BC Partners for Mental Health and Addictions Information

Visions

BC's Mental Health and Addictions Journal

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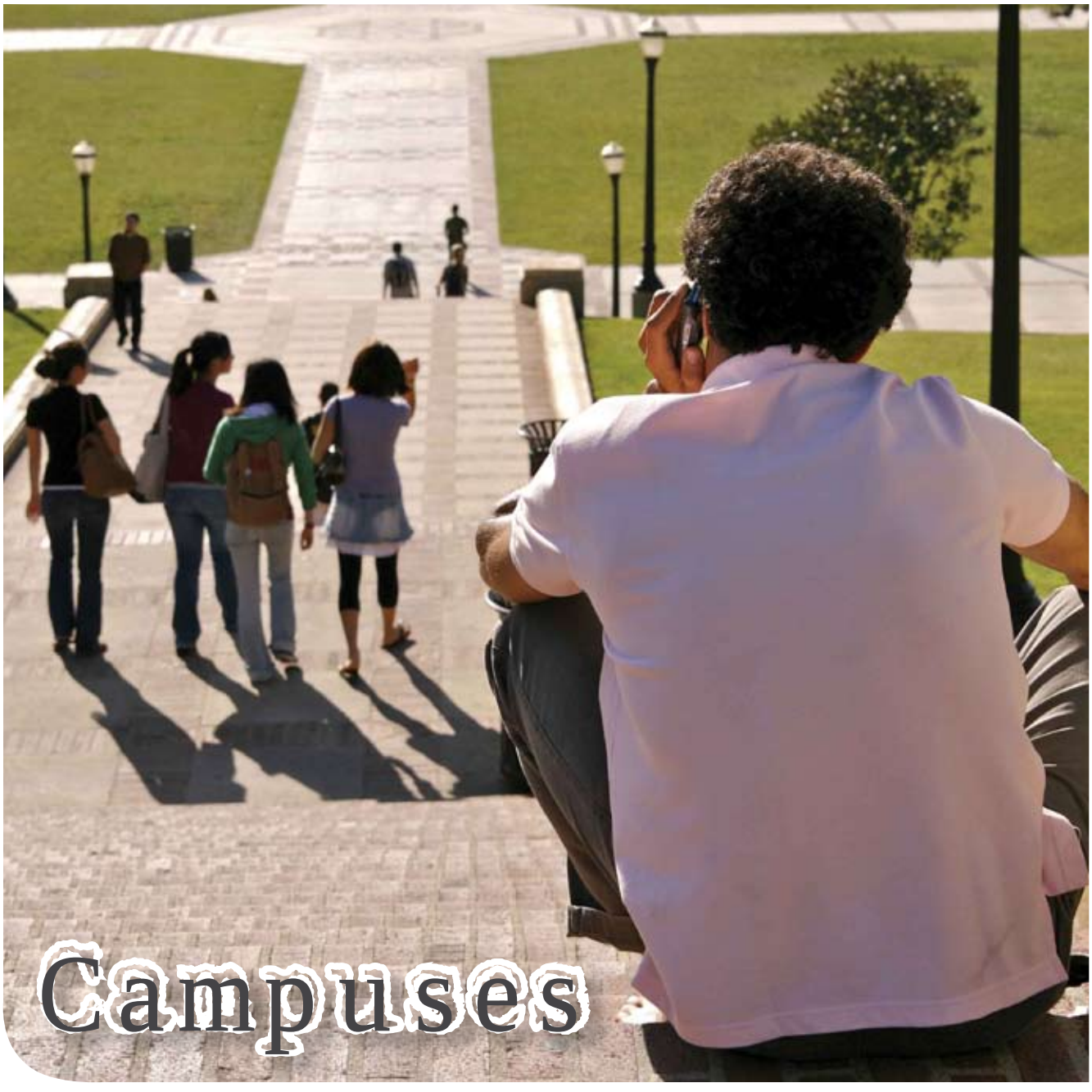

Campuses

background

web-only articles

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experiences & perspectives

bc partners

Seven provincial mental health and addictions agencies are working together in a collective known as the BC Partners for Mental Health and Addictions Information. We represent the Anxiety Disorders Association of BC, British Columbia Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health Care, Jessie's Hope Society and the Mood Disorders Association of BC. Our reason for coming together is that we recognize that a number of groups need to have access to useful and good-quality information on mental health, mental disorders, substance use and addictions, including information on evidence-based services, supports and self-management.

visions

Published quarterly, *Visions* is a nationally award-winning journal which provides a forum for the voices of people living with a mental disorder or substance use problem, their family and friends, and service providers in BC. Visions is written by and for people who have used mental health or addictions services (also known as consumers), family and friends, mental health and addictions service providers, providers from various other sectors, and leaders and decision-makers in the field. It creates a place where many perspectives on mental health and addictions issues can be heard. To that end, we invite readers' comments and concerns regarding the articles and opinions expressed in this journal.

The BC Partners are grateful to BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority, for providing financial support for the production of Visions

alternatives & approaches

regional programs

The process of choosing a cover image for this issue of Visions turned out to be a useful exercise in thinking about its themes. Originally, we were thinking of a summer photo: a classic scene of students, ripe with potential, sprawled on the lawn of a Canadian campus with grand buildings in the distance. But the more we looked at the photo, the more it seemed to gloss over the less 'sunshiney' aspects of campus life. After all, it can also be the time in our lives when we develop unhealthy relationships with alcohol and other drugs, and/or have our first break of mental illness or suicidal thoughts.

So our final photo choice, of campus steps, represents these tensions a bit better. It's a metaphor for the life transitions of students, for the different stages campuses are at in their readiness to deal with these issues, for the steps—big and small—campuses and students are taking forward, and for the supports that need to be in place to get us where we want to go. And hey, stairs are also great places to sit and study, and chat with friends.

…Which brings us to our next major theme. When I think back to my university days, I remember having discussions, meeting lots of new people, encountering new perspectives, and feeling freedom in those talks to think in fresh and creative ways. Many of the examples you'll be reading about of successful starts on campuses to promote mental health and healthy substance use involve these very same things. Discussions, dialogues, diverse groups on and off campus being brought together to think in new ways, and partnerships with peers—students and staff—all tap into the inherent wealth of expertise that lives right on campuses.

Post-secondary was the time in my life when I first developed major depression, when I was properly diagnosed and began the path to recovery. Some of my best and worst memories live in those years. It was also the place—after my valedictory speech at graduation, in front of hundreds of peers and strangers—when I came out of the closet with my depression. I still remember the shock on people's faces. I could almost read their minds: "not her, she's had so many successes, she looks so normal." It's still one of the best and most courageous things I ever did. It was scary and empowering. Kind of like school itself.

Sarah Hamid-Balma

Sarah is Visions Editor and Director of Public Education and Communications at the Canadian Mental Health Association's BC Division. She also has personal experience with mental illness

subscriptions and advertising

If you have personal experience with mental health or substance use problems as a consumer of services or as a family member, or provide mental health or addictions services in the public or voluntary sector, and you reside in BC, you are entitled to receive *Visions* free of charge (one free copy per agency address). You may also be receiving *Visions* as a member of one of the seven provincial agencies that make up the BC Partners. For all others, subscriptions are $25 (Cdn.) for four issues. Back issues are $7 for hard copies, or are freely available from our website. Subscriptions to the new email version of Visions called eVisions are free. Advertising rates and deadlines are also online. See www.heretohelp.bc.ca/publications/visions.

contact us

Mail: Visions Editor
c/o 1200 - 1111 Melville Street
Vancouver, BC V6E 3V6

Tel: 1-800-661-2121 or 604-669-7600
Fax: 604-688-3236
Email: bcpartners@heretohelp.bc.ca
Web: www.heretohelp.bc.ca

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Supporting Mental Health and Wellness
Does your school make the grade?

Jeff Thompson, MEd, RCC

Jeff works in Vancouver as a clinical supervisor with Watari Research Association. Previously, he coordinated the BC Campus Project for two years. Jeff has been a group therapist for 15 years and is certified in psychodrama by the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy

The topic of goals and grades often comes to mind when we think of school. Usually it's the school that assigns the grades. But maybe it's time the tables were turned.

What if post-secondary institutions had to learn how to support the mental health and healthy substance use of its students? And what if *they* were graded on what they've learned?

As you'll find out in this issue of *Visions*, colleges are seeing alarming rates of psychological distress and dangerous levels of substance use in students.

In the growing competition for students, some institutions have realized that promoting wellness, balance and a sense of belonging and care can serve to attract students and the support of parents. Many colleges* have developed exciting, well-informed programs aimed at improving student mental health and promoting safer substance use.

But there are still some colleges that haven't made these realizations and don't have these important, health-promoting programs. Some institutions are actually cutting back on counselling and wellness programs.

Let's imagine there *is* a course that educates schools about handling mental health and substance use problems? Who would offer such a course? How would it be graded? What prerequisites would a school need to be ready to take this course?

** in many articles in this issue, the term 'colleges' is used to refer to all kinds of post-secondary institutions, not just community colleges*

'Course' prerequisites

Before any institution 'signs up' for a course on addressing mental health and substance use in a meaningful way, they would need to have these two prerequisites: Recognition and Expectation.

Recognition 101

To address mental health and substance use problems on campus, colleges must first recognize that these problems exist and that they have some responsibility to find solutions.

Stubborn attitudes still persist when it comes to acknowledging the tremendous impact and responsibility institutions have in this regard. Beliefs like "Institutions serve proudly as a gauntlet, allowing the strong to succeed" or "I don't think it's worse now than when I went to school, and I survived" or "It's really not our job to care for students; we are in the business of providing education" continue to linger in the structure of institutions. These beliefs, whether openly said or quietly implied, can prevent schools from making much needed changes.

The society we want reflected by our learned institutions is, hopefully, marked by compassion, respect and a sense of belonging—as opposed to fear and a competitive "survivor" attitude. The individuals who say they "survived" educational institutions can usually point to others who were not so fortunate. And, suggesting institutions are only responsible to provide education seems irresponsible, since people (often aged 18 and younger) are not robots and many institutions mention bettering humankind as part of their mission.

Unfortunately, it often takes a seriously negative event for people to take notice. In many cases, it has taken suicides or school shootings to provoke change and active caring about students' and staff welfare. However, just like we don't need to have a heart attack before adopting action to reduce stress, improve diet and increase exercise, colleges don't have to wait for tragedy and lawsuits before acting to better support student mental health.

Expectation 102

When we set personal goals to change behaviour, having hope or expectation for bettering ourselves is a powerful ingredient for change. The same can be said for colleges needing change.

There is a large and growing body of research suggesting that change for the better *is* possible for post-secondary institutions. After following plans of action based on research, colleges such as New York University and Harvard reported reductions in suicide rates and problems related to substance use.[1-2]

Once colleges learn to expect that they *can* impact the mental health and substance use behaviour of their students, then real change can be made.

Toward Student Wellness 101

So, if post-secondary institutions are ready to sign up for a 'course' in bettering student mental health, who will set the 'curriculum'? Who will 'teach' it?

As you'll find out in this issue of *Visions*, many colleges are already taking advantage of various resources available to them, including college mental health conferences, academic research, in-house expertise and other initiatives such as the BC Campus Project.

But more is needed. Faculty and staff need to know how to deal with mental health crises and emergencies. Students and staff need be armed with knowledge of how to better their mental health and relationships with substance use. Perhaps innovative and engaging teams will emerge from grassroots efforts to share information.

How can institutions be 'graded'?

Schools need to be accountable for how well they address mental health and substance use on campus. So, how can they be graded?

- Students can feed back how well they feel their school is doing. Hopefully, when it comes time to submit grades, they haven't just walked through a corridor where they were bombarded by beer and casino advertisements, stressed with an unreasonable workload from a condescending, overworked professor working in an under-funded system!
- A cross-section of community members can be involved in evaluating schools' success in addressing these issues.
- The media can hold them accountable. Grading colleges on how they handle mental health and substance use has yet to appear explicitly in *Maclean*'s annual review of Canadian universities—but why not?

Getting there

Post-secondary institutions are wonderfully situated to positively impact how people learn to be cared for, care for themselves and care for others. Coping skills and world view can be greatly influenced during post-secondary education. Much can be accomplished when:

- there is strong support from students, family, school presidents, staff, faculty and community members
- research is reviewed and incorporated
- policies are rewritten and implemented
- committees with relevant stakeholders (including community members) address "wellness" initiatives
- students are listened to!

As schools begin to *experience* greater emphasis on wellness, I believe academic and quality of life benefits will emerge. As more schools risk investing in change, I expect the movement toward more caring campus communities will gain momentum. I hope this issue of *Visions* inspires all our institutions to aim for an 'A' in modelling wellness, compassion and creative and effective solutions.

Regarding the Homelessness issue of Visions, enclosed is a poem that expresses my empathy for people that do not have a place to call home. I've just started receiving your journal and find it educational and informative.

Defenceless Faces
Invisible fingers of poverty
Reaching, clawing at hearts
Gnawing at the essence of those
Swept into the black web and maze of nothingness.

Defenceless faces, all ages, all races
Tempted to escape to
The bottle, the pill
Seeking minor thrills
Yet finding comfort in a final rose of summer
Cuddling a kitten, a puppy
Savoring the company of pure souls.

Defenceless faces
Resting on the sidewalk of life
Encountering the grey dawn, the
Crushing invisible fingers of poverty
Till dusk, till dawn and on and on.

—Abby Armstrong, Delta

we want your feedback!

If you have a comment about something you've read in Visions *that you'd like to share, please email us at bcpartners@heretohelp.bc.ca with 'Visions Letter' in the subject line. Or fax us at 604-688-3236. Or mail your letter to the address on page 3. Letters should be no longer than 300 words and may be edited for length and/or clarity. Please include your name and city of residence. All letters are read. Your likelihood of being published will depend on the number of submissions we receive.*

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Footnotes Reminder: *If you see a superscripted number in an article, that means there is a footnote attached to that point. Sometimes the footnote is more explanation. In most cases, this is a bibliographic reference. To see the complete footnotes for all the articles, see the online version of each article at www.heretohelp.bc.ca/publications/visions. If you don't have access to the internet, please contact us for the footnotes by phone, fax or mail using the contact information on page 3.*

Glossary: *For this issue of Visions, we didn't do a glossary as the terms we would be defining are not related to the mental health field, or we have defined them in the text. If you'd like to know more about post-secondary institutions in BC, please see the Ministry of Advanced Education website at www.aved.gov.bc.ca and click on Overview in the left-hand column. Or call Enquiry BC at 1-800-663-7867.*

work in a school? we want to hear from you!

Our September issue will deal with mental health and substance use in ***Schools***. If you have a story idea, please contact us at bcpartners@heretohelp.bc.ca or call 1-800-661-2121

The BC Campus
Where futures begin?
Or a site for risky substance use?

Tim Dyck, PhD

Tim is a Research Associate at the Communication and Resource Unit of the Centre for Addictions Research of BC. His work focuses on promotion of low-risk drinking guidelines, education, screening and brief intervention for risky alcohol consumption, especially in a campus context

Nicole Pankratz, BA (Hon.)

Nicole is the Publications Officer at the Communication and Resource Unit of the Centre for Addictions Research of BC

For many people, "campus life" conjures up images of post-secondary students going wild with alcohol and other drugs. Some of these images come from students themselves, reliving—and perhaps embellishing—their campus escapades. Other images come from movies and television.

But are campuses really as 'wet' and drug friendly as we're led to believe? Or do the students who binge on booze and do other drugs represent a minority among a relatively sober crowd?

Campus Stats 101

Judging from the results of two surveys involving young adults—*Canadian Campus Survey 2004 (CCS)* and *Canadian Addiction Survey (CAS)*—there is nothing particularly "wild" going on at BC colleges and universities. Substance use among post-secondary students is comparable to substance use among non-students of the same age (roughly, 19 to 24). That said, young adults have the highest rates and riskiest patterns of substance use of all age groups. So, while "campus life" may not be unique to the campus environment, there are still reasons to be concerned about how some students are spending their time while in college or university.[1-2]

Drugs: what's hot, what's not

The *Canadian Campus Survey*,[1] which includes responses from 693 students on six BC campuses, is the most recent, comprehensive look at student substance use behaviours. The study reveals that alcohol is by far the most popular drug among post-secondary students in BC. Close to 79% of survey respondents report drinking alcohol in the last year (70.6% in the prior month).

Regarding tobacco, less than 10% of post-secondary students in BC say they are current smokers. However, over 30% of students report having used cannabis (marijuana and hashish) in the last year (12.9% in the last month).

As for cocaine, speed, ecstasy and a range of other illegal drugs, about 10% of students say they have used these substances in the past year (3.3% in the last month).

Gender equality?

When it comes to gender differences, more females than males report smoking cigarettes (13% versus 12%). But many more males than females use marijuana—34.5% of males used marijuana in the last year (almost 20% in the last month), compared to 30.1% of females (14.2% in the last month). Regarding other illegal drugs, male students report slightly higher rates of use.

When and where's the party?

Almost 75% of student drinking takes place on weekends. While most often drinking occurs off campus (85.6%), heavy frequent drinking tends to be most popular among students who reside on campus. (In the *CCS*, heavy drinking means having five drinks[3] or more at a sitting, and frequent means drinking weekly or more often.) Close to one quarter of students who live on campus drink to excess.

Among students who live off campus, 16.8% of those living on their own drink a lot and often, while 12% of those living with family members are frequent heavy drinkers.

Students drink in a wide range of environments both on and off campus—in dormitories and other forms of student housing, at friends' homes and in restaurants, bars and nightclubs, among other places. While informal get-togethers are the most common occasions, the heaviest drinking takes place at parties. Drinkers consume an average of six drinks each at party events.

Causes for concern

Substance use is taking its toll on student health, well-being and academic performance.

Episodic heavy drinking (repeatedly drinking a great deal in one sitting) is a serious concern. It's linked to a broad range of acute or short-term harms, including falls, accidents, fist fights and sexual assault.

Among post-secondary students who had used alcohol within the past month:

- nearly 20% report drinking heavily (usually 5+ drinks) at least once a week
- 33% report heavy drinking once every two weeks or more often
- almost 14%, mostly males, report consuming eight or more drinks in one sitting, once every two weeks or more often

An unintended education: what some BC students are learning at school

Lesson 1: My drinking can cause me harm.

Given the above-noted rates of

excessive drinking, it's not surprising that 39% of students report experiencing one or more harms related to drinking. These are harms identified by using the Alcohol Use Disorders Identification Test (AUDIT), a screening tool for alcohol-related problems.[4] Harms incurred from using alcohol in the past year include:

- guilt or remorse about drinking (after having consumed a drink)
- memory loss
- an injury in connection with consumption
- concern over others' worry in regard to one's drinking.

On a similarly negative note, just under 30% of students report one or more of the AUDIT's three symptoms for dependence:

- being unable to stop drinking
- needing a first drink in the morning
- failing to perform normal activities

Lesson 2: Other students' drinking can cause me harm.

Students are often affected by the hazardous drinking of others:

- 30.4% (mostly women) say their study or sleep has been interrupted
- 13.7% say they have been subjected to a serious argument or quarrel
- 5.8 % report having been being physically assaulted
- 7.4% (much more so women) say they have been sexually harassed

A national trend

BC is not alone in its patterns of substance use among the post-secondary crowd. Indeed, students across the country seem to have similar substance issues, particularly in regard to alcohol. According to the *CCS,* excessive alcohol use by students in every region of Canada has resulted in these harms:

- more than half have had a hangover, with nearly 19% having missed a class because of it
- just over 12% have skipped a class because they were drinking
- around 25% have experienced alcohol-related regrets and memory loss
- nearly 7% have been hurt or injured
- just over 14% have had unplanned sexual relations
- 6% have had unsafe sex
- about 7% have driven a vehicle while intoxicated, and almost 4% have drunk while driving

Regarding dependence, just over 13% of students say they need a lot more alcohol to become drunk than they used to need. And 2.5% of Canadian students say they have tried to cut down their drinking, but could not.

What BC students think about the alcohol scene

Student views are mixed regarding alcohol use on campus. They are more likely to favour fewer control measures to reduce consumption. Yet a majority also supports stronger security and enforcement against unauthorized drinking.

Only a minority (14%) say alcohol is problematic on their campus. Even so, over 15% of students not already benefiting from alcohol-free university housing have expressed a preference for living in accommodations where alcohol is not permitted. (To date, just under 4% of students live in alcohol-free housing.)

Frequent drinkers feel the campus environment lends itself to alcohol use. Frequent drinkers—more so than the student body in general—tend to have exaggerated ideas about how many students both drink and support the use of alcohol on campus. They mistakenly assume "everyone" drinks, that many drink regularly and that their own pattern is quite accepted.

Heavy drinkers have the impression that alcohol policies on their campuses are not upheld. Examples of such policies include regulations around:

- where and when alcohol can be consumed
- advertising and pricing on campus
- spot checks by campus security watching for public intoxication

One disturbing yet important finding to come of out of the *CCS* is that, by and large, both male and female perceptions of safe alcohol intake levels exceed low-risk guidelines outlined by the Centre for Addictions Research of BC.[5] Perhaps, then, the first step in helping to reduce alcohol-related harms on campus is to ensure students, staff and administrators understand more about alcohol. They need to know how much is too much on one occasion, and how often is too often to drink in one week.[6]

related resource

To read about a student-led project to address binge drinking, read Sarah and Marcia's online-only Visions article.

Pressures of Student Life Demand Awareness and Support

Daniel Frankel

Daniel is a counsellor at Capilano College in North Vancouver. He has worked in the post-secondary system, in Quebec and BC, for many years and is Past-President of the BC Post-Secondary Counsellors Association (www.bcpsca.com)

Over the last 20 years or so, in BC and across Canada, colleges and universities have expanded their programs and have opened them to a wide variety of learners. This has been largely in response to today's labour market, which demands more basic training, higher-level credentials and frequent upgrading of skills.

The good news is that publicly funded institutions are probably more accessible and more flexible than ever before. Increasingly, students can opt to complete programs part-time, or in shortened, intensive formats, or online. The establishment of university-colleges in BC has led to strong competition among institutions to offer innovative programs that "ladder" directly into university studies.

Helping students survive and succeed once they're in the door, however, remains an ongoing challenge.

Who are post-secondary students?

When we hear "college student," we usually think "youth." Certainly, the majority of college students (I'll use this term to refer to those both in community colleges and in universities) are in the 18 to 24 age group.

An ever-increasing number, though, are mature learners returning to school after a long absence. Many have never been in college before. Many hold down demanding jobs and are raising families. Many are recent immigrants or international students adapting to a new language and culture. And most are making significant financial and other sacrifices to advance their education.

College mental illness on the rise

For at least a decade, college counsellors have sensed that the level of student distress and the severity of mental health problems on campus have been on the rise. This perception has been echoed across North America, and research has been done to explore and explain it. For example, in a recent major survey of college and university counselling centres across Canada, over 90% of centre directors agreed that the number of students presenting severe psychological issues has increased over the last five years. Among the many examples cited were increases in students presenting with personality disturbances, extensive psychiatric histories and higher levels of distress.[1-2]

It's been suggested that pressures faced by today's students (some of which are listed below) have also increased.

It's also likely that advances in treatment—more effective medications with fewer side effects, and effective talk therapies—make post-secondary education a realistic goal (especially with adequate support) for some who would not have been able to attend college in the past.

Common stressors

To some, it may seem that college students have it easy—no job, no boss, flexible schedule, and all they have to do is keep up their homework. In reality, college life, while a positive experience for many, is full of stresses that may be hazardous to a student's mental health.

When students find themselves in trouble, it's often due to a combination of different forces. These may be divided into four categories: normal developmental issues, stresses of student life, individual challenges and vulnerabilities, and crises. Following are just a few common examples of each.

Normal developmental issues

- Developing a realistic career goal
- Clarifying values and priorities
- Balancing connection to family and culture with growing individuality
- Developing intimate relationships and exploring sexuality
- Adapting to differences between high school and college, often including greater anonymity and less individual attention in college

Stresses of student life

- Multiple assignments, exams, expectations
- Academic pressure, need for higher grades, more credentials
- Financial pressure, student debt
- Juggling being a student with working and/or raising a family and/or extracurricular activities (e.g., sports, clubs, volunteer work, social life.)
- Social and cultural isolation, for the many students living far way from their home communities
- Pressure from peers, family, culture and self to "keep up"

Capilano College

Campuses: North Vancouver, Sechelt, Squamish

Total student pop'n: approx. 7,000 in credit courses; 7,000 in non-credit courses

# of students in residence: 0

Fears related to personal safety—traditionally, this meant fears related to, for example, assault or sexually transmitted disease; but more recently added are fears brought on by 9/11 and by campus attacks like those at Virginia Tech and, most recently, Northern Illinois University in the US, and Dawson College in Montreal.[3]

Individual challenges and vulnerabilities

- History of moderate to severe depression or anxiety disorders, or other mental disorders
- Past or current abuse, loss, trauma
- Coping with mental health issues or problem behaviours of others (e.g., a chronically depressed parent, addicted sibling or abusive partner)
- Negative associations and low self-esteem based on past experience with schools, learning, teachers
- Ineffective or risky coping behaviours (e.g., disordered eating, addictions, self-harm, suicidal thinking)

Crises

- Serious health problem or injury
- Illness or death of family member or close friend
- Relationship breakup
- Assault
- Parental divorce

Moving forward

So, what can we do to support student mental health? All of the people who make up an academic community—instructors, administrators, support staff, student services professionals, college boards, student associations, parents and students themselves—can add support by staying compassionate, observant and actively involved.

Many colleges include in their mission statements a commitment to support the personal well-being of students, as well as their development as effective citizens. For example, Capilano College's mission and values statement includes a commitment to "sustain all students' personal growth and cultural enrichment." Many different on-campus activities and services, offered both by the college and the Student Union, help to make this commitment concrete—for example, outreach initiatives (e.g., First Nations Awareness Week, Eating Disorders Awareness Week), film presentations, lunchtime workshops on study skills and life skills, and a club for lesbian and gay students.

All colleges should offer a wide array of student support services (health professionals, learning specialists, educational advisors and so on). To effectively meet the mental health needs of students, colleges must maintain well-staffed, accessible professional counselling services. College counsellors can support students not only by providing services directly to them, but also by educating teaching faculty, staff and administrators about how they can help students in distress. Also important are clubs and activities that help break through isolation by connecting students with one another.

Quite a number of institutions now offer courses or workshops on "student success." These programs are typically open to all students and contribute to mental health and wellness by covering not only an array of study skills, but also topics like stress management, motivation and communication skills.

There is no doubt that the college years will be full of excitement, risk taking and growth. Let's make sure we continue to provide a listening ear, a helping hand and a strong safety net. i

related resource

Some student groups face additional stresses. Find out who by reading Megan's online-only Visions article.

examples of common mental health problems presented at college and university counselling centres.*

After a promising start to the term, Jeff is now failing his courses due to an old pattern of low self-esteem, procrastination and escape into alcohol and drugs. He feels helpless, hopeless and ashamed.

Karen and her boyfriend have recently broken up. She has a history of moderate depression and has been losing sleep and missing classes for two weeks. She says she used to have an eating disorder and tends to stop eating when under stress.

Jackie is a First Nations student who left a small community in the interior of BC to attend college and is feeling lonely and isolated. She knows there are other aboriginal students, but doesn't know how to connect with them. Always prone to anxiety, she recently experienced her first panic attack during an important exam.

Sanjay thinks he may have ADHD (attention deficit hyperactivity disorder), though it has never been diagnosed. School has always seemed like a hostile environment and he is feeling negative about his program and his teachers. His binge drinking every weekend feels out of control and, recently, unable to manage his anger, he was injured in a bar fight.

Joanne, now 23, has struggled with severe depression since she was 15. She tried returning to school two years ago, but became overwhelmed by stress and decided she wasn't ready. This term started off well, but for a month now Joanne has felt like she's been going downhill. She often thinks about overdosing on her medication.

John's instructor has demanded he seek counselling following complaints from other students that he was acting "highly aggressive and paranoid." John thinks teachers and students are persecuting and watching him, even though he's not sure this is logical.

* All names are fictitious.

Student Mental Health at Simon Fraser University

Pam Whiting, MSW

Pam is the Director of Health & Counselling Services at Simon Fraser University. She previously worked for Fraser Health Authority as a health planner and administrator. Pam has a master's degree from McGill University, where she focused on social policy, administration and professional practice

For 26 years I worked as a clinical social worker and then as a health care planner and administrator. In August 2006 I saw a great opportunity for moving health promotion and early intervention mandates forward. I left Fraser Health Authority, where we encountered students who had mental health issues, to work at Simon Fraser University as the director of Health & Counselling Services.

The Health & Counselling Services team is made up of doctors, nurses, counsellors, a physiotherapist, medical office assistants and various administrative staff. There are also health promotion specialists who offer the students on campus information on health care topics such as active living, good nutrition and balanced lifestyle. In addition to tailoring information sessions to requests by student groups, these health promotion specialists do outreach at special events and through a wellness fair on campus.

* see pg. 21

The health and counselling staff work together with other Student Services programs, such as the Centre for Students with Disabilities and SFU International. We want to provide a broad range of health care and services that support the various needs of our students. This includes linking with services in the broader community, such as the Early Psychosis Intervention Program and other community mental health services.

Recently, a group of staff, faculty and student representatives began working on the development of an SFU-wide Mental Health Strategy. The purpose of the strategy is to raise awareness of the whole continuum from mental health and wellness to mental illness. It will inform, guide and recommend a plan of action to administration, faculty, staff, students and their families.

What is the mental health picture on campus?

The issue of student mental health is not a new phenomenon. As early as 1918, the dean of students at Harvard University reported student mental health problems as the number one health challenge for both college and university health administrators.[1]

From what I've read, experienced and heard from our staff at SFU and other campuses across BC, mental health issues and illness appear to be on the rise. And, as a society, we're becoming more educated and better able to recognize these conditions. They're also more complex and more visible on college and university campuses than ever before.

The American College Health Association National College Health Assessment (ACHA-NCHA) is a US national research survey used to help college health service providers, educators, counsellors and administrators learn more about their students.[2] It provides the largest known data set on the health of college students and is widely used across Canada and the US.

We used this survey tool in the fall of 2007. Our results were similar to those found at other Canadian and US campuses surveyed in the ACHA-NCHA study.[2] From a sample of 4,000 SFU students surveyed and 1,499 respondents, we found:

- 17.5% of students surveyed reported experiencing depression
- 12.2% had an anxiety disorder
- 10.4% experienced seasonal affective disorder (SAD)
- 18% reported at least one of these three conditions as affecting their academic performance

Of the 18% reporting that a mental health condition affected their academic performance:

- 55% reported feeling hopeless
- 39.4% reported feeling so depressed it was difficult to function
- 11% reported seriously considering attempting suicide

Of the 11.5% of respondents who reported being diagnosed with depression:

- 35% had been so within the last 12 months
- 19% reported currently being in

related resource

For more information on early psychosis intervention read Rene's online-only Visions article.

counselling therapy
- 21.3% reported currently taking medication for depression

What about causes?

While studies like these measure rates of occurrence, they don't provide clear answers as to what the causes are.

For some students already diagnosed with a mental illness, effective early intervention and different forms of treatment have allowed them to attend university and achieve academic success. In order to succeed, these students often need some ongoing help with medication, relapse prevention and other kinds of support.

For other students, many of whom are at an age where mental illness is most likely to appear for the first time, a number of psychosocial factors might trigger the development of mental health issues. For example:

- the transition from living with family to pursuing greater independence
- moving to and from other countries to go to school
- financial need
- juggling work and studies
- a tendency towards perfectionism, and other pressures to succeed

What can be done? What are we doing?

By this point you're probably wondering what can be done to help post-secondary students who have, or are at risk of developing a mental illness.

Mental health promotion—including raising awareness, reducing stigma and addressing the overall post-secondary environment as well as the needs of individuals—is key. Having a coordinated approach and resources available on campus is critical. It's also important to partner with the broader community for those services that cannot be provided on campus.

Through the BC Partners Campus Project,* Simon Fraser University is working alongside a variety of mental health organizations and other campuses across BC. Our goal is to ensure that our campuses are better equipped to prevent the development of mental health issues and to better support those who need mental health support.

Simon Fraser University

Campuses: Burnaby, Surrey, Vancouver

Total student pop'n: approx. 26,000

# of students in residence: approx. 2,200, on the Burnaby campus

Beyond Cleaning Up Your Own Barf

Giving my head a shake

A couple of weeks ago a friend I met at my workplace returned from a trip with a small gift for me. She said the item reminded her of our work so much that she couldn't resist buying it. She held out her hand to display a small, simple pin that stated in black letters: "Drink responsibly. Clean up your own barf."

I laughed, shook my head and thanked her for the present, but couldn't help wondering how I'd gotten myself into a job where this small pin was, indeed, amusing and appropriate. I shook my head again. Do we really live in a society where responsible drinking really only means cleaning up after yourself?

Fun and games . . . and, er, enforcement

I work in a student residence that houses just under 600 mostly first-year students at a mid-sized university in British Columbia. My responsibilities include supervising resident advisors and helping coordinate programs and events, as well as handling crisis response, conflict mediation, incident follow-up and discipline. My work week usually starts on a weekend evening, which is when many incident reports are written—often related to alcohol consumption.

We do permit alcohol consumption in the residence for students of legal age, but there are rules and expectations around safe use. Rules such as no open alcohol or alcohol consumption in common areas, and no single-serving glass bottles, mini kegs or kegs in the residence, are enforced.

Infractions are dealt with according to what they are (for example, you get in more trouble for underage drinking than for bringing one beer bottle into the residence) and the student's previous history in this regard. Our highest level of warning is a written contract between a manager (usually myself) and the student about what their responsible behaviour will look like. The contract may include agreements for seeing a counsellor or doing community service hours.

Results from a 2004 study sponsored by the Centre for Addiction and Mental Health (CAMH) [1] suggest that drinking patterns of Canadian undergraduate students

Kelli Hewins

Kelli completed an undergraduate degree in Economics at the University of Alberta in Edmonton. She currently works as the Residence Life Coordinator at Thompson Rivers University, while working on a master's degree in Leadership through Royal Roads University

is related to their living situation. The study found that "heavy-frequent drinking was significantly higher among those living on campus (24.1%) compared to 16.8% among those living off campus on their own, and 12.0% among those living with family."[1]

What does this mean for residence life staff? We are challenged to move beyond dorm culture stereotypes. We provide support for young adults so that they not only get a formal education in the classroom, but also have opportunities to learn about themselves and learn a few life skills in the process. Students need to learn more than the 'valuable' "if you're gonna puke, puke in the toilet" lesson.

Over the past year, our residence has sponsored a couple of educational programs on alcohol consumption. For example, students in UBC's nursing program presented an active-participation event on both alcohol and sexual assault awareness. The entire residence lobby was set up with games students could play to win donated prizes. My favourite game involved shooting at a target with a foam gun and beer goggles.[2] (These are some of the fun things we get to do in residence!)

Seeing effects of alcohol first-hand

Prevention and education is necessary. But are prevention programs effective? Rules are still regularly broken, and problems still arise.

Temporary consequences of drinking—such as the hangover and the random bruise on your left big toe that you don't remember acquiring—are very familiar. And scenarios like the following are all too common. A staff member recently reviewed security camera footage to determine why one of our bulletin boards had come off the lobby wall. She saw an individual with open liquor in both hands run fast enough into the bulletin board to rebound about six feet, onto their back—the motor control to stop was nowhere to be seen, but the motor skill to hold onto the liquor remained! A familiar response to the question, "What did you do this weekend?" is: "I don't remember, but it was AWESOME!" This answer has disturbing implications for personal safety and health issues. How can anyone ensure their well-being and safety if they are this intoxicated?

More serious effects of binge drinking are evident, even if they are not as common. One study found that binge drinking in college, in the longer term, correlated to leaving college early, less favourable employment outcomes and alcohol dependence and abuse 10 years after college.[3]

Context can be enlightening

In working with students who have alcohol use problems and other issues, I try to look beyond stereotypes and assumptions. This is not always easy to do, but I've learned that the more I know about an individual, the easier it is to talk with them and to understand their actions.

A couple of years ago, while completing security rounds of the residence, I was approached by an intoxicated and aggressive resident. He called me names that would make your grandmother's ears burn because he didn't agree with some of the residence policies. Because of further alcohol-related problems, this resident was eventually recommended for eviction.

During the eviction meeting, the resident was extremely polite and obviously intelligent. I learned that the resident 1) had a medical condition that affected the way alcohol was absorbed in his body, and 2) that a close family member of his wasn't well. We provided the resident with enough refund money (normally evicted students wouldn't receive a refund) that he could afford to live somewhere more conducive to safe alcohol use. This was a meaningful learning opportunity for me.

An end in sight?

Much attention is currently being given to this topic in the avenues of research and prevention programs. However, unsafe alcohol use on campus, and especially in college and university residences, continues to be a big problem.

Investing in alcohol use education for this high-risk group—students living in residence—is very important. But, our community of residents and staff also need to ask: how are my actions promoting a culture that accepts binge drinking in spite of being aware of its consequences?

Graduating from Panic U

Brittany Davis

Brittany finished her bachelor's degree in the fall of 2007 with a major in Computing Science and a minor in Mathematics. She is currently in the one-year Professional Development Program in Education at Simon Fraser University

I have struggled with anxiety for the past four years. I survived my first year at Simon Fraser University without any problems. I used to be the carefree one, calming down my friends before exams and telling them not to stress about school and tests. But during the fall semester of my second year, I began to feel stressed out about my classes and really anxious before and during mid-terms. During final exams that term, I had an anxiety attack, and things escalated from there.

The unbearable scratching of pencils

My first anxiety attack occurred during a biology final that semester. The morning of the exam I was really nervous—a feeling that I'd become accustomed to over the previous few months. This time, however, it was different. The feeling got worse as I entered the lecture hall. Once the papers were handed out and we had begun the exam, my nerves took over and I couldn't concentrate. All I could hear was the scratching of pencils from the hundreds of other students. This noise seemed to get louder and louder. The room felt smaller and I started to feel claustrophobic.[1] I started sweating and felt light-headed. All I could think about was how to get out of there. Finally, I asked one of the teacher's assistants if I could step outside, and then I left the room.

Out in the hallway, accompanied by the assistant, I considered going home and failing my exam just to avoid being back in that room. However, after a few minutes and a lot of debating, I decided to go back in. I finished the test as quickly as I could, answering just enough questions to pass.

It was a horrible experience. And I ended up barely passing my class, even though I know that I could've done much better in a different, less-stressful-for-me setting.

I know that it's normal to get nervous for a test. But it wasn't the actual test that bothered me, it was the setting—being surrounded by other students in such an intense atmosphere—that caused me to panic.

Campus disability support—an "unbelievable" difference

During the winter semester, I experienced anxiety attacks during every test. Every exam, I was scared to walk inside the room because I knew I was going to panic. It really started to affect my grades. And I was worried it might start affecting other areas of my life.

So, before the start of my third year, I visited my GP—and was diagnosed with panic disorder. As we discussed ways to deal with my anxiety, he offered to prescribe me an antianxiety medication that I could just take for situations where I knew I was going to panic. He said the medication would, however, slow my thinking processes for several hours—not the best option, I thought, since exams are written under time constraints. I decided to look into alternatives.

Through the Simon Fraser University website, I found the Centre for Students with Disabilities (CSD). The centre makes arrangements with students with any kind of physical or mental disability to assist them to complete their course work. I wasn't sure if I'd qualify as a student with a disability and worried that the centre would just tell me to deal with it on my own. But after some thought, I decided that I might as well try it. I got a letter, signed by my doctor, explaining my condition. I took the letter with me to the CSD and registered as a disabled student. It was a surprisingly simple process.

The staff at the centre were extremely accommodating, asking me what the optimal setting for me to write exams in would be. We decided that I'd write my mid-terms and finals alone in a room at the CSD.

The process was simple: at the beginning of each semester I'd take my professors a form explaining the impacts of my disability and that I'd be writing exams separately from the class. The profs signed the form to show consent. When exam time came, CSD staff arranged for me to write the exam at the centre

related resource

For another personal story about anxiety, see Tamsin's online-only Visions article.

at the same time my class was writing it in the exam hall.

The difference was unbelievable. I immediately felt much more relaxed. Because I was by myself, I wasn't distracted by the presence of other students and didn't feel claustrophobic. I was able to focus on writing the exam instead of worrying about having another panic attack.

My professors were very supportive. Initially, I worried that they would refuse to let me write exams separately or that they would treat me differently. But most of them had other students with disabilities in their classes, and, in larger classes, there were usually one or two other students who also had alternate arrangements because of a disability.

Getting back on track

The one thing I agreed to when I registered with the Centre for Students with Disabilities was to work on dealing with my anxiety and getting myself back into the classroom for exams.

For three semesters I wrote my mid-terms and finals at the CSD. Then, the next semester, I decided to try writing my mid-terms with my class. I developed a routine before exams that helped minimize my stress. I'd calm my nerves by listening to music. I didn't wait around outside the classroom beforehand. Once inside, I tried to find a seat away from others so that I wouldn't feel as claustrophobic. These steps helped reduce my anxiety. And, with every exam I successfully completed, I felt more confident and in control of my anxiety.

By the middle of my fourth year, I was able to write all my exams with the rest of the class. Don't get me wrong, exams still weren't a walk in the park. But I learned how to deal with my anxiety by creating an optimal setting for myself, by myself.

I successfully finished my degree in the fall of 2007—an accomplishment I may not have been able to do without the support from my family, my doctor and SFU's Centre for Students with Disabilities.

Anxiety is a problem I'll continually face, but I now have tools to control it, so it doesn't control me.

Kwantlen Counsellors

Encountering a new wave of student mental health difficulties

Wendy Belter, MA, CCC

Wendy has an MA in Counselling Psychology from UBC. She has been a counsellor and, more recently, an instructor at Kwantlen University College since 1997. Wendy is passionately interested in mindfulness approaches to anxiety-related problems in living. She lives in Surrey with her husband and two teenaged children

I am a counsellor at the Surrey Campus of Kwantlen University College, a multi-campus school with about 17,000 students. The request for this article in the fall of 2007 was curiously timely—we were seeing a sudden spike in serious mental health issues among our students. This increase caught some of us off guard, though I can't say it came as a complete surprise. Since recent shootings at Dawson College (2006), Virginia Tech (2007), Northern Illinois University and Louisiana Technical College (both 2008),[1] campus mental health issues have, not surprisingly, been very much on the minds of post-secondary counsellors.

Here are a few examples of cases my co-workers and I have seen in the last few months:

- A student, who was the victim of a recent home invasion, was experiencing symptoms of post-traumatic stress disorder, including flashbacks, nightmares and difficulty concentrating.
- A 17-year-old student, living far from home, revealed a serious eating disorder; the student's physical condition worsened to the point where I had to go with the student to the emergency room of a local hospital.
- A severely-depressed student (formerly a high-ranking public administrator who immigrated to Canada from another country, now working as a janitor) became suicidal and needed close monitoring for several weeks.
- A student with multiple mental health concerns, including a personality disorder, faced a serious personal crisis that almost required her to withdraw from her courses.
- One student had such frequent and severe panic attacks that she was unable to stay in the classroom.
- A student experiencing a psychotic episode was brought to the counselling centre by an instructor, and a counsellor arranged for the student to be taken to hospital by ambulance.

The counsellors at Kwantlen know that substance abuse issues are also a concern for many of our students, but, perhaps because we are a "commuter" institution (meaning we have no student residences), they don't often come to see us with those problems in mind. Instead, we tend to see more students coming forward with what I call "e-ddictions"; that is, with addictions to, for example, Facebook (renamed "Crackbook" by many students) or video games. They tend to seek help when they realize that their

online activities are interfering with their studies, physical health, sleeping patterns and/or relationships.

Challenging our generalist counselling role

Often, our on-campus counselling centres are the first, last and only stop for students when it comes to help with mental health issues. Because of stigma, students tend to be more willing to see a campus counsellor than to contact an off-campus mental health professional. And, whether right or wrong, my perception (shared by my colleagues here) is that our local mental health services are overloaded and under-resourced. Because of this, they are often only able to provide service to those with the most severely pressing needs. All of this means that, oftentimes, we're 'it' for mental health services for our students.

My colleagues and I are generalists, not mental health specialists. We deal with a wide range of student concerns and needs. These include helping students to:

- make career choices and develop academic success skills
- untangle red tape surrounding school policies
- address serious issues in their personal lives
- manage crises (which often involve mental health issues)

Added to the challenge of our changing role is the fact that, despite a large increase in student population at Kwantlen (from 6,900 full-time spaces in 1995/96 to roughly 9,500 last year, with about 17,000 full- and part-time students registered this year),[2] there's been virtually no increase in the number of counsellors.

With this increase in both the number and severity of students' mental health concerns, however, it's clear that we also need to start thinking of ourselves as mental health practitioners. This situation raises a whole series of questions and concerns:

- Is it appropriate for us, as post-secondary counsellors, to become a student's primary mental health care provider?
- What exactly are the limits to the services we can provide?
- Given that we can only work on an ongoing basis with registered students, is it ethical to begin a therapy relationship that we may not be able to continue if the person doesn't register for classes in the next semester?

Responding to new demands

In response to these new demands, we have recently undertaken, as a group and individually, a range of activities, including but not limited to:

- developing a blueprint to deal with suicidal students
- joining the BC Partners Campus Project to share resources and ideas about dealing with students' mental health and addictions issues
- developing a trauma response team (three counsellors) that is available around the clock daily to assist students who are dealing with extreme situations, such as death, accidents, sexual assaults, "near misses," etc.
- attending the Institutional Emergency Preparedness Symposium (co-sponsored by the Association of Canadian Community Colleges and Vancouver Community College)
- participating in a research project by a UBC doctoral student, which helped students to develop and use mindfulness strategies[3] to deal with anxiety problems
- attending a range of training courses specific to mental health issues

The even-larger truth

I realize that the tone of this article has been somewhat negative, focusing on the challenges my colleagues and I face. But here is what I believe is the even-larger truth: post-secondary education can be a life-changing and healing process for people with mental health challenges. My colleagues and I love our work because we often have the great privilege of watching that growth and transformation take place—making the challenges we and our students face very much worthwhile. ℹ

"At school . . . I can slip into a shape . . . it's the potential part of me"

Kwantlen student Sheree* shares her insight below. Sheree is a single mother who has experienced unimaginable trauma. From the ages of four to 35, she was sexually, physically and mentally abused, first by strangers, then by family members, then her husband.

"Being in a positive environment, where I am accepted as a person in society, without others knowing I've been abused and have mental health challenges, brings hope. At school, a whole new side of me comes out that even I didn't know existed. As an abused person, you live in your head all the time and all you know is pain and betrayal. But at school, I can slip into a shape and identity that is still mine, but is greater than the abused part of me: it's the potential part of me. And it is about acceptance—about being accepted by students and instructors."

* pseudonym

Kwantlen University College

Campuses: Cloverdale, Langley, Richmond, Surrey (two sites)

Total student pop/n: approx.17,000

# of students in residence: 0

When Expectations Crumble

A mother's look at her son's university experience

I.B.*

I.B. is a parent and wife in a great family. She works in health care, volunteers for her kids' school and revels in BC adventures with her family

**pseudonym*

When going to university is all you've ever wanted and it doesn't work out, it can be devastating. The loss of promise for the future and having to redefine your expectations can seem like the hardest thing you'll ever have to do.

Going to university was something our son Declan* always wanted. His love of academics made it very clear where he wanted to be. Despite developmental and emotional challenges, he graduated from high school in 2005, with a full first-year science scholarship to a local university. His commitment and drive were remarkable.

Early on in his education, Declan was diagnosed with ADHD and he struggled with dysgraphia (writing disability). He was also diagnosed with depression in elementary school, after the death of a young friend. He required ongoing medical monitoring of his ADHD and support with issues of anxiety (which has continued to this day).

His high school education experience was exceptional. The resource team helped him understand himself as a learner. They also provided education for his teachers and resources such as a scribe (i.e., a person who put into writing what he expressed verbally) for assignments and exams. His successes provided a lot of confidence for the future.

The high school resource staff also worked with us and Declan to support his transition to university. They documented the kind of adaptations and scribing supports he would need and clearly communicated this to the campus disability resource centre. My husband and Declan and I introduced ourselves to the centre in August, before school began. The centre recommended that Declan's scholarship be maintained for his reduced registration (i.e., two courses; normally at least a three-course load is required). We thought we were set.

My husband and I believed that with supports in place and a receptive learning environment, combined with his focus and ability, Declan would achieve his goals. We hoped that his lengthy recovery from depression—well managed by our family doctor—would remain a distant memory.

Initially, at university, Declan revelled in the newness and the pleasure in learning. He truly loved the campus and being part of the bigger picture.

The demands were great, however, and it wasn't long before Declan became depressed again. He ended up leaving campus life before completing his first semester.

What happened?

Declan suffered immense frustration and a heart-wrenching sense of loss of his educational goals. He'd had a great sense of purpose, of wanting to help people through pursuing the sciences.

The disability resource centre hadn't been fully receptive to the support requests and information sharing offered by the high school staff. No scribe would be provided for lectures, though scribed notes (taken by a student paid by the disability resource centre) would be provided. For exams, it was up to Declan to register for a scribe.

Declan wasn't getting as much support as we thought he'd get—and he was overwhelmed. He was used to having solid support and now had to advocate for himself and figure it out as he went. It was a challenge even to get the notes, which had to be picked up from the disability resource centre, and which were not consistently available or always ready on time. While we equipped Declan with voice-activated software on his computer, he hadn't yet adapted to using it successfully. And our efforts to obtain software programs that would help with course work were thwarted by difficulty connecting with campus staff.

> "Post-secondary school is a tough go at best, without the added burdens of a *learning disorder* and a history of *depression*."

With all that, Declan's depression returned and his anxiety became intense. He tried hard to ride out the depression himself. He regularly visited a counsellor at the student health care centre, which gave him some grounding. He tried to find other resources on campus to keep him going. He made contact with a students with disabilities activist group, but found it focused more on ways to assist students who needed help in the social and physical world, rather than the academic world. Declan did connect with a group that helped with study skills, but by that time it was too late. His decreased focus, motivation and functioning made meeting school expectations all the harder.

It was clear from Declan's behaviour at home that he was growing increasingly more despondent. Around mid October, his dad and I tried to advocate for Declan, with his agreement, to address his learning needs and, ultimately, his downward-spiralling mood. We were faced with a lack of insight and empathy from the student disability resource centre, which seemed better geared to those with physical disabilities. It was even suggested that we, rather than being a support system, were "the problem"—*we* were pushing him to attend university. We also found that the counselling centre was not open to parental involvement.

After a meeting with the mental health counsellors in late fall, Declan decided to step away. He had completed and passed several assignments and an exam, but he was very depressed and clearly not recouping. The health centre and the scholarship office made well-intentioned efforts to ensure that Declan could return to school, if he chose to return. At that point though, he was a long way from being able to choose to return to university.

A parent's eye view

My husband and I will always remain torn about the whole experience. While it was Declan's decision to go to university, we worry that maybe we were swept away in 'proud parent' enthusiasm.

Perhaps we should have insisted he find more balance—seeking independence through part-time work and part-time school and volunteering. Maybe we should have considered what supports were *not* in place for him, both emotionally and academically. There were many inherent concerns, given the enormity of the change. One of our bigger misgivings was that he hadn't yet established strong voice-activated word processing skills.

We really didn't have a clear plan, though. We wanted to believe that, with his remarkable high school success and purpose, solutions would emerge.

A less challenging environment such as the local community college would, in hindsight, have been the better choice. It's not what he wanted, but we now know that their smaller classes, more receptive contacts and preparatory programs designed to help students transition to post-secondary school would have been good for Declan. This will be the key to providing the most success for him in the future.

Post-secondary school isn't for everyone—and, for many, it's a matter of pursuing it when the time is right. It's a tough go at best, without the added burdens of a learning disorder and a history of depression. Declan needed more growth, more maturity.

My whole family grieves the losses my son has experienced. But today he is a very different person than he was a year ago, when he left the university. We are seeing more of his original sense of humour, though we know he isn't going to see himself in quite the same way again. We need to remind him some days how 'normal' he really is. At 20, even without depression, life can be complex. Liking himself and learning will be a lifelong process.

Our goal now is to learn how we can support and guide Declan in the future. Good resources must be found, clear questions asked and a realistic plan created.

Photo courtesy of Pamela Litky

"I know everybody's first advice is go to your campus crisis counselor or let someone know. But when you are in that state, you don't want to do any of those things. But the biggest thing to know is that at night we are all crazy and there are other people who are feeling the exact same feelings." *– Pete Wentz from Fallout Boy*

To read Pete's full story, reprinted with permission, visit:

www.heretohelp.bc.ca/publications/visions

Returning to university isn't part of the plan at this time. But Declan is looking at attending a local college for a short course, to establish himself as a student again.

What if . . .

This story is about establishing realistic expectations of change—for parents and prospective students. It also reflects some post-secondary institutions' limited ability to respond to the unique learning needs and mental health issues of some of their students.

As parents, we're convinced that the role the campus played in setting the stage could have been very different. Clearly, post-secondary education is a time to learn to stand on one's own. But, for a student with a disability, like Declan, it would have been good to know there was a champion to help them get established in the post-secondary community. It might not have turned the tide and changed the path that this all took. It might, however, have made him more willing to consider returning to university the next year.

High schools are having increasing successes in bringing unique learners to a remarkable level of learning capacity and performance. The remarkable support we had in high school isn't 'real life.' But, why couldn't it be?

The Mind Shaft

Suzannah Kelly

Suzannah is a journalist, working in television and documentary production. She recently spent a year in southern Africa as a media trainer with non-governmental organizations, teaching local staff to produce documentaries. This spring, Suzannah will be cycling from Vancouver to Tijuana, Mexico, to raise money for microfinance

You'd be amazed at the places I've puked. Like a junkie knowing the hit that caused rock bottom, I remember my worst purge. Something shifted. I'd been looking for help for years, but this experience shoved me. I stayed up writing about it, then copied all the gory details of my journal and walked to St. Paul's Hospital to give the raw pages to the triage nurse at the eating disorders program. I wanted in.

But I'm skipping parts. Years. My story starts when I was 18, living in student residences at UVic. I don't know that I was clinically anorexic, but I lost a lot of weight in my first year of university. I remember looking into the mirror in my dorm room, both fascinated and disgusted by what had happened to my body. It had crept up on me, this weight loss. That year, I had taken on a full course load, three jobs and was the coxswain—the person in charge of steering and navigating the boat—on two rowing teams. I also partied, though perhaps not as much as others. On my way to rowing practice I'd pass friends just coming home from partying. I found a land of potential at university—but I misunderstood; I thought that because I could do anything, I should do everything. I got to the point where I felt my hectic schedule was running my life. Meals became the thing I could control.

For the first time in my life, I was totally responsible for what I ate or didn't eat. Low-calorie meals became like little victories in my day. In an environment of long-term goals and huge ambitions, meals were short, contained activities that I could get immediate satisfaction from. I didn't intentionally restrict; I just chose what I thought were healthy meals. Then I'd run out for a class or study group, or a shift at work or a training session at the gym, or a party or whatever my 18-year-old ambitious self had on the go that hour.

The weight loss honestly surprised me. Having had an anorexic sister, it also scared me a little. But it also thrilled me, like an unexpected treat or unsolicited reward.

I felt powerful.

A fast slide down

Then I didn't feel powerful. After my first year at school I went to England to live with family for a summer, to work and get to know the country I was born in. I thought it would be a blast. But what I found stifled me. I got a job in the café of a stuffy country club. There were almost no young people, the café manager was sleazy and the general manager took advantage of all the staff. I was eating and drinking more and was no

longer keeping my hectic university schedule or working out. I gained weight. It felt like the air was fattening. I got depressed, and then I got mad—so I puked.

I remember clearly the first time I purged. I chose it, like some passive-aggressive 'up yours' to my bosses at the country club and to the world for making me feel like I had no choice. I ate a bowl of mint chocolate chip ice cream, went to the washroom in the children's area and threw it up.

It was about 10 days later when I realized I'd headed down a road that I couldn't get off. I remember the moment I knew I was in trouble. In spite of clanging utensils and my co-worker's chatter, all I heard was silence—except for the voice in my head compelling me to purge. One minute I was standing on the café floor and the next minute I was face down in a bathroom stall.

About two weeks after the first purging I knew I had to find a way to stop. I say bulimia was a road I went down; that's not accurate. I wasn't in a car and I wasn't driving. It felt more like I was in a rickety wooden box on wheels, on a track in a mine, going down a shaft with no brakes. The slide is fast and you don't know where you're headed.

And it took more than two years to find someone who could help.

A paradox or two or three

I arrived back to school at the end of the summer with some extra weight and an eating disorder and I wanted to shed both. That was not the only paradox I confronted about my bulimia. I actively sought help from professionals, while hiding my struggle from my family and friends. I became a really good liar.

For a while, in second year, I looked around for support groups. There really weren't any in Victoria. By chance or fate, I found new friends who were also struggling with eating disorders and had looked for

help. They explained the next paradox of recovery: you have to be sick enough to get better. There weren't any programs for people who were newly sick. The way into a program, I learned, was through an emergency room door.

While I accepted this as a general truth, I refused to accept it as mine. I went to Health Services, the place on campus where you can get free counselling. I had never had a counsellor, but understood that my problem was easily as much mental as it was physical.

It's terrifying to be a highly competent, multi-tasking overachiever and to walk into the equivalent of the psych ward and ask to see a 'shrink.' The man behind the counter looked at me with the kind face of someone petting a lame puppy. I signed in anyway.

The first counsellor I saw there was also a man. I could have been changing my tampon in front of him while eating maggots—he seemed disgusted and disturbed in that profound way that only comes with real ignorance. He tried to smile and be supportive. It was an hour of my life I'll never get back.

I saw several counsellors there, all of whom were just as untrained and unhelpful. The last counsellor I saw there was a woman who actually gave me dieting tips. Among her gems of wisdom: I could try eating only half the muffin and wrap the other half in a napkin for later in the day. At our last session she announced that, since I hadn't purged in five days, I was cured. I walked out and never returned to counselling services.

The next summer I was still purging, and still hating myself for it. I battled on my own for another year or so before once again trying Health Services. This time I went the route of physical diagnosis rather than mental: the campus clinic. When you walk into the clinic you have to show your student ID and fill out a little piece of paper about why you're there and if you need to see a doctor. I wrote down that I had the flu. I was nervous, annoyed and resigned. I expected to find an overworked nurse and an unsympathetic doctor. What I found was an off-ramp, a way to climb out of the mine shaft.

Bottom of the mine shaft (with a glimpse of light)

There was one doctor in the clinic that day. She spent an hour with me, asking intelligent, relevant and compassionate questions. She spoke *with* me, not down to me. She gave me homework and asked me to return with it.

I was to do or make something that expressed on paper what I was battling in my head. That night, I sat on my bedroom floor with art supplies, magazines and a glue stick and made a collage. Like a small child with her show-and-tell item, I returned to that doctor with my poster board. It had the clichéd magazine cut-outs of emaciated models, but it was the black and brown paint that leant the mood of dark apathy.

She again sat with me and told me about a residential treatment program in Vancouver at St. Paul's Hospital: the Discovery/Vista Day Program. She had a nurse help me fill out the paperwork. She wrote a recommendation for me. She told me there was a way to climb out of the mine shaft, and started me on the path.

Around that time, I handed in my honours graduating thesis, returned home to Vancouver and told my parents that I was bulimic. I thought they would be so disappointed. My dad opened champagne to toast my courage and recovery.

Then I waited for a spot to open up in the program. One night, during that wait, I binged. Because my family now knew I was sick, I couldn't purge at home. I snuck out of the house like a teenager, ran to a nearby park and purged beside the path to the playground. When I got home, I was so ashamed and paranoid that someone would find out that I went back with a jug of hot water and, in the dark, felt around for my vomit so I could try to wash it away.

That was my moment, my rock bottom. That was the story I took to the triage nurse, begging for a place.

A short while later I was invited into the Discovery/Vista program at St. Paul's. I was terrified. The program asks that the women—in my group we were aged between 19 and about 50—leave their homes and jobs and move into a recovery house. For three months I lived with some of the most extraordinary women I will ever meet, both the residents and the staff. We slept at and ate some of our meals in the home. We planned and prepared group dinners. Other meals were eaten in the hospital, where we spent four days a week in different individual and group counselling sessions. In both the house and at St. Paul's, I learned how to eat, how to talk, how to feel. I gained the muscles to continue the climb. The nurses, dietitians and doctors showed me how to save my own life.

Fresh air

Nearly a decade after getting sick, I now consider myself fully recovered. It's been a long trip, but my God it was worth it. It's clearer here, living outside the shaft.

I'm often asked what we should do to stop young girls—and, increasingly, boys—from getting eating disorders. In answer, I tell my story in all its gory detail.

We say eating disorders are 'a slippery slope,' but we don't say where that slope leads. I wouldn't wish an eating disorder on my worst enemy. Being anorexic or bulimic is not like *having* an illness. It's a way of *being* that is depressing, small, scary, confusing and lonely.

For a while I thought I was going mad, the eating disorder voice in my head was so loud. When you're sick you can't really feel anything. You can't hold down a relationship or a conversation because you're constantly thinking about what you did, didn't, will or won't eat that day and how you'll get rid of it. It's like walking through mud with headphones on that play static. How I managed to get an honours degree still baffles me.

I can't get those years of my life back, but I'm really grateful for all the joyful ones that lay before me.

From Cutting to Creating Change on My Campus

Amanda Pierce

Amanda is in her fourth year of the bachelor's program in Social Work at the University of Windsor in Ontario. She is President of Active Minds Windsor and the Active Minds Inc. Student Advisory Committee

Then

I used to cut myself. Daily. Sometimes several times a day. It started in the fifth grade. I felt worthless and ugly, inside and out. I felt as though there was a monster growing inside of me, and when I found myself up against even the slightest barrier to what I wanted, the monster took over. Some days, I wouldn't remember what made me want to cut, or scratch, or bash my hand with a hammer. It was like I would black out, and wouldn't wake up until I was covered in my own blood.

I took a lot of drugs, trying to numb my insecurities about the "crazy thoughts" I had. Thoughts that made me want to hurt myself. Thoughts consumed with rage or desire to get messed up. I took anything I could find: weed, mushrooms, Ritalin, ecstasy, cocaine, crystal meth; I crushed leftover painkillers and antidepressants, mixing the powders and carrying them around to snort every time I needed a 'pick me up.'

Until I started to scare myself.

It took two horrifying events when I was in 12th grade before I sheepishly walked into my high school social worker's office. The first, a cut that went too deep, was my response to a failed relationship with a man who realized he was gay. I bled for two days. I still have a scar of an "F" on my shin—the only part that remains of the "FAG" I carved in my flesh.

Just one month later, I found myself covered in my own vomit on the bathroom floor at a rave. I'd overdosed on ecstasy. Slipping in and out of consciousness, I expected to die. But, by some miracle, I walked out alive in the morning.

After a whirlwind week in which I began to share my painful secret with my friends and family, I started counselling with the school social worker and my family physician, who specializes in psychiatry. I started taking Effexor (commonly prescribed for major depressive disorder) once a day. This improved my mood, but caused constant nausea and vomiting. Add the intense boredom and irritability that arose from my resolve to quit using street drugs, and it's a wonder I made it through those first few weeks.

However, knowing I had just one semester left of high school to pull up my grades got me through the tough times. The prospect of possibly moving away to university and a new life was my saving grace.

Now

Fast-forward four years. I am in my final semester of the social work program at the University of Windsor, with a minor in psychology. With a little perseverance, I'll be studying at the master's level next September. I work part-time in a bar, and live with a good friend.

I don't take prescription medication any more. I know many other students who take Effexor and are doing great, but it didn't work for me.

I haven't done street drugs in four years, and I haven't cut myself in over three years. I do think about it, but I never want to go back to the life I once lived.

I've been able to find natural ways of coping with my disordered thinking. I took up running and find great solace in my time spent alone, pounding the pavement. I'm training for my first full marathon in the fall, and look forward to the high I'll get when I cross that finish line—a high I'm sure will be better than any narcotic.

All too common—suffering in silence

I wouldn't be surprised to find that my story is similar to those of countless other students. What does surprise me, though, is how few people are willing to share their story.

Mental illness isn't dirty, smelly, crazy or violent. It is nothing to be ashamed of, and it's something we *need* to start talking about. It's the engineering student who feels worthless and sad for such a long period of time that she stops getting out of bed in the morning; the man whose anxieties keep him from being in large social situations, preventing him from attending school. It's the thousands of young people who suffered in silence; who felt they had no choice but to take their own lives.

Communities Practising Care
The BC Campus Project

Sarah Wiebe

Sarah is Coordinator of the BC Campus Project. She became passionate about mental health advocacy after completing the BC Legislative Internship Program, where she worked for the Ministry of Health and at the legislature. Sarah is also pursuing a master's degree in political science at the University of Victoria

Going to college or university is not easy. Students may be leaving friends and family behind as they move to a strange new place. In this new place, there are new pressures and relationships. There is also a new freedom, which results in many students making risky choices about drugs and alcohol. It's also during this time that students may experience their first episode of mental illness.

The 2004 *Canadian Campus Survey* shows that 29.2% of full-time undergraduate students in Canada were experiencing "elevated psychological distress."[1] The number is much higher for women: 33.5% compared to 23.9% for men. This survey also shows that 32% of undergraduates participated in hazardous/harmful drinking.[1-2]

Members of the BC Campus Project, who interact with students on a daily basis, inform us that many college and university students are not well informed about mental health experiences and healthy decision-making regarding substance use. When unhealthy behaviour develops, students may be unsure about whether to seek help and where to seek help. They may not reach out for help because they're afraid of what others will think. Members of the BC Campus Project are aware of these concerns.

What is the Campus Project?

The BC Campus Project is an initiative of the BC Partners for Mental Health and Addiction Information (see page 2). The project works together with BC colleges and universities to develop solutions that support mental health and reduce substance use problems on BC campuses. We support and facilitate creative learning opportunities, with the aim of helping students and staff make changes needed to create healthy and supportive campus communities. These opportunities include mental health promotion, prevention strategies as well as policy review, development and implementation.

The Campus Project encourages a "communities of practice" approach.[3-4] The approach supports individuals who have similar interests, to come together and work toward a common goal of improving their practice (i.e., how they contribute to this field of common interest). The model focuses horizontal communication and information sharing, rather than on traditional,

From Cutting to Creating Change | cont'd from previous page

Active Minds: creating change

There is a movement of young people working tirelessly to change the way our generation approaches the subject of mental illness. In less than five years, Active Minds Inc. has inspired over 100 chapters of student-led groups that promote mental health awareness, education and advocacy on college and university campuses across North America. It was founded by former student Alison Malmon, who lost her brother to suicide after he became depressed and started hearing voices while at college.

Active Minds Inc., a non-profit umbrella organization based in Washington DC, provides various levels of support to student mental health advocates. Chapter leaders receive program ideas and materials such as informational brochures, posters, T-shirts and giveaway items. There is e-mail and telephone support for student leaders looking to start a chapter, increase membership, create partnerships with community agencies and undertake creative programming.

The groups vary in size, membership and activity on campus, but there is consensus on one matter: no student should suffer the effects of mental illness in silence. Advertising, media and informational campaigns, and special events such as movie nights, guest speakers, National Stress Out Day, A Day Without Stigma, a Stomp Out Stigma Run and an annual conference aim to get people talking about mental illness. They're designed to reduce the stigma surrounding mental illness and link students with agencies in the community for support.

My time as president of Active Minds has been a real eye opener. Students regularly come up to tell me that they, too, have been affected by mental illness in some way. And many of my peers in Social Work have started to follow my lead by sharing their personal experiences during class discussion. It's been my experience that most students have either been diagnosed with mental illness, have a loved one with mental illness, or have lost someone to suicide.

I've always believed that young people hold an incredible amount of power, and can create social change. The passion that comes from the people involved in the Active Minds mission is going to open up the lines of communication about mental illness for our generation, and for generations to come.

To learn more about Active Minds, or for information on how to start a chapter on your campus, visit:

www. activemindsoncampus **.org**

The BC Campus Project

This project is supported by the BC Partners for Mental Health and Addiction Information, seven non-profit organizations that work together to educate the public, including post-secondary schools, about mental health and substance use problems. For more information, contact project coordinator Sarah Wiebe at **campus@heretohelp.bc.ca** or visit:

www.bcpcampusproject.org

top-down, hierarchical approaches to knowledge exchange and decision-making. Network members can be anyone concerned about and involved in improving wellness and reducing substance use problems on campuses.

An important function of the Campus Project is encouraging campus networks to develop supportive mental health and substance use policies. Research tells us that, to deal with mental health and substance use issues at universities and colleges, we need to promote healthy environments, where students feel comfortable seeking the help and support they need.[5]

Both local and systemic policies play an important role in promoting healthy environments. Some examples of evidence-based policies include:

- Reducing access to alcohol (i.e., limiting the availability of low-priced drinks at campus bars)
- Providing support and mental health accommodations (e.g., doing exams in separate rooms, with more time, etc.) for students
- Developing student connectivity to increase a positive sense of belonging

Growing "communities of practice"

In the first year of the project, which began in 2004, four institutions became involved: Douglas College (Metro Vancouver), University of Victoria, Thompson Rivers University (Kamloops) and University of Northern BC (Prince George).

This first year of the Campus Project focused on building relationships—between these campuses, with the BC Partners and within each campus community. On each campus, working groups came together to brainstorm strategies for prevention, reaching students in need and promoting access, and to review policies through partnerships with administrators.

Members of these working groups included campus faculty, staff and students, as well as off-campus health professionals. Members were recruited by the original Campus Project coordinator. Services and agencies represented include:

- on-campus counselling services
- on-campus disability services
- campus security
- campus resident advisors
- administrators from student services
- off-campus community health members, including the health authorities and mental health workers

In the second year, four more institutions joined the network: Selkirk College (Nelson-Castlegar), and Simon Fraser University, Vancouver Community College and BC Institute of Technology (all in Metro Vancouver). Working groups from these eight campuses came together in various ways, including teleconference meetings and attending workshops.

Now, in the third year of the project, our goal is to add to the relationships built during the first stages of the project. In February 2008 the BC Campus Project hosted a workshop, called Creating Campus Communities of Practice, in Vancouver. The event was facilitated by Dr. Etienne Wenger, a pioneer of the communities of practice research.[3-4]

This workshop aimed to strengthen the Campus Project working groups by assisting them to develop how-to skills needed for furthering better mental health and healthier substance use on campuses. Over 50 people from across the province attended the workshop, including participants from campuses other than the existing eight members.

Going forward, we hope to continue our work in support of healthier environments for students, staff and faculty, by expanding campus communities of practice right across the province. **i**

footnote reminder

You can find footnotes for all articles by visiting **heretohelp.bc.ca/publications/visions** or contact us by phone, fax or email (see page 3)

Dreaming Big

Envisioning a campus-wide suicide prevention strategy

In this article, we describe our experience mobilizing a campus-wide suicide prevention strategy at the University of Victoria. It began in 2004, when Jonathan started dreaming about students, staff, and faculty in his campus community coming together to promote mental health and prevent suicide. He wanted to see the vast knowledge and expertise on his campus harnessed to design a strategy that would put these concerns on the campus community's agenda. More than anything, he wanted the conversation to start.

Jonathan's story

My passion for campus suicide prevention was sparked by both personal and professional experiences during my undergrad years. I saw the debilitating impact of depression on several of my friends, who often felt stigmatized and isolated by their experience of mental illness. And, over the four years I worked as an advisor in a campus residence, I responded to several students in crisis, including one who attempted suicide.

These experiences play out on campuses throughout Canada. Studies found that 30% of undergraduate students reported experiencing psychological stress, and 11% reported having thoughts of suicide.[1] Other research shows that suicide is the second leading cause of death for young people ages 15 to 24 in British Columbia,[2] with a rate of 7.5 out of 100,000 post-secondary students completing suicide.[3]

These troubling statistics, coupled with my experiences as a student, provided additional fuel for pursuing the dream of a campus-wide approach to suicide prevention. At the same time, I recognized I could not do it alone. One of the first people I approached to help was Dr. Jennifer White from the School of Child and Youth Care.

Jennifer's story

I've been working in the field of youth suicide prevention for 20 years. I have always strongly believed in the importance of promoting a community-wide, comprehensive approach to this complex and multi-cause problem.

When I assumed a faculty position at the University of Victoria in 2004, I discovered, through conversations with Jonathan and others, that our campus didn't have a broad-based suicide prevention strategy in place. To me, it seemed like the perfect opportunity to apply values I cherished—community development, ownership and local participation—to the specific context of our university campus.

Jonathan's enthusiasm, knowledge and passion for addressing this important issue created a wonderful opportunity for us to extend our conversation to include more campus representatives.

Covering all the bases—in an integrated way

Over the next few years, our dream continued to grow. By 2006, representatives from a broad cross-section of students' services at UVic, as well as staff from the off-campus non-profit NEED Crisis and Information Line, had come to the table to discuss student mental health and suicide. Each representative carried expertise and ideas about how the campus community could address the problem. We decided to invite Camosun College to be part of the project, which opened the door for dialogue and learning between institutions. This process of recruiting local people to champion the cause marked the beginning of the Inter-Campus Suicide Prevention Action Group (ICSPAG).

A table was developed to allow us to map out gaps and areas of strength in the campus's existing suicide prevention activities.[4] Our table represents prevention efforts across a spectrum of action. These efforts include:

- promoting well-being
- educating community members to recognize signs someone might be suicidal
- intervening with students identified to be at risk of suicide
- supporting community members in the aftermath of a suicide completion

In keeping with a whole-community approach, these efforts take place in a variety of campus contexts and settings: among students, among staff and faculty members, at student services (e.g., counselling) and within the physical environment itself (e.g., restricting access to potentially lethal means).

We identified student >> cont'd pg. 27

Jonathan Morris, BA

Jonathan is a graduate student in Child and Youth Care at the University of Victoria. He has been involved in youth suicide prevention for 10 years as a prevention educator and crisis line volunteer. Jonathan co-facilitates the Inter-Campus Suicide Prevention Action Group and is Dr. Jennifer White's research assistant

Jennifer White, EdD

Jennifer is an Assistant Professor in the School of Child and Youth Care at the University of Victoria. She has worked in the mental health sector and in the field of suicide prevention since 1988

Champions of ICSPAG

- Dr. Rita Knodel, Registered Psychologist, UVic Counselling Services
- Dr. Gord Miller, UVic Centre for Community Health Promotion
- Brian Herron, Counsellor, Camosun College
- Alanna Baird, Information and Registration Office, Camosun College
- Peggy Mahoney, Crisis Line Services Manager, NEED Crisis and Information Line

Accommodating Students With Ongoing Mental Health Issues

Lessons from York U's Psychiatric Dis/Abilities Program

Enid Weiner, MSW, EdD

Enid is the founder and Coordinator of the Psychiatric Dis/Abilities Program offered through the Counselling and Development Centre at York University in Toronto

I coordinate the Psychiatric Dis/Abilities Program at York University in Toronto. This program provides assistance to students with psychiatric disabilities,[1] in the areas of academics, social support (e.g., one-on-one, groups, peer mentoring), advocacy and self-advocacy.

Over the past 18 years, I've seen an enormous change in the number of students with various psychiatric disabilities who are attending and succeeding in post-secondary education. Many more self-identified students are now earning degrees, not only at the undergraduate level, but at the masters and PhD levels. However, no matter the academic level, students with psychiatric disabilities benefit from extra support.

Students with mental illness: the ups and downs

There is a strong relationship between a student's academic career and his or her experience with mental illness. Students with psychiatric disabilities typically experience periods of wellness and periods of relapse while they're at university. Their academic performance often mirrors this pattern. They may manage well for months or for years, then suddenly will have difficulty with their studies. As a result, their grades may not always reflect their true abilities.

These issues can be made worse by discrimination, sometimes imagined, and in many instances, real. Discrimination makes it hard for students to look for help. As well, students may not know what on-campus policies or resources are in place to assist them with their studies.

I would encourage all students with psychiatric disabilities to contact the office on their campus that provides services for students with disabilities. Under provincial human rights codes, reasonable and appropriate accommodations are your right, not a privilege. Not only can staff at those offices advocate for students, but hopefully they will teach students to become their own best advocates.

Here at York University, we've put together an information package about the many services and resources that are available on our campus for students with mental illness. Similar resources may be available on your campus. Be sure you find out about them.

Academic accommodations: what are they?

Academic accommodations are changes made to the academic environment that level the playing field so that students with disabilities can perform in a way that best reflects their potential. Accommodations are not meant to change the essential requirements of a course. Rather, they allow the student to have their work evaluated in a way that shows they've learned the concepts taught. *How* you learn doesn't reflect *what* you learn.

An invisible disability can be difficult to understand at the best of times. Instructors, and even students themselves, don't always understand how the demands of school can worsen symptoms of one's illness.

I truly believe that accommodations for students with psychiatric disabilities, in particular, need to take into account the importance of reducing stress. This means that students with mental health issues need to take preventative measures—instead of crisis-driven ones—to maintain their health and their studies. Taking a reduced course load and going at a slower pace can help reduce stress and lead to better grades, fewer academic crises and a more enjoyable academic experience.

related resource

Solid social support can also help students prevent mental health problems. For tips on how to connect with the campus community see Saman's online-only Visions article.

Other academic accommodations include, but are not limited to:

- allowing more time to complete assignments, as needed
- writing supervised tests and exams in a separate room, with extra time allowed to write them
- permission to audiotape lectures
- use of a note taker
- alternative forms of testing that don't change the essential skills being tested
- alternative forms of evaluation if oral presentations are problematic for disability-related reasons
- memory aids that need to be approved by professors in advance of a test or exam

Some of these accommodations need to be negotiated on a case-by-base basis.

Academic accommodations: a balancing act

There is always a balancing act to consider between an instructor's goals for student learning and the nature and severity of a student's mental illness. It's helpful for both students and instructors to know what kinds of academic accommodations can reasonably be considered in certain situations.

If a student has difficulty working in a group situation because of their mental illness, and the course is one in which the student is expected to learn group work skills, this accommodation may not be permitted by the instructor. If memory is being tested and a student requires memory aids, this accommodation may also not be allowed.

On the other hand, if a student needs a memory aid (e.g., list of formulas for math or historical dates for art history) during exams because of memory problems, and the purpose of the course is not to test memory, then this accommodation would be a reasonable one.

Without needing to know the diagnosis, instructors should be encouraged by administration to problem solve with you. For example, a student in an honours program was experiencing a setback during the final year of her undergraduate degree. She was expected to do an oral presentation as part of her thesis course, but because of her severe panic attacks, this seemed impossible for her to face. A creative approach to the problem resulted in a friend videotaping the student's presentation, then the student showing the video in class.

At first the instructor didn't like the video idea, because she felt the oral presentation was an important requirement for honours students in that particular discipline. She believed that a grade in her course should reflect similar forms of evaluation for everyone. However, she came to realize that the student would be doing the work herself, would be presenting it herself, though on a video screen, and that there was still an oral presentation aspect.

Often when instructors don't seem accommodating, it's because they might not fully understand the difficulties the student is having. Instructors need to understand how the disability affects the student's learning—that, for example, it can affect concentration, memory, speed of performance on tasks, and participation level.

Instructors also need to know what alternatives are available that are fair for everyone involved. This includes other students who may also be experiencing difficulties, even though they don't have a diagnosed disability. This brings into the discussion the whole notion of Universal Instructional Design (UID),[2] so that a more inclusive learning environment benefits all students.

Final words

It's important to note that each situation is different. There are no hard and fast rules when it comes to providing academic accommodations.

Some accommodations are not necessarily a 'done deal' and, as stated above, need to be negotiated on a case-by-case basis. For example, instructors are often reluctant to allow students to take home an exam because they cannot be sure that the student wrote the test on his or her own. Some professors, however, will allow take-home exams or may suggest an extra assignment instead of an exam.

In making a decision about an accommodation, an instructor may take into consideration how well they know the student and the student's:

- ability to understand the course material
- class attendance
- participation level
- the amount of work they have handed in to date

Instructors should always be part of the process. If students with psychiatric disabilities work with their instructors, then these instructors will be in a better position to support the next student who makes a request for accommodation. i

Building Connections Beyond Undergrad

A Unique Support Group for Grad Students

Jennifer Lund, MA

Jennifer has been an advisor in the Psychiatric Dis/Abilities Program at York University (Toronto, Ontario) for nine years and is a consumer/survivor. Jennifer advises individual students, runs groups and facilitates workshops for staff and faculty

I enrolled in the Psychiatric Dis/Abilities Program (PDP) at York University in 1995, when I was a doctoral student, in the third year of a six-year program. I had been symptom-free for a long time, but relapsed into depression just after completing my comprehensive exams. This meant I wasn't able to submit my work at the same rate as when I was well. I also had a teaching assistant job to maintain, even though I didn't feel like myself.

My psychiatrist had heard of the Psychiatric Dis/Abilities Program at York—which supports both undergraduate and graduate students who have mental health challenges—and suggested I contact them for academic accommodation.

The program coordinator, Dr. Enid Weiner,* advocated for me with my doctoral program. She informed me about my rights to support and counselled me on how best to approach people, when to disclose and how much to disclose.

Grad school—more at stake with disclosure

Disclosure is a trickier issue for grad students than for undergrads. For undergrads, you're often one among hundreds of students. The PDP routinely submits formal letters to professors identifying undergrads who have a documented episodic disability. For grad students, it's different. The program is much smaller and students know their classmates more intimately—and their peers and professors may very well end up being their future colleagues. So, most graduate students prefer not to have any formal, written documentation.

* see *pg. 24*

Enid tried to start a support group for graduate students. I eagerly attended every session, but we never had more than one or two people come. (Five to six people is considered a workable minimum; otherwise there's pressure on people to talk who may not wish to.) Though the PDP had successful groups for undergrads, fear of stigma and possible negative impacts—for example, fear that getting grants or tenure-track jobs would be negatively affected—kept grad students from joining the group.

Cultivating critical mass

In 2000 I was hired as an advisor in the Psychiatric Dis/Abilities Program. In my new role, I was determined to start another support group for graduate students. However, it took until the 2007 academic year to finally get the group successfully up and running.

What proved successful was creating a paid mentorship program. Grad students registered with our program mentor newcomer grad students in the PDP, even if they aren't in the same academic program. As part of their work contract, three of these graduate student mentors form the basis of the support group. Their numbers and regular attendance make it easier for other students to attend. Regular listserv notices to all grad students in the PDP let them know what topics are to be covered in the group that week. As a result, we get a different combination of students coming each time.

About 10 graduate students have been attending every two weeks. This is roughly half of the graduate students enrolled with the Psychiatric Dis/Abilities Program. As you can imagine, I'm thrilled!

What the group offers

A major benefit of the support group is that it helps normalize the experience of the students. By talking with other grad students, they get to see that they're not the only one facing these issues. The support group has an inclusive and open atmosphere; I facilitate, but students e-mail me suggestions about running the group better.

During meetings we figure out the needs of graduate students with long-term mental health issues, then we problem solve. We explore strategies for issues such as how to talk to people about our challenges, who to talk to about them, and when and why to share them with professors (e.g., for accommodations).

We've had group discussions on prearranged topics such as financial aid, housing, community resources, networking, and managing school and one's health. We've also had guest speakers on topics such as learning skills (e.g., procrastination and essay completion), human rights, technology helpful for graduate studies,[1] and library services for graduate students with disabilities. In the future, we'll invite a professor who is a mental health consumer/survivor.

Some common concerns

All graduate students tend to feel isolated. It's part of the graduate experience: they research on their own, they write on their own—and for many years.

When PDP students request accommodation, however, they often find that, their isolation increases.

The professors—supervising members of a thesis or dissertation[2] committee, or coursework professors—often stop contacting them. Mostly the professors are decent and want to help, but there seems to be a belief that by withdrawing contact, the student won't feel pushed as hard and will feel less pressure. But this withdrawal reduces the student's support even further, and the student ends up feeling left behind.

In the group, we've discussed how to set up ways of maintaining contact—for example, requesting to meet monthly with professors, supervisors and graduate program directors, even if you have no work to show them.

We've had many discussions in the group about how to support ourselves financially. Students who may have held multiple jobs as undergraduates rethink taking on paid work during their graduate degrees, because the academic demands are so great. A major dilemma for students in the PDP is keeping focused on their degree requirements while working as research or teaching assistants. These are well-paid, unionized jobs, which help with the high grad-school tuition rates. The overwhelming majority of grad students have these jobs, and to let one go is to stand out. But the alternative income from disability benefits is very low. This makes poverty for graduate students with long-term mental health issues a serious problem.

The students all confirm the benefits of further support in time management, writing and organizational skills. Rather than seeing these needs as remedial—that is, "Oh, that's only for undergrads who don't know how to write"—the group is a place to find out how to hone the skills they already have.

Personally, I would never have completed a draft of my doctoral dissertation if my psychiatrist and I hadn't spent months working on strategies for keeping going. For example, there's the timer trick where you sit and write for 15 minutes, then reward yourself with something fun when the timer goes off. If you're having a lot of negative thoughts about your work, this can really help.

In my case, my psychiatrist happened to be a great resource for me in the whole learning skills area. But we have learning skills specialists here that grad students don't know they can access. We bring the specialists to the group. And in the group, we explore our own creative solutions.

> **All graduate students tend to feel isolated. It's part of the *graduate experience*: they research on their own, they write on their own—and for many years.**

Full circle

The group has come full circle for me. It teaches me how to support graduate students one-on-one, as well as how to advocate with professors, graduate program directors and the Faculty of Graduate Studies. It also confirms the need for specialized support that I felt 12 years ago—a need that is still present today. If this group had existed in 1995, the impact for me would have been enormous. I would have been connected to the wealth of services I now bring to the PDP support group.

Student feedback shows how important this group is to them. For me, the group is a success if even one grad student no longer feels alone. i

Dreaming Big | continued from pg. 23

involvement, suicide awareness education and finding out the frequency of suicidal behaviour on campus as priority areas for action. We've already achieved some success in these areas, specifically, in increasing student involvement. We decided to tackle this area first to ensure that our project was as relevant and well-targeted toward students as possible.

In February 2008, we held a student focus group to explore their ideas about mental health and suicide, their experiences supporting peers and their ideas for involving students in the initiative. Of note, students identified peer support resources as a critical element of a supportive campus community. We plan to explore this area as we develop our strategy.

The road ahead

The conversation about campus mental health and suicide prevention is becoming louder, but we are faced with challenges to keep the conversation going. ICSPAG has a vision and a research-informed framework for advancing its vision, but no funding to carry out its activities. We enjoy a lot of support from students and staff, but need to establish the full support of the campus administrations.

The road ahead may be rocky in places, but parts of the dream are coming true. i

related resource

For a template of the ICSPAG table see the online version of this article at www.heretohelp.bc.ca/publications/visions

University of Victoria
Campuses: Victoria
Total student pop'n: approx. 19,000
# of students in residence: 2,100

Alcohol on Campus

Dispelling misperceptions using the social norms approach

Maria Locacciato

Maria is Director of the Canadian Centre for Social Norms Research, established in 2002 as a division of the Student Life Education Company, a charitable organization since 1986

The Student Life Education Company promotes healthy decisions on the use or non-use of alcohol and on other health issues. We do this by increasing awareness, challenging unhealthy attitudes and providing students and student advisors with training and resources. These resources include access to staff directors, educational materials, referrals to other organizations and newsletters.

A number of campuses across the United States have used a social norms marketing strategy, based on a theory developed in the US,[1] to effectively change unsafe drinking behaviour. These campuses have seen decreases of as much as a 20% in rates of high-risk drinking.

After hearing about the success of the social norms approach on US campuses, we decided to create our own research and pilot project to test their results.

What is the social norms approach?

Social norms theory states that much of people's behaviour is influenced by how they think other members of their social group behave. All too often, these ideas are not accurate because people tend to exaggerate the unhealthy behaviour of others. If people think an unhealthy behaviour is the standard in their social group, they are more likely to engage in that type of behaviour. So, if people learn that the true norms of their peers are healthier than they thought they were, their behaviour can be affected in a positive way.[2]

Applied to the issue of student alcohol consumption, the social norms approach works to eliminate false perceptions that post-secondary students have about alcohol. Students tend to think that everyone else is drinking more and going out more often than they are.

Surveys show, however, that college students greatly overestimate the amount of high-risk drinking that happens on their campus.[3] Because of these misconceptions, students believe that high-risk drinking is a social norm, which in turn may lead them to increase their intake of alcohol.

If misperceived norms are leading to an increase in drinking, it makes sense that informing students of actual drinking norms may reduce student drinking.

The Canadian pilot project

We gathered two top experts in the social norms field to be our principle researchers for the project. Dr. Jeff Linkenbach is a faculty member in Health and Human Development at Montana State University and director of the Montana Social Norms Project. Dr. H. Wesley Perkins is a professor of Sociology and director of the Alcohol Education Project at Hobart and William Smith Colleges in New York State.

Ten post-secondary campuses, in both rural and urban centres across Canada (including one in BC), participated in our multi-year research project. Random samples of students were surveyed in the fall of 2003, 2004 and 2005. The survey, developed by Dr. Perkins, included questions about what students were doing and what they thought everyone else on campus was doing. This survey gave us a great picture of how much, and how often, students were actually drinking. It also provided us with an idea of what misperceptions students had about their peers on campus.

As was found on the US campuses, Canadian students grossly overestimated how much and how often their peers drank alcohol. Here is what we found across the 10 participating campuses in the 2003 data:[2]

- Misperception: 80% of students surveyed believed everyone else drank once per week or more often
- Actual: the majority of students (63%) drank twice per month or less often

Following each survey period, a social norms marketing campaign was created from the data we collected. Posters, fortune cookies, coasters, postcards and pens were distributed all over campus—at booths, in residences, in campus service offices, cafeterias, campus pubs and student union buildings. The materials were used to spread the facts of what was actually happening, specific to each campus. For example, we informed students about how often they actually went out to bars, how much they actually drank when they went out, and how many of them really missed classes because of drinking.

The first step in the social norms approach is challenging the campus community's misperceptions. According to feedback from our campus contacts, students, faculty and staff were surprised with what the actual norms were on their campus.

Celebrating responsible choices

All materials and programs through our post-secondary division (known as BACCHUS Canada) follow the social norms approach. We use this approach because the majority of students make healthy choices daily and it is important for our organization not to perpetuate the misperceptions.

And, all our programs try to dispel myths and celebrate the majority of students who make responsible choices with respect to alcohol and other health-related issues. Current programs include:

- St. Patrick's Day Campaign – safe partying
- Orientation Week – check out the 2007 orientation campaign at **www.herestomychoice.com** to see the 'celebrating choices' approach in action
- Alcohol Awareness Days – in October annually

If you, your campus or your organization would like more information on the social norms approach, contact Maria Locacciato at 416-243-1338 or e-mail **hslife@on.aibn.com**. For more information about BACCHUS Canada, visit **www.studentlifeeducation.com**. **i**

related resource

Perkins, H.W. (2007). Misperceptions of peer drinking norms in Canada: Another look at the "reign of error" and its consequences among college students. *Addictive Behaviors, 32*(11), 2645-2656.

A Community Response to Student Mental Health at TRU

Megan Dumas

Megan is a Communications Officer at the Canadian Mental Health Association, the Editorial Assistant for Visions and a recent college graduate

Cathy Tetarenko

Cathy was interviewed for this article. She is a Mental Health Specialist who is employed by the Interior Health Authority to work on the Thompson Rivers University campus

Over the last 10 years, counsellors at Thompson Rivers University (TRU) have been seeing a steady rise in the number of students on campus struggling with serious mental health problems. Counsellors have also had more requests from faculty members looking for help to deal with students in distress. While college counsellors are trained to help students with academic issues and personal problems, they are not usually trained to deal with more serious issues like mental illness.

In 2004, David Lidster, chair of Counselling at TRU, approached Kamloops Mental Health, a service of the Interior Health Authority, for advice. His department had worked with Kamloops Mental Health many times before. When a student needed more help than the counsellors could provide, they'd often refer the student to Kamloops Mental Health. But there is more stigma attached to seeking help from community services; students are more likely to get help if it's right there on campus.

David and some decision makers from TRU met with Kamloops Mental Health staff, including community mental health nurse Cathy Tetarenko. They met a number of times to discuss ways they could partner to benefit the students with more serious needs.

So it was timely when, in 2005, the BC Partners for Mental Health and Addictions Information chose TRU as one of four universities to receive one-time, start-up funding to participate in its Campus Project.* The funding was to be put toward the creation of new and innovative projects that would improve the mental health and well-being of TRU students. "We thought, wow, that's great! Perfect timing!" Cathy says. "Here's an opportunity to have a mental health and addictions professional from Kamloops Mental Health work on campus. Our idea was that they could they could work directly with students who are having mental health and addiction concerns. They could provide assessments to determine the student's needs and then follow up with brief intervention, short-term counselling, education and referrals as needed."

Kamloops Mental Health started looking for someone to take on the project and spend six weeks on the campus. Cathy, having already been involved with the TRU meetings, was considered and asked to work on the project. In February 2006 she started the project and her trial run on campus. She and David met with the vice-president of Student Affairs and together they decided on goals for the project.

* see pg. 21

Thompson Rivers University

Campuses:	Kamloops, Williams Lake
Total student pop'n:	approx. 10,000 full-time students
# of students in residence:	approx. 850

TRU Campus Project goals

The purpose of the TRU Mental Health and Addictions Campus Project[1] was to:

- Determine how many students at TRU had mental health and substance use issues
- Create a "stakeholders team"[2] from people on the campus and in the community of Kamloops
- Assess whether a mental health specialist was truly needed at the TRU campus
- Identify and assess campus and community services for youth

A broad-sweep look at need

Cathy and David decided that focus groups would be the best way to get feedback on current services, gaps in the system, and the needs of students, faculty and community. They wanted to get a broader perspective on what the issues and needs on campus really were, and what could be done to address them. They held a number of focus groups—with students, staff from many different departments, and members of the community at large who were passionate about the health of students.

> One of the most wonderful things is that all these partners came together. When I say that, it gives me goose bumps.

Student focus groups: Three student focus groups were held. To get the most authentic feedback, Cathy and David decided the groups should be student organized and led. They invited a fourth-year nursing student and a third-year social work student to lead the groups. Cathy attended the meetings, but was strictly an observer.

Common concerns raised by students in the focus groups were:

- drug use on campus
- cultural differences
- academic, family and work pressures
- not knowing what services are available
- stigma
- lack of awareness of the issues by both TRU staff and students
- more campus counsellors needed

Community focus group: This group looked at community services currently available for youth. The meetings were attended by representatives from diverse campus and community stakeholders.

Cathy believes strongly that the health of the students affects all members of the community and that a whole-community approach is needed. Mental Health and Addictions as well as Child and Youth Mental Health were invited because they need to work together. Most mental health teams take on clients at age 19. But, since students often start university at 18 or even 17, these service providers need to ensure students don't "fall through the cracks." The school board and alternative school took part because many of their students go on to TRU. Special groups like the Kamloops Indian Band, the Sexual Assault Centre and THEO (BC Society of Training for Health and Employment Opportunities) attended in support of special student groups that attend TRU. And, the MLA and the City of Kamloops represented policy and decision makers, who can help make some changes.

Still other participants in the community focus group included:[1]

- Canadian Mental Health Association, Kamloops branch
- Interior Métis Child & Family Services
- Phoenix Centre (Kamloops Society for Alcohol & Drug Services)
- RCMP
- TRU primary care doctor
- TRU Counselling Department and other TRU faculty and staff

"These partners came together in concern for what we can do on campus to help make life easier for students and assist them to be more successful at university. When I say that, it gives me goose bumps, because I think: wow, this is a group of really compassionate and caring people who really want to see how we, as a community, [could make things better for students]," says Cathy.

One-on-one mental health counselling

During Cathy's pilot six weeks on campus, she assessed students and made referrals to community mental health services and/or the TRU medical clinic and/or TRU Disabilities Services. She also provided support and education for the students that came for counselling and for staff and counsellors who were dealing with student mental health issues.

Project outcome = mental health help on student turf

What Cathy saw was a real need to support students in a number of ways: from prevention and short-term stress reduction, to supporting students with serious mental health problems. Through the focus groups, it became clear that there was a real need for a mental health professional to be on campus.

Cathy was hired to work at TRU full-time. "It's an awesome position," she says. "It's a one-of-a-kind partnership." The six-week project was so successful that now other colleges and universities are starting to follow suit.

Cathy's presence on campus benefits the students in a number of ways. "From a Kamloops Mental Health point of view, it's a good way [for us] to access students who would not normally access [our] services," she says. "It provides a less stigmatized environment by meeting students on their own turf. It provides easy, earlier access [by students] to professional services such as assessment, referral, treatment, short-term counselling and brief intervention relating to mental health and problematic substance use.

"It also gives the mental health system the ability to integrate into the culture of the campus, which helps to normalize issues. I can provide consultation for faculty and staff on student issues, and can help promote awareness and education around mental health and substance use. This ultimately benefits the university and the community by better supporting the students so they can be more successful.

"After all," Cathy concludes, "healthier students equal a healthier community!"

BC Partners–TRU Campus Project Recommendations[1]

General

- Create a position in the TRU Counselling Department for a mental health and substance abuse specialist
- Advocate for a community crisis line available 24/7
- Continue "networking" to encourage support and collaboration between university and community stakeholders; include "youth" in the meetings
- Develop a small "working group" of university and community members to keep the "momentum going"

Campus specific

- Further develop campus life activities, such as awareness campaigns and social activities that are alcohol-free, (e.g., coffee houses)
- Create more volunteer opportunities for students
- Provide "in-service" training for TRU employees about the signs and symptoms of mental health and/or substance misuse and how to respond appropriately
- Conduct workshops on cross-cultural awareness for TRU employees and students
- Provide access to "mental health professionals" after hours (i.e., evenings and weekends)
- Create a "culture of caring"

Natalie and Shandell with the display at the 2006 Wellness Fair

Are You Going Bananas?

Paula Tognazzini, RN, MSN

Paula is an Instructor at the UBC School of Nursing, where she teaches mental health, community health and family nursing. She is an active member of the CMHA annual Depression Screening Day steering committee and represents BC on the board of the Canadian Federation of Mental Health Nurses

In the fall of 2006, I encouraged two UBC nursing students (Natalie Rai and Shandell Susin) in my population health course to get involved with Beyond the Blues (BTB). BTB is a Canadian Mental Health Association (CMHA), BC Division campaign (see sidebar). The students' task was to plan for and set up education booths at three student residences for the annual BTB Depression Anxiety Education and Screening Day, to be held in October.

An inspired idea

As preparation for understanding the mental health concerns of UBC students, Shandell and Natalie conducted an informal survey of their classmates. They found that stress and anxiety were the top two concerns. They also looked at a survey done on the UBC campus in 2004,[1] and another by the American College Health Association[2] regarding student mental health and wellness. This survey found that an alarming number of these students reported a high level of stress in their lives, felt overwhelmed and felt unable to cope with life's demands.

Natalie and Shandell came back to class the following week with yellow balloons and a poster board display titled "Are You Going Bananas?"

Hmm. What did bananas have to do with mental health?

"Bananas are the key to maintaining our mental wellness as eating fresh fruit and vegetables boosts energy levels, helps improve mood and generally makes you feel better," they said. "Bananas contain vitamin B6 and potassium, which can make students feel more alert, increase their concentration and decrease stress levels during exam times."

And "going bananas" is slang for "to be irrational and wild; to lose control," or "to react with extreme or irrational distress or composure."[3] I decided they were on to something!

From milkshakes to coping and getting help

Every Tuesday in the month of September these two students set up their booth at the entrance of a different residence on the UBC campus. They handed out pamphlets, provided by the Canadian Mental Health Association, that talk about mental health and mental illness. They engaged students in conversations about depression, bipolar disorder, panic attacks, phobias, suicide, anxiety, eating disorders, psychosis, schizophrenia, and use of alcohol and drugs. They shared ideas about how to improve personal coping strategies.

And how about bananas? Shandell and Natalie suggested that bananas were effective for hangovers and to shake off late night study sessions: "Try a banana milkshake to increase your alertness in the morning or as a late night study session snack when you get food cravings."

This opened up conversations about the use of drugs and alcohol on campus, which led to talking about how and where to access resources—such as other Beyond the Blues sites that offer screening and connect people to treatment. They also recommended the website heretohelp.bc.ca, suggesting that students add it as a favourite on their computer desktops.

Observing Natalie and Shandell's interactions with these students, I was impressed at how readily their Are You Going Bananas? approach opened up conversations about these concerns. This peer-to-peer approach to the BTB campaign was appealing to students and therefore very effective in getting information out.

Other spinoffs

In October 2006, Natalie and Shandell also arranged, through the school nurses, to set up their booth at four secondary schools in Vancouver. They had a lot of positive response from the youth and their teachers.

In November 2006, they set up the booth for the 9th Annual Student Wellness Fair at the UBC Student Union Building. Together with the UBC Wellness Centre, they gave out cards listing "Happiness Tips," while offering bananas to students. The tips included:

- Happiness depends on your state of mind. Practise optimism.
- Give yourself permission to be human. Practise accepting your emotions.
- Engage in activities that are both personally meaningful and enjoyable.
- Simplify. Focus on quality instead of quantity.
- Be appreciative and thankful. Practise gratitude.
- Take care of your body. Physical health influences your mental well-being.
- Have fun.
- And, of course: Don't forget to eat bananas.

University of British Columbia

Campuses: Vancouver (two sites), Kelowna
Total student pop'n: approx. 48,000
# of students in residence: approx. 7,000

What Is Beyond the Blues?

Canadian Mental Health Association, BC Division

Beyond the Blues (BTB) is a high-profile campaign designed to educate individuals, families and communities about:

- signs and symptoms of mood and anxiety problems and disorders
- the relationship between alcohol and mental health
- community mental health resources

The centrepiece of the campaign is the annual Depression Anxiety Education and Screening Day. Screenings are used as an education tool and to get people talking—with the added benefit of early detection.

Beyond the Blues aims to empower people, using themes of hope, resilience and recovery. In addition to education around mental health problems, promoting mental well-being is an important part of the event. This includes education about self-care techniques for helping prevent depression or relapses.

The events are free, anonymous and confidential. Appointments aren't needed. Attendees have the option to complete a brief self-test, and speak one-on-one with a clinician. They can also talk, in a non-threatening, supportive environment, to volunteers facing similar issues. Many sites feature speakers on different topics.

There are special sites for high school students, post-secondary students, older adults, aboriginal people, multilingual groups, and new mothers.

Beyond the Blues is held every October on the first Thursday of Mental Illness Awareness Week. It's coordinated provincially by the Canadian Mental Health Association, BC Division on behalf of the BC Partners for Mental Health and Addictions Information. The risky drinking aspect is led by the Centre for Addictions Research of BC.

Close to 4,000 people attend 60 to 70 local events across BC every year. Over the past 13 years of the project, more than 35,000 people have been helped.

To find out how to host a Beyond the Blues event at your campus this October e-mail **beyondtheblues@heretohelp.bc.ca** or visit:

www.heretohelp.bc.ca/events

Shifting the Focus

Recruiting parents to help reduce harmful alcohol use by university students

It's no secret that risky drinking by university students is a major concern for public health. According to the 2004 Canadian Campus Survey, 32% of undergraduates in Canada reported harmful patterns of drinking.[1]

To help combat this problem, the University of Victoria (UVic) got involved in the BC Partners Campus Project.* Each school involved in the project is doing something different to improve the mental health and well-being of students on their campus.

Many universities use alcohol awareness campaigns aimed at reducing alcohol use by students. Unfortunately, these campaigns only start when students are already in university and may already have well established drinking behaviours. Another problem with awareness campaigns is that they may only reach students who choose to participate in these programs.

UVic has chosen a unique approach: we've incorporated a program to involve parents of new students in helping prevent risky drinking. Reaching students before they go to university might be the best way to prevent unhealthy drinking habits from forming in the first place. However, whether or not students will adopt these habits may depend on parents who choose to talk with their son or daughter about the dangers of alcohol abuse.

Research suggests that family influences are particularly important in reducing risks for excessive drinking in late adolescence.[2] Students who did not report growing up with a problem-drinking parent, for example, abstain from drinking alcohol at greater than expected rates.[3] Our program encourages parents to talk to their kids about safe alcohol use. The idea is that parents can use their influence to help their children learn healthy drinking habits.

The University of Victoria's goal is to give parents the skills they need to effectively talk about alcohol to their children heading to university. These skills are taught through a handbook that describes how to positively influence sons and daughters.

The parent intervention was created by Dr. Robert Turrisi from the Prevention Research Centre at Pennsylvania State University.[4] His intervention builds on existing theory and past research. Turrisi found that involving parents:

- reduced drinking and drunkenness in new students
- increased the healthy attitudes

Paweena Sukhawathanakul
Paweena is a Psychology student and research assistant at UVic. She's currently working with the BC Partners' Campus Project and UVic Counselling Services on substance abuse prevention and harm reduction

Bonnie J. Leadbeater, PhD
Bonnie is a Professor in Developmental Psychology at UVic. She is Director of the Centre for Youth and Society, which promotes youth well-being through research partnerships, and Director of the project named Healthy Youth in a Healthy Society: A Community Alliance for Reducing Risks for Injury in Children and Adolescents

"Hello, this is SFU Nightline…"

We're here to listen!

Rohene Ishmail and Sonu Purhar

Answering calls for a crisis line is a rewarding, and often terrifying, experience.

We joined Simon Fraser University's after-hours telephone crisis line, Nightline, in 2005. The SFU crisis line is an entirely student-run organization. Volunteers provide confidential and anonymous lay counselling services to callers in crisis. They are available each weekday from late afternoon until the following morning, and around the clock every weekend and holiday.

The service is geared toward Simon Fraser University students. However, we are a public service and do take calls from students at other universities and colleges, as well as from people outside the student demographic. If a caller has trouble communicating in English, we will refer them to an alternative crisis line or counselling centre that offers services in the caller's native language.

No matter who is on the other end of the line, our goal remains the same: to create a non-judgmental environment that allows callers to speak and be heard on any issue.

Nightline volunteers complete 35 hours of intensive training in client-centred counselling. Especially useful are practise sessions called "fishbowls," during which trainees practise the skills they are learning in scenarios that simulate actual calls. Each trainee is paired with a mentor, a senior member of the line who helps with questions or difficulties. Trainees must pass a Mastery Role Play assessment before they can begin taking calls, and must also commit to working a

Shifting the Focus | cont'd from previous page

students had toward drinking
- reduced student and parent approval of drinking
- decreased alcohol-related harms in university students

UVic researchers involved in the BC Campus Project began working with Turrisi and his team in the summer of 2006. We looked at how parental communication can protect students from harmful drinking. More specifically, we studied how parental attitudes and behaviours can help students resist risky drinking.

* see pg. 21

Results from our research study suggest that parents' role in alcohol prevention does matter. Findings showed that the higher the number of drinks parents thought were appropriate:
- the more likely students were to get drunk in the past month
- the greater the chances that students had experienced a negative alcohol-related consequence in the past year
- the less often students engaged in protective behaviours around alcohol
- the more likely students were to think that getting drunk was an acceptable activity[5]

These results show the importance of parent–student communication.

In the summer of 2007, all parents of incoming first-year students received Dr. Turrisi's parent handbook titled *A Parent Handbook for Talking with University Students about Alcohol*. The handbook covers a variety of topics on the subject of alcohol, such as the physical and legal consequences of binge drinking. It also contains tips for parents about how to talk to their kids about alcohol. Some of the tips include communication strategies such as using self disclosure and assertiveness effectively.

UVic researchers have already started collecting data to evaluate the effectiveness of the handbook on reducing alcohol-related harms. Students completed online questionnaires that measured the student's drinking behaviours, risks and protective behaviours, alcohol-related consequences, and perceptions of parent–student communications. We hope to complete the evaluation by the end of summer.

This parent-intervention approach shows tremendous promise. It stresses that parents are still important in influencing the behaviours of their kids, even when they go to university. In sum, by helping parents enhance their communication skills, we may be able to reduce dangerous drinking among the student population.

related resource

The university has also purchased access to e-CHUG (electronic CHeck-Up to Go), an online personal assessment tool available to all UVic students. This tool/site was created by San Diego State University. It's designed to motivate students to reduce their alcohol use by looking at their own drinking habits and risk factors. e-CHUG was designed and is updated using the most current and reliable research available.

www.e-chug.com

SFU Nightline

To speak to a trained student volunteer call **604-857-7148**
4:30 pm - 8:30 am, weekdays 24 hours, weekends and holidays

minimum of three shifts per month and attending all required meetings and supplementary training.

Nightline was originally started by the SFU Student Society. Later, it was taken over by SFU Health & Counselling Services, which provides students with clinical supervision and input. Both areas fund the crisis line.

In 2007, Nightline received over 200 calls, with the highest call volumes occurring during exam period.

Why call?

We strongly believe that every university and college needs a crisis line. Life can be stressful, and not everyone has someone willing to hear about it. Being able to pick up the phone and know that the person on the other end is ready to listen can make a big difference.

A phone-in service ensures that callers who might be uncomfortable with face-to-face interactions are not prevented from seeking help. Callers are assured that their anonymity will be protected and their confidentiality respected.

As students, we understand what other students are going through. We know that it's much easier to talk to someone who understands and can empathize with your situation. Calling means talking to a person who:

- will try to understand your feelings rather than impose their own suggestions
- will actively listen to you, with interest and without distraction
- is trained to deal with a variety of crisis situations

We give out the crisis line number with the expectation that people with any concern will call—even if they don't think their issue is a crisis. Whatever the problem, we always listen with an open mind and try our very best to be of help. Some common issues people call about are:

- stress over an exam
- worries about a relationship
- problems at home
- loneliness
- depression
- suicidal thoughts
- you name it!

We make referrals to both on- and off-campus service agencies. These range from the university's Health & Counselling Services, to the BC NurseLine, to addictions counselling. Nightline volunteers strive to ensure that each caller receives referrals that will most benefit their unique situation.

Keeping Nightline volunteers strong

Taking calls is emotionally rewarding, but it can be draining too. The magnitude and importance of what we do on the line reminds us that we need our own system of support as we try to support others.

Student volunteers receive ongoing assistance and clinical supervision from both the Nightline coordinator and a qualified counsellor. Shift leaders—volunteers with at least one year of experience on the line—are trained to assist volunteers who have their own questions or personal difficulties. It's also important for volunteers to be able to talk with each other about their feelings and experiences.

In our three years on the line, both of us were shift leaders and mentors, and Rohene was the Nightline coordinator. Additionally, we were involved with training incoming volunteers and new shift leaders, making it critical for us to be mentally and emotionally available for the rest of our team.

A lesson for everyone

Soon after our training in 2005, we dubbed ourselves the "musketeers"—a reference to the solidarity that the crisis line brought to our friendship. It was only one of many ways that the line profoundly affected each of our lives.

The most important thing we've learned is that just by being there—by picking up the phone and listening to what our callers have to say—we made a huge difference in their lives. This doesn't stop with Nightline. It's a lesson everyone can learn: by just being there for someone, you can have a significant impact in his or her life.

Rohene is currently an SFU student majoring in Psychology. Her recent three years with SFU Nightline has given her a profound appreciation for the difficulties people can encounter in life. Rohene's career goal is to support students in their transitions and ensure they have a balanced, supportive environment

Sonu recently graduated from Simon Fraser University with a double major in English and Psychology. She spent three years with SFU Nightline, both as a volunteer and shift leader. Sonu is currently pursuing an MBA

"I joined SFU Nightline because I wanted to help people. After three years with the line, I truly feel as if I've achieved that goal. Every call I've received has helped me become a better person, and leaves me with the conviction that each and every person can be a profound influence in another's life. And if that hour-long phone conversation has lifted someone's mood, or changed their mind about making a potentially negative choice—then I know it's all been worth it." *– Sonu Purhar*

"SFU Nightline has been a big part of my life and something that I will always treasure. Coasting through life is wonderful, but this is not reality. If I truly want to be the person I believe I am, then volunteering for SFU Nightline has taken me a thousand steps toward the real me—being someone who can and will always listen!" *– Rohene Ishmail*

Note: A reminder that these photos do not actually depict the writers.

For Practitioners

Online Resources

- BC Partners Campus Project. By the BC Partners for Mental Health and Addictions Information, led by the Canadian Mental Health Association's BC Division. A project to bring together practitioners who care about campus mental health and substance use in BC. Includes links to research as well as a recent report from a bringing together of BC campuses in February 2008. www.bcpcampusproject.org
- Substance Information Link. By the Centre for Addictions Research of BC. Although not higher education specific, a great BC/Canadian-based resource of research. Great evidence-based fact sheets on alcohol and other drugs if you click on the 'Infosheets' collection. www.silink.ca
- Supporting Student Mental Health and Well-Being. By the Scottish Government. Information and guidance for practitioners on promoting and supporting student mental health and well-being. www.ssmh.ac.uk
- The Mental Health of Students in Higher Education. Royal College of Psychiatrists (UK), 2003. A policy report featuring background, conclusions and recommendations around practice and policy. www.rcpsych.ac.uk/files/pdfversion/cr112.pdf
- Student Mental Health Planning, Guidance and Training Manual. A manual on how to develop mental health policies, train staff, raise awareness, and support students with mental health problems. www.studentmentalhealth.org.uk
- College Drinking—Changing the Culture. A US-government resource centre on alcohol related research, policies, interactive tools, and a listserv. www.collegedrinkingprevention.gov
- Higher Education Center for Alcohol and other Drug Abuse and Violence Prevention—Another US-government resource centre with a broader focus than alcohol. Click on the Publications part of the star icon. www.higheredcenter.org

this list is not comprehensive and does not imply endorsement of resources

Books

- College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About it. Kadison, R. (2005). Publisher: Jossey-Bass.
- Dying to Drink: Confronting Binge Drinking on College Campuses. Wechsler, H. (2002). Publisher: Rodale. A book whose findings are drawn from the recent Harvard School of Public Health College Alcohol Studies.
- College Mental Health Practice. Grayson, P. & Meilman, P.W. (eds). (2006). Publisher: Brunner-Routledge.

For Students

- HeretoHelp.bc.ca. By the BC Partners for Mental Health and Addictions Information. Find quality information on mental health, mental illness, and substance use. Learn self-help skills and connect with others through this site. www.heretohelp.bc.ca
- Your Education, Your Future. From the Canadian Mental Health Association. This guide helps students with a mental illness face the challenges of post-secondary education. www.cmha.ca/youreducation
- Youth in BC. If you're stressed, depressed, or struggling, use a live online chat to talk to a trained volunteer from 2pm–midnight, 7 days a week. www.youthinbc.com. You can also email youthinbc@crisiscentre.bc.ca or make a free, 24/7 call to 1-866-661-3311.
- 'How to Cope…' booklets. Mind, a UK mental health charity, has two great booklets for post-secondary students: 'How to Cope with the Stress of Student Life' and 'How to Cope with Exam Stress.' www.mind.org.uk/Information/Factsheets and go to 'S' for 'Students'

BC Partners for Mental Health and Addictions Information
c/o 1200-1111 Melville St.,
Vancouver, BC Canada V6E 3V6

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