

STUDENT WELLNESS AT TRU:

BUILDING A COMMUNITY THAT CARES

SUMMARY REPORT

May 30, 2022

TRU Student Wellness Desired Future State

TRU learners will thrive in an educational and social environment in which:

- *they are surrounded by a community that cares about their well-being*
 - *they will have an awareness of, and access to, campus and online spaces for mental health supports*
 - *they will experience mental health programming and services that are culturally appropriate, safe, and evidence-informed*
 - *they are vital stakeholders who will be engaged regularly to ensure a process of continual improvement*
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Thompson Rivers University campuses are located on the traditional lands of the Tk'emlúps te Secwépemc (Kamloops campus) and the T'exelc (Williams Lake campus) within Secwépemc'ulucw, the traditional and unceded territory of the Secwépemc peoples. The region TRU serves also extends into the territories of the St'át'imc, Nlaka'pamux, Tsilhqot'in, Nuxalk, and Dakelh [ka-kelh], and Métis communities within these territories.

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SUMMARY

This report presents recent work at Thompson Rivers University to examine our current state of mental health supports for students, to define our desired future state of student mental health and the gaps between our current situation and that future state, and finally to identify and prioritize possible solutions to address those gaps. The report ends with recommendations for implementing those solutions through the oversight of an advisory committee.

BACKGROUND

PRESIDENT'S MENTAL HEALTH AND WELLBEING TASK FORCE (2017-18)

In November 2017, Dr. Alan Shaver, Thompson Rivers University President and Vice Chancellor at the time, announced the creation of the President's Mental Health and Wellbeing Task Force and asked that it provide advice and support to the President and the senior executive to support TRU's commitment to foster healthy attitudes and behaviours that support the health and wellness of its students, faculty, and staff.

The task force was also asked to determine TRU's readiness to sign onto the Okanagan Charter and to meet the commitments involved in doing so. Created in June 2015, the Charter provides institutions with a common language, principles, and framework to become health and wellbeing promoting campuses. Since 2015, twenty-two institutions have signed onto the Charter and posted their commitments to advancing the goals of the Charter. The Okanagan International Charter for Health Promoting University and Colleges, calls on post-secondary schools to:

1. Embed health into all aspects of campus culture, across the administration, operations, and academic mandates.
2. Lead health promotion action and collaboration locally and globally

The Task Force was asked to recommend policy, protocols, procedures, information, and education to address the following objectives:

1. Report on TRU's readiness to adopt the Okanagan Charter and make recommendations for phased adoption¹
2. Make recommendations for policy revisions, or new policies, that support the wellness of the TRU community
3. Ensure TRU is strategically and tactically prepared to respond to increased demands for mental health and other health supports on its campuses
4. Strengthen TRU's connections to service providers in the Kamloops and Williams Lake communities.

¹ While the current project did not have a mandate to make recommendations on the adoption of the Okanagan Charter at TRU, this can be addressed through the implementation of recommendations.

The Task Force undertook the work during the fall and winter semesters of the 2017/18 academic year via six working groups: Academic Considerations (Learning environments, policies, and practices), Health-Related Services and Supports, Alcohol and Other Substance Use, Spaces, Physical Environment, Policy and Procedure Implications, and Analysis of Health-Related Data.

2018-2021

Changes in institutional leadership and competing priorities led to delays in the submission of the task force report. Indeed, the report on the work, including recommendations, has never been submitted.² Additionally, new frameworks for student mental health have been developed since the Task Force did its initial work (e.g., the Canadian Association of College and University Student Services' *Framework for Post-Secondary Student Mental Health* and Canadian Standards Association's *National Standard of Canada for Mental-Health and Well-Being for Post-Secondary Students*). Further, universities continue to be informed by results from national health surveys. TRU has three points of data from the National College Health Assessment (2013, 2016, 2019) in which students have reported on their mental health, among other aspects of their overall health.

² In the meantime, many of the recommendations under development in the Task Force have already been implemented, and the institution now finds itself in an even better position to adopt the Okanagan Charter and act on the commitments inherent in that adoption.

OVERVIEW OF CURRENT PROJECT 2021-22

The emergence of COVID 19 in early 2020 has impacted student mental health, increasing the urgency and importance of returning to this work. In the fall of 2020, discussions among TRUSU, TRU World and Student Development led to a decision to hire Kris McCleery Consulting to facilitate the current project with an overarching aim to identify and prioritize future investments in student mental health.

Under the sponsorship of the Associate Vice-President – Students, this project has engaged TRU students, faculty, and staff stakeholders primarily through online settings. Representatives from Counselling, TRU World, Indigenous Student Development, the Wellness Centre (including student wellness ambassadors), Accessibility Services, and Student Affairs have participated.

PROJECT GOALS

1. Define desired future state of student wellness
2. Create an inventory of the mental health supports available to TRU students
3. Identify gaps in current service models and / or gaps in communications about mental health services and supports
4. Identify opportunities to refer between mental health services, within TRU and within the communities we serve (Kamloops, Williams Lake)
5. Engage the TRU community (defined as TRU faculty, staff, and students) so that they feel consulted about this work and participate in identifying possible solutions to address identified gaps.
6. Prioritize identified solutions, considering feasibility.
7. Support implementation of priority solutions to fill gaps.

PROJECT PHASES

Phase 1: Discovery: Project background document review, project scoping and planning

- Reviewed background documents relevant to the project
- Identified project objectives, requirements, and scope
- Identified project stakeholders, champions, and potential barriers

Phase 2: Problem definition

- Defined desired future state of student wellness and reviewed current supports that are in place and evaluated their effectiveness against the future state. The outcome of this phase was a gap analysis and fulsome description of the gaps in student wellness supports.

Phase 3: Solution exploration

- Given the problem definition and gap analysis findings, defined the full range of solutions to the problem and their pros and cons with identified stakeholders. The outcome of this phase was a list of potential solutions and their pros and cons.

Phase 4: Solution selection

- Identified essential and distinguishing criteria against which to evaluate potential solutions. Evaluated the potential solutions according to both essential and distinguishing criteria. The outcome of this phase is the prioritization of solutions based on those criteria.

Phase 5: Solution implementation (to come)

- Support implementation of the solutions by guiding and coaching the project lead in implementation. The outcome of this phase will be effective implementation of a durable solution (or solutions) to student wellness.

PROJECT RESULTS

PHASE ONE: DISCOVERY

The initial phase of this project included the selection of a consultant (Kris McCleary Consultants), and the development of a project charter and a project plan that outlined scope, objectives, stakeholders, champions, and potential barriers.

Note that the timelines for this project were difficult given the challenges of working in a virtual environment with colleagues and students engaged in student support during a period that has included returning to campus for work and study.

PHASE TWO: PROBLEM DEFINITION

Considerable time was spent in the Spring of 2021 discussing what we collectively envisioned as a desired future state for TRU student mental wellness. Through facilitated conversations, online tools and collaborative drafting, the broader team developed the statement below. This statement became an anchor for all future phases. It is against this statement that we later identified gaps in our current supports and services.

TRU Student Wellness Desired Future State

TRU learners will thrive in an educational and social environment in which:

- *they are surrounded by a community that cares about their well-being*
- *they will have an awareness of, and access to, campus and online spaces for mental health supports*
- *they will experience mental health programming and services that are culturally appropriate, safe, and evidence-informed*
- *they are vital stakeholders who will be engaged regularly to ensure a process of continual improvement*

Identified Gaps in Reaching Future State:

The second component of phase two was to identify the gaps that lie between our current practices on the Kamloops campus³, supports, and communications and where we seek to be: our desired future state. The following gaps were identified through facilitated online conversations.

³ The gaps identified in this project pertain to the Kamloops campus. March to June 2022 will see a project funded by Bell Let's Talk to examine the gaps and potential solutions to support student mental health in Williams Lake. We anticipate that a number of solutions identified in this report will apply to the Williams Lake campus, and that there will also be factors unique to the region that will need to be addressed.

Gaps in who is supporting student mental health

- Insufficient number of Indigenous counsellors
- Lack of cultural diversity among those offering counselling and other mental health support providers
- Lack of Elder engagement in mental health supports/programs
- Absence of peer-based support within mental health supports

Gaps in knowledge and procedures

- Insufficient employee knowledge of how and where to refer students of concern
- Insufficient understanding of how to support students experiencing suicidality
- Insufficient mental health supports for students with disabilities
- Lack of clarity regarding access to emergency funding to support basic or emergent needs
- Absence of mental health services and related supports for students with all types of family responsibilities (including childcare, eldercare)⁴
- Insufficient knowledge of the roles each of the following units at TRU have in supporting student mental well-being: Student Affairs, Counselling, the Wellness Centre, Early Alert, the International Student Advising team and Indigenous Student Development
- Insufficient training in trauma-informed practice for staff/faculty involved in MH programs/services
- Absence of cultural competency training in mental health supports

Gaps in how we are delivering mental health supports

- Inconsistent hand-off of care from one service/office to another
- Inconsistent access to online mental health information and services
- No clarity re the provision of virtual appointments with mental health providers post-pandemic
- Difficulties establishing on-going counselling relationships between counsellors and students
- Inadequate communications about available mental health supports for students
- Challenges providing Inclusive and welcoming spaces at all levels of institution

PHASE THREE: SOLUTION EXPLORATION

The purpose of this phase was to bring a variety of people and departments together that have a role to play in student wellness at TRU and to brainstorm potential solutions to fill

⁴ The needs of students with family responsibilities have become more apparent over the past two years. These responsibility are experienced by all demographics of students and point to the need for a coordinated approach that provides programming, campus supports and referral to services beyond campus. While this report acknowledges the mental health needs of these students, it does not address other emerging concerns such as housing, emergency care and funding, and access to supports. We place this note here to document the concern and the need for it to be addressed.

the gaps between the current state and desired future state of student wellness at TRU. The outcome of this work was a list of potential solutions to fill each gap between the current state and desired future state of student wellness.

PHASE FOUR: SOLUTION SELECTION

Solution selection was conducted primarily through a working group with representatives from each of the key stakeholders. The work was iterative but can broadly be described as having been conducted across a number of steps:

1. Identification and application of essential criteria
2. Removal of possible solutions that fell out of project scope or didn't meet essential criteria
3. Identification and application of distinguishing criteria
4. Refinement of essential and distinguishing criteria
5. Review of resulting analysis
6. Categorization of possible solutions based on analysis based on timing and cost

Foundational considerations:

In the middle of phase four, there was an important conversation that, although we were in the midst of identifying the essential and distinguishing criteria for evaluating suggested solutions, there was a need to identify some considerations for this work at a foundational level. The working group devoted time at this point to articulate the following.

The wellness of all employees (including student supporters of wellness) will support student wellness.

We will share knowledge on supporting student wellness in a systematic way, thereby increasing wellness support, literacy, and skills.

Our approach to student wellness will align with TRU's 10-year change goal to honour truth, reconciliation and rights. We will do so through meaningful work with Indigenous colleagues on our campuses and in the region we serve.

We believe that sustained reference to these foundational considerations, along with the desired future state, will be paramount as we implement prioritized recommendations.

Essential Criteria

Each proposed solution had to meet these criteria to be considered:

- Represents a high-quality solution to move TRU toward the desired future state of student wellness
- Can be easily communicated to faculty, staff and students

- Builds and maintains relationships with TRU students and amongst all departments
- Builds trust between students and helpers
- Empower students to engage and access supports
- Supports student sense of belonging
- Takes a destigmatizing approach to mental health challenges and accessing supports
- Has been proven to be effective (given wise practice) and is evidence-informed

Distinguishing Criteria applied to Proposed Solutions

The following criteria were applied to each of the proposed solutions in order to differentiate among them. The application of matrix to assess each proposed solution according to the distinguishing criteria allowed us to categorize the proposed solutions based on potential timing and cost of implementation.

- *Sustainable* - a sustainable solution is one that can be easily maintained over long time periods, given appropriate resourcing
- *Reduces Barriers that Prevent Student Access to Supports*- a solution that does not have a significant impact on the student's daily schedule, and that provides students flexibility to attend the session/workshop/appointment
- *Low Employee Time* - a solution that does not require a substantial reorganization of employee workload (reprioritization, overtime)
- *Easily Implemented* – a solution that is easily implemented through structures and processes that currently exist (example is the use of inclusive language in advertising for an event that is already in planning); may also be a solution that is already in place and just requires a minor change
- *Data Informed* - (student identified need) solution addresses a problem TRU students have already identified through various surveys, focus groups, etc.
- *Addresses equity gaps* - solution supports work to reduce gaps in success indicators such as student retention rate, course completion rate, etc. in groups including domestic, Indigenous, international, rural students; students with family responsibilities; students with disabilities, etc.
- *Can be offered in different formats* – solution can be easily implemented in various formats (e.g., bladder chatter, in person, on social media and by different knowledge holders); solution can be delivered by faculty, peers, staff, etc.
- *Reach* (number of students)
 - High- solution reaches across demographic categories
 - Medium- solution reaches into particular demographic categories or identities
 - Low- solution targets individual or small groups of students with very specific need
- *Impact can be measured* and addressed through a process of continuous improvement – it is possible to conduct assessments on the efficacy of the solution in moving TRU toward our desired future state

FINAL RECOMMENDATIONS:

A summary (and potential sequencing) of recommendations below presents all the solutions in four categories.⁵ The 7 recommendations that are Quick and Affordable are sequenced first, because they are inexpensive and require little planning and preparation to implement. Ideally, they are implementable within 6 months to a year from the start of implementation. The second level of sequence presents 7 recommendations labelled Slow and Affordable because solutions in this category have low costs but require more preparation. These are anticipated to take between 1 and 2 years to complete. The third category is Quick and Costly, because they are high cost and require low levels of preparation. There are no solutions in this category. The remaining nine solutions are categorized as Slow and Costly, requiring more time and resources to implement. These may take between 2 to 3 years to complete.

1. Quick and affordable (* already implemented):

- Provide clear information about evening and weekend counselling options (e.g., Here2Talk)
- Provide mental health information in family study room in HoL and breastfeeding room
- Provide virtual counselling appointment options *
- Consider means by which selected peer mentors / SWAT leaders include students with all types of family responsibilities
- Provide elder support for counsellors
- Implement a practice of providing honoraria for elders that honours their contributions to wellness and mental health programming*
- Develop cross training activities for Counselling, Accessibility Services, and Student Affairs

2. Slow and affordable (* already implemented):

- Regularly update TRU Safe App to include information specific to mental health *
- Evaluate current use of online live chat in Wellness Centre and determine whether to expand to other peer mentor groups and increase hours
- Develop means to reduce barriers to access emergency funding across campus
- Work with Finance Department to have emergency funds direct deposited
- Consider means for students to book counselling appointments online
- Provide on-going cultural training in decolonization, equity, diversity, and inclusion for staff and faculty involved in mental health programming
- Complete drafting of Student At-Risk Policy and Procedures

3. Quick and costly:

⁵ This categorization of recommendations is based on work developed by TransFocus. We acknowledge and appreciate this framework for prioritizing and sequencing recommendations.

- none identified

4. Slow and Costly (* already implemented):

- Develop groups (i.e., support groups, social groups, etc.) specifically for students with family responsibilities
- Develop 'Outreach' days where different staff (e.g., Case Managers) attend in areas such as TRU World or TRUSU to engage with students
- Continue to enhance the mental health literacy of student leaders participating in peer programs (e.g., Orientation ambassadors, Supplemental Learning Leaders, Student Storytellers)
- Provide training in trauma-informed practice for staff/faculty in all mental health and mental-health related programs/services
- Hire counsellors from different cultures*
- Employ more counsellors to help mitigate the number of students requiring appointments and to allow for on-going relationships
- Consider how to improve and promote mental health group/workshop offerings and skills-based counselling
- Implement recommendations arising from 2021-22 suicide prevention education project⁶
- Consider integrating practica students and peer leaders into counselling and other mental health supports

PHASE FIVE: IMPLEMENTATION

Work such as this is only as good as the successful implementation of its recommendations. We recommend the establishment of an on-going advisory group that will oversee this work, establishing annual workplans for recommendation implementation and reporting back to the community each year. A model for such an advisory group is the Gender Diversity Implementation Advisory Group that takes this approach (Terms of Reference for that group are in Appendix Two.) Drawing from the membership of the Working Group from Phase Four of the project, this group would be accountable to the Provost and Vice-President Academic. This would engage representatives from Counselling, the Wellness Centre, TRU World, Indigenous Student Development and the Office of Student Affairs. The Advisory Group should also include student(s) nominated through the TRUSU Student Caucus.

⁶ In the summer of 2021, TRU received a \$50,000 grant from the Ministry of Mental Health and Addictions (via the Canadian Mental Health Association – BC Division) to develop suicide prevention education programming to support students at TRU. This work has recently been completed and a report is expected as a supplement to the work presented here.

APPENDIX ONE: PROJECT PARTICIPANTS

Accessibility Services:

Sarah Walz (Director, Student Access, and Academic Supports)

Katie Thomson (Accessibility Advisor)

Stacy Peña (Accessibility Advisor)

Career and Experiential Learning:

Jennifer Mei (Accessible Experiential Learning Coordinator)

Counselling, Academic Supports and Assessment:

Chelsea Corsi (Wellness Coordinator)

Pamela Fry (Wellness Coordinator, Suicide Prevention Education)

Susan Butland (Counsellor)

Andrea Brassard (Counsellor)

Ashley Broadfoot (Counsellor)

Cliff Robinson (Counsellor)

Kara Wood (Counsellor)

Narinder Serown (Counsellor)

Shyann Vosper (Counsellor)

Nicole Greenstreet (CASA Support Specialist)

Indigenous Student Development:

Vernie Clement (Supervisor, Indigenous Student Development)

Denise Dunstan (Learning Strategist – Aboriginal Transitions)

Jason Blair (Learning Strategist – Aboriginal Transitions)

Matty Chillihitzia (Aboriginal Community and Communications Coordinator)

Office of Student Affairs:

Marian Anderberg (Director, Office of Student Affairs)

Catherine Auld (Student Case Manager)

Kamal Grewal Chaudhry (Student Case Manager)

Holly Winzey (Student Case Manager)

Karen Nichols (Learning Strategist – Early Alert)

TRU World:

Reuben Onyango (Manager, International Student Accommodations, Events & Engagement)

Oksana Nhuien (International Student Advisor)

Osi Omonokhua (International Student Advisor)

Rika Kimura (International Student Advisor)

Staffen Liu-Calver (International Student Advisor)

Stephanie Tate (International Student Advisor)

Teresa Wei (International Student Advisor)

Project Support: Allysa Gredling, Administrative Coordinator – Student Development

APPENDIX TWO: GENDER DIVERSITY IMPLEMENTATION ADVISORY GROUP TERMS OF REFERENCE

Gender Diversity Implementation Advisory Group Terms of Reference

Membership

Chairs:

- Associate Vice-President – Students (Christine Adam)
- Associate Director – People and Culture (VACANT)

Members:

- Associate Vice-President, Campus Infrastructure, Sustainability, & Ancillary Services (Warren Asuchak)
- Associate Vice-President, Enrolment Management and University Registrar (Mike Bluhm)
- Associate Director, Marketing and Communications (Darshan Lindsay)
- Students (Manuela Ceballos, Nicole Stanchfield)
- Equity Coordinator, TRU Students' Union (VACANT)
- Faculty Member, TRU Faculty Association (Kellee Caton)

Admin Support: Allysa Gredling

TERMS OF REFERENCE

In February 2020, TRU received an [audit report](#) from [TransFocus](#) Consulting regarding the university's current systems, spaces, and procedures along with the current experiences, challenges, and unmet needs of TNB2S students and employees at TRU. It was intended to inform the development of meaningful and effective solutions improve TRU's supports for TNB2S people across five key areas: (a) communications; (b) gendered records; (c) gender data; (d) gendered facilities (including washrooms, change rooms, and residences); and (e) programs and services.

To ensure the implementation of recommendations provided by TransFocus TRU believes there is a need to:

- Conduct an initial inventory of work already completed or underway to implement TransFocus recommendations
- Prioritize recommendations and set annual plans for implementation
- Monitor implementation
- Advocate for resource requests to implement recommendations when required

The Advisory Group is accountable to:

- the Provost and Vice-President Academic and Research
- the Associate Vice-President, People and Culture

The Advisory Group will:

1. Establish an annual plan for the implementation of recommendations, taking into consideration prioritization suggestions from TransFocus;
2. Communicate the annual plan to relevant units at the university;
3. Meet semesterly to review process toward the implementation of recommendations;
4. Act as a resource group for units requiring clarification and/or support in implementing recommendations.
5. Review and communicate best/promising practices at other institutions when required; and
6. Report annually in June to the Provost and Vice-President Academic and Research and to the Associate Vice-President, People and Culture.