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MENTAL HEALTH TRAINING IN THE POSTSECONDARY SECTOR

OCAD U & RYERSON UNIVERSITY CAMPUS MENTAL HEALTH PARTNERSHIP PROJECT



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OVERVIEW

In recent years, mental health and wellbeing has escalated as an institutional priority within the postsecondary sector. This is largely due to a cultural shift among Universities and Colleges towards a model of shared responsibility around mental health issues on campus, as well as growing evidence that mental health concerns are increasing among students. There are myriad responses that postsecondary institutions are seeking, developing and/or have implemented to address the continuum of campus mental health issues. While there is a strong interest in adopting a proactive and health promotion oriented approach to building mentally healthy campus communities across Canada, there is also an identified need to address acute mental health crises when they occur.

For the purposes of this document, we explore common practices in mental health “training” at postsecondary institutions: Learning opportunities for students, staff, and faculty to develop knowledge and skills related to mental health. This may include but is not limited to trainings that address general mental health topics (e.g., mental illness), peer programs, and/or crisis intervention.

We gathered information from institutional websites and conducted informal interviews with numerous practitioners and administrators responsible for the design and delivery of such training programs at 13 Colleges and Universities across Canada in July 2013. This document offers a brief summary of the findings.



CONSIDERATIONS FOR DESIGNING & DELIVERING TRAINING

Practitioners and administrators from Universities and Colleges across Canada shared many common challenges, successes and insights with regard to mental health training. Faculty, staff and students were often referred to as “gatekeepers” on campus as they tend to be the first to notice a student who is experiencing difficulty or distress, and accordingly, serve as the first line of support for a student in need of help. As a result, mental health training has been offered not only as a way to sensitize and educate faculty, staff and students about mental health issues, but as a way to offer the knowledge and skills necessary to prepare them as “first responders” to mental health related situations and crises.

While training is a priority in the sector, many institutions faced real challenges with respect to designing and delivering training programs for reasons related to resources, logistics, internal politics, and sustainability.

Below are some common and critical questions schools face with regard to mental health training:

Problem: What is the problem we are trying to address and why?

- How will offering training help address the concerns identified on campus?
- How will training address some of the root causes of the problem we have identified?
- What is the scope for training? (e.g., is training related to mental health? Suicide? Other issues?)

Target audience: Who is this training for?

- What are the incentives for completing training? (e.g., certification, service/volunteer hours, professional development, etc.)
- How does the training help people become more effective at their jobs?
- How do we scale the training so that it reaches all audience members?

Policies and procedures: What existing campus policies and procedures inform the training?

- What policies/procedures impact the training and are they up to date, well known and/or mandatory?
- Who holds the professional expertise and legal obligation to respond to crises on campus?

Content: What content is important to include in training, why and how is it going to be delivered?

- How is the content relevant, memorable and customized to its audience?
- Is the content accessible and usable? (e.g., are there visuals and multiple forms of media that accommodate to different learning styles?)
- How is content delivered?

Values and beliefs: What is the institution's stance on mental health and what message is it communicating about mental health through training?

- What values, beliefs and perspectives will the training convey in its language, content, and structure?
- How will community members champion mental health on campus?

Sustainability: How will ongoing training be designed/delivered and what resources are available to sustain this?

- Will the institution create internal training and/or rely on external resources?
- Who will be responsible for coordinating training activities?
- Who has the authority and skills to facilitate training?
- How will the institution ensure that training is an ongoing institutional priority?

Evaluation: How will outcomes be defined and measured?

- How do trainees apply their learnings in real life scenarios?
- What is the impact of the training on the university community?
- How do training outcomes advance the institution's strategic plan and priorities and ongoing development of the training program?
- Who will be responsible for evaluating the project?
- What type of evaluation is required?



REVIEW OF TRAINING PROGRAMS

There were two major types of training programs that emerged from conversations with practitioners and administrators: Trainings that were externally sourced and those that were internally sourced. There appears to be no single or preferred training solution among campuses given the unique needs and culture of each institution.

External training programs created by third party vendors have been adopted for use by many institutions (e.g., Mental Health First Aid, MentalHealthEdu.com, safeTALK, ASIST, etc.). It is these programs that tend to be thoroughly evaluated for effectiveness, offer robust and evidence-based content, and are well recognized as legitimate certification/training within the sector. Without a wide variety of content and perspectives in the existing market for training programs, however, it can sometimes feel like a compromise bringing these programs to campus.

By design, they are limited in terms of content, flexibility, cost, and delivery.

On the other hand, many schools opt to internally develop and deliver training, sometimes in combination with external training. In this case, training is often led by health, wellness and/or counseling staff at the institution and can be specifically catered to meet local needs/contexts. At the same time, without dedicated staff and trained facilitators to lead this work, training can be an added drain on what are likely already very limited resources.

Below is a list of training programs that have been implemented at Universities and Colleges across Canada as of July 2013. This list is not necessarily complete and should be used as a general reference point as training strategies on campuses are continually evolving. The list is divided into **external** training programs and **internal** training programs.

EXTERNAL TRAINING PROGRAMS

| TRAINING PROGRAM | Institutions using the program (n=13) | Primary Target | | |
|--|---------------------------------------|----------------|-------|---------|
| | | STUDENT | STAFF | FACULTY |
| <p>Applied Suicide Intervention Skills Training (ASIST) The ASIST workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. ASIST was created by LivingWorks. www.livingworks.net</p> | 3/13 | ● | ● | ● |
| <p>Mental Health Edu MentalHealthEdu is a brief, online program designed to help raise awareness of student mental health issues on colleges campuses created by Everfi. www.mentalhealthedu.com/</p> | 2/13 | ● | ● | ● |
| <p>Mental Health First Aid (MHFA) MHFA trains individuals to become 'first responders' to people with mental health issues. Mental Health First Aid Canada is offered by Mental Health Commission of Canada and was created in February 2010. http://www.mentalhealthfirstaid.ca/</p> | 7/13 | ○ | ● | ● |
| <p>Question, Persuade, and Refer (QPR) QPR stands for Question, Persuade, and Refer -- 3 simple steps that anyone can learn to help someone who is suicidal. Widely used in the USA, QPR was developed by Dr. Paul Quinnett. www.qprinstitute.com</p> | 5/13 | ● | ● | ● |
| <p>safeTALK Prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. safeTALK was created in 2005 by LivingWorks. Unlike ASIST, safeTALK is a shorter training and targeted towards a general audience. www.livingworks.net</p> | 3/13 | ○ | ● | ● |

INTERNAL TRAINING PROGRAMS

| TRAINING PROGRAM | Institutions using the program (n=13) | Primary Target | | |
|--|---------------------------------------|----------------|-------|---------|
| | | STUDENT | STAFF | FACULTY |
| <p>Training for Staff/Faculty These programs have been designed and delivered by internal staff from a postsecondary institution. Content varies but has a strong emphasis on training faculty and students, and content-wise, is similar to external programs like Mental Health First Aid or ASIST, focusing on issues such as suicide, 'Mental Health 101', and mental health awareness training.</p> | 10/13 | ● | ○ | ● |
| <p>Student Programs These programs focus on student-to-student (peer) awareness and education around mental health. These programs may be student led/run and/or organized by the institution.</p> | 7/13 | ● | ○ | ○ |

Based upon conversations with key informants, the following are lessons learned from the design and delivery of training programs at postsecondary institutions:

- **Flexible options:** Offer flexible options for training, catering to different needs, target groups and schedules. It is common for institutions to provide offline and online resources in order to ensure content is accessible and available 24 hours.
- **Internal and external training:** Most schools provide complementary external and internal training. The former offers standardized and scalable formats, while the latter is able to address the unique needs of the institution.
- **Dedicated resources:** Having a dedicated staff person to design and deliver training can help ensure clear coordination and consistency across training efforts.
- **Health and wellness led:** For reasons of liability and professional expertise, counseling and health/wellness departments tend to lead training design, development and facilitation. A multi-pronged approach where other departments share this responsibility may help with the scalability of training.
- **Usable materials:** Create materials that are aesthetically pleasing, useful and available in multiple formats for different use cases (e.g., on the go, in an office, laboratory, or studio setting, etc.). Prototype materials with users.
- **Clear protocols:** It is important to clarify policy and procedures related to mental health, and to ensure there is a clear understanding as to how these policies and procedures impact the roles and responsibilities of members of campus.
- **Clear Messaging:** Create clear, consistent, and memorable messaging for training and communicate the institution's stance on mental health.
- **Non-stigmatizing:** Ensure the messaging, content and scenarios are not stigmatizing of people with mental health issues.
- **Evaluation:** There is a need for consistent evaluation across training programs, including tracking data on participants' knowledge/skill development.
- **Campus champions:** Offer ongoing training and have campus leaders persistently champion the importance of training in order to maximize its reach. Ensure that executive leadership receive training themselves and promote training as an institutional priority.
- **Knowledge and practical skill development:** A blend of theory and practice in training enables people to gain knowledge around mental health issues while building the skills necessary to act in real life scenarios.