other addiction</td>
<td>1.2</td>
<td>0.3</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Other mental health condition</td>
<td>3.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**Students reporting none of the above**
- 81.1%

**Students reporting only one of the above**
- 7.7%

**Students reporting both Depression and Anxiety**
- 6.6%

**Students reporting any two or more of the above excluding the combination of Depression and Anxiety**
- 5.5%
Campus Context

• What other contextual pieces are at play concerning student mental health on our campuses?
  • think/pair/share
...how does reducing stigma improve mental health?
The Importance of Stigma Reduction

Reducing Stigma

- Earlier help-seeking
- Cultural shift in thinking and attitudes
  - Positive outcomes for those with mental illnesses
  - Positive financial impact
  - More acceptance of MH; More supportive environment
  - Better prognosis & outcome
- Increase productivity

Cultural shift in thinking and attitudes

Increase productivity

Better prognosis & outcome
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
EVIDENCE-BASED FOUNDATIONS: R2MR & TWM
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
R2MR in Other Organizations
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.

**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

**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

**POTENTIAL SOURCES OF SUPPORT AND HELP**

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**MENTAL HEALTH CONTINUUM MODEL**

**HEALTHY**
- Normal fluctuations in mood
- Normal sleep patterns
- Physically well, full of energy
- Consistent performance
- Socially active

**REACTING**
- Nervousness, irritability, sadness
- Trouble sleeping
- Tired/low energy, muscle tension, headaches
- Procrastination
- Decreased social activity

**INJURED**
- Anxiety, anger, pervasive sadness, hopelessness
- Restless or disturbed sleep
- Fatigue, aches and pains
- Decreased performance, presenteism
- Social avoidance or withdrawal

**ILL**
- 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**

**HEALTHY**
- Focus on task at hand
- Break problems into manageable chunks
- Identify and nurture support systems
- Maintain healthy lifestyle

**REACTING**
- Recognize limits
- Get adequate rest, food, and exercise
- Engage in healthy coping strategies
- Identify and minimize stressors

**INJURED**
- Identify and understand own signs of distress
- Talk with someone
- Seek help
- Seek social support instead of withdrawing

**ILL**
- Seek consultation as needed
- Follow health care provider recommendations
- Regain physical and mental health

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**The Working Mind**
Workplace Mental Health and Wellness
Preliminary Evaluation Results

- **Pre-workshop questionnaire**
- **R2MR/TWM**
- **Post-workshop questionnaire**
- **3-month follow-up questionnaire**

**Quantitative Results**

- Significant ↓ 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
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
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
Video from The Inquiring Mind

Click to play video
The Inquiring Mind: Main Components

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

Specific – a specific behaviour you take

Measurable – must be measureable 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
  • Anti-stigma module and evidence-based content
    o Video-based contact, mythbusting, facts, etc.
  • “Big 4” skills (SMART goal setting, mental rehearsal, positive self-talk, diaphragmatic breathing)
• Mental Health Continuum Model
Perceptions of MH and MI

- Mental health
  - Normal functioning
- Diagnosable mental illness
  - Severe and persistent functional impairment
Mental Health Continuum Model

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

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

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

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

- **HEALTHY**
  - Mental health
    - Normal functioning
  - Recovery from mental illness

- **REACTING**
  - Common and self-limiting distress

- **INJURED**
  - More severe functional impairment

- **ILL**
  - Diagnosable mental illness
    - Severe and persistent functional impairment
<table>
<thead>
<tr>
<th>Changes in</th>
<th>HEALTHY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood</td>
<td>Normal mood fluctuations</td>
<td>Irritable</td>
<td>Angry</td>
<td>Easily enraged</td>
</tr>
<tr>
<td></td>
<td>Calm</td>
<td>Impatient</td>
<td>Anxious</td>
<td>Excessive anxiety/panic</td>
</tr>
<tr>
<td></td>
<td>Confident</td>
<td>Nervous</td>
<td>Pervasive sadness</td>
<td>Depressed mood, numb</td>
</tr>
<tr>
<td>Thinking and Attitude</td>
<td>Good sense of humor</td>
<td>Displaced sarcasm</td>
<td>Negative attitude</td>
<td>Noncompliant</td>
</tr>
<tr>
<td></td>
<td>Takes things in stride</td>
<td>Intrusive thoughts</td>
<td>Recurrent intrusive thoughts/images</td>
<td>Suicidal thoughts/intent</td>
</tr>
<tr>
<td></td>
<td>Ability to concentrate and focus on tasks</td>
<td>Sometimes distracted or lost focus on tasks</td>
<td>Constantly distracted or cannot focus on tasks</td>
<td>Inability to concentrate, loss of memory or cognitive abilities</td>
</tr>
<tr>
<td>Behaviour and Performance</td>
<td>Physically and socially active</td>
<td>Decreased social activity</td>
<td>Avoidance</td>
<td>Withdrawal</td>
</tr>
<tr>
<td></td>
<td>Performing well</td>
<td>Procrastination</td>
<td>Skipping class</td>
<td>Dropping out of classes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Decreased performance, lower grades</td>
<td>Cannot perform assignments</td>
</tr>
<tr>
<td>Physical Changes</td>
<td>Normal sleep patterns</td>
<td>Trouble sleeping</td>
<td>Restless sleep</td>
<td>Cannot fall/stay asleep</td>
</tr>
<tr>
<td></td>
<td>Good appetite</td>
<td>Changes in eating patterns</td>
<td>Loss/increase of appetite</td>
<td>No appetite/over eating</td>
</tr>
<tr>
<td></td>
<td>Feeling energetic</td>
<td>Some lack of energy</td>
<td>Some tiredness or fatigue</td>
<td>Constant and prolonged fatigue or exhaustion</td>
</tr>
<tr>
<td></td>
<td>Maintaining a stable weight</td>
<td>Some weight gain or loss</td>
<td>Fluctuations or changes in weight</td>
<td>Extreme weight gain or loss</td>
</tr>
<tr>
<td></td>
<td>Good personal hygiene</td>
<td>Less attention to hygiene</td>
<td>Poor hygiene most of the time</td>
<td>Consistently poor hygiene</td>
</tr>
<tr>
<td>SUBSTANCE USE</td>
<td>Limited alcohol consumption, no binge drinking</td>
<td>Regular to frequent alcohol use, binge drinking</td>
<td>Regular to frequent alcohol use, including binge drinking</td>
<td>Regular to frequent binge drinking</td>
</tr>
<tr>
<td></td>
<td>Limited/no addictive behaviours</td>
<td>Some regular to addictive behaviours</td>
<td>Struggle to control addictive behaviours</td>
<td>Addiction</td>
</tr>
<tr>
<td></td>
<td>No trouble/impact (social, economic, legal, financial) due to substance use</td>
<td>Limited to some trouble/impact (social, economic, legal, financial) due to substance use</td>
<td>Increasing trouble/impact (social, economic, legal, financial) due to substance use</td>
<td>Significant trouble/impact (social, economic, legal, financial) due to substance use</td>
</tr>
</tbody>
</table>
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 (MHC-M) 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.

Mental Health Commission of Canada
350 Albert Street, Suite 1210
Ottawa, ON K1P 5V3
Tel. 1-877-738-7669
Fax 613-990-8497
Info: info@mentalhealthcommission.ca

Signs and Indicators

**HEALTHY**
- Normal mood fluctuations
- Normal sleep patterns
- Feeling energetic
- Performing well
- Physically and socially active
- Limited or no substance use

**REACTING**
- Irritability, nervousness, sadness
- Trouble sleeping
- Some lack of energy
- Procrastination
- Decreased social activity
- Regular substance use

**INJURED**
- Anxiety, anger, pervasive sadness
- Restless or disturbed sleep
- Some drug use
- Increased performance, skipping class
- Avoidance
- Substance use hard to control

**ILL**
- 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
- Withdrew
- Substance addiction

Actions to Take at Each Phase of the Continuum

**HEALTHY**
- Focus on task at hand
- Break problems into manageable chunks
- Identify and nurture support systems
- Maintain healthy lifestyle

**REACTING**
- Recognize limits
- Get adequate rest, food, and exercise
- Engage in healthy coping strategies
- Identify and minimize stressors

**INJURED**
- Identify and understand own signs of distress
- Talk with someone
- Seek help
- Seek social support instead of withdrawal

**ILL**
- Seek consultation as needed
- Follow health care provider recommendations
- Regain physical and mental health

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.

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

Pre-workshop questionnaire → Post-workshop questionnaire → 3 Month follow-up questionnaire
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?
<table>
<thead>
<tr>
<th><strong>Mental Health Continuum Model</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTHY</strong></td>
</tr>
<tr>
<td><strong>Changes in Mood</strong></td>
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<tr>
<td>Normal mood fluctuations</td>
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<tr>
<td>Calm</td>
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<tr>
<td>Confident</td>
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<tr>
<td><strong>Changes in Thinking and Attitude</strong></td>
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<tr>
<td>Good sense of humor</td>
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<tr>
<td>Takes things in stride</td>
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<tr>
<td>Ability to concentrate and focus on tasks</td>
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<tr>
<td><strong>Changes in Behaviour and Performance</strong></td>
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<tr>
<td>Physically and socially active</td>
</tr>
<tr>
<td>Performing well</td>
</tr>
<tr>
<td><strong>Physical Changes</strong></td>
</tr>
<tr>
<td>Normal sleep patterns</td>
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<tr>
<td>Good appetite</td>
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<tr>
<td>Feeling energetic</td>
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<tr>
<td>Maintaining a stable weight</td>
</tr>
<tr>
<td>Good personal hygiene</td>
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<tr>
<td><strong>Changes in Substance Use</strong></td>
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<tr>
<td>Limited alcohol consumption, no binge drinking</td>
</tr>
<tr>
<td>Limited/no addictive behaviours</td>
</tr>
<tr>
<td>No trouble/impact (social, economic, legal, financial) due to substance use</td>
</tr>
</tbody>
</table>
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
Questions & Thank You

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